West Central Texas
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, 2029

Area Agency on Aging of West Central Texas

Approved on September 8, 2026

Table of Contents

Executive Summary **3**

Organizational Profile **5**

Stewardship & Oversight **24**

Key Topic Areas **27**

Needs Assessment Activities **42**

Goals, Objectives, Strategies, and Outcomes **46**

Long Range Planning **54**

Appendix A – Emergency Preparedness **61**

Appendix B – Public Comment Activities **66**

Executive Summary

The West Central Texas Council of Governments (WCTCOG) serves as the designated grantee for the West Central Texas Area Agency on Aging (WCTAAA), administering services within planning service area. The AAA operates under the authority of the Older Americans Act of 1965, as amended and most recently reauthorized in 2020, advancing its core principles of dignity, independence, consumer choice, individuality, and the protection of rights and benefits for older adults through a coordinated, person-centered service delivery system.

The West Central Texas planning service area continues to grow quickly among persons of all ages. The most recent census shows a total population of about 350,000 people with 19.3 percent of the population being people 60+. The population of adults age 60+ is expected to grow in absolute numbers, driven by aging of the existing residential population. Growth rates for the 60+ demographic group(s) in rural Texas counties are typically higher than younger age groups growth because older residents age into that bracket and often remain in place while younger demographic group(s) migrate to urban areas.

The AAA is responsible for regional planning, service coordination, contract oversight, and implementation of programs funded under the Older Americans Act. In accordance with requirements of the Administration for Community Living (ACL), U.S. Department of Health and Human Services, the AAA develops and submits a biennial Area Plan outlining regional priority, funding strategies, performance expectations, best practices, and identified unmet needs. The Area Plan aligns with the Texas State Plan on Aging and provides a strategic framework for addressing demographic trends, emerging service demands, and system capacity within West Central Texas.

The AAA maintains a strong administrative and fiscal infrastructure to ensure compliance with federal and state requirements, including the Older Americans Act, the Texas Administrative Code, and guidance issued by the Texas Health and Human Services Commission. The WCTCOG Executive Board provides governance oversight of administrative, fiscal, and programmatic policies. The Board, composed

of 15 elected officials and county representatives, serves as the final decision making authority on recommendations advanced through the agency's advisory structure.

West Central Texas has established a comprehensive and coordinated aging services network designed to support older individuals, their families, and caregivers. Through collaborative partnerships and integrated service delivery, the AAA promotes access to accurate information, evidence-based programs, and community-based supports that empower consumers to make informed decisions and maintain independence within their homes and communities.

The mission of the WCTAAA is to plan, coordinate and direct a full range of services and opportunities to help older persons live healthy, dignified and independent lives in West Central Texas.

The vision of the WCTAAA is to serve all individuals 60 or older, persons with disabilities, caregivers, and family members by promoting strategies that enable them to live a life of dignity, independence, and autonomy. The WCTAAA role is to ensure that collaborative efforts are maintained and encouraged through a group of network providers and community- based organizations, both public and private, assuring a regional commitment to access and assistance of services designed to meet the unique needs of West Central Texans. We envision a future where older individuals are empowered to make their own choices, actively participate in society and continue to enrich the lives of those around them. By fostering a culture of inclusiveness, compassion and support, we strive to create an environment where the unique needs and aspirations of older adults are understood, acknowledged, and met. Through our unwavering commitment we aim to inspire a society that recognizes and honors the immense worth and wisdom of older individuals, ensuring that they thrive and flourish in every stage of life.

Organizational Profile

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

Organization and Staff Composition

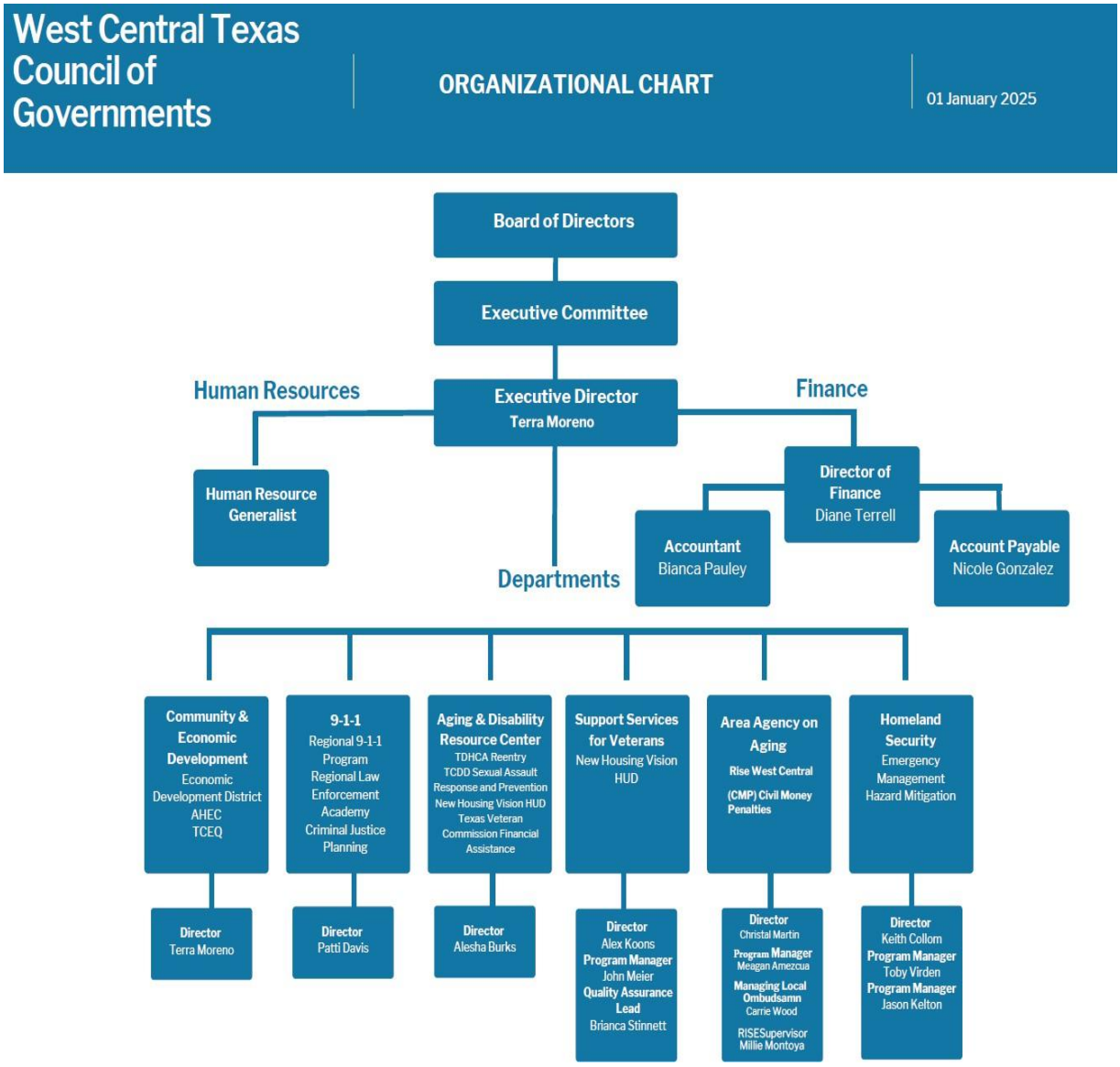
The WCTCOG is a voluntary association of local governments organized under Texas law to provide regional planning, coordination, and shared services across a 19-county area of West Central Texas. As one of the state's regional councils, WCTCOG operates as a political subdivision of the State of Texas and serves as a forum for intergovernmental cooperation.

The Area Agency on Aging (AAA) administratively housed within the organizational framework of WCTCOG operates under the policy direction of the WCTCOG Executive Director and governing board. The Agency collaborates closely with regional stakeholders, service providers, and state partners to implement OAA funded programs consistent with federal and Texas requirements.

The Aging Department's 18 staff members comprise only 21.0% of the agency's total workforce of 85. All AAA staff are funded entirely by State and Federal grants. WCTAAA revenues, as of Fiscal Year 2026, comprised only 14.0% of WCTCOG's budget (i.e., with a departmental budget of $2.5 million, relative to organizational budget of $18 million).

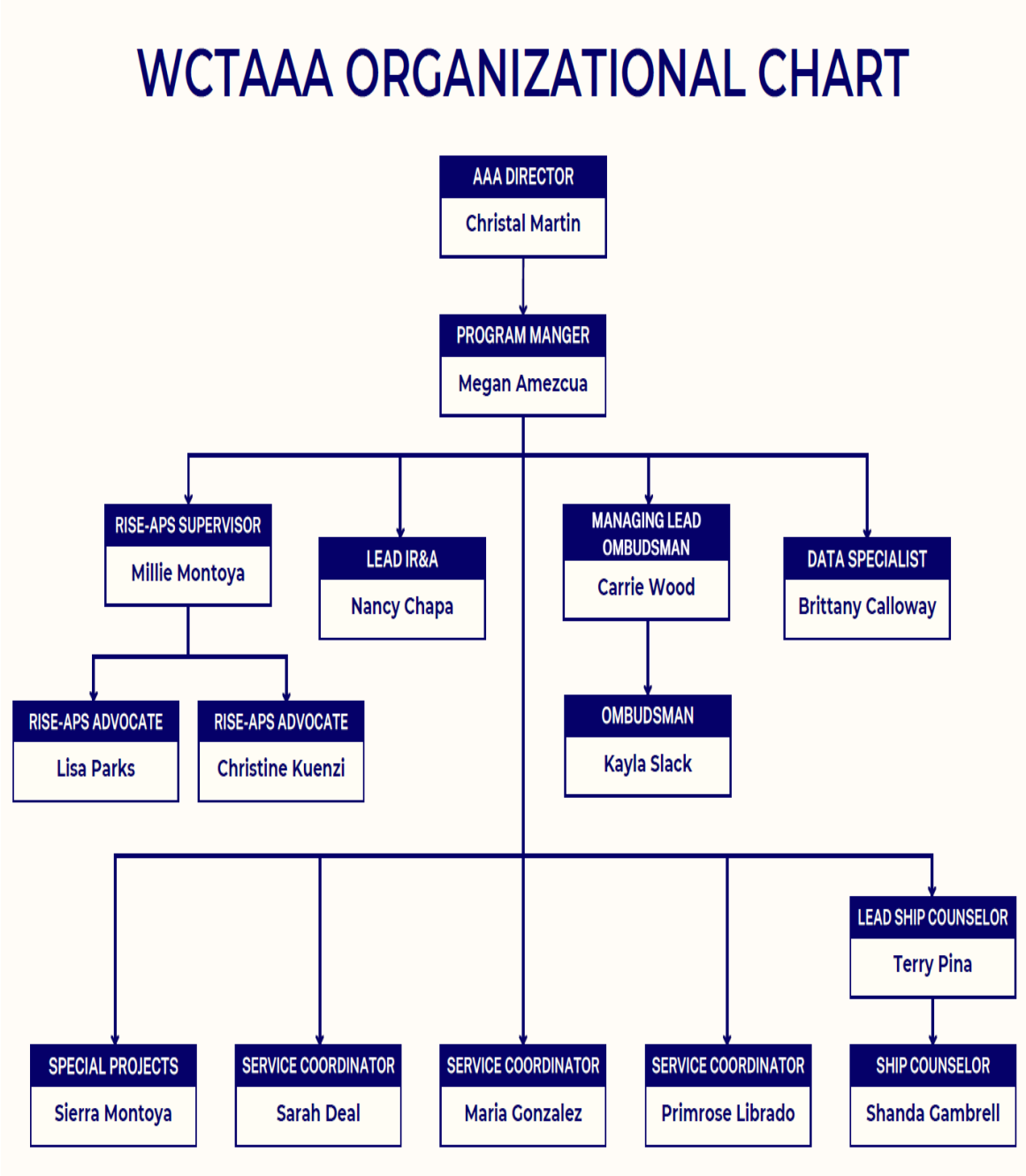
West Central Texas Council of Governments

