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VERIFICATION OF INTENT



Verification of Intent

The Area Plan on Aging is hereby submitted by the United Way Area Agency on Aging (UWAAA) 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.

 Signature of Executive Director Date PRINT NAME

 Signature of Aging Director Date PRINT NAME

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

 Signature of Chair Date
PRINT NAME

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

 Signature of Board Chair Date PRINT NAME

NARRATIVE

EXECUTIVE SUMMARY

Background

Incorporated in 1923, the United Way of Central Alabama, Inc. (UWCA) is a 501(c)(3) nonprofit organization serving a six-county region of central Alabama (Blount, Jefferson, Shelby, St. Clair, Chilton, and Walker). UWCA's mission is to increase the organized capacity of people to care for one another and to improve their community. With 165 employees, UWCA has demonstrated capacity to deliver an array of social service programs managed by skilled and experienced professionals. Drew Langloh, President and CEO, reports to a volunteer Board of Directors that is representative of its six-county footprint. UWCA's Finance Department manages fiscal operations, including grant and contract funds valued at over \$59 million. The 2020 Annual Campaign raised over \$36 million to support the provision of health and human services via the UWCA's 75+ partner agencies.

UWCA was designated by the Alabama Department of Senior Services (ADSS) in October 2016 to serve as the Area Agency on Aging (AAA) for Jefferson County, a designation previously held by the Jefferson County Office of Senior Citizen Services. The United Way Area Agency on Aging (UWAAA) service area is Jefferson County in central Alabama, and it is the most populated county in Alabama covering a total land area of 1,111 square miles. The UWAAA's mission is promote the independence and dignity of those served. This is accomplished through the development and maintenance of a comprehensive and coordinated system of services for older adults (aged 55+), individuals with disabilities, and their caregivers. The UWAAA continuously assesses local needs and responds by providing services to the most vulnerable members of our community, including low-moderate income individuals, historically marginalized groups, older adults with limited English proficiency, older adults residing in rural areas, and individuals at risk for long-term care placement.

Current Status

Since being under the umbrella of the Community Initiatives department of UWCA, UWAAA has worked diligently to provide for and protect older and disabled Jefferson County residents. Since 2016, UWAAA has provided services to over 55,000 individuals. We have seen an increase in program services each year of the short 5-year timeframe and have plans to continue that increase all while still guaranteeing service quality through continuous quality improvement (CQI) meetings and adherence to CQI standards.

Accomplishments from UWAAA's first five years of operation include:

- . 34,321 individuals received I&R, referrals, and counseling via the ARDC
- . 493 clients received 17,036 hours of homemaker services
- . 91 clients received 2,266 hours of Personal Care
- . 459 clients received 43,621 hours of caregiver respite
- . 415 clients received 14,721 units of supplemental supplies, totaling \$368,025 worth of assistance
- . 82 older relatives received assistance while raising a child or a disabled adult child

- . 5,486 clients were served 1,050,320 meals at 29 local Senior Centers
- . 3,430 homebound clients received 1,112,401 home delivered meals
- . 2,552 clients received 7,005 hours of legal assistance
- . 3 Senior Celebrations with over 3,000 people in attendance
- . 1,316 clients received prescription medication assistance
- . 8,385 clients received Medicare or Medicare fraud counseling and assistance
- . 274 case investigations and 457 complaints were resolved by our Long-Term Care Ombudsman
- . 837 clients participated in preventive health programs such as Tai Chi for Arthritis & Fall Prevention
- . Over 800 MOW volunteers were onboarded
- . Formation of Advisory Council

FY 2022 – 2025 UWAAA Plan on Aging

This document comprises the four-year (October 1, 2021 – September 30, 2025) Area Plan for Jefferson County. It describes the UWAAA’s comprehensive and coordinated system of supportive services and the process used to identify the most pressing needs for supportive and nutrition services and Senior Centers within Jefferson County. It also summarizes how the UWAAA will implement, directly and through contractual arrangements, programs and services to meet the identified needs of older Jefferson County residents, disabled individuals and their caregivers.

Federal and state funds, provided by the ADSS, support the implementation of programs and services authorized under the Older Americans Act of 1965 (OAA). UWAAA programs are supported by state and federal funding sources: Title III-B (Personal Care, Homemaker, Legal Assistance, Long-Term Care Ombudsman, and Access/I&R Services), Medicare Improvement for Patients and Providers Act (MIPPA), Title VII Elder Abuse and Ombudsman, Title III-E Family Caregiver services, Title III-C Nutrition, Title III-Part D Preventive Health, State Ombudsman funds, SenioRx, State Health Insurance Program (SHIP), Senior Medicare Patrol, ADRC, Gateway, Buskey, SNAP, AUM, and Nutrition Services Incentive Program (NSIP) supplemental funding, and matching state funds. UWAAA programs and services proposed under the FY22-25 Area Plan include: *(Please see Attachment K for descriptions)*

Aging & Disability Resource Center
Alabama Cares
Older Relative Caregiver Program
Homemaker/Personal Care Service Program
State Health Insurance Assistance Program
Senior Medicare Patrol
Gateway-Outreach
Gateway-Survey
Vaccine Outreach
Alabama Legal Assistance

SenioRx
Senior Nutrition Program
Long-Term Care Ombudsman
Elder Abuse Prevention
Preventive Health Service

The UWAAA Area Plan was compiled with guidance and input from ADSS, through public and private partners, and the public at large to help all programs and services develop and improve so that UWAAA can continue to care for those in need, especially the most vulnerable. Over the next four years, UWAAA will concentrate on the areas outlined by ADSS with emphasis on the following included in the goals, objectives, strategies, and projected outcomes:

1. Jeff. Co. older adults, individuals with disabilities, and their caregivers shall have access to reliable information, helping them to make informed decisions regarding long-term supports and services.
2. Empower Jeff. Co. older adults and individuals with disabilities to remain in the least restrictive environment with high quality of life through the provision of options counseling, home and community-based services, and support for family caregivers.
3. Empower Jeff. Co. older adults to stay active and healthy through Older Americans Act services, Medicare prevention benefits, recreation, job, and volunteer opportunities.
4. Enable more of the Jeff. Co. aging population to live with dignity by promoting elder rights and reducing the incidents of abuse, neglect, and exploitation.
5. Promote quality management through proactive, progressive management and accountability of UWAAA and its contracting agencies.

New directions or changes anticipated during the planning period include:

1. A focus on community engagement through collaborations with partner agencies and community organizations.
2. Increased demand for services based on projected population growth and increased outreach to raise public awareness.
3. Enhanced service provision and program operations as a result of special funding from ADSS.
4. Integration of COVID-19 response into UWAAA programs and services.

