



Coastal Bend Area Agency on Aging **2027-2029 AREA PLAN**



Planning & Service Area #8
Submission Date: May 27, 2026

Mission

The Area Agency on Aging of the Coastal Bend (AAACB) plans, coordinates, and advocates for a comprehensive, community-based system of services that promotes dignity, independence, and informed choices for adults age 60+ and caregivers in greatest social and economic need.

Vision

AAACB envisions a Coastal Bend region where older adults are supported to age safely, independently, and with purpose in the communities of their choice through high-quality, person-centered services delivered with excellence and integrity.

Core Values

Dignity · Independence · Collaboration · Accountability · Integrity · Access

DIGNITY

We honor the inherent worth of every individual and ensure that services are delivered with respect, compassion, and sensitivity.

INDEPENDENCE

We support the right of older adults to make informed choices and to live safely and independently in the setting of their choice for as long as possible.

COLLABORATION

We value strong partnerships with clients, caregivers, providers, community organizations, and public entities to identify those in most social & economic need, strengthen the Aging Network and improve outcomes.

ACCOUNTABILITY

We are responsible stewards of public resources and uphold transparency, fiscal integrity, and data-driven decision-making in all aspects of our work.

INTEGRITY

We conduct our work ethically and consistently, guided by the requirements of the Older Americans Act and a commitment to public trust.

ACCESS

We strive to ensure timely, clear, and equal access to information, services, and supports for all older adults and caregivers in the Coastal Bend region.

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EXECUTIVE SUMMARY

As a part of the coordinated Aging Network, the Area Agency on Aging (AAACB) is an aspirational, community-focused, and compliance-oriented department of the Coastal Bend Council of Governments (CBCOG).

ASPIRATIONAL VISION

AAACB is aspirational in its commitment to a future where older adults in the Coastal Bend are empowered to live with dignity, independence, and informed choice. Through continuous improvement, innovation, and forward-looking planning, AAACB anticipates the needs of older adults and caregivers, strengthens system capacity, and expands access to person-centered, community-based services that support aging in place, and quality of life across the region. **Through continued work with the Texas Healthy at Home Community Care Hub, we anticipate growing program funding to exponentially increase the number of clients we serve throughout the Coastal Bend.**

COMMUNITY-FOCUSED PARTNERSHIPS

AAACB is deeply community-focused, and as the local Aging & Disability Resource Center (ADRC) works collaboratively with local government service providers, community organizations, and older adults themselves to strengthen a responsive and inclusive Aging Network. By leveraging partnerships and local knowledge, AAACB ensures services reflect the diverse cultural, geographic, and socioeconomic characteristics of the Coastal Bend and are accessible to those most at risk of social isolation, institutionalization, or economic hardship. Based on demonstrated community need, Hope's Closet was created and provides incontinence supplies and gently used DME to clients in immediate need of help. **Hope's Closet was named for a dedicate AAACB employee, Hope Franklin. Hope enjoyed visiting with seniors and their caregivers and worked diligently to find donations for those in need. Upon her retirement, Hope's Closet was named in her honor.**

COMPLIANCE-ORIENTED STEWARDSHIP

AAACB is compliance-oriented in its stewardship of federal, state, and local resources, ensuring all programs and services are delivered in alignment with the Older Americans Act, Texas Health and Human Services Commission requirements, and applicable regulations. Through sound governance, fiscal accountability, data-driven decision-making, and performance monitoring, AAACB upholds transparency, accountability, and program integrity while meeting statutory planning and reporting obligations. **Locally, CBCOG leadership continues to evaluate processes and streamline internal administrative procedures, including updated monitoring and quality assurance protocols.**

The Area Agency on Aging of the Coastal Bend is guided by a mission, vision and shared set of values that inform how we serve, and steward resources on behalf of older adults and caregivers across the region. These values shape our culture, decision-making, and partnerships and reflect our commitment to excellence in public service.

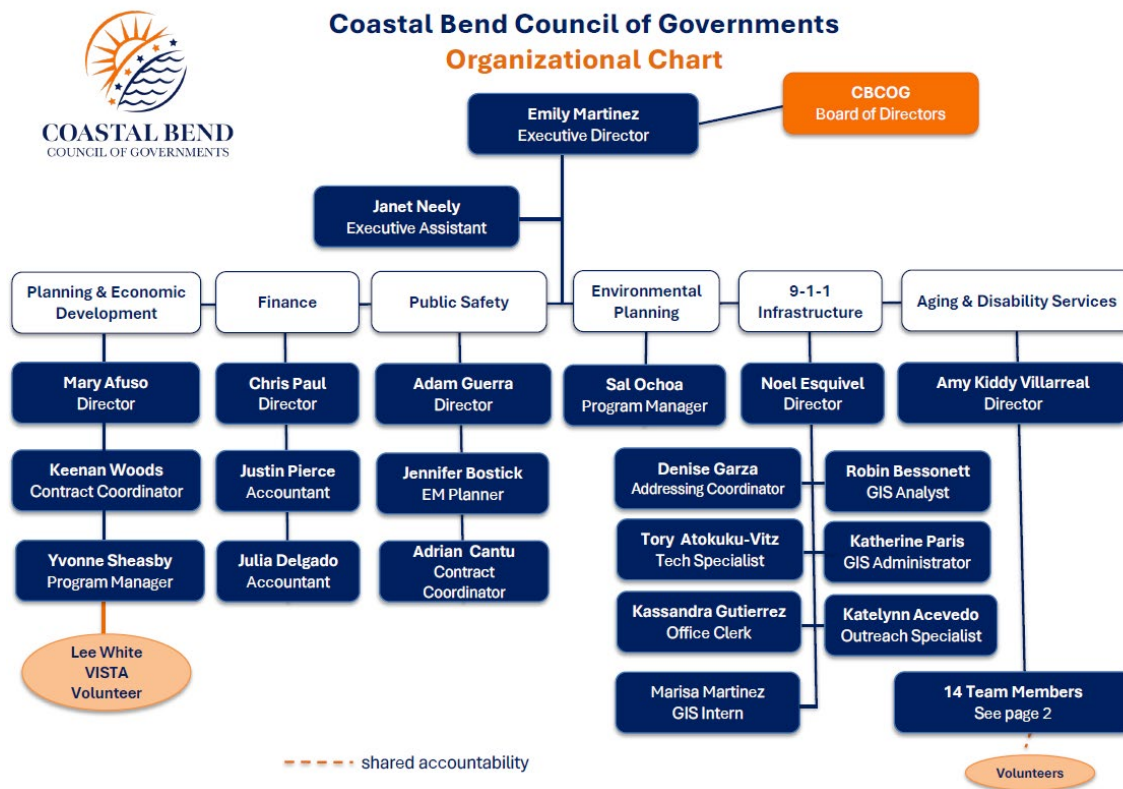
ORGANIZATIONAL PROFILE

REFERENCE: 45 CFR 1321.57, 45 CFR 1321.63, & 45 CFR 1321.65(B)(2)

AGENCY STRUCTURE AND GOVERNANCE

AAACB operates as a department of the Coastal Bend Council of Governments (CBCOG) and serves as the designated Area Agency on Aging for the eleven-county Coastal Bend Planning and Service Area (PSA). As part of the coordinated Aging Network, AAACB functions as the regional focal point for planning, advocacy, and coordination of services for individuals age 60 and over, in accordance with the Older Americans Act.

CBCOG provides the platform for multi-jurisdictional collaboration on issues that no single city or county can address alone, including economic growth, infrastructure, workforce, and resilience. In Texas, COGs are explicitly tasked with regional development planning and coordination, helping communities plan for future growth, improve efficiency, and address shared challenges across counties. Governance is provided through the CBCOG Board of Directors, which is composed of representatives from member counties, cities, and special districts across the region. This structure ensures regional representation, fiscal accountability, and alignment with broader regional planning efforts. Advisory input specific to aging services is provided through the Advisory Council on Aging (ACOA), which supports client involvement and compliance with OAAA requirements.

