

Alabama Tombigbee Regional Commission Area Agency on Aging

Region 6

Four-Year Area Plan
For October 1, 2017 to September 30, 2021

Table of Contents

Part I: Executive Summary

Part II: Narrative

Description of the AAA Region Demographics

Description of the AAA Services, Programs and Grants of ATRC AAA

The Community's Needs: 2017 Needs Assessment Results

Conclusion of 2017 Needs Assessment

Part III: Conclusion

Goals, Objectives, Strategies and Outcomes

Exhibits

A. Board of Directors Membership

B. Advisory Council Membership

C. Agency Organizational Chart

D. Region Map with Senior Centers

E. Cost Share Policy

F. Grievance Procedure

G. Public Hearings and Needs Assessment

H. Advisory Council approval

I. Board approval

J. Emergency/Disaster/Pandemic Plans

K. Assurances

Part I: Executive Summary

Every few years, Area Agencies on Aging (AAA) across the nation are charged with preparing an Area Plan that reflects future activities of the AAA to best serve the needs identified by older adults, adults with disabilities, and caregivers in their areas. This is conducted in a manner consistent with the Older Americans Act of 1965 (OAA). The Alabama Tombigbee Regional Commission Area Agency on Aging (ATRC AAA) Area Plan for the four year cycle from October 1, 2018 to September 30, 2021, reflects the combined efforts of seniors, caregivers, professionals, and other community members.

The ATRC AAA used a convergent approach to gather information, assess needs, and make decisions about service priorities and goals for the next four years. The needs assessment included an in-depth needs assessment survey tool, along with town hall meetings and focus groups to gather input directly from the targeted populations. We also analyzed demographic trends to effectively estimate the demand for services and activities. Findings from the needs assessments and demographic data provide a strong foundation for future planning and program development for area seniors, persons with disabilities, and caregivers. Under the Area Plan, ATRC AAA will carry out the functions as outlined in the Older Americans Act, such as planning, program development, resource development, grant and contract management, technical assistance, training, advocacy, coordination, service delivery and community education.

The ATRC AAA was created in 1973 as a result of the 1973 amendment to the 1965 Older Americans Act. The purpose of the agency is to plan, to coordinate and to advocate for the development of a comprehensive service-delivery system capable of meeting short and long-range needs of seniors and persons with disabilities in the region. The agency does not provide direct services nor does it attempt to duplicate the efforts of existing service agencies. Its purpose is to assist existing agencies to be more responsive to meeting the needs of the elderly.

The **mission** of the Alabama-Tombigbee Area Agency on Aging is to support senior citizens through a system of long-term care options which meets their needs and assures the opportunity to live full and meaningful lives. The **vision** is to offer services across the spectrum of care, from independent living to skilled nursing, and to provide person-centered access for older adults and persons with disabilities.

The Alabama-Tombigbee Regional Commission (ATRC), founded in 1970, is the parent body of the ATRC AAA. ATRC is a multi-funded regional (sub-state) planning and development commission. The Commission is governed by a 12 member Board of Directors which consists of county and municipal elected officials, representatives of business and industry, and minority leaders (See Exhibit A). The Board is assisted by an Advisory Council, a voluntary body of 22 citizens representing all areas of the region, the majority being over the age of 60. The AAA's Advisory Council meets quarterly to advise the AAA on services, policy and advocacy issues for seniors. The Advisory Council provides ongoing input on the development and implementation

of the multi-year plan and annual plans, which are presented at annual public hearings. (See Exhibit B)

The Executive Director of ATRC reports to the Board of Directors. The AAA Director, in turn, reports to the Executive Director of ATRC. The AAA Director supervises coordinators of the following programs: Nutrition Services, Alabama Cares, Legal Services, Medicaid Waiver (including the Elderly and Disabled Waiver, 530 Waiver, Alabama Community Transition Waiver, and the Technology Assisted Waiver), SenioRx, State Health Insurance Program (SHIP), and the Aging and Disability Resource Center (ADRC), (See Exhibit C). The Ombudsman program is managed by the AAA Director, but receives programmatic support and instruction from the Office of the State Ombudsman. The AAA Director holds a B.S. degree in Health Service Administration and has over 25 years management experience, with the majority of her career spent working in long-term care and services. Each program coordinator possesses a college degree, some in social services, nursing and/or business.