CONTEXT

INTRODUCTION

With an estimated population of 659,680 residents, Jefferson County is the largest urban county in the state, comprising 13.5% of Alabama’s total population¹. “The baby boom generation was the largest in the history of the United States. This population is aging and causing a dramatic increase in the elderly population. This is

¹U.S. Census Bureau QuickFacts: Jefferson County, Alabama <https://www.census.gov/quickfacts/jeffersoncountyalabama>

causing dramatic changes in society and especially the economy. Because so many of these people will be retiring soon, it puts great pressure on the Social Security Retirement System as well as other retirement programs. In addition, older populations have different spending and saving patterns. Elderly people use many more health resources and spend more of their incomes on healthcare. In addition, older people experience more limitations on their mobility and ability to care for themselves. This will lead to the need for more nursing homes and assisted living facilities. This is especially true for those with Alzheimer's who need progressively more care as their condition worsens."² In all, "Alabama's elderly population is expected to grow by 82.4 percent between 2010 and 2040."³ These projections pose significant policy and funding challenges both today and for years to come as the predicted growth will surely result in increased demands for assistance such as in-home services, home delivered meals, respite services, legal assistance, ombudsman services for nursing facilities, transportation to medical and other appointments, counseling on Medicare benefits, assistance with filling prescriptions, and many other requests for support.

Since 2016, the UWAAA has been an organization dedicated to meeting many of the unique needs of older and disabled citizens. By way of a thoughtfully planned combination of distinct and highly focused programs and services, UWAAA is helping people live healthier, more fulfilled, and well-informed lives every day. Each program of the United Way Area Agency on Aging has been thoughtfully developed in response to many of the unique needs of older and disabled individuals. Whether it is offering valuable information about healthcare, providing hot meals, monitoring the staff and services at long-term care facilities, training in-home caregivers, or helping seniors navigate their Medicare options or find more affordable prescriptions through programs such as SHIP and SenioRx, UWAAA is dedicated to enhancing the quality of life in Jefferson County for those who are most in need of assistance.

Furthermore, UWAAA is uniquely positioned to respond to community needs via a comprehensive and coordinated system of services for older adults (age 55+), disabled individuals, and their caregivers. UWAAA's service model focuses on the most vulnerable members of our community, including low-moderate income individuals, historically marginalized groups, older adults with limited English proficiency, older adults residing in rural areas, and individuals at risk for long-term care placement.

UWAAA partners and collaborates with a diverse network of community and faith-based organizations, public agencies, contracted service providers, civic groups, and local volunteers. Current partners include ADSS, Red Cross, Jefferson County Dept.

² <https://www.alabamapublichealth.gov/healthrankings/geriatrics.html>

³ U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.

of Health, Jefferson County Dept. of Human Resources, 28 Senior Centers located across the county, local hospitals, colleges and universities, churches, home health care providers, UWCA's 75+ nonprofit partner agencies in Central Alabama, neighboring AAA's such as M4A, and numerous individuals and groups who volunteer countless hours serving this population.

The UWAAA Advisory Council is comprised of individuals who represent the target population and other key stakeholders such as elected officials, members of the business community, representatives of organizations that serve the target population, staff members of public agencies (e.g., DHR, public health), UWAAA staff members, and other interested individuals. This body is responsible for providing guidance and advice on all matters related to the development of the four-year Area Plan, administration of the plan, evaluation of programs, resource development, and advocacy for older adults to ensure the accomplishment of the program's six primary goals summarized below:

1. Help older individuals and persons with disabilities live with dignity and independence
2. Ensure that older individuals and persons with disabilities have access to services to assist with daily living
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
4. Consistently advocate for and promote rights of older and disabled Alabamians and work to prevent their abuse, neglect, and exploitation
5. Ensure the state of Alabama is taking a proactive approach in detecting challenges and
6. seeking opportunities to help people live where they choose with help from home and community-based programs
7. Support and provide planning and management of programs for strict accountability

JEFFERSON COUNTY DEMOGRAPHIC OF AGING AND DISABILITY POPULATIONS

Overview: Jefferson County's geographic distribution of population, economic activity, and land use is diverse, with a mix of rural and urban areas. Spanning 1,111 square miles, Jefferson is the fifth largest county in Alabama by area. Its population is distributed among the County's nineteen subdivisions (See Attachment H), with the highest concentration of residents living in the Birmingham area.

Older Individuals: Jefferson County has a substantial and growing number of older adult residents. According to the 2019 American Community Survey (ACS) 5-Year Estimates, 145,171 individuals aged 60 years or older represent 22% of the county's population. As mentioned in the Community Foundation of Greater Birmingham's 2015 EngAge Report, the number of older adults in Alabama is projected to increase over time. As such, the older adult population of Jefferson County is projected to grow as well. It is estimated that the population will continue to rise proportionally, increasing by 30% between 2015 and 2040.⁴

Low-Income Older Individuals: 2017 data show that 13.4% of Americans live below the 100% Federal Poverty Level, indicating Jefferson County's overall poverty rate of 16.8% is higher than the national average.⁵ The 2019 ACS 5-Year Estimates indicate that 47.4% of Jefferson County residents aged 60 years or older have household income related to earnings. 26.8% of older adults are employed, while 72.4% are no longer in the labor force. 76.8% of older adult households receive Social Security income with an average annual amount of \$20,546. 46.9% collect an average annual retirement income of \$26,646. Only 0.9% receive cash public assistance and those who do collect on average \$3,450 annually. More older adults (8.5% and 10.6% respectively) receive Supplemental Security Income at an average of \$10,032 per year and SNAP benefits. The 2019 ACS 5-Year Estimates indicate that 11.5% (16,336 individuals) of Jefferson County residents aged 60 years and older are below 100% of the poverty level.⁶ For minority residents in the same age group, the U.S. Census estimates that 12.4% of individuals are at or below the poverty level. According to 2019 ACS 5-Year Estimates, 21.4% of Jefferson County residents aged 60 years or older lived-in renter-occupied housing units.⁷ Additionally, 51.7% paid 30% or more of their household income on rent. The median gross rent was \$757 while the median monthly owner costs were \$1,187 (with mortgage) and \$409 (without mortgage).⁸

Minority Older Adults: The 2019 ACS data indicate that 60.9% of Jefferson County residents 60 years and older are White, 37.3% are Black or African American, and 0.9% are Asian. Only 0.8% of this population is Hispanic or Latino. 57.5% of adults age 60+ in Jefferson County are female, while 42.5% are male. Of adults age 60+ in Jefferson County, 2.6% speak a language other than English, and 1.2% speak English "less than very well."⁹ 2.5% of older adults are non-native citizens (foreign born).

Persons with Disabilities: Census data indicates that 35.6% of adults 60+ in Jefferson County have a disability, as compared to 15.4% of the general population. According to the

⁴ U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.

⁵ U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.

⁶ U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.

⁷ U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.

⁸ U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.

⁹ U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.