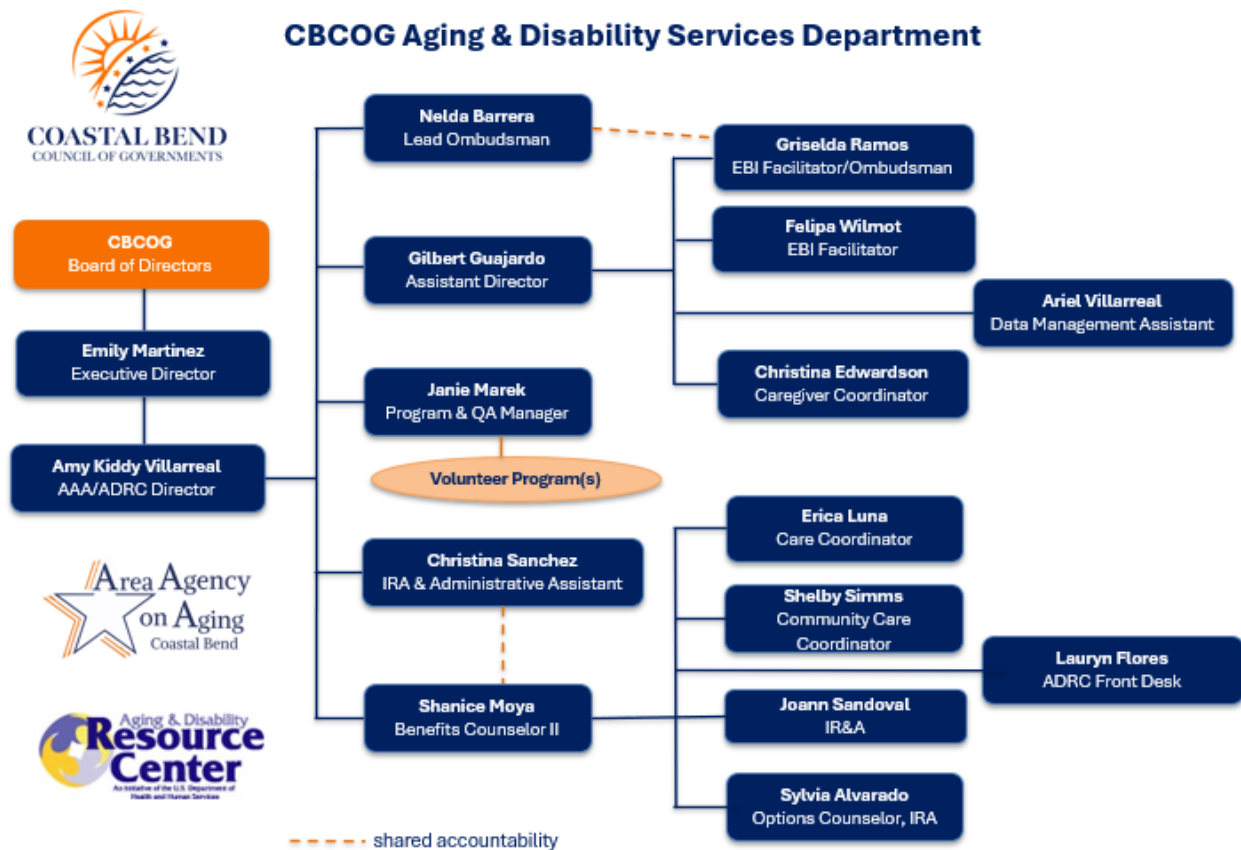


STAFFING AND ORGANIZATIONAL CAPACITY

AAACB maintains a multidisciplinary staff structure designed to support effective planning, contract management, direct service delivery, monitoring, and community engagement. Staff responsibilities include, but are not limited to:

- Program planning and administration.
- Contract development, monitoring, and quality assurance.
- Information, Referral, and Assistance (IR&A)
- Benefits counseling and legal assistance coordination
- Care coordination and caregiver support.
- Ombudsman services and elder rights protection
- Data collection, reporting, and performance management
- Community outreach and education

Staffing capacity is supplemented through contracted providers, subrecipients, and trained volunteers to ensure service coverage across urban and rural areas of the PSA. We partner with AARP’s SCSEP program to provide work opportunities to seniors along-side trained volunteers. AAACB emphasizes cross-training, professional development, and compliance training to maintain service continuity and program integrity.



ORGANIZATIONAL CHART

AAACB's organizational structure reflects a clear chain of accountability and functional alignment with Older American Act (OAA) core programs. The agency is led by the AAA/ADRC Director, who reports through the CBCOG executive structure. Team leads and program managers oversee service areas such as information, referral & assessment, nutrition services, care coordination, benefits counseling, caregiver services, residential repair, ombudsman, and ADRC coordination. Fiscal, data, and administrative support functions are integrated to ensure compliance, transparency, and efficient operations.

PLANNING AND SERVICE AREA (PSA) SUMMARY

AAACB serves an eleven-county Planning and Service Area (PSA) consisting of Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, Nueces, Refugio, and San Patricio counties. The PSA encompasses more than 11,000 square miles and includes a mix of urban, suburban, and rural communities. Nueces County, which includes the city of Corpus Christi, is the most populous county, while several counties are sparsely populated and geographically isolated. This geographic diversity significantly influences service delivery, access to resources, and outreach strategies. AAACB's planning approach accounts for differences in population density, transportation availability, and local service capacity to ensure equitable access to services across the PSA.

In rural areas of the PSA, limited broadband availability creates barriers to accessing online benefits and information. For example, older adults who require assistance from a benefits counselor to navigate CMS resources may be unable to complete web-based activities reliably from their homes. In such cases, individuals may need to travel to an AAACB office or another location with dependable internet service. This requirement may pose a significant hardship for individuals who lack transportation, have disabilities, or have limited financial resources to pay for transportation. CBCOG in partnership with TARC are working with our local communities to expand broadband infrastructure to those in the most economic and social need.

POPULATION TRENDS AND DEMOGRAPHIC CONSIDERATIONS

The Coastal Bend region has experienced modest population growth overall, with uneven trends across counties. While some counties have seen population increase, others have experienced declines, particularly in rural areas. The population aged 60 and over represents a significant and growing proportion of the region, with many older adults living on fixed incomes and facing increasing costs related to housing, health care, and basic needs.

Key demographic characteristics influencing service planning include:

- High rates of low income and economic insecurity among older adults
- A large and growing minority population, particularly Hispanic older adults.
- Rural residency and geographic isolation limiting access to services.
- Transportation barriers affecting access to health care and social engagement.

- Increasing prevalence of chronic conditions, functional limitations, and dementia
- Growing reliance on informal caregivers, many of whom experience caregiver burden.

These trends underscore the importance of targeting services to individuals with the greatest social and economic need and expanding home and community-based services that support aging in place. AAACB incorporates demographic analysis and service utilization data into planning efforts to anticipate future demand and prioritize resources effectively.

25-year Population Projection 60+ year olds

County	2025 Pop 60+	2050 Pop 60+	Change	% Change
Aransas	10,503	12,123	+1,620	+15.4%
Bee	6,334	6,534	+200	+3.2%
Brooks	1,841	1,501	-340	-18.5%
Duval	2,978	2,170	-808	-27.1%
Jim Wells	9,648	9,301	-347	-3.6%
Kenedy	169	191	+22	+13.0%
Kleberg	6,084	4,618	-1,466	-24.1%
Live Oak	3,553	2,811	-742	-20.9%
Nueces	84,910	106,748	+21,838	+25.7%
Refugio	2,434	1,999	-435	-17.9%
San Patricio	16,437	17,690	+1,253	+7.6%
TOTAL	144,891	165,686	+20,795	+14.4%

Over the next 25 years, the PSA's 60+ population is projected to grow from 144,891 (2025) to 165,686 (2050), an increase of 20,795 (+14.4%). Growth is expected to be concentrated in Nueces County (+21,838; +25.7%), while most other counties show flat or declining 60+ populations—highlighting the need to plan for increased demand overall while tailoring strategies to county-level trends.

As the large Baby Boomer cohort continues to move into older age brackets, the region anticipates increased demand for community-based supports that help older adults maintain independence (e.g., nutrition, transportation, benefits counseling, caregiver supports, and in-home services). This growth occurs alongside ongoing shifts in household composition, with many older adults living alone or serving as caregivers for spouses, adult children, or grandchildren—factors that can increase risk for social isolation and caregiver strain.