The AAA supports a range of services available to senior citizens and persons with disabilities. The ATRC AAA maintains services largely through contracts with local governments, public organizations, and private organizations. On a regular basis the AAA publishes requests for proposals to solicit input from potential service providers. From these proposals, the AAA considers the needs of the communities as well as the services offered by potential providers. Contractual agreements are negotiated for the provision of services. Prior to the beginning of the fiscal year, meetings are held in order to train and orient contractors about their responsibilities and goals. Contractors are monitored on an ongoing basis and audits are performed at least annually by AAA staff. The AAA is always available to answer questions or provide technical assistance upon request.

The ATRC AAA is in the heart of the Black Belt region of Alabama serving Clarke, Choctaw, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, Washington and Wilcox counties. The agency's office is located in Camden, Wilcox County, one of the poorest counties in the United States, according to the 2010 Census. Of the total number of persons in the region over age 55, 10,386 (18.9%) live below the poverty level. These low-income elderly are spread evenly throughout the region, with the largest concentrations found in or near the larger municipalities in each county. The region's demographics are changing due to the number of baby boomers, longer life expectancy and migration out to more urban areas. These factors are combined with changes in the Intrastate Funding Formula (IFF), which eliminated the hold harmless provision in 2017. The elimination of the hold harmless provision resulted in a loss of approximately \$570,733 annually for the ATRC AAA.

The Agency Area Plan focuses on the following goals:

- Goal 1.0: Through a No Wrong Door system, 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.

- Goal 2.0: Empower older persons 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.
- Goal 3.0: Empower older Alabamians to stay active and healthy through Older American's Act services and Medicare prevention benefits, recreation, job and volunteer opportunities.
- Goal 4.0: Enable more Alabamians to live with dignity by promoting elder rights and reducing the incidence of abuse, neglect, and exploitation.
- Goal 5.0: Promote proactive, progressive management and accountability of Contracting Agency/Area Agency on Aging and its contracting agencies.

Part II: Narrative

Description of the AAA Region Demographics

The ATRC region is a 10-county 9,600-square-mile area located in southwest Alabama within the boundaries of what is known as the Black Belt Region of the state. The term Black Belt comes from the band of rich black soil that stretches from Texas to Virginia. The region has historically been home to “the richest soil and the poorest people” in the United States, as noted by Arthur Raper in his 1936 study, *Preface to Peasantry*. The Black Belt region once prospered because it was ideally suited for growing cotton. During this time, the Black Belt was one of the wealthiest and most politically powerful regions in the United States. Commerce elevated some of the towns in the ATRC region into some of the most affluent towns in the nation. However, with the collapse of the plantation economy during the civil war era, the region changed. The population began to shift from the rural farming areas to the more urban areas. Urban shift continues to this day, reflected by a 7% population decrease from the 2000 census to the 2010 census. The ATRC region represents 18 percent of the state’s land area and had a population of 194,440 in 2010, according to the U.S. Census.

The ATRC region is rural in character, with numerous small communities and towns, but no large cities. The largest town is Selma, in Dallas County, with a population of 20,756 in 2010. Later estimates show a continually declining population, now fewer than 20,000.

Of the total ATRC population of 194,440 in 2010, 56.3 percent are minority. Poverty is widespread in the region. According to the 2010 Census, approximately 29 percent of ATRC families fell below the poverty line. In addition, a high number of those below the poverty level exist below 75 percent of the poverty level.

Of the total ATRC population of 194,440, 21.8 percent (42,361) are over age 60. Those persons age 85 and older constitute approximately 1.9 percent (3,674) of the total population.

Description of the Alabama Tombigbee Regional Commission Area Agency on Aging

As part of a national aging network, the AAA provides many services to the region's population to help them plan and manage their lives through a system of home and community based services. Some of the available services are:

1. *Aging and Disability Resource Center (ADRC)*. Social, economic and demographic trends are making information and assistance services increasingly important to the average American family. Americans live longer and require more help to cope with chronic conditions and frailties. Older adults and individuals with disabilities often live alone, with no family members residing in the immediate area. Family members are likely to live several miles away or in other states. Even when adult children live near their parents, both are likely to work. With so many overlapping federal and state programs and their different requirements, older adults, individuals with disabilities, and their caregivers often need help to understand what services are available and whether they qualify. With a simple telephone call to the Ageline (1-800-AGELINE), calls are routed to the appropriate AAA where the caller can receive up-to-date information on a wide range of community-based programs such as respite services, transportation, nutrition programs and in-home services. ADRCs are an entry point for individuals to be screened and receive counseling and information about a host of available resources in their community. This streamlined access to supports can reduce unnecessary use of more expensive forms of care, and can improve an individual's ability to live independently in the community. Use of a universal intake and screening tool ensures individuals will receive the same level of professional service regardless of where they live in the state of Alabama.