2019 Community Health Assessment from JCDH, the percentage of overall residents with disabilities has increased significantly in the last 15 years. Of residents age 65+, the percentage of older adults with disabilities also increased dramatically over the last few years, from 36.4% in 2014 to 25.2% in 2017. The “top health conditions” identified in Jefferson County are: 1. Obesity; 2. Drug/Alcohol/Opioid Abuse; 3. Diabetes; 4. Homicide; 5. Mental/Emotional Problems.¹⁰ The Alabama Center for Health Statistics Jefferson County Health Profile (2018) lists the top causes of death as: 1. Heart Disease; 2. Cancer; 3. Stroke; 4. Accidents; 5. Respiratory Disease/Illness; and 6. Alzheimer’s.¹¹ The hospital bed occupancy rate in Jefferson County increased from 61% in 2013 to 79% in 2018. In addition, life expectancy in Jefferson County significantly decreased from 75.4 years in 2012 to 74.4 years in 2017, behind the national average of 78.6 years.

In 2017, Alzheimer’s jumped from the ninth to the sixth leading cause of death in the county, with the mortality rate increasing by 113% from 2012 and white females experiencing the highest death rate. In addition, the number of drug-related deaths in Jefferson County doubled between 2012 and 2017. This increase in drug-related deaths contributed to lower life expectancy as well as an increased rate of accidental death.¹²

Older Adults Living in Rural Areas: While statistics on the percentage of Jefferson County residents considered to be living in a rural community were not readily available, Jefferson County is considered a largely urban county. Still, almost 2% of Jefferson County residents age 60+ report they have no telephone service available. 76.9% of residents age 65+ own a computer; of those, 87.9% are broadband internet connections, while 11.5% of older adults with a computer do not have an internet subscription.¹³ 22,801 (23%) adults age 65+ do not own a computer.

Other Characteristics: Per 2019 Census data, 14.9% of older adults in Jefferson County are Veterans. 28.3% hold a bachelor’s degree or higher, 29.2% have some college or Associate’s degree, 30.5% have a high school degree, GED, or equivalent, and 12% have less than high school education. 5.5% of older adults in Jefferson County live with their grandchild(ren) and 2.3% are responsible for their grandchild(ren). Many older residents (42%) of Jefferson County live alone, with 20.9% being widowed, 17.7% being divorced, and 7.8% never married.¹⁴

¹⁰ Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 152.

¹¹ Alabama Center for Health Statistics. *County Health Profiles*. (2018): 75.

¹² Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 55.

¹³ U.S. Census Bureau. *American Community Survey 5-year Estimates Jefferson County*. 2019.

¹⁴ U.S. Census Bureau. *American Community Survey 5-year Estimates Jefferson County*. 2019.

The following tables and figures and *Attachment I* provide further detail into the demographic profile of Jefferson County:

Table 1: Jefferson County Age 65+ Population Projections 2010-2040

Source: U.S. Census Bureau. American Community Survey 1-year Estimates Jefferson County. 2018.

| | | | | | Change 2010-2040 | |
|------------------|--------|---------|---------|---------|------------------|---------|
| Year | 2010 | 2020 | 2025 | 2040 | Number | Percent |
| Jefferson County | 86,443 | 106,631 | 119,605 | 127,315 | +40,872 | +47.3% |

Table 2: Jefferson County Populations by Age, Race, Sex

Source: Alabama Center for Health Statistics. *County Health Profiles*. (2018): 77.

| 2018 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX | | | | | | | | | |
|---|-----------|---------|---------|---------|---------|---------|-----------------|---------|---------|
| Age Group | All Races | | | White | | | Black and Other | | |
| | Total | Male | Female | Total | Male | Female | Total | Male | Female |
| Total | 659,300 | 311,591 | 347,709 | 350,457 | 170,241 | 180,216 | 308,843 | 141,350 | 167,493 |
| 0-4 | 41,882 | 21,278 | 20,604 | 20,530 | 10,517 | 10,013 | 21,352 | 10,761 | 10,591 |
| 5-9 | 41,984 | 21,557 | 20,427 | 19,905 | 10,275 | 9,630 | 22,079 | 11,282 | 10,797 |
| 10-14 | 41,913 | 21,167 | 20,746 | 19,660 | 10,017 | 9,643 | 22,253 | 11,150 | 11,103 |
| 15-44 | 261,976 | 126,124 | 135,852 | 133,359 | 66,520 | 66,839 | 128,617 | 59,604 | 69,013 |
| 45-64 | 166,998 | 78,048 | 88,950 | 90,840 | 44,658 | 46,182 | 76,158 | 33,390 | 42,768 |
| 65-84 | 91,104 | 39,259 | 51,845 | 56,640 | 25,187 | 31,453 | 34,464 | 14,072 | 20,392 |
| 85+ | 13,443 | 4,158 | 9,285 | 9,523 | 3,067 | 6,456 | 3,920 | 1,091 | 2,829 |

Figure 1: Percent of Population 65+ Living < 100% Federal Poverty Level

Source: Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 14.

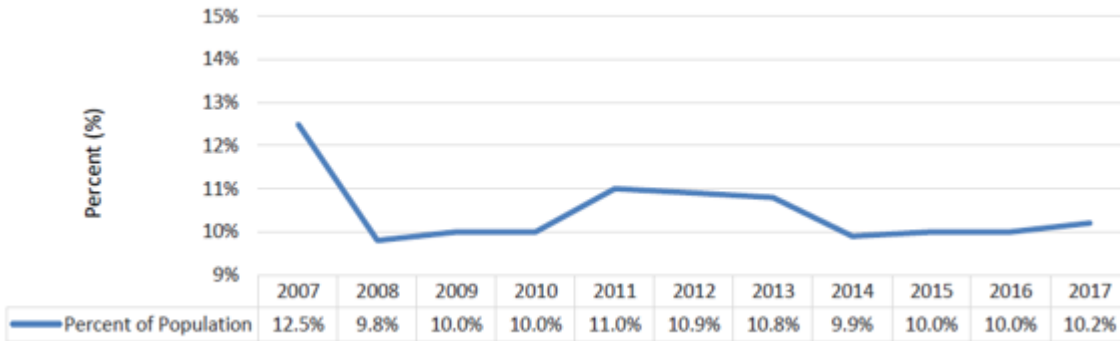


Figure 2: Life Expectancy in Jefferson County

Source: Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 10.



Figure 3: Percent of Population Living < 100% Federal Poverty Level by Race

Source: Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 15.

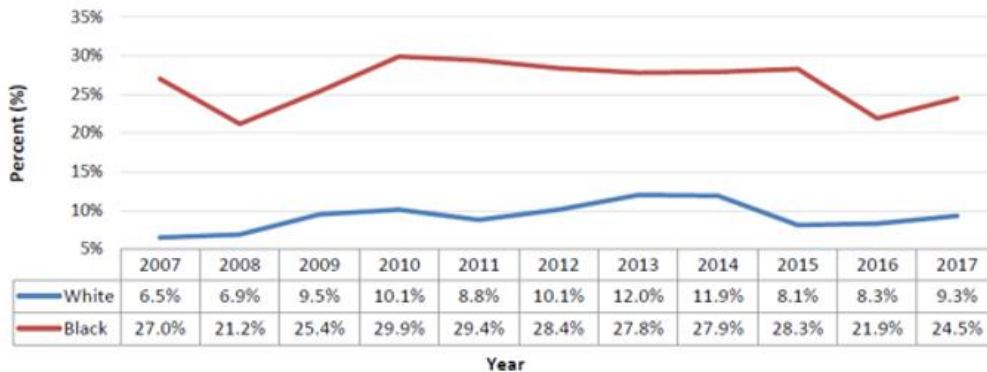


Figure 4: Percent of Total Population with a Disability

Source: Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 22.

