



Aging Texas Well Plan 2018-2019

**As Required by
Executive Order RP-42**

Health and Human Services

September 2017



TEXAS
Health and Human
Services

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1. Introduction

The *Aging Texas Well (ATW) Plan* for the 2018-2019 biennium is submitted in accordance with Executive Order RP-42 (Appendix A), which requires the plan's submission annually and created the Aging Texas Well Advisory Committee (ATWAC). The *ATW Plan* must address six mandates pertaining to the committee, plan, review of state policy, state agency readiness, Texercise, and local community preparedness with the purpose of identifying and addressing aging policy issues, guiding state government readiness, and promoting increased community preparedness for an aging Texas population.

Senate Bill 200, 84th Legislature, Regular Session, 2015, transferred aging services programs from the Department of Aging and Disability Services to the Health and Human Services Commission (HHSC) Aging Services Coordination (ASC) Office effective September 1, 2016. Responsibility for submitting the *ATW Plan* also transferred to HHSC, and ATWAC became an HHSC advisory committee in September 2016 with new bylaws in November 2016 (Appendix C).

HHSC's ASC Office continues to implement the ATW initiative by:

- making recommendations to state leadership;
- disseminating publications and reports (e.g., the *State Plan on Aging* and ATW Issue Briefs);
- leading planning efforts to ensure state agencies are prepared to serve the aging population; and
- coordinating with Health and Human Services (HHS) system aging programs and services to identify and address issues, current initiatives, and future needs.

2. Background

The ATW initiative was initiated in 1988, prior to its formal establishment in 2005 under Executive Order RP-42. The initiative was created to help ensure the state's readiness and help Texans plan for the rising number of older adults.

The aging Baby Boomer population will have an impact on local, state, and federal services, particularly community services and infrastructures (e.g., transportation, housing), and federal and state supports (e.g., short and long-term care services).

In Texas, where adults age 60 and over make up 18 percent of the state's population, organizations providing support services need to ensure readiness to meet needs. According to the Texas Demographic Center's *Aging in Texas* report, between 2000 and 2014 the number of people in the United States aged 65 and older increased 32.2 percent, to a total of 46.2 million. During the same time period, the number of people in Texas aged 65 and older grew more than 49.5 percent, to a total of just under 3.1 million.¹

The 60 and older population in Texas is anticipated to continue rising over the next 10 years. Projections indicate the population of people aged 65 and older will increase from 11.5 percent of Texas' population in 2014 to 17.4 percent in 2050.²

¹ Texas Demographic Center (2016, June). *Aging in Texas: Introduction*. Retrieved from http://demographics.texas.gov/Resources/publications/2016/2016_06_07_Aging.pdf

² Ibid.

3. Future Vision of Aging Texas Well

As Texas' older adult population continues to grow its representation, the HHS system must be ready to provide services and supports to older residents, their family caregivers, and communities.

HHSC's vision for the ATW initiative is that it will be a sought-after, valued source of information and guidance on needs and issues impacting Texans' ability to age well and independently.

To communicate those needs and issues, ATW has determined 16 issue areas critical to aging well (Appendix D). Knowledge and preparedness across these issue areas empower older Texans to continue controlling their lives, promote a positive aging experience, provide resources to overcome obstacles to aging well, enable providers to develop comprehensive strategies, and foster innovative solutions for generations of Texans to come.

4. Mandates and Planned Actions

Mandates in Executive Order RP-42 form the core elements of the *ATW Plan*. All six mandates are listed below; action items and activities developed by HHS system staff with input from ATWAC are listed beneath each. These action items and activities will be carried out by HHS system staff in coordination with ATWAC, ATW partners, other state agencies, educational institutions, non-governmental organizations, and private organizations.

Mandate 1: Advisory Committee

ATWAC will advise HHSC and make recommendations to state leadership on the implementation of the ATW initiative.

