

# SCADC

SOUTH CENTRAL ALABAMA  
DEVELOPMENT COMMISSION

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**South Central Alabama Development Commission**



**AREA PLAN ON AGING  
FY 2022-2025**

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### **Verification of Intent**

The Area Plan on Aging is hereby submitted by the South Central Alabama Development Commission Area Agency on Aging for the period of October 1, 2021 through September 30, 2025. It includes all assurances and plans to be followed by the Area Agency on Aging (AAA).

Under provisions of the Older Americans Act (OAA), as amended during the period identified, the AAA identified and its Executive/Governing Board will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the OAA and state policy. In accepting this authority, the AAA assumes responsibility to develop and administer the Area Plan on Aging for a comprehensive and coordinated system of services and to serve as the advocate and focal point for the target population residing in the planning and service area.

This Area Plan on Aging was developed in accordance with all rules, regulations, and requirements as specified under the OAA and the Alabama Department of Senior Services (ADSS) Policies and Procedures and multi-grant Notice of Grant Awards (NGAs) Terms and Conditions. The AAA agrees to comply with all standard assurances and general conditions submitted in the Area Plan on Aging throughout the four (4) year period covered by the plan.

This Area Plan on Aging is hereby submitted to ADSS for Approval.

Tyson Howard  
Signature of Executive Director  
PRINT NAME Tyson Howard

9/2/21  
Date

Sharon A. Redd  
Signature of Aging Director  
PRINT NAME Sharon A. Redd

9/2/2021  
Date

The AAA Advisory Council has reviewed and approved the Area Plan.

Mary Braden  
Signature of Chair  
PRINT NAME

9-2-2021  
Date

The Board of Directors has reviewed and approved the Area Plan.

Mildred K. Whittington  
Signature of Board Chair  
PRINT NAME  
Mildred K. Whittington

8/25/21  
Date

## **Executive Summary**

### **Background**

The Older Americans Act (OAA) was passed by Congress in 1965. The OAA was the first federal level initiative aimed at providing comprehensive services for adults age 60 and older. Area Agencies on Aging (AAAs) were created under the OAA and charged with helping vulnerable older adults live with independence and dignity in their homes and communities. The South Central Alabama Development Commission Area Agency on Aging (SCADC AAA) is one of thirteen AAAs in Alabama and one of over 629 throughout the country. SCADC is also a state-designated Aging and Disability Resource Center (ADRC).

The South Central Alabama Development Commission (SCADC) is a non-profit quasi-government agency. The Commission was founded in 1969 and is the parental body of the Area Agency on Aging (AAA). SCADC was designated an AAA in 1976 by the State of Alabama under section 305(a) (2) (A) of the OAA, as amended, and comprised of six counties in south central Alabama: Bullock, Butler, Crenshaw, Lowndes, Macon, and Pike. SCADC is governed by a 24-member Board of Directors that consists of county and municipally elected officials, representatives of business and industry, and minority leaders. (See **Exhibit A.**)

SCADC AAA has an Advisory Council mandated by the OAA, and consists of four volunteers from each county. The council has a significant role in guiding SCADC AAA as it administers services for older individuals in the region. Council members advise SCADC AAA on issues, services, and policies that affect older people and adult with disabilities. As advocates, the council recommends legislation and policy measures, informs the community about critical issues, and identifies needs of older persons and adults with disabilities. The advisory council consists of representatives of older adults, the general public, elected officials, and healthcare providers. (See **Exhibit B.**)

### **Mission**

The **mission** of the SCADC AAA is to foster the development of a comprehensive and coordinated service delivery system that will address the optimum needs of older adults and their families and will allow them to maintain independence with dignity in their own homes and communities for as long as possible.

### **Vision**

A compassionate and caring community that fully understands the aging process and the issues involved in meeting the needs of older persons, caregivers, and persons with disabilities.

This Area Plan describes how the SCADC AAA will implement, directly or through contracts, programs and services to meet identified needs within the planning and service area as mandated by the OAA and ADSS, every four years. Planning efforts and service delivery will address the needs of older individuals with greatest economic needs and older individuals with greatest special needs, including low-income minority individuals, and individuals with limited English-speaking ability, Native Indian elders, and older individuals at risk of institutional placement.

For this Area Plan, SCADC AAA is focused on continuing to grow and improve many of its already-successful programs and services which currently work to ease these issues, while also researching and brainstorming new, innovative ways to implement additional solutions for older individuals, caregivers and their families, and persons with disabilities. Through continued data collection and analysis, ongoing staff training and education, strengthened partnerships, expanded

volunteer recruitment, improved public education and outreach, and marketing, SCADC AAA is confident it can make measurable positive impacts for its clients and stakeholders with respect to these major concerns over the next four years.

### **Current Status**

SCADC AAA plays a significant role in planning and community development. SCADC AAA leverages its expertise and resources to identify community needs, advocate for public policies and regulations that support positive aging, implement programs to address emerging needs, build coalitions, and engage stakeholders in addressing the needs of older adults, caregivers and their families, and persons with disabilities.

The major partner and sponsor for the AAAs in Alabama is the Alabama Department of Senior Services (ADSS), the State Unit on Aging which administers OAA federal programs and other related programs funded by the Administration for Community Living (ACL), the Centers for Medicare and Medicaid Services (CMS), the U.S. Department of Labor (DOL), and the Alabama Medicaid Agency. SCADC AAA's other partners consist of three county commissions, 12 municipalities, and one non-profit agency that contracts nutrition, transportation, and other OAA services with our agency. SCADC AAA also contracts with eight direct service providers to provide home and community-based services. These partners are crucial to the success of SCADC AAA's service-delivery system.

Over the years, SCADC AAA has formed non-traditional partnerships with a variety of organizations, including faith-based communities, municipalities, Alabama Cooperative Extension education systems, hospitals, home health agencies, RSVP, Social Security Administration, Alabama Securities Commission, Auburn University Harrison School of Pharmacy (HSOP), Alabama Lifespan Respite Resource Network, Veterans Administration, Alabama Farmers Market Authority, hospices, hospitals, mental health agencies, emergency management agencies, and other organizations to meet the needs of older adults and their caregivers and other specific target populations.

SCADC AAA has served our communities primarily through the provision of programs and services funded by federal, state, and local funds. These services include long-term services and supports through the Aging and Disability Resource Center (ADRC), congregate and home-delivered meals, homemaker, outreach, nutrition education and counseling, recreation, transportation, caregiving support, evidence-based disease and health promotion, information and assistance, long-term ombudsman care, options and benefits counseling, SenioRx prescription medication assistance, senior employment opportunities, legal assistance, insurance counseling, emergency preparedness, and the home and community-based care Medicaid Elderly and Disabled Waiver Program. Today, these programs and services are more important than ever as the older adult population continues to grow at an unprecedented pace. Furthermore, these services and programs are essential to meet current and future needs of older adults, caregivers, and persons with disabilities, especially during the current COVID-19 pandemic.

Care management is a vital part of SCADC AAA's health care delivery system. SCADC AAA has extensive experience assisting aging citizens with case management and other services that are vital to enhancing quality of life. Since October 2018, the AAAs have operated under a new state-wide care-management system for Medicaid recipients who receive services in their homes through Medicaid's Elderly and Disabled (E&D) waiver or the Alabama Community Transition (ACT) Waiver. The Alabama Select Network administers the program under a contract with the state's Medicaid agency, ADSS, and local AAAs.



In October 2018, the National Committee for Quality Assurance (NCQA) awarded SCADC AAA its highest recognition status of case management accreditation for three years. This accreditation helps to improve E&D waiver programs, operations, and initiatives in targeted areas and demonstrates our expertise in case management and commitment to providing quality of care.

### **FY 2022-2025 Area Plan on Aging**

SCADC AAA will concentrate on the focus areas outlined by ADSS (Focus Areas A-F beginning on page 24). In addition, SCADC AAA designed the goals within this Area Plan to align with the fiscal years 2021-2024 ADSS State Plan on Aging to increase efficiency and effectiveness by promoting state-wide uniformity. For the AAA's area plan, the following goals were designated:

- GOAL 1:** Help older individuals and persons with disabilities live with dignity and independence
- GOAL 2:** Ensure that older individuals and persons with disabilities have access to services to assist with daily living
- GOAL 3:** Ensure that people served through all programs will be able, to the fullest extent possible, to direct and maintain control and choice in their lives
- GOAL 4:** Consistently advocate for and promote rights of older and disabled Alabamians and work to prevent their abuse, neglect, and exploitation
- GOAL 5:** Ensure the state of Alabama is taking a proactive approach in detecting challenges and seeking opportunities to help people live where they choose with help from home and community-based programs
- GOAL 6:** Support and provide proactive planning and management of programs for strict accountability.

### **Context**

#### **Public Input**

SCADC AAA created this area plan with assistance and participation from clients, senior centers' participants, advisory council, Board of Directors, staff, direct service providers, caregivers, and the general public. In addition, numerous aspects of service to the elderly were examined. Surveys and focus groups were conducted and information collected from: 2010 census documents, 2015-2019 American Community Survey, and the Center for Business and Economic Research, April 2018; 2021 Needs Assessment Survey, ADSS state-wide Needs Survey, and virtual town hall meeting.

#### **Challenges**

SCADC AAA is facing significant challenges throughout the planning and service area. We are serving a broader population, including individuals under age 60 who qualify for services due to disabilities or chronic illnesses. Other challenges include:

- Social isolation and loneliness amongst rural older adults due to COVID-19 pandemic
- Shortage of direct service providers
- Storage of healthcare facilities in the region
- Lack of technology - high speed internet services in rural areas
- Increase in dementia-related illnesses
- Reaching rural, and underserved older adults
- Transportation services not adequately meeting needs of older adults

Through coordination and collaboration with staff and partners, SCADC AAA will explore potential solutions to include developing innovative programs, pursuing new partnerships, and seeking additional funds to address these challenges over the next four years. (Focus Area E addresses some potential strategies).

## NARRATIVE

### Characteristics of the Planning and Service Area

The planning and service area is located in the south-central part of Alabama and lies in a horseshoe shape around Montgomery County. It consists of six counties: Bullock, Butler, Crenshaw, Lowndes, Macon, and Pike. The total land area of the region is 4,005 square miles, which is 7.9 percent of the area of the State of Alabama.

The characteristics affecting the service delivery system and influencing what can reasonably be accomplished in the region include:

- The region's total population is 33% urban and 67% rural. Crenshaw and Lowndes Counties are reportedly 100% rural by the U.S. Census Bureau.<sup>(1)</sup>
- The racial composition of the area is 45% White and 52% Black.<sup>(2)</sup>
- The percent of persons age 25 and older who have not obtained a high school diploma ranges from an estimated low of 15% in Butler and Pike Counties to a high of 25% in Bullock County.<sup>(2)</sup>
- The median income in the region for the total population ranges from an estimated low of \$30,036 in Lowndes County to a high of \$43,163 in Crenshaw County.<sup>(2)</sup>
- Public hospitals are located in every county except Lowndes and Macon.<sup>(3)</sup>
- At least one nursing home is located in each county.<sup>(3)</sup>
- The region's 65+ population is projected to increase by 17% between 2020 and 2030. The greatest increases are to occur in Crenshaw and Bullock Counties (i.e. 22% and 18%) with the least changes to take place in Butler County (13%). The projected growth of the region's 65+ population between 2020 and 2030 is illustrated below:

#### AGE 65+ POPULATION PROJECTIONS BY COUNTY<sup>(4)</sup>

<u>County</u>	<u>2020</u>	<u>2025</u>	<u>2030</u>	<u>Number and Percent Changes (2020-2030)</u>	
Bullock	1,897	2,137	2,237	340 persons	18%
Butler	4,088	4,431	4,619	531 persons	13%
Crenshaw	2,657	2,955	3,229	572 persons	22%
Lowndes	1,940	2,130	2,268	328 persons	17%
Macon	3,352	3,669	3,855	503 persons	15%
Pike	5,188	5,769	6,094	906 persons	17%
Region	19,122	21,091	22,302	3,180 persons	17%

<sup>(1)</sup> U.S. Census Bureau, 2010.

<sup>(2)</sup> U.S. Census Bureau, 2015-2019 American Community Survey.

<sup>(3)</sup> Alabama Department of Public Health, April 22, 2021.

<sup>(4)</sup> U.S. Census Bureau, Center for Business and Economic Research, The University of Alabama, April 2018.

The overall 17% change for the region's age 65+ population will definitely present many challenges for the AAA as we continue to strive to maintain current service levels while reaching out to serve the anticipated growing number of persons who will also need services.

## Current and Future Demographics of the AAA Aging and Disability Population

SOUTH-CENTRAL ALABAMA DEMOGRAPHICS						
	Bullock	Butler	Crenshaw	Lowndes	Macon	Pike
<b>Population Change</b>						
2000 Population <sup>(1)</sup>	11,714	21,399	13,665	13,473	24,105	29,605
2010 Population <sup>(2)</sup>	10,914	20,947	13,906	11,299	21,452	32,899
2019 Estimated Population <sup>(3)</sup>	10,923	20,895	13,928	11,731	21,699	32,147
% Change: 2000 to 2010	-6.8	-2.1	1.8	-16.1	-11.0	11.1
<b>Race<sup>(3)</sup></b>						
% White	21.9	51.8	71.4	24.8	16.0	57.9
% Black	74.8	45.4	23.3	74.6	83.2	36.8
% Other	3.3	2.8	5.3	0.6	0.8	5.3
<b>Age<sup>(3)</sup></b>						
Median Age	40.2	40.8	41.7	42.0	38.6	31.2
% 65 and Older	16.0	19.7	18.8	18.4	19.3	14.8
% 5 and Younger	5.3	5.8	5.7	6.1	4.5	5.5
<b>Income<sup>(3)</sup></b>						
Per Capita Income	\$20,877	\$21,038	\$24,563	\$20,209	\$20,419	\$22,453
Median Household Income	\$37,785	\$40,688	\$43,163	\$30,036	\$33,370	\$37,446
% Persons Below Poverty	28.9	22.5	15.2	26.8	24.4	24.4
<b>Education<sup>(3)</sup></b>						
Population, 25 and Older	7,101	13,819	9,690	7,062	12,033	19,298
% Without High School Diploma	25.3	15.0	20.8	21.7	18.2	15.0
% High School Diploma or equivalent	40.3	45.2	39.5	39.6	30.2	35.7
% Bachelor's Degree or higher	12.1	16.1	17.4	14.7	20.4	23.7
<b>Housing<sup>(3)</sup></b>						
# of Housing Units	4,557	10,089	6,815	5,224	10,296	16,123
% Vacant	22.7	35.5	27.5	18.6	27.4	28.0
% Occupied	77.3	64.5	72.5	81.4	72.6	72.0
% Owner-Occupied	71.1	70.0	75.5	74.3	65.5	62.3
% Renter-Occupied	28.9	30.0	24.5	25.7	34.5	37.7
Median 2019 Value, Owner Units	\$70,300	\$95,900	\$81,000	\$70,000	\$80,800	\$120,000
Average Household Size (Owner)	2.68	3.04	2.74	2.30	2.20	2.93
Average Household Size (Renter)	3.05	2.90	2.85	2.47	2.20	2.35

<sup>(1)</sup> U.S. Census Bureau, 2000

<sup>(2)</sup> U.S. Census Bureau, 2010

<sup>(3)</sup> U.S. Census Bureau, 2015-2019 American Community Survey



### SCADC'S POPULATION BY AGE GROUP (2019)

AAA	0-39	40-49	50-59	60-69	70-79	80+	Total
SCADC	55,570	11,401	13,461	12,866	8,618	4,124	106,040
Alabama	2,493,761	605,502	656,313	582,830	354,740	183,104	4,876,250

Source: U.S. Census Bureau, 2015-2019 American Community Survey, File B01001

SCADC consistently targets its services to older low-income individuals, minority older individuals, low-income minority older individuals, older individuals with disabilities, older individuals residing in rural areas, individual with limited English proficiency, and older individuals at-risk of institutional placement within the planning and service region. Targeting criteria are contained in demographics reports and in the state Aging Information Management System (AIMS). Over 80% of clients served with Title III funds meet a targeting criterion.

With the planning and service area being mostly rural, services and outreach efforts are focused on reaching senior adults who are often physically and socially isolated. Throughout the 2022-2025 timeframe of this area plan, SCADC AAA will continue to strengthen and support the programs that have become the cornerstone of care for older adults in the region. We will continue to adapt to the changing needs of the region's older adults and disabled persons by analyzing available data and will maintain its focus on empowering older adults to live their life with dignity, in the place and manner of their choosing.

### SCADC'S "BABY BOOMER" POPULATION BY AGE, RACE, AND GENDER (2010)

County	Age Group	Total	Total Male	Total Female	Total White	Total White Male	Total White Female	Total Black & Other	Total Black & Other Male	Total Black & Other Female
Bullock	46-64	2,947	1,646	1,301	799	505	294	2,148	1,141	1,007
Butler	46-64	5,555	2,627	2,928	3,334	1,643	1,691	2,221	984	1,237
Crenshaw	46-64	3,800	1,867	1,933	2,829	1,407	1,422	971	460	511
Lowndes	46-64	3,172	1,475	1,697	933	486	447	2,239	989	1,250
Macon	46-64	5,446	2,554	2,892	1,029	520	509	4,417	2,034	2,383
Pike	46-64	7,223	3,462	3,761	4,486	2,200	2,286	2,737	1,262	1,475
Total	46-64	28,143	13,631	14,512	13,410	6,761	6,649	14,733	6,870	7,863

Source: U.S. Census Bureau, Census 2010, Summary File 1

## DEMOGRAPHIC PROFILE: SCADC (PSA #5)

Age Groups <sup>(1)</sup>		
All Ages	111,417	
Under 60	88,723	79.6%
60-64	6,629	5.9%
65-69	5,022	4.5%
70-74	3,913	3.5%
75-79	2,940	2.6%
80-84	2,061	1.8%
85+	2,129	1.9%
60+	22,694	20.4%
65+	16,065	14.4%

Projections (65+) <sup>(2)</sup>	
2000	16,127
2010	16,065
2020	19,122
2030	22,302
2040	21,793

Ethnicity/Race (60+) <sup>(1)</sup>		
Hispanic	131	0.6%
Non-Hispanic	22,563	99.4%
White	12,448	55.2%
Black	9,885	43.8%
Other Minorities	230	1.0%

Gender (60+) <sup>(1)</sup>		
Male	9,834	43.3%
Female	12,860	56.7%

Disability Status (65+) <sup>(3)</sup>		
Number of Persons	17,944	
With Any Disability	7,365	41.0%
Hearing Difficulty	2,258	30.7%
Vision Difficulty	1,232	16.7%
Cognitive Difficulty	2,109	28.6%
Ambulatory Difficulty	5,322	72.3%
Self-Care Difficulty	1,792	24.3%
Independent Living Difficulty	3,161	42.9%
With No Disabilities	10,579	59.0%

Living Situation (65+) <sup>(1)</sup>		
Living Alone	4,865	30.3%
Living in Rural Areas	11,888	74.0%

Financial Status (60+) <sup>(3)</sup>		
Number of Persons	24,859	
Below Poverty	3,794	15.3%
Number of Minority Persons	11,855	
Minority Below Poverty	2,368	20.0%

Educational Status (65+) <sup>(3)</sup>		
Number of Persons	18,565	
Less Than High School Diploma	4,674	25.2%
High School Diploma	6,573	35.4%
Some College, No Degree	2,791	15.0%
Associate's Degree	980	5.3%
Bachelor's Degree	1,901	10.2%
Graduate or professional degree	1,646	8.9%

Grandparents (age 60+) and Grandchildren responsibility <sup>(3)</sup>		
Grandparents living with own grandchildren (under age 18 years)	2,527	
Responsible for grandchildren	1,286	50.9%
Age 30-59	294	22.9%
Age 60+	357	27.8%
Not responsible for grandchildren	1,241	49.1%
Age 30-59	653	52.6%
Age 60+	588	47.4%

Work Status (60+) <sup>(3)</sup>		
60-64	7,043	27.5%
In labor force:	3,309	47.0%
Employed	3,228	97.6%
Unemployed	81	2.4%
Not in labor force	3,734	53.0%
65-69	5,823	22.7%
In labor force:	1,485	25.5%
Employed	1,452	97.8%
Unemployed	33	2.2%
Not in labor force	4,338	74.5%
70+	12,742	49.8%
In labor force:	1,346	10.6%
Employed	1,333	99.0%
Unemployed	13	1.0%
Not in labor force	11,396	89.4%

<sup>(1)</sup> U.S. Census Bureau, Census 2010

<sup>(2)</sup> U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

<sup>(3)</sup> U.S. Census Bureau, American Community Survey 2015-2019.

## FOCUS AREA A: OLDER AMERICANS ACT (OAA) PROGRAMS

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The OAA supports a wide-range of social services and programs for individuals aged 60 years or older. SCADC AAA funds many services that help individuals remain self-reliant in their own community. These services help prevent premature institutionalization of older adults and adults with disabilities.

**Aging and Disability Resource Center (ADRC) (State & Medicaid Agency)** - An ADRC serves as a highly-visible and trusted place where individuals of all incomes and ages can receive information and guidance to help support their ability to make informed decisions. It is an entry point where individuals are screened and given information about available resources in their community. Individuals will call the Ageline (1-800-AGE-LINE) telephone number. Once an individual calls the local or Ageline number, they are connected to a Certified ADRC Counselor who provides valuable information and assistance on services and resources available in their community. Assistance is available by telephone, email, or in person.

**Elderly Nutrition Program – Senior Centers** - SCADC AAA oversees 18 senior centers in the planning and service area. These sites provide daily congregate and home-delivered meals. The congregate meals are provided in a dining setting designed to help meet the nutritional needs of older persons who are mobile and may not eat adequately at home. Hot home-delivered meals, also known as Meals on Wheels, provide meals and other nutrition services to older persons who are homebound and unable to prepare a nutritious meal on their own. Frozen meals are delivered weekly to seniors located in hard to reach areas where there is no senior center and/or transportation. These meals supply one-third of the daily recommended dietary allowances. Other nutrition services include nutrition education, recreation, transportation and others. To be eligible, a person must be 60 years of age or older, the spouse of a participant, or an individual with a disability living with an eligible participant can also receive services, regardless of age.

Nutrition services are provided through contractual agreements with 13 municipalities, three county commissions, and one non-profit agency. The senior centers are located in Union Springs, Greenville, Midway, Brundidge, Troy, Brantley, Luverne, Fort Deposit, Dozier, Hayneville, Honoraville, Bradleyton/Helicon, Georgiana, Goshen, Tuskegee, Shorter, Warriorstand, and Notasulga. SCADC's nutrition program also includes a Licensed Registered Dietician who promotes healthy eating habits for seniors facing nutritional issues.

**Supportive Services** - These services are vital for older adults living in the community and include transportation, homemaker, outreach, information and assistance, recreation, outreach, public and nutrition education, and nutrition counseling through contractual agreement.

**Homemaker Services** – SCADC currently contracts with two service providers to perform homemaker services using T-III funds. These services provide assistance to older persons who have an inability to perform two or more activities of daily living. These services include light housekeeping, laundry assistance, and managing money, using the telephone, meal preparation, and limited errand service. SCADC AAA plans to expand these services in at least two additional counties.

**Legal Assistance** is available through contract with a qualified legal attorney with over 35 years of experience. The legal program provides non-criminal legal services for individuals 60 years of age and older. Legal services include powers of attorney, wills, health care directives, and more.

**Alabama Cares Program** – Family caregivers play a vital role in caring for an older individual, child, or a relative with severe disabilities. The Alabama Cares program support services to help families sustain their efforts in caring for their loved one in the home as long as possible before

institutional placement is required. Individuals who have access to these services include primary family caregiver of frail, older adults age 60 and older, older relative caregivers (not parents) including grandparents age 55 and older caring for children ages 18 and younger, and older relative caregivers (parents) including grandparents age 55 and older caring for adults age 19 to 59 with disabilities. Families and other informal caregivers can receive homemaker assistance, personal care assistance, counseling, respite care, and supplemental services (equipment/supplies). These services are carried out by staff and contractual agreements with 10 direct service providers.

**Evidence-Based Disease Prevention and Health Promotion** - SCADC will continue to support evidence-based healthy aging programs through its Title III-D programs. These programs teach adults with chronic diseases, the skills and techniques necessary to actively manage their health conditions and promote healthier lifestyles, thereby reducing health care costs and increasing older adults' quality of life. Evidence-based programs empower older adults to take control of their own health through self-efficacy and self-management. The SCADC AAA provides a variety of high-level evidence-based programs that promote healthy living and aging; develop skills to prevent falls; and manage chronic conditions, depression, and medication management in older adults. These programs also provide evidence-based health education programs offered by three certified, trained staff that include Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), and Matter of Balance Fall Prevention program.

**Long-Term Care Ombudsman** - The Long-Term Care Ombudsman Program is designed to improve the quality of life for people who live in nursing homes and assisted living facilities. A Certified Ombudsman Representative is an advocate for residents. The Ombudsman Representative is an impartial, third party who investigates complaints and works to resolve issues on behalf of residents. The Ombudsman will promote community involvement with long-term care facilities and serve as a liaison between residents, residents' families, and the facility. SCADC employs one full-time certified Ombudsman Representative and keeps at least two additional Ombudsman on staff, with one assigned as the primary back-up.

**Elder Abuse** - SCADC places strong emphasis on preventing abuse to the elderly. The purpose of this program is to educate the general public regarding the issues of elder abuse, fraud, scams, and financial exploitation.

**Senior Community Service Employment Program (SCSEP)** - This program provides part-time training assignments for low-income persons 55 years or older through host agencies. Training assignments serve the needs of local communities. The host agencies include schools, libraries, county departments, local aging service providers, senior centers, municipalities, and many others. The goal of the program is to promote dignity, independence, and the well-being of older workers by providing job skills training, employment preparation, and job placement. The Senior Employment Program is a Title V program funded by OAA through the Department of Labor.

#### **New FY 2022-2025 OAA Services**

**Chore Services** – Chore services refers to light tasks around the homes, which may be beyond the physical capacity of older adults, such as heavy housework and lawn care or light maintenance.

**Home Modification** - The program funds (up to \$1,500 per client) will be used for home modification(s) that improve an existing home's accessibility for persons over 60, such as bathroom shower, grab bars, flooring, kitchen faucet, porch steps, wheelchair ramp, widening doors, etc.

**Personal Care Services** – These services provide personal assistance, stand-by assistance, or supervision and include dressing, bathing, personal grooming, toileting, transferring in/out of bed/chair, or walking to assist with personal care needs.



## **FOCUS AREA B: ADMINISTRATION FOR COMMUNITY LIVING (ACL) DISCRETIONARY GRANT AND OTHER FUNDED PROGRAMS**

**SenioRx Program** - This program helps provide free low-cost life sustaining prescription medication assistance from pharmaceutical companies to individuals 55 years of age or older, or individuals on Social Security Disability of any age, who are paying high out-of-pocket costs for their prescription medication. This program helps lessen the need for individuals to make the critical choice of choosing between buying food or their medication. To qualify, the individual must have no health insurance coverage, have a chronic medical condition, and meet specific income guidelines. Individuals with insurance coverage who are in the Medicare Part D coverage gap, and persons with disabilities of any age may also qualify for the program.

**State Health Insurance and Assistance Program (SHIP)** – SHIP is available to assist Medicare beneficiaries sort through their options, at no cost, to help them understand their Medicare benefits, Part D plan comparisons, open enrollment, Medicare Savings Programs, Medigap/secondary coverage long-term care insurance, and more. These services are provided through contractual agreement.

**Medicare Improvements for Patients & Providers Act (MIPPA) Local & Statewide** - The purpose of MIPPA is to enhance efforts through state and local coalition building focused on intensified outreach activities to help beneficiaries likely to be eligible for Low-Income Subsidy program (LIS), Medicare Savings Program (MSP), Medicare prescription drug coverage (Part D) and assist beneficiaries in applying for benefits and utilizing their Medicare Prevention benefits. In addition, SCADC serves as a statewide project manager and provides coordination, training, resource development, and marketing services on behalf of disabled and older persons through the service region and state. These services are through a contractual agreement with Jan Neal Attorney-at-law. The project manager works in partnership and collaboration with State MIPPA and SHIP Directors and provides technical support and educational training to MIPPA project partners to include the AAAs and the Harrison School of Pharmacy in Auburn, Alabama.