Organizational chart



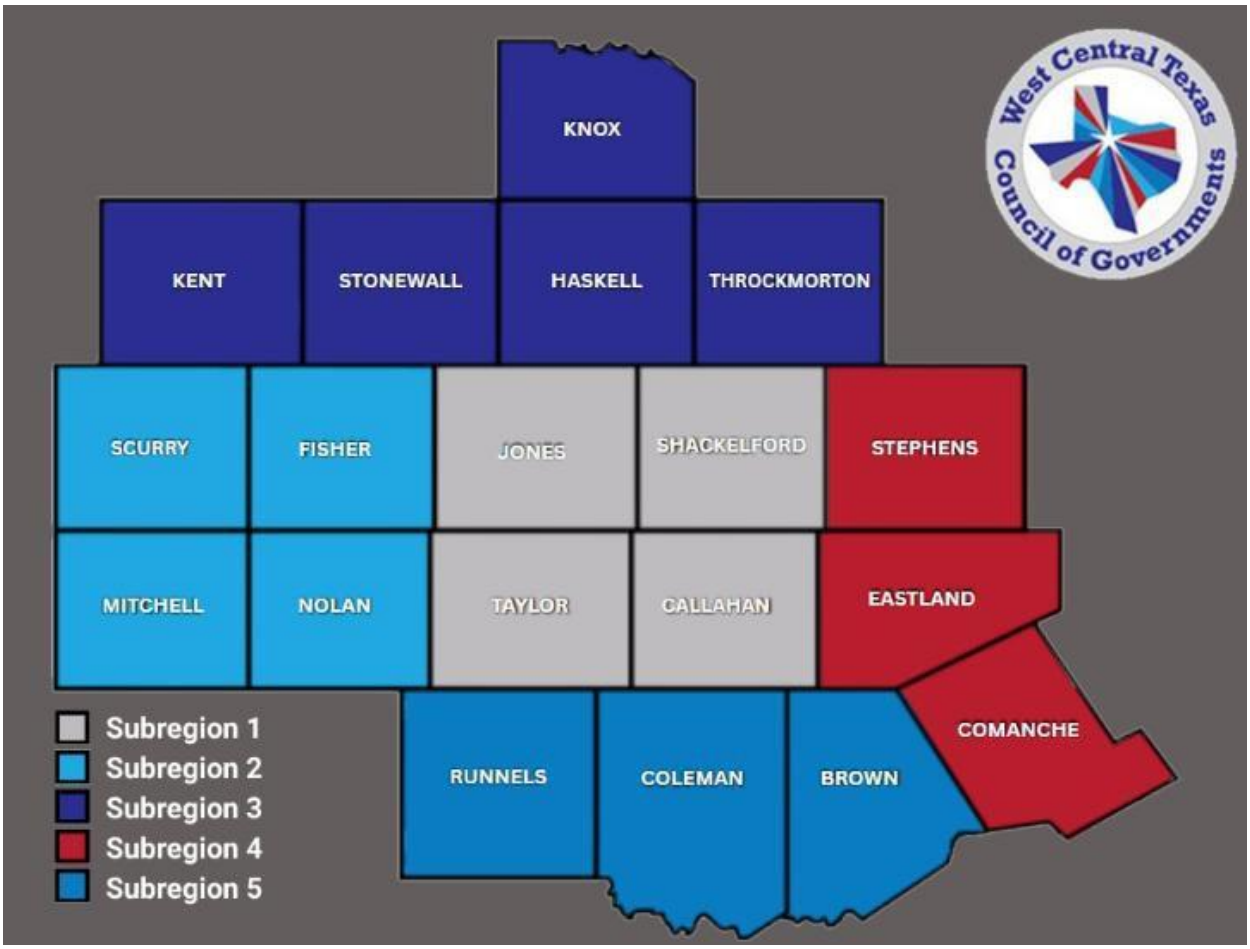
West Central Texas Area Agency on Aging

Organizational chart



High-level narrative summary of the Planning and Service Area

WCTAAA serves populations 60 years or older, caregivers, Medicare and Medicaid recipients residing in the 19 counties of West Central Texas area spanning 18,000 square miles –Taylor, Nolan, Callahan, Eastland, Mitchell, Runnels, Coleman, Brown, Comanche, Scurry, Fisher, Jones, Shackelford, Stephens, Kent, Stonewall, Haskell, Throckmorton and Knox. The region consists of rural areas, small towns and sole urban area. The West Central Texas planning and service area is also organized into subregions to support effective program administration, service coordination, and data-driven planning. This structure allows the Area Agency on Aging to address geographic and demographic differences across the 19-county region, enhance provider oversight, and allocate resources in a manner responsive to localized needs. Given below is the map of the area served by the agency displaying counties and subregions within the planning service area.



Taylor County is the most populous county in the planning service area. The seat of the county, Abilene, is the most populous city in the planning service area. Abilene is also the only Metropolitan Statistical Area (MSA) in the planning service area. Defense sector is the major source of income due to the presence of Dyess Air Force Base. The educational institutions in Abilene include major universities like Abilene Christian University, Hardin Simmons University, McMurry University, Texas Tech Health Science Center, technical state colleges like Texas State Technical College and community colleges like Cisco College. The healthcare facilities include tertiary hospitals like Hendricks Hospitals North and South, Texas Oncology, behavioral health facilities like Betty Hardwick Center, Oceans Behavioral Center, one of the centers of Encompass Rehabilitative Health and primary care facilities like Mercy Clinic run by city of Abilene, Abilene Community Health Center run by Texas Tech Health Science Center and VA community Based Outpatient Clinic for the veterans. The cultural aspects of the city include the restored Paramount Theatre, the Abilene Philharmonic, Grace Museum, Center for Contemporary Arts, Abilene Zoo, 12th Armored Division Museum, public parks and libraries. Abilene City Taylor County Public Health District is a government entity located in Abilene, involved in providing public health and preventive medicine services to the people not only in Taylor County but also other counties in the region. Taylor County is also involved in running pharmacy providing essential drugs and vaccines to the deserving residents in the region at affordable costs. City Link Transportation, managed by the city of Abilene, provides public transportation services for those living in the Abilene city area at affordable rates, while City and Rural Rides (CARR) make transportation available to those living in ten of the nineteen counties. Workforce Solutions of West Central Texas is located in Abilene and is assisting the residents in the region in finding employment opportunities that suit them. The city of Brownwood in Brown County has two educational institutions: Howard Payne University and a campus of Texas State Technical College and a private hospital offering tertiary care – Brownwood Regional Medical Center. Eastland County has a community college in the city of Cisco – Cisco College and public hospital, Eastland Memorial Hospital. Nolan County has a technical college and public hospital in the city of Sweetwater – a campus of Texas State Technical College and Rolling Plains

Memorial Hospital respectively. Scurry County has a community college and county hospital in the city of Snyder – Western Texas College and Cogdell Memorial Hospital. Knox, Mitchell, Stephens, Stonewall and Throckmorton counties have public hospitals in the cities of Knox City, Colorado City, Breckenridge, Aspermont and Throckmorton respectively offering primary and secondary medical care. Similarly, Comanche, Coleman, Haskell and Fisher counties also have hospitals offering primary and secondary care in the cities of Comanche, Coleman, Haskell and Rotan respectively.

Jones and Runnels counties have two hospitals within their region - in the cities of Anson and Hamlin for Jones and Winters and Ballinger for Runnels. In addition to defense, major industries in the region include livestock, petroleum, natural gas production, agriculture, especially cotton and grains and most recently AI facilities. The region is also significant for the presence of numerous wind turbines, an important source of clean renewable energy.

While West Central covers a vast rural area of over 18,000 square miles and 19 Counties with economies that are broadly diverse. Age 60 is also significant because it represents the age at which most individuals become eligible for home and community based services under the Older Americans Act. The 60+ population served by the West Central AAA will grow in different ways with different needs in each of our 19 County regions.

The WCTAAA operates as a program of the WCTCOG is structured to ensure effective administration, oversight, and coordination of services funded under the Older Americans Act (OAA) and guidance issued by the Texas Health and Human Services Commission. The organizational design supports fiscal accountability, regulatory compliance, and responsive service delivery across the multi-county West Central Texas region. The WCTCOG serves as the grantee organization for the Area Agency on Aging (AAA) of West Central, designated to serve Planning and Service Region 7. The AAA's primary objectives align with the values of the Older

Americans Act of 1965, focusing on dignity, choice, independence, individuality, and protection of rights and benefits for older adults through a holistic approach.

The AAA holds the responsibility for planning, coordination, programmatic oversight, and implementation of local services in accordance with the Older Americans Act. The WCTAAA prepares an Area Plan every two years as required by the ACL under the U.S. Department of Health and Human Services. The State Plan provides strategic direction to those living in the West Central Texas network and complies with instructions provided by ACL. The Area Plan addresses key factors that will shape the funding needs, priorities, best practices, and unmet needs.

The AAA takes pride in its ability to adapt its service delivery to meet evolving client needs while adhering to fiscal, programmatic, and reporting guidelines. The organization remains committed to ensuring client satisfaction and addresses regional needs by considering demographic trends and maintaining advocacy as its foundation.

To ensure efficient operations, the WCTCOG Executive Board oversees policies governing administrative, fiscal, and programmatic aspects. The AAA operates in accordance with these policies, the Older Americans Act, the Texas Administrative Code, and guidance from HHSC. The WCTCOG Board, consisting of 15 members, including county judges and elected officials, serves as the final decision-making body for all recommendations put forth by the standing advisory councils.

West Central has developed and implemented a comprehensive and coordinated system of services. Through this system, collaborations for a diverse service delivery and information system to assist older individuals, their families, and caregivers with opportunities has allowed consumers to make informed decisions and choices regarding their needs.

West central is also fortunate to have focal points that operate in partnership with local governments, senior center, and county aging services. Each site operates as

a community HUB where older adults can access nutrition services while also engaging in social activities and community programs that help reduce isolation and promote overall well-being.

FOCAL POINTS

Community Served	Name and Address of Focal Point	Services Provided	Services Coordinated with Other Agencies
Brown County	Brownwood Senior Center 110 S. Greenleaf St. Brownwood, TX 76804	Congregate and Home Delivered Meals, Health & Nutrition Education	Nutrition Programs & Social Activities
Brown County	May Senior Center Inc. 19150 N Hwy 183 May, TX 76857	Congregate and Home Delivered Meals, Health & Nutrition Education	Nutrition Programs & Social Activities
Callahan County	Callahan County Aging 100 West 4th Street Baird, TX 79504	Congregate and Home Delivered Meals, Health & Nutrition Education	Nutrition Programs & Social Activities
Callahan County	Cross Plains Senior Center 108 N Main Street Cross Plain, TX 76443	Congregate and Home Delivered Meals, Health & Nutrition Education	Nutrition Programs & Social Activities
Fisher County	Fisher County Senior Citizens 772 State Hwy 70 North Rotan, TX 79546	Congregate and Home Delivered Meals, Health & Nutrition Education	Nutrition Programs & Social Activities
Haskell County	Experienced Senior Citizens Center 1404 S. 1st Street Haskell, TX 79521	Congregate and Home Delivered Meals, Health & Nutrition Education	Nutrition Programs & Social Activities
Jones County	Stamford VIP, City of Jones Cnty 908 E. Gould Street Stamford, TX 79553	Congregate and Home Delivered Meals, Health & Nutrition Education	Nutrition Programs & Social Activities
Knox County	Knox County Aging Services 107 N. Avenue E. Knox, TX 79529	Congregate and Home Delivered Meals, Health & Nutrition Education	Nutrition Programs & Social Activities
Nolan County	S.N.A.P City of Sweetwater 1701 Elm Street Sweetwater, TX 79556	Congregate and Home Delivered Meals, Health & Nutrition Education	Nutrition Programs & Social Activities
Taylor County	Rural Taylor Cnty Aging Services 103 Scott Street Tye, TX 79563	Congregate and Home Delivered Meals, Health & Nutrition Education	Nutrition Programs & Social Activities

Under the Older Americans Act (OAA), the terms "greatest economic need" and "greatest social need" are defined to help Area Agencies on Aging prioritize services to the older adults who face the most significant barriers to independence and well-being.