Key Actions

- Annually review the implementation of the *ATW Plan*.
- Participate in quarterly meetings to:
 - ▶ review and discuss research, programs, policy issues, state government readiness, and local community preparedness for the growing population of older Texans;
 - ▶ present on topics affecting the older adult population in Texas; and
 - ▶ provide updates on organizations' and agencies' aging activities.
- Provide advice to HHSC and make recommendations to state leadership on policy issues and priorities, community preparedness, and state agency readiness by:
 - ▶ identifying and addressing top priorities for the year (Appendix E);
 - ▶ sharing insights gained in the field;
 - ▶ preparing priority issue area papers; and
 - ▶ making presentations as requested.
- Research and prepare issue briefs on key ATW issue areas.
- Ensure a qualified and active ATWAC by revising bylaws as needed and encouraging member engagement and development through increased responsibility, such as:
 - ▶ drafting white papers containing policy recommendations;

- ▶ submitting recommendations for the HHS legislative appropriation requests; and
- ▶ reviewing and providing input on the *ATW Plan* and Progress Reports.
- Participate in the development of the 2020-2021 *ATW Plan*.

Mandate 2: Aging Texas Well Plan

With the advice of ATWAC, HHSC shall create and disseminate a comprehensive and effective working plan to identify and discuss aging policy issues, guide state government readiness, and promote increased community preparedness for an aging Texas. HHSC will biennially update the plan and shall evaluate and report on its implementation.

Key Actions

- Coordinate with HHS system program areas to create the *ATW Plan*.
- Gather input from ATWAC members to develop the plan.
- Assess the progress of the plan, and prepare progress reports for ATWAC to review in August 2018 and 2019.

Mandate 3: Review of State Policy

With the advice of ATWAC, HHSC shall review and/or comment on state policies, concentrating on current critical trends, including but not limited to: improving services for informal caregivers; promoting ways to increase evidence-based disability and disease prevention activities; increasing the recruitment and retention of health care providers trained in geriatrics; improving the provision of services and supports to individuals with intellectual and developmental disabilities who are aging; reviewing options to expand the mobility of older adults through affordable, accessible, and integrated transportation services; improving the provision of behavioral health services and supports to older persons; and reviewing federal changes in health care policy.

Key Actions

- Gather and analyze data to better understand the conditions and needs of older Texans.
- Develop issue briefs, reports, and presentations to encourage a broader understanding of the issues and inform policy relevant to aging in Texas on the following possible topics:

- ▶ Texas demographics and projected demographic trends;
- ▶ informal caregivers and existing caregiver support programs, including evidence-based programs, respite care, education, and decision support services;
- ▶ older adult physical and behavioral health issues and available evidence-based programs;
- ▶ a review of services and supports available to older Texans with developmental and intellectual disabilities;
- ▶ strategies and recommendations for communities to help older adults remain socially engaged, as well as methods to market community programs and services;
- ▶ older Texans' transportation needs, trends in delivering transportation, and innovations in transportation systems and services; and
- ▶ recruitment and retention of health care providers trained in geriatrics.
- Facilitate ATWAC's review and/or comment on state policies by collecting and providing information as requested.
- Facilitate ATWAC's study on the projected growth and geographic distribution of seniors with visual impairment, in accordance with Senate Bill 1693, 85th Legislature, Regular Session, 2017.
- Expand the availability of evidence-based programs in health promotion, disease prevention, and caregiving by:
 - ▶ building alliances with grant funders and evidence-based license holders to expand the availability of evidence-based program workshops and trainings;
 - ▶ working with the Area Agencies on Aging (AAA) and the Aging & Disability Resource Centers (ADRC) to increase their knowledge about, funding for, and ability to offer, evidence-based programs;
 - ▶ collaborating with Texas A&M University to create an evidence-based program clearinghouse;
 - ▶ expanding Texercise Select evidence-based program and resources; and
 - ▶ increasing awareness of and promoting evidence-based programs through Texercise, the AAAs, and the Texas Falls Prevention Coalition.
- Provide recommendations on efforts to ensure the adequacy of geriatric health care practitioners in Texas and collaborate as requested.
- Support the Texas Lifespan Respite Care program's efforts to expand information and services to informal caregivers throughout the state if funding continues.

