Tarrant County Area Plan

FFY 2027 - 2029

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

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

Note: AAA logo or an image may be added to the cover page at the discretion of the AAA. This cover page is intended for sample purposes only.

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Executive Summary

The United Way of Tarrant County (UWTC) is the designated Area Agency on Aging (AAA) for Tarrant County. Most AAAs in Texas serve multiple counties. The Planning and Service Area (PSA) for this AAA is solely and exclusively Tarrant County. Accordingly, the terms "PSA" and "Tarrant County" are used interchangeably throughout this Area Plan.

AAATC's mission is to deliver vital services that improve the quality of life for older adults and caregivers. The agency supports and educates older adults and their caregivers through services that empower them to remain independent in the community and thrive with dignity.

AAATC's vision is to serve as a local convener and leader of change both regionally and nationally. AAATC's affiliation with UWTC allows AAATC to serve as a multi-sector convener and align aging services with broader community strategies. Additionally, AAATC leverages United Way's cross-sector partnerships and systems-building approach to coordinate resources and strengthen local service delivery.

AAATC's work is guided by five core values: 1) Leadership 2) Accountability 3) Commitment 4) Teamwork and 5) Collaboration. These values shape how AAATC designs services, measures impact, supports staff, and partners across sectors to achieve shared outcomes for older adults and caregivers.

The Area Agency on Aging of Tarrant County (AAATC) coordinates, funds, and delivers services that support older adults and caregivers countywide. AAATC leads a community-based aging network focused on independence, dignity, and quality of life. The agency prioritizes older adults and caregivers with the greatest economic and social need and works to ensure equitable access across all communities in Tarrant County.

AAATC also uses technology and data-driven practices to improve targeting, tracking, and accountability. The agency utilizes business intelligence tools to analyze multiple data sources and monitor service reach and outcomes. Data visualization supports geographic targeting by identifying areas with higher concentrations of need, including food insecurity, poverty, and social isolation. These insights support timely service delivery, improve operational accuracy, and strengthen planning and performance monitoring. AAATC also leverages community partnerships to extend capacity and maximize impact when resources are limited.

Tarrant County's older adult population continues to grow and diversify. Many older adults face barriers related to fixed incomes, rising costs of living, transportation

limitations, chronic health conditions, disability, and social isolation. Older adults and caregivers also report difficulty navigating complex systems and understanding available benefits. Community input consistently emphasizes the need for clear information, trusted navigation, reliable transportation, and services that support aging in place.

AAATC fulfills its responsibilities under the Older Americans Act as a planner, funder, coordinator, and provider. Service delivery is supported through direct provision, vendor agreements, and contracted providers to promote consumer choice, quality, and strong oversight. Core services include information and assistance, care coordination, nutrition services, transportation, caregiver support, benefits counseling, evidence-based health promotion programs, and long-term care ombudsman services.

During the Area Plan period, AAATC will focus on strengthening access and navigation through expanded individualized assistance. The agency will continue promoting independence and safety through nutrition services, transportation, caregiver support, and evidence-based health and wellness programs. Coordination across systems will remain a priority to reduce fragmentation and improve continuity, particularly with healthcare, behavioral health, disability, and community partners. AAATC will also address social isolation through social engagement opportunities, volunteer programs, and age-friendly community initiatives. Emergency preparedness and continuity planning will remain essential to ensure uninterrupted services during disasters and public health emergencies.

Community engagement remains central to AAATC's planning process. Input from listening sessions, surveys, advisory councils, and partner organizations informed this Area Plan. AAATC acknowledges the AAATC Aging Advisory Council and the Tarrant County Texas Silver-Haired Legislature legislators for their contributions in identifying community needs. Their partnership and support were invaluable throughout the planning period.

Through strong leadership, collaboration, accountability, and data-informed decision-making, AAATC will continue to serve as a trusted resource and system leader. The strategies in this Area Plan strengthen the local aging network and support older adults and caregivers in remaining safe, connected, and independent in Tarrant County.

Organizational Profile

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

AAA profile must include the following:

1. Organization and staff composition.
    a. Include organizational charts – AAA and entire organization.

2. High-level narrative summary of the Planning and Service Area (PSA).
    b. Include identification of populations within the PSA with greatest economic and social need.
    c. Include definition of greatest economic and greatest social needs.
       i. AAAs should ensure their definitions comply with state and federal executive orders.

<u>RESPONSE</u>

Tarrant County's older adult population is growing rapidly, and economic vulnerability among seniors is becoming one of the most pressing issues facing the PSA. Recent statewide and local data demonstrate that traditional poverty measures dramatically understate the financial strain experienced by older adults. As the 65+ population expands, these economic pressures are expected to intensify, increasing demand for aging-network services, public benefits, and community-based

Definitions Guiding Service Prioritization

To ensure equitable resource allocation and compliance with federal and state policy, AAATC utilizes the following definitions:

Greatest Economic Need: A need resulting from an income level at or below the federal poverty threshold, consistent with the Older Americans Act and HHSC rules. This definition helps identify older adults whose limited income restricts their ability to secure essential goods and services.

Greatest Social Need*:* A need arising from non-economic factors that limit a person's capacity to perform daily activities or live independently. This includes disabilities, language barriers, and cultural or social isolation. These factors often intersect with economic need, heightening the challenges seniors face.

3. Economic and social resources available within the PSA, include limitations.

RESPONSE

Tarrant County benefits from a broad and diverse network of economic and social resources that support older adults and caregivers across the PSA. AAATC leverages this network to expand access to services, strengthen partnerships, and improve overall well-being for older residents. Nutrition programs play a critical role in promoting health and reducing isolation through both congregate and home-delivered meals. Health services include evidence-based programs focused on chronic disease management, fall prevention, and other wellness initiatives, along with dental supports through partnerships such as Dental Health Arlington and newly developed vision services aimed at addressing sensory needs.

The PSA offers a range of in-home supports for individuals with mobility or functional limitations, as well as caregiver supports coordinated through the Aging and Disability Resource Center (ADRC) to provide respite and guidance. Housing navigation continues to be a key resource, with ADRC navigators assisting older adults and individuals with disabilities in locating accessible, integrated, and affordable living options across the county.

AAATC, as an operating division of the United Way of Tarrant County (UWTC), benefits from the organization's leadership in community health, crisis response, financial empowerment, and education. In recent years, UWTC has focused on leading innovative initiatives designed in response to emerging community needs rather than solely serving in a pass-through funding role. Within this structure, AAATC has taken a prominent role in building collaborative partnerships to pursue grants and implement innovative programs that enhance resources available to older adults and caregivers in Tarrant County.

The PSA is further supported by strong age-friendly and dementia-friendly infrastructure. The City of Fort Worth joined the national Age-Friendly Cities and Communities network in 2014 and developed the Age-Friendly Fort Worth Action Plan in 2017, outlining strategies across eight domains, including transportation, housing, social participation, communication, and community health services. Complementing this, Dementia-Friendly Fort Worth was launched in 2018 to raise awareness and improve caregiver and community responses to dementia. Both Age-Friendly and Dementia-Friendly Business certification programs continue to grow, with dozens of local organizations recognized for implementing practices that enhance accessibility and customer experience for older adults. AAATC continues to encourage other municipalities within Tarrant County to consider adopting similar frameworks to promote inclusivity and safety.

Tarrant County is also home to numerous higher education institutions offering ongoing education and community engagement opportunities for older adults. Institutions such as Tarrant County College, the University of Texas at Arlington, Texas Christian University, Texas Woman's University, and the UNT Health Science Center provide access to learning, cultural activities, and lifelong education.

The PSA is enriched by a vibrant arts, culture, and recreation environment. Sports and entertainment venues, museums within Fort Worth's Cultural District, botanical gardens, historic districts, and multiple community theaters offer opportunities for social engagement, often with senior discounts or volunteer opportunities that increase accessibility. These resources help older residents remain connected, socially active, and engaged in community life.

Neighborhood and homeowners' associations also contribute to social cohesion and serve as informal support systems within communities. Many cities support these groups by providing training, communication tools, and direct connections to municipal departments to address neighborhood-level concerns.

AAATC also serves Local Contact Agency functions, including transition planning and person-centered counseling for non-Medicaid nursing facility residents seeking to return to the community. Despite the breadth of resources available across the PSA, several limitations impact the availability and accessibility of services. Funding constraints restrict the expansion of certain high-demand programs. Workforce shortages in healthcare and social services create challenges in meeting service needs efficiently and consistently. Transportation barriers remain a significant obstacle, particularly for rural residents and those with limited mobility. Additionally, the county continues to face a shortage of affordable, accessible housing options that meet the needs of low-income older adults.

Overall, the PSA provides a rich landscape of supports, but ongoing challenges highlight the need for continued collaboration, innovation, and strategic investment to meet the evolving needs of older adults and caregivers in Tarrant County.

4. High-level summary of population trends and other issues impacting older Texans within the PSA.

RESPONSE

Older adults in Tarrant County are experiencing increasing economic vulnerability alongside rapid demographic growth. Statewide data show that 13% of Texas households live below the Federal Poverty Level (FPL), but this drastically understates financial strain among older adults. An additional 29% of Texas households are ALICE

households, defined as *Asset Limited, Income Constrained, and Employed*—individuals earning above the FPL but still unable to afford basic essentials such as housing, food, transportation, healthcare, and technology.[1] In 2023, 51% of Tarrant County households headed by someone age 65+ fell below the ALICE Threshold, placing many older adults at significant risk of financial decline.