- Greatest economic need refers to the need resulting from an income level at or below the federal poverty line, including older adults whose financial resources are insufficient to meet basic needs such as housing, food, healthcare, or utilities.
- Greatest social need refers to the need caused by non-economic factors that reduce an older person's ability to perform normal daily tasks or threaten their ability to live independently.

Economic and social resources available within the service area

Older adults residing in the West Central Texas region have access to a network of economic and social resources designed to support financial stability, health, independence, and community engagement. These resources are provided through a collaborative system of federal, state, regional, and local organizations that work together to address the diverse needs of older adults across the 19-county service area.

Economic support resources available to older adults include federal and state benefit programs such as Social Security, Supplemental Security Income (SSI), Medicare, Medicaid, Supplemental Nutrition Assistance Program (SNAP), and energy assistance programs such as the Comprehensive Energy Assistance Program (CEAP). These programs help eligible older adults meet basic needs related to income, healthcare, food security, and household utilities. The Area Agency on Aging (AAA) within the WCTCOG provides benefits counseling and assistance to help older adults understand and access these programs through services such as Medicare counseling and application assistance.
Social support resources are also available through a variety of community-based organizations (CBOs) and public service programs. Senior centers throughout the

region serve as community focal points where older adults can access congregate meals, home-delivered meals, health and nutrition education, and social engagement activities. These centers help reduce social isolation and provide opportunities for older adults to remain active and connected within their communities.

Additional resources include transportation services, caregiver support programs, in-home services, legal assistance, and information and referral services that connect individuals to appropriate community support. Healthcare systems, local health departments, faith-based organizations, and nonprofit service providers also play a key role in supporting older adults by offering wellness programs, chronic disease management education, and community outreach initiatives.

Because much of West Central Texas is rural, regional coordination among counties, municipalities, healthcare providers, community organizations, and aging service providers is essential to ensuring access to services. Through partnerships and coordinated service delivery, these economic and social resources help older adults maintain independence, improve quality of life, and remain engaged in their communities for as long as possible.

The AAA takes pride in its ability to adapt its service delivery to meet evolving client needs while adhering to fiscal, programmatic, and reporting guidelines. The organization remains committed to ensuring client satisfaction and addresses regional needs by considering demographic trends and maintaining advocacy as its foundation.

West Central has developed and implemented a comprehensive and coordinated system of services. Through this system, collaborations for a diverse service delivery and information system to assist older individuals, their families, and caregivers with opportunities has allowed consumers to make informed decisions and choices regarding their needs.

Population trends and other issues impacting older Texans in West Central

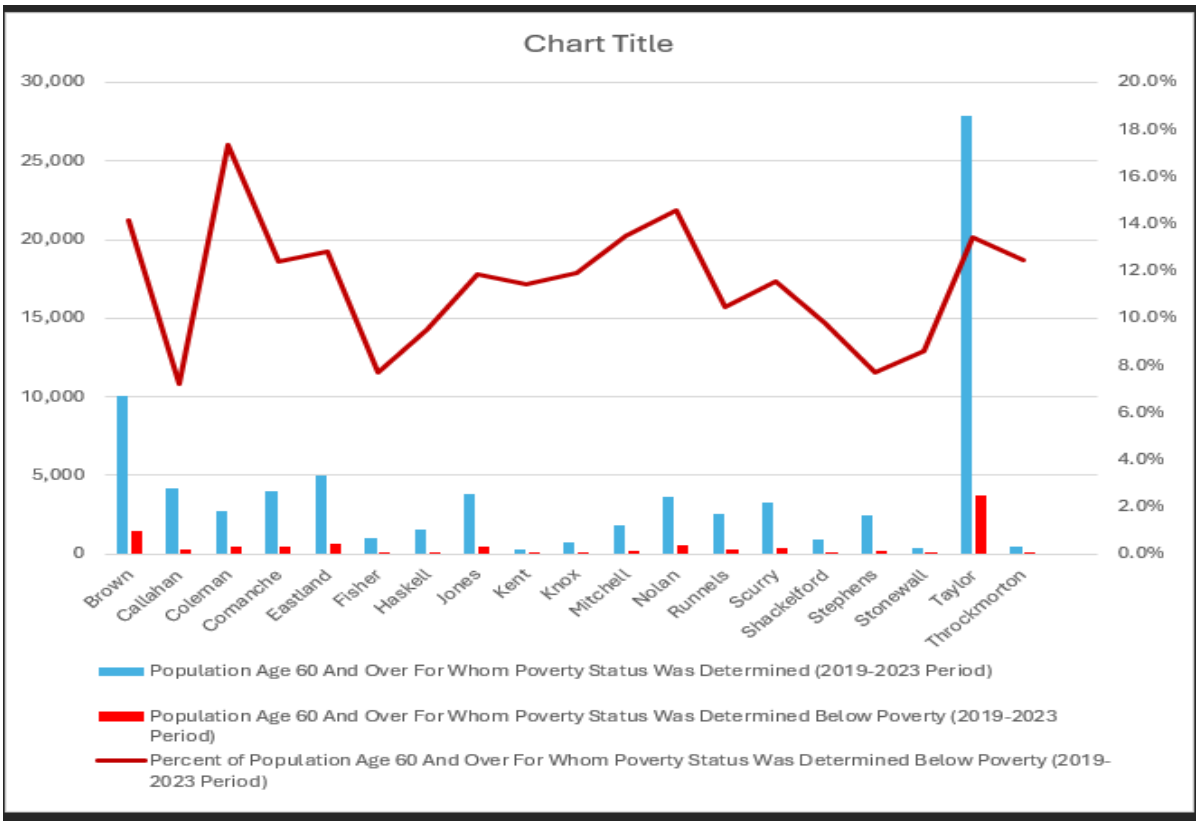
The chart below illustrates the population age 60 and older across the 19-county West Central Texas region for whom poverty status was determined between 2019 and 2023, along with the number and percentage of older adults living below the federal poverty level. The data highlight both the geographic distribution of older adults and the varying levels of economic vulnerability among the counties in the region.

Larger counties such as Taylor, Brown, and Callahan have the highest total populations of older adults, reflecting their larger overall population bases and the presence of regional service hubs such as Abilene and Brownwood. As a result, these counties also show the largest numbers of older adults living below poverty. Taylor County, in particular, represents the largest concentration of older adults in the region and correspondingly the highest number of seniors experiencing poverty.

Smaller rural counties, including Stonewall, Kent, and Throckmorton, have significantly smaller total populations of adults age 60 and older. However, the percentage of older adults living below poverty in some of these counties remains comparable to or higher than larger counties, highlighting the economic vulnerability present in many rural areas. Counties such as Coleman, Nolan, and Mitchell demonstrate relatively higher poverty rates among their older adult populations despite having smaller total populations.

Across the region, the percentage of older adults living below poverty generally ranges from approximately 8 percent to 18 percent, indicating that economic insecurity remains a persistent challenge for a portion of the aging population. The data underscores the importance of targeted services and support for older adults, particularly in rural counties where smaller populations can still experience significant levels of economic hardship.

For the WCTAAA and regional partners, these trends reinforce the continued need for programs that address food security, access to health and supportive services, benefits counseling, and other economic supports designed to help older adults maintain independence and stability. Understanding both the concentration of older adults and the variation in poverty rates across counties helps inform planning, resource allocation, and service delivery strategies across the West Central Texas region.



This chart illustrates employment trends among individuals age 60 and older, showing that workforce participation declines steadily as age increases. Adults ages 60–64 have the highest employment rate, with approximately 58% still employed, reflecting that many individuals in this age group remain actively engaged in the workforce prior to traditional retirement age.

Age	Percent of Persons Aged 60 or older Still Employed
Age 60-64	58.0% employed
Age 60-64	58.0% employed
Age 65-69	34.7% employed
Age 70-74	18.9% employed
Age 75-79	11.9% employed

Employment drops significantly after age 65. Among individuals ages 65–69, approximately 34.7% remain employed, indicating that while many transition into retirement, a substantial portion continues working either by choice or financial necessity. Workforce participation declines further among those ages 70–74, with 18.9% still employed, and decreases again among adults ages 75–79, where only 11.9% remain in the workforce.

Overall, the data demonstrates a clear pattern of decreasing employment as individuals age, reflecting typical retirement transitions, health considerations, and changing lifestyle priorities. However, the continued employment of a notable share of older adults, particularly those in their early 60s and late 60s, also highlights the growing role of older workers in the labor force and the importance of policies and programs that support economic stability, flexible employment opportunities, and workforce participation among aging populations.

Within the West Central Texas region, median household incomes for older adults remain somewhat lower than statewide averages. Regional estimates indicate that households headed by individuals age 60 and older report median incomes near $58,440, reflecting the economic realities of a largely rural service area where employment opportunities, wages, and retirement income sources can vary considerably.

The decision to remain employed varies based on financial considerations, and improvements in healthcare have also increased life expectancy. Overall health and well-being area are also significant factors, as many find purpose, fulfillment, and social interaction in their work. Older workers bring skills and knowledge gained through their years of service which adds value to the workforce. According to the same survey, there is a correlation between individuals still employed and those individuals that were determined below poverty. As the data indicates below, West Central can determine that financial factors appear to correlate with employment status.

County	Percent of Persons Aged 60 and Over Living in Poverty
Brown	14.1%
Callahan	7.2%
Coleman	17.3%
Comanche	12.4%
Eastland	12.8%
Fisher	7.7%
Haskell	9.5%
Jones	11.9%
Kent	11.4%
Knox	11.9%
Mitchell	13.5%
Nolan	14.6%
Runnels	10.5%
Scurry	11.6%
Shackelford	9.8%
Stephens	7.7%
Stonewall	8.6%
Taylor	13.5%
Throckmorton	12.5%
Statewide	11.6%

The chart above presents the percentage of adults age 60 and older living below the federal poverty level across the counties in the West Central Texas region. Overall, poverty rates among older adults vary across the region but generally fall

within a range of 7 percent to 17 percent, with a statewide benchmark of approximately 11.6 percent.
Several counties in the region report poverty rates above the statewide average, indicating higher levels of economic vulnerability among older residents. Coleman County (17.3%) reflects the highest percentage of older adults living in poverty, followed by Nolan County (14.6%), Brown County (14.1%), and Mitchell and Taylor counties (13.5%). These higher rates suggest areas where older adults may face greater challenges related to fixed incomes, access to services, and financial stability.

Other counties, including Comanche (12.4%), Throckmorton (12.5%), Eastland (12.8%), Jones (11.9%), Knox (11.9%), and Scurry (11.6%), fall near or slightly above the statewide average, indicating moderate levels of poverty among older adults. Meanwhile, counties such as Callahan (7.2%), Fisher (7.7%), and Stephens (7.7%) report comparatively lower poverty rates within the region.

These variations highlight the diverse economic conditions experienced by older adults across the West Central Texas service area. While some counties show relatively lower rates of poverty, others demonstrate elevated levels of economic need that may require targeted outreach and supportive services. For the Area Agency on Aging and regional partners, understanding these disparities is critical for planning and prioritizing programs such as nutrition services, benefits counseling, caregiver support, and other resources designed to help older adults maintain financial stability and independence.

Population Aging and Growth Patterns:

Increasing proportion of adults age 60+ and 65+. Like many of Texas, the region is experiencing steady growth in its older adult population, driven by longer life expectancy and aging Baby Boomers.