**Senior Medicare Patrol (SMP)** – This program enhances Alabama’s efforts in empowering and assisting Medicare beneficiaries, their families, and caregivers to prevent, detect, and report healthcare fraud, errors, and abuse. The SMP program empowers seniors through increased awareness and understanding of healthcare programs. This knowledge helps seniors to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, errors, and abuse. These services are provided through contractual agreement.

### **Medicaid Funded Programs- Home and Community-Based Waiver Services**

- E&D Waiver - Elderly & Disabled Waiver Program
- ACT Waiver: Alabama Community Transition
- Personal Choices

**E&D Waiver** – The E&D Waiver program is designed to provide services to allow the elderly and/or persons with disabilities who would otherwise require care in a nursing facility to live in their community. To qualify for the program, individuals must have an income below three times the Federal Poverty Rate and meet certain standards of medical need established by Medicaid. SCADC contracts with eight direct service providers to provide these services. Currently, SCADC AAA has 490 E&D Waiver approved slots and 490 participants on the program. SCADC AAA anticipates a slot increase over the next four years.



E&D Waiver services include:

**Case Management** – Provides comprehensive assessments and service planning for older persons and adults with disabilities. These services are provided by a staff of 16 trained Case Managers who make monthly face-to-face home visits.

**Personal Care** – Helps clients with daily activities, such as bathing, dressing, and eating.

**Homemaker Services** – Provides services that help maintain a safe, clean environment, such as light housekeeping, laundry assistance, meal preparation, and limited errand service. These services help maintain a clean and healthy living environment and also help individuals maintain their independence while in their home.

**Companion Services** – These services are for clients who are unable to perform activities of daily living without additional support or supervision.

**Respite Care** – Provides relief for caregivers who care for individuals who are unable to care for themselves. This can include skilled and unskilled respite.

**Adult Day Services** – These services are available in some areas in our region and are designed to maintain and promote the health of the client through individual and group activities.

**Nutrition & Meals** – This service is designed to provide nutritious frozen meals, if needed.

**ACT Waiver** - The ACT Waiver, also known as Gateway to Community Living, provides services to individuals with disabilities or long-term illnesses who currently reside in an institution and desire to transition to a home.

**Personal Choices Program** - This program is an option for individuals who are enrolled in the Home and Community-Based Services Waiver Program who choose to self-direct their care. Through this program, individuals are provided a monthly allowance from which they will determine the services they need. Individuals may choose to hire someone to help with their care or they may wish to save money for equipment purchases. Financial counselors are available to guide them through the process that includes developing a budget to help manage the funds designated for their care. Currently, SCADC has two Personal Choices Counselors to provide these services.

**Gateway to Community Living (Alabama's Money Follows the Person (MFPY))** – The purpose of this program is to utilize the local ombudsman representative to help rebalance the long-term care system by transitioning Medicaid individuals from institutions to the community. SCADC AAA will continue to conduct outreach efforts and market this program to help those who live in long-term care facilities reside at home in their own communities.

**Disaster Preparedness** - SCADC AAA is committed to continuing programs that provide safety measures during times of natural disasters. SCADC AAA has a long-range comprehensive emergency/disaster/pandemic plan and business continuity plan in place. The plan includes up-to-date emergency contact information for staff, contractors, direct service providers, and county emergency management personnel. Currently, we have a memorandum of understanding (MOU) with each county Emergency Management agency in the region. SCADC AAA's primary role is to provide information and referral, outreach, and disaster assistance.

**Advocacy** – SCADC AAA serves in an Advocacy role to ensure that all older persons living in our region have sufficient representation in policies, procedures, and services affecting their lives. SCADC will address all proposed federal, state, and local legislation on issues related to the older population. In addition, we will conduct public hearings on needs of older adults, carry out activities in support of programs and services, and coordinate planning efforts with the Aging network to help develop solutions to solve issues regarding those we serve.

## **Needs Assessment**

ADSS conducts a statewide needs assessment approximately every four years to obtain input from the general public to support the State Plan on Aging development. SCADC reviewed results from ADSS needs assessments to support its Area Plan on Aging development. The majority of the top ten needs are obviously very important for individuals to be able to live independently in their own home; however, SCADC has most programs already in place to address many of these needs, such as prescription drug assistance, legal assistance, employment of senior citizens, emergency preparedness information, caregiver support, and transportation assistance.

While most of the above statewide need assessments are unchanging across the state, each region experiences individualized needs, challenges, and resources. To identify the regional needs specific to SCADC AAA, staff sought input to identify the most common needs within the region. Over a two-month timeframe in fiscal year 2021, staff received feedback from 693 survey participants representing all six counties. Surveys were distributed via email, hand-delivery, or postage mail. SCADC AAA posted the survey to its website and Facebook page, both for informational purposes only. Respondents included older adults, caregivers, service providers, advisory council members, senior centers' participants, SenioRx clients, Medicaid Waiver program clients, nursing homes, direct service providers, the general public, and professionals in the fields of aging and disability.

## **Discussion**

In this descriptive, cross-sectional study conducted in 2021, input was obtained from existing clients, the general public, and professionals in the fields of aging and disability in the SCADC region. Unfortunately, 54 percent of the respondents left Question #1 blank (I.e. Most important needs) and 20 percent of the respondents left Question #2 blank (I.e. Availability of current programs and services). Their replies gave the AAA a better understanding of Alabamians' social and health needs in its six counties, particularly of the senior population. Survey results identified many issues for consideration in the development of the new area plan on aging.

The 693 survey respondents noted the top services as follows:

### **Highest-Ranked Services**

#### **(from All Respondents)**

1. Affordable housing
2. Meals / nutrition
3. Utility bill assistance (Power, gas)
4. Caregiver support
5. Home repair / modification assistance
6. In-home care assistance
7. Transportation assistance
8. Maintaining independence
9. Prescription drug assistance
10. Employment opportunities
11. Affordable dental care
12. Health insurance counseling
13. Legal assistance

**Table 9. Availability of Community Services: SCADC**

Item	Number of Survey Responses by Availability					
	Always/ Usually	Sometimes	Rarely/ Not	N/A	Unknown	Total
Affordable Housing	209	180	165	43	96	693
	30.2	26.0	23.8	6.2	13.9	100.0
Health Insurance	286	157	97	23	130	693
	41.3	22.7	14.0	3.3	18.8	100.0
Volunteer Opportunities	167	167	158	51	150	693
	24.1	24.1	22.8	7.4	21.6	100.0
Mental Health Assistance	215	131	170	35	142	693
	31.0	18.9	24.5	5.1	20.5	100.0
Support for Caregivers	157	168	189	37	142	693
	22.7	24.2	27.3	5.3	20.5	100.0
Recreational / Social Activities	173	144	211	24	141	693
	25.0	20.8	30.4	3.5	20.3	100.0
Financial Management	92	111	281	43	166	693
	13.3	16.0	40.5	6.2	24.0	100.0
Employment Opportunities	91	164	212	59	167	693
	13.1	23.7	30.6	8.5	24.1	100.0
Caregivers Support Groups	112	139	244	44	154	693
	16.2	20.1	35.2	6.3	22.2	100.0
Legal Assistance	152	124	213	35	169	693
	21.9	17.9	30.7	5.1	24.4	100.0
Chore Services (Yard Maintenance)	121	121	257	41	153	693
	17.5	17.5	37.1	5.9	22.1	100.0
Senior Centers	454	95	51	14	79	693
	65.5	13.7	7.4	2.0	11.4	100.0
Meals - Food Banks	415	139	47	12	80	693
	59.9	20.1	6.8	1.7	11.5	100.0
Disaster Preparedness Information	243	135	148	27	140	693
	35.1	19.5	21.4	3.9	20.2	100.0
Getting Information about Services	240	145	161	26	121	693
	34.6	20.9	23.2	3.8	17.5	100.0

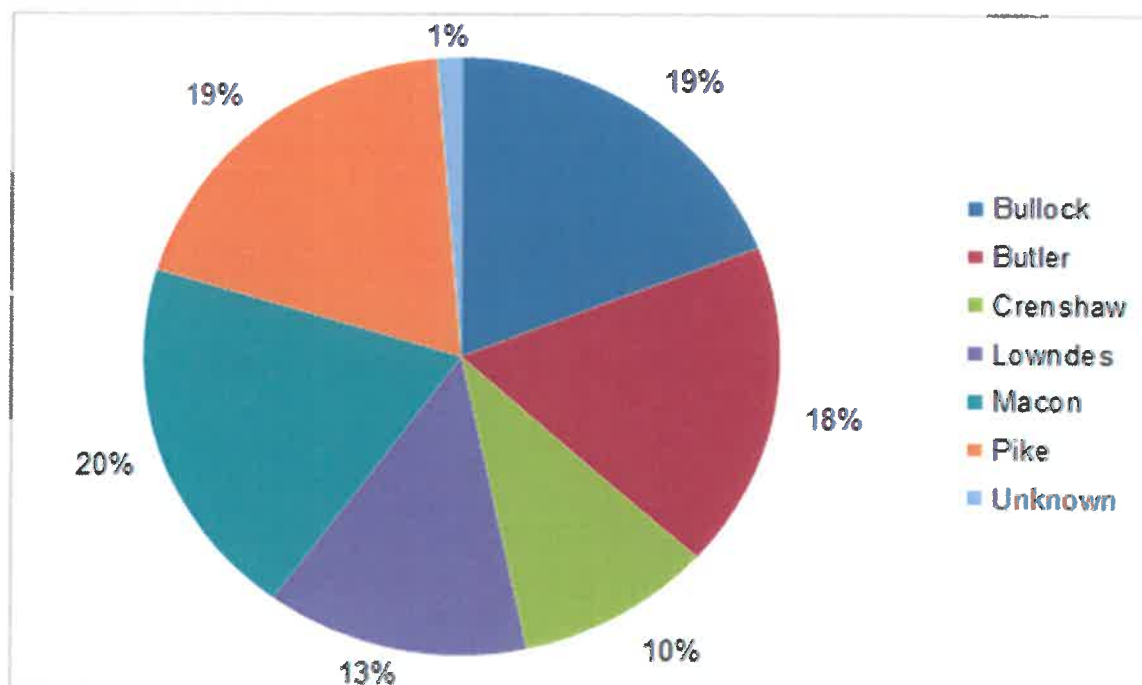
### ***Findings: Survey Participation and Response Rate***

Table 1 identifies the frequency of completed surveys by county. Figure 1 portrays this information as a pie chart.

**Table 1. Number of Respondents by County**

County	Frequency	Percent	Valid Percent	Cumulative Percent
Bullock	132	19.0	19.3	19.3
Butler	122	17.6	17.8	37.1
Crenshaw	69	10.0	10.1	47.2
Lowndes	93	13.4	13.6	60.8
Macon	136	19.6	19.9	80.7
Pike	132	19.0	19.3	100.0
Subtotal	684	98.7	100.0	
Other	9	1.3		
Total	693	100.0		

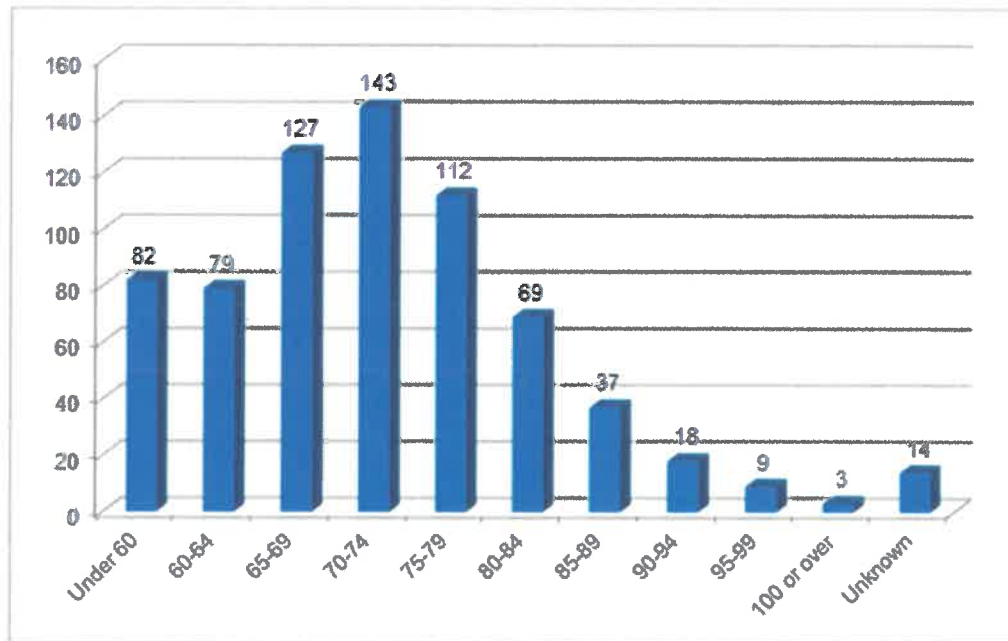
**Figure 1. Distribution of Respondents by County**



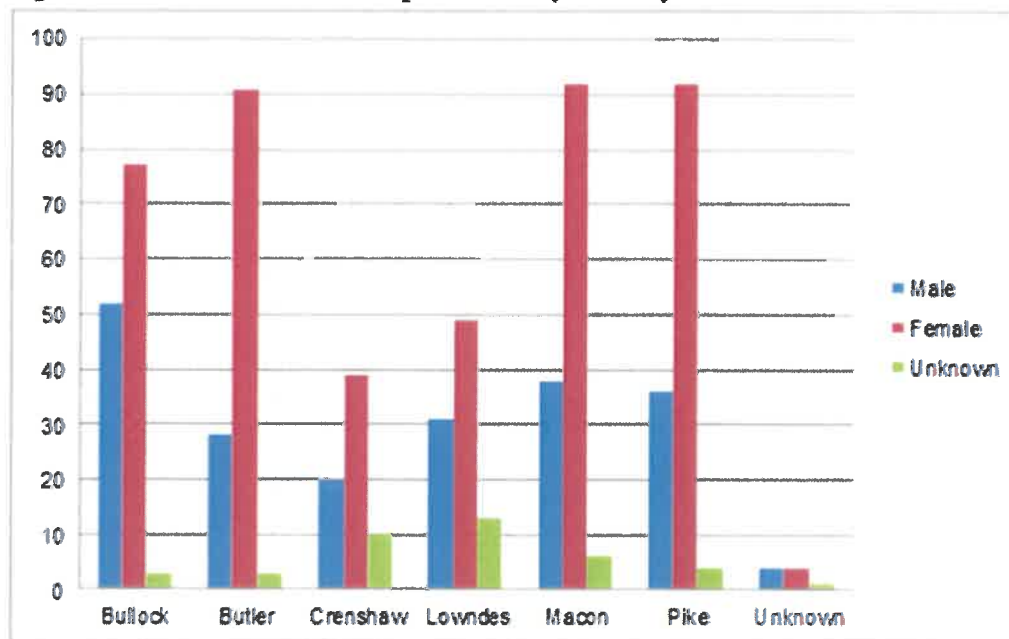
### ***Findings: Characteristics of Respondents***

The majority of the respondents (543; 78%) were under age 80. Figure 2 contains the frequency of respondents by age group. Of those answering demographic items related to gender, women (444 females, 64.1%) outnumbered men (209 males, 30.2%). Figure 3 identifies the frequency of respondents by county and gender.

**Figure 2. Distribution of Respondents by Age Group**



**Figure 3. Distribution of Respondents by County and Gender**



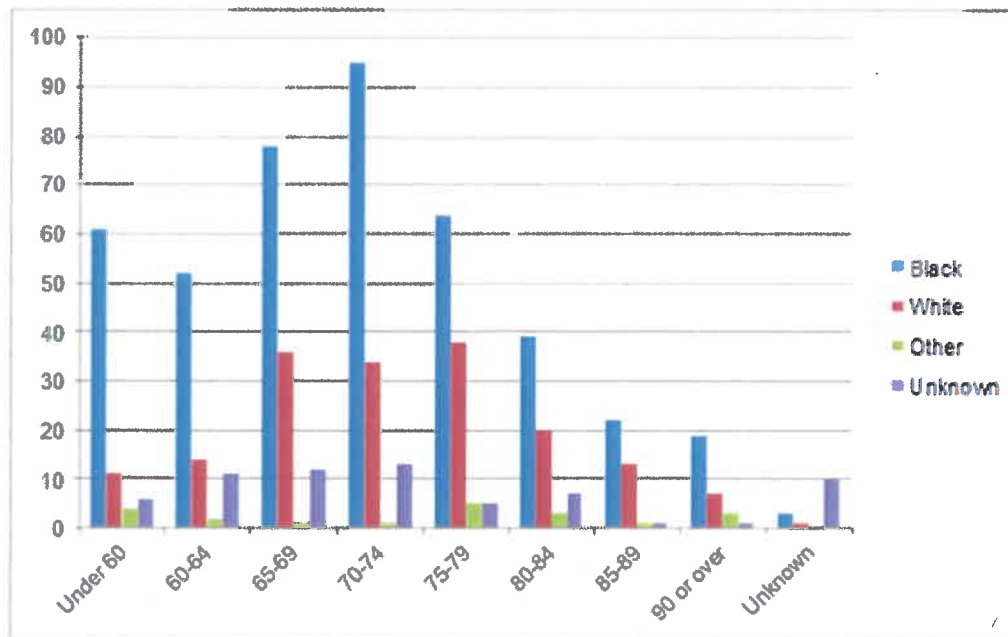


Race showed the sample to be primarily African American/Black (433, 62.5%). Twenty-five percent of respondents (174) indicated they were Caucasian/White. Table 2 displays the frequency of respondents by race; Figure 4 contains the information by age group and race.

**Table 2. Number of Respondents by Race**

Race/Ethnic Origin	Frequency	Percent	Valid Percent	Cumulative Percent
African American (Black)	433	62.5	69.1	69.1
Caucasian (White)	174	25.1	27.8	96.8
Asian	19	2.7	3.0	99.8
Hispanic	1	0.1	0.2	100.0
Subtotal	627	90.5	100.0	
Unknown	66	9.5		
Total	693	100.0		

**Figure 4. Distribution of Respondents by Age Group and Race\***



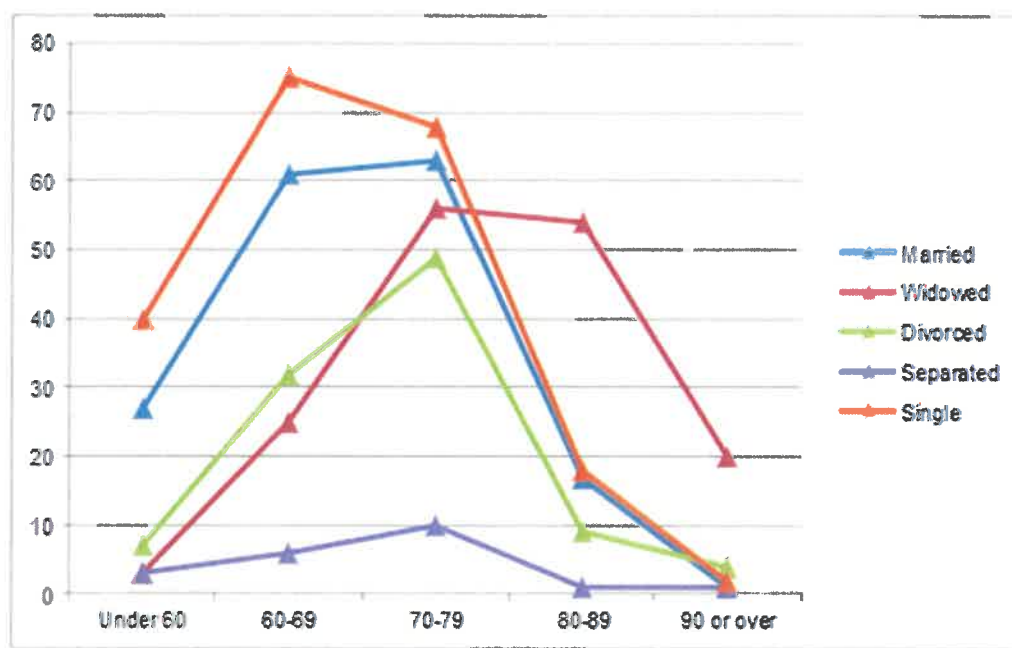
\*The “Other” race category contains the respondents’ answers of Asian and Hispanic.

Interestingly, nearly 25 percent of the respondents indicated they were either married or widowed. Table 3 contains the frequency of the respondents' marital status. Figure 5 portrays this information by age group.

**Table 3. Number of Respondents by Marital Status**

Marital Status	Frequency	Percent	Valid Percent	Cumulative Percent
Married	169	24.4	25.7	25.7
Widowed	159	22.9	24.2	49.9
Divorced	102	14.7	15.5	65.4
Separated	22	3.2	3.3	68.8
Single	205	29.6	31.2	100.0
Subtotal	657	94.8	100.0	
Unknown	36	5.2		
Total	693	100.0		

**Figure 5. Distribution of Respondents by Age Group and Marital Status**



## Strategies to Address Unmet Needs

SCADC AAA planning and service area is 67% rural. Older adults are valuable members of rural communities and should be supported in their desire to age in place; however, aging in place in rural communities comes with unique challenges and opportunities. Although rural communities are home to a higher proportion of older residents, rural communities provide fewer services than metro core communities in categories, such as: healthcare, housing, transportation, nutrition services, and social services.

**Financial Insecurity – Affordable Housing** is a barrier for rural populations, and many older adults are burdened by the cost of paying for their housing, specifically. Resources for safe and affordable housing for seniors will continue to be limited as this population increases. Seniors who rent their housing are more likely to experience problems with housing affordability than those who own their homes. This may make it difficult for rural older adults to stay in their community as they age. Currently, there are 23 low-income seniors' housing in our region, yet each has waiting lists. The AAA plans to reach beyond traditional partners to enhance home modifications and repairs capacity.

**Food Insecurity – Meals/Nutrition** – Food insecurity affects millions of older adults. Since older adults are more vulnerable to malnutrition, it is important they are not only able to obtain food, but that the food they gather is high quality, diet and age-friendly nourishment. SCADC AAA will continue to expand the OAA nutrition program to serve more seniors. SCADC will expand nutrition counseling provided by a licensed registered dietician to assist older adults to manage their nutritional health issues.

SCADC AAA will continue to participate and enroll as many older adults as possible in the *State Farmer's Market Vouchers Program* for seniors. This program serves eligible seniors by providing them with vouchers that can be redeemed for fresh fruits and vegetables at participating farmer's markets.

Through a contract with South Alabama Regional Planning Commission, SCADC AAA will continue to assist older adults and persons with disabilities in applying for and enrolling in the *Supplemental Nutrition Assistance Program* (SNAP). SNAP provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency. In addition, SCADC AAA plans to seek partnerships with faith-based organizations to help with food drives in the region. Lastly, SCADC AAA will seek funding and partners to start at least two community gardens at local senior centers to provide fresh fruits and vegetables to older adults in the community.

**Utility Bill Assistance (Power and Gas)** – SCADC AAA's primary strategy to meet unmet financial needs for older adults seeking utility bill assistance has been to refer them to resources, such as Community Action Agencies, Project Share, and various faith-based organizations. If funds continue to be available, SCADC AAA will refer them to the Alabama Emergency Rental Assistance program designed to help Alabama renters pay rent and utility bills (including past due rent and utilities) due to the COVID-19 pandemic.

**Caregiver Support** - Approximately 30% of older adults receive caregiving for health or other reasons (such as household chores or transportation), and adult children were the largest group of caregivers. Unfortunately, younger populations - prime-age workers aged 25 to 54 - are leaving rural communities, creating challenges for older adults in our region who depend upon help from adult children or other family members. SCADC AAA will continue to contract with direct service providers to provide caregiver's services, such as information and assistance on available services, assistance in gaining access to services, education, counseling, support groups, caregiver training,

and respite care to provide a temporary relief or break; and supplemental services, on a limited basis. Presently, SCADC AAA has caregiver support groups in three counties; the AAA will start a caregiver support group in other parts of the region in fiscal year 2022. In addition, we will continue to partner with Alabama Lifespan Respite to provide respite care to caregivers living in rural, isolated underserved areas.

**Home Repair/Modification Assistance** – As the population of older adults continues to grow, home modifications are a key factor in enabling individuals to age in place or live in the place or home of choice. SCADC AAA will be part of Alabama’s effort to provide home modifications for better accessibility to older individuals age 60+. In July 2021, ADSS awarded the thirteen AAAs a grant to help older adults with home repair/modification assistance. The program funds up to \$1,500 per client and will be used for home modification(s) that improve an existing home’s accessibility, such as bathroom shower, grab bars, flooring, kitchen faucet, porch steps, wheelchair ramp, widening doors, etc. SCADC AAA will seek individuals and/or organizations who are able to perform these minor home repair services.

**Transportation Assistance** - Transportation continues to be one of, if not the biggest barrier, in SCADC AAA’s planning and service area. Current transportation in the region is provided by 10 nutrition program sites, most of which are being utilized to transport participants to and from senior centers and delivering home-delivered meals to participants. SCADC AAA will continue to enter into contractual agreements with nutrition program contractors to provide transportation not only to senior centers, but to explore expanding services to include trips, such as shopping and medical appointments. Increasing and/or expanding transportation services will require additional funding and resources. SCADC AAA will continue to pool its resources to better meet increasing demand for transportation. Also, the agency will encourage more contractors to purchase Section 5310 Elderly and Disabled transportation buses.

**In-Home Services** - Home care services let people flourish in the everyday life they already know and love, while getting a little help to stay independent and mobile. These services provide personal assistance or supervision and include dressing, bathing, personal grooming, toileting, transferring in/out of bed/chair, or walking to assist with personal care needs. With additional federal funding for the next four years, SCADC AAA will begin providing these services starting in fiscal year 2022.

**Affordable Dental Care** - SCADC AAA will research and seek partners to assist with dental care.

Other needs identified were prescription drug assistance, employment opportunities, health insurance counseling, and legal assistance. Presently, SCADC AAA is providing these services. Strategies to continue supporting these services are provided in OAA Focus Area A.