People 60+ years (low income)

County	Pop 60+	Pop 60+ in Poverty (count)	Pop 60+ in Poverty (%)
Aransas	8,855	984	11.1%
Bee	4,684	671	14.3%
Brooks	1,684	509	30.2%
Duval	2,135	283	13.3%
Jim Wells	8,296	1,040	12.5%
Kenedy	31	0	0.0%
Kleberg	5,118	885	17.3%
Live Oak	2,859	666	23.3%
Nueces	73,735	10,948	14.8%
Refugio	1,877	293	15.6%
San Patricio	14,647	1,847	12.6%

Across the PSA, Nueces County has the largest number of adults aged 60+ living in poverty (10,948), reflecting its substantially larger older-adult population. Poverty rates among adults age 60+ vary widely by county, with the highest rates in Brooks (30.2%) and Live Oak (23.3%), indicating elevated need in smaller, more rural communities.

The Coastal Bend includes both urbanized areas and large rural geographies. For older adults in rural communities, distance to services and limited transportation options can present significant barriers to accessing health care, nutrition sites, benefits, and other essential supports. Across the PSA, fixed incomes and the rising cost of housing, utilities, insurance, and food continue to impact older adults' financial stability, particularly those with the greatest economic and social need. Disability and chronic health conditions increase with age, and many older adults require support to manage activities of daily living, access preventive care, and remain safely housed in the community.

The region's location along the Gulf Coast also shapes the needs of older adults. Seasonal heat, severe weather, and hurricane-related events can disrupt access to medical care, medications, electricity-dependent equipment, food, and social support. These risks can be more acute for individuals who live alone, have mobility limitations, rely on caregiving support, or have limited resources to prepare for and recover from emergencies. As a result, emergency preparedness and continuity planning remain ongoing priorities for the aging services network.

Veterans aged 60 and over, as well as veterans' surviving spouses, represent an important population within the Coastal Bend. Many veterans are older adults with service-connected or age-related health conditions and may require coordinated access to benefits, health care, transportation, and long-term services and supports. Veterans' surviving spouses may

experience unique financial vulnerabilities, including reliance on survivor benefits and fixed incomes, and may face increased risk of isolation after the loss of a partner.

Across both groups, the AAA and partners emphasize coordinated referral pathways, benefits navigation, and connection to local, state, and federal resources to help ensure that eligible individuals receive the support available to them.

Key issues impacting older adults (60+), veterans, and veterans' surviving spouses in the Coastal Bend include:

- Access to affordable, accessible housing and the ability to age in place safely.
- Transportation barriers, especially in rural areas and for individuals with disabilities.
- Food insecurity and nutrition needs, including for homebound individuals.
- Growing caregiver needs, including respite and caregiver education/support.
- Chronic disease burden, disability, and the need for coordinated health and supportive services.
- Social isolation and the need for outreach and connection to community supports.
- Disaster preparedness and response needs for older adults and other vulnerable populations.
- Benefits navigation needs (Medicare/Medicaid, Social Security benefits, VA benefits, and survivor-related benefits).

RESOURCES AND COMMUNITY PARTNERSHIPS

AAACB leverages a broad network of public and private resources to deliver and coordinate services across the PSA. As the local Aging & Disability Resource Center (ADRC), key partners include local governments, community action agencies, nonprofit organizations, health care providers, transportation entities, legal service providers, and faith-based organizations to streamline access to long-term services and supports.

AAACB strengthens service reach and caregiver supports through partnerships with Caregiver SOS/WellMed Charitable Foundation, which have contributed to growth in weekly caregiver participation. Ongoing collaboration with the City of Corpus Christi and Texas A&M University–Corpus Christi also supports expansion of aging services across the region, including increased access in rural communities to Evidence-Based Intervention (EBI) classes such as Tai Chi and A Matter of Balance. In December 2025, AAACB partnered with Esperanza de Tejas to host an all-ages diaper drive; donations were distributed to support families of young children through Esperanza de Tejas and to provide incontinence supplies to older adult clients.

Despite these resources, economic conditions vary widely across the PSA. Many older adults live on fixed incomes derived primarily from Social Security and limited retirement benefits, making them particularly vulnerable to rising costs for housing, utilities, food, and health care. Rural counties often have fewer service providers and

limited access to public transportation, increasing reliance on community-based and volunteer-supported services.

Through contracts, interlocal agreements, and collaborative initiatives, AAACB maximizes available funding and resources to expand service reach, avoids duplication, and strengthens system capacity.

AGING ADVISORY COUNCIL COMPOSITION

The Advisory Council on Aging (ACOA) was established in accordance with the Older Americans Act and serves as a key mechanism for client input and community representation. Council membership reflects the geographic, economic, and cultural diversity of the PSA and includes:

- Older individuals, including those residing in rural areas.
- Low-income and minority older adults
- Family caregivers
- Service providers
- Community and business representatives
- Health and supportive services professionals

At least 50% of ACOA members are older individuals, and the council makes recommendations to AAACB and the CBCOG Board regarding planning priorities, service gaps, and program improvements. The council meets on the second Monday of every other month and plays an active role in ensuring programs remain responsive to community needs.

The AAA Advisory Council serves as a formal advisory body that provides input, recommendations, and community perspective to the AAA to strengthen planning, transparency, and accountability. The Council carries out this role through regular meetings and structured review processes, with recommendations documented (e.g., in minutes and written feedback) and communicated to AAA leadership for consideration and action. The Advisory Council's advising functions include the following:

- Area Plan development and administration provide input on goals, strategies, and service priorities; and advises on how planned activities address greatest economic and social need and priority populations.
- Public availability and transparency: Advises on methods to make the Area Plan and related information accessible to older adults, family caregivers, stakeholders, and the public, including plain-language communication and accessible formats when appropriate.
- Public hearings and public comment: Recommends outreach strategies, locations, and formats for public hearings and comment opportunities; helps identify key stakeholder groups to engage; and reviews themes from public input to inform plan revisions.

- Representation and advocacy: Represents the interests of older individuals and family caregivers by elevating lived experience and community-identified concerns; advises the AAA on emerging issues and service gaps; and supports culturally responsive engagement across the PSA.
- Review of policies, programs, and community actions: Reviews and comments on community policies, programs, and actions affecting older adults and caregivers to promote coordination and responsiveness; provide feedback on AAA contractor/provider performance trends (at a summary level) and opportunities for improvement.
- Ongoing feedback and follow-up: Tracks progress on prior recommendations, requests updates from AAA staff, and offers continuous input throughout the Area Plan cycle (not solely during plan development).

STEWARDSHIP & OVERSIGHT

REFERENCE: [OAA OF 1965, AS AMENDED THROUGH P.L. 116-131 \(3/25/2020\)](#), & [45 CFR 1321.59](#)

AAACB maintains an agency-wide stewardship and oversight framework designed to ensure that all Older Americans Act (OAA)-funded activities are planned, implemented, monitored, and reported in alignment with OAA requirements and the principles emphasized by the Office of Area Agencies on Aging (OAA). This framework integrates program management practices with administrative controls so that funds are used for allowable purposes, services are delivered equitably and effectively, and performance outcomes are routinely reviewed to support continuous improvement.

- **Governance and accountability:** The AAA documents roles, responsibilities, and decision-making authority for OAA program administration (e.g., leadership oversight, program and fiscal separation of duties, and clear approval pathways). The AAACB's governing body and advisory council engagement support transparency, responsiveness to community need, and alignment of planned activities with OAA priorities.
- **Policy and procedure alignment (operational):** The AAA maintains written policies and procedures that operationalize OAA requirements and guide consistent implementation across programs (e.g., eligibility, person-centered service delivery, priority populations, client rights, grievance/appeals, confidentiality, and records retention). Policies are reviewed on a scheduled basis and updated when federal/state guidance changes.
- **Fiscal stewardship and internal controls:** The AAA implements fiscal policies to promote sound management of OAA funds, including budgeting and budget-to-actual review, allowable cost controls, cost allocation methods, reconciliations, authorization and approval limits, cash management, and documentation standards.

Regular management review of expenditures and service units supports timely course correction.