Tarrant County's older adult population trends mirror state and national aging patterns. The 65+ population is expected to be the fastest-growing demographic group in the state, driven by lower birth rates, increased longevity, and substantial domestic in-migration.[2] In 2022, Texas was one of nine states where half of all adults age 65+ in the U.S. lived in just nine states—including Texas, which had approximately 4 million older residents.[3] These demographic shifts will increase statewide demand for long-term services, housing resources, transportation options, and healthcare systems equipped to manage chronic disease and cognitive decline.[4]

Although AAATC adopts and applies the Texas State Plan on Aging's definition of Greatest Economic Need , this definition fails to capture ALICE households. For older adults living at just above the poverty line, the absence of adequate supports greatly increases the risk of sliding into FPL status. Such a decline can create severe and lasting consequences, including worsened health outcomes, loss of stable housing, reduced access to medication and food, and increased likelihood of premature institutionalization. For these reasons, integrating both GEN and ALICE into planning is essential to ensuring that AAATC's services remain responsive and capable of preventing deeper health, housing, and quality-of-life crises among older adults in Tarrant County.

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[1] United For ALICE, Texas Dataset https://www.unitedforalice.org/mapping-tool#6.350024584695101/31.324/-100.075

[2] Texas Demographics Center, Vintage 2024 Population projection Mid-Scenario https://demographics.texas.gov/Resources/TDC/Presentations/29f2de6b-4625-4620-aa9e-2e14ab1fd139/20251022_TDCProjectionWebinar.pdf

[3] Administration on Community Living, 2023 Profile of Older Americans https://acl.gov/sites/default/files/Profile%20of%20OA/ACL_ProfileOlderAmericans2023_508.pdf

[4] Texas Politics Article, Population Projections Show Texas Growth Increasingly Driven by Migration, December 2025 https://texaspolitics.com/2025/12/23/texas-growth-increasingly-driven-by-migration-new-projections-show/

5. Advisory Council composition.
   d. Membership requirements (aligned with the Older Americans Act (OAA)).
   e. Selection schedule and process.
   f. How selection process results in membership that is closely representative of the planning and service area's (PSA) demographics.
   g. Describe how the Advisory Council advises the AAA, including any of the following functions (45 CFR 1321.63(a)):
      i. Developing and administering the area plan;
      ii. Ensuring the area plan is available to older individuals, family caregivers, service providers, and the general public;
      iii. Conducting public hearings;
      iv. Representing the interests of older individuals and family caregivers; and
      v. Reviewing and commenting on community policies, programs and actions which affect older individuals and family caregivers with the intent of assuring maximum coordination and responsiveness to older individuals and family caregivers.
   h. Number of counties in the PSA represented by members; include how all counties in the PSA are represented to extent possible.

RESPONSES 5(a-e)

Advisory Council Composition

a. Membership Requirements

The AAATC Advisory Council is a volunteer-driven body composed of 15 to 21 members, selected for their knowledge of or interest in services for older adults, persons with disabilities, and caregivers. Membership must conform to the OAA (as amended through P.L. 116-131, enacted March 25, 2020), and includes:

- More than 50% older individuals, including minorities eligible for OAA programs
- Family caregivers (including older relative caregivers)
- Representatives of older individuals
- Health care provider organizations
- Service providers
- Business community representatives
- Individuals with leadership experience in private/voluntary sectors
- Veterans' healthcare providers (if applicable)
- Local elected officials
- Members of the general public

b. Selection Schedule and Process

- Term Length: Three years, beginning July 1 and ending June 30 three years later
- Term Limits: No member may serve more than two consecutive terms; a one-year break is required before reappointment
- Ex-Officio Option: Members completing two terms may continue in a non-voting ex-officio role
- Chairperson Exception: Outgoing Chair may serve one additional year as Immediate Past Chairperson with voting rights
- Resignation: Must be submitted in writing to the AAA Director
- Attendance: Missing three consecutive meetings without acceptable reason may be treated as resignation.
- Removal: Members may be removed by majority vote for any reason deemed in the AAA's best interest

c. Demographic Representation

The bylaws require a composition that reflects the PSA's demographics, including:

- Older adults and minority older adults;
- Family caregivers;
- Representatives from health care, service providers, business, and elected officials; or
- Individuals with leadership experience in private and voluntary sectors.

d. Advisory Functions

The Council advises the AAA in the following areas:

- Developing and administering the area plan: Participates in drafting and approving the Area Plan for submission to the Texas Health and Human Services Commission
- Ensuring public access: Supports transparency and public availability of the Area Plan
- Conducting public hearings: Facilitates community engagement and feedback
- Representing interests: Advocates for older individuals and family caregivers
- Reviewing and commenting on policies: Evaluates community programs and actions to ensure responsiveness and coordination with older adults' needs
- Other topics and/or matters deemed necessary for the provision of AAATC services for clients and caregivers in Tarrant County.

e. County Representation

Tarrant County is the sole county within the Planning and Service Area of AAATC. All Advisory Council members reside within this county and represent various municipalities and sectors within Tarrant County.

Stewardship & Oversight

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

Describe efforts in place, practiced by the AAA, that support the OAA (e.g., program management and administrative activities). A program management activity may include alignment of established policies and procedures for key areas (e.g., operational, fiscal, data, training, and communication) with the principles of the OAA; at a high-level describe activities (e.g., development and implementation of policies and procedures) your AAA has in place to ensure positive stewardship and oversight of funds received. Another example is to describe stewardship and oversight in place to align implementation of targeted activities with primary principles of the OAA.

RESPONSE

The Area Agency on Aging of Tarrant County (AAATC) demonstrates a strong and intentional commitment to the Older Americans Act through comprehensive program management practices, administrative oversight, and responsible stewardship of federal and state resources. The agency's systems are designed to ensure accountability, transparency, and fidelity to OAA principles while supporting the independence, dignity, and well-being of older adults in the region.

AAATC structures its operations around the values and requirements of the Older Americans Act by ensuring that all programs prioritize consumer choice, equitable access, independence, and protections for the rights of older adults. Decision-making and service delivery are guided by the intent of the OAA, with resources directed toward older adults who face the greatest economic and social needs.

The agency maintains a comprehensive framework of written policies and procedures that guide all fiscal, programmatic, and operational activities. These policies are reviewed and updated regularly to remain compliant with federal and state expectations. Operational policies ensure that programs are delivered in accordance with OAA requirements and consumer rights. Fiscal policies include stringent internal controls, segregation of duties, and adherence to federal cost principles, ensuring that funds are used appropriately. Data management protocols support the secure handling and accurate reporting of information, and all staff receive ongoing training

to maintain compliance and reinforce OAA standards. Clear communication practices further support transparency across the agency.

AAATC follows structured program management processes that support consistent oversight and continuous quality improvement. The agency develops, implements, and regularly reviews policies that guide procurement, contracting, monitoring, and service delivery. Routine programmatic and fiscal monitoring is conducted to verify compliance among contracted providers and to ensure that OAA funds are used properly. AAATC also conducts regular risk assessments and internal audits to identify potential vulnerabilities. Feedback from consumers and providers supports ongoing improvements in service design and delivery, and performance measures are used to assess outcomes and drive program refinements.

All expenditures and budgets are reviewed to ensure that they align with OAA priorities and support services that promote independence, health, safety, and well-being for older adults. Programs such as in-home support, nutrition services, transportation, and caregiver support are implemented with attention to OAA principles. Service utilization, satisfaction, and equity indicators are tracked and reviewed to ensure that services have measurable impact and meet community needs.

AAATC maintains comprehensive safeguards to protect all sensitive and confidential client information. The agency follows established organizational policies that require secure storage, restricted access, and controlled handling of both physical and electronic records. Access to client information is limited to authorized personnel, and security protocols ensure that files are protected from unauthorized use, disclosure, or loss. Both physical and digital records are maintained in secure environments, and long-term record retention and disposal follow organizational requirements and applicable regulations. These practices ensure that client information is consistently managed with confidentiality, integrity, and accountability.

AAATC follows established organizational financial policies to ensure that all monetary contributions are managed responsibly and securely. Contributions are collected, stored, and processed using controlled procedures that limit access to authorized personnel and protect against misuse. Funds are recorded and deposited in accordance with standard financial protocols, ensuring accountability, transparency, and alignment with recognized stewardship practices.

Through its structured policies, monitoring practices, secure data systems, and adherence to OAA principles, AAATC upholds a high standard of stewardship and oversight. These practices ensure that resources are managed responsibly and

transparently while supporting high-quality services that enhance the lives of older adults across Tarrant County.

Key Topic Areas

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

1. Provide a high-level definition and service provision description of each core program area listed below, individualized to the AAA:
   - **Core Program Area 1:** Supportive Services
   - **Core Program Area 2:** Nutrition Services – Congregate Meals, Grab & Go Melas, and Home Delivered Meals
     Note, if the AAA elects to provide Grab & Go Meals, include the following:
     a. Demonstrate evidence that provision of such meals will enhance, not diminish, the congregate meals program.
     b. Describe how the AAA will monitor the impact of Grab & Go Meals on congregate meals.
     c. Describe how provision of such meals will reach older adults in Greatest Economic Need (GEN) and Greatest Social Need (GSN).
     d. Demonstrate evidence of consultation with nutrition experts and providers, collaborative partners, and the public regarding need for and provision of Grab & Go meals.
     e. Describe practices/strategies to serve older adults experiencing incidences of hunger, food insecurity, malnutrition, and social isolation.
   - **Core Program Area 3:** Evidenced Based Disease Prevention & Health Promotion Services
   - **Core Program Area 4:** Family Caregiver Support Services – include efforts to enhance services and supports for caregivers.
   - **Core Program Area 5:** Legal Assistance
   - **Core Program Area 6:** Ombudsman Services

RESPONSE

Core Program Area 1: Supportive Services
Supportive Services at AAATC encompass a coordinated set of programs and interventions designed to help older adults maintain their independence, safety, and quality of life in the community. Supportive Services are delivered through a mix of direct provision, vendor agreements, and partnerships with local organizations. AAATC uses data-driven targeting and culturally competent outreach to ensure services reach those with the greatest economic and social need, including low-

income, minority, disabled, and socially isolated older adults. These services address a broad range of needs, including assistance with daily living, access to essential resources, and reduction of barriers to aging in place. Service Provision includes:

- Case Management (Care Coordination): Ongoing assessment, planning, and coordination of services tailored to each individual's needs, with a focus on those with the greatest economic and social need.
- Transportation: Door-to-door rides to adult activity centers and essential destinations, prioritizing individuals in high-need neighborhoods and those with mobility challenges.
- Personal Assistance: Short-term, in-home support with daily living tasks, enabling older adults to remain safely at home.
- Residential Repair: Minor home modifications (e.g., grab bars, ramps) to improve accessibility and safety, reducing fall risk and supporting aging in place.
- Health Maintenance: Provision of durable medical equipment and supplies to support functional independence and health.
- Information, Referral, and Assistance: Helping older adults and caregivers navigate available resources, make informed choices, and access needed services.