- Collaborate with the University of Texas at Austin's School of Social Work to increase the number of social workers with field placements in aging-related public policy positions within HHS agencies.
- Coordinate aging services to expand the knowledge base, understanding, involvement, and capacity for aging issues through educational outreach (e.g., issue briefs, presentations) and trainings by serving on statewide aging initiatives, workgroups and coalitions including, but not limited to:
 - ▶ HHS Behavioral Health and Aging Initiative
 - ▶ Holocaust/Survivors Trauma Informed Care Model workgroup
 - ▶ Advancing Suicide Prevention and Best Practices in Service Members, Veterans and their Families Peer Support Academy
 - ▶ HHS Age Well Live Well collaboratives
 - ▶ State Unit on Aging workgroup
 - ▶ HHS Aging Services Leadership workgroup
 - ▶ Texas Lifespan Respite Coalition
 - ▶ Department of State Health Services (DSHS) initiatives
 - ▶ Texas Alzheimer's Disease Partnership
 - ▶ Texas Healthy Communities
 - ▶ Texas Falls Prevention Coalition
 - ▶ Cardiovascular Disease and Stroke Partnership
 - ▶ Austin Commission on Seniors Age-Friendly initiative
- Identify and work to address issues, current initiatives, and future needs in coordination with HHS system aging programs and services, including:
 - ▶ Policy
 - ▶ Data Analytics Office
 - ▶ Person-Centered Practices
 - ▶ Community based services (e.g., Aging and Disability Resource Centers, Area Agencies on Aging, HHS eligibility offices)
 - ▶ Long-term care services (e.g., Quality Monitoring Program, Long-term Care Ombudsman)
 - ▶ Government and stakeholder relations

Mandate 4: State Agency Readiness

HHSC shall lead a planning effort to ensure the readiness of all Texas state agencies to serve an aging population by identifying issues and current initiatives, future needs, action steps, and methods of performance evaluation.

Key Actions

- ATWAC members representing state agencies will provide:
 - ▶ updates at ATWAC meetings on their agencies' services, issues, current initiatives, future needs, and methods of performance evaluation for the older population; and
 - ▶ updates to HHSC staff, as requested, for inclusion in ATWAC meeting notes, the *ATW Plan*, and progress reports.
- HHS will support Texas state agency preparedness for the growth of the older adult population by developing and sharing resources and providing expertise and technical assistance to other agencies upon request, including but not limited to:
 - ▶ providing regular information updates on the ATW website;
 - ▶ providing information and presentations to the Texas Joint Legislative Committee on Aging, as requested;
 - ▶ participating in collaborative workgroups; and
 - ▶ making presentations with and to other agency staff as appropriate.

Mandate 5: Texercise

HHSC, DSHS, Governor's Advisory Council on Physical Fitness, and other appropriate state and community organizations shall continue to promote and expand the internationally-recognized Texercise program as a means to ensure healthy lifestyles in older Texans. Texercise is a statewide health promotion initiative developed by HHS to educate and engage older Texans about nutrition and involve them in physical activity.

Key Actions

- Work with public, private and nonprofit organizations to promote and expand Texercise.
- Assess the effectiveness of Texercise.
- Spread awareness of and participation in the evidence-based Texercise Select program.
- Grow Texercise Classic and Select trainer capacity by developing continuing education options (e.g., Community Health Workers).
- Ensure Texercise is timely and relevant through research and collaboration with the state's institutes of higher learning (e.g., Texas A&M University Center for Population Health and Aging).

- Provide culturally appropriate outreach, education, and resources (e.g., Texercisio).
- Expand the educational nutrition resources offered through Texercise.
- Work with HHSC's Intellectual and Developmental Disability and Behavioral Health Services Department to establish a component for mental/behavioral health outreach.

Mandate 6: Local Community Preparedness

HHSC shall work with public and private community partners, including state and local governments, AAAs, ADRCs, the State Unit on Aging, and others to build capacity to serve a growing aging population through partnership development and action planning using formal community assessment processes.