2. *Multi-Purpose Senior Centers*. Many older adults and their families are struggling to bridge the gaps between work and retirement, full independence and limited support, good health and chronic conditions. Senior centers are instrumental in bridging those gaps. Local senior centers have regular operating hours and are often the community's focal point for older adult services. The senior center provides excellent opportunities for socialization, relaxation and participation in a variety of programs and activities. Senior centers throughout the region offer a wide range of programs and activities for older adults, services which may include congregate or home delivered meals, transportation, education, counseling, legal assistance and wellness programs. Senior Centers and the service programs they offer provide a link with local community resources available to older persons. (See Exhibit D)

3. *Elderly Nutrition Program*. With the aging of the U.S. population, increased attention is being given to delivering health related services to older persons in the community. Since adequate nutrition is critical to health, functioning, and quality of life, it is an important component of home and community-based services for older adults. The Elderly Nutrition Program provides meals served in group settings and delivered to people's homes. Meals and other services are provided in a variety of settings, such as senior centers, community buildings, apartment complexes and churches. Meals served under the Nutrition Program provide at least one-third of the daily recommended dietary allowances established by the Food and Nutrition Board of the National Academy of Sciences-National Research Council.

Congregate meals are served weekdays in 30 sites throughout the region. Participants in the congregate meal program benefit from not only the meal, but also the opportunity to socialize and participate in recreational and educational activities. When older adults cannot leave their homes and cannot personally prepare nutritious meals, home delivered meals are an available option. Staff and volunteers who deliver meals to homebound older persons have an important opportunity to check on the welfare of the homebound elderly and are encouraged to report any health or other problems that they may observe during their visits. In hard to reach areas, such as areas where transportation is unavailable or no senior center exists, frozen meals are available. For those who are isolated, alone, recuperating from an acute illness and other situations, these meals which are delivered to their door can be warmed in a microwave or conventional oven and consumed when the client desires. Some frozen food packages are delivered directly to the client by the food vendor.

The Nutrition Program also provides a range of related services including nutrition screening, assessment, education and counseling. Each site conducts outreach activities designed to seek out and identify hard-to-reach, isolated, and withdrawn older individuals. Where available, transportation service is provided for older persons to and from congregate meal sites, making services accessible to those who might otherwise be unable to participate because of lack of mobility. Centers with access to a vehicle also provide scheduled shopping trips to grocery stores, pharmacies, and other needed services for those who lack transportation.

Information and referral service is available to participants providing them with information about local resources. Center Managers are trained to refer individuals to the ADRC for more in depth information. Educational programs are scheduled regularly, during which representatives from various agencies in the community explain available services.

Nutrition education and health promotion materials are provided quarterly to Center Managers to ensure that participants have access to professional guidance in good health and wellness practices. Center managers use these materials to provide education to congregate participants at least monthly, and home delivered clients at least quarterly. Topics may include, but are not limited to: food selection, buying, meal planning, storage, preparation, food safety and sanitation, and special dietary considerations for the elderly.

4. *Senior Employment Program.* The Senior Employment Program is a Title V program funded by OAA through the Department of Labor. Its goals are to assist persons 55 and older who meet certain income guidelines to find training and employment, and to provide enhanced community services through on-the-job training assignments of program participants in nonprofit agencies and local governmental services.

5. *Medicaid Waiver.* The Medicaid Waiver program is designed to provide services to seniors and those with disabilities whose needs would otherwise qualify for placement in a long-term care facility. The goal is for clients to retain their independence by providing services that allow them to live in the communities they love for as long as possible. The AAA offers four waivers; the Elderly and Disabled Waiver, the Alabama Community Transition Waiver, the 530 Waiver, and the Technology Assisted Waiver for Adults. A new addition to the Waiver programs is the Personal Choices option, which allows individuals to self-direct their care and hire their own

workers. While not suitable for everyone, this option is gaining popularity for those who wish to be more involved in directing their own budget and care.