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

AAATC contracts with Meals on Wheels of Tarrant County to provide both congregate and home-delivered meals. Congregate meals are served at adult activity centers, offering nutrition and socialization opportunities. Home-delivered meals are provided to homebound older adults, ensuring essential nutrition and regular wellness checks. Both programs include nutrition education and counseling, with menus reviewed for cultural and dietary appropriateness. These services address food insecurity and social isolation, with special outreach to diverse and high-need populations. Nutrition Services provided by AAATC contractors are designed to reduce hunger, food insecurity, and malnutrition among older adults, while also promoting socialization and supporting health and independence. These services include:

- Congregate Meals: Nutritious meals served in group settings at adult activity centers throughout Tarrant County. These meals provide at least one-third of daily nutritional needs and offer opportunities for social engagement, nutrition education, and wellness activities.
- Home Delivered Meals: Nutritious meals delivered directly to the homes of eligible, homebound older adults who are unable to attend congregate meal sites. This service ensures regular access to healthy food, wellness checks, and connections to additional resources.

All nutrition services are culturally responsive, include nutrition education and counseling, and are targeted to reach those with the greatest economic and social need, including low-income, minority, and isolated older adults.

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

Through contractors and direct staff, AAATC offers a robust array of evidence-based programs, including REACH, A Matter of Balance (fall prevention), PEARLS (depression management), HomeMeds (medication management), Bingocize (physical activity and health education), National Diabetes Prevention Program, Chronic Disease Self-Management, and Enhance® Fitness. These programs are delivered through partnerships with local organizations and are designed to reduce chronic disease risk, improve health outcomes, and support independent living.

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

Definition: Services to support informal caregivers, including case management, counseling, support groups, training, and respite care.

Service Provision: Direct and contracted services; evidence-based interventions (REACH) for dementia caregivers.

Core Program Area 5: Legal Assistance

Definition: Legal advice and representation on issues such as benefits, housing, and elder rights.

Service Provision: Provided by AAATC Benefits Counselors and contractor, Guardianship Services, Inc. Legal assistance is provided through AAATC's Benefits Counseling department and contracts with Guardianship Services, Inc. Services include help with Medicare, Medicaid, Social Security, SNAP, housing, utilities, and protection from exploitation. The Money Management Program helps older adults manage finances, pay bills, and avoid guardianship. Services are delivered in-person, by phone, or virtually, and are targeted to those with the greatest need.

Core Program Area 6: Ombudsman Services
AATC's Ombudsman Program advocates for residents in nursing and assisted living facilities, investigating and resolving complaints, ensuring quality of care, and

educating residents and families about their rights. Certified staff and volunteer ombudsmen conduct regular visits, provide continuing education, and maintain a high complaint resolution rate. The program collaborates with local agencies to protect residents from abuse, neglect, and exploitation.

2. Describe GEN in the AAA's PSA and strategies/practices to ensure older adults and family caregivers in GEN are prioritized. Be sure to include the operational definition of GEN.

RESPONSE

Operational Definition of GEN: Within the PSA, Greatest Economic Need (GEN) is defined as the need experienced by older adults whose income is at or below the federal poverty level. This definition aligns with the Older Americans Act and guides the prioritization of services, outreach, and resource allocation. AAATC will also incorporate ALICE principles when considering GEN.

Description of GEN in the PSA: Many older adults in Tarrant County face persistent and often compounding financial hardship. Older individuals with income at or below the federal poverty threshold are at the highest risk; however, financial instability in the PSA extends far beyond official poverty measures. A significant share of older households struggle to meet basic needs, including housing, food, transportation, healthcare, and utilities. Older adults who rely solely on Social Security or work in low-wage or part-time positions are disproportionately affected by rising living and healthcare costs. For many, even minor disruptions in income or unexpected expenses can threaten housing stability, access to medication, or the ability to maintain essential utilities, placing them at heightened risk of crisis, declining health, or premature institutionalization.

Strategies and Practices to Prioritize GEN Populations: AAATC employs several coordinated strategies to ensure that older adults and family caregivers experiencing GEN are identified, prioritized, and connected to services. The agency conducts focused outreach in low-income and historically underserved neighborhoods, using available demographic and geographic data to guide equitable outreach efforts. Service prioritization is built into intake and service coordination processes, where screening tools help staff identify individuals at greatest economic risk and assign appropriate service priority.

Contracted providers are required to develop and implement outreach and service strategies that intentionally target older adults with the greatest economic need. AAATC staff review these practices through routine monitoring and performance

evaluation to ensure equitable service delivery. The agency also partners with community organizations, including food banks, housing agencies, and other social-service networks, to reduce economic barriers and broaden access to essential resources.

Ongoing data review supports these efforts. AAATC monitors service utilization patterns to identify gaps, service disparities, or unmet need among low-income older adults. This information informs continuous improvement efforts and ensures that GEN populations remain central to planning, program development, and resource allocation. Through these integrated practices, AAATC ensures that older adults and caregivers experiencing the greatest economic need are consistently prioritized and supported across all OAA programs within the PSA.

3. Describe GSN in the AAA's PSA and strategies/practices to ensure older adults and family caregivers in GSN are prioritized. Be sure to include the operational definition of GSN.

RESPONSE

Operational Definition of GSN: Within the PSA, Greatest Social Need (GSN) refers to older adults who experience barriers that limit their ability to live independently or engage fully in their communities. These barriers may include social isolation, lack of family or informal support, limited English proficiency, cultural or linguistic isolation, physical or cognitive disabilities, mental health challenges, and other non-economic factors that reduce social connection or restrict daily functioning.

Description of GSN in the PSA: The PSA includes a significant number of older adults whose independence and quality of life are affected by social, functional, or cultural barriers. Many older adults experience limitations caused by physical disabilities, cognitive impairment, chronic illness, or age-related mobility declines. These conditions can make it difficult to maintain social engagement, manage daily activities, or access needed services.

Social need is heightened by living arrangements and family dynamics in Tarrant County. A substantial portion of older adults live alone or in non-family households, which increases their risk of social isolation and limits the availability of informal caregivers. Limited transportation options, the absence of nearby family, and difficulty navigating increasingly digital service systems further reduce opportunities for engagement and support. These challenges are especially acute for older adults who face cultural or linguistic barriers, including the county's growing immigrant and

minority populations who may experience additional isolation due to language differences, cultural norms, or unfamiliarity with service systems.

Strategies and Practices to Prioritize Older Adults and Caregivers in GSN: AAATC employs a comprehensive set of strategies to ensure that older adults and family caregivers experiencing GSN are identified, engaged, and prioritized for services. The agency delivers culturally competent outreach and programming, including bilingual communication and services provided by a diverse staff. This includes intentional outreach and engagement of communities with cultural or linguistic isolation, as well as programming designed for specific populations, such as culturally tailored senior center activities or group engagement opportunities for isolated cultural communities.

The agency supports social engagement through activity centers, volunteer-led programs, and opportunities for connection that help reduce loneliness and support mental health. Transportation assistance is provided to help older adults with mobility challenges access essential services, social opportunities, and community resources. AAATC also collaborates with faith-based organizations, cultural associations, and community partners that have established relationships with socially isolated populations, helping bridge trust gaps and strengthen outreach effectiveness.

Technology and data-driven approaches are used to identify older adults at high risk of social isolation. Geographic information, service utilization patterns, and demographic data help target outreach to neighborhoods or groups that are historically underserved or at risk of isolation. Intake and service coordination processes include questions designed to identify social need, ensuring that older adults with limited support systems or functional barriers are prioritized for services.

Through these combined strategies, AAATC ensures that individuals experiencing the greatest social need receive focused attention and support across OAA programs. These efforts help reduce isolation, increase access to services, and promote the safety, independence, and well-being of older adults and caregivers in Tarrant County.

4. Describe collaborative efforts with Home-and Community-Based Services (HCBS) within the AAA's PSA.

RESPONSE

AAATC has a long and well-established history of fostering collaboration across Tarrant County's aging and disability network. This leadership in convening partners

began in 2006 when AAATC brought together a wide range of service providers to form the Coalition of Aging and Disability Services (CADS). The creation of CADS demonstrated the agency's early and enduring commitment to building coordinated systems of support. CADS played a central role in developing a more integrated local service environment and directly contributed to the establishment of Texas's first Aging and Disability Resource Center, housed in Tarrant County.