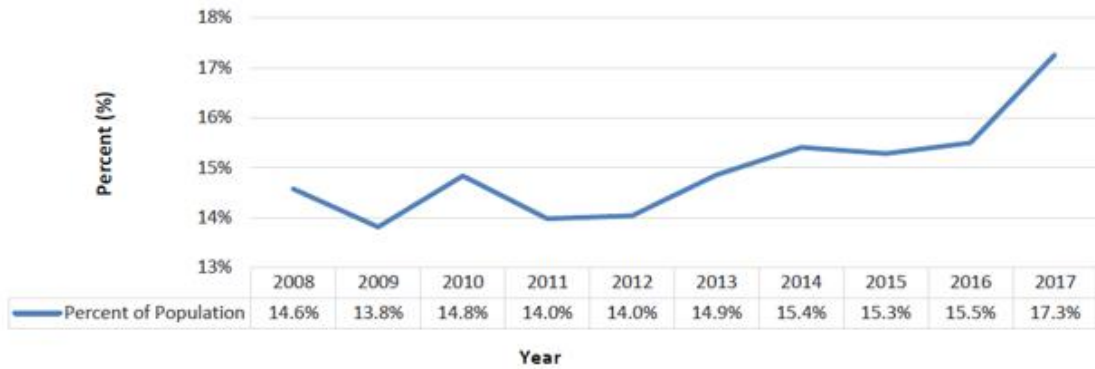


Figure 5: Percent of Population 65+ with a Disability

Source: Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 23.

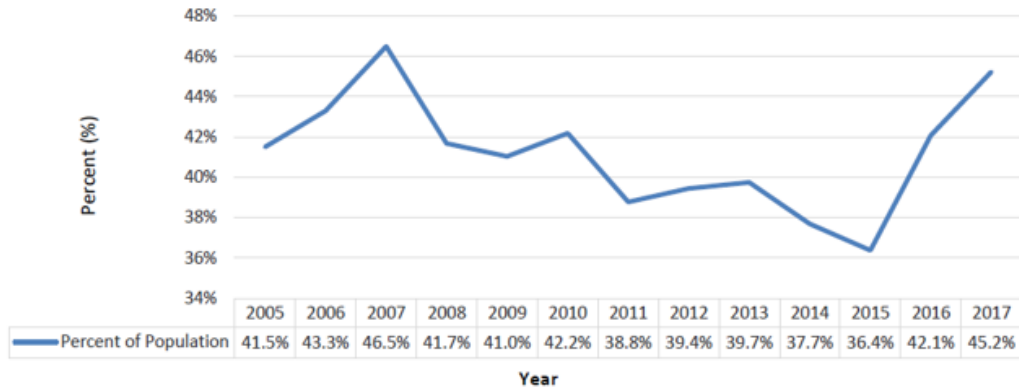


Figure 6: Drug-Related Deaths in Jefferson County

Source: Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 50.

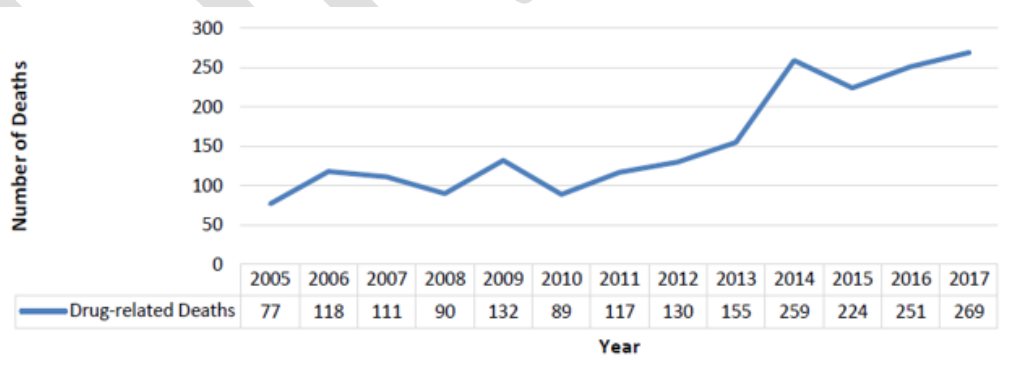
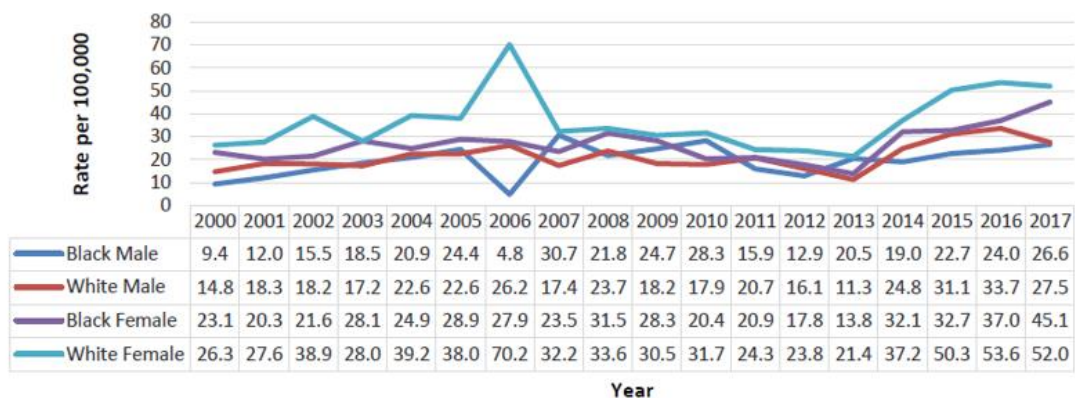


Figure 7: Alzheimer's Disease Mortality Rates per 100,000 by Race and Sex

Source: Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 40.



CHALLENGES

In developing the Area Plan, UWAAA reviewed the past 5 years of operations, collaborated with partner agencies and groups, and received guidance from ADSS via *Public Input*. All this was used to help UWAAA better realize and understand the multitude of issues that face older adults, persons with disabilities, and their caregivers in order to formulate a plan that best fits and meets those needs. Through the various methods of information gathering, several challenges were identified. This Area Plan seeks to address the challenges and unmet needs identified and help move forward helping those in need. The following are detailed challenges:

Dementia (Alzheimer's)

According to the Alzheimer's Association's 2018 publication of facts and figures for Alabama, estimates show that in 2020 there will be 96,000 individuals with Alzheimer's or dementia-related illness. Alzheimer's was the sixth leading aging cause of death in Alabama in 2018 according to the Alabama Department of Public Health, and the cost for care is high and will continue to increase.