- **Procurement, contracting, and provider oversight:** The AAA uses documented procurement and contract management practices to ensure fair competition, clear scopes of work, performance expectations, and compliance with all applicable requirements. Contracts include monitoring provisions, reporting requirements, and corrective action expectations when needed.
- **Data governance, reporting, and performance management:** The AAA maintains procedures for collecting, validating, and reporting program data (e.g., units of service, unduplicated individuals, demographics, priority population indicators, and outcomes). Routine data quality checks and trend analyses help confirm that services are delivered as intended and that reporting is accurate and timely.
- **Monitoring and compliance activities:** The AAA conducts risk-informed monitoring of contractors and direct service activities (as applicable) through desk reviews and/or onsite monitoring, including review of programmatic and fiscal documentation. Findings are documented, and corrective actions are tracked to completion to strengthen compliance and service quality.
- **Training and technical assistance:** The AAA provides and/or coordinates training for staff, contractors, and partners on key OAA program requirements and operational expectations (e.g., fiscal documentation, service delivery standards, reporting, confidentiality, conflict of interest, and nondiscrimination). Training is documented and refreshed as needed.
- **Communication and stakeholder engagement:** The AAA uses established communication channels to share program expectations, updates, and guidance with providers and partners, and to inform older adults, caregivers, and the public about available services and how to access them. Feedback mechanisms (e.g., advisory council input, public comment, and client feedback) are used to inform improvements.
- **Targeted activities and OAA principal alignment:** The AAA uses planning, contracting, and monitoring processes to align targeted initiatives with primary OAA principles (e.g., focusing on individuals with greatest economic and social need, supporting caregiver needs, promoting health and independence, and strengthening community-based supports). Implementation plans include clear objectives, timelines, responsible parties, and measurable outputs/outcomes.
- **Continuous improvement and risk management:** The AAA reviews performance, monitoring results, and community needs on an ongoing basis to identify risks, address service gaps, and improve program implementation. When issues are identified, the AAA documents corrective actions, revises procedures as appropriate, and monitors progress to sustain improvements.

Key Topic Areas

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

CORE PROGRAM AREA 1: SUPPORTIVE SERVICES

Supportive services are non-medical services that help older adults maintain independence, safety, and quality of life in the community and reduce the risk of unnecessary institutionalization. In the Coastal Bend PSA, AAACB delivers and coordinates supportive services through a mix of direct services and contracted providers to address functional needs, access barriers, and social determinants of health. AAACB emphasizes person-centered intake and assessment, timely referral and follow-up, and coordinated partnerships to ensure services are accessible and responsive in both rural and urban communities.

Targeting strategies are integrated into AAA workflows to prioritize individuals with the greatest economic and social need, and service data are reviewed to support equitable reach across the PSA. Assessments are provided via phone, in-office, and via home visit with an AAACB team member. Care Coordinators work with our contracted service providers to find care best suited for our clients' needs.

Supportive Services

1. **Information and Assistance** through the ADRC (including options counseling and referral) and AAA as both provide information, referral and assistance.
2. Person-centered **assessment, care coordination, and follow-up**
3. **Transportation** assistance to access medical care, nutrition sites, and essential errands (as available through providers/partners)
4. In-home supports and chore services to help with **basic household tasks** (as available through providers/partners)
5. **Minor home modifications and home safety supports** to reduce fall risk and improve accessibility (as available through partners)
6. **Benefits navigation** and connection to public benefits and local assistance (e.g., Medicare/Medicaid-related supports and other community resources)
7. Linkage **to durable medical equipment and incontinence supplies** through community resources (e.g., Hope's Closet, as applicable)
8. **Care transition referrals** and coordination with hospitals and community partners to support safe discharge and ongoing support.

CORE PROGRAM AREA 2: NUTRITION SERVICES

Nutrition services reduce hunger and food insecurity, promote socialization, and support health by providing meals that meet applicable nutrition standards and by offering nutrition screening, education, and referral as appropriate. AAACB ensures that nutrition services are accessible across the eleven-county PSA through a coordinated network of congregate meal sites and home-delivery routes, with targeting and outreach focused on older adults with the greatest economic and social need, those who are homebound, and those at elevated risk of malnutrition.

- **Congregate Meals:** AAACB supports congregate meal service in accessible community settings (e.g., senior centers and partner sites) to provide nutritious meals alongside opportunities for social connection, wellness activities, and access to supportive services (e.g., benefits counseling referrals and health promotion programming). Sites are promoted as community hubs to reduce isolation and increase early identification of unmet needs.
- **Grab & Go Meals:** AAACB offers Grab & Go meals as a complementary access option for older adults who face barriers to staying for onsite dining (e.g., work/volunteer schedules, caregiving responsibilities, transportation timing, mobility limitations, or health-related concerns). Grab & Go is structured to enhance—rather than replace—congregate programming by maintaining regular onsite dining schedules and by using Grab & Go distribution to connect participants to the same site-based supports (e.g., scheduling periodic onsite engagement days, distributing event calendars, and screening/referral prompts at pickup).
- **Home Delivered Meals:** AAACB coordinates home delivered meals for eligible homebound older adults who are unable to attend a congregate site, prepare meals and lack adequate support. Home delivery is paired, as feasible, with wellness checks, nutrition risk screening, and referral to supportive services to address safety, benefits, and caregiver needs.

Grab & Go Meals – Required Assurances

1. **Enhance (not diminish) congregate meals:** AAACB will maintain congregate site schedules, staffing, and planned activities while adding Grab & Go as an access option. Grab & Go pickups will be integrated with outreach and invitations to onsite dining and programming (e.g., wellness classes, Evidence-Based workshops, and special events), with the intent of expanding overall participation and keeping congregate sites functioning as community hubs.
2. **Monitor impact on congregate meals:** AAACB will monitor participation trends by site and service type (onsite dine-in vs. Grab & Go) and will review (1) unduplicated participant counts, (2) meals served by modality, (3) onsite attendance in relation to Grab & Go volume, and (4) participant feedback. AAACB will use contract reporting and routine performance reviews to identify any unintended decline in onsite dining and will implement corrective actions (e.g., modified pickup hours, strengthened onsite engagement strategies, or targeted outreach) as needed.

3. **Reach older adults in GEN and GSN:** Grab & Go will be targeted to older adults in greatest economic need and greatest social need by prioritizing outreach in low-income neighborhoods and rural areas; partnering with community action agencies, housing authorities, faith-based partners, and health clinics; offering bilingual communication and accessible pickup options; and screening for nutrition risk, food insecurity, and social isolation during enrollment and periodic reassessment.
4. **Consultation and public input:** AAACB will document consultation regarding need for and provision of Grab & Go meals through engagement with nutrition experts (e.g., registered dietitians supporting menu planning and nutrition education), nutrition providers and site operators, collaborative partners (e.g., ADRC/HCBS providers, health systems, and community-based organizations), and the public (e.g., Advisory Council on Aging input and public comment activities). Feedback will be summarized and used to refine service design, site selection, and outreach strategies.
5. **Practices to address hunger, food insecurity, malnutrition, and social isolation:** AAACB will implement nutrition risk screening and referral pathways; coordinate with food assistance resources (e.g., SNAP outreach, food pantries, commodity programs); integrate Evidence-Based health and nutrition education where feasible; and use meal services as touchpoints for social connection (e.g., onsite activities, periodic check-in calls for homebound participants, and referrals to friendly visitor/telephone reassurance or similar programs through local partners).

CORE PROGRAM AREA 3: EVIDENCE-BASED DISEASE PREVENTION & HEALTH PROMOTION SERVICES

Evidence-Based Disease Prevention and Health Promotion Services (Evidenced-Based Interventions -EBI) are structured programs proven through research to improve physical, cognitive, and social health outcomes by reducing falls, supporting chronic disease self-management, and strengthening well-being among older adults. AAACB coordinates delivery of Evidence-Based interventions across the PSA in partnership with qualified providers and community sites, such as congregate nutrition centers, with emphasis on reaching underserved communities and reducing disparities in preventable health risks. AAACB prioritizes workshops and outreach that address local needs such as chronic disease burden, fall risk, caregiver stress, and social isolation, and integrates referral pathways from nutrition sites, care coordination, and community partners to increase participation among older adults with the greatest economic and social need. Highly skilled facilitators provide the following EBI courses throughout the Coastal Bend.

- MATTER OF BALANCE
- BINGOCIZE
- TAI-CHI FOR ARTHRITIS
- DIGITAL LITERACY

CORE PROGRAM AREA 4: FAMILY CAREGIVER SUPPORT SERVICES

Family Caregiver Support Services strengthen the ability of informal caregivers to continue providing care while maintaining their own health, economic stability, and well-being. AAACB supports caregivers through information and assistance, caregiver assessment and care planning, education and training, respite support groups (as funded/available), and referrals to community

resources and benefits. AAACB will enhance caregiver services across the PSA by expanding caregiver education options (including Evidence-Based caregiver interventions where available), strengthening dementia-capable supports and referral pathways, increasing awareness of respite and supplemental services, and using ADRC and care coordination workflows to identify caregiver needs earlier—particularly for caregivers experiencing high burden, limited resources, rural isolation, or limited English proficiency.