Over time, CADS evolved, and its functions were replaced by the ADRC Steering Committee along with several spin-off coalitions and working groups that continue to address specialized community needs. These successor groups reflect the ongoing collaborative structure that AAATC helped initiate and sustain. Today, AAATC continues to rely heavily on local and regional partnerships whenever they provide benefit to older adults, people with disabilities, and caregivers in the PSA. The agency actively participates in and supports these coalitions, serving as a connector among providers and ensuring comprehensive access to HCBS resources.

In 2024, the ADRC of Tarrant County transitioned under the contractual and fiscal oversight of UWTC and AAATC. This alignment strengthened integration across programs, improved administrative coordination, and enabled more direct application of resources to community services. The closer partnership between AAATC and the ADRC enhances shared referral systems, ensures consistent information and assistance, and improves service coordination for individuals navigating HCBS supports.

Across the County, AAATC collaborates with Medicaid waiver programs, hospitals, rehabilitation facilities, and community-based organizations to support coordinated care transitions from hospitals to home. Joint care planning, shared communication protocols, and closed-loop referral processes help ensure that older adults receive timely, appropriate HCBS supports that reduce readmission risk and promote independence.

AAATC also works closely with the Center for Independent Living, REACH, Inc., to expand opportunities for people with disabilities to live independently and participate fully in the community. The agency partners with the University of North Texas Health Science Center through the Workforce Enhancement in Healthy Aging and Independent Living (WE HAIL) initiative, which is funded by the Health Resources and Services Administration. This partnership strengthens the local geriatric workforce, integrates 4-M, age-friendly principles within clinical settings, and improves clinical and community-based service environments.

Through these longstanding collaborations, as well as the newer structures that have replaced CADS, AAATC continues to lead and participate in a comprehensive network

of HCBS partnerships. This coordinated system benefits older adults, caregivers, and individuals with disabilities by improving access, strengthening service alignment, and ensuring that community resources are deployed effectively across Tarrant County.

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

<u>RESPONSE</u>

AAATC utilizes the following practices and strategies to serve older adults with physical and mental health conditions.

Integrated Care Coordination: Linking clients to behavioral health and primary care providers.
Evidence-Based Programs: PEARLS for depression, HomeMeds for medication management, A Matter of Balance for fall prevention, and chronic disease self-management programs.
Provider Training: Annual training in trauma-informed care and mental health first aid for staff.
Telehealth Expansion: Increasing access to counseling and health education via virtual platforms.
Community Partnerships: Collaborating with local mental health authorities, hospitals, and nonprofits (e.g., The Women's Center, Alzheimer's Association).
Specialized Services: Dental and vision services for low-income older adults, health maintenance supplies, and durable medical equipment.
Social Engagement: Programs to reduce isolation and promote mental well-being, including digital literacy classes and volunteer visiting programs.

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

1. Assessment of Preparation to complete the Area Plan (e.g., focus groups, survey, data review, any combination of activities including the [2024-25 Aging Texas Well Strategic Plan](#)):

   a. Identify population trends and issues impacting older adults in the PSA.

   b. Analysis of the PSA in terms of current impact on individuals served during last AP cycle.

   c. Analysis on how program/services/polices can improve and resources can be adjusted to better meet the needs identified at the local level. GSN GEN.

RESPONSES 1(a-c)

The preparation of the Area Plan involved a comprehensive review of quantitative data, community listening sessions, focus groups, statewide planning guidance, and local assessment reports, including the 2024–2025 Aging Texas Well Strategic Plan. Through these combined methods, AAATC assessed population trends, current service impacts, and the adjustments needed to ensure that programs, policies, and resources effectively address the needs of older adults across the PSA, with particular attention to individuals experiencing GEN and GSN.

a. *Population Trends and Issues Impacting Older Adults in the PSA*

Data reviewed for the Area Plan indicate significant demographic and socioeconomic shifts affecting older adults in Tarrant County.

Financial insecurity will persist. In 2023, 13% of households lived below the Federal Poverty Level. An additional 29% qualified as ALICE households, meaning they earned above the poverty level but were still unable to afford basic costs such as transportation, healthcare, and housing. Together, 42% of Texas households were below the ALICE Threshold, leading to difficult choices between necessities.[5]

Meanwhile, the older adult population continues to grow. As of 2024, an estimated 12.9% of Tarrant County residents were age 65 or older, reflecting a steady demographic shift toward an aging population. This growth is occurring alongside rising rates of disability.

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[5] United For ALICE, Texas State Level Data

Health burdens remain high. According to the 2022 Tarrant County Community Health Assessment, 33.9% of adults 65 years old and older have at least one disability, which is the highest rate of any age group in Tarrant County.[6]Older adults experience the greatest prevalence of chronic conditions in the PSA, including diabetes (27.1%), heart disease (17.8%), high blood pressure (64.6%), high cholesterol (51.5%), and asthma (8.5%). Cognitive decline is also a growing concern, with Alzheimer's-related mortality rising, disproportionately impacting older adults of multiple racial and ethnic backgrounds, and 7.2% of adults age 45+ reporting memory loss.[7]

Mortality and injury trends further highlight vulnerability. From 2016 to 2020, 47,816 deaths occurred among adults age 65+, with top causes including heart disease, cancer, stroke, chronic lower respiratory disease, and Alzheimer's disease. Fall-related deaths increased to 50 per 100,000, signaling worsening mobility concerns and gaps in fall-prevention accessibility.

Preventive care utilization remains high—94.2% of older adults had a routine check-up, 94.5% received cholesterol screening, and 72.5% received a flu vaccine—yet significant health risks persist. Two-thirds of older adults are overweight or obese, and over half do not meet aerobic activity recommendations, highlighting ongoing challenges related to chronic disease management and healthy aging.

Older adults also face substantial access barriers. Even with near-universal Medicare coverage (only 1.74% uninsured), many experience difficulty affording care. Transportation limitations remain one of the most persistent barriers for rural residents and individuals with mobility limitations. Rising housing costs, the presence of large food-desert census tracts affecting more than 315,000 residents, limited broadband access, and digital literacy challenges further restrict older adults' ability to maintain independence.

Social isolation impacts a large share of older adults in the PSA. Community listening sessions and focus groups highlighted frequent experiences of loneliness, safety concerns in neighborhoods, reduced mobility, and limited access to community centers, city services, and safe outdoor spaces.

b. *Analysis of the PSA Based on the Impact on Individuals Served in the Last Area Plan Cycle*

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[6]2022 Tarrant County Public Health Assessment, page 30
[7] W"

Analysis of service utilization during the previous Area Plan cycle shows that AAATC services continue to reach high-need populations, yet gaps remain for those experiencing GEN and GSN. Individuals with the greatest economic need relied heavily on nutrition programs, case management, transportation assistance, and housing navigation supports. However, the scale of financial hardship within the PSA indicates that current resources are insufficient to meet the full scope of need.

Service data also revealed that many older adults experienced significant social isolation and required additional supports—particularly those with disabilities, limited English proficiency, or limited informal caregiving networks. Transportation challenges, digital access barriers, and inadequate local infrastructure affected participation in services and reduced access to community supports.

Demand for caregiver support services increased as family caregivers experienced intensified strain, particularly those supporting relatives with cognitive decline or chronic illness. Requests for respite, information, and education increased more quickly than available capacity could meet.

Finally, pressure on local healthcare and social service systems was evident. Rising hospitalizations among the 85+ population and increased need for coordinated home- and community-based services underscored gaps in workforce capacity, service availability, and system navigation resources.

c. *Analysis of How Programs, Services, and Policies Can Improve to Meet Identified Needs (GEN and GSN)*

To meet the needs identified through the Area Plan process, AAATC will strengthen its focus on older adults experiencing both Greatest Economic Need and Greatest Social Need. Enhancements will include expanding targeted outreach to low-income and underserved neighborhoods, improving culturally and linguistically responsive services, and strengthening intake and screening processes to better identify individuals with economic hardship, social isolation, disabilities, or limited support networks.

Program improvements will also focus on strengthening transportation support, increasing access to nutrition programs, and expanding caregiver support services. Policies guiding prioritization will be updated to ensure that individuals experiencing GEN or GSN receive timely access to services. Collaboration with housing agencies, transportation partners, healthcare providers, and community organizations will be expanded to increase alignment and service integration.

Additionally, AAATC will deepen its partnerships with safety-net providers, expand local data-sharing where appropriate, and strengthen continuous quality improvement processes to ensure services are responsive, equitable, and designed to meet the evolving needs of older adults.

2. Explain Needs Assessment activities specifically completed for the AAA's PSA. Summarize process to establish and identify priorities for this AP development. Include process used to assess service gaps, prioritize needs, and develop a comprehensive and coordinated plan.

<u>RESPONSE</u>

AAATC conducted a multi-step needs assessment process designed to gather meaningful input from older adults, caregivers, and community stakeholders across Tarrant County. These activities were completed to ensure that the priorities established in the AP accurately reflect the needs, service gaps, and preferences of the diverse populations within the PSA.

1. Community Listening Sessions

AAATC conducted three Community Listening Sessions across the PSA to gather qualitative input from older adults and caregivers. The sessions were planned for each geographic quadrant of Tarrant County to ensure countywide representation. However, due to severe weather, one session was cancelled. Locations were selected based on accessibility and where older adults and caregivers were already gathering.

Outreach efforts included senior and community centers, senior newsletters, selected municipal communication channels, and AAATC's home-delivered meals provider. The sessions were conducted in partnership with the Tarrant County Texas Silver-Haired Legislature legislators and the AAATC Advisory Council. The listening sessions provided qualitative insight into the lived experiences of older adults and caregivers, related to transportation, nutrition, caregiving, health and wellness, safety, and aging in place.