Direct Service Provider Workforce

Alabama has a shortage of workers in long-term care, people who often aren't paid well and thus seek better jobs. Home care aides are usually paid minimum wage and are often seeking higher paying jobs, which can result in turnover and inconsistent services for those being served. This especially creates difficulty in staffing clients who live in remote areas of the state.

Caregiving

There are approximately 1.3 million caregivers for older individuals and people with disabilities in Alabama and many provide care strictly for older individuals. Compassionate Alabamians, who often sacrifice much in their own lives, devote time, energy, and resources to ensure their loved ones remain in the stability and comfort of familiar surroundings. Caregivers face numerous challenges while trying to provide the best care possible including emotional hardships, juggling employment, time management, and financial strain to name a few.

Opioid Abuse

Prescription opioid abuse among the elderly is increasing and is an urgent social and economic concern. There are many vulnerabilities that lead to drug-related problems among the aging population, such as misuse because of cognitive decline. As of 2018, Alabama was the state with the most opioid prescriptions written per population.

Population Increase

The University of Alabama Center for Business and Economic Research projects that the senior citizen population in Alabama will increase 83% by the year 2040. Many are low-income individuals residing in rural areas and they are living longer with more complex and chronic health conditions. With this tremendous growth in the population, and because dignity, independence, and individual choice are of great importance, Alabama faces a challenge due to a lack of and strain on current resources that are needed to care for the aging and persons with disabilities.

PUBLIC INPUT

In order for ADSS, AAAs, policy makers, service providers, and the general public to gain understanding of the challenges and unmet needs faced by older adults, persons with disabilities, and caregivers, a statewide needs assessment, virtual town hall, and caregiver surveys were conducted and used to inform Alabama’s State Plan on Aging, which in turn informs the FY22-25 UWAAA Area Plan. The State Plan on Aging was provided to the public, service providers, and partners throughout the state for feedback to ensure ADSS and the AAAs create area plans focused on continuing serving senior citizens, persons with disabilities, and caregivers over the next four years but also, through coordination and collaboration with partners, planning on ways to confront challenges in the state and work to create potential solutions to help those we serve live at home with dignity and independence. Needs surveys were distributed to senior citizens in different communities throughout the state. The following are the top ten categories in order of importance:

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

Caregiver surveys were distributed throughout the state to enable ADSS (and the AAA) 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 | 17.97% | 39 |
| Total Respondents | | 217 |

apply)

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 |
| Extremely stressed | 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 (which in turn helps present the purpose of the Area Plan on Aging) with a goal of seeking public input regarding the unmet needs in the state.

| | |
|---|--|
| 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 |
| Better enforcement of ADA laws | Access to better healthcare |
| More independence | Information about resources and how to access |
| Access to high-speed internet (including free internet) | Mental health education and treatment |
| Technology training | Services for special needs/disabilities and caregivers |
| Affordable in-home services | Yard maintenance |
| 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 |

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| Better oversight of price gouging | Living wage 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

All strategies & projected outcomes are for the duration of the UWAAA Area Plan

The UWAAA of Jeff. Co. Area Plan implements a structure to assess the needs of older persons, distributes funds for the provision of services, implements a wide range of programs and provides counseling and information about available resources to senior citizens, people with disabilities and caregivers. Through a comprehensive and coordinated system, UWAAA is enhancing lives in meaningful ways – from providing hot, nutritious meals and monitoring long-term care facilities to training caregivers and helping individuals take full advantage of their Medicare benefits. The Plan’s goals, objectives, strategies, and projected outcomes are listed for the programs described in the six focus areas.

FOCUS AREA A: OLDER AMERICANS ACT PROGRAMS (OAA)

OAA activities provided through the UWAAA help ensure that older adults, individuals with disabilities, and their caregivers in Jefferson County receive critical social and nutritional services. The following programs are administered by UWAAA to better meet the needs of this target population, making it possible for them to maintain dignity and independence and allowing them stay in their homes

longer.

Title III-B Supportive Services: *Homemaker/Personal Care Programs* offer support for older adults and individuals with disabilities who need assistance with housekeeping tasks. The service allows individuals to remain independent and continue to reside in their own home; ***Alabama Legal Assistance Program*** provides free legal guidance, consultation, and support to vulnerable older adults to protect their autonomy, dignity, and independence; Information & Referral Assistance Outreach/Public Education/Marketing; Recreation; and Transportation are provided under Part B.

Title III-C Nutrition Services (C1 Congregate Meals / C2 Home-Delivered Meals): *Senior Nutrition Program/MOW* provides daily meals served at 28 Senior Centers. This program also serves approximately 350,000 meals annually to homebound recipients who need assistance with meal preparation. ***Nutrition Counseling*** is also provided under this program.

Title III-D Evidence-Based Disease Prevention and Health Promotion: provides health-promoting services at local Senior Centers and other community-based locations. It is designed to help older adults prevent or manage their health conditions and promote a healthier lifestyle.

Title III-E National Family Caregiver Support Program (NFCSP): *Alabama Cares* a support program for unpaid caregivers caring for individuals who are frail and aged 60+ or for individuals with Alzheimer’s disease or a dementia-related diagnosis, regardless of age. One focus of ***Alabama Cares*** is ***Older Relative Caregivers (ORC)***, grandparents or other relatives 55+ who are primary caregivers for children 18 and younger or a disabled adult child. Alabama Cares and ORC programs provide support under five service categories – caregiver information, caregiver access, caregiver counseling/education, caregiver respite, and caregiver supplemental services.

Title VII Office of the State Long-Term Care Ombudsman Program: provides advocacy for people in long-term care facilities and their loved ones by investigating complaints and concerns and providing information about nursing, assisted living and specialty care facilities.