Services available to senior citizens and persons with disabilities enrolled in the Medicaid Waiver program include:

- *Case management
- * Homemaker services
- * Personal Care services
- * Skilled Respite services
- * Unskilled Respite services
- * Companion services
- *Adult Day Health Care
- * Frozen Meals/Shelf Stable Meals
- * Breakfast Meals

Case Managers employed by the AAA provide the following Case Management services:

- * Outreach, including information and assistance
- * Referral and intake
- * Initial assessment
- * Needs assessment
- * Person-centered Care plan development
- * Plan of implementation
- * Resource assessment
- * Monitoring to assure appropriateness of services
- * Evaluation of progress toward original goals and determination of on-going eligibility.

Direct home and community based services are provided through contracts with service providers. Contractors are assessed annually to ensure that all contractual agreements are being fulfilled. Clients have freedom of choice to select the provider they prefer to use.

Currently, efforts are underway in Alabama to reform Medicaid long term care, to provide more certainty and predictability in funding and improved outcomes for beneficiaries. Legislation established a competitively bid, integrated care network to govern Alabama's long-term services. This will shift the financial risk from taxpayers to private investors.

The ATRC AAA is pursuing accreditation from the National Committee of Quality Assurance, in order to position the agency to continue to provide Care Coordination services under the new managed care environment. Staff training on Person-Centered thinking is ensuring that the AAA keeps the individual served at the center of all decisions.

6. Evidence Based Wellness Programs. Eighty percent of older adults have at least one chronic disease, and 68 percent have at least two chronic diseases. The Disease Prevention and Health Promotion Program supports programs based on scientific evidence and demonstrated through

rigorous evaluation to be effective in improving the health of older adults. Chronic diseases and conditions such as heart disease, stroke, cancer, diabetes, obesity, and arthritis are among the most common preventable health problems. Title IIID evidence-based health promotion programs provide adults with techniques and strategies to delay and/or manage chronic health conditions and include activities that promote; improved nutrition, emotional and social well-being, physical fitness, and fall prevention. The AAA offers the SAIL exercise program, the Stanford Chronic Disease Self -Management program, and A Matter of Balance program. The AAA will continue to seek additional programs to meet the most pressing needs of those we serve.

7. Legal Assistance Services. Legal Assistance Service provided by the AAA includes all necessary assistance and advocacy, counseling and advice, negotiation, representation before administrative and judicial agencies, appeals of adverse decisions, and referrals that are of a non-criminal, non-fee generating nature. Efforts are made to target low-income, minority, and rural older individuals in accordance with requirements as set forth in the 1987 Amendments of the OAA. Currently, ATRC AAA contracts with the legal firm of Davis & Associates for the provision of legal service. Services are available in person, or through toll-free telephone contact.

Individual legal assistance is provided to persons age 60 and over with non-criminal, non-fee-generating legal problems. Assistance is provided with benefits such as Medicaid, Medicare, Social Security, SSI, and Veteran's benefits, individual rights, wills, power of attorneys, and health care directives, among others.

Community outreach and legal education consists of presentations before groups at senior centers, nutrition sites and elsewhere. The goal is to increase awareness of legal issues and public programs that effect older persons. The Provider also distributes information and materials as appropriate through agencies and organizations that have frequent contact with seniors.

Service Coordination includes the provision of legal consultation and advice to Aging programs, particularly the Ombudsman program. The legal service provider also provides training for AAA staff, long-term care service providers and the public about issues affecting seniors. The Provider coordinates with the Alabama State Bar and the local bar associations within the region to foster the development of pro bono or reduced fee programs for older citizens.

8. State Health Insurance Program (SHIP). The ATRC AAA contracts with Attorney Clayton Davis to provide assistance for questions and answers about Medicare, Medicare Part D Drug Programs, Medicare Savings Programs, Medicaid, and health care programs. Additionally, the SHIP program educates consumers about the availability of Medicare preventative health care services.

9. Senior Medicare Patrol Program (SMP). Attorney Clayton Davis is the provider for SMP in the ATRC AAA region. As such he implements community service partnerships to prevent Medicare and Medicaid fraud, errors, and abuse by informing and training senior volunteers, aging network personnel, and healthcare providers.