CORE PROGRAM AREA 5: LEGAL ASSISTANCE

Legal Assistance helps older adults protect rights, maintain stability, and resolve legal issues that can threaten health and independence (e.g., benefits access, housing stability, client issues, advance planning, and protection from abuse/exploitation). AAACB coordinates legal services through contracted legal providers and referral partnerships, supports legal awareness activities, and integrates legal referrals into ADRC and case coordination workflows. Targeting strategies focus on older adults with the greatest economic and social need, including those who are low-income, live alone, are rural or socially isolated, or have limited access to legal resources.

CORE PROGRAM AREA 6: OMBUDSMAN SERVICES

Ombudsman Services protect the health, safety, welfare, and rights of residents in long-term care facilities through resident advocacy, complaint investigation and resolution, information and consultation, and systems-level problem identification. AAACB administers the Long-Term Care Ombudsman Program in alignment with state requirements, ensuring that residents and families have access to an independent advocate and that issues related to quality of care and quality of life are addressed. AAACB conducts outreach and education to residents, families, facilities, and community partners and uses trend data to inform training, systemic improvement, and coordination with protective and regulatory partners as appropriate.

GREATEST ECONOMIC NEED (GEN)

Operational Definition, PSA Conditions, and Prioritization Strategies

Operational definition: For planning, outreach, and service prioritization, AAACB defines Greatest Economic Need (GEN) as older adults (age 60+) and family caregivers who have income at or below 150% of the Federal Poverty Level (FPL) or who otherwise demonstrate significant financial hardship that limits the ability to meet basic needs (e.g., food, housing, utilities, transportation, or health-related expenses). When income documentation is not feasible, AAACB may use self-attestation and/or participation in means-tested benefits (e.g., SNAP/Medicaid) as indicators, consistent with program rules.

GEN in the Coastal Bend PSA: Across the eleven-county PSA, many older adults live on fixed incomes and are vulnerable to rising costs for housing, utilities, food, and health care. Economic vulnerability is often compounded by rural geography, limited transportation options, limited job opportunities, sudden loss of income, lack of or reduction in benefits, and limited access to service providers in smaller counties.

Targeted intake and screening: Incorporate income and benefits-screening questions into AAA/ADRC intake, care coordination, and nutrition enrollment to identify individuals in GEN and support effective service prioritization and referral.

Service prioritization: When resources are limited, prioritize services to individuals in GEN consistent with program requirements while matching service intensity to level of need (e.g., home delivered meals for homebound, low-income individuals; respite services allowing caregiver to continue employment/ providing personal assistance to those whose insurance does not provide needed assistance or unable to afford services, transportation supports for critical access).

Benefits navigation: Assess eligibility, assist with application, increase coordination efforts for benefits that improve economic stability (e.g., SNAP outreach, Medicare Savings Programs, Extra Help (LIS), Medicaid, and other local assistance) through referrals and partner coordination.

- **Partnership-based outreach:** Conduct outreach through community action agencies, housing authorities, clinics, local stakeholders/ congregate nutrition sites, social service agencies, local shelters, and faith-based/community partners serving low-income communities.
- **Data monitoring for equity:** Review service data (units, unduplicated counts, demographics, rural reach) to assess whether GEN populations are being reached; detect gaps and use findings to adjust outreach, site placement, and contractor expectations.

GREATEST SOCIAL NEED (GSN):

Operational Definition, PSA Conditions, and Prioritization Strategies

Operational definition: AAACB defines Greatest Social Need (GSN) as older adults (age 60+) and family caregivers who have social conditions that place them at elevated risk of isolation, neglect, or inability to perform daily activities, including (as applicable) living alone, limited social supports, limited English proficiency, rural or geographic isolation, transportation barriers, caregiving burden, cognitive impairment, disability/functional limitations, or risk of abuse, neglect, or exploitation.

GSN in the Coastal Bend PSA: The PSA's mix of urban and large rural geographies contributes to social isolation risk for older adults who live alone, have limited transportation, or reside far from service hubs. The region's cultural and linguistic diversity (including a large Hispanic population) and the presence of older adults with chronic conditions or dementia also increases the need for culturally responsive, dementia-capable, and accessible supports.

- **Isolation-risk identification:** Screen for living situation, physical, cognitive or mental health challenges, transportation barriers, caregiver strain, reduced participation in work, social, and community activities, and social supports during intake and reassessment; flag high-risk individuals for follow-up.
- **Accessible communication:** Provide plain-language materials, bilingual capacity where feasible, available in digital format, and warm handoffs to trusted community partners.
- **Community-anchored service touchpoints:** Use congregate nutrition sites, outreach events, and partner locations as hubs to connect older adults to multiple services (e.g., benefits counseling, EBDPP workshops, caregiver resources).

- **Rural outreach and coordination:** Coordinate with rural partners to reduce fragmentation, duplication, and access barriers (e.g., shared outreach calendars, coordinated transportation options, and localized distribution points). Education
- **Elder rights and safety linkages:** Maintain referral pathways to protective services, ombudsman, and legal resources for individuals at risk of abuse, neglect, or exploitation while safeguarding the older adults' autonomy, dignity and physical safety.

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

AAACB collaborates with HCBS providers and partner systems to strengthen coordinated, community-based supports that promotes aging in place. Collaboration occurs through the ADRC's coordinated access functions; shared referral and care transition pathways with hospitals, clinics, and community partners; coordinated outreach with local nonprofits and public entities; and ongoing provider engagement to identify service gaps, strengthen capacity, and reduce duplication. AAACB uses contract management, partner meetings, and data review to support consistent service standards and to improve cross-program coordination among nutrition, transportation, caregiver support, care coordination, legal services, and other HCBS resources available in the PSA.

Strategies to Serve Older Adults with Physical and Mental Health Conditions

- **Person-centered assessment and care planning:** Identify functional limitations, health-related risks, medication/medical equipment needs, fall risk, and caregiver capacity; develop service plans and referrals accordingly.
- **Evidence-Based interventions and prevention:** Promote participation in Evidence-Based programs (e.g., chronic disease self-management, fall prevention, and wellness education) to improve self-efficacy and reduce preventable risks.
- **Nutrition and wellness integration:** Use nutrition services as a platform to identify malnutrition risk and to connect participants to appropriate supports and education.
- **Dementia-capable and behavioral health supports:** Strengthen referral pathways for individuals with cognitive impairment, depression, anxiety, substance use concerns, or serious mental illness by coordinating with local behavioral health providers and community partners; provide caregiver education and support for dementia caregiving where available.
- **Care transitions and coordination:** Coordinate with hospitals, clinics, and HCBS providers to support safe transitions (e.g., referral for meals, transportation, caregiver supports, and benefits counseling after discharge).
- **Accessibility and accommodation:** Promote accessible service delivery (e.g., home delivered meals for eligible homebound individuals, accessible transportation options when available, and communication accommodations such as large print and bilingual assistance where feasible).
- **Safety and crisis linkages:** Maintain clear protocols for identifying and referring urgent concerns (e.g., suspected abuse/neglect, unsafe living conditions, acute food insecurity) to appropriate partners and protective resources.

NEEDS ASSESSMENT ACTIVITIES

REFERENCE: [45 CFR 1321.65\(B\)\(3\)](#) & [45 CFR 1321.65\(c\)](#)

AAACB used the 2024–2025 *Aging Texas Well (ATW) Strategic Plan* as a primary framework to guide preparation for Area Plan development and to establish priorities for the Coastal Bend PSA. AAACB combined ATW’s statewide priority themes with local demographic and service data, stakeholder engagement, and prior Area Plan performance to identify population trends, assess current impact on individuals served, and determine where programs, policies, and resources can be adjusted to better meet locally identified needs—particularly for individuals with Greatest Economic Need (GEN) and Greatest Social Need (GSN).

1. ASSESSMENT OF PREPARATION TO COMPLETE THE AREA PLAN

AAACB reviewed the 2024–2025 *Aging Texas Well* priorities as a statewide pathway and compared them to the Older Americans Act core programs delivered in the Coastal Bend. This ensured that local planning priorities and strategies align with statewide direction while remaining responsive to PSA-specific conditions.