Aging-in-place trend. Many older adults remain in rural communities where they have longstanding social ties, even as service infrastructure consolidates in larger hubs.

Outmigration of younger populations. In several rural counties, younger residents leave for employment or education, resulting in a higher dependency ratio and fewer informal caregivers locally.

Implication: Service demand is likely to increase not only in volume but in complexity and intensity, particularly for in-home supports, caregiver respite, and chronic disease management.

There will likely be rural access and infrastructure constraints:

Transportation barriers. Limited public transit, long distances, and high fuel costs restrict access to healthcare, nutrition sites, and social engagement opportunities.

Healthcare workforce shortages. Rural counties face persistent shortages of primary care providers, specialists, behavioral health providers, and direct-care workers.

Broadband gaps. Limited or inconsistent internet access constrains telehealth expansion and digital service navigation.

Implication: Without expanded rural mobility and workforce stabilization strategies, service gaps may widen over the next decade.

Economic Vulnerability:

Fixed incomes and inflation pressure. Many older adults rely on Social Security as their primary income source, making them vulnerable to rising housing, utility, food, and medical costs.

Housing stock challenges. Aging housing infrastructure requires repair and accessibility modifications to support safe aging in place.

Property tax and insurance increases. These costs disproportionately impact older homeowners in rural communities.

Implication: Financial insecurity increases reliance on public benefits, home-delivered meals, utility assistance, and home modification programs.

Health and Behavioral Health Trends:

High prevalence of chronic conditions. Diabetes, cardiovascular disease, arthritis, and respiratory conditions are common.

Increasing dementia prevalence. As the 85+ population grows, the region will experience rising rates of Alzheimer's disease and related dementias.

Behavioral health access gaps. Rural behavioral health services remain limited, contributing to untreated depression, isolation, and caregiver stress.

Implication: Demand will grow for care coordination, falls prevention, chronic disease self-management, caregiver education, and dementia-informed services.

Social Isolation and Caregiver Strain:

Geographic dispersion. Isolation is intensified by long distances between households and limited public gathering spaces.

Shrinking caregiver pool. Outmigration of working-age adults reduces available family caregivers.

Caregiver burnout. Increasing duration and intensity of caregiving roles elevates need for respite and support services.

Implication: Strengthening caregiver support infrastructure and social connection initiatives is critical to preventing institutionalization.

Emergency Preparedness and Climate Risks:

Extreme heat events. Rising temperatures increase health risks for older adults with chronic conditions.

Severe weather and infrastructure disruptions. Power outages and limited emergency shelter options disproportionately impact rural older adults.

Limited redundancy in service delivery systems. Smaller provider networks are more vulnerable to disruption.

Implication: Emergency preparedness, resilience planning, and wellness-check systems will become increasingly important components of aging services.

Advisory Council Composition

The council shall include individuals and representatives of community organizations from or serving the planning and service area who will help to enhance the leadership role of the area agency in developing community-based systems of services targeting those in greatest economic need and greatest social need. The advisory council shall be made up of:

- More than 50% of the members shall be 60 years of age or older and may include some older persons with greatest economic or social need that may be eligible.
- Some representatives of older individuals;
- Family caregivers, which may include older relative caregivers;
- Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
- Representatives of service providers, which may include legal assistance, nutrition, evidence-based disease prevention and health promotion, caregiver, long-term care ombudsman, and other service providers
- Locally elected officials;
- The general public; and
- As available:
    - Representatives from Indian Tribes, Pueblos, or Tribal aging programs; and
    - Older relative caregivers, including kin and grandparent caregivers of children or adults age 18 to 59 with disability.

Frequency of Meetings

Council shall meet at least quarterly, or at other times as the chairperson deems necessary, or upon written request of not less than 25% of the Council.

Member Selection Schedule

The AAA Director is charged with securing nominations for CAC membership and presenting them to the WCTCOG Executive Board. Two months prior to the first meeting of the calendar year, a nominating committee of three members shall be appointed at the fourth (4th) Quarter meeting. The committee shall prepare a list of nominees for the position of chairperson, vice-chairperson, secretary, and two members of the Council Executive Committee. The list of nominees shall be provided to each member of the Council. The officers shall be elected and take office at the first meeting of the calendar year. Additional nominations may be made from the floor. There is no term limit for members serving on the CAC. Members may continue to serve on the Council without limitation on the number of terms, provided they continue to meet applicable membership requirements. CAC members primary responsibilities include assisting the WCTAAA in developing and implementing the area plan, representing the interests of older persons and family caregivers, and commenting on policies that affect older persons and family caregivers.

First Nam	Last Nam	City	Zip	1st CAC	Affiliation	Position	Former Occupation
Shelly	Bailey	Abilene	79605	2021	MAXIMUS	Sr CSR - Outreach LTSS	Community Health Worker
Rea	Barry	Baird	79504	2022	TSHL	LAC Chair	Regional Director for Community Care Services
Nancy	Byler	Brownwood	76802	2008	Senior		TSHL
Barbara	King	Sweetwater	79556	2017	TSHL	TSHL	
Lynn	Jackson	Abilene	79604	2023	211/United Way	Program Director	
Barbara	Lampert	Abilene	79602	2018	Retired TSHL	Retired Senior	
Aimee	Colley	Abilene	79699	2025	ACU Gerontology	Director Pruett Gerontology	Hendrick Gerontology
Pam	Sites	Abilene	79601	2023	Senior	Retired	HHSC
Ken	Holt	Roby	79543	2015	County Judge/Board	County Judge	
Tammy	Smith	Abilene	79604	2023	HHSC Region 2/9	CCSE Regional Director	
Alex	Koons	Abilene	79602	2026	SSVF	Director of Veterans Department	
Roz	Evans	Abilene	79603	2026	SSA	Claims Specialist	
Millie	Montoya	Abilene	79602	2020	RISE	Surpervisor	

Stewardship & Oversight

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

The WCTAAA administers and coordinates a comprehensive system of services and programs designed to advance the purposes and mandates of the Older Americans Act. These efforts emphasize independence, dignity, and quality of life for older adults, with particular attention to individuals with the greatest economic and social need. The WCTAAA establishes policies and procedures to ensure that Older Americans Act (OAA) programs are implemented in keeping with federal and state requirements.

The WCTAAA, administered by the WCTCOG, demonstrates strong stewardship of Older Americans Act funds through disciplined fiscal management, transparent oversight, and outcomes-focused program administration.

Ensures Fiscal Management of OAA Funds

The AAA ensures prudent use of federal and state funds by maintaining strict fiscal controls, reviewing expenditures for allowability and reasonableness, and monitoring budgets to prevent over- or under-utilization of funds. Funds are allocated strategically to maximize service delivery while maintaining administrative efficiency.

Comprehensive Contract Monitoring and Oversight

The Agency conducts regular desk reviews, on-site monitoring, and fiscal assessments of contracted service providers. These activities verify compliance with OAA requirements, Texas Health and Human Services Commission policies, and WCTCOG contractual standards, ensuring public funds are used as intended and services meet performance expectations.

Targeting Services to Those with Greatest Need

Stewardship is demonstrated through data-driven targeting practices that prioritize low-income older adults, rural residents, minorities, and socially isolated individuals. Service plans are routinely evaluated and adjusted to ensure equitable distribution of resources and alignment with OAA targeting mandates.

Maximizing Community-Based Impact

The AAA coordinates services that prevent costly institutionalization by investing in nutrition, transportation, in-home supports, and caregiver assistance. By emphasizing aging in place, the Agency ensures OAA funds produce measurable cost avoidance and long-term system sustainability.

Leveraging Partnerships to Extend Resources

The Agency actively collaborates with local governments, nonprofit providers, health systems, and community organizations to leverage non-OAA resources. These partnerships expand service capacity, reduce duplication, and increase the overall return on public investment.

Accountability Through Performance Reporting

The AAA maintains accurate and timely data collection and reporting to state and federal partners. Performance measures are used to assess service utilization, outcomes, and trends, support informed decision-making and continuous program improvement.

Proactive Compliance and Risk Management

The Agency addresses compliance issues promptly through corrective action plans, technical assistance, and provider training. This proactive approach minimizes risk, strengthens provider capacity, and protects the integrity of OAA-funded programs.

Ethical Administration with accountability and Transparency

Policies and procedures promote ethical conduct, conflict-of-interest avoidance, and transparency in procurement, contracting, and service delivery. Decision making processes are documented and aligned with WCTCOG governance standards.

Talent Stewardship and Development

The AAA invests in staff training and professional development to ensure knowledgeable oversight of programs and contracts. This commitment supports consistent compliance, effective service coordination, and high-quality technical assistance to providers.

Long-Term Planning and Sustainability

Through regional needs assessments and strategic planning, the AAA ensures that OAA funds are used not only to meet current needs but also to prepare for future demographic and service demands within the West Central Texas region.

Governance, Policy Alignment, and Administrative Oversight

The AAA maintains written policies and procedures that govern operational, fiscal, data, and programmatic functions. These policies are reviewed and updated regularly to ensure consistency with OAA regulations, State Unit on Aging (SUA) guidance, and federal compliance requirements.

Key Topic Areas

Reference: 45 CFR 1321.65(b)(5), 45 CFR 1321.65(b)(2), & 45 CFR 1321.65(c)

The WCTAAA provides the following services with OAA and HHSC funding

Core Program Area 1: Supportive Services

Supportive services are defined as those supported by Older Americans Act Title III-B funds. The services that the WCTAAA proposes to support with these funds during the planning period are:

- Administration: Activities to ensure the development and implementation of a comprehensive and coordinated system to serve older adults and family caregivers within the AAA's planning and service area.
    - Activities include being the focal point for aging services; providing advocacy for older people in WCTAAA service area; evaluating regional strengths and local resources; identifying service gaps, including people with greatest economic and social needs; developing and implementing an area plan based on the OAA; procuring services funded with federal and state funds; negotiating and managing contract; reporting reimbursement; accounting; auditing; monitoring; and quality assurance (AAAPPM Section B-1010 and Section C-1010)
- Care Coordination: A service to assess the needs of an older person and effectively plan, arrange, coordinate, and follow up on services which most appropriately meet the identified needs as mutually defined by the older person, the access and assistance staff, and where appropriate, a family member or other caregiver. WCTAAA service coordinators have been trained to assess consumer needs utilizing the consumer needs evaluation form. Staff will be sure to pay particular attention to those with GEN and GSN. Staff will utilize the training packet created by the AAA Program Manager providing step by step processes to create a consistent and accurate data entry process.

- Income Support: Assistance in the form of a payment to a third-party provider for services or goods that support the basic needs of the person, on behalf of an older person or their caregiver.
- Homemaker: Services provided by trained and supervised homemakers involving the performance of light housekeeping tasks and home management.
- Health Maintenance: Services that include medical treatment; health education and counseling (such as chronic disease management, substance abuse prevention, smoking cessation, weight control, stress management, and therapeutic activities like art or movement therapy); home health services (including nursing and rehabilitative therapies); provision of medications and health-related items (e.g., nutritional supplements, glasses, dentures, hearing aids); and medication management supports, including dosage alert systems and assistance accessing free or reduced-cost prescription programs.
- Personal Assistance: Services to assist an older person who has difficulty performing a minimum of two activities of daily living as identified in the assessment process, with tasks a person would typically perform if they were able. This includes assistance in all activities of daily living and health-related tasks.
- Emergency Response: Services for an older person who is homebound or frail to establish an automatic monitoring system which links to emergency medical services when the person's life or safety is in jeopardy.
- Residential Repair: Services consisting or repairs or modifications of a dwelling occupied by an older person that are essential for the health and safety of the older person.
- Information Referral and Assistance: A service that provides current information on community resources (including assistive technology), assesses individual needs and capacities, connects individuals to appropriate services, ensures follow-up to confirm needs are met, and prioritizes older adults with the greatest social or economic need and those at risk of institutional placement.