## **ADSS – SURVEY Public Input**

In order for ADSS, the AAAs, service providers, and the general public to gain an understanding of the challenges and unmet needs faced by older adults, person with disabilities, and caregivers, ADSS held a statewide needs assessment and a virtual town hall; caregiver surveys were conducted and used to inform Alabama’s State Plan on Aging. The following are the top ten categories in order of importance:

1. Safety and Crime Prevention	6. Affordable Housing
2. Emergency Preparedness Information	7. Employment for Senior Citizens
3. Prescription Drug Assistance	8. Caregiver Support
4. In-Home Assistance	9. Home Repair Assistance
5. Legal Assistance	10. Transportation Assistance

The following are the results from Alabama Caregiver surveys distributed throughout the state to learn more about informal and unpaid caregivers and needed respite services:

**What event(s) led you to seek respite services most recently? (Select all that apply)**

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Relieve stress	67.74%	147
Improve relationship with my spouse or partner	25.35%	55
Improve relationship with other family member	13.36%	29
Care for myself	53.92%	117
Safety Issues	14.29%	31
Prevent alcohol or drug problems	1.84%	4
Care for personal business	33.64%	73
Participate in family support groups/services	18.97%	39
Total Respondents		217

**The most recent time I received caregiver respite services, it lasted: (#of Respondents and Total Respondents does not total as opened ended responses were not included in results)**

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Less than 1 day	22.73%	45
1 day	10.61%	21
2 days	4.55%	9
3 or more days	27.78%	55
Total Respondents		198

**Was the length of time you received caregiver respite services enough?**

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Yes	46.73%	93
No	36.18%	72
Don't know	17.09%	34
Total		199

**How would you feel if caregiver respite services were not available?**

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Not at all stressed	3.83%	8
Somewhat stressed	15.31%	32
Moderately stressed	27.75%	58
Total	53.11%	111
Total		209

**How much assistance does the person with a disability or chronic illness require? (# of Respondents and Total Respondents does not total as opened ended responses were not included in results)**



ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
No assistance	1.79%	4
Occasional assistance	13.90%	31
Frequent assistance	26.46%	59
Continuous assistance	55.16%	123
Don't know/unsure	0.90%	2
Total		223

A virtual town hall was recorded through which to present the purpose of the State Plan on Aging with a goal of seeking public input regarding the unmet needs in the state. The results are as following:

Financial assistance for home repairs	More chore and homemaker services
Affordable, accessible transportation (rural areas)	Senior companion and friendly visitor program
Affordable housing	Home repairs and modification assistance
Better access to voting	Energy assistance
Reliable contractors for home repairs	Increase in meals services
More Independence	Access to better healthcare
Access to high-speed Internet (including free internet)	Information about resources and how to access
Technology training	Mental health education and treatment
Affordable in-home services	Services for special needs/disabilities and caregivers
More partnering with local churches	Adult day care programs
Better protection from fraud and abuse	Protection from age discrimination in the workplace
Increase in Social Security payments	Tax breaks on housing and groceries
More oversight of long-term care facilities	More senior living establishments
Better oversight of price gouging	Living age for nursing home workers
Protection from scams (phone and internet)	Adequate training for home and nursing home workers
Legal assistance	Guidelines for quarantine patients
More walking and biking trails for physical activity	Access to PPE supplies
Financial assistance for wheelchair ramps	Better access to in-home services
Increase housing choice vouchers	Haven for elderly individuals living with alcoholism
Increase vegetable vendors	Increase home-delivered meals
Public entertainment venues for seniors	More affordable medication insurance
Better access to food pantries	More senior centers
Homeless shelters	Increase respite services for caregivers
More affordable Assisted Living Facilities	Better protection from fraud and abuse
Social isolation planning for seniors	Housing options in safe areas

## Goals, Objectives, Strategies, and Projected Outcomes for Focus Area A

### GOAL 1.0

Help older individuals and persons with disabilities live with dignity and independence.

### OBJECTIVE 1.1

Promote and support service provision and sustainability of OAA programs.

Title III-B (Supportive Services)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"><li>• Continue to promote the ADRC and OAA programs through education and outreach efforts.</li><li>• Develop an agency resource guide by fiscal year 2022.</li><li>• Expand Title III-B services to include chore, personal care, and home/safety modification services.</li><li>• Continue to participate in and/or conduct an agency health fair annually.</li><li>• Develop a county-wide transportation survey to better understand transportation needs in the region.</li><li>• Continue to promote ADSS's state-wide COVID-19 vaccine marketing campaign for older adults and homebound participants.</li></ul>	<ul style="list-style-type: none"><li>• Increase the visibility of the ADRC as a trusted resource for information and assistance in the region.</li><li>• Older adults and persons with disabilities will have access to additional OAA services.</li><li>• Older individuals and those with disabilities will be able to live in their own home in a safe environment.</li><li>• Increase the vaccination rate among older adults and homebound participants.</li></ul>
Title III-C (Nutrition)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"><li>• Continue to place high value on OAA nutrition program to promote good nutritional health.</li><li>• Seek partnerships to start at least two community gardens at senior centers.</li><li>• Utilize services of the Registered Dietician to provide OAA health and wellness programs.</li><li>• Continue to partner with Alabama Cooperative Extension Services to provide monthly activities to promote healthy aging at 18 senior centers.</li><li>• SCADC will continue its longstanding commitment to work with the Farmers Market Authority to help seniors apply for</li></ul>	<ul style="list-style-type: none"><li>• Older individuals will be better informed about managing their health.</li><li>• Increase older adults' health and wellness.</li></ul>

vouchers to purchase fresh fruits and vegetables at participating farmers' markets.	
<b>Title III-D (Evidence-Based Disease Prevention and Health Promotion)</b>	
<b>Strategies</b>	<b>Projected Outcomes</b>
<ul style="list-style-type: none"> <li>Continue to administer evidence-based health promotion (EBHP) programs (CDSMP, DSMP, and Matter of Balance) using Title III Part D funds.</li> <li>Seek new and expand existing relationships with non-profit, for-profit, and faith-based organizations to recruit and train certified leaders to teach EBHP classes.</li> <li>Develop virtual platform via WebEx, Zoom, and website to deliver EBHP programs to connect to rural seniors in the region.</li> <li>Explore the expansion of evidence-based health promotion and disease prevention programs.</li> </ul>	<ul style="list-style-type: none"> <li>Increase community members and partners by 10%.</li> <li>More participants in rural areas will be able to connect to classes virtually.</li> <li>Improved health and wellness among older adults.</li> </ul>
<b>Title III-E (Alabama CARES)</b>	
<b>Strategies</b>	<b>Projected Outcomes</b>
<ul style="list-style-type: none"> <li>Conduct an annual Caregiver Academy in two counties with an aim of 25% caregivers' participation.</li> <li>Begin a virtual caregiver support group in all six (6) counties in the region.</li> <li>Host at least one grandparents raising grandchildren event annually to provide respite or education support.</li> <li>Continue to participate in the "Joy for All Companion Therapy Robotic Pets" for individuals in the middle and later stages of Alzheimer's disease.</li> </ul>	<ul style="list-style-type: none"> <li>Caregivers will be better connected with available resources, learn self-care, and identify when they need emergency respite.</li> <li>More caregivers will have access to available resources.</li> <li>More grandparents will be connected to available educational resources and respite care.</li> <li>Help to create a sense of well-being and love for individuals with Alzheimer's disease.</li> </ul>
<b>Title V (SCSEP)</b>	
<b>Strategies</b>	<b>Projected Outcomes</b>
<ul style="list-style-type: none"> <li>Identify new employers in the local service areas and develop partnerships.</li> <li>Provide SCSEP participants with available resources for computer training.</li> </ul>	<ul style="list-style-type: none"> <li>SCSEP participants will have information on available jobs in the local service areas that may result in part-time or full-time job employment opportunities.</li> <li>SCSEP participants will have access to available resources for computer training so they will be able to learn how to use the computer and how to search online for available jobs.</li> </ul>

Title VII (Ombudsman) & Elder Abuse	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> <li>• The Ombudsman will complete nine educational programs annually with the target audience of the general public, service providers, and first responders regarding the Ombudsman program and elder abuse, fraud, and financial exploitation among seniors.</li> <li>• The Ombudsman Representative will seek at least two ombudsman volunteers annually to visit nursing homes and assisted living facilities in the region.</li> <li>• The Ombudsman Representative will increase the Ombudsman Advisory Council membership and utilize these volunteers to assist in distributing materials about the ombudsman program, elder abuse, and Gateway to Community Living program.</li> <li>• The Ombudsman Representative will continue to work with the legal service provider and Alabama Cares Coordinator to conduct an annual caregiver's workshop.</li> </ul>	<ul style="list-style-type: none"> <li>• Older individuals will be empowered to report abuse, where to go to report the incidence, and get assistance.</li> <li>• Older individuals and the general public will be more informed about the Ombudsman program.</li> <li>• Increased Advisory council membership.</li> <li>• Increased knowledge and awareness of elder abuse and Gateway to Community Living by long-term care facility staff.</li> </ul>
Title III – Legal Assistance	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> <li>• The legal assistance program will continue to emphasize services that assist disabled and elderly persons identify and retain necessary income, health benefits, and housing necessary to lead lives of dignity and independence, which includes counseling older adults and persons with disabilities on alternatives to institutionalization.</li> </ul>	<ul style="list-style-type: none"> <li>• Disabled and elderly persons will be better equipped to identify and retain necessary income, health benefits, and housing necessary to lead lives of dignity and independence.</li> <li>• Disabled and elderly persons will be more aware of other living arrangements besides institutionalization.</li> </ul>
<ul style="list-style-type: none"> <li>• The legal program will emphasize consumer issues through education, counsel, advice, and representation:               <ol style="list-style-type: none"> <li>a. To assist disabled and elderly persons to protect themselves from fraud and abuse so they may conduct their business with due care necessary to effectively manage their business.</li> <li>b. To prevent errors that may lead to financial devastation and potential mistreatment.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• Disabled and elderly persons will develop more effective business management skills and avoid mismanagement and abuse.</li> </ul>



## Goals, Objectives, Strategies, and Projected Outcomes for Focus Area B

### GOAL 2.0

Ensure that older individuals and persons with disabilities have access to services to assist with daily living

### OBJECTIVE 2.1

Promote, advocate, and support service provision, sustainability, and expansion of ACL discretionary grant programs and other funding source programs.

Alabama Lifespan Respite Resource Network	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"><li>Continue to contract with the Alabama Lifespan Respite Resource Network to promote the expansion of the National Family Caregiver Support Program (NFCSP).</li></ul>	<ul style="list-style-type: none"><li>More caregivers in rural areas will be connected with caregiver services.</li></ul>
Medicare Improvements for Patients and Providers Act (MIPPA) Local & Statewide	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"><li>Continue to identify and screen newly eligible beneficiaries who qualify for the Extra Help programs through both in-person community outreach and outreach through user-friendly online platforms as well as written materials to distribute throughout the region in an effort to identify all eligible beneficiaries.</li><li>Continue to emphasize outreach to Medicare beneficiaries who are disabled by providing easily accessible one-on-one counseling to assist in the selection of the most cost effective health care choices. Emphasis will be placed on customizing the available health care options to the individual's needs and geographical area. Access to services will be made by regional outreach and coordination with the ADRC and Medicaid Waiver programs.</li></ul>	<ul style="list-style-type: none"><li>Increase in the number of beneficiaries enrolled in the Extra Help programs, and as a result, will decrease the out-of-pocket health care costs currently being incurred by these beneficiaries.</li><li>Increase in the number of disabled beneficiaries identified and served within the region.</li></ul>
Senior Medicare Patrol (SMP)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"><li>Develop partnerships with faith-based agencies to assist with outreach efforts in rural and underserved population.</li><li>Work with senior center managers to distribute educational materials to</li></ul>	<ul style="list-style-type: none"><li>Consumers are more aware of Medicare fraud and scams.</li></ul>



congregate and home-delivered meals participants.	
<b>State Health Insurance Assistance Program (SHIP)</b>	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> <li>Continue to partner with Auburn University Harrison School of Pharmacy to train and certify 2<sup>nd</sup> year pharmacy students to assist in the Annual Open Enrollment events by providing written course modules as well as the SHIP Certification exams.</li> <li>Continue to provide a wide range of Medicare educational topics region-wide in an effort to expand services provided to the target population.</li> </ul>	<ul style="list-style-type: none"> <li>Increase the number of pharmacists who graduate from pharmacy school with knowledge of Medicare and the Extra Help programs. These students will return to their local communities able to assist Medicare beneficiaries and become long-term referral sources for the ADRC and SHIP programs, thus increasing the overall number of beneficiaries reached in our region.</li> <li>Overall increase in the number of Medicare beneficiaries reached throughout the region.</li> </ul>
<b>Disaster Preparedness</b>	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> <li>Increase communication and coordination among government and community agencies to educate and prepare for emergencies.</li> <li>Maintain the AAA's role of coordination and communication during emergency events.</li> <li>Promote emergency planning and preparation education to older adults, caregivers, and people with disabilities annually.</li> <li>Review and edit Emergency Disaster Plan annually.</li> <li>Train employees annually regarding emergency plan in event of a disaster.</li> </ul>	<ul style="list-style-type: none"> <li>Community-based supports and services will be strengthened to sustain the growing needs of older adults.</li> <li>Older adults, caregivers, and individuals with disabilities will be prepared and supported by the community in emergencies.</li> <li>Older adults of all backgrounds and demographics will be able to identify and access needed resources to ensure their safety, health, and wellness.</li> <li>Employees will be more aware of what to do in case of an emergency.</li> </ul>
<b>SenioRx</b>	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> <li>Recruit professionals, such as doctors, nurses, pharmacists, and pharmacy technicians, to bring awareness to help promote the SenioRx program.</li> <li>Maintain key relationships with partners who share SenioRx vision to reach and serve individuals who qualify for prescription medication assistance.</li> </ul>	<ul style="list-style-type: none"> <li>Increase awareness of the SenioRx program.</li> <li>Increase the number of SenioRx clients served within the region.</li> </ul>
<b>Medicaid Waiver Program (E&amp;D, ACT, TA, PC)</b>	
<i>Strategies</i>	<i>Projected Outcomes</i>

<ul style="list-style-type: none"> <li>Distribute outreach materials and publications for distribution throughout the service region.</li> </ul>	<ul style="list-style-type: none"> <li>Equitable distribution of services across the region will be available. More consumers will be aware of the Medicaid Waiver Program.</li> </ul>
<ul style="list-style-type: none"> <li>Strengthen relationships with doctors' offices, hospitals, and clinics to ensure medicals are signed and returned to SCADC's office in a timely manner.</li> <li>Employ at least two additional case managers to reduce case load.</li> <li>Schedule quarterly meetings with MW staff to discuss unplanned transitions and actions to be taken to reduce transition.</li> <li>Strengthen relationships with Alabama Department of Public Health, HH Agencies.</li> </ul>	<ul style="list-style-type: none"> <li>Fewer clients will be at risk of losing or having a disruption in services.</li> <li>Increase member enrollments by 15%.</li> <li>Decrease in the number of nursing home and/or hospital admissions.</li> <li>Additional services and additional assistance with medication management will reduce transition to hospitals.</li> </ul>
<b>Personal Choices Program</b>	
<ul style="list-style-type: none"> <li>Access to services will be made available through regional outreach to include AAA web page, health fairs, and brochures.</li> <li>Reduce Personal Choices Counselors' case load and hire additional staff.</li> </ul>	<ul style="list-style-type: none"> <li>More individuals will become aware of the Personal Choices Program.</li> <li>Increase in program efficiency and more participants.</li> </ul>

### FOCUS AREA C: PARTICIPANT-DIRECTED/PERSON-CENTERED PLANNING OTHER PROGRAMS

#### **GOAL 3.0**

Ensure that people served through all programs will be able, to the fullest extent possible, to direct and maintain control and choice in their lives.

#### **OBJECTIVE 3.1**

Continue to integrate and support a person-centered approach in all aspects of the existing service delivery system

### FOCUS AREA C: PARTICIPANT-DIRECTED / PERSON-CENTERED PLANNING

<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> <li>ADRC staff will follow person-centered model when providing benefits &amp; options counseling to ADRC clients and/or caregivers.</li> <li>ADRC staff will continue to be educated and updated on changes to the person-centered approach by attending annual training, meetings, seminars, and conferences.</li> <li>The legal assistance program will continue to encourage seniors and disabled persons to make advance directives, naming persons of their choice to be agents when or if cognitive decline should happen.</li> </ul>	<ul style="list-style-type: none"> <li>ADRC clients and/or caregivers will have vital information to make informed decisions.</li> <li>ADRC staff will be educated on the latest information regarding the person-centered approach so clients and/or caregivers will be provided with the most accurate information.</li> <li>Dignity and respect in service delivery for disabled persons and seniors will be provided.</li> <li>Seniors and disabled persons will direct their own care through the selection of agents to act on their behalf.</li> </ul>

## FOCUS AREA D: ELDER JUSTICE

### GOAL 4.0

Consistently advocate for and promote rights of older and disabled Alabamians and work to prevent their abuse, neglect, and exploitation

### OBJECTIVE 4.1

Continue to strengthen the Council for the Preventions of Elder Abuse and the Long-Term Care Ombudsman program to ensure that all residents are protected from harm.

<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"><li>• The Legal Services Provider will work closely with the Ombudsman Representative to provide education on elder abuse, fraud, neglect, scams, and exploitation to ensure residents' safety.</li><li>• The legal assistance program will place high priority on the in-person and online education of seniors and disabled persons' rights and how to assert those rights to avoid abuse, neglect, and exploitation. A permanent library of publications will be made available to read and download online.</li><li>• The legal assistance program will specifically educate seniors and disabled persons and their caregivers on the area of law that has been developing in Alabama over the last decade designed to protect seniors and disabled persons from abuse, neglect, and exploitation. Information will be provided to help individuals and caregivers access the help they need when a senior or disabled person is at risk.</li><li>• Train first responders, professionals, and community members to recognize and respond to signs that a vulnerable adult is at risk of abuse, neglect, or exploitation.</li></ul>	<ul style="list-style-type: none"><li>• Seniors and disabled persons will become better informed on how to assert their rights.</li><li>• Seniors and disabled persons will be less likely to be abused, neglected, and exploited.</li><li>• Educational materials will be readily available for seniors, disabled persons, and their caregivers.</li><li>• Citizens will be better informed about laws that exist to protect them and how to access remedies made available in those laws related to abuse, neglect, and exploitation.</li><li>• An increased in awareness of abuse, neglect, and exploitation among first responders and professionals.</li></ul>

## FOCUS AREA E: ADDRESSING CHALLENGES

### GOAL 5.0

Ensure the AAA is taking a proactive approach in detecting challenges and seeking opportunities to help people live where they choose with help from home and community-based programs.

### OBJECTIVE 5.1

Work with partners to improve the health and well-being of those we serve.

<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> <li>Promote ADSS's Advocacy Vaccine Campaign to encourage vaccination among older adults through local newspapers, social media, senior centers, and events throughout the region.</li> <li>Participate and provide at least one senior health fair annually throughout the region.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce the spread of the COVID-19 virus and death among older adults and their families.</li> <li>Increase health and wellness of older adults.</li> </ul>

Funding	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> <li>Seek new sustainable sources of funding.</li> <li>Work toward establishing a private-pay fee-for-service program.</li> <li>Develop and form partnerships with health care entities.</li> </ul>	<ul style="list-style-type: none"> <li>Less dependency on government funds.</li> </ul>
Direct Service Provider Workforce	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> <li>Continue to work with Aging partners to advocate a rate increase for direct service providers.</li> </ul>	<ul style="list-style-type: none"> <li>Service providers will be able to keep employees and provide more efficient services.</li> </ul>
Social Isolation & Loneliness among older adults	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> <li>Partner with Maria's Place to provide monthly Activity Boxes to homebound participants.</li> <li>Continue to partner with "Joy for All Companion" to provide therapeutic robotic pets for older adults with dementia.</li> </ul>	<ul style="list-style-type: none"> <li>These activities will help maintain participants' well-being and may improve their cognitive function.</li> </ul>

## FOCUS AREA F: QUALITY MANAGEMENT

### GOAL 6.0

Support and provide proactive planning and management of programs for strict accountability

### OBJECTIVE 6.1

Provide high quality, efficient services

Data Reporting/Information Technology	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> <li>• SCADC remains committed to operating a program of continuous quality improvement.</li> <li>• Continue to work with ADSS to provide high quality, efficient services.</li> <li>• Continue to outsource IT services to improve data reporting.</li> <li>• Update the AAA website and Facebook page annually or as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve information technology structure.</li> <li>• Massive changes in the number of people visiting the website.</li> </ul>
Program Monitoring	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> <li>• Continue to improve the SCADC AAA's information technology (IT) infrastructure security standards, data collection, and reporting capabilities to increase safety, performance, and accountability.</li> <li>• Enhance security of systems and provide ongoing staff training to ensure protection of all client confidential data.</li> <li>• Maintain compliance with all current ADSS Information Technology policies and procedures.</li> <li>• Monitor programs' performance monthly/quarterly; review of performance versus expenditures (comparison to previous year).</li> <li>• Provide monthly budget meetings with Program staff.</li> <li>• Continue to provide annual HIPPA and confidentiality training for employees.</li> <li>• Continue to implement and monitor data in ADSS software monthly for OAA core programs, FAMCare for Medicaid Waiver, and others.</li> </ul>	<ul style="list-style-type: none"> <li>• Better understanding of HIPPA policy and compliance.</li> <li>• Increase staff efficiency in data entry.</li> <li>• Improved communication among staff.</li> <li>• Increase proficiency in monthly, quarterly, and annual reporting.</li> </ul>



<ul style="list-style-type: none"> <li>• Continue to provide coordinators with annual program budgets.</li> </ul>	
<b>Training</b>	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> <li>• Continue to have monthly staff meetings, or as needed.</li> <li>• Continue to train direct service providers on policies and procedures annually.</li> <li>• Continue to provide two center manager's training yearly.</li> <li>• Continue to support Aging trainings and conferences local, state, and out of state.</li> <li>• Continue membership in the Alliance of Information and Referral Systems (AIRS) and ensure that all information and referral staff will achieve the AIRS certification and access to training and online resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased efficiency and accountability among staff, service providers, and partners.</li> </ul>

## Attachment A – Area Plan Assurances

### AREA PLANS

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

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

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals with

Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

and

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

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

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

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

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with

agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

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

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

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National

and Community Service), in community service settings;

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

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

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

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

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) 7 to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings;

and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

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

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

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

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

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

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

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

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

(9) provide assurances that—

(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section



307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and

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

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

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

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

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

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

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

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

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

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response

agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

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

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

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

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

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

(2) Such assessment may include—

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

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose

of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph

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

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

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

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

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

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

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

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

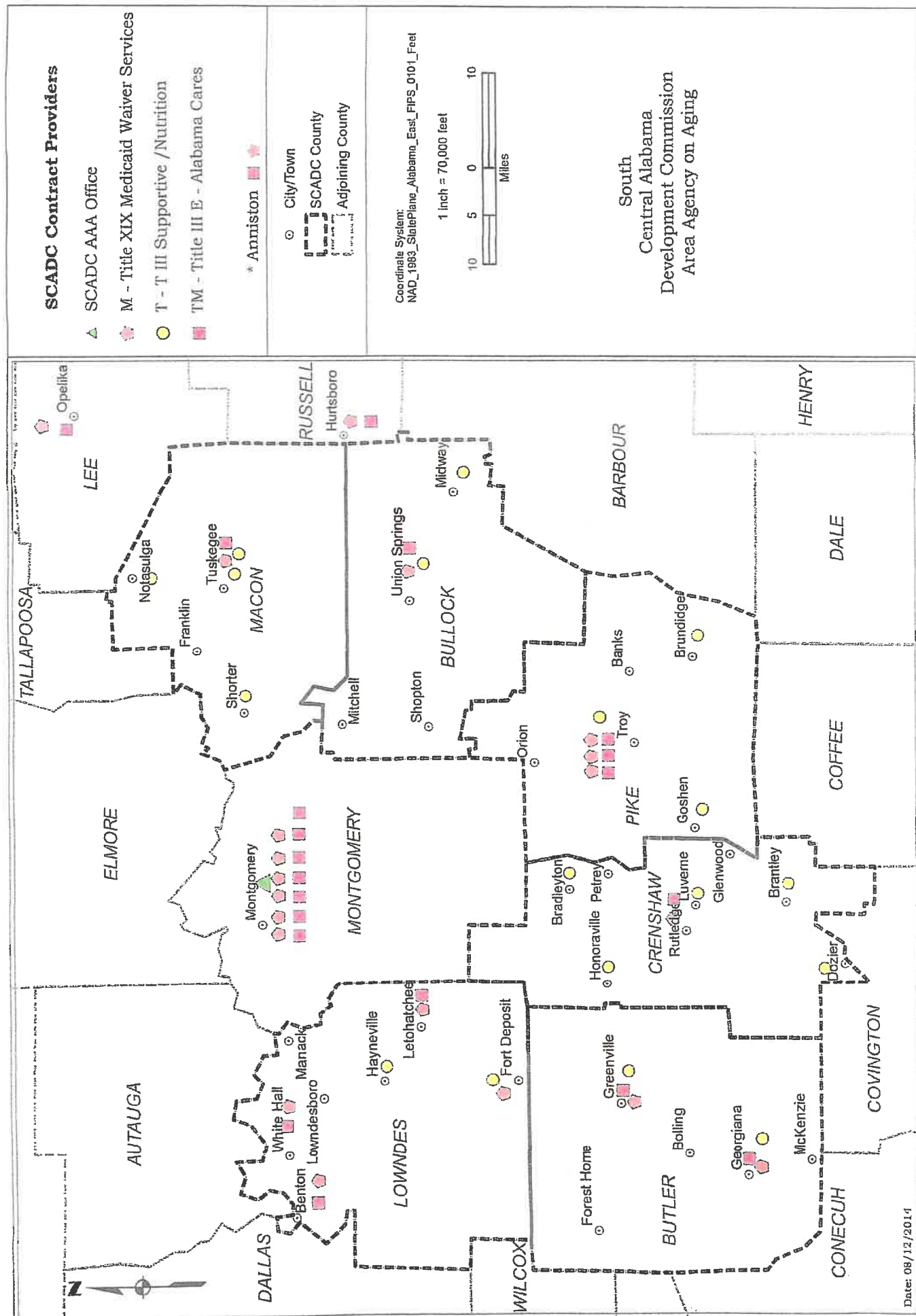
(3) other arrangements with entities or individuals that increase the availability of home- and community based services and supports.

I have read the above Area Plan information ADSS extracted directly from the Older Americans Act (OAA) regarding submission of Area Plans.