The sessions are listed:

1. January 13, 2026
   Northeast Tarrant County
   North Richland Hills Library
   9015 Grand Ave.
   North Richland Hills, Texas 76180

2. January 27, 2026
   Vivian J. Lincoln Branch Library

8829 McCart Ave.
Fort Worth, Texas 76123
This session was cancelled due to severe winter weather.

3. February 9, 2026
Northwest Tarrant County
Saginaw Senior Center
300 West McLeroy Blvd.
Saginaw, Texas 76179

4. February 10, 2026
Southwest Tarrant County
Mansfield Activity Center
106 S. Wisteria St.
Mansfield, Texas 76063

2. Surveys via Text Message and Voice Calls

In addition to community listening sessions, AAATC distributed a nine-question survey via text message and automated voice calls to the selected participants. To identify survey participants, AAATC analyzed its internal client database which included current and former clients. Once records were sorted by city, a random sample of clients were selected from each city to participate in a brief needs assessment survey.

To maximize participation and ensure equitable opportunity to respond, the survey was redistributed one week later to individuals who had not completed it during the initial outreach period. AAATC staff also followed up directly with respondents who indicated a desire for further discussion or additional support.

This multi-modal survey approach allowed AAATC to accommodate diverse communication preferences and accessibility needs while collecting timely, actionable feedback. The process provided valuable insight into unmet needs, service barriers, and priorities related to aging in place, and ensured that input reflected the experiences of older adults across the full geographic and demographic range of the PSA.

3. Key Themes and Findings

Demographics and Caregiving

- Most respondents are aged 60 and above, with a significant portion in the 75+ age group.

- Many respondents identify as caregivers to older adults, highlighting the dual focus on both seniors and those supporting them.

- All respondents reside in Tarrant County, Texas

Information Sources. The most common way respondents learn about necessary services (in order):

1st. Word of mouth

2nd. Internet

3rd. Television/Radio, and

4th. "Other" sources (e.g., social workers, agencies).

Support Needs for Independent Living. Respondents frequently mention the following as critical supports for older adults:

- Food delivery

- Home health and medical supplies

- Transportation (especially to medical appointments)

- Assistance with bills and financial services

- Home repairs and maintenance

- Social support and companionship

- Help with medication management

Primary Concerns. When asked about their main concerns, respondents most often cite (in order):

1st. Health and Safety

2nd. Money and Legal Matters

3rd. Housing and Daily Living Support

4th. Housing and Social Support

5th.   A few mention having "No concerns" or specify other issues (e.g., knowing who to call in emergencies).

Requests for Follow-up. Many respondents requested contact from AAA for further assistance, leading to follow-up actions such as referrals to services (e.g., Long Term Supports and Services (LTSS), food, transportation, Medicaid, doctors).

Notable Qualitative Insights

- Several respondents express gratitude for AAA's support and emphasize the importance of having someone to call for help.

- Some responses highlight the emotional and logistical challenges of caregiving, including managing multiple responsibilities and navigating service systems.

- There were recurring mentions of the need for respite care, social networks, and assistance with applications for legal and Medicaid services.

<u>**Summary Table of Common Needs Expressed in Survey**</u>

Support Type	Frequency in Responses
Food delivery	Very High
Home health/medical supplies	Very High
Transportation	High
Financial/bill assistance	Moderate
Home repairs/maintenance	Moderate
Social support/companionship	Moderate
Respite care	Noted by caregivers

Help with applications/forms	Noted by caregivers

Findings from the surveys and listening sessions were combined with demographic data, program utilization trends, and stakeholder feedback to assess service gaps and identify emerging needs within the PSA. AAATC reviewed this information alongside the State Plan on Aging, program performance outcomes, and available resources.

3. Identify top needs / findings determined through planning and review activities.

   Include description of constraints limiting the AAA's ability to address any identified needs.

   Note: Use of the 2024-25 Aging Texas Well Strategic Plan is optional and may be used rather than conducting a separate needs assessment.

<u>**RESPONSE**</u>

Based on the activities undertaken by AAATC as stated above, census data, and the 2026-2028 Texas State Plan on Aging, the top needs within Tarrant County are identified as the following:

1. *Access to Affordable and Reliable Transportation*

Older adults across Tarrant County consistently identified transportation as one of the most significant barriers to independence. Many reported difficulty accessing medical appointments, grocery stores, senior centers, and community programs, particularly in areas with limited or no public transportation.

Older adults emphasized the need for on-demand, door-to-door transportation rather than fixed-route options such as city bus systems. These services provide greater autonomy and reduce the physical demands associated with bus stops and transfers.

Participants also stressed that viable transportation options must accommodate walkers and wheelchairs. For individuals who use wheelchairs, assistance beyond the vehicle is critical, including support to safely enter their homes rather than stopping at the doorway.

Constraints:

- *Geographically Bound Transportation Providers***:** Providers in Tarrant County often operate within strict geographic boundaries and frequently do not enter neighboring cities, even when trips involve short distances across jurisdictional lines. This results in service gaps, particularly for older adults living near city borders. Older adults seeking specialty medical care in other cities often have no affordable or available transportation options.

- *Fragmented Service Coverage:* Because many cities contract independently for transportation, services are fragmented, leaving mixed or unclear eligibility rules that are hard for older adults to navigate.

- *Funding and Workforce Shortages:* These factors continue to restrict availability and scheduling flexibility, compounding access challenges for older adults with time-sensitive or recurring medical appointments.

- *Geographic Size of Tarrant County:* The county's large footprint creates unavoidable service gaps, especially in suburban and outlying pockets where providers are sparse or routes are limited.

2. *Affordable Housing and Home Modifications*

Many older adults reported difficulty maintaining their homes safely due to rising housing costs, fixed incomes, and aging infrastructure. Beyond accessibility modifications, older adults expressed a strong need for support with home maintenance tasks that directly affect safety, code compliance, and their ability to age in place.

Constraints:

- *Need for Ongoing Home Maintenance:* Many older adults require assistance not only with repairs and accessibility modifications but also with routine exterior maintenance, such as fencing repair, yard maintenance, tree trimming, and removal of debris.

- Code Compliance Pressures: Cities in Tarrant County often issue citations for overgrown yards, damaged fencing, and similar maintenance issues. Older adults with limited mobility, fixed incomes, or no family support often cannot comply, which increases their risk of fines or legal action.

- *Limited Funding and Capacity:* AAATC's resources for residential repair are primarily intended for safety or accessibility upgrades inside the home, with the exceptions of ramps, not ongoing maintenance. Funding requirements often do not permit many code-related issues.

- *Contractor Shortages and Rising Costs:* Among the available nonprofits within the PSA, waitlists, increased construction costs, and few volunteers limit the speed at which even eligible repairs or modifications can be completed.

3. *Nutrition and Food Security*

Food insecurity remains a long-standing and critical needs for families in Tarrant County, not just older adults. Many older adults continue to experience limited income, mobility challenges, chronic health conditions, or diminished ability to prepare nutritious meals, all of which increase their risk of hunger, malnutrition, and social isolation. Congregate meals provide essential nutrition and important opportunities for social connection, while home-delivered meals remain a lifeline for homebound adults who are unable to shop or cook independently. Demand for both services—especially home-delivered meals—has continued to steadily increase year after year, reflecting both population growth and rising needs among older adults.

Congregate meals provide essential nutrition and important opportunities for social connection. Home-delivered meals are a lifeline for homebound adults who cannot shop or cook independently. Demand for both services, particularly home-delivered meals, has steadily increased each year. This reflects both population growth and rising needs among older adults.

Community feedback and program utilization reaffirmed that meal programs are among the most valued and necessary supports for aging in place in Tarrant County. The research clearly indicates that consistent access to nutritious meals helps older adults better manage chronic diseases and maintain independence. As a result, nutrition services remain one of AAATC's highest priorities.

AAATC has historically allocated, and continues to allocate, a significant portion of its Older Americans Act funding to support congregate and home-delivered meal providers. This ongoing investment shows the critical importance of nutrition services in improving health outcomes, addressing food insecurity, and reducing isolation. However, despite this commitment, demand still exceeds available resources. Ongoing system pressures make it difficult to sustain and expand nutrition programs.

Constraints:

- *Rising Food, Fuel, and Delivery Costs:* Nutrition providers face ongoing and significant cost pressures related to food prices, fuel expenses, vehicle maintenance, and labor. These cost increases outpace funding levels, straining providers' ability to maintain current meal volumes or expand capacity.

- *Funding levels do not match the growing demand.* AAATC dedicates substantial funding to nutrition services and will continue to do so. The demand for both congregate and home-delivered meals far exceeds available resources. As more older adults request meals, providers struggle to keep pace without additional funding streams.

- *Increasing Number of Homebound Adults:* Growth in the homebound 60+ population—driven by chronic illness, disability, and aging caregivers—continues to increase pressure on home-delivered meal routes and delivery staff.

- *Long-standing Systemic Demand:* The need for nutrition support is not new; it has been consistently high across multiple planning cycles, and rising costs have amplified long-standing constraints. Even with AAATC's substantial and sustained investment, needs continue to exceed program capacity.

4. *Addressing Social Isolation Among Homebound and Mobility-Limited Older Adults*

Social isolation among older adults continues to a concern, especially among those who are homebound or who have significant mobility challenges. Those who cannot leave their homes due to disability, frailty, or lack of transportation are at the greatest risk of loneliness and losing social connections.

Constraints:

- *Service Reach Limitations:* Outreach is often limited to individuals already connected to AAATC or its partners. Reaching isolated individuals living alone and unknown to the system remains a persistent challenge.

- *Limited In-Home Social Support Programs:* Older adults who are connected to home-delivered meal providers and case managers provide opportunity for social connectedness. However, there is a need for dedicated in-home socialization programs, friendly visitors, or routine check-in services at scale.