    - WCTAAA directly provides Information, Referral and Assistance in the entire planning service area, as a component of the AAA's access and assistance system. IRA is the first point of contact within the agency to

make sure consumers get connected to the appropriate services. The AAA collaborates with important partners like the local 211 and the West Texas ADRC hosted by the WCTCOG. When needs are identified that fall within the scope of AAA service provision then relevant information is taken with sufficient data for the appropriate staff to act.

When necessary, alternative resources are located when the AAA services are not available. The IRA case manager assesses the person's needs and determines the appropriate response modes; evaluates appropriate resources; maintains a database of resources that are capable of meeting those needs; and provides enough information about each organization to help inquirers make informed decisions. IRA case manager may participate in linking the person to needed services and following up to ensure needs were met.

- Data Management: Activities directly related to data entry and reporting for services not directly provided by the AAA.
    - The WCTAAA data specialist utilizes standardized practices to ensure accurate documentation, reporting, and monitoring of services delivered throughout the 19-county service area. Data entry supports program oversight, performance measurement, and compliance with federal and state reporting requirements under the Older Americans Act (OAA) and the Texas Health and Human Services Commission
- Transportation: Services that provide or arrange for taking an older person from one location to another. Transportation Services will be provided to an aging individual with advance notice. The WCTAAA is a predominately rural area, therefore, making it hard for our rural consumers in need of Transportation Services to obtain the services necessary for living healthy, safe, and independent lives. The WCTAAA will continue transportation services designed to assist aging individuals with travel to meal sites. If there were a consumer who required transportation to get to a meal site, the agency would look at providing services through other contractors. The AAA contracts with local transportation programs to provide Transportation demand response services to eligible individuals. The AAA supports the transportation designed to carry an individual

from a specific origin to a specific destination upon request. In accordance with the OAA assurances of targeting individuals residing in rural areas and those with greatest economic and social need the AAA contracts with the following providers:

- Haskell Experienced Senior Citizens Center, Haskell Tx.
- City and Rural Rides, Brown, Callahan, Coleman, Eastland, Nolan, Runnels, Shackelford, Stephens, and Rural Taylor
- City Link, All 19 Counties

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

As a recipient of Title III-C funds the AAA provides congregate, and home delivered meals as required by the Older Americans Act. The purpose of these funds is to reduce food insecurity, malnutrition, and promote socialization of older adults which promotes health and well-being. The AAA contracts with 9 rural nutrition providers for congregate and home delivered meals. These programs contribute to the aging population's quality of life, enabling them to lead healthier, more fulfilling lives as they age.

Through proper education and training, the AAA will ensure the projected number of meals, unit rate, and nutrition education are met. If in the event the projections cannot be met within reason, the AAA will remain in close communication with the State to create awareness of the situation.

- Congregate Meals: A hot or other appropriate meal served to an older person who is eligible in a congregate setting.

In accordance with the OAA assurances of targeting individuals residing in rural areas and those with greatest economic and social need, the AAA contracts with the following providers:

- Brownwood Senior Citizens
- Cross Plains Senior Center
- Fisher County Senior Citizens
- Haskell Experienced Senior Citizens Center
- Stamford VIP
- Knox County Aging Services
- May Senior Citizens Inc.
- City of Sweetwater SNAP
- Rural Taylor Senior Centers
- Callahan County Aging Services

Congregate meals offer an opportunity for seniors to come together, share a meal, and engage in conversations with peers. This social interaction can combat feelings of loneliness and contribute to mental and emotional well-being. The provision of nutrition services at a congregate site has the added benefits of giving individuals access to activities and services such as disease prevention and health promotion.

- Home Delivered Meals: Hot, cold, frozen, dried, canned, fresh or supplemental food (with a satisfactory storage life) delivered to a person who is eligible in their place of residence.

In accordance with the OAA assurances of targeting individuals residing in rural areas and those with greatest economic and social need, the AAA contracts with the following providers:

- Brownwood Senior Citizens
- Cross Plains Senior Center
- Fisher County Senior Citizens
- Haskell Experienced Senior Citizens Center
- Stamford VIP
- Knox County Aging Services

- May Senior Citizens Inc.
- City of Sweetwater SNAP
- Rural Taylor Senior Centers
- Callahan County Aging Services

Home delivered meals alleviate food insecurity for those that are homebound and unable to obtain nutritious food on their own. This allows older adults to remain self-sufficient so they can age in place with dignity and convenience. The individuals delivering the meals add the benefit of safety and wellness checks to homebound individuals.

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

The AAA has taken measures to have staff trained in all key service areas. These programs address behavioral health and have been demonstrated to prevent and mitigate the effects of chronic diseases. Upon completion of required training and certification, staff will conduct ongoing Texercise Select and Bingocize to improve Activities of Daily Living with an approved direct service waiver. In accordance with the OAA assurances of targeting individuals residing in rural areas and those with greatest economic and social need, the AAA will focus on service provision in rural areas.

- Evidence Based Intervention (Health Promotion): Activities related to the prevention and mitigation of the effects of chronic disease, infectious disease, vaccine-preventable disease, prevention of sexually transmitted diseases, as well as alcohol and substance abuse reduction, chronic pain management, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition. These programs have been rigorously evaluated through research and demonstrated measurable improvements in health, well-being, or functional outcomes for participants. These programs are supported by scientific evidence and are recognized by

federal agencies, including the ACL, as effective strategies for improving the health and independence of older adults. Implementing evidence-based interventions helps ensure that limited resources are invested in programs proven to improve health outcomes, enhance quality of life, and support aging in place.

- Texercise Select: is a free 10-week evidence-based program that consists of two 90-minute sessions each week. The first weekly session focuses on a fitness topic, and the second weekly session focuses on a nutrition topic. Beginning in the second week the program incorporates at least 30-minutes of Texercise exercises.
- Bingocize: is an evidence-based health promotion program approved through the National Council on Aging (NCOA). Bingocize combines exercise and health information with the familiar game of Bingo, which is a great and fun way to get seniors and those with disabilities moving and socializing. It's meant to be played twice a week on nonconsecutive days. Each session usually lasts 45-60 minutes.

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

The WCTAAA Caregiver Support Service coordinator directly provides caregiver services for the entire 19 county region including caregiver support coordination and caregiver information services funded through Title III-E funds.

Through caregiver support coordination, the staff can effectively plan, arrange, coordinate, and follow-up on services which most appropriately meet their identified needs. As funding allows, the following services may be offered through the caregiver support coordination program: Caregiver Respite Voucher, Caregiver Respite In-Home, Health Maintenance, Income Support, Residential Repair, and Emergency Response.

The AAA disseminates accurate, timely and relevant information to informal caregivers through publications, presentations, seminars, health fairs, and social media throughout the service area. A Caregiver library is set up online through the WCTAAA Active Daily Living website, www.westcentraltexas.dailylivingadvice.com, providing information on topics relevant to caregivers needs.

WCTAAA does see barriers with the caregiver program as caregivers can be too proud to accept services. Caregivers may also not self-identify as caregivers. An additional barrier is that caregivers are not always willing to participate in completing a caregiver needs assessment and becoming the AAA's client. WCTAAA service coordinators have been trained to assess consumer needs utilizing the consumer needs evaluation form. Staff will be sure to pay particular attention to those with GEN and GSN. Staff will utilize the training packet created by the AAA Program Manager providing step by step process to create a consistent and accurate data entry process.

- Caregiver Support Coordination: is a structured service that assesses the needs of family or informal caregivers and connects them to appropriate resources, support, and services to sustain their caregiving role and promote their well-being.
    - IRA: A service that provides current information on community resources (including assistive technology), assesses individual needs and capacities, connects individuals to appropriate services, ensures follow-up to confirm needs are met, and prioritizes older adults with the greatest social or economic need and those at risk of institutional placement.
    - Respite In Home: Temporary services for an eligible dependent care recipient for the relief of a caregiver provided in the eligible caregiver's home or the home of the care recipient on a short term, temporary basis while the primary caregiver is unavailable or needs relief.
    - Respite Voucher: Provides caregivers with temporary relief from caregiving responsibilities by helping cover the cost of short-term respite care services. The voucher allows eligible caregivers to obtain respite

services from approved providers so they can rest, attend to personal needs, or manage other responsibilities while ensuring the care recipient continues to receive appropriate supervision and support.

- Caregiver Information Services: A service that provides for the dissemination of accurate, timely and relevant caregiver related information through public group activities such as handing out publications, conducting group presentations, seminars, health fairs and mass media.
- Dementia Live: An experiential dementia simulation program that immerses participants in a controlled, sensory-altered environment designed to replicate the cognitive, physical, and sensory challenges commonly experienced by individuals living with dementia.

Core Program Area 5: Legal Assistance

WCTAAA provides Legal Assistance through our Benefits Counseling program. The program assists individuals 60 years of age or older, and their caregivers from diverse populations. The program includes the provision of client-specific advice, counseling and representation on matters involving insurance issues, public/private benefits, consumer problems and other legal issues. The program includes general education and outreach on the topics mentioned.

WCTAAA staff who provide Benefits Counseling Services are qualified to do so according to HHSC standards. All AAA staff are non-attorneys who have completed at least 25 hours of required training provided by Texas Legal Service Center. In addition to the required training hours, they must have at least 20 hours of one-on-one counseling with oversight. Before becoming a certified Benefits Counselor I, staff must also pass an exam with a score of 70% or better. WCTAAA does not have any Benefits Counselor II and does not plan to obtain any in the future. Benefits Counselor's must re-certify every two years and have the required 12 additional training hours on public/private benefits and related legal issues.

WCTAAA staff adheres to guidelines for documentation and track all legal assistance activities conducted on a monthly basis. All Legal Assistance clients have a hardcopy file and entered in the statewide database. All files, whether electronic or hard copy, are confidential legal documents and are maintained as such. WCTAAA provides clients with the option of receiving services over the phone, in the office, or at their residence. Benefits Counseling services can be provided by WCTAAA staff more than once. Most clients will have multiple needs for assistance at different times.

- Legal Assistance: Activities provided by certified Benefits Counselors include Advice or Counseling, Documentation Preparation, and Representation, as permitted by law and within the scope of the Benefits Counselor's certification and training.
    - Advice or Counseling: Providing recommendations to an older person regarding a course of conduct or how to proceed with a matter. Assistance may be provided on a brief or one-time basis or an ongoing basis and may be provided by telephone or in person. If further assistance is needed, staff will refer the older adult or family caregiver to Texas Legal Services.
    - Documentation Preparation: Providing personal assistance to an older person with the preparation of necessary documents related to public entitlements, health care, long-term care, individual rights, planning and protection options, and housing and consumer needs.
    - Representation: Providing advocacy on behalf of an older person in protesting or addressing a procedure, seeking special consideration through an appeal of an administrative decision, or other representation permitted within the scope of the certified Benefits Counselor's role.
- HICAP Assistance: Counseling or representation services provided by a non-lawyer such as a certified benefits counselor, where permitted by law, to Medicare beneficiaries, family members, caregivers or others working on behalf of an eligible person.

- HICAP Outreach: Targeted activities conducted to inform Medicare beneficiaries, caregivers, and community partners about the availability of unbiased Medicare counseling and assistance.
- Legal Awareness: A service that provides for the dissemination of accurate, timely, and relevant information, eligibility criteria, requirements, and procedures to an older person about public entitlements, health and long-term care services, individual rights, planning and protection options, and housing and consumer needs.
- MIPPA: A service that provides for the dissemination of accurate, timely, and relevant information, eligibility criteria, requirements, and procedures to current or prospective Medicare beneficiaries and their caregivers specifically, regarding Medicare Savings Programs (MSP), Low-Income Subsidy (LIS) and Medicare Preventive Benefits.