- a. Identify population trends and issues impacting older adults in the PSA - AAACB reviewed demographic trends (growth in the 60+ population, increased longevity, rural/urban distribution), household composition (living alone, caregiver households), and risk factors affecting independence (chronic disease, disability, dementia, social isolation, transportation barriers, economic insecurity, and disaster vulnerability). Findings were synthesized with ATW themes to anticipate future service demand and inform targeting strategies for GEN/GSN.
- b. Analyze current impact on individuals served during the last Area Plan cycle - AAACB assessed prior-cycle service reach and patterns using program data (unduplicated individuals served, units of service, geographic distribution by county/route/site, ADRC/IR&A request trends, and contractor reporting). AAACB also reviewed service access indicators such as waitlists, timeliness of referrals/follow-up, and participant feedback received through partners and routine operations and client surveys.
- c. Analyze program/service/policy improvements and resource adjustments - AAACB evaluated where operational changes could improve access and outcomes, including (as applicable) strengthening person-centered intake and reassessment, refining referral pathways and care transition coordination, adjusting outreach methods for rural and underserved communities, improving contractor performance expectations and monitoring, and aligning resources toward high-need geographies and populations identified through the assessment.

2. NEEDS ASSESSMENT ACTIVITIES AND PROCESS TO ESTABLISH PRIORITIES

Review statewide priorities and focus areas (ATW): AAACB reviewed ATW focus areas and 2024–2025 priorities affecting older adults, caregivers, and aging services providers to understand statewide trends shaping local demand (e.g., aging in place, caregiver strain, social isolation, and access barriers).

1. Analyze local PSA conditions and population trends: AAACB examined demographic and geographic conditions across the eleven-county PSA (urban/rural mix, transportation barriers, disaster risk, economic vulnerability) using available secondary data sources (e.g., Census/ACS, public health indicators, and partner-shared community needs data).
2. Assess current service delivery and performance (prior-cycle review): AAACB reviewed service utilization, contractor reporting, ADRC/IR&A trends, and unit/expenditure patterns from the prior Area Plan cycle to identify where demand is increasing, where access is constrained, and which approaches are most effective.
3. Engage stakeholders and clients: AAACB incorporated input from the Advisory Council on Aging, providers, community partners, and public comment activities. Engagement emphasized barriers to access, unmet needs, and recommended improvements across core OAA services and related community supports.
4. Assess service gaps and equity considerations: AAACB compared ATW priorities to local conditions and prior-cycle performance to identify gaps affecting individuals with GEN/GSN (e.g., rural isolation, limited transportation, caregiver burden, language/access barriers, home safety needs, and risks linked to chronic conditions and disaster events).
5. Prioritize needs using shared criteria: AAACB prioritized needs using feasibility, urgency, and anticipated impact, with added emphasis on equity (reach to GEN/GSN), geographic coverage, and the availability of capable providers/partners.
6. Develop a comprehensive, coordinated plan: AAACB translated priority needs into goals, objectives, and strategies across core program areas (supportive services, nutrition, Evidence-Based health promotion, caregiver services, legal services, and ombudsman). AAACB also identified cross-cutting coordination actions (e.g., ADRC workflow improvements, partnership development, and referral pathway strengthening) to reduce duplication and improve system navigation.
7. Document alignment and continuous improvement: AAACB documented how priorities and strategies align with ATW and OAA planning requirements and will continue to use performance monitoring, partner feedback, and changing PSA conditions to refine strategies through the amendment process as needed.

3. TOP NEEDS / FINDINGS AND CONSTRAINTS

From these activities, AAACB identified the following priority needs for the Coastal Bend PSA. These findings reflect both local data and stakeholder input and align with statewide themes reflected in the 2024–2025 *Aging Texas Well* Strategic Plan.

- Access to services that support aging in place: Continued need for home and community-based supports (e.g., care coordination, in-home assistance where available, home safety supports (home modifications), and benefits navigation) to help older adults remain safe in their homes and reduce avoidable institutionalization.

- Transportation barriers—especially in rural areas: Distance, limited transportation options, and provider capacity constraints continue to affect access to nutrition sites, medical care, benefits assistance, and other supportive services.
- Food insecurity, malnutrition risk, and the need for nutrition access options: Ongoing demand for congregate and home-delivered meals, with continued emphasis on reaching homebound older adults and those experiencing economic insecurity.
- Caregiver burden and need for caregiver supports: Increased caregiver strain and need for education, navigation, respite options (as funded/available), and dementia-capable supports.
- Social isolation and need for connection points: Need to strengthen outreach, social engagement opportunities, and referral pathways that reduce isolation—particularly for older adults living alone or in geographically isolated communities.
- Health and safety risks related to chronic disease, disability, and cognitive impairment: Continued need for Evidence-Based health promotion, fall prevention, and coordinated referrals that support older adults managing chronic conditions and functional limitations.
- Disaster preparedness and continuity needs: The Gulf Coast environment (hurricanes, extreme heat, flooding) increases risk for service disruption and highlights the need for coordinated preparedness planning, communication, and continuity of essential supports.

CONSTRAINTS LIMITING THE AAA'S ABILITY TO ADDRESS IDENTIFIED NEEDS

Throughout the planning process the following constraints were found.

- Funding levels relative to demand: OAA and other aging-services funds do not scale at the same rate as growth in the older adult population and rising costs, requiring prioritization and targeting when resources are limited.
- Provider capacity and workforce constraints: Rural service delivery and specialized supports (e.g., in-home services, transportation, bilingual staffing, dementia-capable services) can be limited by workforce availability and provider infrastructure across the PSA.
- Geographic distance and transportation infrastructure: Large service areas and limited public transportation increase delivery costs, travel time, and operational complexity for both providers and clients.
- Housing and cost-of-living pressures outside AAA control: Rising housing and utility costs, limited accessible housing stock, and broader economic conditions can increase need faster than community resources can expand.

- Disaster and emergency disruptions: Severe weather events can interrupt services (meal delivery, transportation, in-home supports) and require surge planning and coordination with emergency management partners.
- Data limitations and time lag in secondary sources: Some local indicators are updated infrequently, and rural data can be sparse, requiring AAACB to combine multiple sources and stakeholder input to identify emerging issue.

GOALS, OBJECTIVES, STRATEGIES, AND OUTCOMES

REFERENCE: 45 CFR 1321.65(E)

Locally determined goals aligned with needs assessment findings and state goals include:

- Strengthen access to home and community-based supports that enable older adults to age safely in place, including care coordination, in-home supports where available, home safety modifications, and benefits navigation.
- Reduce transportation-related barriers to services, especially in rural communities by strengthening coordination with providers/partners and improving access to essential trips (medical, nutrition, and benefits-related).
- Address food insecurity and malnutrition risk by sustaining and expanding access to nutrition services (congregate and home-delivered meals) and related nutrition education, screening, and referral.
- Strengthening caregiver supports to reduce caregiver burden through education, navigation, respite options as available, and dementia-capable resources and referral pathways.
- Reduce social isolation by increasing outreach, strengthening community connection points, and improving cross-referral among AAACB programs and partners.
- Promote health, safety, and independence by expanding access to Evidence-Based health promotion and fall prevention programs and strengthening coordination for older adults living with chronic conditions, disability, or cognitive impairment.
- Enhance emergency preparedness and continuity planning to reduce service disruptions and support older adults and caregivers during hurricanes, extreme heat, flooding, and other emergencies.
- Strengthen ADRC integration and coordinated system navigation to reduce duplication, improve referrals and follow-up, and better reach individuals with Greatest Economic Need (GEN) and Greatest Social Need (GSN).
- Improve system sustainability and capacity by using data-driven decision-making, strengthening provider capacity and quality improvement, and supporting workforce development within the Aging Network.
- Explore and implement service delivery innovations (including technology-enabled approaches) that reduce access barriers, improve coordination, and support engagement for older adults and caregivers.

Long-Range Planning

AAACB engages in long-range planning to ensure the Aging Network remains responsive, sustainable, and aligned with the evolving needs of older adults and caregivers in the Coastal Bend region. Grounded in its aspirational vision, community-focused partnerships, and compliance-oriented stewardship, AAACB's long-range planning approach emphasizes preparation for demographic change, system sustainability, and future service delivery that supports aging in place, equity, and quality outcomes.

Preparing for Population Growth and Demographic Change

AAACB recognizes that demographic shifts, including an increasing proportion of individuals age 60 and over, longer life expectancy, and changing caregiver dynamics, will place greater demands on aging services over time. While population growth across the PSA is uneven, the absolute number of older adults, particularly those age 85 and over, is expected to increase, resulting in higher demand for nutrition services, caregiver support, home and community-based services, transportation, and dementia-related supports.