- *Mobility and Accessibility Barriers:* Even when community programs exist, many homebound individuals cannot safely access them due to severe mobility limitations, lack of caregivers, or inability to arrange transportation.

- *Reliance on Volunteers:* Programs that could address isolation often depend heavily on volunteers, whose availability fluctuates and cannot keep pace with growing need.

- *Technology Barriers:* Many isolated older adults lack internet access, devices, or the skills needed to participate in virtual social programs or tele-engagement opportunities.

5. *Support for Family Caregivers*

Family caregivers play a critical role in supporting older adults in Tarrant County. They often provide extensive assistance with personal care, medical tasks, transportation, medication management, and daily living activities. Caregivers consistently report high levels of stress, burnout, and emotional strain. This is especially true for those caring for individuals with dementia, Alzheimer's disease, or multiple chronic conditions. Many caregivers shared that they lack the time, resources, and support needed to maintain their own health and well-being while managing demanding caregiving responsibilities.

Caregivers also expressed the need for accessible, flexible respite options; financial assistance to offset the cost of caregiving; and more training to help them navigate challenging behaviors, medical needs, and care planning. Additionally, caregivers reported difficulty locating reliable information about available programs, benefits, and community supports. Many stated they do not know where to turn for help until they reach a crisis point.

The rising prevalence of dementia and chronic disease, combined with aging family caregivers themselves, has increased the urgency of strengthening caregiver supports in the PSA. Caregivers emphasized the need for more flexible respite options. These include in-home respite, adult day services, and emergency or short-term respite. They also expressed the need for emotional support groups, stress reduction programs, and opportunities to connect with other caregivers.

Constraints:

- *Workforce Shortages in the In-Home Care and Personal Assistance Sector:* The availability of respite and personal care workers continues to be a major challenge. Providers face difficulty recruiting and retaining qualified staff due

to low wages, demanding working conditions, and high turnover within the home-care industry. These shortages can result in long waitlists, reduced service hours, or service disruptions for caregivers who rely on in-home respite.

- *Caregivers' Limited Time and Flexibility:* Many caregivers are juggling full-time employment, child-rearing responsibilities, or their own health needs. As a result, they often struggle to attend training sessions, support groups, or evidence-based programs that require scheduled attendance. Even when programs are available, caregivers may be unable to leave the care recipient unattended or may not have the transportation or respite coverage needed to participate.

- *Caregiver Burnout:* Caregivers often feel overwhelmed by exhaustion and stress. As a result, they may refuse services because they lack the energy to schedule, coordinate, or manage them. This makes it difficult to engage caregivers, even when support is available.

- *Awareness Gaps:* Many caregivers are unaware of AAATC's programs, such as Respite, benefits, or available supports. Without adequate outreach and caregiver-focused marketing, individuals often delay seeking help until a crisis occurs.

6. *Access to Health Care and Chronic Disease Management*

Older adults reported difficulties navigating healthcare systems and managing chronic conditions.

Constraints:

- Provider shortages in primary and specialty care.
- Increasing medical complexity among older adults.
- Limited capacity to expand evidence-based health promotion programs.

7. *Information, Navigation, and Access to Services*

Many older adults and caregivers in Tarrant County reported difficulty finding services and understanding available supports. Navigating benefit systems such as Medicare, Medicaid, SNAP, transportation programs, and local resources was a common barrier. Individuals who are newly aging into services, unfamiliar with social service systems, or living with limited English proficiency face even greater challenges. Listening session participants commonly shared that they often do not know where to start, which agency handles which service, or how to compare and

evaluate their options. Additionally, caregivers reported confusion about eligibility requirements, documentation needs, and how to coordinate support across multiple programs.

Additionally, aging and disability service systems in the PSA have expanded and evolved over time. These changes have created multiple entry points and differing eligibility requirements. Many older adults find this complexity overwhelming when seeking help.Older adults emphasized the need for clear guidance and trusted navigators. They want simple directions and reliable support to understand available programs and how to access them.

Constraints:

- *Growing Complexity of Service Systems:* Programs like Medicare, Medicaid waivers, housing assistance, transportation, and long-term supports often operate independently, with different eligibility rules, waitlists, or application processes. This makes navigation difficult for older adults and caregivers, particularly those with cognitive, language, or literacy barriers.

- *High Demand for One-on-One Navigation*: Older adults increasingly require individualized assistance to understand benefits, complete applications, gather required documentation, and follow up with agencies. These tasks are time-intensive and cannot be automated or handled through generalized outreach. To meet the growing demand for personalized navigation, increased funding is necessary to support additional staffing capacity.

8. *Increasing Awareness of AAA and ADRC Services*

One of the strongest findings during the planning process is that many older adults, caregivers, and other community providers are not aware of the full range of services offered by AAATC and the ADRC. Survey data showed that respondents primarily learn about available services through word of mouth, including friends, family members, neighbors, and faith communities, rather than through formal communication channels or public outreach efforts.

This lack of awareness means that many older adults only discover services when they are already in crisis, rather than accessing support earlier to prevent decline. Listening session participants expressed surprise at the range of services available once informed, indicating that many programs remain underutilized simply because community members are unaware they exist. Stakeholders also noted the need for more consistent messaging across platforms and a stronger presence in local neighborhoods, senior centers, and community events.

Constraints:

- *Limited Funding for Paid Advertising and Marketing:* AAATC does not have a significant budget to support ongoing paid media campaigns, including print advertising, radio, billboards, digital ads, or mailers. This limits public visibility and creates reliance on informal networks for information sharing.

- *Need for Expanded Grassroots Marketing:* AAATC relies heavily on grassroots outreach methods such as in-person presentations at senior centers and community events, partnerships with local nonprofit organizations, and peer led word-of-mouth communication. These approaches are effective in reaching older adults but are time- and labor-intensive. Sustained staffing support is required to maintain and expand these outreach efforts.

- *Staff Capacity Constraints*: Outreach requires dedicated staff time for planning, attending events, preparing materials, and conducting follow-up with community partners. Current staffing levels limit the frequency, geographic spread, and consistency of outreach activities throughout the county.

- *Digital Outreach Limitations:* Many older adults depend on traditional paper-based communication or personal referrals rather than digital platforms. This creates challenges in developing cost-effective outreach strategies that reach all segments of the older adult population.

- *Competing Messaging in a Large Urban County:* Tarrant County has many governmental and nonprofit agencies providing overlapping or adjacent services. Without increased marketing capacity, AAATC's messaging can be overshadowed by larger organizations with established communications budgets.

Goals, Objectives, Strategies, and Outcomes
Reference: 45 CFR 1321.65(e)

1. AAA will individualize goals, objectives, strategies, and outcomes aligned with needs assessment findings.

   Outcome measures, to the extent possible, should include the following:

   - **Short-term outcomes** – typically include improvements in knowledge, awareness, or perceptions.

   - **Intermediate outcomes** – typically include changes in behaviors, policies, or processes.

   - **Long-term outcomes** – should reflect the goals of the OAA and/or specific programs.

2. Provide a description that directly ties the AAA goals, objectives, strategies, and outcomes determined to the 2026-2028 Texas State Plan on Aging (SPoA). As required by the OAA, the State Plan on Aging and AP must both demonstrate, in writing and practice, alignment to collaboratively serve older adults and family caregivers in Texas. Include in your description reference to the four goals identified for the 2026-2028 SPoA:

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

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

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

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

RESPONSE

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

    1. Food Access and Food Insecurity

        a. Objectives

1. Expand access to home-delivered meals, focusing on GEN/GSN and high food-insecurity ZIP codes.

2. Explore and initiate additional partnerships with new meal providers to expand service delivery.

3. Seek out opportunities for joint food access events with food insecurity partners, such as Tarrant Area Food Bank.

4. Ensure Title III funded nutrition partners have culturally responsive menus are available.

b. Strategies

1. Expand access to congregate and home-delivered meals through ongoing partnerships with Meals on Wheels of Tarrant County (MOW-TC) and local adult activity centers to increase capacity in high-need ZIP codes.

2. Increase targeted outreach to older adults with greatest economic and social need, including those in food deserts and those with limited mobility.

3. Enhance nutrition education and culturally responsive meal planning in collaboration with registered dietitians and cultural partners.

4. Strengthen partnerships with Tarrant Area Food Bank and community pantries.

c. Outcomes

1. **Short-Term Outcomes (Knowledge/Awareness/Perceptions)**
   i. Older adults and caregivers increase awareness of available congregate and home-delivered meals, eligibility, and how to enroll.

   ii. Community partners (e.g., pantries, clinics) increase awareness of referral pathways to AAATC nutrition services.

2. **Intermediate Outcomes (Behaviors/Policies/Processes)**

    i. More eligible older adults initiate and sustain enrollment in congregate and home-delivered meal programs.

    ii. Streamlined referral processes with food access partners result in faster connection to meals and food resources in high-need ZIP codes.

    iii. Providers adjust menus and delivery processes to reflect cultural preferences and reduce wait times.

3. **Long-Term Outcomes (OAA/Program Goals)**

    i. Reduced food insecurity among older adults.

    ii. Improved health and functional status (e.g., better chronic disease self-management).

    iii. More older adults can continue to age in place without having to transition to a higher level of care prematurely.

2. Social Isolation

a. Objectives

1. Increase AAATC-led social engagement programs by at least 10% annually, with emphasis on reaching older adults and caregivers who are socially isolated, homebound, or living in high-need ZIP codes.

2. Utilize a third-party technology platform to launch a monthly two-way text and voice-call communication program for AAATC clients and caregivers, providing information about local programs, events, and support resources.