Goal, Objective, Strategies, and Projected Outcomes for Focus Area A

GOAL 1

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

OBJECTIVE 2

Promote and support service provision and sustainability of OAA programs

| Title III-B (Supportive Services) | |
|---|--|
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| <p>UWAAA will:</p> <ul style="list-style-type: none">• Collaborate with community and outside partners to expand contract services.• Ensure homebound individuals are provided with choices about supportive services, including case management, homemaker, and personal care.• Promote Alabama Legal Assistance Program and encourage clients to utilize legal services for estate planning and end-of-life care, housing stability, and other legal needs of older adults and individuals with disabilities.• Pursue additional funding opportunities to support direct services. | <p>UWAAA will show:</p> <ul style="list-style-type: none">• Increased number of Part B clients served in Jefferson County by 5% by September 30, 2025.• Improved access to resources that support independent living, including Medicaid Waiver and Gateway programs.• Increased awareness of legal assistance services for estate planning and other end of life care, housing-related issues, and other needs.• Increased funding to support direct services. |
| Title III-C (Nutrition) | |
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| <p>UWAAA will:</p> <ul style="list-style-type: none">• Increase collaboration with community partners to promote nutrition services.• Expand outreach efforts through the ADRC, media, educational forums, and faith-based organizations to increase awareness of the senior nutrition program.• Promote Nutrition Counseling services to at-risk or vulnerable individuals.• Educate nutrition partners on available services.• Maintain close working relationships with Senior Centers to monitor ongoing needs and challenges related to COVID-19. | <p>UWAAA will show:</p> <ul style="list-style-type: none">• Increased number of seniors being served at senior centers.• Decreased wait list for clients needing home-delivered meals.• Increased service awareness for older adults and individuals with disabilities.• Increased number of nutrition counseling clients by 50% each year until September 30, 2025.• Enhanced ability to meet the nutritional needs of older adults during the COVID-19 pandemic. |
| Title III-D (Evidence-Based Disease Prevention and Health Promotion) | |
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| <p>UWAAA will:</p> <ul style="list-style-type: none">• Provide health promotion and evidence-based disease prevention information and activities through health fairs, Senior | <p>UWAAA will show:</p> <ul style="list-style-type: none">• Increased number of clients served through Preventive Health classes by 10% by September 30, 2025. |

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| <p>Centers, marketing materials, and through other outreach opportunities.</p> <ul style="list-style-type: none"> • Develop resources to connect older adults and individuals with disabilities with existing educational resources and programs that support improved chronic disease self-management. • Expand community partnerships to increase number and types of locations offering preventive health activities in Jefferson County. | <ul style="list-style-type: none"> • Increased number of older adults reporting improved health and wellbeing • Increased number of Part D participants enrolled through community referrals. |
| Title III-E (Alabama CARES) | |
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| <p>UWAAA will:</p> <ul style="list-style-type: none"> • Continue to coordinate contractual arrangements with Alabama Lifespan Respite. • Enhance UWAAA provider portal to provide trainings and continuing education for our contracted providers. • Ensure strategic outreach to Spanish-speaking caregivers, including developing Spanish-language education materials and collaboration with Latino/a providers. • Pursue additional funding opportunities to support direct services. | <p>UWAAA will show:</p> <ul style="list-style-type: none"> • Increased client choice due to expanded provider options. • Improved provider utilization of UWAAA SharePoint site for technical assistance, training, and reporting troubleshooting. • Increased caregiver education and awareness of available resources across diverse populations. • Increased funding to support direct services. |
| Title V (SCSEP) | |
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| <ul style="list-style-type: none"> • N/A | <ul style="list-style-type: none"> • N/A |
| Title VII (Ombudsman) | |
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| <p>UWAAA will:</p> <ul style="list-style-type: none"> • Expand the Ombudsman volunteer base by offering volunteer opportunities such as “phone-a-friend” opportunity. • Assess program needs to increase service capacity through the evaluation of funding, staffing, and volunteer recruitment. • Develop creative strategies for combatting COVID-19-related loneliness and isolation for residents of long-term care. • Increase program awareness through media promotion and collaboration with faith- | <p>UWAAA will show:</p> <ul style="list-style-type: none"> • Increased volunteer participation by 25% by September 30, 2025. • Improved quality of services through program development. • Increased visibility and understanding of Ombudsman services among family members and residents of long-term care. • Increased program partnerships with faith-based organizations and community partners. |

based organizations and community partners at quarterly education events.

- Provide increased support to boarding home residents and boarding homeowners through yearly in-service trainings designed for boarding homeowners/staff in conjunction with the JCDH on safety, resident rights, and boarding home policy and procedure.

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

In conjunction with OAA grants/programs the UWAAA utilizes Administration of Community Living (ACL) grants and programs to help Jeff. Co. older adults (aged 55+), individuals with disabilities, and their caregivers, with home and community-based needs, helping them maintain their health and independence longer. The UWAAA utilizes this funding to support the following:

Ageing & Disability Resource Center (ADRC): To streamline access to long-term services and supports for older adults, all persons with disabilities, family caregivers, veterans and LTSS providers as a “Single Entry Point” or “No Wrong Door” providing benefits, options, and counseling. ADRCs will serve as highly visible and trusted places where people of all incomes and ages can receive information and guidance to help support their ability to make informed decisions. Area Agencies on Aging (AAAs) serving as ADRCs will maximize resources to provide a “No Wrong Door” entryway for services that provide persons with disabilities, older individuals, veterans, their families, and the community at large with information, assistance, referral, benefits/options counseling, short-term case management and follow-up to assist in making informed decisions regarding their long-term care planning, home and community-based services and healthcare.

Medicare Improvements for Patients & Providers Act (MIPPA): The Grantee will be part of Alabama’s effort to enhance Medicare beneficiaries’ outreach through funding to SHIP, AAAs, and ADRCs. The Medicare Improvements for Patients and Providers (MIPPA) goal is to enhance state efforts in helping Medicare beneficiaries who may qualify for Low Income Subsidy (LIS) or the Medicare Savings Program (MSP).

Senior Medicare Patrol (SMP): The SMP program empowers seniors to prevent healthcare fraud through the dissemination of SMP educational materials regarding the prevention of healthcare and identification fraud. The materials are disseminated through the media and at community outreach events for the prevention and reporting of Medicare and Medicaid healthcare fraud. The intent is for anyone on Medicare

and/or Medicaid to know how to contact the SMP program with inquiries and complaints regarding Medicare, Medicaid, and other healthcare or related consumer issues.

State Health Insurance Assistance Program (SHIP): The Grantee will be part of Alabama’s effort to strengthen its capability to provide all Medicare eligible individuals information, counseling, and assistance on health insurance matters.

Emergency Preparedness: UWAAA has developed a comprehensive emergency plan and procedures for responding to emergencies. This plan is updated annually. The AAA maintains up to date emergency contact information for staff, providers, and county emergency management personnel.

SenioRx: The SenioRx Program is designed to assist low-income Alabama residents, age 55 and above, and individuals of all ages with a disability(ies), who do not have prescription drug coverage, who need to obtain medication for chronic illness(es) or condition(s) for little or no cost. SenioRx also provides assistance to those who have reached their Medicare Part D coverage gap also known as the “donut hole.” Comprehensive counseling, benefits screening and application assistance are also provided as part of the ADRC process.