10. *Long-Term Care Ombudsman Program.* The ATRC AAA Ombudsman Program is a person-centered consumer protection service that resolves problems and advocates for the rights of individuals who live in Long-Term Care Facilities in Alabama. The Alabama Department of Senior Services houses the Office of the State Long-Term Care Ombudsman Program, who trains, certifies, and monitors the state-wide ombudsman program. Our community Ombudsmen work on a daily basis to:

- *Provide information to residents about long-term services available
- *Provide support to residents by attending resident/family council meetings
- *Identify, investigate and resolve complaints made by or on behalf of residents
- *Empower residents and promote self-advocacy
- *Educate residents, family members, and facility staff
- *Visit long-term care facilities routinely to talk with residents and monitor conditions
- *Ensure that residents are receiving legal, financial, social, rehabilitative, and other services to which they are entitled
- *Identify problem areas in long-term care facilities and advocate for change
- *Represent residents' interests before state and federal government by working to change laws, regulations and policies that affect those who live in long-term care facilities
- * Market Gateway to Community Living, an initiative of Alabama Medicaid Agency that helps Alabamians who are aging or have disabilities live at home in their own communities
- *Providing Quality of Life Surveys (QoL) to residents who are leaving a facility through the Gateway to Community Living Program

This program is available to residents of long term care facilities, their friends and family, staff of long-term facilities and the community-at-large.

11. *Elder Abuse.* ATRC AAA places emphasis on the prevention of elder abuse by coordinating with the Department of Human Resources, the Health Department, the Legal Service provider and other agencies in reinforcing public concern with elder abuse in our region. The AAA plans special activities along with these partners to provide public education through the ATRC AAA's senior centers and multi-purpose centers, as well as other focal points frequented by older persons. ATRC AAA serves as a resource, where reports of abuse can be received and referred to the appropriate agency.

12. *Advocacy.* The ATRC AAA serves in an Advocacy role to ensure that all older persons within the region have sufficient representation in policies, procedures and services affecting their lives. In this role we:

- * Monitor, evaluate and comment on policies, programs, hearings, and community actions affecting older persons.
- * Conduct public hearings on the needs of older persons.
- * Represent the interest of older persons to public officials, public and private agencies and organizations.
- * Carry out activities in support of the Long-Term Care Ombudsman Program.
- * Coordinate planning with other agencies and organizations to promote new and/or expanded benefits and opportunities for older persons.

13. *In-Home Services*. In-home services to the elderly address the needs of those disabled or chronically ill persons age 60 and over who prefer living at home rather than being institutionalized. These services represent an essential part of a continuum of services which maximize the individual's ability to be independent and remain in the home setting. In-Home Services help to prevent or to delay institutionalization. Services include assistance with general household activities such as meal preparation and routine housecleaning and tasks, such as changing bed linens, doing laundry, dusting, vacuuming, mopping, sweeping, cleaning kitchens, removing trash, cleaning bathrooms and washing dishes. Services may also include assistance with such activities as obtaining groceries and medications, or paying bills.

14. *Caregiver Assistance with Resources, Education, & Services (CARES)*. The Alabama CARES Program is designed to support caregivers by providing training, assistance, and resources to help them care for their loved ones while maintaining their own health. Those eligible for the CARES Program are as follows: primary caregivers of frail, older adults 60 and over; grandparent/relative caregivers 55 and older caring for children ages 18 or younger; and grandparent/relative caregivers 55 and older caring for children with a severe disability of any age. Beginning in fiscal year 2018, priority consideration will be given to caregivers in greatest need as determined by a respite priority screening tool. This will allow services to be targeted in a program with traditionally long waiting lists.

All caregivers are assessed for services including benefits counseling, information, assistance and counseling before placing them on the waiting list for future respite services and/or supplemental services.

The CARES Program provides services in the following categories:

- Information about services is provided in an individual or group setting to educate caregivers. Information services include public education, and caregiver and provider training.
- Assistance is an access service that provides individuals with information on services available within their communities; links individuals to the services practicable, and establishes adequate follow-up procedures.
- Counseling, Support Groups, and Trainings are provided to guide and instruct individuals, caregivers, or family members concerning techniques, options, and methods involved in being a caregiver. This area provides advice and assistance to caregivers, and helps them to make knowledgeable decisions related to their roles as caregivers. The caregivers receive support through caregiver seminars, and more hands-on approaches, such as the support groups or training sessions. Counseling can be provided in group settings or one-on-one within the home or in another setting such as the AAA office.
- Respite is a temporary, substitute support of the care recipient, which provides a brief period of relief or rest to the caregiver. Services include personal care, homemaker services, and adult day care. This allows the caregiver a period of respite in which the needs of the care recipient are supported through services provided through the ATRC AAA CARES program.