Core Program Area 6: Ombudsman Services

- Ombudsman Services: Services to protect the health, safety, welfare, and rights of residents of nursing facilities and assisted living facilities, including identifying, investigating, and resolving complaints that are made by, or on behalf of residents.

    - The ombudsman program staff serve all 19 counties which include Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell, Jones, Kent, Knox, Mitchell, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, and Throckmorton. There are 43 Nursing Homes and 20 Assisted Living Facilities located in West Central service region. Performance measures are set by the State for each individual program. WCT performance measures include 286 duplicated visits and 63 unduplicated visits a year. Volunteers are a valued and integral piece of the program.

Greatest Economic Need in West Central and Strategies/Practices to give Priority

- Operational definition of greatest economic need - refers to the condition in which an older individual has income at or below the federal poverty level, as established by the U.S. Department of Health and Human Services, and lacks sufficient financial resources to meet basic living expenses such as housing, food, utilities, healthcare, and other essential needs.

  Under the Older Americans Act (OAA), Area Agencies on Aging must give priority attention to serving older individuals with the greatest economic need, particularly those who are low-income, living in rural communities, or facing barriers to accessing essential services.

- Operational definition of greatest social economic need - refers to the condition in which an older individual experiences non-economic barriers that limit their ability to perform normal daily activities or threaten their capacity to live independently within the community.

  Under the Older Americans Act (OAA), Area Agencies on Aging are required to give priority attention to older individuals with the greatest social need, particularly those whose circumstances significantly reduce their ability to maintain independence and access necessary services.

WCTAAA authorizes service through case management. Once the case manager has completed the Consumer Needs Evaluation, in-home services may be authorized. The AAA uses the Direct Purchase of Service (DPS) methodology to contract for In-home service, which allows case management staff to specifically target individuals in greatest need. WCTAAA provides Emergency Response Services, Income Support, Chore Maintenance, Personal Assistance, Homemaker, Homemaker Voucher, Health Maintenance, Transportation, Residential Repair, Respite In-home, and Respite Voucher to eligible individuals. While eligibility for OAA services is 60+ years of age, in-home services are prioritized for:

- Older adults residing in rural areas and their caregivers
- Older adults with limited English proficiency and their caregivers
- Older adults with greatest economic need and their caregivers
- Low-income minority adults and their caregivers
- Older adults residing in rural areas and their caregivers
- Older adults with greatest social need and their caregivers
- Older adults with severe disabilities and their caregivers
- Older adults with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and their caregivers; Older adults and with Alzheimer's disease and related neurological disorders

These services are sometimes the piece that allows seniors to remain in their home, in their community. These services are especially important when transitioning or discharging from a health care setting like a hospital or rehab center to home instead of institutional care in a nursing home or assisted living facility, fulfilling the intention of the OAA to age in place.

Collaborative Efforts with Home-and Community-Based Services (HCBS)

The WCTAAA, housed within the WCTCOG, works collaboratively with a broad network of HCBS providers to support older adults and caregivers across the 19-county service area. These partnerships are essential in helping older adults maintain independence, remain safely in their homes, and avoid unnecessary institutionalization.

The AAA coordinates closely with state and local partners, including the Texas Health and Human Services Commission, Medicaid waiver providers, CBOs, healthcare systems, and long-term services and supports (LTSS) providers. Through these collaborations, the AAA helps ensure that older adults are connected to a continuum of services that may include personal assistance services, homemaker services, respite care, transportation, case management, home-delivered meals, and other supportive services designed to promote independent living.

Information and referral services play a key role in these collaborative efforts. The AAA serves as an access point for older adults and caregivers seeking assistance and helps connect individuals with appropriate HCBS providers based on eligibility, service availability, and individual needs. Staff also assist with benefits counseling, service coordination, and navigation of programs such as Medicaid waiver programs, Medicare benefits, and other community supports.

The AAA also participates in regional planning and coordination activities with healthcare providers, hospitals, social service agencies, and community organizations to strengthen service delivery and reduce duplication of services. Through ongoing communication, cross-training opportunities, and participation in local coalitions and advisory groups, the AAA works to improve coordination among HCBS providers and enhance the overall aging services network.

These collaborative partnerships help ensure that older adults throughout West Central Texas—particularly those living in rural and underserved communities—have access to the services and supports necessary to maintain independence, improve quality of life, and age in place within their communities.

Practices/Strategies to Serve Older Adults with Physical and Mental Health Conditions

The WCTAAA, operating within the WCTCOG, implements a range of practices and strategies designed to support older adults living with physical and mental health conditions across the 19-county service area. These efforts focus on improving access to services, promoting independence, and coordinating care through collaboration with healthcare providers, community organizations, and HCBS providers.

A key strategy is care coordination and information and referral services, which help older adults and caregivers navigate available programs and connect with appropriate medical, social, and supportive services. AAA staff work closely with

hospitals, healthcare providers, and community organizations to identify individuals who may need additional support following hospitalization, during transitions of care, or when managing chronic health conditions.

The AAA also promotes health and wellness education programs that support prevention and management of chronic diseases. These initiatives may include evidence-based health promotion programs, nutrition education, falls prevention activities, and caregiver education designed to improve overall health outcomes and reduce the risk of injury or hospitalization.

For older adults experiencing mental health concerns or cognitive decline, the AAA collaborates with local mental health authorities, healthcare providers, and community organizations to facilitate access to appropriate services. Programs focused on dementia awareness, caregiver support, and education help families better understand Alzheimer's disease and related dementias while strengthening their capacity to care for loved ones at home.

In addition, the AAA supports access to in-home and community-based services such as personal assistance, homemaker services, transportation, respite care, and home-delivered meals. These services help address functional limitations associated with chronic illness or disability and enable older adults to safely remain in their homes and communities.

Recognizing the rural nature of much of West Central Texas, the AAA also prioritizes regional partnerships and outreach strategies to ensure that individuals in smaller or more remote communities are aware of and able to access available services. By strengthening collaboration among healthcare providers, social service organizations, and community partners, the AAA helps create a coordinated system of care that addresses both the physical and behavioral health needs of older adults in the region.

Needs Assessment Activities
Reference: 45 CFR 1321.65(b)(3) & 45 CFR 1321.65(c)

Top Needs

The WCTAAA conducted a regional needs assessment questionnaire as part of the planning process for the Area Plan. The questionnaire was designed to gather input from older adults, caregivers, community members, and community partners regarding priority service needs within the 19-county service area. There was strong engagement in the responses received indicating easy accessibility of the survey.

The majority of respondents were aged 60 and older representing the primary population served by the AAA. In addition, there were respondents identified as individuals with a disability, caregivers, and service providers reflecting perspectives from both service recipients and individuals supporting older adults.

Responses were received from multiple counties across the service area, including Taylor County and Jones County, indicating participation from both urban and rural communities within the West Central Texas region.

Survey participants were asked to rank the most important services and supports needed by older adults. The results indicate that healthcare access, basic living supports, and services that promote independence remain top priorities within the region.

Additional priorities identified included Emergency Response Services, rent assistance, transportation, and opportunities for social connection. These findings highlight the importance of services that address both basic needs and community engagement.

In a second category of ranked needs, respondents emphasized services that help maintain independence and improve overall health. These included physical activity and evidence-based health promotion programs, benefits counseling for programs such as Medicare and SNAP, chore and home maintenance services, assistance with Activities of Daily Living and Instrumental Activities of Daily Living, and homemaker services.

Respondents indicated that they receive information about services and programs through several primary channels. Word of mouth was the most frequently cited source, followed by television, the internet, and newspaper. These results suggest that personal networks and traditional media remain important communication methods, particularly in rural communities.

Based on data collected through demographic analysis, stakeholder engagement, and the WCTAAA Needs Questionnaire, several population trends and issues are impacting older adults within the 19-county Planning and Service Area.

The population of adults age 60 and older in the West Central Texas region continues to grow, reflecting broader statewide and national aging trends. As the number of older adults increases, the demand for supportive services, healthcare access, and community-based programs is expected to rise over the next decade. This demographic shift will require expanded planning to ensure that services remain accessible and sustainable across the region.

Much of the planning service area is rural, which creates unique challenges for older adults. Geographic distance between communities and service providers often results in limited transportation options and difficulty accessing healthcare, social services, and community resources. Rural isolation can also contribute to social isolation, particularly for individuals living alone or those with mobility limitations.

Survey responses and stakeholder input indicate that health maintenance services and healthcare access are among the highest priorities for older adults in the region. Services such as access to medications, assistance scheduling medical appointments, dental care, vision services, and hearing aids were consistently ranked as top needs. Chronic disease management and preventive health programs are also important to support healthy aging and reduce hospitalizations.

Economic stability can be a concern for some older adults in the planning service area. Many individuals rely on fixed incomes such as Social Security, retirement benefits, or limited savings, which can make it difficult to manage rising costs associated with housing, utilities, and healthcare. Survey respondents identified

utility assistance, rent assistance, and access to nutrition services as significant needs within the region.

Transportation continues to be a critical issue impacting access to services. Limited transportation options in rural communities can make it difficult for older adults to attend medical appointments, purchase groceries, or participate in community activities. Transportation barriers can also increase the risk of social isolation and reduced independence.

Home safety modifications and supportive services were also identified as important needs. Many older adults require home modifications such as ramps, grab bars, or durable medical equipment, as well as assistance with health maintenance, homemaker services, and activities of daily living to safely remain in their homes.

The survey results also highlighted the importance of social connection and community engagement. Opportunities for social interaction, wellness programs, and community-based activities help reduce isolation and support mental and emotional well-being among older adults.

Overall, the primary issues impacting older adults in the West Central Texas planning service area include population growth among older adults, rural service access challenges, healthcare needs, economic vulnerability, transportation barriers, home safety concerns, and social isolation. Addressing these issues will require continued collaboration among the AAA, community partners, healthcare providers, and local governments to ensure services remain responsive to the evolving needs of the aging population.

Addressing Needs and Priorities within the Planning Service Area

Over the next decade, the West Central Texas AAA will focus on strengthening services and partnerships to address the evolving needs of older adults, caregivers, and service providers within the planning service area. Key strategies include:

- Expanding outreach and information services to ensure older adults, caregivers, and community partners are aware of available programs and

resources, particularly in rural communities where access to information may be limited.

- Enhancing coordination with healthcare systems, CBOs, and HCBS providers to improve referral networks and support a more integrated system of care for older adults.
- Increasing access to evidence-based health promotion and disease prevention programs, including fall prevention, chronic disease self-management, and physical activity programs that support healthy aging.
- Strengthening caregiver support services, including respite assistance, caregiver education, and supportive resources designed to reduce caregiver stress and sustain caregiving capacity.
- Improving transportation and supportive services, which are essential for accessing healthcare, nutrition programs, and community activities, particularly for individuals living in rural areas.
- Expanding benefits counseling and income support services to help older adults maximize financial resources and reduce economic hardship.
- Supporting the development and sustainability of aging service providers through collaboration, technical assistance, and engagement with regional partners.

Through continued planning, community engagement, and collaboration with local and statewide partners, the West Central Texas AAA will work to strengthen the aging services network and ensure services remain responsive to changing demographic and community conditions. Over the next ten years, the AAA will focus on supporting independence, improving health outcomes, reducing isolation, and enhancing access to essential services, allowing older adults throughout the planning service area to age safely and with dignity in their homes and communities

Goals, Objectives, Strategies, and Outcomes

Reference: 45 CFR 1321.65(e)

The WCTAAA must develop individualized goals based on needs assessment findings. In addition, it must develop objectives, strategies and outcomes that support the four goals established by the 2026 Texas State Plan on Aging (SPoA). Following are goals, objectives, strategies, and outcomes specific to the SPoA, as well as those developed in response to needs assessment data.