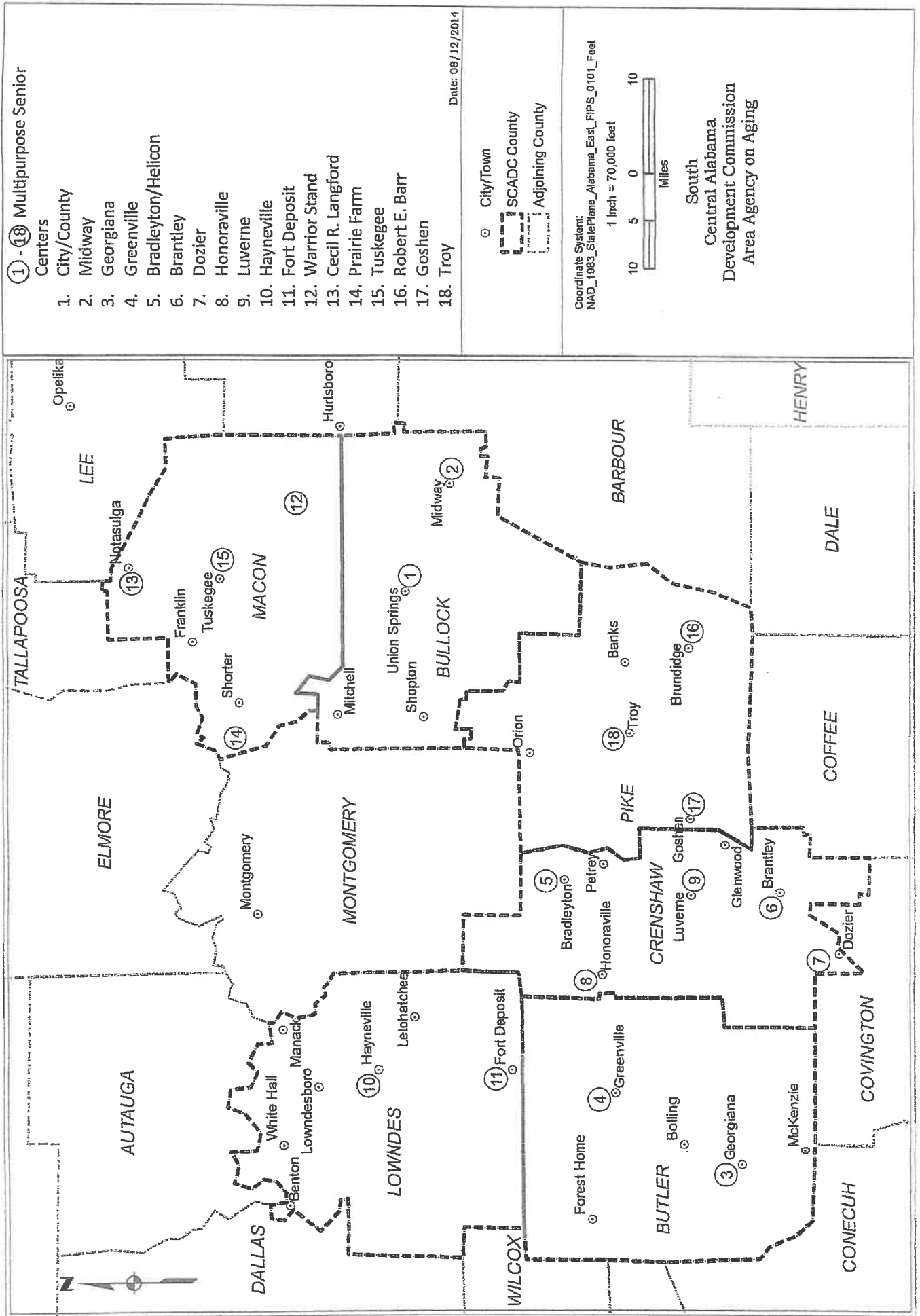
  
Signature of AAA Director  
PRINT NAME

8/10/2021  
Date

# Location of SCADC Office and Contract Providers



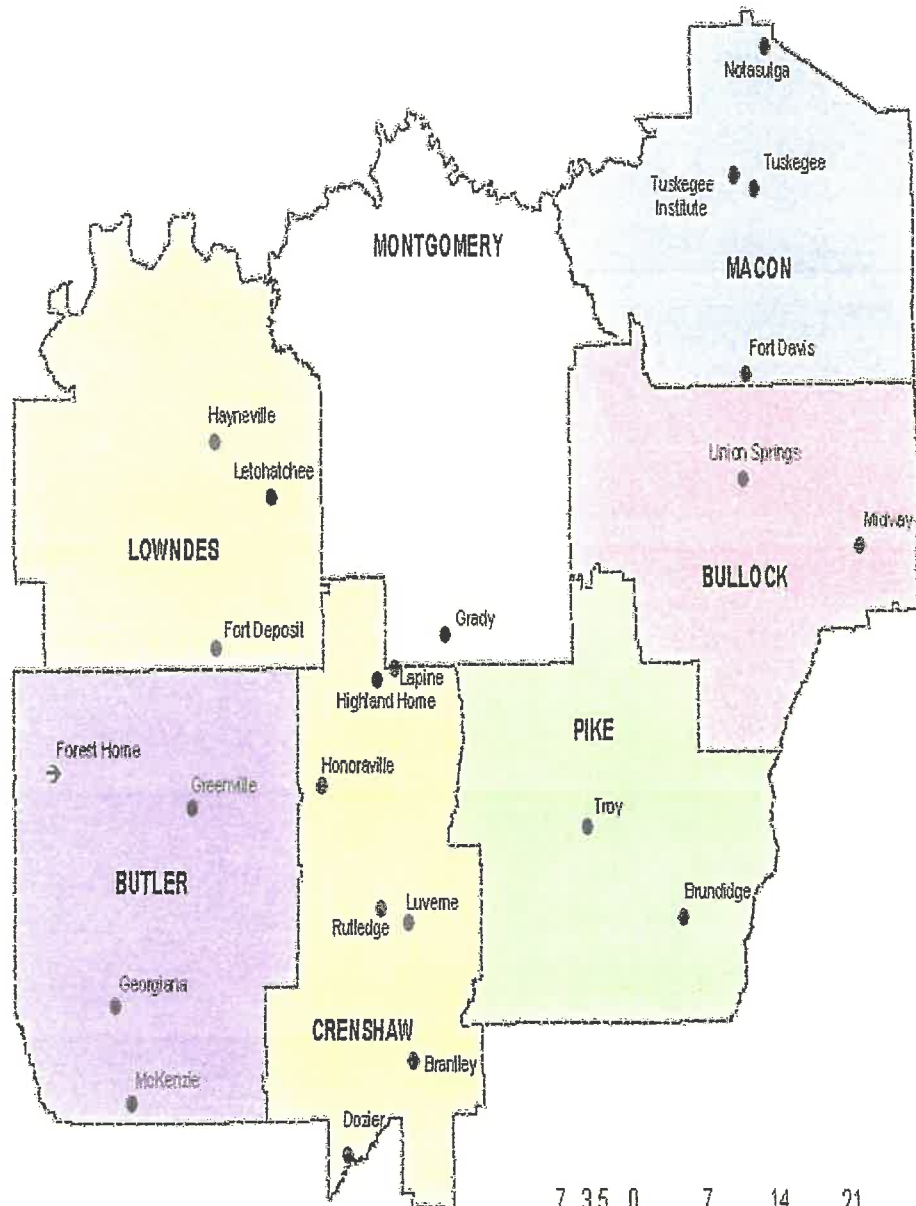
# Multipurpose Senior Centers





# MEAL DROP-OFF POINTS

SOUTH CENTRAL ALABAMA  
DEVELOPMENT COMMISSION  
AREA AGENCY ON AGING



## Legend

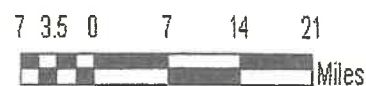
### Home Delivered Meals

- Hot Meals
- Frozen Meals



February 2006

Sources: U.S. Census TIGER/Line Files, 2000; Local sources.



**SOUTH CENTRAL ALABAMA DEVELOPMENT COMMISSION**

**BOARD OF DIRECTORS**

**\*OFFICERS**

**2020- 2022**

Mildred Whittington, **Chairman**  
Mayor of Midway  
P.O. Box 36  
Midway, AL 36053

Melissa Sanders, **Vice-Chairman**  
City of Troy  
PO Box 549  
Troy, AL 36053  
(334)670-6058  
[melissa.sanders@troyal.gov](mailto:melissa.sanders@troyal.gov)

Lawrence Haygood, **Secretary**  
Mayor of Tuskegee  
101 Fonville Street  
PO Box 830687  
Tuskegee, Al 36083-0687  
(334)720-0514  
[mayor@tuskegeecalabama.gov](mailto:mayor@tuskegeecalabama.gov)

Jackie Thomas, **Treasurer**  
Lowndes County Commission  
P. O. Box 65  
Hayneville, AL 36040  
(334)278-3456  
[jthomas@htcnet.net](mailto:jthomas@htcnet.net)

\*Elections are held at the annual Board meeting held in May in even years.

## **MEMBERSHIP**

### **BULLOCK COUNTY**

Roderick Clark  
Mayor of Union Springs  
P. O. Box 549  
Union Springs, AL 36089  
[unionsp@ustconline.net](mailto:unionsp@ustconline.net)  
[Saint\\_thms@yahoo.com](mailto:Saint_thms@yahoo.com)

(334)738-2720  
(334)850-9862-cell

Mildred Whittington  
Mayor of Midway  
P. O. Box 36  
Midway, AL 36053

(334)529-3261

David Padgett  
Bullock County Dev. Authority  
P.O. Box 87  
Union Springs, AL 36089  
[david.padgett@bullockcountyalabama.com](mailto:david.padgett@bullockcountyalabama.com)

(334)473-8016  
(334)738-5310-fax

Alonza Ellis, Jr., Chairman  
Bullock County Commission  
P. O. Box 472  
Union Spring, AL 36089

(334)738-3883  
(334)201-0087

### **BUTLER COUNTY**

Steve Norman  
Probate Judge  
700 Court Square  
Greenville, AL 36037

(334)382-3512  
(334)382-5489-fax

Allin Whittle, Chairman  
Butler County Commission  
P.O. Box 756  
Greenville, AL 36037

(334)382-3612

David Hutchison  
Butler County  
P O Box 758  
Greenville, AL 36037  
[DHutchisen@bcced.com](mailto:DHutchisen@bcced.com)

(334)371-8400

Dexter McLendon  
Mayor of Greenville  
P. O. Box 158  
Greenville, AL 36037

(334)382-7111  
(334)303-7568-cell

### **CRENSHAW COUNTY**

Charlie Johnson  
City Council  
138 West 9<sup>th</sup> Street  
Luverne, AL 36049

(334)335-3004-home  
(334)672-0295-cell

Charlie Sankey, Jr., Chairman  
Crenshaw County Commission  
P. O. Box 227  
Luverne, AL 36049

(334)335-6568

Darryl Elliot  
Town of Brantley  
Box 254  
Brantley, AL 36009

(334)527-3579-home  
(334)235-1057-work

William A. Tate  
Judge of Probate  
590 East 10<sup>th</sup> Street  
Luverne, AL 36049

(334)403-0407-cell

### **LOWNDES COUNTY**

Ms. Jackie Thomas  
Lowndes County Commission  
P.O. Box 65  
Hayneville, AL 36040  
[jthomas@htcnet.net](mailto:jthomas@htcnet.net)

(334)548-2331

Jacquelyn Davison-Boone  
Mayor of Fort Deposit  
P.O. Box 260  
Fort Deposit, AL 36032  
[mayor@fort-deposit.net](mailto:mayor@fort-deposit.net)

(334)227-4841

Ransom Williams  
308 Meadows Road  
Lowndesboro, AL 36752

(334)278-3456

Brenson Crenshaw  
Lowndes County Commission  
P. O. Box 65  
Hayneville, AL 36040

(334)548-2331  
(334)412-7832

### **MACON COUNTY**

Louis Maxwell, Chairman  
Macon County Commission  
101 E. Northside Street  
Tuskegee, AL 36083

(334)724-2557  
(334)421-2481-cell  
(334)724-2608-fax

Lawrence Haygood  
Mayor of Tuskegee  
101 Fonville Street  
P O Box 830687  
Tuskegee, AL 36083-0687  
[mayor@tuskegeecalabama.gov](mailto:mayor@tuskegeecalabama.gov)

(334)720-0514

### **MONTGOMERY COUNTY**

Michael Briddell  
City of Montgomery  
P.O. Box 1111  
Montgomery, AL 36192  
[mbriddell@montgomeryal.gov](mailto:mbriddell@montgomeryal.gov)

(334)241-2005

**PIKE COUNTY**

Jimmy Barron  
Pike County Commission  
P.O. Drawer 1147  
Troy, AL 36081

(334)566-6374

Jason Reeves  
Mayor of Troy  
P.O. Box 549  
Troy, AL 36081

(334)566-0177

Marsha Gaylard  
Pike County Economic  
Development Commission  
100 Industrial Blvd.  
Troy, AL 36081  
[mgaylard@troycable.net](mailto:mgaylard@troycable.net)

(334)566-2294

Melissa Sanders  
City of Troy  
P O Box 549  
Troy, AL 36081  
[melissa.sanders@troyal.gov](mailto:melissa.sanders@troyal.gov)  
(Represents the Mayor)

(334)670-6058

Isabell Boyd  
Mayor of Brundidge  
P O Box 638  
Brundidge, AL 36010

(334)735-2544



## Attachment D – Advisory Council Membership

### FY 2021-2022 ADVISORY COUNCIL

OAA 306(a) (6) (D)

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

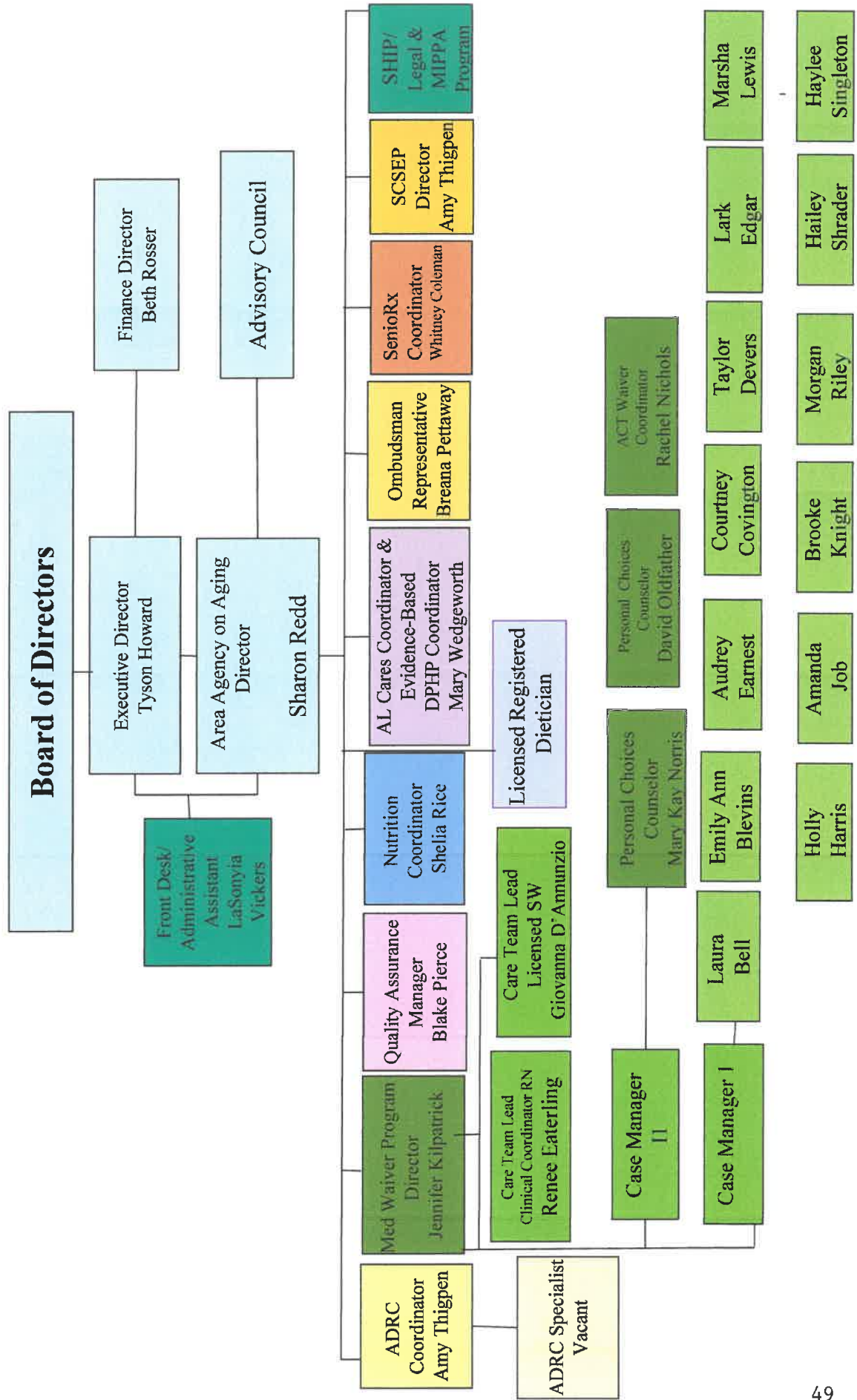
AAA: SOUTH CENTRAL ALABAMA DEVELOPMENT COMMISSION AREA AGENCY ON AGING

Area Plan FY: 2022-2025

NAME	OLDER INDIVIDUAL			REP. OF OLDER INDIVIDUAL	LOCAL ELECTED OFFICIAL	PROVIDER OF VETERANS' HEALTH CARE (if appropriate)	GENERAL PUBLIC
	MINORITY	RURAL	CLIENT/ PARTICIPANT?				
Mrs. Mary Braden				X			X
Mr. Oliver Brooks	X			X	X		
Mrs. Edith Brooks	X			X			
Mr. Jeffrey Brown	X	X		X			
Mrs. Ella Brown	X	X		X			
Mrs. Evergreen Freeman	X	X		X			X
Ms. Betty James	X			X		X	
Mrs. Dale Floyd Law							
Hon. Magdalene K. Patton	X			X	X		X
Ms. Essie B Thomas	X	X	X	X			
Mr. Frederick C. Thompson				X			X
Dr. Florence Pace-Tyner	X			X			

# South Central Alabama Development Commission Area Agency on Aging

## Attachment E - Organizational Chart



## Attachment F – Grievance Policy

### SOUTH CENTRAL ALABAMA DEVELOPMENT COMMISSION

The Board of Directors of the South Central Alabama Development Commission (SCADC) adopts the following Grievance Procedures to be effective in all programs and services operated by and under contract with SCADC:

#### GRIEVANCE PROCEDURES

§ 1. Definitions. The following terms whenever used in these Grievance Procedures shall have the meaning stated in this section:

- (a) Adverse party: (1) In the case of grievance filed by a recipient: the contractor, grantee, or service provider; or (2) in the case of a grievance filed by a contractor, grantee, or service provider alleging that a contract or grant proposal was improperly rejected and awarded to another applicant for the contract or grant: the contractor, grantee, or service provider whose competing application was accepted.
- (b) Aggrieved party: any recipient or contractor who shall allege that he, she, or it has been improperly denied services or funding or has been improperly discriminated against on the basis of race, gender, handicap, religion, age, or national origin in the provision of services or funding by SCADC or by a SCADC contractor with respect to services funded by SCADC.
- (c) Board: the Board of Directors of SCADC
- (d) Contractor: any SCADC contractor, grantee, or service provider or any applicant for a contract or grant funded by SCADC.
- (e) Hearing panel: the three-person subcommittee of the Board designated by the Board to hear grievances.
- (f) Recipient: any person who receives or has applied to receive services from SCADC or services funded by SCADC from a SCADC contractor.
- (g) SCADC: the South Central Alabama Development Commission.

§ 2. Authority of the Hearing Panel. The board hereby delegates its authority to its hearing panel, which shall be authorized to hear and to decide all issues that shall come before it with respect to any grievance filed by any aggrieved party. The Executive Director of SCADC (or his or her designee) shall act as recording secretary at all hearings.

§ 3. Contractor Compliance. All contractors shall comply with all decisions of the hearing panel with respect to any grievance proceeding.

§ 4. How Grievance Filed. All grievances shall be filed in writing with the Executive Director of SCADC and shall state with specificity the basis for the grievance.

- (a) Recipient grievances. Within fifteen days of the act that is the basis for the grievance and as a condition precedent to filling any grievance in writing with the appropriate adverse party, stating with specificity the basis for the grievance. Within fifteen days of receipt, the adverse party shall provide the recipient a written response to the grievance. In the case in which the adverse party does not provide the recipient a written response, the grievance is deemed to have been denied by the adverse party as of fifteen days after its receipt by the adverse party. Any recipient who shall remain aggrieved in whole or in part after the response of the

adverse party shall file his or her grievance with SCADC within fifteen days of the response of the adverse party.

- (b) Contractor grievances. Any aggrieved contractor shall file his, her, or its grievance with SCADC within fifteen days of the act that is the basis for the grievance.
- (c) Dismissal of grievance without hearing. The grievance of any aggrieved party shall be dismissed without hearing if the requirements of this section shall not have been followed or upon the written request of the aggrieved party. SCADC shall provide the aggrieved party and any adverse party with written notice of any dismissal under this section.

§ 5. Notice of Hearing. SCADC shall notify the aggrieved party and any adverse party of the date, time and place of the hearing within fifteen days of the receipt of the grievance by SCADC. The date of the hearing shall be no fewer than ten days and no more than thirty days following the date of the notice.


§ 6. Hearing Procedures. Hearing procedures shall be generally informal. The aggrieved party and any adverse party shall have the following rights with respect to the hearing:

- (a) To be represented by counsel or otherwise or to appear pro se;
- (b) To present the oral testimony of witnesses;
- (c) To cross-examine witnesses;
- (d) To introduce documents and exhibits; and
- (e) To make opening and closing statements, subject to time limits imposed by the hearing panel that shall be applied equally in cases in which any adverse party shall appear.

Members of the hearing panel shall have the right to question any witness who shall appear upon the completion of any direct and cross-examination by the parties.

§ 7. Hearing Decisions. The decision of the hearing panel shall be based solely on the testimony and any other evidence presented at the hearing. The decision shall be in writing. Copies of the decision shall be provided to all parties within thirty days of the date of the hearing.

Passed and adopted this 25th day of April 1990

  
R. R. Norman, Jr.  
Chairman

ATTEST:



## **Attachment G – Conflict of Interest Policy**

### **South Central Alabama Development Commission Conflict of Interest Policy**

#### **A. PURPOSE**

This Conflict of Interest Policy governs the activities of the Board of Directors, officers and staff of the South Central Alabama Development Commission (SCADC). It is the duty of all board members, officers and staff to be aware of this policy, and to identify conflicts of interest and situations that may result in the appearance of a conflict and to disclose those situations/conflicts/ or potential conflicts to the Executive Director, Chairman of the Board or other designated person, as appropriate.

#### **Conflict of Interests**

A conflict of interest is defined as an actual or perceived interest by a Board member, officer or staff in an action that results in, or has the appearance of resulting in, personal, organizational, or professional gain. Officers, members, and staff are obligated to always act in the best interest of the organization. At all times, officers, board members, and staff are prohibited from using their job title or the organization's name or property, for private profit or benefit.

1. The officers, members and staff of the board should neither solicit nor accept gratuities, favors, or anything of monetary value from contractors/vendors.
2. No officers, board members or staff of the Board shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his/her knowledge any of the following has a financial interest in that purchase or contract: officers or member, any member of their immediate family, their partner, an organization in which any of the above is an officer, director or employee; a person or organization with whom any of the above individuals is negotiating or has an arrangement concerning prospective employment

#### **Disclosure**

When a conflict of interest is relevant to a matter requiring action by the Board, the interested person(s) shall call it to the attention of the Board and said person(s) shall not vote on the matter. In addition, the person(s) shall not participate in the final decision or related deliberation regarding the matter under consideration.



**Record of Conflict** ---The official minutes of the Board shall reflect that the conflict of interest was disclosed and the interested person(s) did not participate in the final discussion or vote on the matter.

Annually, each Board member, officers and staff acknowledges that he or she has read and is in compliance with this policy.

Passed and adopted this 20<sup>TH</sup> day of NOVEMBER 2013.

A handwritten signature in cursive script, reading "James V. Perdue", written over a horizontal line.

James V. Perdue  
Chairman

## Attachment H – County Demographics

### DEMOGRAPHIC PROFILE: BULLOCK COUNTY

Age Groups <sup>(1)</sup>		
All Ages	10,914	
Under 60	8,806	80.7%
60-64	639	5.9%
65-69	476	4.4%
70-74	359	3.3%
75-79	275	2.5%
80-84	151	1.4%
85+	208	1.9%
60+	2,108	19.3%
65+	1,469	13.5%

Projections (65+) <sup>(2)</sup>	
2000	1,543
2010	1,469
2020	1,897
2030	2,237
2040	2,050

Ethnicity/Race (60+) <sup>(1)</sup>		
Hispanic	23	1.1%
Non-Hispanic	2,085	98.9%
White	749	35.9%
Black	1,321	63.4%
Other Minorities	15	0.7%

Gender (60+) <sup>(1)</sup>		
Male	956	45.4%
Female	1,152	54.6%

Disability Status (65+) <sup>(3)</sup>		
Number of Persons	1,532	
With Any Disability	488	31.9%
Hearing Difficulty	149	30.5%
Vision Difficulty	75	15.4%
Cognitive Difficulty	155	31.8%
Ambulatory Difficulty	357	73.2%
Self-Care Difficulty	77	15.8%
Independent Living Difficulty	166	34.0%
With No Disabilities	1,044	68.1%

Living Situation (65+) <sup>(1)</sup>		
Living Alone	439	29.9%

Living in Rural Areas	917	62.4%
-----------------------	-----	-------

Financial Status (60+) <sup>(3)</sup>		
Number of Persons	2,288	
Below Poverty	378	16.5%
Number of Minority Persons	1,525	
Minority Below Poverty	342	22.4%

Educational Status (65+) <sup>(3)</sup>		
Number of Persons	1,640	
Less Than High School Diploma	464	28.3%
High School Diploma	476	29.0%
Some College, No Degree	309	18.8%
Associate's Degree	41	2.5%
Bachelor's Degree	195	11.9%
Graduate or professional degree	155	9.5%

Grandparents (age 60+) and Grandchildren responsibility <sup>(3)</sup>		
Grandparents living with own grandchildren (under age 18 years)	259	
Responsible for grandchildren	116	44.8%
Age 30-59	52	44.8%
Age 60+	31	26.7%
Not responsible for grandchildren	143	55.2%
Age 30-59	80	55.9%
Age 60+	63	44.1%

Work Status (60+) <sup>(3)</sup>		
60-64	770	32.0%
In labor force:	429	55.7%
Employed	429	100.0%
Unemployed	0	0.0%
Not in labor force	341	44.3%
65-69	543	22.5%
In labor force:	146	26.9%
Employed	139	95.2%
Unemployed	7	4.8%
Not in labor force	397	73.1%
70+	1,097	45.5%
In labor force:	185	16.9%
Employed	185	100.0%
Unemployed	0	0.0%
Not in labor force	912	83.1%

(1) U.S. Census Bureau, Census 2010.

(2) U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

(3) U.S. Census Bureau, American Community Survey 2015-2019.

## DEMOGRAPHIC PROFILE: BUTLER COUNTY

Age Groups <sup>(1)</sup>		
All Ages	20,947	
Under 60	16,164	77.2%
60-64	1,294	6.2%
65-69	1,004	4.8%
70-74	825	3.9%
75-79	660	3.2%
80-84	488	2.3%
85+	512	2.4%
60+	4,783	22.8%
65+	3,489	16.7%

Projections (65+) <sup>(2)</sup>	
2000	3,506
2010	3,489
2020	4,088
2030	4,619
2040	4,460

Ethnicity/Race (60+) <sup>(1)</sup>		
Hispanic	17	0.4%
Non-Hispanic	4,766	99.6%
White	3,219	67.5%
Black	1,502	31.5%
Other Minorities	45	0.9%

Gender (60+) <sup>(1)</sup>		
Male	2,012	42.1%
Female	2,771	57.9%

Disability Status (65+) <sup>(3)</sup>		
Number of Persons	3,773	
With Any Disability	1,427	37.8%
Hearing Difficulty	471	33.0%
Vision Difficulty	300	21.0%
Cognitive Difficulty	305	21.4%
Ambulatory Difficulty	1,052	73.7%
Self-Care Difficulty	370	25.9%
Independent Living Difficulty	573	40.2%
With No Disabilities	2,346	62.2%

Living Situation (65+) <sup>(1)</sup>		
Living Alone	1,106	31.7%
Living in Rural Areas	2,590	74.2%

Financial Status (60+) <sup>(3)</sup>		
Number of Persons	5,143	
Below Poverty	749	14.6%
Number of Minority Persons	1,924	
Minority Below Poverty	396	20.6%

Educational Status (65+) <sup>(3)</sup>		
Number of Persons	3,900	
Less Than High School Diploma	213	5.5%
High School Diploma	544	13.9%
Some College, No Degree	1,686	43.2%
Associate's Degree	530	13.6%
Bachelor's Degree	276	7.1%
Graduate or professional degree	322	8.3%

Grandparents (age 60+) and Grandchildren responsibility <sup>(3)</sup>		
Grandparents living with own grandchildren (under age 18 years)	347	
Responsible for grandchildren	252	72.6%
Age 30-59	27	10.7%
Age 60+	100	39.7%
Not responsible for grandchildren	95	27.4%
Age 30-59	44	46.3%
Age 60+	51	53.7%

Work Status (60+) <sup>(3)</sup>		
60-64	1,408	26.5%
In labor force:	661	46.9%
Employed	642	97.1%
Unemployed	19	2.9%
Not in labor force	747	53.1%
65-69	1,160	21.9%
In labor force:	223	19.2%
Employed	223	100.0%
Unemployed	0	0.0%
Not in labor force	937	80.8%
70+	2,740	51.6%
In labor force:	248	9.1%
Employed	248	100.0%
Unemployed	0	0.0%
Not in labor force	2,492	90.9%

(1) U.S. Census Bureau, Census 2010.

(2) U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

(3) U.S. Census Bureau, American Community Survey 2015-2019.