Key Actions

- Develop partnerships with public and private organizations to build community capacity to serve older Texans.
- Provide technical assistance as appropriate and as requested to communities engaged in age-friendly community assessment processes.
- Update and disseminate public awareness materials to support ATW initiatives throughout the state.
- Utilize information from AAA area plans and the State Plan on Aging to identify needs and future efforts.
- Apply for and implement grants that develop and test new initiatives.
- Develop and distribute ATW, Texercise, Age Well Live Well, Age Like a Champion, and other public awareness materials related to programs and services for older adults.

5. Conclusion

During the 2018-2019 biennium HHS system agencies, and its partners, the ASC office will implement the *ATW Plan* as detailed above. ATWAC will support these efforts through input and direction.

The plan fulfills the six mandates of Executive Order RP-42, which seeks to support state and local community preparedness for the growing population of older Texans while encouraging Texans to prepare for their later years.

HHS will implement this plan through coordination across programs and statewide outreach to ensure older Texans, their family members, caregivers, aging service providers, and the state government are prepared to meet the demands and enhance the quality of life for older Texans.

List of Acronyms

Include a list of all acronyms that appear in the report. Add each new entry in its own row of this table.

Acronym	Full Name
AAA	Area Agencies on Aging
ADRC	Aging and Disability Resource Centers
ASC	Aging Services Coordination
ATW	Aging Texas Well
ATWAC	Aging Texas Well Advisory Committee
DADS	Department of Aging and Disability Services
DSHS	Department of State Health Services
DFPS	Department of Family and Protective Services
EC	Executive Commissioner
HHS	Health and Human Services
HHSC	Health and Human Services Commission

Appendix A. Executive Order RP-42

Executive Order

**BY THE
GOVERNOR OF THE STATE OF TEXAS
Executive Department
Austin, Texas
April 1, 2005**

**Executive Order
RP42**

Relating to the creation of the Aging Texas Well advisory committee and plan.

WHEREAS, the State of Texas values older Texans and is committed to ensuring that all Texans age well with dignity, independence and opportunities to contribute to society; and

WHEREAS, Texas has 3.1 million people over the age of sixty, the fourth largest such population in the nation; and

WHEREAS, the elderly population represents an increasingly diverse and rapidly growing group as a result of increased longevity and the aging of the baby boom generation; and

WHEREAS, the Aging Texas Well initiative was first created in 1997 to encourage Texans to prepare individually for aging in all aspects of life and to ensure that state and local social services infrastructure facilitates aging well throughout the life span; and

WHEREAS, the changing demographics of the state will create the need for comprehensive policy changes in response to: growing numbers of informal caregivers for older Texans, rapidly increasing costs associated with caring for those with chronic disease and disability, the need for providers with geriatric training, the aging of persons with mental retardation and developmental disabilities and their caregivers, and increasing numbers of older Texans with transportation and mobility needs; and

WHEREAS, recent federal initiatives such as the President's New Freedom Commission on Mental Health and the Medicare Modernization Act will also impact the state's ability to appropriately serve this population; and

WHEREAS, these demographic trends will create new and different demands on state services across all functions of state government, and will introduce new opportunities for economic and community growth while driving health and long-term care costs inexorably higher unless Texans emphasize healthy lifestyles that include physical activity and good nutrition; and

WHEREAS, local communities have a critical role in preparing for the future demographic changes by building capacity to support an aging population; and

WHEREAS, the White House Conference on Aging, scheduled for October 2005, provides an opportunity for states to further review and amend aging policies in their state;

NOW, THEREFORE, I, Rick Perry, Governor of Texas, by virtue of the power and authority vested in me by the Constitution and laws of the State of Texas as the Chief Executive Officer, do hereby order the following:

Advisory Committee. The current Department of Aging and Disability Services Aging Resource Group shall be reconstituted as the Aging Texas Well Advisory Committee to advise the Department and to make recommendations to state leadership on implementation of the Aging Texas Well initiative.