SPoA Goals

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

Objectives	Strategies	Outcomes
1.1 Increase access to community-based supportive services for older adults with greatest economic and social need by FFY 2029.	•Targeted outreach to rural, low-income, and socially isolated older adults • Coordinated referrals with HCBS, ADRCs, and community partners • Ongoing monitoring of service utilization	Short term: Older adults and caregivers demonstrate increased awareness of available supportive services. Intermediate: Increased utilization of transportation, in-home services, and information and referral assistance. Long-term: Older adults remain safely in their homes longer and experience reduced risk of institutionalization.

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

Objectives	Strategies	Outcomes
2.1 Support development of comprehensive sources of web-based information for family caregivers.	•Develop and maintain a centralized caregiver information webpage providing caregiver resources, including respite, education, benefits, and crisis supports. •Integrate caregiver resources into existing web-based platforms to ensure consistent and easy access to information across systems. •Regularly review and update online caregiver information to ensure accuracy, relevance, and alignment with current programs. •Promote web-based caregiver resources through outreach efforts, newsletters, provider referrals, and public awareness efforts.	Short-term: Family caregivers demonstrate increased awareness of available caregiver resources and report improved knowledge of how to access web-based information and supports. Intermediate: Family caregivers increasingly use web-based information to identify, access, and connect with caregiver support services, including respite, education, counseling, benefits assistance. Long-term: Family caregivers experience improved ability to sustain caregiving roles, reduced stress, and improved quality of life.

Objectives	Strategies	Outcomes
2.2 Increase utilization of caregiver support services, including respite and education, by FFY 2029.	•Expand caregiver outreach through healthcare and community partners. •Increase availability of caregiver education, counseling, and respite services. •Promote caregiver support resources across the planning service area.	Short term: Increased caregiver knowledge of available supports and resources. Intermediate: Improved caregiver coping skills and increased use of respite services. Long-term: Reduced caregiver stress and sustained community-based caregiving arrangements.

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

Objectives	Strategies	Outcomes
3.1 Strengthen interagency coordination by establishing and maintaining formal communication channels with state agencies, regional partners, and CBOs to support coordinated planning and service delivery across the Aging Services Network.	•The WCTAAA director or designee will participate in HHSC semi-annual live training programs and bimonthly network meetings and communicate information to staff and subrecipients with need to know.	Short-term: Staff will be aware of HHSC requirements. Intermediate: Communicate relevant HHSC requirements with its subrecipients. Long-term: Staff and subrecipients will operate their programs in full compliance with those requirements.

Objectives	Strategies	Outcomes
3.2 Enhance referral and information-sharing processes to improve consistency and timeliness of referrals among AAAs, HCBS providers, healthcare partners, and community organizations to reduce duplication and improve access to services.	•Develop and implement standardized referral procedures and documentation to promote consistent intake, eligibility screening, and follow-up across partner organizations. •Strengthen coordination with HCBS providers and managed care entities to clarify referral pathways and roles in service coordination •Provide training and technical assistance to staff and partners on referral processes, eligibility requirements, and available community resources. •Promote data-informed referral practices by reviewing referral trends and service utilization data to identify gaps, overlaps, and opportunities for improvement.	Short-Term: Improved clarity, consistency, and timeliness of referral and information-sharing processes among partner organizations, as demonstrated by increased staff knowledge of referral protocols and available resources. Intermediate: Increased use of standardized referral processes and improved coordination among AAAs, HCBS providers, healthcare partners, and community organizations, resulting in more timely and appropriate service connections. Long-Term: A more coordinated and efficient Aging Services Network that reduces duplication of services, improves access to community-based supports, and enhances outcomes.

3.3 Increase provider and partner engagement to strengthen relationships with service providers and CBOs through regular meetings, technical assistance, and information exchange.	•Conduct provider and partner meetings to share updates on programs, policies, funding, and service priorities. •Provide technical assistance to service providers and CBOs to support compliance with OAA requirements, improve service quality, and strengthen administrative and programmatic capacity. •Develop and distribute routine information updates to promote consistent communication and information sharing. •Offer training and cross-training opportunities to enhance understanding of AAA programs, referral processes, and partner roles within the Aging Network. •Maintain open communication channels to support timely issue resolution, feedback, and collaboration.	Short-Term: Service providers and CBOs demonstrate increased awareness of AAA programs, expectations, and available supports, as evidenced by participation in meetings, trainings, and information-sharing activities. Intermediate: Service providers and CBOs actively engage in regular communication, technical assistance, and collaboration with the AAA, resulting in improved coordination, referral practices, and service delivery. Long-Term: A stronger, more coordinated Aging Services Network that enhances service quality, reduces service gaps and duplication, and improves access to community-based supports for older adults and family caregivers.

Objectives	Strategies	Outcomes
3.4 Support cross-training and knowledge exchange to facilitate opportunities for cross-training among agencies and providers to improve understanding of program roles, eligibility, and service capacity.	•Conduct joint cross-training sessions involving AAA staff, service providers, HCBS partners, and CBOs to review program roles, eligibility requirements, and referral pathways. •Develop and share training materials and resource guides, including program overviews and eligibility summaries, to promote consistent understanding across agencies. •Facilitate peer learning opportunities, such as discussion forums, that allow agencies and providers to exchange best practices, clarify service capacity, and address coordination challenges.	Short-Term: Agency and provider staff demonstrate increased understanding of program roles, eligibility criteria, and available service capacity because of cross-training and information-sharing activities. Intermediate: Agencies and providers apply shared knowledge to improve referral accuracy, coordination, and collaboration, resulting in more appropriate and timely service connections. Long-Term: A more integrated and effective Aging Services Network that reduces service gaps and duplication, improves access to services, and enhances outcomes for older adults and family caregivers.

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

Objectives	Strategies	Outcomes
4.1 Improve inclusive access to AAA services for underserved populations by FFY 2029.	• Culturally and linguistically appropriate outreach • Improved accessibility for individuals with disabilities • Staff training on equity and person-centered practices	Short-term: Increased availability of accessible and culturally appropriate information. Intermediate: Increased service utilization by individuals with greatest economic and social need. Long-term: Reduced disparities in access to ageing services across the planning service area.

Long Range Planning

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

Preparedness of Local Aging Services Network

The West Central Texas local Aging Services Network (ASN) within the AAA's Planning and Service Area is moderately prepared to meet service needs over the next five to ten years. The network has strong foundational assets—experienced providers, established referral pathways, a mature information-and-assistance function, and trusted community partnerships—but faces increasing strain from demographic growth in the older adult population, rising complexity of needs, a constrained direct-care workforce, rural access barriers, transportation limitations, and affordability pressures (housing, utilities, food, healthcare). Without targeted capacity-building and system modernization, the network's ability to maintain timeliness, service intensity, and equitable access across the planning service area will gradually wear away.

Key readiness strengths include:

- Established AAA-led coordination, compliance infrastructure, and community credibility
- Multi-sector partnerships (healthcare, CBOs, faith/community groups, local governments)
- Mature service delivery core (nutrition, caregiver supports, benefits counseling, information/referral, case coordination where applicable)
- Increasing cross-program alignment with medical and non-medical service integration efforts

Key readiness risks include:

- Direct-care and provider capacity constraints (recruitment/retention, wage competition, travel distance)
- Limited transportation options and long travel times, especially in rural counties
- Housing availability/affordability and home repair needs limiting "aging in place"
- Greater need for dementia-capable services, behavioral health supports, and caregiver respite
- Digital divide impacting access to telehealth, online resources, and service navigation
- Increasing frequency/intensity of severe weather and disaster events affecting continuity of operations
- Under-detection and under-reporting of elder abuse, neglect, and exploitation

Analysis of How Such Population Growth and Change May Impact Service Delivery and Those Served

Over the next decade, anticipated demographic shifts will likely produce higher demand, higher acuity, and higher expectations for service responsiveness and person-centered options.

Service demand and intensity

- Increased volume of requests for information, benefits counseling, caregiver support, nutrition services, and in-home supports as the older adult population grows.
- More complex care needs tied to chronic disease, mobility limitations, dementia, and co-occurring behavioral health conditions, increasing the average "service intensity" per client.
- Caregiver demand will rise as family size shrinks, adult children live farther away, and caregiving duration increases, driving need for respite, training, coaching, and emotional support.

Equity and access pressures

- Rural geography and limited infrastructure will continue to produce uneven access (especially transportation and in-home services).
- Language access and cultural responsiveness may require expansion as population characteristics evolve.
- Individuals with limited broadband/digital skills may experience worsening barriers as systems increasingly rely on online navigation and tele-services.

System strain points

- Waitlists and service caps may expand without workforce stabilization and funding adjustments.
- Provider coverage gaps may widen as smaller agencies struggle with staffing, reimbursement, and travel costs.
- Rising costs (food, fuel, utilities, insurance) will reduce purchasing power and increase client financial vulnerability.

Analysis of how programs/services/policies can improve and resources adjusted to support potential change and growth.

To remain effective over the next five to ten years, the ASN should focus on capacity expansion, modernization, and targeted system redesign.

Program and service improvements

- Strengthen triage and care navigation: Standardize screening, prioritization, and warm handoffs to reduce churn and ensure higher-need clients receive timely support.
- Expand caregiver support: Increase respite options, evidence-informed caregiver education, peer support groups (in-person and virtual), and caregiver crisis planning.

- Enhance dementia capability: Train providers and staff in dementia-friendly communication, safety planning, and caregiver coaching; expand memory-support and wandering-risk interventions.
- Improve rural service reach: Use hub-and-spoke scheduling, mobile service days, and coordinated routes to reduce travel inefficiency; contract models that incentivize rural coverage.
- Scale evidence-informed health promotion: Falls prevention, chronic disease self-management, medication safety, and nutrition education, aligned with local health systems where possible.
- Increase digital and assistive technology support: Device lending, digital navigation coaching, telehealth readiness, and simple home safety/monitoring technologies for aging in place.

Policy and resource adjustments

- Workforce stabilization strategies: Use contracting structures that support livable wages, mileage/travel reimbursement, training pipelines, and career ladders.
- Shift resources toward high-growth pressures: Prioritize transportation solutions, home modifications/repair, caregiver respite, and services that prevent institutionalization.
- Data-driven performance management: Improve real-time tracking of demand, waitlists, service gaps, and outcomes to guide resource allocation and justify capacity investments.
- Formalize cross-sector agreements: Strengthen MOUs with healthcare, emergency management, housing entities, and law enforcement to improve coordination and continuity.

Recommendations to the State Unit on Aging to build capacity to better support the statewide Aging Services Network

Housing

- Expand flexible funding and partnerships for home repair, accessibility modifications, and weatherization to sustain aging in place.
- Support development of affordable senior housing and alternative models (accessory dwelling units, shared housing, service-enriched housing).

Transportation

- Invest in rural mobility solutions: regional coordination, volunteer driver supports, vehicle replacement funds, and brokerage models that integrate medical/non-medical rides.
- Encourage coordination across transit, Medicaid transportation, and community providers to reduce duplication and gaps.

Public safety

- Support joint training and protocols among APS, law enforcement, financial institutions, and community partners on scam prevention, missing older adult response, and safety checks.
- Promote community-based falls prevention and home safety initiatives as a public safety strategy.

Workforce and economic development

- Develop statewide strategies for direct-care workforce stabilization, including training pathways, credentialing supports, wage enhancement mechanisms where feasible, and rural recruitment incentives.
- Provide technical assistance on contracting and reimbursement models that reduce provider instability.

Recreation and social connection

- Fund and promote programs addressing isolation and loneliness, including community engagement, intergenerational programs, and accessible activity options.

Education

- Expand caregiver and consumer education, including digital literacy, benefits navigation, and dementia education, with accessible formats for rural communities.

Emergency preparedness

- Provide standardized tools and funding support for continuity of operations planning backup communications, client wellness check protocols, and resiliency supplies (cooling/heating resources, shelter coordination).
- Strengthen integration between AAAs and regional emergency management.