## DEMOGRAPHIC PROFILE: CRENSHAW COUNTY

Age Groups <sup>(1)</sup>		
All Ages	13,906	
Under 60	10,757	77.4%
60-64	939	6.8%
65-69	656	4.7%
70-74	533	3.8%
75-79	413	3.0%
80-84	298	2.1%
85+	310	2.2%
60+	3,149	22.6%
65+	2,210	15.9%

Projections (65+) <sup>(2)</sup>	
2000	2,338
2010	2,210
2020	2,657
2030	3,229
2040	3,382

Ethnicity/Race (60+) <sup>(1)</sup>		
Hispanic	24	0.8%
Non-Hispanic	3,125	99.2%
White	2,446	78.3%
Black	639	20.4%
Other Minorities	40	1.3%

Gender (60+) <sup>(1)</sup>		
Male	1,356	43.1%
Female	1,793	56.9%

Disability Status (65+) <sup>(3)</sup>		
Number of Persons	2,472	
With Any Disability	1,079	43.6%
Hearing Difficulty	349	32.3%
Vision Difficulty	135	12.5%
Cognitive Difficulty	333	30.9%
Ambulatory Difficulty	815	75.5%
Self-Care Difficulty	206	19.1%
Independent Living Difficulty	487	45.1%
With No Disabilities	1,393	56.4%

Living Situation (65+) <sup>(1)</sup>		
Living Alone	674	30.5%
Living in Rural Areas	2,210	100.0%

Financial Status (60+) <sup>(3)</sup>		
Number of Persons	3,495	
Below Poverty	492	14.1%
Number of Minority Persons	830	
Minority Below Poverty	190	22.9%

Educational Status (65+) <sup>(3)</sup>		
Number of Persons	2,609	
Less Than High School Diploma	382	14.6%
High School Diploma	376	14.4%
Some College, No Degree	1,057	40.5%
Associate's Degree	300	11.5%
Bachelor's Degree	72	2.8%
Graduate or professional degree	286	11.0%

Grandparents (age 60+) and Grandchildren responsibility <sup>(3)</sup>		
Grandparents living with own grandchildren (under age 18 years)	482	
Responsible for grandchildren	270	56.0%
Age 30-59	80	29.6%
Age 60+	56	20.7%
Not responsible for grandchildren	212	44.0%
Age 30-59	95	44.8%
Age 60+	117	55.2%

Work Status (60+) <sup>(3)</sup>		
60-64	1,042	28.5%
In labor force:	413	39.6%
Employed	413	100.0%
Unemployed	0	0.0%
Not in labor force	629	60.4%
65-69	750	20.5%
In labor force:	175	23.3%
Employed	175	100.0%
Unemployed	0	0.0%
Not in labor force	575	76.7%
70+	1,859	50.9%
In labor force:	168	9.0%
Employed	168	100.0%
Unemployed	0	0.0%
Not in labor force	1,691	91.0%

(1) U.S. Census Bureau, Census 2010.

(2) U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

(3) U.S. Census Bureau, American Community Survey 2015-2019.

## DEMOGRAPHIC PROFILE: LOWNDES COUNTY

Age Groups <sup>(1)</sup>		
All Ages	11,299	
Under 60	8,965	79.3%
60-64	679	6.0%
65-69	543	4.8%
70-74	443	3.9%
75-79	296	2.6%
80-84	186	1.6%
85+	187	1.7%
60+	2,334	20.7%
65+	1,655	14.6%

Projections (65+) <sup>(2)</sup>	
2000	1,646
2010	1,655
2020	1,940
2030	2,268
2040	2,025

Ethnicity/Race (60+) <sup>(1)</sup>		
Hispanic	9	0.4%
Non-Hispanic	2,325	99.6%
White	889	38.2%
Black	1,416	60.9%
Other Minorities	20	0.9%

Gender (60+) <sup>(1)</sup>		
Male	1,014	43.4%
Female	1,320	56.6%

Disability Status (65+) <sup>(3)</sup>		
Number of Persons	1,805	
With Any Disability	904	50.1%
Hearing Difficulty	257	28.4%
Vision Difficulty	106	11.7%
Cognitive Difficulty	310	34.3%
Ambulatory Difficulty	649	71.8%
Self-Care Difficulty	197	21.8%
Independent Living Difficulty	378	41.8%
With No Disabilities	901	49.9%

Living Situation (65+) <sup>(1)</sup>		
Living Alone	432	26.1%
Living in Rural Areas	1,655	100.0%

Financial Status (60+) <sup>(3)</sup>		
Number of Persons	2,536	
Below Poverty	606	23.9%
Number of Minority Persons	1,702	
Minority Below Poverty	480	28.2%

Educational Status (65+) <sup>(3)</sup>		
Number of Persons	1,856	
Less Than High School Diploma	270	14.5%
High School Diploma	285	15.4%
Some College, No Degree	653	35.2%
Associate's Degree	300	16.2%
Bachelor's Degree	161	8.7%
Graduate or professional degree	131	7.1%

Grandparents (age 60+) and Grandchildren responsibility <sup>(3)</sup>		
Grandparents living with own grandchildren (under age 18 years)	411	
Responsible for grandchildren	213	51.8%
Age 30-59	45	21.1%
Age 60+	78	36.6%
Not responsible for grandchildren	198	48.2%
Age 30-59	117	59.1%
Age 60+	81	40.9%

Work Status (60+) <sup>(3)</sup>		
60-64	739	28.5%
In labor force:	272	36.8%
Employed	246	90.4%
Unemployed	26	9.6%
Not in labor force	467	63.2%
65-69	625	24.1%
In labor force:	139	22.2%
Employed	133	95.7%
Unemployed	6	4.3%
Not in labor force	486	77.8%
70+	1,231	47.4%
In labor force:	91	7.4%
Employed	82	90.1%
Unemployed	9	9.9%
Not in labor force	1,140	92.6%

(1) U.S. Census Bureau, Census 2010.

(2) U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

(3) U.S. Census Bureau, American Community Survey 2015-2019.



## DEMOGRAPHIC PROFILE: MACON COUNTY

Age Groups <sup>(1)</sup>		
All Ages	21,452	
Under 60	17,097	79.7%
60-64	1,324	6.2%
65-69	978	4.6%
70-74	682	3.2%
75-79	545	2.5%
80-84	428	2.0%
85+	398	1.9%
60+	4,355	20.3%
65+	3,031	14.1%

Projections (65+) <sup>(2)</sup>	
2000	3,367
2010	3,031
2020	3,352
2030	3,855
2040	3,698

Ethnicity/Race (60+) <sup>(1)</sup>		
Hispanic	28	0.6%
Non-Hispanic	4,327	99.4%
White	871	20.1%
Black	3,428	79.2%
Other Minorities	28	0.6%

Gender (60+) <sup>(1)</sup>		
Male	1,862	42.8%
Female	2,493	57.2%

Disability Status (65+) <sup>(3)</sup>		
Number of Persons	3,544	
With Any Disability	1,474	41.6%
Hearing Difficulty	336	22.8%
Vision Difficulty	230	15.6%
Cognitive Difficulty	437	29.6%
Ambulatory Difficulty	1,055	71.6%
Self-Care Difficulty	415	28.2%
Independent Living Difficulty	634	43.0%
With No Disabilities	2,070	58.4%

Living Situation (65+) <sup>(1)</sup>		
Living Alone	961	31.7%
Living in Rural Areas	1,847	60.9%

Financial Status (60+) <sup>(3)</sup>		
Number of Persons	4,785	
Below Poverty	707	14.8%
Number of Minority Persons	3,804	
Minority Below Poverty	582	15.3%

Educational Status (65+) <sup>(3)</sup>		
Number of Persons	3,614	
Less Than High School Diploma	309	8.6%
High School Diploma	550	15.2%
Some College, No Degree	943	26.1%
Associate's Degree	599	16.6%
Bachelor's Degree	269	7.4%
Graduate or professional degree	388	10.7%

Grandparents (age 60+) and Grandchildren responsibility <sup>(3)</sup>		
Grandparents living with own grandchildren (under age 18 years)	494	
Responsible for grandchildren	307	62.1%
Age 30-59	62	20.2%
Age 60+	74	24.1%
Not responsible for grandchildren	187	37.9%
Age 30-59	109	58.3%
Age 60+	78	41.7%

Work Status (60+) <sup>(3)</sup>		
60-64	1,284	26.2%
In labor force:	595	46.3%
Employed	584	98.2%
Unemployed	11	1.8%
Not in labor force	689	53.7%
65-69	1,299	26.5%
In labor force:	301	23.2%
Employed	297	98.7%
Unemployed	4	1.3%
Not in labor force	998	76.8%
70+	2,315	47.3%
In labor force:	181	7.8%
Employed	178	98.3%
Unemployed	3	1.7%
Not in labor force	2,134	92.2%

(1) U.S. Census Bureau, Census 2010.

(2) U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

(3) U.S. Census Bureau, American Community Survey 2015-2019.

## DEMOGRAPHIC PROFILE: PIKE COUNTY

Age Groups <sup>(1)</sup>		
All Ages	32,899	
Under 60	26,934	81.9%
60-64	1,754	5.3%
65-69	1,365	4.1%
70-74	1,071	3.3%
75-79	751	2.3%
80-84	510	1.6%
85+	514	1.6%
60+	5,965	18.1%
65+	4,211	12.8%

Projections (65+) <sup>(2)</sup>	
2000	3,727
2010	4,211
2020	5,188
2030	6,094
2040	6,178

Ethnicity/Race (60+) <sup>(1)</sup>		
Hispanic	30	0.5%
Non-Hispanic	5,935	99.5%
White	4,274	72.0%
Black	1,579	26.6%
Other Minorities	82	1.4%

Gender (60+) <sup>(1)</sup>		
Male	2,634	44.2%
Female	3,331	55.8%

Disability Status (65+) <sup>(3)</sup>		
Number of Persons	4,818	
With Any Disability	1,993	41.4%
Hearing Difficulty	696	34.9%
Vision Difficulty	386	19.4%
Cognitive Difficulty	569	28.5%
Ambulatory Difficulty	1,394	69.9%
Self-Care Difficulty	527	26.4%
Independent Living Difficulty	923	46.3%
With No Disabilities	2,825	58.6%

Living Situation (65+) <sup>(1)</sup>		
Living Alone	1,253	29.8%
Living in Rural Areas	2,669	63.4%

Financial Status (60+) <sup>(3)</sup>		
Number of Persons	6,612	
Below Poverty	862	13.0%
Number of Minority Persons	2,070	
Minority Below Poverty	378	18.3%

Educational Status (65+) <sup>(3)</sup>		
Number of Persons	4,946	
Less Than High School Diploma	586	11.8%
High School Diploma	695	14.1%
Some College, No Degree	1,758	35.5%
Associate's Degree	753	15.2%
Bachelor's Degree	161	3.3%
Graduate or professional degree	579	11.7%

Grandparents (age 60+) and Grandchildren responsibility <sup>(3)</sup>		
Grandparents living with own grandchildren (under age 18 years)	534	
Responsible for grandchildren	128	24.0%
Age 30-59	28	21.9%
Age 60+	18	14.1%
Not responsible for grandchildren	406	76.0%
Age 30-59	208	51.2%
Age 60+	198	48.8%

Work Status (60+) <sup>(3)</sup>		
60-64	1,800	26.7%
In labor force:	939	52.2%
Employed	914	97.3%
Unemployed	25	2.7%
Not in labor force	861	47.8%
65-69	1,446	21.4%
In labor force:	501	34.6%
Employed	485	96.8%
Unemployed	16	3.2%
Not in labor force	945	65.4%
70+	3,500	51.9%
In labor force:	473	13.5%
Employed	472	99.8%
Unemployed	1	0.1%
Not in labor force	3,027	86.5%

(1) U.S. Census Bureau, Census 2010.

(2) U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

(3) U.S. Census Bureau, American Community Survey 2015-2019.

## COUNTY HEALTH PROFILES

## 2018 HEALTH PROFILE: BULLOCK COUNTY

2018 POPULATION	
Total	10,138
White	2,661
Black and Other	7,477
Median age	39.3
Life expectancy at birth	74.6
Total fertility rate per 1,000 women ages 10-49	2,213.5

DEATHS BY AGE GROUP		
Age group	Total	Rate <sup>(1)</sup>
0-14	3	1.7
15-44	10	2.5
45-64	25	9.3
65-84	49	33.2
85+	25	135.9
Total	112	11.0

<sup>(1)</sup>Rate is per 1,000 population in age group.

2018 POPULATION BY AGE GROUP, RACE, AND GENDER									
Age Group	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	600	287	313	130	58	72	470	229	241
5-9	598	303	295	137	65	72	461	238	223
10-14	601	340	261	110	68	42	491	272	219
15-44	3,990	2,390	1,600	947	655	292	3,043	1,735	1,308
45-64	2,688	1,491	1,197	762	494	268	1,926	997	929
65-84	1,477	663	814	509	253	256	968	410	558
85+	184	53	131	66	22	44	118	31	87
Total	10,138	5,527	4,611	2,661	1,615	1,046	7,477	3,912	3,565

MORTALITY	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	112	64	48	29	20	9	83	44	39
Death rate per 1,000 population	11.0	11.6	10.4	10.6	12.4	8.6	11.1	11.2	10.9

SELECTED CAUSES	Total		Male		Female		White		Black & Other	
	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>
Heart disease	35	345.2	21	380.0	14	303.6	12	438.3	23	307.6
Cancer	19	187.4	10	180.9	9	195.2	3	109.6	16	214.0
Stroke	9	88.8	3	54.3	6	130.1	3	109.6	6	80.2
Accidents	6	59.2	5	90.5	1	21.7	1	36.5	5	66.9
CLRD <sup>(3)</sup>	3	29.6	0	0.0	3	65.1	0	0.0	3	40.1
Diabetes	2	19.7	1	18.1	1	21.7	0	0.0	2	26.7
Influenza & pneumonia	1	9.9	1	18.1	0	0.0	0	0.0	1	13.4
Alzheimer's disease	8	78.9	2	36.2	6	130.1	3	109.6	5	66.9
Suicide	3	29.6	2	36.2	1	21.7	2	73.0	1	13.4
Homicide	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
HIV disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

<sup>(2)</sup> Rate is per 100,000 population.

<sup>(3)</sup>CLRD is known as Chronic Lower Respiratory Disease.

Produced by the Alabama Department of Public Health, Center for Health Statistics, Statistical Analysis Division.



## 2018 HEALTH PROFILE: BUTLER COUNTY

2018 POPULATION	
Total	19,680
White	10,283
Black and Other	9,397
Median age	41.8
Life expectancy at birth	72.0
Total fertility rate per 1,000 women ages 10-49	1,788.0

DEATHS BY AGE GROUP		
Age group	Total	Rate <sup>(1)</sup>
0-14	3	0.8
15-44	26	3.8
45-64	53	10.4
65-84	149	43.7
85+	65	111.1
Total	296	15.0

<sup>(1)</sup>Rate is per 1,000 population in age group.

2018 POPULATION BY AGE GROUP, RACE, AND GENDER									
Age Group	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	1,119	564	555	488	237	251	631	327	304
5-9	1,232	658	574	574	323	251	658	335	323
10-14	1,288	695	593	590	326	264	698	369	329
15-44	6,932	3,301	3,631	3,105	1,535	1,570	3,827	1,766	2,061
45-64	5,114	2,313	2,801	2,950	1,416	1,534	2,164	897	1,267
65-84	3,410	1,497	1,913	2,181	973	1,208	1,229	524	705
85+	585	137	448	395	89	306	190	48	142
Total	19,680	9,165	10,515	10,283	4,899	5,384	9,397	4,266	5,131

MORTALITY	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	296	152	144	185	98	87	111	54	57
Death rate per 1,000 population	15.0	16.6	13.7	17.8	20.0	16.2	11.8	12.7	11.1

SELECTED CAUSES	Total		Male		Female		White		Black & Other	
	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>
Heart disease	78	396.3	38	414.6	40	380.4	46	441.5	32	340.5
Cancer	53	269.3	27	294.6	26	247.3	34	326.4	19	202.2
Stroke	16	81.3	9	98.2	7	66.6	9	86.4	7	74.5
Accidents	11	55.9	4	43.6	7	66.6	7	67.2	4	42.6
CLRD <sup>(3)</sup>	29	147.4	19	207.3	10	95.1	23	220.8	6	63.9
Diabetes	12	61.0	6	65.5	6	57.1	7	67.2	5	53.2
Influenza & pneumonia	4	20.3	3	32.7	1	9.5	2	19.2	2	21.3
Alzheimer's disease	20	101.6	7	76.4	13	123.6	16	153.6	4	42.6
Suicide	1	5.1	1	10.9	0	0.0	1	9.6	0	0.0
Homicide	4	20.3	4	43.6	0	0.0	2	19.2	2	21.3
HIV disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

<sup>(2)</sup> Rate is per 100,000 population.

<sup>(3)</sup>CLRD is known as Chronic Lower Respiratory Disease.

Produced by the Alabama Department of Public Health, Center for Health Statistics, Statistical Analysis Division.

## 2018 HEALTH PROFILE: CRENSHAW COUNTY

2018 POPULATION	
Total	13,824
White	10,062
Black and Other	3,762
Median age	41.7
Life expectancy at birth	75.3
Total fertility rate per 1,000 women ages 10-49	1,675.5

DEATHS BY AGE GROUP		
Age group	Total	Rate <sup>(1)</sup>
0-14	1	0.4
15-44	10	2.1
45-64	31	8.2
65-84	90	38.7
85+	46	151.8
Total	178	12.9

<sup>(1)</sup>Rate is per 1,000 population in age group.

2018 POPULATION BY AGE GROUP, RACE, AND GENDER									
Age Group	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	798	410	388	571	298	273	227	112	115
5-9	884	468	416	620	319	301	264	149	115
10-14	914	457	457	642	328	314	272	129	143
15-44	4,833	2,366	2,467	3,411	1,693	1,718	1,422	673	749
45-64	3,766	1,830	1,936	2,771	1,385	1,386	995	445	550
65-84	2,326	1,059	1,267	1,808	822	986	518	237	281
85+	303	84	219	239	63	176	64	21	43
Total	13,824	6,674	7,150	10,062	4,908	5,154	3,762	1,766	1,996

MORTALITY	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	178	89	89	146	73	73	32	16	16
Death rate per 1,000 population	12.9	13.3	12.4	14.4	14.9	14.2	8.5	9.1	8.0

SELECTED CAUSES	Total		Male		Female		White		Black & Other	
	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>
Heart disease	57	412.3	36	539.4	21	293.7	44	435.4	13	345.6
Cancer	29	209.8	14	209.8	15	209.8	26	257.3	3	79.7
Stroke	12	86.8	4	59.9	8	111.9	11	108.9	1	26.6
Accidents	10	72.3	6	89.9	4	55.9	9	89.1	1	26.6
CLRD <sup>(3)</sup>	14	101.3	7	104.9	7	97.9	12	118.8	2	53.2
Diabetes	5	36.2	0	0.0	5	69.9	2	19.8	3	79.7
Influenza & pneumonia	5	36.2	1	15.0	4	55.9	5	49.5	0	0.0
Alzheimer's disease	11	79.6	2	30.0	9	125.9	9	89.1	2	53.2
Suicide	1	7.2	1	15.0	0	0.0	1	9.9	0	0.0
Homicide	1	7.2	1	15.0	0	0.0	1	9.9	0	0.0
HIV disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

<sup>(2)</sup> Rate is per 100,000 population.

<sup>(3)</sup>CLRD is known as Chronic Lower Respiratory Disease.

Produced by the Alabama Department of Public Health, Center for Health Statistics, Statistical Analysis Division.



## 2018 HEALTH PROFILE: LOWNDES COUNTY

2018 POPULATION	
Total	9,974
White	2,585
Black and Other	7,389
Median age	41.7
Life expectancy at birth	71.8
Total fertility rate per 1,000 women ages 10-49	1,958.0

DEATHS BY AGE GROUP		
Age group	Total	Rate <sup>(1)</sup>
0-14	3	1.6
15-44	9	2.6
45-64	32	11.5
65-84	65	39.0
85+	32	148.8
Total	141	14.1

<sup>(1)</sup>Rate is per 1,000 population in age group.

2018 POPULATION BY AGE GROUP, RACE, AND GENDER									
Age Group	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	614	311	303	145	74	71	469	237	232
5-9	662	316	346	130	58	72	532	258	274
10-14	606	289	317	132	70	62	474	219	255
15-44	3,441	1,669	1,772	700	348	352	2,741	1,321	1,420
45-64	2,771	1,295	1,476	781	393	388	1,990	902	1,088
65-84	1,665	729	936	629	302	327	1,036	427	609
85+	215	61	154	68	31	37	147	30	117
Total	9,974	4,670	5,304	2,585	1,276	1,309	7,389	3,394	3,995

MORTALITY	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	141	90	51	39	26	13	102	64	38
Death rate per 1,000 population	14.1	19.3	9.6	15.2	20.4	9.9	13.8	18.9	9.5

SELECTED CAUSES	Total		Male		Female		White		Black & Other	
	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>
Heart disease	28	280.7	15	321.2	13	245.1	12	467.3	16	216.5
Cancer	30	300.8	23	492.5	7	132.0	8	311.5	22	297.7
Stroke	13	130.3	6	128.5	7	132.0	3	116.8	10	135.3
Accidents	7	70.2	6	128.5	1	18.9	1	38.9	6	81.2
CLRD <sup>(3)</sup>	10	100.3	7	149.9	3	56.6	4	155.8	6	81.2
Diabetes	7	70.2	7	149.9	0	0.0	2	77.9	5	67.7
Influenza & pneumonia	2	20.1	2	42.8	0	0.0	1	38.9	1	13.5
Alzheimer's disease	3	30.1	0	0.0	3	56.6	0	0.0	3	40.6
Suicide	2	20.1	2	42.8	0	0.0	2	77.9	0	0.0
Homicide	2	20.1	2	42.8	0	0.0	0	0.0	2	27.1
HIV disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

<sup>(2)</sup> Rate is per 100,000 population.

<sup>(3)</sup>CLRD is known as Chronic Lower Respiratory Disease.

Produced by the Alabama Department of Public Health, Center for Health Statistics, Statistical Analysis Division.

## 2018 HEALTH PROFILE: MACON COUNTY

2018 POPULATION	
Total	18,439
White	3,128
Black and Other	15,311
Median age	39.5
Life expectancy at birth	71.4
Total fertility rate per 1,000 women ages 10-49	1,316.5

DEATHS BY AGE GROUP		
Age group	Total	Rate <sup>(1)</sup>
0-14	1	0.4
15-44	26	3.4
45-64	70	15.4
65-84	113	33.9
85+	58	136.5
Total	268	14.5

<sup>(1)</sup>Rate is per 1,000 population in age group.

2018 POPULATION BY AGE GROUP, RACE, AND GENDER									
Age Group	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	855	425	430	128	61	67	727	364	363
5-9	839	425	414	160	78	82	679	347	332
10-14	838	414	424	138	78	60	700	336	364
15-44	7,600	3,509	4,091	984	503	481	6,616	3,006	3,610
45-64	4,551	2,038	2,513	954	475	479	3,597	1,563	2,034
65-84	3,331	1,443	1,888	683	343	340	2,648	1,100	1,548
85+	425	129	296	81	34	47	344	95	249
Total	18,439	8,383	10,056	3,128	1,572	1,556	15,311	6,811	8,500

MORTALITY	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	268	161	107	52	27	25	216	134	82
Death rate per 1,000 population	14.5	19.2	10.6	16.8	17.2	16.1	14.1	19.7	9.6

SELECTED CAUSES	Total		Male		Female		White		Black & Other	
	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>
Heart disease	83	450.1	50	596.4	33	328.2	16	516.5	67	437.6
Cancer	58	314.6	31	369.8	27	268.5	12	387.3	46	300.4
Stroke	18	97.6	11	131.2	7	69.6	1	32.3	17	111.0
Accidents	14	75.9	12	143.1	2	19.9	3	96.8	11	71.8
CLRD <sup>(3)</sup>	9	48.8	6	71.6	3	29.8	2	64.6	7	45.7
Diabetes	4	21.7	3	35.8	1	9.9	0	0.0	4	26.1
Influenza & pneumonia	4	21.7	4	47.7	0	0.0	0	0.0	4	26.1
Alzheimer's disease	9	48.8	2	23.9	7	69.6	5	161.4	4	26.1
Suicide	1	5.4	1	11.9	0	0.0	1	32.3	0	0.0
Homicide	9	48.8	8	95.4	1	9.9	1	32.3	8	52.3
HIV disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

<sup>(2)</sup> Rate is per 100,000 population.

<sup>(3)</sup>CLRD is known as Chronic Lower Respiratory Disease.

Produced by the Alabama Department of Public Health, Center for Health Statistics, Statistical Analysis Division.



## 2018 HEALTH PROFILE: PIKE COUNTY

2018 POPULATION	
Total	33,338
White	19,163
Black and Other	14,175
Median age	31.0
Life expectancy at birth	76.1
Total fertility rate per 1,000 women ages 10-49	1,474.5

DEATHS BY AGE GROUP		
Age group	Total	Rate <sup>(1)</sup>
0-14	2	0.4
15-44	21	1.3
45-64	70	9.9
65-84	158	35.7
85+	69	122.1
Total	320	9.6

<sup>(1)</sup>Rate is per 1,000 population in age group.

2018 POPULATION BY AGE GROUP, RACE, AND GENDER									
Age Group	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	1,788	935	853	917	482	435	871	453	418
5-9	1,792	921	871	916	473	443	876	448	428
10-14	1,725	911	814	844	459	385	881	452	429
15-44	15,959	7,830	8,129	8,810	4,400	4,410	7,149	3,430	3,719
45-64	7,087	3,290	3,797	4,176	2,048	2,128	2,911	1,242	1,669
65-84	4,422	2,038	2,384	3,098	1,470	1,628	1,324	568	756
85+	565	173	392	402	121	281	163	52	111
Total	33,338	16,098	17,240	19,163	9,453	9,710	14,175	6,645	7,530

MORTALITY	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	320	167	153	209	111	98	111	56	55
Death rate per 1,000 population	9.6	10.4	8.9	10.9	11.7	10.1	7.8	8.4	7.3

SELECTED CAUSES	Total		Male		Female		White		Black & Other	
	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>	Number	Rate <sup>(2)</sup>
Heart disease	87	261.0	48	298.2	39	226.2	53	277.3	34	239.9
Cancer	64	192.0	33	205.0	31	179.8	45	235.5	19	134.0
Stroke	17	51.0	10	62.1	7	40.6	11	57.6	6	42.3
Accidents	10	30.0	6	37.3	4	23.2	7	36.6	3	21.2
CLRD <sup>(3)</sup>	21	63.0	11	68.3	10	58.0	18	94.2	3	21.2
Diabetes	13	39.0	8	49.7	5	29.0	7	36.6	6	42.3
Influenza & pneumonia	6	18.0	1	6.2	5	29.0	3	15.7	3	21.2
Alzheimer's disease	8	24.0	0	0.0	8	46.4	4	20.9	4	28.2
Suicide	3	9.0	2	12.4	1	5.8	3	15.7	0	0.0
Homicide	9	27.0	8	49.7	1	5.8	2	10.5	7	49.4
HIV disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

<sup>(2)</sup> Rate is per 100,000 population.

<sup>(3)</sup> CLRD is known as Chronic Lower Respiratory Disease.

Produced by the Alabama Department of Public Health, Center for Health Statistics, Statistical Analysis Division.

## Attachment I – Public Input Tools

County \_\_\_\_\_

### SOUTH CENTRAL ALABAMA DEVELOPMENT COMMISSION AREA AGENCY ON AGING

The purpose of this survey is to identify needs of older adults, persons with disabilities, caregivers and their families residing in the planning and service area of Bullock, Butler, Crenshaw, Lowndes, Macon and Pike County, Alabama.