3. Coordinate or facilitate at least one culturally specific event each year that engages communities with a high concentration of older adults and caregivers with greatest economic or social need (GEN/GSN), as defined in this Area Plan.

4. Coordinate at least 2 Coffee & Connections events annually through SILC, creating low-stress, low-pressure opportunities for older adults to connect with one another and with local service providers.

5. Implement standardized isolation-risk screening across AAATC programs to increase identification and referral of older adults experiencing isolation.

b. Strategies

1. Strengthen social engagement opportunities through adult activity centers, culturally tailored programs, intergenerational initiatives, and community events that foster meaningful connections for older adults and caregivers.

2. Expand outreach to socially isolated and homebound older adults through HCBS partnerships, Meals on Wheels routes, community and faith leaders, and enhanced communication tools designed to identify and reach individuals with limited social connection.

3. Increase access to evidence-based, evidence-informed, and engagement programs that enhance social connectedness for older adults and caregivers, including digital literacy supports and virtual social programs.

4. Leverage AAATC's leadership of the Social Isolation and Loneliness Coalition (SILC) to coordinate countywide strategies, unify messaging, and collaborate with multiple agencies to reduce isolation among older adults.

5. Support and expand SILC's "Coffee & Connections" program, which brings older adults and service providers together in a fun, engaging, low-pressure environment designed to remove participation barriers and encourage informal connection-building.

c. Outcomes

1. **Short-Term Outcomes (Knowledge/Awareness/Perceptions)**

b. Older adults will increase awareness of social engagement opportunities, technology supports, and culturally tailored programs.

c. Participants shift perceptions—greater willingness to engage in activities at the local adult activity center or virtual activities.

d. AAATC staff and community partners will increase awareness of indicators of isolation and referral options.

2. **Intermediate Outcomes (Behaviors/Policies/Processes)**

   1. Older adults increase participation in activity centers, culturally specific events, and digital literacy classes.

   2. Agencies implement routine screenings for isolation and standardize referrals to engagement programs.

   3. Community partners adopt shared outreach processes to identify and connect isolated older adults.

3. **Long-Term Outcomes (OAA/Program Goals**

   1. Decreased persistent isolation and loneliness among older adults within the PSA.

   2. Improved mental well-being and quality of life, contributing to longer community living.

3. Physical and Mental Health Conditions

a. Objectives

1. Increase enrollment in evidence-based programs by 15% in 24 months.

2. Increase the number of older adults and caregivers who receive Title III-funded home modification by 20% in 24 months.

3. Increase offering of available support groups for caregivers and/or older adults living with chronic disease and dementia.

b. Strategies

1. Expand evidence-based programs such as REACH, A Matter of Balance, CDSMP, Enhance® Fitness, and HomeMeds, as available funding allows.

2. Improve access to preventive health services including dental, vision, health maintenance supplies, and DME.

3. Expand virtual EBI programs delivery for mobility-limited older adults.

4. Establish a local chapter of Adult Children of Aging Parents™, a 501(c)(3) nonprofit that provides *nationally validated educational programs, resources, and support designed to help adult children navigate the challenges of caring for aging parents*. (ACAP)

c. **Outcomes**

1. **Short-Term Outcomes (Knowledge/Awareness/Perceptions)**
   ii. Participants increase knowledge of falls prevention, chronic disease self-management, medication safety, and available preventive services (dental/vision/DME).

   iii. Older adults and caregivers increase awareness of in-person and virtual class options.

2. **Intermediate Outcomes (Behaviors/Policies/Processes)**

   i. Clients will apply skills and behaviors learned from participating in evidence-based/evidence informed programs (e.g., AMOB balance exercises, CDSMP action plans, HomeMeds medication reviews, etc.)

   ii. Clinics and partners will integrate referral processes to AAATC programs, including tele-delivery processes for mobility-limited clients.

   iii. Care pathways will be created to standardize follow-ups that support adherence to preventive care.

3. **Long-Term Outcomes (OAA/Program Goals)**

   i. Reduced avoidable ER visits and hospitalizations; improved functional independence.

ii. Prolonged community tenure and enhanced health-related quality of life.

Goal 2: Increase awareness about caregiving and the support available

1. Caregiver Awareness & Engagement

    a. Objectives
1. Deliver 12 caregiver education sessions annually.
2. Increase caregiver enrollment in evidence-based caregiver programs by 10% per year.
3. Produce multilingual caregiver materials in at least 2 non-english languages and distribute in appropriate communities annually.

    b. Strategies
1. integrate caregiver messaging into outreach for nutrition, health promotion, and social engagement programs.
2. Promote REACH, respite services, and caregiver education through presentations, partner networks, and grassroots outreach.
3. Expand culturally and linguistically appropriate caregiver outreach across diverse communities.
4. Establish a local chapter of Adult Children of Aging Parents™ (ACAP), a 501(c)(3) nonprofit that provides nationally validated educational programs, resources, and support to help adult children navigate the challenges of caring for aging parents.

    c. Outcomes
1. **Short-Term Outcomes (Knowledge/Awareness/Perceptions)**
   i. Caregivers will increase awareness of respite, REACH, ACAP offerings, caregiver education, and support groups.
   ii. Caregiver participants will improve knowledge of stress-management techniques and available financial/navigation supports.
   iii. Caregivers will increase their recognition of AAATC and ADRC as "trusted advisors".

2. **Intermediate Outcomes (Behaviors/Policies/Processes)**
   i. Caregivers enroll and consistently participate in evidence-based programs, ACAP sessions, and support groups.

    ii.   Employers, clinics, and community partners integrate caregiver information into standard materials and workflows.

    iii.   AAATC expands multilingual, culturally responsive caregiver outreach processes.

3. Long-Term Outcomes (OAA/Program Goals)

    i.   Reduced caregiver burden and burnout; improved caregiver stability and resilience.

    ii.   Delayed institutionalization for care recipients through strengthened caregiver capacity and in-home support.

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

1. Social Isolation Collaboration (SILC)

1. Objectives
1. Convene SILC monthly and publish an annual action brief.
2. Establish a minimum of two new partnerships annually with culturally-centered organizations, such as federally-recognized Native American tribes, ethnic chambers of commerce, etc.

2. Strategies
1. Leverage the Social Isolation and Loneliness Coalition (SILC) for shared messaging and data alignment.
2. Expand culturally responsive partnerships to reach underserved minority groups.

3. Outcomes

1. Short-Term Outcomes (Knowledge/Awareness/Perceptions)

    i.   Coalition members will share awareness of isolation indicators, priority populations, and effective interventions.

    ii.   Community members will increase awareness of local resources that combat social isolation or provide opportunities for connectedness.

2. Intermediate Outcomes (Behaviors/Policies/Processes)

    i.   SILC partners synchronize outreach campaigns, data sharing, and referral processes.

    ii.   Agencies adopt routine screening and referral protocols for isolation and shared messaging.

3. Long-Term Outcomes (OAA/Program Goals)

    i. Countywide reduction in chronic isolation among older adults; greater community participation.

B. Physical & Behavioral Health Collaboration (GWEP & HUB)

1. Objectives
    a. Implement two or more GWEP collaborative projects or trainings annually.
    b. Participate in quarterly Texas HUB Collaborative sessions.
    c. Formalize two or more new care coordination partnerships annually and increase bi-directional referrals by 15%.

2. Strategies
    a. Activate AAATC's role in the Geriatric Workforce Enhancement Program (GWEP) to strengthen workforce training and community-clinic/resource linkages.
    b. Participate in the Texas HUB Collaborative to improve statewide communication and referrals.
    c. Improve two-way referral pathways between AAATC, ADRC, hospitals, mental health authorities, and community organizations.

3. Outcomes
    a. **Short-Term Outcomes (Knowledge/Awareness/Perceptions)**
        i. Staff and partners increase knowledge of GWEP training resources and HUB coordination opportunities.
        ii. Shared awareness of standardized referral tools and data elements.
    b. **Intermediate Outcomes (Behaviors/Policies/Processes)**
        i. Organizations institutionalize processes for bi-directional information sharing and warm handoffs.
    c. **Long-Term Outcomes (OAA/Program Goals)**
        i. Integrated aging–health ecosystem that improves access, continuity, and outcomes for older adults.
        ii. Sustained collaboration across AAAs/ADRCs/health systems advancing OAA goals.
        iii. Cross-sector teams implement trainings, co-develop workflows, and increase closed-loop referrals.

c. Communication and Information Sharing

1. Objective

a. Increase collaboration and information-sharing across the PSA to enhance service alignment, reduce fragmentation, and improve outcomes for older adults and caregivers.

2. **Strategies**
   a. Expanding partnerships with disability, healthcare, and community-based organizations such as REACH, Inc. (Center for Independent Living) and the University of North Texas Health Science Center through the Workforce Enhancement in Healthy Aging and Independent Living (WE HAIL) initiative.
   b. Strengthening integrated care coordination between behavioral health, primary care, and long-term services and supports.
   c. Increasing availability of evidence-based programs such as PEARLS, HomeMeds, A Matter of Balance, and chronic disease self-management programs.
   d. Supporting provider capacity through trauma-informed care, Mental Health First Aid, and other annual trainings.
   e. Expanding telehealth and virtual options to increase access to counseling, health education, and social engagement.
   f. Enhancing community partnerships with local mental health authorities, hospitals, and nonprofit agencies to improve service alignment.
   g. Leveraging the ADRC Advisory Coalition and other local coalitions to maintain strong interagency communication and collective responsiveness.