Aging Texas Well Plan. With the advice of the Aging Texas Well Advisory Committee, the Department of Aging and Disability Services shall create and disseminate a comprehensive and effective working plan to identify and discuss aging policy issues, guide state government readiness and promote increased community preparedness for an aging Texas. The Texas Department of Aging and Disability Services shall biannually update the plan and shall evaluate and report on its implementation.

Review of State Policy. With the advice of the Aging Texas Well Advisory Committee, the Texas Department of Aging and Disability Services shall review and/or comment on state policies, concentrating on current critical trends including but not limited to:

1. Improving services and supports for informal caregivers;
2. Promoting ways to increase evidence-based disability and disease prevention activities;
3. Increasing the recruitment and retention of health care providers trained in geriatrics;
4. Improving the provision of services and supports to persons with developmental disabilities and mental retardation who are aging;
5. Reviewing options to expand the mobility of older adults through affordable, accessible and integrated transportation services;

6. Improving the provision of behavioral health services and supports to older persons; and
7. Reviewing federal changes in health care policy, particularly the impact of the Medicare D prescription drug benefit, on the ability of older Texans to access medications.

State Agency Readiness. The Texas Department of Aging and Disability Services shall lead a planning effort to ensure the readiness of all Texas state agencies to serve an aging population by identifying issues and current initiatives, future needs, action steps, and methods of performance evaluation. The effort shall advance an intergenerational approach to policies, programs, and services to address the needs of Texans across the lifespan.

Texercise. The Department of Aging and Disability Services, Department of State Health Services, Governor's Advisory Council on Physical Fitness, and other appropriate state and community organizations shall continue to promote and expand the internationally-recognized Texercise program as a means to ensure healthy lifestyles in older Texans.

Local Community Preparedness. The Department of Aging and Disability Services shall work with public and private community partners, including state and local governments, to build capacity to serve a growing aging population through partnership development and action planning using formal community assessment processes.

Report of Compliance. The Aging Texas Well Plan shall serve as a report on implementation of this order.

Full Cooperation. All affected agencies and other public entities shall cooperate fully with the Department of Aging and Disability Services in the implementation of this order.

This executive order supersedes all previous orders in conflict or inconsistent with its terms and shall remain in effect and in full force until modified, amended, rescinded, or superseded by me or by a succeeding Governor.

Given under my hand this the 1st day of April, 2005.

RICK PERRY
Governor

ATTESTED BY:
ROGER WILLIAMS
Secretary of State

Appendix B. Aging Texas Well Advisory Committee Members

- **Dr. Michèle J. Saunders, M.D. (Chair)**
University of Texas Health Science Center at San Antonio (Academic)
- **Cindy Adams**, Superior HealthPlan (Provider/Managed Care Organization)
- **Patricia Bordie**, Capital Area Council of Governments Area Agency on Aging
(Area Agency on Aging)
- **Bruce Bower**, Texas Senior Advocacy Coalition (Advocate/Consumer)
- **Andrew Crocker**, Texas AgriLife Extension Service, Texas A&M System
(Academic)
- **Amanda Fredriksen**, AARP (Advocate)
- **Janet Henning, PhD**, North Central Texas Area Agency on Aging & Aging
and Disability Resource Center (Aging & Aging and Disability Resource
Center)
- **Carlos Higgins**, Texas Silver Haired Legislature (Advocate/Consumer)
- **Dr. Pearl Merritt**, Texas Tech University Health Science Center (Academic)
- **Michael Wilson, PhD**, Meals on Wheels Central Texas (Older Adult Services
Network)
- **Lynda Taylor**, Texas Department of State Health Services (Physical/Mental
Health)
- **Carol Zernial**, WellMed Charitable Foundation and WellMed Medical
Management (Faith/Non-profit)