To prepare for these changes, AAACB incorporates population and service utilization trends into planning activities, needs assessments, and resource allocation decisions. Long-range planning efforts prioritize flexibility and scalability in service delivery models, with particular attention to rural areas, minority populations, and individuals with the greatest social and economic need. AAACB also anticipates increased demand for culturally responsive services, bilingual outreach, and caregiver education as community demographics continue to evolve.

Sustainability Planning and System Capacity

AAACB's long-range planning includes a strong focus on sustainability to ensure continuity of services in the face of funding constraints, workforce challenges, and increasing demand. Sustainability strategies emphasize efficient use of resources, diversification of partnerships, and strengthening Aging Network capacity rather than reliance on short-term solutions.

Key sustainability planning efforts include:

- Strengthening fiscal stewardship and cost-effective service models
- Enhancing provider capacity through technical assistance, training, and quality improvement support
- Leveraging interagency collaboration and community partnerships to maximize resources and reduce duplication.
- Incorporating data-driven decision-making to guide investments and identify high-impact services.
- Supporting workforce development and succession planning within the Aging Network

Through these efforts, AAACB seeks to maintain a stable, resilient service system capable of adapting to future challenges while preserving program integrity and accountability.

Future Service Delivery and Innovation

AAACB's aspirational planning framework supports continuous evolution of service delivery to meet emerging needs and align with state and federal priorities. Future service delivery planning emphasizes person-centered, community-based approaches that promote independence, prevent unnecessary institutionalization, and support caregivers. Long-range service delivery priorities include:

- Expanding and strengthening home and community-based services (HCBS) to support aging in place

- Enhancing care coordination and integration with the Aging and Disability Resource Center (ADRC)
- Increasing access to Evidence-Based health promotion and fall prevention programs.
- Strengthening dementia-capable services and caregiver education and respite supports
- Exploring technology-enabled solutions to address social isolation, access barriers, and service coordination

AAACB will continue to assess service effectiveness and community impact, using performance data and stakeholder input to guide program adjustments and innovation.

Alignment with Mission, Vision, and Compliance Responsibilities

AAACB's long-range planning reflects a balanced approach that integrates aspirational goals with operational realism and regulatory compliance. Planning efforts are guided by the agency's mission to promote dignity, independence, and informed choice; its vision of a coordinated, person-centered Aging Network; and its responsibility to comply with the Older Americans Act and HHSC requirements.

Through structured planning, stakeholder engagement, and continuous improvement, AAACB remains committed to anticipating future needs, strengthening system capacity, and delivering high-quality services that support older adults and caregivers across the Coastal Bend region—today and into the future.

APPENDIX A – EMERGENCY PREPAREDNESS

AAACB will coordinate with the Texas Health and Human Services Commission (HHSC), local and state emergency management offices, the Federal Emergency Management Agency (FEMA), and community response partners (e.g., American Red Cross, Salvation Army, faith-based coalitions, local law enforcement, health departments, subcontractors, and Community Organizations Active in Disaster (COAD) to support emergency planning and continuity activities that address the needs of older adults and adults with disabilities before, during, and after emergency events.

AAACB staff participate in annual emergency preparedness training, including a two-day hurricane conference, to strengthen readiness, response coordination, and recovery planning. The AAACB incorporates lessons learned from prior events impacting the Coastal Bend region (e.g., Hurricane Harvey, COVID-19, and the Texas winter storm) and follows applicable local, state, and federal guidance for emerging and unforeseen disasters.

Emergency preparedness and response activities include, but are not limited to, the following:

- Coordinate activities under the direction of the appointed COG emergency management coordinator.
- Participate in planning and coordination activities with COAD (formerly VOAD) and other local disaster, recovery, or unmet-needs committees that include human services agencies and community/faith-based partners.
- Coordinate with and encourage local contractors and subcontractors to identify older adults and adults with disabilities who may be at increased risk and to promote enrollment in the State of Texas Emergency Assistance Registry (STEAR) through 2-1-1.
- On an ongoing basis, promote STEAR enrollment through 2-1-1 and encourage personal emergency planning through the AAACB's regional network of agencies, partners, and contacts.
- When feasible prior to an emergency event (e.g., hurricane evacuation period), AAACB staff will contact active homebound AAACB clients served through in-house programs to confirm the presence of an emergency plan; when an emergency plan is not in place, staff will coordinate follow-up with the individual's home health agency and/or local emergency officials, as appropriate.
- Provide information to HHSC regarding the impact of emergencies on older adults and adults with disabilities in the Coastal Bend region.
- Provide authorized Older Americans Act services and, when available, pursue disaster relief funding to support emergency-related needs (e.g., minor residential repairs, debris removal, relocation assistance, and benefits counseling/advocacy related to FEMA applications, forms, and appeals), subject to staff capacity and funding availability.
- For public health emergencies and other emerging events (e.g., COVID-19), seek and deploy resources to support continuity of essential services, including mitigation

supplies (e.g., PPE), health and safety information, and assistance with basic needs (food, rent, utilities) and application support for available benefits (e.g., SNAP and unemployment), as applicable and as resources allow.

- Participate in local emergency management and coordination meetings (e.g., COAD and Coastal Bend Emergency Management Association (CBEMA)) to support social service coordination in recovery operations, including establishment and support of local unmet-needs committees.
- Coordinate with 2-1-1 Texas to update available resources for older adults and adults with disabilities during and after emergencies and communicate the role of the AAA in supporting disaster-related needs.
- Conduct targeted outreach to encourage disaster survivors who are older adults or adults with disabilities to apply for assistance at FEMA Disaster Assistance Centers (DACs) when established.
- Provide AAA service information at DACs, including brochures and contact information, and establish an AAA information table when feasible.
- AAACB benefits counselors, care coordinators/options counselors, IR&A specialists, and housing navigation staff may assist as advocates for older adults and adults with disabilities in the disaster application process, including follow-up to help ensure eligible individuals receive approved assistance and to provide information on fraud prevention and contractor scam awareness.
- Maintain emergency supply kits for AAACB offices, including basic emergency supplies and, as applicable, public health mitigation supplies (e.g., PPE, hand sanitizer, and disinfectant wipes/spray).

AAACB will make every reasonable effort, within operational constraints and consistent with direction from local government and emergency management agencies, to re-establish core operations and service delivery within twenty-four (24) hours following an unplanned disaster. Potential disruptions may include, but are not limited to, loss of electricity, lack of facility access, staff unavailability, equipment loss, telecommunications outages, travel restrictions due to debris or downed lines, and local curfew requirements.

As part of regional emergency management coordination, the AAACB will work with local officials to obtain timely situational updates to support decisions regarding restoration of functions, service reactivation timelines, and recovery operations. When needed, an alternate recovery site will be identified based on available resources at the time, with the goal of maintaining general proximity within the Coastal Bend region.

When systems are restored, data will be accessed from established backups to support continuity of day-to-day services and disaster-related information and referral. During initial restoration, services may be provided at a minimum staffing level (e.g., one to two staff members) until additional staff capacity becomes available. The AAACB maintains consumer contact information, including alternate contact numbers when available, to support communication with clients as conditions allow.

If electronic systems are unavailable, the AAACB will maintain a paper-based tracking process to document consumer contacts, required intake information, and assessments when applicable. Information collected during downtime will be reconciled upon system restoration to support required reporting to HHSC and to meet applicable performance measures. In addition, the AAACB may maintain a disaster-specific tracking spreadsheet for continuity operations and will provide periodic status updates to HHSC, including through scheduled calls when feasible.

AAACB will participate, as required by HHSC, in enterprise-wide testing of disaster recovery and continuity processes at a frequency established by HHSC.

APPENDIX B – PUBLIC COMMENT ACTIVITIES

During the **30-day public comment period Friday, April 17,2026 through Friday May 22, 2026**, the Plan was posted on the Coastal Bend Council of Governments (CBCOG) website and on the state-required public notice sites listed below.