- Supplemental Services are provided on a limited basis to complement the care given by caregivers. These services are intended to meet the caregiver needs not covered by other areas of the program. Supplemental Services include: incontinence and other supplies, emergency response systems, lawn care, and minor home repair.

15. *SenioRx Prescription Assistance Program.* The AAA is committed to promoting assistance with medications to improve the quality of life for senior citizens. The SenioRx prescription program helps individuals obtain free and low cost brand name prescriptions from pharmaceutical companies. To qualify, persons must be 55 years of age or older, have no health insurance, have a chronic medical condition and meet specific income limits. Persons with insurance coverage but who are in the Medicare Part D coverage gap, and persons with disabilities of any age may also qualify for the program. In addition to free or low cost prescriptions, new provisions in the program will allow us to provide assistance with rebates and coupons to assist insured clients who cannot afford medication due to high co-pays.

16. *Veteran-Directed Home and Community Based Services Program.* Over the past year, the AAA has completed a programmatic and financial management services readiness review by the Lewin Group. This authorized us to join the network of other programs across the nation who are serving Veterans and supporting their desire to live in the community as independently as possible. We look forward to working with local Veterans Administration Medical Centers to begin this program in our region.

17. *Supplemental Nutrition Assistance Program (SNAP).* Through a contract with South Alabama Regional Planning Commission Area Agency on Aging, the ATRC AAA assists older adults and persons with disabilities in applying for and enrolling in SNAP. The goal is to significantly increase participation through community based outreach and enrollment initiatives, and to increase public awareness of senior hunger as an issue of national and local importance.

18. *Disaster Preparedness and Response.* The AAA is dedicated to maintaining programs which provide for residents in our area, during times of natural or man-made disasters. We have agreements with county Emergency Management agencies, and have procedures in place which include a chain of command. The AAA anticipates that its primary role will be to provide expanded information and referral services, outreach, and disaster assistance center representation during the early stages of a disaster.

ATRC AAA Title III services are targeted to those older individuals with the greatest economic and social needs, with particular attention to low-income minority elders, older individuals with limited English proficiency, older individuals with disabilities, older individuals at-risk of institutional placement, and older individuals residing in rural areas. Although AAAs are charged, through the Older Americans Act, with targeting services, anyone age 60 and older can access the core Older Americans Act services.

Title III clients are given the opportunity to make voluntary contributions for the services they receive. The ATRC AAA's policy governing voluntary contributions states that contributions are encouraged but not required. Any contributions made are handled with confidentiality and privacy. Clients are not denied service if they are unwilling or unable to contribute. All

contributions are used in the Title III program to maintain or expand the program. Oftentimes, contributions give participants ownership in the program, and instill a sense of pride.

Title III E Alabama CARES clients are given the opportunity to participate in cost sharing based on a sliding fee scale provided to the AAA by ADSS. This policy is based on the recipient's self-declaration of income without verification. Clients whose income is below the near-poverty limit (defined as 125% of poverty) may not be charged for services. Policy states that contributions are not required, and clients will not be denied services due to failure to make cost sharing payments. Contributions made are handled with confidentiality and privacy. All contributions are used in the Title III E program to maintain or expand the program. (See Exhibit E)

While most clients are satisfied with the services they receive, occasionally problems arise. ATRC AAA has a grievance procedure to ensure that problems are addressed and resolved in a timely fashion. (See Exhibit F)

The Community's Needs: 2017 Needs Assessment Results

The primary function of the AAA is to plan and develop a comprehensive and coordinated service system. To accomplish these goals, agencies must undertake an assessment of older persons' needs in the community by identifying deficiencies and gaps in the service delivery system, and outlining solutions to meet these needs and bridge the gaps. By comparing the current to the desired state of affairs, an agency can take action, set priorities, re-allocate resources and develop new services. The ATRC AAA conducted an extensive needs assessment process (See Exhibit G) for the 2018-2021 plan cycle that included the following activities:

- A series of six community forums (including Town Hall meetings and an Advisory Council forum) held during Fiscal year 2016 and 2017, to obtain input on community needs.
- Written needs assessment surveys conducted during March and April 2017 to determine which social and health services issues were most important to respondents. The survey was mailed to a sample of clients, and caregivers. Also, it was made available to Advisory Council members for dissemination and was posted to the agency website for convenient downloading.
- Staff input was obtained to analyze strengths, weaknesses, opportunities, and threats.