**Please mark in order of preference 1-5 with 1 being the greatest need.**

1. What are the top five (5) most important needs of the following community services:

Affordable Housing	
Caregiver Support	
Affordable Dental Care	
Employment Opportunities	
Home Repair/Modification Assistance	
In-Home Care Assistance	
Legal Assistance	
Meals/Nutrition	
Prescription Drug Assistance	
Transportation Assistance	
Utility Bill Assistance (power and gas)	
Health Insurance Counseling	
Maintaining Independence	
Others	

2. How available are the current programs/services in your community:

	Always Available	Usually Available	Sometimes Available	Rarely Available	Not Available	Not Applicable
Affordable Housing						
Health Insurance						
Volunteer Opportunities						
Mental Health Assistance						
Support for Caregivers						
Recreational/Social Activities						
Financial Management						
Employment Opportunities						
Caregivers Support Groups						
Legal Assistance						
Chore Services (yard maintenance)						
Senior Centers						
Meals – Food Banks						
Disaster Preparedness Information						
Getting information about services						

3. Are you familiar with the services of the Area Agency on Aging? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Are you a veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. What is your gender? \_\_\_\_\_ Male \_\_\_\_\_ Female
6. What is your age? \_\_\_\_\_ 59 or under \_\_\_\_\_ 60-64 \_\_\_\_\_ 65-69 \_\_\_\_\_ 70-74 \_\_\_\_\_ 75-79  
 \_\_\_\_\_ 80-84 \_\_\_\_\_ 85-89 \_\_\_\_\_ 90-94 \_\_\_\_\_ 95-99 \_\_\_\_\_ 100 or over
7. What is your marital status? \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single

## Attachment I – Public Input Tools

8. Ethnicity (Race) \_\_\_ Black/African American \_\_\_ White/Non-Hispanic \_\_\_ Asian \_\_\_ Hispanic \_\_\_ American Indian  
\_\_\_ Other, please list \_\_\_\_\_

(Continue on back)

9. Please tell us about any comments, concerns, or suggestions you have. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thanks for participating in this survey.**

**PLEASE RETURN SURVEY NO LATER THAN: April 9, 2021**

South Central Alabama Development Commission  
Area Agency on Aging  
5900 Carmichael Place  
Montgomery, Alabama 36117  
334-244-6903 or  
1-800-243-5463 (1-800-AGE-LINE)

**Table 7. Respondents' Comments, Concerns, and Suggestions**

<b>Replies to Open-Ended Question</b>	<b>Number of Responses</b>
Appreciate everyone's hard work	19
Need more programs/services for seniors, including senior center activities	16
Need more outreach (Services, health insurance, prescription drugs, and fraud)	14
Need storm shelters, weather radios, and disaster assistance	11
Improve quality/quantity of home care visits and in-home services	8
Need everyone to work together (Clean up community, check on seniors)	7
Need more recreation centers for youth/adults, including after school programs	7
Need affordable caregivers and caregiver support groups	5
Need affordable housing, public housing options, and assisted living facilities	5
Need help in rural areas (Roads, drains, ditches, home repair)	5
Assist seniors without Medicaid with non-covered services	4
Need more jobs and training	4
Need more mental health services and in-house facilities	4
Modify food banks (Change days/hours for seniors, accept meal coupons)	3
Need more hospitals and emergency care facilities	3
Need more programs for grandparents raising grandchildren	3
Need to lower utility bills for people on fixed incomes	3
Improve food at senior centers	2
Need more EMA assistance	2
Need more grocery stores, restaurants, and fast-food franchises	2
Need public transportation and cab service	2
Concerned about the homeless and seniors living alone	1
Expand Meals-on-Wheels	1
Expand Medicaid coverage to include assisted living facilities	1
Need help, skills, and housing for people transitioning out of jail	1
Need more housing and services for the homeless	1
Need more parks for everyone to enjoy nature	1
Need more support groups	1
Move state funds to address these issues and concerns	1
Need to expand broadband Internet services	1
<b>Total:</b>	<b>138</b>



# Attachment L – Public Input Tools

## Needs Survey

As part of completing the State Plan on Aging, the Alabama Department of Senior Services would like for you to tell us the importance of the following community services.

Please score on a scale of 1-5, where 1 = "Not Important" and 5 = "Very Important" by placing an X in the box you choose

	1	2	3	4	5
Affordable Housing					
Caregiver Support					
Community Resource Information					
Emergency Preparedness Information					
Employment for Senior Citizens					
Home Repair Assistance (including wheelchair ramps)					
In-Home Care Assistance					
Legal Assistance					
Meals					
Prescription Drug Assistance					
Safety and Crime Prevention					
Transportation Assistance					
Utility Bill Assistance (power and gas)					

\*If you have a concern not mentioned, please explain below:

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### Caregiver Survey

What event led you to see respite services most recently?

- ☐ Relieve stress
- ☐ Improve relationship with my spouse or partner
- ☐ Improve relationship with other family member
- ☐ Care for myself
- ☐ Safety issues
- ☐ Prevent alcohol or drug problems
- ☐ Care for personal business
- ☐ Participate in family support group/services

The most recent time I received caregiver respite services, it lasted:

- ☐ Less than 1 day
- ☐ 1 day
- ☐ 2 days
- ☐ 3 or more days

Was the length of time you received caregiver respite services enough?

- ☐ Yes
- ☐ No
- ☐ Don't Know

How would you feel if caregiver respite services were not available?

- ☐ Not at all stressed
- ☐ Somewhat stressed
- ☐ Moderately stressed
- ☐ Extremely stressed

How much assistance does the person with a disability or chronic illness require?

- ☐ No assistance
- ☐ Occasional assistance
- ☐ Frequent assistance
- ☐ Continuous assistance
- ☐ Don't know/unsure

## Virtual Town Hall

# Alabama State Plan on Aging 2021-2024

## Virtual Town Hall

Presented by:  
Nick Nyberg  
Programs and Planning Division Chief  
Alabama Department of Senior Services



## Agenda

- Overview
  - Older Americans Act of 1965 (OAA)
  - Alabama Department of Senior Services (ADSS)
  - Area Agencies on Aging (AAAs)
- 2021 – 2024 State Plan on Aging
  - Purpose
  - Demographics
  - Focus Areas
  - Goals and Objectives
  - Public Input

## Overview

- Older Americans Act of 1965 - Congress passed the Older Americans Act (or as we call it the OAA) in 1965 in response to concern by policymakers about a lack of community social services for senior citizens. Because of the Older Americans Act, home and community-based services, for not only older persons but also for persons with disabilities and even caregivers, was born.



## Overview

- Alabama Department of Senior Services - The Alabama Department of Senior Services (also known as ADSS) was created as the single state agency for receiving and disbursing federal funds made available under the Older Americans Act of 1965, and to serve as the lead agency on programs for the aging population.



## Overview

- ▶ Area Agencies on Aging - In the state of Alabama there are 13 Area Agencies on Aging (AAAs) providing Older Americans Act programs in all 67 counties in the state that serves senior citizens, persons with disabilities, and caregivers. Every AAA in the state is a certified Aging and Disability Resource Center (also known as an ADRC), which is a trusted source of information where people of all ages, abilities and income levels - and their caregivers - can go to obtain assistance in planning for their future long-term service and support needs. Through a AAA/ADRC people can receive counseling on state and federal benefits, information on all AAA home and community-based service programs, and any other national, state or local resource that can assist them with staying home and in their communities.



## 2021 – 2024 State Plan on Aging

- ▶ Purpose - Every four years the Alabama Department of Senior Services is tasked with completing the State Plan on Aging. The 2021 - 2024 Alabama State Plan on Aging implements a comprehensive and coordinated support system of Long-Term Services and Supports (LTSS) and other programs that is needed by Alabama's older adults and individuals with disabilities, along with their caregivers.





## 2021 – 2024 State Plan on Aging

- ▶ Demographics - Alabama is home to 1,098,571 people 60 years of age or older with 657,792 (2010 US Census) being 65 and older. There is approximately 775,390 persons with disabilities of any age (2013-2017 American Community Survey 5-year estimate), and approximately 1.3 million caregivers providing some type of care for older adults and/or persons with disabilities.



## 2021 – 2024 State Plan on Aging

- ▶ Focus Areas - Over the next four years, the Alabama Department of Senior Services will concentrate on the focus areas outlined by the Administration for Community Living. These focus areas are:
  - ▶ Older Americans Act (OAA) Core Programs;
  - ▶ Administration for Community Living (ACL) Discretionary Grants and Other Funded Programs;
  - ▶ Participant-Directed/Person Centered Planning; and
  - ▶ Elder Justice





## 2021 – 2024 State Plan on Aging

- ▶ Goals and Objectives - To ensure that the mission and vision of Alabama is met, the goals, objectives, strategies, and projected outcomes developed for this plan were done so with guidance from:

- ▶ The Administration for Community Living
- ▶ The AAA Director's Advisory Committee
- ▶ ADSS staff
- ▶ State Partners
- ▶ Needs Assessments
- ▶ Caregiver Survey's
- ▶ Contracted Service Provider Survey's
- ▶ State Plan Town Hall



## 2021 – 2024 State Plan on Aging

- ▶ Public Input – The Alabama Department of Senior Services welcomes your voice as your feedback makes it possible to craft a plan that's truly considerate of the needs of older Alabamians, persons with disabilities, and their caregivers.

The most basic of all human needs is the need to understand and be understood. The best way to understand people is to listen to them.

Dr. Ralph Nichols



## 2021 – 2024 State Plan on Aging

Please email your comment(s) to: [state.plan@adss.alabama.gov](mailto:state.plan@adss.alabama.gov)

Or mail your input to:

*Alabama Department of Senior Services*

*Attention: State Plan on Aging*

*PO Box 301851*

*Montgomery, AL 36130-1851*

Deadline for submitting your comments is Wednesday May 13<sup>th</sup>, 2020.

Thank you



**South Central Alabama Development Commission  
Area Agency on Aging**



**EMERGENCY/DISASTER/PANDEMIC  
PLAN**

Updated August 6, 2021

## Outline

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### **PURPOSE**

The Purpose of this plan is to describe the actions to be taken by the South Central Alabama Development Commission Area Agency on Aging (SCADC-AAA) and its agents in the event of an emergency or disaster that occurs at or otherwise threatens the lives and safety of senior citizens and those with disabilities within the six (6) county service area.



## I. Introduction

### A. Background

The South Central Alabama Development Commission (SCADC) is designated as an Area Agency on Aging (AAA). The AAA is located at 5900 Carmichael Place, Montgomery, Alabama 36117. This agency is responsible for the planning, coordination and grant management of a variety of social services for older persons and persons with disabilities. The area served by the AAA includes the following counties: Bullock, Butler, Crenshaw, Lowndes, Macon, and Pike Counties. **Appendix A).**

In the event of a major disaster, as defined by Emergency Management Agencies (EMAs), the AAA will be able to respond with its resources and respond to requests for assistance from local EMAs (**Appendix C**) and local governments (**Appendix D**).

### B. Plan Rationale

The rationale for the provision of this assistance has two basic components:

1. To combine the resources of local aging programs with those services traditionally being utilized for short and long term restoration and rehabilitation of disaster victims, regardless of age.
2. To provide a viable advocate for older disaster victims who are often reluctant to seek help in the post disaster period.

### C. Plan Format

## II. Resources

### A. Basic List

The primary resources and services available for disaster use are as follows:

- (1) Staff, both paid and volunteer personnel (**Appendix E and I**), experienced in working with older adults and dealing with complicated administrative procedures.
- (2) Portable meals that may be served in a variety of settings.
- (3) Transportation in each county through the use of 15 passenger vans and commuter buses operated by paid personnel.

### B. Current Use and Disaster Adaptability

(1) AAA Network Staff:

- (a) AAA staff includes the following positions: AAA Director, Nutrition Program Coordinator, Case Managers, Lead Community Ombudsman, Aging & Disability Resource Coordinator, Alabama Cares Coordinator, and SenioRx Coordinator. Other support staff includes the SCADC Executive Director and Fiscal Officer. In the event of an emergency, disaster, or pandemic situation, the staff will be obligated to address the needs. In addition, the Disaster Relief Coordinator will attend EMA debriefings.
- (b) Eighteen (18) senior centers (**Appendix G**) are established throughout the planning and service area. Congregate and Home Delivered Meals, Transportation, Nutrition Education, Exercise and Recreational activities are available at most centers. Senior Center Managers have received training in responding to disaster situations. In the event of a disaster, paid and volunteer staff will be available to assist. Following a disaster, the EMA may set up a Disaster Recovery Center. The Disaster Relief Coordinator will contact the AAA Director. Senior Center Managers and AAA personnel, in coordination with the EMA, shall be available to assist persons as they seek help. In this process, AAA personnel will have the responsibility to assist older victims.

Senior center staff capabilities include Outreach Services, Transportation Services for older individuals to the Disaster Recovery Center, assisting in completing forms, serving meals and other administrative duties.

(2) Portable Meals

Presently, 785 hot meals (496 Congregate and 289 Home Delivered Meals) are being served daily in the six county area.

Operations for meal preparation are conducted under a statewide contract. Delivery begins each day about 3:00 a.m. from the Montgomery and Dothan Commissaries (**Appendix F**). Meals “provided to each participating older individual must include 331/3 of the dietary reference intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.” These meals are normally hot meals however, cold, frozen and shelf stable meals are also available.

Meals are prepared in bulk and loaded into specially equipped trucks to support the insulated carriers that contain large covered transport pans of food. Eating utensils are stored at the Centers.

In the event of a disaster, these portable meals will be available to disaster victims. The meals will be dispersed at the discretion of the disaster agency. Meals can be served to victims and rescue workers. If service takes place at the site of a disaster and electricity is not available, hot meals must be served immediately after they are removed from the trucks. Disaster sites without electricity can also be provided with cold meals or shelf stable meals if previously requested from the food vendor.

Meals may be served at senior centers which may also be used as temporary shelters (**Appendix G**). Meals may also be served at Disaster Recovery Centers. Arrangements for Home Delivered Meals can be made on a limited basis.

Meals are readily available on a Monday through Friday basis. In the event of a holiday or weekend, meal availability will be at the discretion of the food vendor.

### (3) Transportation

Buses available for use to transport older adults in the planning and service area are shown in **Appendix H**.

Normal use of vehicles occurs during normal business hours. Transportation to and from senior centers, shopping areas, doctors offices and social service agencies are provided to older individuals. All vehicles are owned by local governments and operated by paid personnel.

In the event of a disaster, vehicles and drivers will be available to support relief efforts.

## III. Plan for Deployment in Times of Disaster

### A. Pre-Disaster Period:

Where circumstances prior to a disaster or emergency situation permit, all personnel who will be involved in this deployment will be alerted, vehicles will be checked for readiness, and area senior centers will be checked for supplies. The food vendor will be contacted and asked to review in house procedures for possible deployment of the disaster plan.

### B. Disaster Plan Implementation:

After being contacted by the EMA following a disaster, the AAA Director will make the appropriate contacts with aging program personnel to deploy their resources. The Alabama Department of Senior Services (ADSS) will be immediately contacted and informed of the disaster situation and the action being

taken by the AAA. Depending on the resources requested, the Disaster Relief Coordinator and the AAA Director will begin contacting and assigning service personnel and vehicles.

#### C. Meals:

EMA will contact the AAA to request meals. The AAA Director will contact the Nutrition Program Coordinator for assistance with the meals information. The following information will be needed to order meals:

- Number of meals needed
- Exact location of meal deliveries
- If eating utensils will be needed
- Estimated number of days that meals will be needed
- Type of meals (hot, cold, frozen or shelf stable)

The Nutrition Program Coordinator will relay this information to the food vendor (**Appendix F**). The Nutrition Program Coordinator will then inform appropriate Senior Center Managers from which meals are being diverted whether volunteers are needed for meal service and whether utensils need to be moved from senior centers to disaster locations.

#### D. Transportation

The AAA, using Title III funds with local match funds from grantees, has 15 passenger vans and commuter buses available for use by older individuals in the planning and service area. These vehicles (**Appendix H**) may be utilized to meet the demands of older disaster victims.

#### E. Procedures for SCADC-AAA Service Deployment

##### (1) Identifying the Adequacy of Services

The AAA Director and the Disaster Relief Coordinator will utilize the AAA staff to determine the need and availability of meals, vehicles, and workers to be deployed to the disaster area and work in coordination with various agencies.

##### (2) Notification of Plan of Action to ADSS

Upon deployment of the disaster plan, the AAA Director or the Disaster Relief Coordinator will contact ADSS (**Appendix B**) to report the status of the disaster plan deployment, the approximate length of time the plan will remain in effect and to what degree it will affect the agency's general operations.

(3) Impact on Resources

Because food service is provided under a statewide contract that furnishes equipment to maintain appropriate hot and cold temperatures, the SCADC-AAA Director or the Disaster Relief Coordinator will designate appropriate staff to inventory furnished equipment upon delivery at designated disaster areas and inventory again before being returned to the food service vendor.

Vehicles used in case of disaster in the devastated area will be inventoried in the same manner as the food service equipment. Upon checking vehicles in and out of the disaster area, the designated staff will report findings to the AAA Director or the Disaster Relief Coordinator.

(4) AAA Access to Unobligated Funds

During the disaster situation, the AAA Director may request from the AAA Fiscal Officer the disbursement of unobligated funds to address the need for additional resources. The AAA will request in writing any funds needed to carry out the directions of the disaster plan. The AAA Fiscal Officer will document the use of such funds and be responsible for requesting reimbursement from ADSS. The Fiscal Officer and the AAA Director will assist local grantees in submitting supplemental reimbursement requests as a result of a disaster situation.

(5) Provision of Supportive Services

The AAA, under service contract, will provide Legal Assistance to older victims of a disaster. Case Managers will be available to offer Case Management Services for older victims following a disaster. Case Managers will be responsible for coordinating resources for individuals (i.e. homebound, frail, institutionalized, and others) needing special services. Case Managers will coordinate with DHRs, hospitals, and other agencies to provide comprehensive Case Management Services.

Supportive Services available at senior centers can be adapted for use in times of a disaster if a senior center is designated as a Disaster Recovery Center. These services include Outreach, Transportation, Information and Assistance and Recreation.

(6) Addressing the Needs of Homebound Older Individuals

The AAA staff, with assistance of local aging program personnel and EMA personnel, will make a comprehensive assessment of the needs of the homebound elderly in the disaster area. Processing information from the above mentioned agencies, the AAA will provide Outreach, Information and Assistance, and other services to the homebound older individuals as needed.



#### IV. AAA Staff Disaster Responsibilities

##### **AAA Director and Disaster Relief Coordinator**

- A. Pre-Disaster Period
  - 1. Maintain copy of AAA Disaster Plan- work and home
  - 2. Update telephone numbers in AAA Disaster Plan
  - 3. Review Disaster Plan with food vendor (with assistance from the Nutrition Coordinator)
  - 4. Secure Memorandums of Understanding for cooperation in the event of a disaster with:
    - a. Emergency Management Agencies (EMA)
    - b. Departments of Human Resources (DHR)
    - c. American Red Cross
    - d. Mental Health Centers (MHC)
    - e. Other appropriate organizations
  - 5. Schedule and attend disaster trainings with:
    - a. SCADC-AAA staff
    - b. Senior Center staff
    - c. Volunteers
  - 6. Weather Warning
    - a. Review AAA Disaster Plan
    - b. Contact local program staff to determine their preparedness
- B. Disaster/Recovery Period
  - 1. Monitor media reports
  - 2. Contact AAA staff and assign immediate tasks
  - 3. Receive report from local program staff
    - a. Geographical scope of disaster
    - b. Status of resources
      - (1) Senior Centers and alternates
      - (2) Meal distribution capabilities
      - (3) Transportation capabilities
      - (4) Manpower capabilities
    - c. Needs of older individual population
      - (1) Medical emergency
      - (2) Transportation emergency
      - (3) Mental health emergency
    - d. Need for disaster information centers
  - 4. Review meal distribution priorities
    - a. Confirm disaster victims
    - b. Frail/disabled elderly
    - c. Relief workers
    - d. General public
  - 5. Contact food vendor on status of resources
    - a. Meal capabilities

- b. Delivery capabilities
- 6. Receive request from EMA or DHR for meals
  - a. Number of meals
  - b. Location of meal delivery
  - c. Estimated number of day's meals will be needed
  - d. Type of meals (hot, cold, frozen or shelf stable)
- 7. Receive request from EMA or DHR for other resources
  - a. Transportation
  - b. Shelter
- 8. Contact SCADC Executive Director
  - a. Status of situation
  - b. Intent
  - c. Employee congregation site (SCADC or alternate)
- 9. Nutrition Program Coordinator to divert meals or order additional meals from food vendor
- 10. Have AAA staff notify local program staff for deployment of requested resources
  - a. Inform Senior Centers Managers of any meal diversions or non-deliveries
  - b. Inform volunteers if needed for meal service
  - c. Request eating utensils if needed from senior center
- 11. Utilize unallocated Title III funds
  - a. Request in writing from ADSS
  - b. Document all expenditures
- 12. Contact ADSS representative
  - a. Status of situation
  - b. Intent
  - c. Employee congregation site
- 13. Contact AAA staff
  - a. Status of situation
  - b. Employee congregation site
- 14. Move to employee congregation site
- 15. Determine staff assignments and assign to AAA staff
  - a. Begin record keeping
    - (1) Time worked
    - (2) Disaster victims assisted
    - (3) Needs and actions
    - (4) Amount of time used to assist
  - b. Assign staff to work at DRCs
    - (1) Elder Law Counsel
    - (2) Case Managers
    - (3) Other staff
- C. End of recovery period
  - 1. Attend FEMA debriefings
  - 2. Final report of AAA response
    - a. Compiled report from Disaster Relief Coordinator and AAA staff
  - 3. Send report to ADSS

## **Nutrition Program Coordinator**

- A. Pre-Disaster Period
  - 1. Maintain copy of SCADC Disaster Plan- work and home
  - 2. Update telephone numbers in SCADC Disaster Plan
  - 3. Attend disaster meetings as directed by the AAA Director
  - 4. Weather Warning
    - a. Review SCADC Disaster Plan
    - b. Receive call from AAA Director
- B. Disaster/Recovery Period
  - 1. Receive instructions on immediate tasks to be carried out from AAA Director and whether to report to SCADC or alternate location
  - 2. Begin record keeping
    - a. Time worked
    - b. Activity narrative
  - 3. Contact food vendor
    - a. Number of meals needed
    - b. Location of meals delivery
    - c. Estimated number of days/meals needed
    - d. Type of meals needed (hot, cold, frozen or shelf stable)
  - 4. Contact local program staff to deploy requested resources
    - a. Inform Senior Centers of any meal diversions or non-deliveries
    - b. Inform Volunteers if needed for meal service
    - c. Request eating utensils if needed from Senior Center
  - 5. Maintain record of emergency meal diversion or ordering
  - 6. Carry out other duties as assigned by the AAA Director
- C. End of recovery period
  - 1. Inform food vendor when normal procedures are to resume
  - 2. Give final written report to AAA Director of disaster relief efforts

## **Medicaid Waiver Case Managers**

- A. Pre-Disaster Period
  - 1. Maintain copy of SCADC Disaster Plan- work and home
  - 2. Maintain copy of Medicaid Waiver clients' emergency contacts- work and home
  - 3. Update telephone numbers in SCADC Disaster Plan
  - 4. Attend disaster meetings as directed by the AAA Director
  - 5. Weather Warning
    - a. Review SCADC Disaster Plan
    - b. Receive call from AAA Director
- B. Disaster/Recovery Period
  - 1. Receive instructions on immediate tasks to be carried out from AAA Director and whether to report to SCADC or alternate location
  - 2. Begin record keeping
    - a. Time worked
    - b. Clients assisted
    - c. Needs and actions
  - 3. Assess emergency needs of Medicaid Waiver clients and other homebound seniors
    - a. Telephone contacts
    - b. Field visits
  - 4. Assess probable effectiveness of local program staff to respond to the needs of clients
  - 5. Report to AAA Director and make recommendations necessary to provide service
  - 6. Carry out other duties as assigned by the AAA Director
- C. End of recovery period
  - 1. Notify clients of end of emergency service
  - 2. Give final written report to AAA Director of disaster relief efforts

## **Lead Community Ombudsman**

- A. Pre-Disaster Period
  - 1. Maintain copy of SCADC Disaster Plan- work and home
  - 2. Maintain copy of Nursing Facilities and Assisted Living Facilities emergency contacts- work and home (**Appendix J**)
  - 3. Update telephone numbers in SCADC Disaster Plan
  - 4. Attend disaster meetings as directed by the AAA Director
  - 5. Weather Warning
    - a. Review SCADC Disaster Plan
    - b. Receive call from AAA Director
- B. Disaster/Recovery Period
  - 1. Receive instructions on immediate tasks to be carried out from AAA Director and whether to report to SCADC or alternate location
  - 2. Begin record keeping
    - a. Time worked
    - b. Clients assisted
    - c. Needs and actions
  - 3. Assess emergency needs of long-term care facility residents
    - a. Contact long-term care facilities
    - b. Visit long-term care facilities
  - 4. Obtain list of long-term care facility residents and family member's telephone numbers
  - 5. Obtain list of where residents were moved
  - 6. Call family members
    - a. Inform them of the new location of their family members
    - b. Encourage them to visit family member daily for a week to alleviate transfer trauma
  - 7. Carry out other duties as assigned by the AAA Director
- C. End of recovery period
  - 1. Compile information while maintaining confidentiality
  - 2. Give final written report to AAA Director of disaster relief efforts



### **Alabama Cares Coordinator**

- A. Pre-Disaster Period
  - 1. Maintain copy of SCADC Disaster Plan- work and home
  - 2. Update telephone numbers in SCADC Disaster Plan
  - 3. Attend disaster meetings as directed by the AAA Director
  - 4. Weather Warning
    - a. Review SCADC Disaster Plan
    - b. Receive call from AAA Director
- B. Disaster/Recovery Period
  - 1. Receive instructions on immediate tasks to be carried out from AAA Director and whether to report to SCADC or alternate location
  - 2. Begin record keeping
    - a. Time worked
    - b. Clients assisted
  - 3. Carry out other duties as assigned by the AAA Director
- C. End of recovery period
  - 1. Give final written report to AAA Director of disaster relief efforts

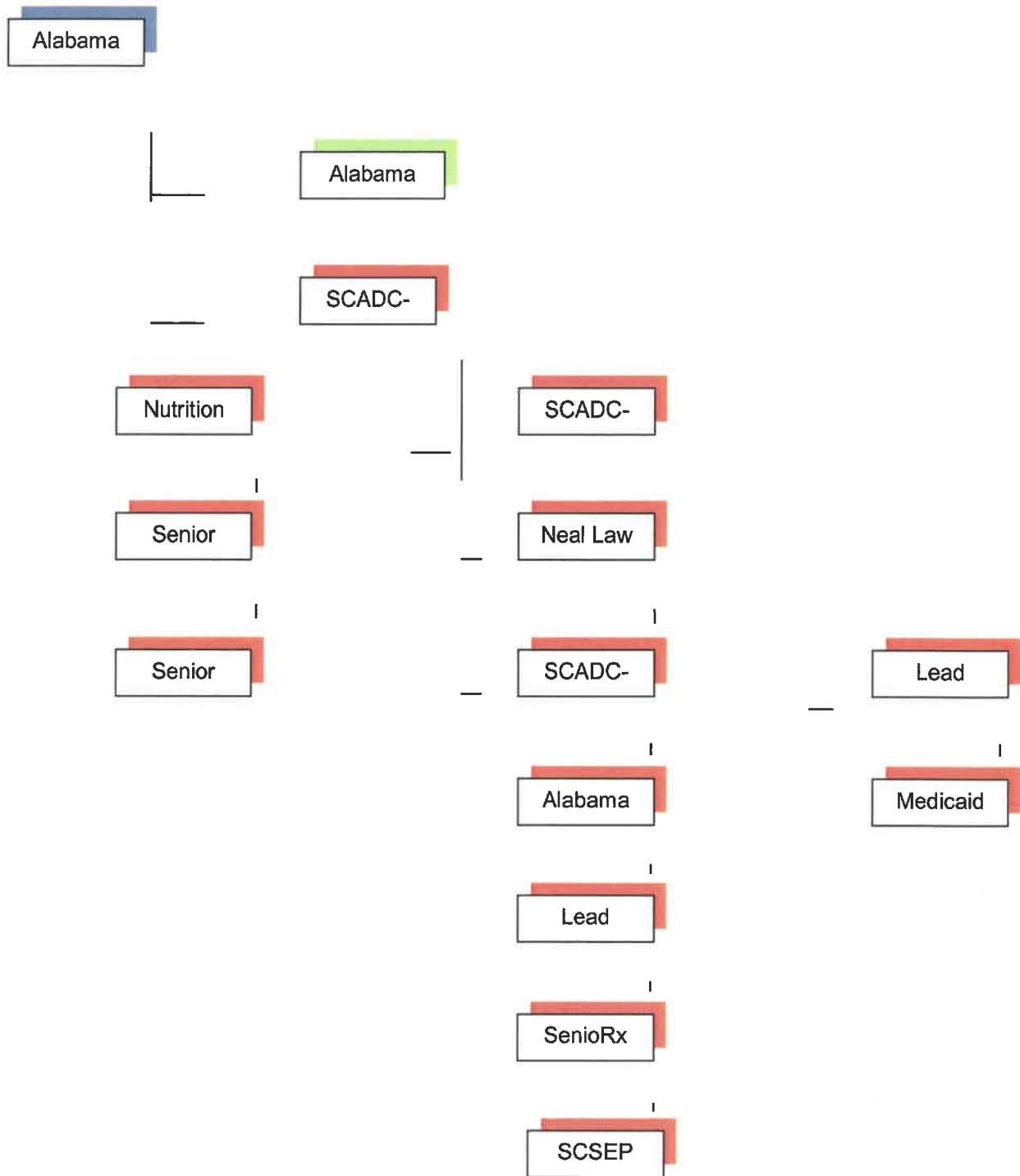
### **SenioRx Coordinator**

- A. Pre-Disaster Period
  - 1. Maintain copy of SCADC Disaster Plan- work and home
  - 2. Update telephone numbers in SCADC Disaster Plan
  - 3. Attend disaster meetings as directed by the AAA Director
  - 4. Weather Warning
    - a. Review SCADC Disaster Plan
    - b. Receive call from AAA Director
- B. Disaster/Recovery Period
  - 1. Receive instructions on immediate tasks to be carried out from AAA Director and whether to report to SCADC or alternate location
  - 2. Begin record keeping
    - a. Time worked
    - b. Clients assisted
  - 3. Carry out other duties as assigned by the AAA Director
- C. End of recovery period
  - 1. Give final written report to AAA Director of disaster relief efforts