APPENDIX C – CBCOG BOARD OF DIRECTORS & ACOA COMMITTEE MEMBERS

2026 CBCOG Area Council on Aging (ACOA)

Name	Occupation or Organization or Affiliation	County of Residence	Member Since	Current Office Term
Vacant		Aransas		
Vacant		Aransas		
Vacant		Bee		
Victor Salazar	Retired	Bee	2016	2026
Vacant		Bee		
Vacant		Duval		
Adriana Benavides		Duval	2020	2030
Vacant		Jim Wells		
Vacant		Jim Wells		
Vacant		Jim Wells		
Vacant		Jim Wells		
Vacant		Kenedy/Kleberg		
Norma Alvarez	Retired	Kenedy/Kleberg	2024	2029
Manual Salazar	Retired	Kenedy/Kleberg	2021	2026
Vacant		Live Oak		
Misty Skrobarcek		Refugio	2021	2026
Vacant		San Patricio		
Vacant		San Patricio		
Gloria Cureton	Retired	San Patricio	2018	2028
Johnny Segovia		San Patricio	2021	2026
Vacant		Nueces		
Vacant		Nueces		
Vacant		Nueces		
Vacant		Nueces		
Vacant		Nueces		
Vacant		Nueces		
Vacant		Nueces		
Kailey “Kat” Akin	Villa South Assisted Living	Nueces	2024	2029
Richard Alonzo	Alameda Oaks	Nueces	2020	2030
Deborah A. Gagnon	Retired	Nueces	2021	2023
Inez C. Garcia	Retired	Nueces	2015	2025
Xavier Gonzalez	Texas A&M Corpus Christi	Nueces	2019	2029
Nneka N Gutierrez	Harmony Cares Medical Group	Nueces	2024	2029
Ja’Neen Hight	Mir Senior Management	Nueces	2024	2029
Judy Lapointe	Corpus Christi	Nueces	2022	2027
Jesus A. Leija	Leija Architects	Nueces	2018	2028
Merced A Pena	Retired	Nueces	2020	2030
Diana Reyes	Retired	Nueces	2020	
Angel Santiago	Retired	Nueces	2024	2029
John Villarreal	American Medical	Nueces	2019	2029
Julie Smith	Superior	Nueces	2024	2029
Ruben Saenz	Retired	Rural Nueces	2018	2028
Jaime Cantu	Coastal Plains Ctr	TSHL	2024	

CBCOG BOARD OF DIRECTOR & ASSOCIATE MEMBERS

	NAME	TITLE	CITY	COUNTY
1	Adame, Pedro Oscar	Mayor	Ingleside	San Patricio
2	Alaniz, Marcos	District Manager, Nueces County Water Control and Improvement District 3	Associate Member	
3	Alvarez, Norma Nelda	City Commissioner	Kingsville	Kleberg
4	Arciniega, Sam	Superintendent, Nueces County Drainage District 2	Associate Member	
5	Ard-Blattner, Kathy	Emergency Management Coordinator		Nueces
6	Bailey, Rosaura	Director of Community Relations, Port of Corpus Christi Authority	Associate Member	
7	Barrera, Roland	City Council Member At-Large	Corpus Christi	Nueces
8	Boyes, Estella	Mayor	Gregory	Aransas
9	Burns, Charles	County Judge		Kenedy
10	Campos, Sylvia	City Council Member District 2	Corpus Christi	Nueces
11	Cantu, Arnoldo	County Judge		Duval
12	Carrasco, Cyndi	Councilwoman	Beeville	Bee
13	Carrasco, Cynthia	Mayor	Alice	Jim Wells
14	Casterline, Leslie "Bubba"	County Commissioner		Aransas
15	Chesney, Brent	Commissioner		Nueces
16	Collins, Peter	Director of Information Technology	Corpus Christi	Nueces
17	Cooper, Melanie	Grant Manager		San Patricio
18	Cross, Scott	Coastal Parks Director		Nueces
19	Davis, Sr., Cedric W.	City Manager	Mathis	San Patricio
20	De La Cerda, Juan	Veterans Services Officer		Nueces
21	DeWitt, Dennis	Commissioner Precinct 2		Bee
22	Dice, Michael	Interim Assistant City Manager	Corpus Christi	Nueces
23	Dukes, Wanda	Mayor	Refugio	Refugio
24	Earwood, Darrell	Chief Information Officer		Nueces
25	Ehmann, JoAnn	Mayor	Ingleside on the Bay	San Patricio
26	Esparza, Michael	City Manager	Alice	Jim Wells
27	Everest, Timothy	Risk Manager		Nueces
28	Garcia, Frances	Chief of Staff		Kleberg
29	Garza, Ray A.	County Judge		Aransas County
30	Gonzales, Ruben	Commissioner PCT 3		San Patricio
31	Gonzalez, Joe A.	Commissioner		Nueces
32	Gonzalez, Mark	Mayor	Driscoll	Nueces
33	Gonzalez, Wicho	Commissioner PCT 4		Jim Wells
34	Green, John	Mayor	Portland	San Patricio

	NAME	TITLE	CITY	COUNTY
35	Hawkins, Deanna "Dee"	Emergency Management Coordinator		Nueces
36	Hernandez, Gil	City Council Member District 5	Corpus Christi	Nueces
37	Hernandez, Lisa	City Administrator	Odem	San Patricio
38	Herrera, Edward	Inland Parks Director		Nueces
39	Howard, John	Mayor	Agua Dulce	Nueces
40	Jayroe, Lowell "Tim"	Mayor	Rockport	Aransas
41	Juarez, Mary	City Manager	Aransas Pass	San Patricio
42	Klaevermann, Rebecca	San Patricio Municipal Water District		
43	Krebs, David	County Judge		San Patricio
44	Lichtenberger, Sally	Mayor	San Diego	Duval
45	Liska, James	County Judge		Live Oak
46	Lopez, Noel Barrera	Mayor	Bishop	Nueces
47	MacDonald, Robert	Transportation Planning Director, Corpus Christi Metropolitan Planning Organization (MPO)	Associate Member	
48	Marez, John	Commissioner PCT 3		Nueces
49	Martinez, David	Mayor	Robstown	Nueces
50	Martinez, Felipe	Mayor	Three Rivers	Live Oak
51	Martinez, Jr., Martin	Mayor	Freer	Duval
52	Meyer, Grayson	County Auditor		Nueces
53	Molina, Jr., Alonzo	Council Member	Taft	San Patricio
54	Morales, Joe	South Texas Water Authority	Associate Member	
55	Moore, Wendy	Mayor	Port Aransas	Nueces
56	Morrill, III, George "Trace" P.	County Judge		Bee
57	Pahlmeyer, Maryann	Alderwoman	Fulton	Aransas
58	Paxson, Kaylynn	City Council Member District 4	Corpus Christi	Nueces
59	Perez, Idolina	Mayor	Premont	Jim Wells
60	Pimentel, Juan	Director of Public Works		Nueces
61	Poynter, Jhiela "Gigi"	County Judge		Refugio
62	Pruski, Travis	Chief Operating Officer, Nueces River Authority	Associate Member	
63	Pusley, Mike	Commissioner PCT 1		Nueces
64	Ramirez, Ruben	Interim City Administrator	Falfurrias	Brooks
65	Ramos, Eric	County Judge		Brooks
66	Ramos, Esteban	Assistant Director of Water Supply Management	Corpus Christi	Nueces
67	Roach, Kay	Mayor	Woodsboro	Refugio
68	Robinson, Michael	Procurement Director		Nueces
69	Rodriguez, Michael	Deputy City Manager	Corpus Christi	Nueces County

	NAME	TITLE	CITY	COUNTY
70	Saenz, Ramiro	Mayor	Benavides	Duval County
71	Sanchez, Constance P.	Budget Officer Liaison		Nueces
72	Schultz, Chuck	Commissioner, PCT 2		Kleberg
73	Scott, Connie	County Judge		Nueces
74	Scott, Sharon	Mayor	Bayside	Refugio County
75	Skrobarczyk, Ryan	Director, Intergovernmental Relations	Corpus Christi	Nueces County
76	Smith, Shannan	Mayor	Lake City	San Patricio
77	Sosa, Charlie	City Manager	Kingsville	Kleberg
78	Speidel, Mary	Mayor	Sinton	San Patricio
79	Trevino, Isabel M.	Executive Assistant		Jim Wells
80	Trevino, Pedro "Pete"	County Judge		Jim Wells
81	Valverde, Nathaniel	Chief of Police	George West	Live Oak
82	Velazquez, Anna	Supervisor of Payroll/Grants		Nueces
83	Wright, Todd	City Administrator	Orange Grove	Jim Wells
84	Zagorski, Sr., William "Ski"	Commissioner PCT 1		San Patricio