Community Forums

During Town Hall meetings and an Advisory Council forum, a standard agenda was utilized. Meetings began with welcome and introductions, followed by an explanation of the state and local planning processes. Participants were given a clear statement of the purpose of the forum. Participants then brainstormed a list of greatest needs with discussion about what is working or not working in their communities. Suggestions for improvement were received. After brainstorming, the participants prioritized the needs into a list of the top ten needs. There were

several heart-warming testimonies of the positive impact of AAA services, connections, and relationships; however, participants did bring to our attention the existence of gaps in the system and inadequate services.

Written Needs Assessment Survey

Written needs assessment survey questions addressed demographics of the respondents, and included a ranking of need for assistance in several areas. The survey items covered a wide variety of service needs and preferences, including areas of interest and items that might affect quality of life. A total of 235 respondents completed the survey. The table below shows the number of respondents from each county of the ATRC region.

NUMBER OF RESPONDENTS PER COUNTY

County	Number of Respondents	Percent
Choctaw	22	9%
Clarke	34	15%
Conecuh	16	7%
Dallas	43	18%
Marengo	38	16%
Monroe	18	8%
Perry	5	2%
Sumter	14	6%
Washington	15	6%
Wilcox	30	13%
Total	235	100%

Age and Gender: Initial questions were intended to provide demographic details about the respondents. The majority of the respondents, 81%, were age 65 or older; 68% of them were women. The tables below contain the number or respondents by age range and by gender.

RESPONDENTS' AGES

Age	Number of Respondents	Percent
Under 65	42	18%
65-69	28	12%
70-74	44	19%
75-79	35	15%
80-84	36	15%
85 or older	46	20%
Missing	4	1%
Total	235	100%

RESPONDENTS' GENDER

Gender	Number of Respondents	Percent
Male	63	27%
Female	159	68%
Missing	13	5%
Total	235	100%

Race: Respondents were asked to identify their race. The table below contains the number of respondents according to race.

RESPONDENTS' RACE

Race	Number of Respondents	Percent
African American/Black	138	59%
Asian	0	0%
Caucasian/White	90	38%
Native American	6	2%
Native Hawaiian/Pacific Islander	0	0%
Other	1	1%
Total	235	100%

Current Marital Status: The respondents were asked to describe their current marital status. The table below contains the details of the respondents' current marital status.

RESPONDENTS' MARITAL STATUS

Marital Status	Number of Respondents	Percent
Never Married	27	11%
Separated	13	5%
Divorced	25	11%
Widowed	105	45%
Married	65	28%
Total	235	100%

Monthly Household Income: The respondents were asked to identify their monthly household income. Although they were assured that their responses would be held in the strictest confidence, 6% of the respondents left this question blank. Over 57% of the respondents indicated their monthly household incomes were less than \$1,238. The table below contains the respondents' monthly household income information.

RESPONDENTS' MONTHLY HOUSEHOLD INCOME

Your Household Monthly Income	Number of Respondents	Percent
Less than \$990	77	33%
\$991- \$1,238	57	24%

\$1,239 - \$1,485	48	21%
More than \$1,832	38	16%
Missing	15	6%
Total	235	100%

Educational Status: The respondents were also asked to provide responses regarding their educational status. Over 68% of the respondents indicated they have a high school diploma, GED, or less. Only 26% have a college or post graduate degree. The table below contains information on the respondents' educational status.

RESPONDENTS' EDUCATIONAL STATUS

Highest Grade	Number of Respondents	Percent
8 th Grade or Less	21	9%
Some High School	56	24%
High School Diploma/GED	82	35%
Technical School	13	5%
Some College	20	9%
2 Year Degree	15	6%
4 Year Degree	11	5%
Post Graduate Degree	14	6%
Missing	3	1%
Total	235	100%

Conclusions of the 2017 Needs Assessment

The majority of the ATRC AAA's respondents were African American (59%) and female (68%). Most were widowed (45%) and reported a monthly household income of less than \$990/month (33%). The largest response by age group was by those 85 and older (20%) followed by ages 70-74 (19%). The majority of respondents answered all of the survey questions. The responses give us a better understanding of the social and health services needs of the senior population in the ATRC region.