### **SCSEP Coordinator**

- A. Pre-Disaster Period
  - 1. Maintain copy of SCADC Disaster Plan- work and home
  - 2. Update telephone numbers in SCADC Disaster Plan
  - 3. Attend disaster meetings as directed by the AAA Director
  - 4. Weather Warning
    - a. Review SCADC Disaster Plan
    - b. Receive call from AAA Director
- B. Disaster/Recovery Period
  - 1. Receive instructions on immediate tasks to be carried out from AAA Director and whether to report to SCADC or alternate location
  - 2. Begin record keeping
    - a. Time worked
    - b. Clients assisted
  - 3. Carry out other duties as assigned by the AAA Director
- C. End of recovery period
  - 1. Give final written report to AAA Director of disaster relief efforts

## V. SCADC-AAA Staff Disaster Responsibilities



## APPENDIX A

### **SOUTH CENTRAL ALABAMA DEVELOPMENT COMMISSION AREA AGENCY ON AGING**

#### **STAFF CONTACTS**

**5900 Carmichael Place  
Montgomery, Alabama 36117  
Telephone: (334) 244-6903  
FAX: (334) 271-2715**

#### Executive Director

Tyson Howard, Ext. 123  
[THoward@scadc.net](mailto:THoward@scadc.net)  
(334) 278-3382 (H)  
(334) 398-2840 (C)

#### Director, Area Agency on Aging

Sharon A. Redd, Ext. 138  
[sredd@scadc.net](mailto:sredd@scadc.net)  
[sredd\\_60@yahoo.com](mailto:sredd_60@yahoo.com)  
(334) 334-313-3114 (Work Cell)  
(334) 334-467-4383 (C)

#### Finance Director

Beth Rosser, Ext. 132  
[brosser@scadc.net](mailto:brosser@scadc.net)  
(334) 354-2715 (C)

#### Nutrition Program Coordinator

Shelia Rice, Ext. 128  
[srice@scadc.net](mailto:srice@scadc.net)  
(334) 834-7561 (H)  
(334) 354-06731 (Work Cell)

#### SenioRx Program Coordinator

Whitney Coleman, Ext. 140  
[wcoleman@scadc.net](mailto:wcoleman@scadc.net)

#### Lead Community Ombudsman

Breanna Pettaway, Ext. 126  
[BPettaway@scadc.net](mailto:BPettaway@scadc.net)  
(334) 303-3703 (Work Cell)

#### Alabama Cares Program Coordinator

Mary Wedgeworth, Ext. 148  
[MWedgeworth@scadc.net](mailto:MWedgeworth@scadc.net)  
[wedg6001@bellsouth.net](mailto:wedg6001@bellsouth.net)  
(334) 202-7728 (C)

#### Senior Resource Center Program Coordinator

Amy Thigpen, Ext. 152  
[athigpen@scadc.net](mailto:athigpen@scadc.net)  
(334) 430-2228

#### I & A Administrative Assistant

LaSonyia Vickers, Ext. 120  
[svickers@scadc.net](mailto:svickers@scadc.net)  
(334) 471-0591

#### SCSEP Program Coordinator

Amy Thigpen, Ext. 152  
[AThigpen@scadc.net](mailto:AThigpen@scadc.net)  
(334) 270-4231 (H)  
(334) 430-2228(C)

#### Project Manager, Planning

Ashton Hutchinson  
[ahutington@scadc.net](mailto:ahutington@scadc.net)  
(334) 312-1407 (C)



APPENDIX B

**ALABAMA DEPARTMENT OF SENIOR SERVICES**

Scott Stabler  
Aging Disaster  
Alabama Department of Senior Services  
201 Monroe Street, RSA Tower Suite 350  
Montgomery, AL 36130  
(direct) (334) 242-5754  
E-mail: [Scott.stabler@adss.alabama.gov](mailto:Scott.stabler@adss.alabama.gov)  
Website: [www.AlabamaAgeline.gov](http://www.AlabamaAgeline.gov)

Bobbie Morrison, RDN, LD  
Nutrition Services Administrator  
Alabama Department of Senior Services  
201 Monroe Street Suite 350  
P.O. Box 301851  
Montgomery, AL 36130-1851  
334-242-5757  
334-353-8467 (fax)

## APPENDIX C

### EMERGENCY MANAGEMENT AGENCIES

#### **EMA Directors**

<b>BULLOCK</b>	Roderick Clark, Director Bullock County EMA 110 Hardaway Avenue West P.O. Box 472 Union Springs, Alabama 36089 (334) 738-3883 (office) (334) 850-7091 (cell) (334) 738-3839 (fax) <a href="mailto:rclark@bullockema.com">rclark@bullockema.com</a>
<b>BUTLER</b>	Vacant, Director Butler County EMA 800 East Commerce Street Greenville, Alabama 36037 (334) 382-7911 (office) (334) 525-0763 (fax) <a href="mailto:emabutlerco@gmail.com">emabutlerco@gmail.com</a>
<b>CRENSHAW</b>	Elliott H. Jones, Director Crenshaw County EMA 118 East Third Street P.O. Box 222 Luverne, Alabama 36049 (334) 335-4538 (office) (334) 335-6016 (fax) <a href="mailto:ccema@troycable.net">ccema@troycable.net</a>
<b>LOWNDES</b>	David Butts, Director Lowndes County EMA 105 Tuskeena Street, East P.O. Box 235 Hayneville, Alabama 36040 (334) 548-2324 (office) (334) 412-7078 (cell) (334) 548-5101 (fax) <a href="mailto:lowndesema@htcnet.net">lowndesema@htcnet.net</a>
<b>MACON</b>	Frank H. Lee, Director Macon County EMA 246 County Road 10 Tuskegee, Alabama 36083-1731 (334) 724-2626 (office) (334) 724-2621 (fax) <a href="mailto:emamacon@bellsouth.net">emamacon@bellsouth.net</a>
<b>PIKE</b>	Jeanna Barnes Pike County EMA 216 South Oak Street Troy, Alabama 36081 (334) 566-8272 (office) (334) 465-0218 (cell) <a href="mailto:pikeema1@gmail.com">pikeema1@gmail.com</a>

## Appendix D

### *ELECTED OFFICIALS*

#### **Bullock County**

Alonza Ellis, Jr., Chairman  
Business: (334) 738-3883  
Cell: (334) 201-0087  
Fax: (334) 738-3839

#### **Town of Midway**

Mildred Whittington, Mayor  
Business: (334) 529-3261  
Cell: (334) 695-7621  
Home: (334) 529-4700

#### **City of Union Springs**

Roderick Clark, Mayor  
Business: (334) 738-2720  
Fax: (334) 738-5068  
Cell: (334) 473-7089  
[rclark@unionspringsal.gov](mailto:rclark@unionspringsal.gov)

#### **Butler County**

Joseph "Joey" Peavy, Chairman  
Business: (334) 382-3612  
Fax: (334) 382-3506  
Cell: (334) 525-0622  
[Jdpeavy52@gmail.com](mailto:Jdpeavy52@gmail.com)

#### **Town of Georgiana**

Jerome Antone, Mayor  
Business: (334) 376-9852  
Fax: (334) 376-9850  
Cell: (334) 362-0175

#### **City of Greenville**

Dexter McLendon, Mayor  
Business: (334) 382-7111  
Fax: (334) 382-7031  
Cell: (334) 303-7568  
[karen@cityofgreenville.com](mailto:karen@cityofgreenville.com)

#### **Town of McKenzie**

Lester Odom, Mayor  
Business: (334) 374-2311  
Fax: (334) 374-2312  
[mckenzie@alaweb.com](mailto:mckenzie@alaweb.com)

#### **Crenshaw County**

Charlie Sankey, Jr., Chairman  
Business: (334) 335-6568  
Fax: (334) 335-3616  
Cell: (334) 372-0843

#### **City of Luverne**

Ed Beasley, Mayor  
Business: (334) 335-3741  
Fax: (334) 335-2206  
Cell: 334-850-2651  
[beasley@troycable.net](mailto:beasley@troycable.net)

#### **Town of Brantley**

Bernie Sullivan, Mayor  
Business: (334) 527-8624  
Fax: (334) 527-3216

#### **Town of Glenwood**

Billy W. Knight, Mayor  
Business: (334) 335-4463  
Cell: 334-508-0010  
[Bill.knight7@yahoo.com](mailto:Bill.knight7@yahoo.com)

#### **Town of Dozier**

Henry Merrill, Mayor  
Business: (334) 496-3742

#### **Town of Petrey**

Bobby Beasley, Mayor  
Business: (334) 335-5455  
Cell: 334) 335-6610

#### **Town of Rutledge**

Stephen Phillips, Mayor  
Business: (334) 335-6624  
Fax: (334) 335-6634  
Cell: (334) 335-6222

#### **Lowndes County**

Robert M. Harris, Chairman  
Business: (334) 548-2331  
Fax: (334) 548-5101  
Cell: (334) 412-7415  
[Harris.robertm@yahoo.com](mailto:Harris.robertm@yahoo.com)

#### **Town of Benton**

Donny Cooper, Mayor  
Business: (334) 874-7878  
Cell: (334) 312-0867  
[jdcooper@att.net](mailto:jdcooper@att.net)

#### **Town of Gordonville**

Orbuty Ozier, Mayor

Business: (334) 563-7730  
Fax: (334) 563-7216  
Cell: (334) 850-0265

**Town of Fort Deposit**

Jacquelyn Davison-Boone, Mayor  
Business: (334) 227-4841  
Fax: (334) 227-4800  
Cell: (334) 850-1499  
Home: (334) 227-4343  
[mayor@fort-deposit.net](mailto:mayor@fort-deposit.net)

**Town of Hayneville**

David Daniel, Mayor  
Business: (334) 548-2128  
Fax: (334) 548-2129  
[mayor@htcnet.net](mailto:mayor@htcnet.net)

**Town of Mosses**

William Scott, Mayor  
Business: (334) 563-9141  
Fax: (334) 563-9141

**Town of Lowndesboro**

Rick Pate, Mayor  
Business: (334) 278-3434  
Fax: (334) 278-3110  
Work: (334) 264-2220  
Cell: (334) 300-0700

**Town of White Hall**

John Jackson, Mayor  
Business: (334) 875-5703  
Fax: (334) 875-5708

**Macon County**

Louis Maxwell, Chairman  
Business: (334) 724-2557  
Fax: (334) 724-2621  
Cell: (334) 421-2481  
[loumaxlou@yahoo.com](mailto:loumaxlou@yahoo.com)

**Town of Franklin**

Henry Peavy, Mayor  
Business: (334) 727-2111

**Town of Notasulga**

Tommy Miller, Mayor  
Business: (334) 563-7730  
Cell: (334) 319-8587

Fax: (334) 257-4645  
Cell: (334) 349-0045

**Town of Shorter**

Willie Mae Powell, Mayor  
Business: (334) 727-9190  
Fax: (334) 727-9298  
Cell: (334) 467-6532  
[mayor@shorteralabama.com](mailto:mayor@shorteralabama.com)

**City of Tuskegee**

Lawrence Haygood, Mayor  
Business: (334) 720-0514  
Fax: (334) 720-0519  
Cell: (334) 558-3907  
[mayor@tuskegeecalabama.gov](mailto:mayor@tuskegeecalabama.gov)

**Pike County**

Homer C. Wright, Chairman  
Business: (334) 566-6374  
Fax: (334) 566-0142

**Town of Banks**

Lisa Culpepper, Mayor  
Business: (334) 243-5768  
Home: (334) 243-5364  
Cell: (334) 372-6933

**City of Brundidge**

Isabel Boyd, Mayor  
Business: (334) 735-2321  
Cell: (334) 735-2351  
Fax: (334) 735-5180  
[lsabellboyd@yahoo.com](mailto:lsabellboyd@yahoo.com)

**Town of Goshen**

Darren Jordan, Mayor  
Business: (334) 484-3246  
Fax: (334) 268-0974  
[Firefightertd3035@yahoo.com](mailto:Firefightertd3035@yahoo.com)

**City of Troy**

Jason Reeves, Mayor  
Business: (334) 566-017  
Fax: (334) 670-6004  
Cell: (334) 372-0010  
[Jason.reeves@troval.gov](mailto:Jason.reeves@troval.gov)

## APPENDIX E

### COMMUNITY SERVICE WORKERS

#### Bullock County

Miranda Townsend

108 N. Baskin St.

Union Springs, AL 36089

Business: (334) 738-2928

Cell: (334) 473-7125

[Mirandaw.townsend@gmail.com](mailto:Mirandaw.townsend@gmail.com)

#### Macon County

Dr. Florence Tyner-Pace

202 E Martin Luther King Highway

Tuskegee Alabama 36083

Business: (334) 720-0527

Cell: (334) 850-1095

[ftyner@tuskegeealabama.gov](mailto:ftyner@tuskegeealabama.gov)

APPENDIX F

**FOOD SERVICE VENDOR**

**Valley Services, Inc.**

GA MONTGOMERY PRODUCTION UNIT

Ainsworth Spence, Manager

2267 S Forbes Road

Montgomery, Alabama 36110

(334) 832-9381

(334) 832-9383 FAX

Counties served: Bullock, Butler, Lowndes, and Macon

GA DOTHAN PRODUCTION UNIT

Chris Haire, Manager

2484 Redmond Road

Dothan, Alabama 36303

(334) 792-6265

(229) 869-6484 (cell)

Robert McQuitery, Assistant Manager

(251) 223-5297 (cell)

Counties served: Crenshaw, Pike



APPENDIX G

SENIOR CENTERS

BULLOCK COUNTY

City/County Multipurpose Senior Center  
204 Baskin Street  
Union Springs, Alabama 36089  
8:00 am – 2:00 pm

Center Manager: Terri D. Bean  
Telephone: (334) 738-5120  
Cell: 334-421-3066  
Email: [Terribean62@gmail.com](mailto:Terribean62@gmail.com)

Midway Multipurpose Senior Center  
166 Railroad St.  
Midway, Alabama 36053  
9:00 am – 1:00 pm

Center Manager: Clara Reid  
Business: (334) 529-3858  
Residence: (334) 425-3327  
Cell: 334-531-5289

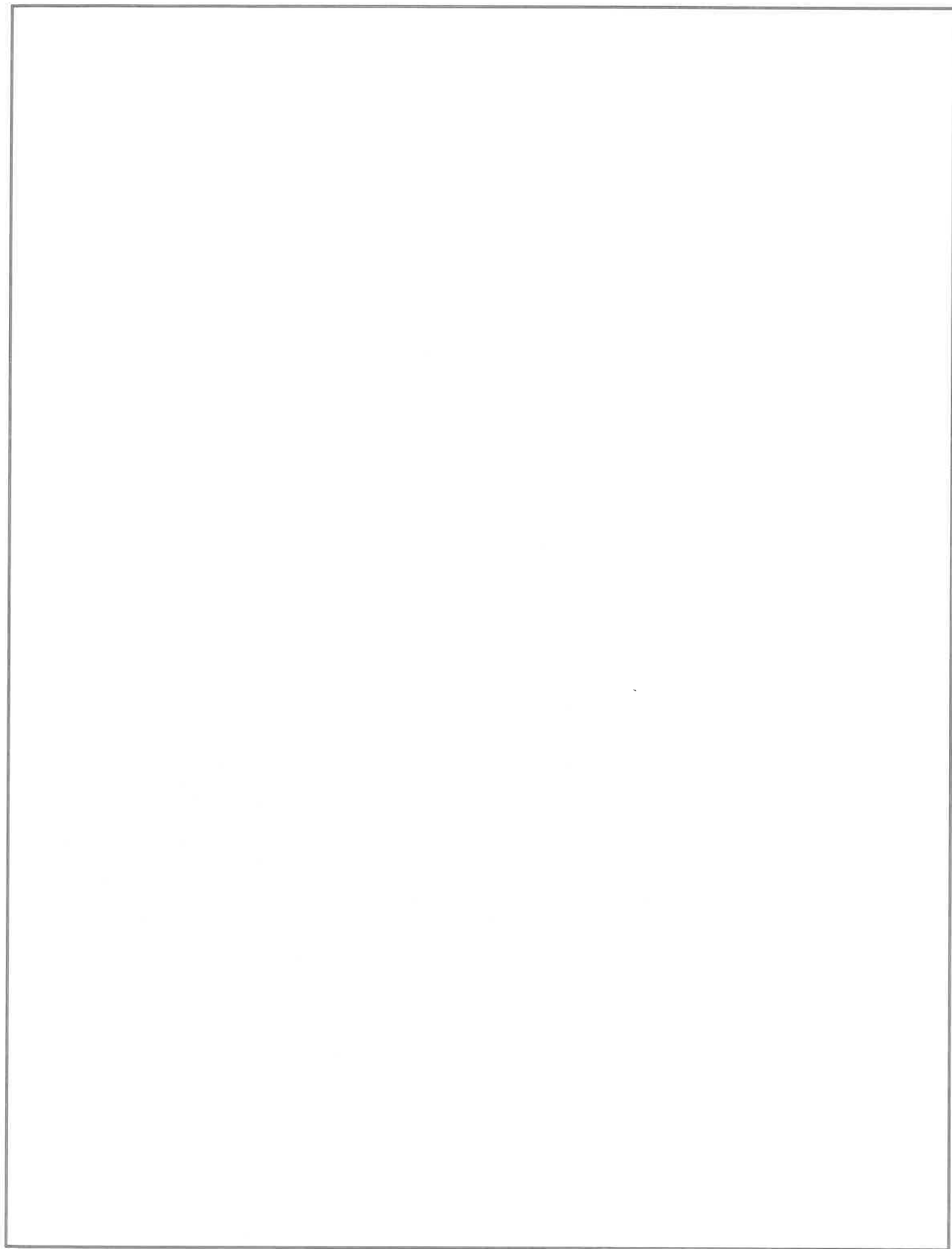
BUTLER COUNTY

Georgiana Multipurpose Senior Center  
306 Palmer Avenue S.  
Georgiana, Alabama 36033  
9:00 am – 1:00 pm

Center Manager: Earnestine Scruggs  
Business: (334) 376-9742  
Residence: (334) 362-4049  
Email: [rscruggs@brighthouse.com](mailto:rscruggs@brighthouse.com)

Greenville Multipurpose Senior Center  
903 Cedar St.  
Greenville, Alabama 36037  
9:00 am – 12:30 pm M,T,W

Center Manager: Bettdonna Mack  
Business: 334-382-6005  
Cell: (334) 437-3284  
[bettdonna@cityofgville.com](mailto:bettdonna@cityofgville.com)



CRENSHAW COUNTY

Bradleyton-Helicon Multipurpose Senior  
Center

55 E. Helicon Rd.  
Grady, Alabama 36036  
8:30 am – 1:30 pm

Center Manager: Bertha Jones  
Business: (334) 537-9520  
Residence: (334) 537-4082  
[Berthajones49@gmail.com](mailto:Berthajones49@gmail.com)

Brantley Senior Center

81 Maple Street  
Brantley, Alabama 36009  
9:00 am – 1:00 pm

Center Manager: Delayney Smith  
Business: (334) 527-3931  
Residence: (334) 464-3378

Dozier Senior Center

7712 S. Main St. (Jan Cook Community Center)  
Dozier, Alabama 36028  
9:00 am – 1:00 pm

Center Manager: Bobbie Hammett  
Business: (334) 496-3888  
Residence: (334) 496-3680

Honoraville Multipurpose Senior Center

111 Post Office Rd.  
Honoraville, Alabama 36042  
9:00 am – 1:30 pm

Center Manager: Shirley Goodwin  
Business: (334) 382-6449  
Residence: (334) 429-1104  
Email: [honoravilleseniorcenter@gmail.com](mailto:honoravilleseniorcenter@gmail.com)

Luverne Multipurpose Senior Center

217 S. Forest Ave.  
Luverne, Alabama 36049  
8:00 am – 1:00 pm

Center Manager: Anita West  
Business: (334) 335-6712  
Residence: (334) 335-5070  
Cell: 334-508-2433  
Email: [luvernecenter@yahoo.com](mailto:luvernecenter@yahoo.com)

## LOWNDES COUNTY

Hayneville Multipurpose Senior Center  
215 Tuskeena St.  
Hayneville, Alabama 36040  
9:00 am – 1:00 pm

Center Manager: Mary Edwards  
Business: (334) 548-2112  
Cell: (334) 315-6587  
Email: [maryedwards@htcnet.net](mailto:maryedwards@htcnet.net)

Fort Deposit Senior Center  
308 Old Fort Rd. (Fort Deposit VFD)  
Fort Deposit, Alabama 36032  
9:00 am – 1:00 pm

Center Manager: Debbie "Tammy" Webb  
Business: (334) 404-4444  
Residence: (334) 392-9342

## MACON COUNTY

Cecil R. Langford Multipurpose Senior Center  
801 Cemetery Road  
Notasulga, Alabama 36866  
8:30 am – 12:30 pm

Center Manager: Mary Jane Godfrey  
Business: (334) 257-4111  
Residence: (334) 257-3603  
Email: [notasulganc@gmail.com](mailto:notasulganc@gmail.com)

Prairie Farm Senior Center  
45 Tysonville Rd. (Prairie Farm Recreation Center)  
Shorter, Alabama 36075  
9:00 am – 1:00 pm

Center Manager: Jackie Jenkins  
Business: (334) 724-0814  
Residence: (334) 727-3176  
Cell: 334-552-0467  
Email: [jenk777@bellsouth.net](mailto:jenk777@bellsouth.net)

Warrior Stand Senior Center  
395 County Road 5  
Tuskegee, Alabama 36083  
9:00 am – 1:00 pm

Center Manager: Myra Temple  
Business: (334) 724-9520  
Residence: (334) 727-6438  
Cell: (334) 552-0149

Tuskegee Senior Citizens Center  
216 L'Overture Circle  
Tuskegee, Alabama 36083  
9:00 am -- 1:00 pm

Center Manager: Tonya Crawford  
Business: (334) 207-1095  
Cell: (334) 207-1095  
Email: [tcrawford@tuskegeecalabama.gov](mailto:tcrawford@tuskegeecalabama.gov)

#### PIKE COUNTY

Robert E. Barr Multipurpose Senior Center  
128 N. Main Street (Brundidge Station)  
Brundidge, Alabama 36010  
8:00 am – 12:30 pm

Center Manager: Wanda Vinson  
Business: (334) 735-3539  
Residence: (334) 672-7645  
Email: [wanda.vinson1@gmail.com](mailto:wanda.vinson1@gmail.com)

Goshen Multipurpose Senior Center  
535 Montgomery Street  
Goshen, Alabama 36035  
8:30 am – 12:30 pm

Center Manager: Bobbie Leverett  
Business: (334) 484-3244  
Residence: (334) 484-3323  
Cell: (334) 372-2045

Troy Nutrition Center  
498 East Walnut Street  
Troy, Alabama 36081  
8:00 am – 4:00 pm

Center Manager: Jessica Cox/Nikki Jones  
Business: (334) 566-0201  
Cell: (334) 470-3950 (Jessica)  
Cell: (334) 403-2765 (Nikki)  
Email: [jessica.cox@troyal.gov](mailto:jessica.cox@troyal.gov) /  
[Denetrice02@yahoo.com](mailto:Denetrice02@yahoo.com)



## APPENDIX H

### TITLE III & XIX SERVICE CONTRACTORS

Patricia A. Wright  
**A New Beginning for You, Inc**  
P. O. Box 193  
Troy, Alabama 36081  
Business: (334) 807-9900

Herbert (Lamar) Barber  
**Able Home Care Services, LLC**  
P. O. Box 464  
Fort Deposit, Alabama 36032  
Business: (334) 227-4503

Tina Kuykendall  
**Addus Health Care dba: Addus Home Health**  
2421 President's Drive, Suite #B-8  
Montgomery, Alabama 36116  
Business: (334) 213-7382

Jesse Scott  
**Capital City Home Health and Rehab**  
7007 Potsdam Court  
Montgomery, Alabama 36117  
Business: (334) 593-8556

Sue Acreman  
**Crenshaw County Adult Day Care**  
P. O. Box 293  
Rutledge, Alabama 36071  
Business: (334) 335-5522

Lillie Evans  
**In Home Care**  
P. O. Box 591  
Hurtsboro, Alabama 36860  
Business: (334) 667-6394

Kesha Stephens  
**Oxford Healthcare, Inc.**  
6767 Taylor Circle, Suite 800  
Montgomery, Alabama 36117  
Business: (334) 262-8156

Kelly Miller  
**ResCare Home Care**  
2421 President's Drive, Suite #B-10  
Montgomery, Alabama 36116  
Business: (334) 277-7800

Evergreen W. Freeman  
**Smiling Home Care**  
518 County Road 31  
Union Springs, Alabama 36089  
Business: (334) 738-8969

Rita Willis  
**Tri-County Adult Day Health**  
P.O. Box 142  
Georgiana, Alabama 36033  
Business: (334) 376-2463

Nancy Scott  
**Troy Home Care/Troy Housing Services**  
P. O. Box 366  
222 Montgomery Street  
Troy, Alabama 36081  
Business: (334) 566-8036

### TITLE III SUPPORTIVE AND NUTRITION

#### **Bullock County**

Alonza Ellis, Jr., Chairman  
Business: (334) 738-3883  
Cell: (334) 201-0087  
Fax: (334) 738-3839

#### **Honorable Dexter McLendon, Mayor**

City of Greenville  
Post Office Box 158  
Greenville, Alabama 36037  
Business: (334) 382-7111

#### **Honorable Mildred Whittington, Mayor**

Town of Midway  
Post Office Box 35  
Midway, Alabama 36053  
Business: (334) 529-3261

#### **Isabel Boyd, Mayor**

Business: (334) 735-2321  
Cell: (334) 735-2351  
Fax: (334) 735-5180  
[lsabellboyd@yahoo.com](mailto:lsabellboyd@yahoo.com)