Goal, Objective, Strategies, and Projected Outcomes for Focus Area B

GOAL 2

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

OBJECTIVE 2

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

| ADRC | |
|---|--|
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| UWAAA will: <ul style="list-style-type: none"> • Market the ADRC/1-800-AGE-LINE as the primary Jeff. Co. resource for information and services for older adults, individuals with disabilities, and their caregivers. • Utilize ADRC and other UWAAA staff to screen for and promote COVID-19 vaccine access and education, as well as related transportation needs • Expand community partnerships, including | UWAAA will show: <ul style="list-style-type: none"> • Increased visibility and referrals to the UWAAA and partner agencies as a result of strategic marketing and media promotion. • Increased number of calls to 1-800-AGE-LINE for access to COVID-19 resources and supportive services. • Increased number of community partners and external organizations referring to and utilizing |

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| <p>those identified in No Wrong Door work plan, to better inform older adults and individuals with disabilities about long-term planning and care.</p> <ul style="list-style-type: none"> • Utilize a variety of platforms (eblasts, social media, website, press releases, newsletters, mailers, town halls, television/radio, etc.) to provide timely and accurate information to targeted individuals across Jefferson County. • Strengthen grassroots efforts to disseminate UWAAA outreach materials via local health fairs, existing agency partnerships, support groups, faith-based organizations, pharmacies, housing communities, small businesses, etc. | <p>UWAAA services by 10% by September 30, 2025.</p> <ul style="list-style-type: none"> • Increased awareness of UWAAA programs and services as result of grassroots outreach and presence at community-based events. • Increased number of older individuals, persons with disabilities, and caregivers requesting information and accessing resources/services via the ADRC and 1-800-AGE-LINE by 10% by September 30, 2025. |
| MIPPA | |
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| <p>UWAAA will:</p> <ul style="list-style-type: none"> • Promote awareness of Medicare resources and counseling available via SHIP, SMP, and ADRC. • Develop targeted marketing campaigns to increase awareness of Low-Income Subsidy (LIS) & Medicare Savings Plan (MSP). | <p>UWAAA will show:</p> <ul style="list-style-type: none"> • The number of Medicare beneficiaries educated about Medicare’s prevention and healthcare services will increase by 5% by September 30, 2025. • The number of Medicare beneficiaries assisted with LIS and MSP applications will increase by 5% by September 30, 2025. |
| SMP | |
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| <p>UWAAA will:</p> <ul style="list-style-type: none"> • Collaborate with senior nutrition program to distribute Medicare fraud materials to meal recipients. • Conduct education and outreach via libraries, churches, and senior centers on technology for Medicare beneficiaries. • More fully integrate advocacy and education into existing UWAAA programs to prevent fraud and financial exploitation. • Deliver a variety of trainings (Fraud Summits, webinar series, etc.) on SMP-related topics, including COVID-19 -related scams. | <p>UWAAA will show:</p> <ul style="list-style-type: none"> • An increase in Medicare beneficiaries, their families, and caregivers educated on ways to prevent healthcare fraud, errors, and abuse. • Increased awareness among older adults, individuals with disabilities, and the public of strategies to prevent fraud and financial exploitation. • Increased awareness of COVID-19 scams and other “red flag” activities that may lead to fraud or exploitation. • Fewer older adults and individuals with disabilities are victims of fraud and financial exploitation. |
| SHIP | |
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| <p>UWAAA will:</p> <ul style="list-style-type: none"> • Develop partnerships with organizations serving | <p>UWAAA will show:</p> <ul style="list-style-type: none"> • Increased SHIP client enrollments by 10% by |

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| <p>Latino/a communities.</p> <ul style="list-style-type: none"> • Expand SHIP volunteer base through a coordinated marketing and recruitment process. • Develop virtual and in-person Open Enrollment events designed to be accessible for all persons. • Establish relationships with local colleges and universities to enlist the help of students and volunteers to assist with SHIP events and client services. | <p>September 30, 2025.</p> <ul style="list-style-type: none"> • 80 new SHIP-certified volunteers by September 30, 2025. • Increased service capacity to better meet the needs of clients with disabilities. • Increased volunteer involvement through local colleges and universities. |
| Disaster Preparedness | |
| Strategies | Projected Outcomes |
| <p>UWAAA will:</p> <ul style="list-style-type: none"> • Review emergency and disaster plans quarterly, and county/state call lists will be reviewed and updated annually. • Provide ongoing disaster training to our partnering nutrition centers, long-term care facilities and UWAAA staff. • Continue to maintain relationship ADRC partnerships with local EMA to provide mutual aid, communication, and coordination for pre- and post-disaster assistance. | <p>UWAAA will show:</p> <ul style="list-style-type: none"> • Increased capacity to assist EMAs in Jefferson County. • Improved understanding of senior centers, caregivers and UWAAA staff on how to access emergency preparedness and disaster recovery resources. |
| SenioRx | |
| Strategies | Projected Outcomes |
| <p>UWAAA will:</p> <ul style="list-style-type: none"> • Increase the number of pharmacies, charitable pharmacies, free clinics, wellness centers, and doctors' offices in Jefferson County who actively partner with SenioRx. • Implement bimonthly follow up for current SenioRx clients. • Establish relationships with local colleges to enlist the help of students and volunteers to assist with SenioRx events and client services. | <p>UWAAA will show:</p> <ul style="list-style-type: none"> • Increased number of total clients served by 10% by September 30, 2025. • Increased number of community partners by 10% by September 30, 2025. • Increased number of volunteers to assist with program needs. |
| Medicaid Waiver (E&D, ACT, TA) | |
| Strategies | Projected Outcomes |
| <ul style="list-style-type: none"> • N/A | <ul style="list-style-type: none"> • N/A |

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

UWAAA will continue to ensure that people served through all its programs will be

able, to the fullest extent possible, to direct and maintain control and choice in their lives. This strategy will be implemented through trainings to ensure that all UWAAA staff and partners are well versed and understand what participant-directed/person-centered planning is and how to develop an effective service plan around the person-centered decision-making process.

Goal, Objective, Strategies, and Projected Outcomes for Focus Area C

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

OBJECTIVE 3

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

| <i>Strategies</i> | <i>Projected Outcomes</i> |
|---|--|
| UWAAA will: <ul style="list-style-type: none"> • Facilitate training for all UWAAA staff on person-centered practices. • Ensure marketing, outreach and promotional materials use person-centered language and represent a diverse range of persons and abilities. • Conduct client service delivery satisfaction surveys. | UWAAA will show: <ul style="list-style-type: none"> • All employees are adequately trained on utilizing a person-centered approach to service delivery. • 100% of clients served are afforded the opportunity to provide client satisfaction feedback. |

FOCUS AREA D: ELDER JUSTICE

Combatting elder abuse is a key priority of UWAAA. According to the Elder Justice Initiative the crime of elder abuse affects at least 10% of older Americans each year¹⁵. UWAAA is committed to combatting all forms of elder abuse and financial exploitation through trainings, services, and increased public awareness. We will train the public on how to recognize, report and avoid elder abuse. Through this increased education we will better equip the public to react and use our “No Wrong Door” model to give further assistance.