The 2017 Needs Assessment for ATRC yielded the following results:

Importance of Services: The services that the highest number of respondents considered most needed were identified by the survey. The list below provides respondents' top ten answers in descending order.

RESPONDENTS' TOP 10 SERVICES

1. Help at home with heavy & light housework
2. Maintaining, modifying and repairing the home (ie: ramps, grab bars and home repairs).
3. Help understanding and completing paperwork, such as legal papers, tax forms, insurance etc.
4. Personal care assistance with caring for family members or friends
5. Transportation
6. Obtaining information about available benefits, programs and government services.
7. Planning for retirement.
8. Assistance with drug costs and copays.
9. Need for respite care to provide relief to caregivers.
10. Assistance with bills, such as utilities.

Other needs which ranked high on the survey were the need for socialization opportunities to stay connected, and concerns regarding crimes and personal security.

Many of the top services needed are obviously important for being able to live independently in one's own home. Most of these needs have consequences for health, safety, and well-being of the older person. Many needs can be addressed with programs already in place at the ATRC AAA, such as the ADRC, Alabama CARES, In Home services, Medicaid Waivers, legal services, SHIP, SenioRX, nutrition programs offered through senior centers, and evidence based wellness programs. These home and community based services are provided in a cost effective manner saving individuals and government programs money. They also allow clients to remain in the home setting, thereby improving their satisfaction and well-being.

The responses indicate that respondents need assistance in learning about available resources, both public and private. Due to fragmentation in public programs and lack of a centralized point of information, many individuals lack access to quality information about long term care services. This lack of information leads to over-utilization of institutional care. The role of the Aging and Disability Resource Center (ADRC) has become increasingly important to the Area Agency on Aging. We are pleased to be recognized as an Aging and Disability Resource Center (ADRC), with several staff members holding certification by Alliance of Information & Referral Systems (AIRS). . Through the use of Universal Screening forms, and web-based tools such as Peer Place, we have become more person-centered oriented toward our clients. Through the use of this single entry system, the AAA provides comprehensive and reliable information that helps consumers make informed decisions about their long term care. ADRCs integrate outreach, information, and person centered counseling for home and community-based long-term care. Additional funding is needed in order to fully implement the ADRC as a "one-stop shop" for meeting needs of seniors.

A public hearing for the Area Plan was held in Jackson, Alabama on August 16, 2017. The AAA Director described the Area Plan process, reviewed the results of the needs assessment, and reviewed the agency goals and objectives for the audience of around 55 individuals. Most of those represented agreed with the Area Plan draft and felt the goals and objectives were appropriate. No changes were recommended by the group. Forms were distributed for written

comments to be sent to the Area Agency on Aging, allowing for input from those who did not wish to speak at the event.

The Area Plan was reviewed and approved by the Advisory Council members in June (See Exhibit H) The Plan was also submitted to the Executive Board members in August, and reviewed and approved during the Board meeting on August 9, 2017. (See Exhibit I)

Part III: Conclusion

America's population is aging rapidly. By 2030, one in five people will be age 65 or older. The projected growth of the older population will present challenges to social programs, families, businesses and the health care system. Federal funding has not kept pace with the growing population of seniors in need of services. The problem is compounded by a decrease in funds for the ATRC AAA due to changes in the Intrastate Funding Formula, which has resulted in the loss of over \$500,000 per year. Currently, there are waiting lists for many services, which add to the stress for seniors, their caregivers and for agency staff who desire to provide assistance. It is important to note that when aging needs are left unaddressed, they often lead to more expensive institutional care in the end.

The ATRC AAA Area Plan has been developed to address issues identified in the needs assessment for the region, while considering state and national population trends. The ATRC AAA will continue to provide home and community-based services such as assistance in the home, case management, nutrition programs, transportation, support for caregivers, Ombudsman services and evidence based wellness programs. Through our Aging and Disability Resource Center, we can increase awareness and access to services, while reducing the confusion of locating resources in a fragmented system.

The ATRC AAA will continue to serve area seniors and persons with disabilities through a system of supports and services. Our goal is to help them remain in their homes and communities, living with independence as long as possible. We will remain responsive to changes, ensuring that needs are met in an efficient and cost effective manner. Annual adjustments to the Area Plan will consider any needed revisions.