Appendix C. Aging Texas Well Advisory Committee Bylaws

- A) **Name.** The name of the committee is the Aging Texas Well Advisory Committee (Committee).
- B) **Applicable Law.** The Committee was created by Executive Order RP-42, and established as a health and human services advisory committee by the Executive Commissioner of the Health and Human Services Commission (HHSC) in accordance with Texas Government Code §531.012, and governed by 40 Texas Administrative Code, Part 1, Chapter 89.
- C) **Purpose.** The purpose of the Committee is to serve as an advisory committee to HHSC (formerly the Department of Aging and Disability Services) and to make recommendations to HHSC and other state leadership concerning the Aging Texas Well initiative. The Committee shall advise HHSC on the evolution, improvements and dissemination of the Aging Texas Well Plan and on its review of associated state policies.
- D) **Composition of Members.** The Committee is composed of eleven voting members. To the greatest extent possible, the Executive Commissioner, or designee, shall appoint voting members to the Committee who reflect the geographic diversity of the State of Texas.
- 1) The Committee may be represented by appointees from the following groups:
 - a) the academic community;
 - b) advocates;
 - c) consumers;
 - d) faith-based organizations;
 - e) non-profit organizations;
 - f) the aging service-delivery network;
 - g) providers from a residential setting;
 - h) providers from a community setting;
 - i) providers serving persons with disabilities; and
 - j) providers of community services.
 - 2) The Executive Commissioner designates a representative from the following organizations to serve on the Committee:
 - a) the Area Agency on Aging; and
 - b) the Aging and Disability Resource Center.

E) **Ex-officio members.** Ex-officio members are non-voting members of the Committee.

1) The EC, or designee, may appoint representatives from HHSC, the Department of Family and Protective Services (DFPS) and the Department of State Health Services (DSHS) to serve as ex-officio members on the Committee.

2) The highest ranking official of a state agency may designate a representative to serve on the Committee as an ex-officio member of the Committee, and must notify the EC, or designee, in writing advising who from the agency is designated to serve on the Committee. The EC, or designee, reserves the right to limit the number of ex-officio members that serve on the Committee and approve the ex-officio members designated to serve on the Committee. The following state agencies may designate a representative to serve as an ex-officio member to the Committee:

- a) the Texas Department of Housing and Community Affairs;
- b) the Texas Workforce Commission;
- c) the Texas Department of Public Safety;
- d) the Texas Department of Transportation; and
- d) the Higher Education Coordinating Board.

F) **Member Terms.**

1) Members who serve on the Committee on the date the Committee bylaws are adopted will serve staggered two- or three-year terms in order to ensure continuity of committee work. Term lengths of each Committee member will be determined by the Chair.

2) Voting members appointed after the adoption of the Committee bylaws shall be appointed to serve a two-year term. At the discretion of the Committee Chair, a member may apply to serve an additional consecutive term. A member's term expires on August 31st of the last year of the member's term.

G) **Chair.** A member of the committee will be designated as the Chair of the committee. The committee members will elect the Chair annually. In the event that the Chair is unable to complete his or her term for any reason, committee members will elect a replacement to fill the remainder of the unexpired term. The role of the Chair is as follows:

1) The Chair will preside at all committee meetings. If the Chair will not be present at a meeting, the Chair will appoint a temporary chair to carry out the duties of the Chair.

- 2) The Chair will ensure the Committee adheres to its charge.
- 3) The Chair may establish standing and ad hoc subcommittees that meet at other times for purposes of studying and making recommendations on issues the Committee determines appropriate to the charge of the Committee. The Chair may serve as an ex-officio member of any subcommittee of the committee.
- 4) The chair will confer with HHSC staff to acquire the support needed for Committee operations.

H) **Standing Subcommittees.** The Chair may establish standing subcommittees as necessary to assist the committee in carrying out its duties.

- 1) The Chair will appoint members of the committee to serve on subcommittees and to act as subcommittee chairs.
- 2) Subcommittees will meet when called by the subcommittee chair or when directed by the Committee Chair.
- 3) A subcommittee chair must make a report at each scheduled Committee meeting or in interim, written reports to the Chair, as needed. The report must include a summary of each subcommittee meeting and items requiring a Committee vote.

I) **Ad Hoc Subcommittees.** The Chair may establish ad hoc subcommittees, as necessary, to assist the Committee in carrying out its duties.