3. **Outcome Measures**
   a. **Short-Term Outcomes (knowledge, awareness, perceptions)**
      i. Increased awareness among providers and partners regarding available aging and disability services through AAATC-led communication, training, and coalition engagement.
      ii. Improved understanding among network partners of shared referral pathways, evidence-based programs, and cross-system resources.
      iii. Strengthened provider knowledge of best practices for serving older adults, caregivers, and individuals with disabilities.
   b. **Intermediate Outcomes (behavior, policy, process changes)**
      i. Increased cross-agency referrals and improved closed-loop communication between healthcare, behavioral health, HCBS providers, and the ADRC.
      ii. Greater integration of evidence-based programs across provider organizations, with more partners delivering or referring to EBPs.

   iii. Expanded use of telehealth and digital supports among older adults and caregivers.

   iv. More consistent participation in ADRC Advisory Coalition meetings, leading to system-wide responsiveness to emerging needs.

  c. Long-Term Outcomes (aligned with OAA goals)

   i. Older adults experience more coordinated, person-centered services that support independence, health, and community living.

   ii. Reduced fragmentation across systems, resulting in smoother transitions between healthcare and community-based services.

   iii. Strengthened aging network capacity to meet the needs of individuals with Greatest Economic Need and Greatest Social Need.

   iv. Sustained improvements in health, safety, and quality of life for older adults and caregivers in Tarrant County.

Goal 4: Strengthen Aging Services Network infrastructure

A. Nutrition Program Capacity

1. Objectives

a. Conduct annual provider capacity and gap-review; implement three improvement actions.

b. Deploy nutrition service and waitlist dashboards within 12 months.

1. Strategies

a. Build internal capacity to monitor provider performance, sustainability, and unmet need.

b. Enhance data systems for service and waitlist tracking.

2. Outcomes

  a. **Short-Term Outcomes (Knowledge/Awareness/Perceptions)**

   i. AAATC and providers increase awareness of capacity gaps, waitlists, and ZIP-level need via assessments/dashboards.

  b. **Intermediate Outcomes (Behaviors/Policies/Processes)**

   i. Programs adjust routes, staffing, and procurement processes to address hotspots and reduce delays.

   ii. AAATC standardizes CQI cycles for nutrition performance.

  c. **Long-Term Outcomes (OAA/Program Goals)**

   i. More equitable, efficient resource allocation; fewer unmet needs; improved nutrition access countywide.

B. Identifying & Serving Isolated Adults

1. **Objectives**
    a. Train **100%** of direct-service staff annually.
    b. Implement unified referral protocol within **9 months**.
2. **Strategies**
    a. Expand staff training on cultural competency, trauma-informed engagement, and isolation identification.
    b. Strengthen internal referral protocols across AAATC programs.
3. **Outcomes**
    a. **Short-Term Outcomes (Knowledge/Awareness/Perceptions)**
        i. Staff increase knowledge of cultural humility, trauma-informed engagement, and isolation indicators.
    b. **Intermediate Outcomes (Behaviors/Policies/Processes)**
        i. AAATC implements unified referral protocols and routine internal screening for isolation risk.
    c. **Long-Term Outcomes (OAA/Program Goals)**
        i. Earlier identification and intervention prevent escalation of isolation; greater community tenure.

Long Range Planning

Reference: [OAA of 1965, as amended through P.L. 116-131 (3/25/2020)](#)
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Describe how well the local Aging Services Network, within the AAA's PSA, is prepared for service provision over the next five to ten years. This section helps identify future needs for the local Aging Services Network, as well as the statewide Aging Services Network described in the State Plan on Aging.

Within the scope of long-range planning to prepare for service provision over the next ten years:

1. Provide analysis of how such population growth and change may impact service delivery and those served.

2. Provide analysis of how programs/services/policies can improve, and resources can be adjusted to support potential change and growth.

3. Provide recommendations to the State Unit on Aging (SUA) on areas to build capacity to better support the statewide Aging Services Network. Recommendations to the SUA might include areas like:
    - Housing
    - Transportation

- Public Safety
- Workforce and economic development
- Recreation
- Education
- Emergency preparedness
- Protection from elder abuse, neglect, and exploitation
- Assistive technology devices and services
- Other areas as determined by the AAA.

4. Provide a description of activities and effort specific to organizational sustainability planning.

Appendix A – Emergency Preparedness

Reference: 45 CFR 1321.103

1. Attach Emergency Preparedness Plan for which the AAA is included.

2. Provide a summary narrative on the following:

a) List activities to be conducted specifically by the AAA in an emergency situation.

RESPONSE

Upon notification of an emergency affecting the Planning and Service Area, UWTC/AAATC activate the agency's Emergency Management Plan to ensure continuity of services and the safety of older adults, caregivers, volunteers, and staff.

The response begins with an immediate assessment of the situation, using information from local, state, and federal emergency management authorities. AAATC establishes an event log to document all actions taken, including who took the action, what occurred, when and where it occurred, and the resources used. This record supports accountability, coordination, and post-incident review.

UWTC establishes communication with city and county emergency operations, community partners, and contracted service providers. AAATC and UWTC leadership evaluates the scope of the emergency, determines its potential impact on clients and essential services, identifies safety concerns and sets response priorities based on agency mission and client needs. Estimates of the incident duration and anticipated service disruptions are factored into planning.

AAATC leadership or a designated authority briefs the UWTC leadership and Board of Directors as needed and works to determine staff availability, needs, equipment, etc. AAATC monitors the situation continuously, adjusting operations as conditions

evolve. Throughout the emergency, AAATC provides daily Agency Status Reports to HHSC until normal operations resume. UWTC/AAATC approves resource requests, assists in generating public information updates, and activates or updates Memoranda of Understandings with partner agencies to support coordinated community response. As conditions stabilize, AAATC leadership implements deactivation procedures, releases personnel from emergency roles, and guides the transition back to standard operations.

b) Describe collaborative efforts with local emergency management partners.

RESPONSE

During local emergencies or disasters, AAATC coordinates closely with federal, state, regional, and local emergency management partners. These partners include the Tarrant County Public Health Department, the Tarrant County Office of Emergency Management, and the North Central Texas Council of Governments. This approach reflects the collaborative response used during the onset of the COVID-19 pandemic and ensures alignment with broader emergency response efforts.

AAATC maintains an emergency preparedness plan that aligns with the policies, procedures, and guidance of local emergency management partners. The plan addresses disaster types, staff training, emergency resource databases, staff and family safety, reporting and communication procedures, building safety and evacuation protocols, emergency response roles, and the transition from immediate response to long-term recovery. It also incorporates incident command principles and clearly defined functional responsibilities.

The Tarrant County Office of Emergency Management serves as the lead entity for coordinating disaster response across all municipalities and jurisdictions within the county. AAATC operates within this structure to support vulnerable older adults and caregivers. This includes maintaining communication, sharing situational updates, and aligning service delivery with countywide response efforts. These practices help ensure continuity of essential services during emergency situations.

Appendix B – Public Comment Activities

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

Describe activities conducted in development of the plan that demonstrate compliance with the minimum time period (at least 30 calendar days) for public review and comment of the AAA's draft AP. Include information that demonstrates compliance with input, review, and approval by the AAA's Aging Advisory Council. Provide description or images of activities (e.g., flyers, posts, or announcements sharing the public comment period.)

RESPONSE

The final draft of this Area Plan was made available for public review and comment during the 30 day period of February 27, 2026 through March 27, 2026. During this period, the area plan was posted on the UWTC website, where community members could access the full document and submit feedback through an online comment form. To maximize visibility and public engagement, AAATC implemented a multi-channel notification strategy. Notices announcing the public comment period were shared across UWTC's social media platforms and included in the agency's electronic newsletter, reaching INSERT NUMBER subscribers. Additionally, a flyer containing a QR code linking directly to the draft Area Plan was distributed to all adult activity centers throughout Tarrant County. This ensured that older adults who regularly participate in in-person programs also had direct access to the draft and an opportunity to provide input.

As part of the approval process, the Area Plan was formally presented to the AAATC's Advisory Council on March 24, 2026, providing council members with the opportunity to review, discuss, and offer recommendations. Following this step, the draft plan was presented to the United Way of Tarrant County Board of Directors on **March 27, 2026**, in alignment with organizational approval procedures.

Through this combination of public posting, targeted community outreach, and formal advisory council and board review, AAATC fully met the 30-day public comment requirement and ensured transparent, community-informed development of the Area Plan.

Appendix C – [Title]

Additional information/attachments to be added at the discretion of the AAA. Note: this is an optional attachment for the AAA to add individualized detail to their Area Plan. Additional attachments are optional at the discretion of the AAA.

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

Separate Excel spreadsheet attachment (template provided) is to be completed based on projected distribution of service by assigned counties for the area plan cycle (2027-2029). Spreadsheet is required with the 2027-2029 Area Plan submission.

Purpose of Spreadsheet: Demonstrate projected distribution of services. ACL regulatory requirements include that an AP must identify how services will be distributed within the PSA to address populations identified as greatest economic and social need.

Implementation of Spreadsheet: The initial submission of the spreadsheet accompanies the AP and is based on projections at the time of AP submission. Subsequent to the 2027-2029 AP approval, updated spreadsheet versions of the projections made are to be submitted annually with the working budget.

Attachment 2: Verification of Intent & Assurances

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

Separate attachment (template provided) requires signature by one authorized representative of AAA.

By an authorized official signing the Verification of Intent and Assurances, the AAA is assuring the written activities included in the plan will be completed during the effective period with amendment submission as required.

Certification of such assurances include the following:

- Input through a 30-calendar day public comment period.

- Input from the AAA advisory council.

- Composition requirements of advisory council are met.

- Approval from the AAA's governing board.

- Active policies and procedures are in place to identify both organizational and individual conflicts of interest.

- Direct Service Waiver will be submitted as required.

- Annual budget process will include submission of number of individuals served, type and number of units provided, and corresponding expenditures.