Protection from elder abuse, neglect, and exploitation

- Increase support for multidisciplinary teams, legal assistance, and coordinated outreach on scams and exploitation.
- Enhance data sharing and referral protocols and expand prevention campaigns tailored to rural communities.

Assistive technology devices and services

- Create or expand statewide initiatives for assistive technology assessments, device lending, and training, including remote support options where broadband allows.
- Encourage reimbursement or dedicated funding streams for technology that supports safety and independence.

Activities and Effort Specific to Organizational Sustainability Planning

Sustainability planning will focus on ensuring the AAA and provider network can maintain continuity, compliance, and service capacity amid increasing demand and constrained resources.

Core sustainability activities

- Workforce strategy: Recruitment/retention planning, cross-training, succession planning, and standardized onboarding to protect continuity during turnover.
- Provider network stability: Ongoing provider engagement, technical assistance, contract monitoring, and targeted support for rural coverage gaps.
- Financial sustainability: Multi-year budgeting, scenario planning, cost modeling, pursuit of diversified funding (grants, partnerships, braided funding), and periodic rate/reimbursement analysis.
- Operational resilience: Continuity of Operations Plan (COOP) updates, redundancy in critical roles, backup communications, remote work readiness where appropriate, and vendor contingency plans.
- Technology modernization: Incremental upgrades to referral tracking, reporting, and client relationship management to improve efficiency, reduce administrative burden, and strengthen accountability.
- Performance and quality management: Routine assessment of service access (timeliness, equity), demand trends, outcomes, and client experience to inform improvements and resource requests.
- Partnership strategy: Formalize cross-sector collaboration with healthcare, housing, transportation, emergency management, APS, and community organizations through MOUs and joint protocols. Sustainability outcomes the AAA will target
- Reduced service disruptions due to turnover or emergencies
- Improved speed and consistency of referrals and service initiation
- Increased rural coverage and provider stability
- Stronger data to support funding advocacy and capacity-building
- Sustained compliance with state/federal requirements while scaling service demand

Appendix A – Emergency Preparedness

Reference: 45 CFR 1321.103

The West Central Texas Council of Governments and Area Agency on Aging must remain diligent in maintaining a culture of preparedness even though there have been few natural or emergency disasters over the last few years. It is essential that West Central Texas develop and implement reliable communication, coordination, and delivery of services across government agencies, the aging network, and care provider systems as the foundation of emergency plans. The Department of Elder Affairs, other agencies whose charters require services to elders.

Older adults may be at a greater risk of unfavorable health outcomes and loss of independence if there is a disruption to their support network and continuity of care. Many older adults rely upon assistance from their family, friends, and caregivers to assist with their daily activities, such as bathing, preparing meals, transportation, and taking medications. Factors such as impaired mobility, diminished sensory awareness, chronic health conditions, and social and economic limitations may impair their ability to prepare for, respond to, and recover from a disaster. Governmental agencies should be sensitive to the unique needs and resources of elders. Some elders will require assistance with increased physical, mental, and emotional needs during emergencies. Those in institutions and with limited mobility may require transportation and other assistance.

The West Central Texas Area Council of Governments, and Area Agency on Aging will:

- Continue to grow its collaboration with local emergency operations centers to increase awareness and understanding of special needs of the elder population.

- Recommend minimum standards and critical elements to be included in agency, and County comprehensive disaster plans.

● Collect and share best practices by gathering input from the aging network on what has and has not worked and why.

● Encourage more comprehensive emergency and disaster pre-planning in communities with significant special needs and elder population at the local level.

Before an Emergency - Preparedness and Coordination

- Maintain current emergency contact information for AAA staff, subrecipients, service providers, community partners, and other organizations involved in supporting older adults.
- Coordinate with local governments, emergency management entities, service providers, and community partners to promote inclusion of older adults and individuals with access and functional needs in emergency planning activities.
- Work with nutrition, transportation, in-home service, and other providers to identify procedures for maintaining essential services during emergencies and anticipated service disruptions.
- Provide older adults, caregivers, and service providers with emergency preparedness information and available community resources.
- Identify available referral resources for emergency food, shelter, transportation, medical needs, utilities, and other essential supports.
- Review internal continuity procedures and staff responsibilities to ensure the AAA can maintain essential functions and communication during an emergency.

During an Emergency - Response and Continuity of Services

- Maintain communication with AAA staff, subrecipients, service providers, emergency management partners, and community organizations to assess conditions and identify emerging needs.
- Prioritize the health and safety of older adults receiving AAA services, particularly individuals who may be isolated, have limited mobility, lack transportation, or depend upon essential in-home and nutrition services.
- Coordinate with service providers to determine whether nutrition, transportation, in-home, caregiver, and other essential services can continue safely or require temporary modification.

- Provide information, referral, and assistance to connect older adults and caregivers with available emergency resources, including food, shelter, transportation, utility assistance, and other immediate supports.
- Communicate service disruptions, alternative service arrangements, and available resources to older adults, caregivers, providers, and community partners as information becomes available.
- Document significant service disruptions, unmet needs, and emergency-related activities to support coordination and follow-up.

After an Emergency - Recovery and Follow-Up

- Assess the continuing needs of older adults and caregivers affected by the emergency and assist with connections to appropriate recovery resources.
- Coordinate with providers and community partners to restore interrupted AAA services as quickly and safely as practicable.
- Follow up, as appropriate, with older adults whose services were disrupted or who were identified as having significant needs during the emergency.
- Identify ongoing needs related to food, housing, transportation, utilities, health and safety, caregiver support, and other services necessary to support recovery and continued community living.
- Work with local, regional, and state partners to coordinate available resources and address service gaps affecting older adults.
- Review the AAA's emergency response following significant events to identify lessons learned, service gaps, and opportunities to strengthen future emergency preparedness and continuity procedures.

SENIORS

Get Informed

● Know what disasters could affect your area, which could call for an evacuation and when to shelter in place.

● Keep a NOAA Weather Radio tuned to your local emergency station and monitor TV, radio, and follow mobile alert and mobile warnings about severe weather in your area.

● Download the FEMA app, receive weather alerts from the National Weather Service for up to five different locations anywhere in the United States.

Make a Plan

Next, determine any special assistance you may need, and include in your emergency plan.

● Create a support network of family, friends and others who can assist you during an emergency and share your disaster plans with them. Practice your plan with them.

● Make sure they have an extra key to your home, know where you keep your emergency supplies and how to use lifesaving equipment or administer medicine.

● If you undergo routine treatments administered by a clinic or hospital, find out their emergency plans and work with them to identify back-up service providers.

● If you have a communication-related disability, note the best way to communicate with you.

● Don’t forget your pets or service animals. Not all shelters accept pets, so plan for alternatives.

● Consider loved ones or friends outside of your immediate area

● Prepare an emergency kit for your pet

● For related information visit our page on Individuals with disabilities

Get your benefits electronically

A disaster can disrupt mail service for days or weeks. If you depend on Social Security or other regular benefits, switching to electronic payments is a simple, significant way to protect yourself financially before disaster strikes. It also eliminates the risk of stolen checks. The U.S. Department of the Treasury recommends two safer ways to get federal benefits:

● Direct deposit to a checking or savings account. Federal benefit recipients can sign up by calling (800) 333-1795 or signing up online

● The Direct Express® prepaid debit card is designed as a safe and easy alternative to paper

Associated Content

- Preparing Makes Sense or Older Americans (Video)
- Individuals with disabilities and other access and functional needs (link)
- AARP Operation Emergency Prepare (link)

FEMA recommendations for emergency preparedness

Success is defined as:

A secure and resilient Nation with the capabilities of the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards from the threats that post the greatest risk.

● Preventing, avoiding, or stopping a threatened or an actual act of terrorism.

● Protecting our citizens, residents, visitors, and assets against the greatest threats and hazards in a manner that allows our interests, aspirations, and way of life to thrive.

● Mitigating the loss of life and property by lessening the impact of future disasters.

● Responding quickly to save lives, protect property and the environment, and meet basic human needs in the aftermath of a catastrophic incident.

● Recovering through a focus on the timely restoration, strengthening, and revitalization of infrastructure, housing, and a sustainable economy, as well as the health, social, cultural, historic, and environmental fabric of communities affected by a catastrophic incident.

Appendix B – Public Comment Activities

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

The WCTAAA solicited public comment for this draft area plan by soliciting input during the preparation of a draft. Prior to finalizing the draft, it:

- Gathered input from WCTCOG staff during March 11 staff meeting and survey email blast March 13, 2026.
- Gathered input from members of the AAACAC who attended the February 18, 2026 meeting and needs assessment survey emailed March 13, 2026.

In compliance with requirements for the development of the Area Plan, the AAA provided a public review and comment period of no less than 30 calendar days for the draft Area Plan prior to final submission. During this period, the draft plan was made available for public review to allow stakeholders, community partners, and residents within the service area to provide comments and feedback.

Public notice of the comment period was distributed through multiple outreach methods to ensure broad awareness and participation. Notifications were shared through community postings and distribution, announcements to partner organizations, and service providers within the region. Public announcements included information about how to access the draft plan and how to submit comments during the designated review period.

The AAA Aging Advisory Council played an important role in the development and review of the Area Plan. The Council reviewed the draft plan, provided input on regional service priorities and offered recommendations based on their knowledge of community needs and aging services. The Advisory Council's involvement helped ensure that the plan reflects the perspectives of community stakeholders, service providers, and older adults throughout the region.

Following the public comment period and Advisory Council review, feedback was considered and incorporated as appropriate prior to final approval and submission of the Area Plan.

The needs assessment questionnaire, public comment process, and Advisory Council engagement collectively ensured that the Area Plan development process was transparent, inclusive, and responsive to the needs of older adults in West Central Texas. The feedback gathered through these efforts will help guide program planning, service delivery, and resource allocation to support the health, independence, and well-being of older adults and caregivers across the region.

Once WCTAAA completed a draft of the area plan, the plan was placed on our website and comments were invited from March 20, 2026, through April 20, 2026. It notified stakeholders and the general public of the opportunity to provide comment by disseminating the following press release in the planning service area.

In addition, the WCTAAA emailed a link to its subrecipients, advisory council, and community partners allowing comment opportunity through e-blast.

AAACAC members reviewed the plan at its February 18, 2026 meeting.

The WCTCOG Executive Board took action on the plan at its April 22, 2026 meeting.

FOR IMMEDIATE RELEASE

March 20, 2026

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West Central Texas Area Agency Invites Comment on Area Plan

The West Central Texas Area Agency on Aging (WCTAAA), a program of the West Central Texas Council of Governments (WCTCOG), receives federal and state funds to provide services to people aged 60+ and family caregivers in its 19-county service area, including Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell, Jones, Kent, Knox, Mitchell, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, and Throckmorton. It has prepared a plan for services it intends to fund during a three-year period and invites public comment through March 20, 2026. The plan is located at: West Central Texas Council of Governments (WCTCOG) *and is available in hard-copy format upon request.*

The WCTAAA provides funding to local agencies for nutrition and transportation services. In addition, its staff and volunteers provide services that include information and referral, help understanding Medicare benefits and options, case management services, caregiver respite, caregiver education, evidence based programs, dementia-live, and advocacy for people who live in assisted living and nursing facilities. All services are provided at no charge to those who qualify. For more information about WCTAAA services, go to: Area Aging – West Central Texas Council of Governments (WCTCOG) *or call 325-793-8417.*

What is WCTCOG?

West Central Texas Council of Governments (WCTCOG) is a voluntary association organized to promote area-wide planning and cooperation among local governments. The mission of WCTCOG is to assist local governments to improve conditions for the health, safety, and general welfare of their citizens, plan for future development for the area, make efficient and economical use of public funds through regional coordination, to eliminate waste from duplication, and assist member governments in solving current and long-range problems.

WCTCOG conducts planning, assists in implementing plans, contracts for services with local governments, reviews and comments on grant applications, and provides technical assistance to local governments.