- 1) The Chair will appoint members of the Committee to serve on ad hoc subcommittees and to serve as ad hoc subcommittee chairs.
- 2) Ad hoc subcommittees will meet when called by the ad hoc subcommittee chair or when directed by the Committee Chair.
- 3) An ad hoc subcommittee chair must make a report at each scheduled Committee meeting or in interim written reports to the Chair, as needed. The report must include a summary of each ad hoc subcommittee meeting and items requiring a Committee vote.

Meetings.

1) **Conduct of Meetings.** The Committee will meet quarterly during normal business hours. Title 40 Texas Administrative Code, Part 1, Chapter 89, Section 89.2 makes the Committee subject to Texas Government Code, Chapter 551 (the Texas Open Meetings Act) as if the Committee were a governmental body. Advance notice of meetings will be provided to the public, HHSC and to all members of the Committee.

2) Quorum

a) For purposes of convening a meeting and transacting business, a quorum shall consist of a simple majority of those Committee members who are authorized to vote.

b) If less than a quorum of the Committee is present, action items may not be voted on, although testimony and public comments may be taken.

c) For all business except for the adoption of amended bylaws, a simple majority of the voting Committee members is needed.

3) Voting

a) Committee members have the right to vote on any subject that is included on a Committee meeting agenda, and may vote on operational or procedural matters that come before the Committee.

b) If a matter arises before the Committee for which a member has a personal or private interest, that member must disclose the personal or private interest to the Committee and abstain from voting on the matter or influencing the Committee's vote on the matter. A personal or private interest means the member has a direct monetary interest in the matter or owes his or her loyalty to an entity involved, but does not include the member's engagement in a profession, trade or occupation when the member's interest is the same as all others similarly engaged in the profession, trade or occupation.

c) A member may not vote by proxy on Committee business.

4) **Bylaws Changes.** Committee members and HHSC staff may propose changes to the Committee bylaws. All such proposed changes, along with the rationale for the changes, should be submitted in writing to designated staff at HHSC at least 30 days before the next Committee meeting where members will vote on bylaws changes. HHSC staff will distribute proposed bylaws changes to the members for their consideration. A vote of two-thirds (2/3) of the voting Committee members is required to amend the Committee bylaws.

K) **Attendance.** Violations of attendance policies are addressed in section (M) (Removal).

1) A member may attend meetings in person or via the telephone. A member must notify the designated HHSC staff if he or she is unable to attend a scheduled meeting. If a Committee member is unable to attend a Committee meeting, the member may designate a representative to attend in his or her place, after notifying the designated HHSC staff person. The representative is not permitted to vote on behalf of the member and the representative's presence at the meeting does not count towards a quorum.

2) HHSC staff will maintain the attendance records of the members and must report to the EC, or designee, any attendance violation by a member that would be cause for removal. The attendance report must include information about the attendance at all Committee and subcommittee meetings by Committee members.

L) **Resignations.** A voting member may resign from the Committee by notifying the Chair or designated HHSC staff by mail or email.

M) **Removal.** The Chair will recommend to the EC, or designee, that a member be removed from the Committee if that member is no longer able or willing to discharge his or her duties for a substantial part of his or her term. If the EC, or designee, makes the decision to remove a member, the designated HHSC staff will notify the member in writing informing the member of the removal and the reasons for the removal. The removal is effective seven calendar days after the postmark date of the letter or timestamp of the e-mail. An action the Committee took or a decision the Committee made does not become void due to the subsequent removal of a Committee member who participated in the action or voted on the matter. Reasons for removal include:

1) The member is absent from more than half (1/2) of the Committee meetings during a calendar year;

2) The member no longer represents the applicable category that the member was originally appointed to represent; or

3) The member violates a provision of the Committee bylaws or commits another form of misconduct that impairs the member's effectiveness as a Committee member. A member is expected to maintain a level of integrity that warrants public trust, including complying with all applicable ethics

guidance provided by the HHS Ethics Office and all aspects of the Texas Open Meetings Act and Public Information Act per HHSC policy.