#### **Honorable Jason Reeves, Mayor**

City of Troy  
Post Office Box 549  
Troy, Alabama 36081  
Business: (334) 566-0177

#### **Alonza Ellis, Jr., Chairman**

Bullock County Commission  
Post Office Box 472  
Union Springs, Alabama 36089  
Business: (334) 738-3883

#### **Honorable Bernie Sullivan, Mayor**

Town of Brantley  
Post Office Box 44  
Brantley, Alabama 36009  
Business: (334) 527-8624

#### **Honorable Ed Beasley, Mayor**

City of Luverne  
Post Office Box 249  
Luverne, Alabama 36049  
Business: (334) 335-3741

#### **Jacquelyn Davison-Boone, Sr., Mayor**

Town of Fort Deposit  
Post Office Box 260  
Fort Deposit, Alabama 36032  
Business: (334) 227-4841

#### **Honorable Henry Davis, Mayor**

Town of Dozier  
Post Office Box 36  
Dozier, Alabama 36028  
Business: (334) 496-3742

#### **Honorable Robert M. Harris, Chairman**

Lowndes County Commission  
Post Office Box 65  
Hayneville, Alabama 36040  
Business: (334) 548-2331

#### **Honorable Franklin Betterton, Mayor**

Town of Georgiana  
Post Office Box 218  
Georgiana, Alabama 36033  
Business: (334) 376-9852

#### **Honorable Darren Jordan, Mayor**

Town of Goshen  
Post Office Box 146  
Goshen, Alabama 36034  
Business: (334) 484-3246

#### **Honorable Raymond McGough, Chairman**

Crenshaw County Commission  
Post Office Box 227  
Luverne, Alabama 36049  
Business: (334) 335-6568

#### **Honorable Lawrence Haygood, Mayor**

City of Tuskegee  
101 Fonville Street  
Tuskegee, Alabama 36083  
Business: (334) 720-0514

#### **Jan Neal Law Firm, LLC**

Jan Neal, CEO  
207 N. 4th Street  
Opelika, Alabama 36801  
Business: (334) 745-2779/ (800) 270-7635

#### **Ms. Angel Walker, Executive Director**

Macon-Russell Community Action Agency, Inc.  
102 Lakeview Road  
Tuskegee, Alabama 36083  
Business: (334) 727-6100 ext. 13/14

## APPENDIX H

### SKILLED NURSING FACILITIES:

#### Southern Springs Health Care Facility

Administrator: Kristy L. Tanner  
745 Southern Springs Road  
Union Springs, Alabama 36089  
Business: (334) 738-5590

Business: (334)-382-0515

#### Troy Health and Rehab

Administrator: Warren Kelly  
Post Office Drawer 787, Elba Highway  
Troy, Alabama 36081  
Business: (334) 566-0880

#### Georgiana Health and Rehabilitation

Administrator: Colleen Savage  
Post Office Drawer 189, Palmer Street  
Georgiana, Alabama 36033  
Business: (334) 376-2267

#### Luverne Nursing Facility

Administrator: Julie Richburg  
142 West Third Street  
Luverne, Alabama 36049  
Business: (334) 335-6528

#### Crowne Health Care of Greenville

Administrator: Ann Smith  
408 Country Club Drive  
Greenville, Alabama 36037  
Business: (334) 382-2693

#### Orchard Healthcare Center

Administrator: Jackie Green  
205 Highway 21 South  
Hayneville, Alabama 36040  
Business: (334) 548-5995

#### Magnolia Haven Nursing Home

Administrator: Ouida Gandy  
603 Wright Street  
Tuskegee, Alabama 36083  
Business: (334) 727-4960

### ASSISTED LIVING FACILITIES:

#### Country Place Memory Care of Greenville

Administrator: Pat Wilson  
3108 Luverne Rd.  
Greenville, Alabama 36037  
Business: (334) 382-6507

#### Lake Haven Assisted Living

Administrator: Sandra Walker  
370 Roy Beall Dr.  
Luverne, Alabama 36049  
Business: (334) 335-4662

#### Pine Needle Place

Administrator: Nancy  
600 Glendale Ave.  
Greenville, Alabama 36037  
Business: (334) 382-3757

#### Noble Manor Assisted Living I, II & III

Administrator: Jimmy and Dale Law  
610 Botts Ave.  
Troy, Alabama 36081  
Business: (334) 566-8543 (I)  
(334) 808-8778 (II)  
(334) 808-1325 (III)

#### Country Place Senior Living Greenville

Administrator: Rebecca Reynolds  
1035 Fort Dale Road  
Greenville, Alabama 36037

## SCADC-AAA STAFF Emergency Contact Information

### For Official Use Only

The information being collected is for official use only within SCADC and except as required by law, will not be furnished to any commercial enterprise, company or representative nor any organization or agency outside of SCADC without the Executive Directors permission. This information shall only be used by SCADC to produce Locator/Recall Rosters and for business only purposes.

Please complete the following

Name:		Title:	
Work Email:		Home Email:	
Physical Address:	_____ _____ _____	Postal Address:	_____ _____ _____
Tel. #		Cell #	
Emergency Contact Person:		Their Phone #	Work # _____  Cell # _____
Second Emergency Contact:		Their Phone #	Work # _____  Cell # _____



# **Business Continuity Plan Disaster Recovery**

**South Central Alabama Development Commission  
and Area Agency on Aging  
SCADC**



## **Disaster Recovery and Business Continuity Plan**

### **Introduction**

The following plan outlines the procedures to be followed in the event of a disaster. Please note that this plan is provided as an outline of possible necessary steps determined prior to a disaster. It is not intended to be a complete work. Disasters and their effects are unpredictable and may vary from what was planned.

### **1.1 Overview**

### **1.2 Policy Statement**

It is the policy of SCADC to maintain a comprehensive Business Continuity Plan for all critical organization functions. Each department head is responsible for ensuring compliance with this policy and it is reviewed no less than annually. SCADC's Disaster Recovery efforts exercise reasonable measures to protect employees, safeguard assets, and client records.

### **1.3 Introduction**

This document is the Business Continuity Plan for SCADC, 5900 Carmichael Place, Montgomery, AL 36117

This plan was specifically designed to guide SCADC through a recovery effort of specifically identified organization functions. At the onset of an emergency condition, SCADC employees and resources will respond quickly to any condition which could impact SCADC's ability to perform its critical organization functions. The procedures contained within have been designed to provide clear, concise and essential directions to recover from varying degrees of organization interruptions and disasters.

### **1.4 Plan Distribution**

Each plan recipient will receive and maintain two (2) copies of the disaster recovery plan; one copy will be kept in the plan recipient's work area; the second copy will be kept at the plan recipient's residence. Replacement plans and additional copies may be obtained from SCADC's Disaster Recovery Manager.

### **1.5 Manual Reclamation**

Plan recipients who cease to be an active member of a disaster recovery team or an employee of SCADC must surrender both copies of their disaster recovery manual to the Disaster Recovery Manager. SCADC reserves any and all rights to pursue the return of these manuals.

## **Disaster Recovery and Business Continuity Plan**

### **1.6 Plan Revision Date**

The latest manual revision date appears in the lower right hand corner of the footer. This date indicates the most published date of the plan section.

### **1.7 Defined Scenario**

A disaster is defined as a disruption of normal organization functions where the expected time for returning to normalcy would seriously impact SCADC's ability to maintain customer commitments and regulatory compliance. SCADC's recovery and restoration program is designed to support a recovery effort where SCADC would not have access to its facilities and data at the onset of the emergency condition.

### **1.8 Recovery Objectives**

The SCADC Plan was written with the following objectives:

- To ensure the life/safety of all SCADC employees and vulnerable clients throughout the emergency condition, disaster declaration, and recovery process.
- To reestablish essential organization related services.
- To suspend all non-essential activities until normal and full organization functions have been restored.
- To mitigate the impact to SCADC's clients through the rapid implementation of effective recovery strategies as defined herein.
- To reduce confusion and misinformation by providing a clearly defined command and control structure.
- To consider relocation of personnel and facilities as a recovery strategy of last resort.

### **1.9 Plan Exclusions**

The **SCADC Business Continuity Plan** does not include:

- Succession of Management
- Restoration of the Primary Facilities

## **Disaster Recovery and Business Continuity Plan**

### **1.10 Plan Assumptions**

SCADC's Business Continuity Plan was developed under certain assumptions in order for the plan to address a broad spectrum of disaster scenarios. These assumptions are:

- SCADC's recovery efforts are based on the premise that any resources required for the restoration of critical organization functions will reside outside of the primary facility.
- Any vital records required for recovery can be either retrieved or recreated from an off-site location and moved to the recovery facility within 24 hours.

### **1.11 Declaration Initiatives**

SCADC's decision process for implementing any of the three levels of recovery strategies to support the restoration of critical organization functions are based on the following declaration initiatives:

- Every reasonable effort has been made to provide critical services to SCADC's operations by first attempting to restore the primary facility and / or operate using short term outage procedures.
- After all reasonable efforts have failed to restore the primary facility, and using manual procedures would restrict client support, SCADC would implement a recovery strategy that requires the relocation of personnel and resources to an alternate recovery facility.
- If the outage will clearly extend past the acceptable period of time, long term outage procedures will be implemented.

### **1.12 Recovery Strategies**

In order to facilitate a recovery regardless of the type or duration of disaster, SCADC has designed multiple recovery strategies. These strategies are categorized into three (3) levels. Each level is designed to provide an effective recovery solution equally matched to the duration of the emergency condition.

## **Disaster Recovery and Business Continuity Plan**

- **LEVEL 1: SHORT-TERM OUTAGE (RIDE-OUT) – LESS THAN 48 HOURS**

A short-term outage is defined as the period of time SCADC can operate without computerized operations, or where an outage window of the same time would not allow adequate time to restore / utilize automated recovery operations.

- **LEVEL 2: MEDIUM-TERM OUTAGE (TEMPORARY) – UP TO SIX WEEKS**

A medium-term outage is defined as the time that SCADC will be impacted for a period greater than 48 hours and less than six weeks. A disaster may either be declared agency wide or only for the effected department or building. The decision will be based on the amount of time /expense that is required to implement the formal recovery and the anticipated impact to SCADC's organization over this period of time.

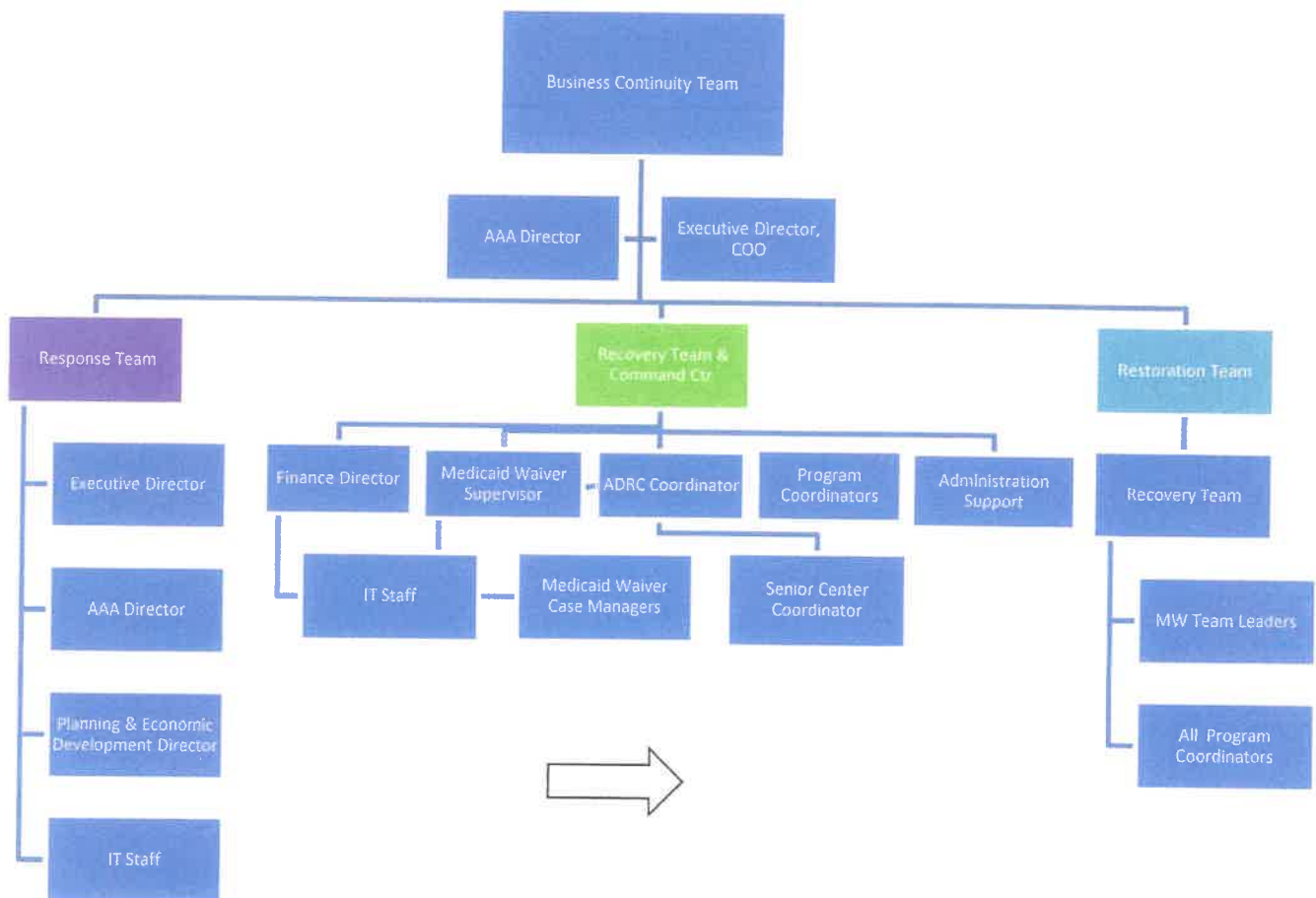
- **LEVEL 3: LONG-TERM OUTAGE (RELOCATION) – 6 WEEKS OR MORE**

A long-term outage is defined, as the period of time that SCADC will exceed the allowed occupancy time of its temporary recovery. During this phase of recovery SCADC will initiate a physical move of personnel and resources.

### **1.13 Team Overview**

During an emergency each team member contributes the skills that they use in their everyday work to the overall response.

# Disaster Recovery and Business Continuity Plan



## **Disaster Recovery and Business Continuity Plan**

### **1.14 Teams**

**Business Continuity Team** - The Business Continuity Team is comprised of senior SCADC management and is responsible for authorizing declarations of disaster, emergency expenditures, approving public release of information, and ensuring stakeholders and clients are informed. This team will be directed by the Executive Director and Department Directors.

**Response Team** - The Response Team is first on scene to assess the damage caused by the disaster or ensure precautionary measures are taken in light of any impending disaster (e.g. inclement weather, etc.) Once the Response Team determines the extent of the disaster, they will either order an evacuation of the facility or work with facilities to mitigate the effects to SCADC. If necessary, a command center will be established.

- Executive Director
- Department Directors
- Director of Finance
- IT Manager/Staff

**Recovery Team** - The Recovery Team provides enterprise-level support for both the physical site and technology issues. The members of this team will establish a command center ensuring that the alternate site is ready and adequate for arriving recovery personnel. The Recovery Team will be the first at a meeting point or alternate site in order to register arriving personnel. If necessary, a command center will be established.

- Executive Director
- Department Directors
- ADRC Coordinator
- Director of Finance
- Program Coordinators
- IT Manager/Staff
- Medicaid Waiver Supervisor
- Senior Center Coordinator

**Restoration Team** - The Restoration Team consist of personnel from each SCADC area deemed critical to the continuation of SCADC. The members of the Restoration Team get updated status from the other teams to pass on to their team members to ensure prompt recovery of each department.

- Recovery Team
- MW Team Leaders
- Program Coordinators

## **Disaster Recovery and Business Continuity Plan**

### **2.1 Emergency Phone Numbers**

#### **☎ Emergency services**

- |                   |               |
|-------------------|---------------|
| 1. Police:        | 911           |
| 2. Fire:          | 911           |
| 3. Alarm Company: | (334)271-2222 |
| 4. Ambulance:     | 911           |

#### **📞 Communications**

- |               |               |
|---------------|---------------|
| 1. Wow:       | (334)356-4100 |
| 2. Verizon:   | (800)922-0204 |
| 3. Forerunner | (256)562-5120 |

#### **✂ Maintenance & repair**

- |                |               |
|----------------|---------------|
| 1. Janitorial: | (334)277-6937 |
| 2. HVAC:       | (334)264-4800 |
| 3. Electric:   | (334)649-3336 |
| 4. Plumbing    | (334)221-3636 |
| 5. Power:      | (888)430-5787 |



## Disaster Recovery and Business Continuity Plan

### 2.3 Recovery Strategy Overview

SCADC's Business Continuity Recovery is created for surviving the loss of facilities and/or systems during a disaster.

Once ~~SARCOA~~<sup>SCADC</sup>'s Response Team has determined that a declaration of disaster is required, the following sequence of events will occur:

Steps:	Instruction:
1: Evacuate affected facility	If the emergency requires an evacuation of employees, execute evacuation plans contained in the Emergency Procedures section.
2: Go to staging area	Follow building evacuation instructions. Remote employees will be instructed to return home.
3: Determine length of outage	Review written and verbal damage assessment reports from facilities and civil authorities and then estimate the amount of time the facility will be uninhabitable.
4: Select disaster level	Based on the estimated duration of the outage, declare the disaster event as either a L1 (Less than 48hrs.), L2 (48hrs. to 6 weeks), or L3 (6 weeks or longer).
5: Activate alternate facilities	Contact alternate facilities identified in the Facilities section. Confirm their availability and alert them of estimated arrival time.
6: Release personnel from the staging area	Once the disaster level has been selected, release all personnel from the staging area to their assigned recovery location. <ul style="list-style-type: none"> <li>• Non-essential personnel – Home</li> <li>• Recovery Team – Alternate Facility</li> <li>• Command Center Staff – Alternate Facility</li> </ul>
7: Recovery Team establish Command Center	Recovery Team personnel are the first to arrive at the alternate facility to setup and organize the command center prior to the arrival of support
8: Establish situation desk	At the command center, establish a dedicated line with operator to field all incoming calls. Announce command center phone number to all recovery team participants.
9: Review recovery plan	Review the Recovery Plan to establish priorities on a department by department basis.
10: Create technology shopping list	Once the technology requirements of the effected department(s) are known, create a requirements list for the IT support staff.

## **Disaster Recovery and Business Continuity Plan**

<b>Steps:</b>	<b>Instruction:</b>
<b>11: Contact vendors</b>	Using the vendor contacts or local sources, order replacement technology indicated on requirements list.
<b>12: Retrieve electronic/hardcopy vital records</b>	Retrieve vital records from backup service or other locations as indicated in the Vital Records section. Have vital records shipped and staged at the alternate facility if necessary.
<b>13: Setup replacement LAN</b>	The priority of SCADC server restoration is to support all SCADC Business functions.
<b>14: Populate alternate facility</b>	Once the replacement network is functional, notify the Restoration Team that employees can now begin populating the alternate facility.

# Disaster Recovery and Business Continuity Plan

## 2.4 Plan Participants

The following presents the SCADC plan participants and their associated recovery function. At the time of a disaster, these individuals will be among the first to be contacted.

Recovery Role:	Primary:	Alternate:
<b>Recovery Manager</b>	Name: <u>Tyson Howard</u> Title: <u>Executive Director</u> Office: <u>334-244-6903</u> Cell: <u>334-398-2840</u> Home: <u>334-278-3382</u> E-mail: <u>lbath@htcnet.net</u>	Name: <u>Sharon Redd</u> Title: <u>AAA Director</u> Office: <u>334-244-6903</u> Cell: <u>334-467-4383</u> Home: <u>334-514-4702</u> E-mail: <u>sredd60@yahoo.com</u>
<b>Voice Recovery</b>	Name: <u>Kent Watkins</u> Title: <u>Performance Support</u> Office: <u>334-244-9797</u> Cell: <u>334-391-0584</u> Home: _____ E-mail: <u>kwatkins@at-psi.com</u>	Name: <u>Jennifer Kilpatrick</u> Title: <u>IT Technician</u> Office: <u>334-244-6903</u> Cell: <u>334-300-1588</u> Home: <u>334-300-1588</u> E-mail: <u>jen.lifeisgood@gmail.com</u>
<b>IT Recovery</b>	Name: <u>Kent Watkins</u> Title: <u>Performance Support</u> Office: <u>334-244-9797</u> Cell: <u>334-391-0584</u> Home: _____ E-mail: <u>kwatkins@at-psi.com</u>	Name: <u>Jennifer Kilpatrick</u> Title: <u>IT Technician</u> Office: <u>334-244-6903</u> Cell: <u>334-300-1588</u> Home: <u>334-300-1588</u> E-mail: <u>jen.lifeisgood@gmail.com</u>

## Disaster Recovery and Business Continuity Plan

Recovery Role:	Primary:	Alternate:
Network Recovery	Name: <u>Kent Watkins</u> Title: <u>Performance Support</u> Office: <u>334-244-9797</u> Cell: <u>334-391-0584</u> Home: _____ E-mail: <u>kwatkins@at-psi.com</u>	Name: <u>Jennifer Kilpatrick</u> Title: <u>IT Technician</u> Office: <u>334-244-6903</u> Cell: <u>334-300-1588</u> Home: <u>334-300-1588</u> E-mail: <u>jen.lifelsgood@gmail.com</u>
Administrative Support	Name: <u>Shelia Rice</u> Title: <u>Admin Support Manager</u> Office: <u>334-244-6903</u> Cell: <u>334-354-0653</u> Home: <u>334-834-7561</u> E-mail: <u>fleetwoodshelia@knology.net</u>	Name: _____ Title: _____ Office: _____ Cell: _____ Home: _____ E-mail: _____

## Emergency Call List

### Key Agency Employees:

- |    |                     |                   |                              |               |
|----|---------------------|-------------------|------------------------------|---------------|
| 1. | Tyson Howard        | 334-244-9603      | 334-289-328/2                | 334-398-2840  |
|    | <i>Name</i>         | <i>Work Phone</i> | <i>Home Phone</i>            | <i>Cell #</i> |
| 2. | Ashton Hutchinson   | 334-244-6903      |                              | 334-312-1407  |
|    | <i>Name</i>         | <i>Work Phone</i> | <i>Home Phone</i>            | <i>Cell #</i> |
| 3. | Sharon Redd         | 334-244-9603      | 334-467-4383 or 334-313-3114 |               |
|    | <i>Name</i>         | <i>Work Phone</i> | <i>Home Phone</i>            | <i>Cell #</i> |
| 4. | Jennifer Kilpatrick | 334-244-6903      |                              | 334-300-1588  |
|    | <i>Name</i>         | <i>Work Phone</i> | <i>Home Phone</i>            | <i>Cell #</i> |
| 5. | Beth Rosser         | 334-244-6903      |                              | 334-354-2715  |
|    | <i>Name</i>         | <i>Work Phone</i> | <i>Home Phone</i>            | <i>Cell #</i> |

### Designated Agency Emergency Responders:

- |    |              |                   |                   |               |
|----|--------------|-------------------|-------------------|---------------|
| 1. | Blake Pierce | 334-244-6903      |                   | 334-414-1317  |
|    | <i>Name</i>  | <i>Work Phone</i> | <i>Home Phone</i> | <i>Cell #</i> |
| 2. |              |                   |                   |               |
|    | <i>Name</i>  | <i>Work Phone</i> | <i>Home Phone</i> | <i>Cell #</i> |
| 3. |              |                   |                   |               |
|    | <i>Name</i>  | <i>Work Phone</i> | <i>Home Phone</i> | <i>Cell #</i> |
| 4. |              |                   |                   |               |
|    | <i>Name</i>  | <i>Work Phone</i> | <i>Home Phone</i> | <i>Cell #</i> |
| 5. |              |                   |                   |               |
|    | <i>Name</i>  | <i>Work Phone</i> | <i>Home Phone</i> | <i>Cell #</i> |

Other Resources:

Local Fire Department \_\_\_\_\_ 911  
*Contact Phone*

Police Department \_\_\_\_\_ 911  
*Contact Phone*

Alarm Monitoring ACT Security System-- Mark 334-273-8800  
*Contact Phone*

Power Company \_\_\_\_\_ 888-430-5787  
*Contact Phone*

Ambulance \_\_\_\_\_ 911  
*Contact Phone*

Telephone Company \_\_\_\_\_ Forerunner 256-562-5120  
*Contact Phone*

Cable Company \_\_\_\_\_ Wow 334-356-4100  
*Contact Phone*

## **Disaster Recovery and Business Continuity Plan**

### **2.5 Alternate Site Setup**

Once the alternate site has been secured, the Recovery Team will work with the staff to configure appropriate command center and recovery space.

The following provides SCADC configurations for general work areas and the command center.

<b>Recovery Area:</b>	<b>Configuration:</b>
Command Center	<ul style="list-style-type: none"><li>• Occupancy – 9</li><li>• Room – 500-sq. ft.</li><li>• Conference table or 8 smaller tables</li><li>• Phones – 9</li><li>• Office supplies – stationary, writing supplies, copier</li><li>• Communications – cellular phones</li></ul>
Work Area Recovery	<ul style="list-style-type: none"><li>• Occupancy – 30</li><li>• Room – 3000- sq. ft.</li><li>• Folding Tables- 10-20</li><li>• Phones – 25</li><li>• Facsimile – 1</li><li>• Office Equipment – copier, printer, desktop/laptop, scanner, calculator</li><li>• Office supplies – stationary, writing supplies</li></ul>
Admin Support Room	<ul style="list-style-type: none"><li>• Occupancy – 0</li><li>• Room – 100-sq.ft.</li><li>• Phone – 0</li><li>• Office Equipment – scale, postage meter</li><li>• Supplies – Mailing/shipping supplies</li></ul>



## Disaster Recovery and Business Continuity Plan

### 3.1 Recovery Ranking

The following organization processes will be recovered within the sequence specified below:

Priority Rank:	Organization Process:	Potential Impact:	Allowable Downtime:
1	Phone System	Communication is key for our agency because we receive approx. 2,000 phone calls monthly. It is also necessary for each team to be able to communicate with each other to perform their job duties.	1 day
2	Network/IT	To be able to perform our normal processes the ability to connect to email, web based software, etc. is necessary.	1 day
3	Accounting	For business to be able to continue, we will need to establish the ability to make payments to vendors as well as employees.	3 days
4	Mail	Establish the alternate mailing address for postal service as well as Fed Ex, UPS.	3 days
5	Work Stations	Establish work stations for necessary employees to be able to perform their functions.	5 days
6	Remote Workers	Establish additional remote offices as needed.	5 days
7			
8			
9			

## Disaster Recovery and Business Continuity Plan

### 4.1 Vendor Contact Information

Provider:	Contact:	Purpose:
Furlong Security	334.271.2222	Fire Alarm System
		Security Monitoring
WOW	334.356.4100	Internet
Forerunner	256.562.5120	Phone Hardware
Dell	512.725.1274	Computer Hardware
Performance Support	334.244.9797	Online data backup
A. I. S.	334.264.4800	HVAC
Goodwin, Mills & Cawood	334.271.3200	Architects
Performance Support	334.244.9797	Email Provider Local
Dynamic Business Solutions	334.517.6900	Postage machine
Strickland Companies	334.613.9040	Paper products
B & B Lawn Care	334.262.7114	Lawn care, exterior clean up
Fred Whiting Construction	334.354.1653	Roofing
Dixie Electric	334.649.3336	Electrician
Bowman Plumbing	334.221.3636	Plumber
Fred Whiting Construction	334.354.1653	Cabinet
Fred Whiting Construction	334.354.1653	Glass repair, glass doors
Fred Whiting Construction	334.354.1653	Commercial doors
Peaches & Clean	334.277.6937	Cleanup and restoration services

## **Disaster Recovery and Business Continuity Plan**

### **5.1 Recovery Location Options**

The below are options for recovery locations to be used based on need and availability.

1. Unoccupied commercial real estate