Goal, Objective, Strategies, and Projected Outcomes for Focus Area D

¹⁵ [Elder Justice Initiative \(EJI\) | Department of Justice](#)

GOAL 4

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

OBJECTIVE 4

Continue to address issues elder abuse, neglect, and exploitation by supporting systems change and promotion of innovative practices in the field of elder justice

| <i>Strategies</i> | <i>Projected Outcomes</i> |
|---|---|
| <p>UWAAA will:</p> <ul style="list-style-type: none">• Develop and provide education, outreach materials and promotional campaigns to older adults, individuals with disabilities, and the public on recognizing, reporting, and avoiding instances of elder abuse, neglect, and exploitation.• Provide staff trainings to educate staff on best practices related to elder abuse.• Ombudsman will provide training and in-services on topics related to improving the quality of life for individuals living in long-term care facilities.• Promote Residents' Rights month through events, activities, marketing campaigns, etc. | <p>UWAAA will show:</p> <ul style="list-style-type: none">• Improved and increased access to legal assistance to address instances of elder abuse, neglect, and exploitation.• Increased availability of training opportunities for community partners, in-home staff, and others on recognizing, reporting, and avoiding instances of elder abuse, neglect, and exploitation. |

FOCUS AREA E: ADDRESSING CHALLENGES

UWAAA understands the needs of our target population are constantly changing. Through a coordinated system of ADRC screening, staff cross-training, and strategic community partnerships, UWAAA will be able to effectively monitor and respond to new challenges that arise during our four-year plan.

Goal, Objective, Strategies, and Projected Outcomes for Focus Area E

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

OBJECTIVE 5

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

| Dementia (Alzheimer's) | |
|---|---|
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| UWAAA will: <ul style="list-style-type: none"> • Strengthen partnerships with specialized dementia and Alzheimer's education programs to better inform caregivers of community-based long-term services and support options. • Develop marketing and outreach materials specific to dementia and Alzheimer's. • Pursue opportunities for innovative dementia and Alzheimer's programming, such as specialty support groups and law enforcement training. | UWAAA will show: <ul style="list-style-type: none"> • Increased knowledge and understanding of dementia and Alzheimer's disease among caregivers, community partners, service providers, and the general public. • Highly trained and more informed caregivers who are aware of dementia signs and symptoms and resources available. • Increased availability of targeted supports for caregivers of adults with dementia/Alzheimer's. |
| Direct Service Provider Workforce | |
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| UWAAA will: <ul style="list-style-type: none"> • Maintain good working relationships with home health agencies to provide support for their DSP workforce where possible. • Ombudsman will monitor and assess staffing issues/needs at long-term care facilities during routine visits and complaint follow-ups. | UWAAA will show: <ul style="list-style-type: none"> • Improved quality of direct care services for AL Cares. Homemaker/Personal Cares clients, and residents of long-term care as indicated by client and provider surveys. |
| Caregiving | |
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| UWAAA will: <ul style="list-style-type: none"> • Continue to offer respite services for traditional caregivers and older relative caregivers. • Further develop caregiver support groups through increased promotion and creative programming, such as "lunch & support" groups. • Integrate technology-based resources for dementia caregiving into service model. | UWAAA will show: <ul style="list-style-type: none"> • Caregivers have access to receive relief leading to the reduction of caregiver stress and burnout. • Increased attendance at monthly caregiver support groups by 50% by September 30, 2025. • Increased caregiver utilization of online resources and/or e-learning management systems related to caregiving. |
| Opioid Abuse | |
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| UWAAA will: <ul style="list-style-type: none"> • Assess for possible opioid use during ADRC intake and through programmatic services and make appropriate referrals when necessary. • Integrate opioid abuse and related topics into AAA staff training, in-services, senior center workshops, and caregiver support groups. | UWAAA will show: <ul style="list-style-type: none"> • Increased availability of opioid-related information and resources to older individuals, persons with disabilities, and caregivers seeking help. • Improved ADRC screening and referral protocol for persons needing assistance with opioid abuse. |

| Population Increase | |
|---|--|
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| UWAAA will: <ul style="list-style-type: none"> • Continue to promote available resources for the growing number of aging individuals and people with disabilities. • Establish partnerships with local agencies and organizations to find solutions to provide services more effectively. | UWAAA will show: <ul style="list-style-type: none"> • More clients will be able to stay in their homes instead of being placed into long-term care facilities. • Improved overall access to resources for older adults, individuals with disabilities, and their caregivers. |

FOCUS AREA F: QUALITY MANAGEMENT

UWAAA will continue its stringent efforts to ensure that federal and state funds are used strategically, effectively, and efficiently for services and supports to help our target population in Jeff. Co. UWAAA utilizes an ongoing Continuous Quality Improvement (CQI) process designed to utilize data to identify areas of needed improvement and implement quality improvement projects directed at advancing efficient, effective service delivery and achievement of strategic and program goals.

Prior to each fiscal year, UWAAA creates a custom CQI Annual Plan. Grant agreements, recommendations made in audits/assessments/programmatic reviews, accreditation standards, program manuals, strategic plans/annual operating plans, and industry standards/national best practices are used as applicable to inform the development of appropriate benchmarks.

Data measuring programmatic outputs, client outcomes, program effectiveness, outreach and marketing, and management and operations (financial viability, safety/security, development) are compiled monthly and analyzed on a quarterly basis. Based on this Quality Improvement Projects (QIP) are created to address areas falling short of targeted benchmarks or requiring modification. Each program staff member is given the opportunity to identify barriers and needs in the program as well as solutions. These solutions are documented in a QIP plan and plans are updated quarterly to report on progress made for existing goals and needed new QIPs.

Goal, Objective, Strategies, and Projected Outcomes for Focus Area F

GOAL 6

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

OBJECTIVE 6

Provide high quality, efficient services

| Data Reporting/Information Technology | |
|--|---|
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| UWAAA will: <ul style="list-style-type: none"> • Utilize WellSky Human Services software for data collection, reporting, and program evaluation. • Provide continuing education to ensure all staff are aware of best practices, trends, and tools related to data reporting and IT. | UWAAA will show: <ul style="list-style-type: none"> • Adherence to all data collection and reported standards required by ADSS • Greater efficiencies related to data collection, entry and reporting. |
| Program Monitoring | |
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| UWAAA will: <ul style="list-style-type: none"> • Develop and enhance monitoring and auditing activities to assess efficiency of internal processes and performance of external contractors. • Implement monthly and quarterly reviews of CQI tool to identify and address performance issues as well as program outcomes. • Monitor budget performance through a quarterly review of program spending (current year vs. previous year). | UWAAA will show: <ul style="list-style-type: none"> • Improved contractor performance and compliance. • Improved overall program performance resulting from enhanced quality assurance efforts as well as program staff accountability for program performance. • Improved process for internal program and fiscal monitoring. |
| Training | |
| <i>Strategies</i> | <i>Projected Outcomes</i> |
| UWAAA will: <ul style="list-style-type: none"> • Conduct staff trainings on program guidelines, performance standards, and best practices from the field related to UWAAA services and subject matter. • Conduct regular program cross-training for all UWAAA staff. • Convene regularly scheduled meetings with contractors for enhanced communication and transmission of program requirements. | UWAAA will show: <ul style="list-style-type: none"> • Greater efficiency and service quality across all UWAA programs. • Ensure each UWAAA staff person is knowledgeable on all UWAAA programs and services offered. |

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