N) **Filling Vacancies on the Committee.** The EC, or designee, will fill vacancies on the Committee using the following procedures:

- 1) The Committee will solicit applications from eligible individuals or organizations to fill the unexpired term of a resigning or removed Committee member. Persons who previously submitted applications through HHSC may be reconsidered for the vacancy.
- 2) The Committee Chair and HHSC staff will review candidates' applications for the Committee vacancies and recommend a final candidate for the EC, or designee's consideration.
- 3) If the EC, or designee, approves the final candidate recommended by the Committee Chair and HHSC staff, the candidate is appointed by the EC as a Committee member. If the EC, or designee, does not approve the final candidate recommended by the Committee Chair and HHSC staff, the Committee Chair and HHSC staff will recommend a new candidate to fill the vacancy.

O) **Procedures.**

- 1) The Committee, subcommittees, and ad hoc committees will make decisions by consensus. When there is no consensus, the Committee may use Robert's Rules of Order, Newly Revised, as the guide for its parliamentary decisions and conduct of meetings, except where otherwise provided in statute, rule, or the Committee bylaws.
- 2) A member may not authorize another individual to represent the member by proxy at a Committee meeting. A member may appoint an individual to attend a Committee meeting as a representative, but the representative will not participate in the call for consensus.
- 3) The Committee shall not discriminate in its decisions and in discharging its duties.
- 4) The Chair will ensure that notes of the meeting are taken by the designated HHSC staff and that notes will be kept in compliance with the Texas Open Meetings Act as per HHSC policy.

- 5) A copy of the notes will be provided by the designated HHSC staff to the Committee members for review and approval.

P) Activities of Members.

- 1) The Committee is not bound by any statement or action on the part of any Committee member except when the statement or action is authorized or approved by the Committee.
- 2) A Committee member may not, in the name of the Committee, influence or attempt to influence the passage or defeat of any legislative measure or the outcome of any election. However, a Committee member may inform legislators and others about matters within the scope of Executive Order RP-42. Committee members are not prohibited from representing themselves in their personal capacities in the legislative process.
- 3) A committee member shall not disclose confidential information acquired solely through his or her committee membership.

Q) Responsibilities of Support Staff. HHSC will provide reasonable administrative and technical support and coordination for all committee activities. HHSC will provide the accommodations and supports needed by a committee member who receives HHS services to enable the member to fully participate in Committee meetings and activities.

R) Compensation. A member of the Committee is not entitled to any compensation.

S) Adoption of Bylaws and Amendments to Bylaws. The Committee bylaws and any amendments shall be adopted by a two-thirds (2/3) vote of voting Committee members and in accordance with HHSC Circular C-022. Amendments to the Committee bylaws are subject to approval by the EC.

T) Any amendments made to these Bylaws shall include in the Bylaws the date such amendment was adopted.

Bylaws Adopted by ATWAC on November 2, 2016.

Appendix D. Aging Texas Well Issue Areas

Physical

Physical health; access to health care providers trained in geriatrics

Mental

Mental health; access to mental health care providers trained in geriatrics

Social

Social engagement; access to social and recreational activities that are available for and accessible to older adults

Spirituality

A personal belief system that provides meaning and purpose

Financial

Adequate income and financial preparedness

Legal

Legal preparation and protection for major life transitions

Employment

Ability to participate in the workforce without age-based barriers

Education

Intellectual growth and lifelong learning opportunities

Volunteerism

Meaningful unpaid service; communities offer opportunities to volunteer in a wide range of settings

Recreation

Engagement in activities of personal interest

Housing

Homes that are safe, affordable, and accessible

Community Supports

Environments and services that support independent living and aging in place

Transportation

Adequate affordable and accessible transportation options within communities

Long-Term Care

Long-term care options to address unique needs

Caregiving

Community supports for caregivers

Protection

Personal safety and freedom from abuse, neglect, and exploitation

Appendix E. Aging Texas Well Advisory Committee 2016-2017 Priority Topics

- Active engagement, volunteerism, companionship
- Behavioral health
- Evidence-based programs
- Health care
- Housing
- Nutrition
- Respite services
- Transportation
- Ageism
- Awareness & education
- Community readiness/capacity
- Emergency response
- Poverty
- Program service coordination