EARPDC

1-800-AGE-LINE

Area Agency Area Plan
FY 2026-2029

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APPENDICES

Verification of Intent

The Area Plan on Aging (AAA) is hereby submitted by the {EARPDC} for the period of October 1, 2025, through September 30, 2029. It includes all assurances and plans to be followed by the 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.

_____   9/12/25
Signature of Executive Director   Date

_____   9/8/2025
Signature of Aging Director   Date

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

_____   9/8/2025
Signature of Chair   Date

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

_____   9/24/25
Signature of Board Chair   Date

<div align="center">**NARRATIVE:**</div>

The East Alabama Planning and Services Area (Region IV) consists of ten eastern counties located in the central portion of Alabama. Four counties border the State Line between Alabama and Northern Georgia. The region has a land area of approximately 6,228 square miles and is one of the largest planning and service areas in Alabama. The Region extends approximately 75 miles from east to west, and about 155 miles from north to south. The region is composed of largely rural counties, though it does contain two Standard Metropolitan Statistical Area (SMSA's), Anniston and Gadsden, which account for 40% of the region's population. Approximately 73% of the population is located in the northern five counties.

The Area Agency on Aging's mission is to develop and administer a comprehensive and coordinated service delivery system for older adults in our 10-county area. Our vision is to make a beneficial difference in the lives and well-being of older adults in Calhoun, Cherokee, Clay, Cleburne, Coosa, Chambers, Etowah, Randolph, Talladega and Tallapoosa counties through advocacy, education, and support. Community input from around the area and the state shaped the contents herein.

COVID-19 UPDATE

Another major influence in the development of this area plan is the changing landscape of healthcare services in general in the state and nation. In 2020 COVID-19 swept through our nation and the people of Alabama suffered dire consequences due to the ravages of COVID-19. As of today's date, COVID-19 is still taking a toll in Alabama as hospitalizations rates rise. Even though COVID-19 has shifted from a pandemic to an endemic, Alabama is expected to continue feeling its impact, according to the Centers for Disease Control and Prevention. In 2024, according to state-level mortality data, 829 Alabamians died, showing the virus remained deadly long after the peak pandemic years. The final data for 2025 is not yet available, but national estimates suggest the burden remains significant, especially among seniors ad vulnerable populations.

Public health experts stress that Alabama residents should remain vigilant, as respiratory illness, including COVID-19, flu, and RSV tend to rise together in the fall and winter months.

The bottom line is, COVID-19 has not disappeared from Alabama. With hundreds lost in 2024 and hospitalizations climbing nationally in 2025, the virus continues to challenge communities and healthcare systems across the state.

The Area Agency on Aging is working with our healthcare community in disseminating updated information, identifying, and locating unvaccinated seniors in our service area and assisting with getting shots in the arms of those most at risk.

A. **General Population Characteristics**

The ten counties which make up Region IV have a total population of 464,726 as of July 2020 Census estimates. This represents a +1.65% increase in population from the 2010 Census Data. Approximately 58,284, or 24.4% of the population were age 60 or above. An additional 15,872 were 55 or over and must be considered as part of the aged population.

The following tables provide a detailed demographic breakdown of the region as a whole and by county. This data is used by the AAA to target services to underserved populations and to assist in making annal funding decisions (See appendix 8).

Within the aged population of Region IV, it appears there will be a shift to a larger percentage of older persons in the higher age categories during the next decade.

Women will also make up a larger proportion of this group. On the average women live longer than men and therefore, are more likely to end up living alone. Women average a longer period of retirement than elderly men during which time they must rely on private or public sources of retirement income.

In summary, there will be an increase in the total number of older persons and an increase in the number of older persons at each age. Secondly, the number of women will increase faster than men, therefore, are more likely to end up living alone. Women average a longer period of retirement than elderly men during which time they must rely on private or public sources of retirement. Finally, there appears to be a trend for proportion of the population 75 years old and above to become larger.

B. Political Divisions

The East Alabama PSA contains within its boundaries three congressional districts, (USC District 3; USC 6); 7 State Senatorial Districts (10, 11, 12, 13, 15, 27, 30); and 13 State House of Representatives Districts (28, 29, 30, 32, 33, 35, 36, 37, 38, 39, 40, 81, 82). The region is divided into ten counties, each governed by an elected county commission made up of from 5 to 7 members and chaired by a county commission chairman or Judge of Probate. There are 78 incorporated municipalities located with the PSA, the majority having the Mayor/Council form of local government. EARPDC maintains a detailed listing of all county and municipal governments in its Regional Directory, published annually (Appendix 13).

EVALUATION OF NEEDS ASSESSMENTS:

The goals and objectives contained herein were developed as a result of community input completed by the Alabama Department Senior Services (Virtual town hall meeting) and through surveys completed throughout our 10-county region, in our 35 senior centers.

Over the next four years, EARPDC will focus our attention in those areas identified by the Alabama Department of Senior Services State Plan on Aging, and our group surveys from our 35 Senior Centers in Region IV.

CHALLENGES:

A review and analysis of our region's demographics leads to the identification of several areas which may make service delivery problematic for older individuals and disabled adults in the community setting and in the home. Services are often fragmented and often do not focus on broad based needs. Services are often not coordinated, as service agencies compete for limited sources of monies. Service agencies located in urban areas do not provide services to rural areas of the region. Programs may change the services provided annually depending on funding. The availability of up-to-date standardized sources of information about all services available to older persons in PSA IV is limited. Therefore, older persons do not always receive accurate information from service providers regarding available services. Many counties in the region continue to have little to no tax base and therefore, there is limited financial support, or none whatsoever, for health and social programs for older persons. Insurance costs for individuals and agencies have increased by as much as 75 % in some areas (especially transportation, health care and medications). This makes program maintenance very difficult for low-income individuals and agencies with limited funding sources. In addition, individuals often do not receive services or entitlements for which they are eligible.

EARPDC leadership will continue to promote and provide direct and supportive services in Region IV through via our Area Plan. In order to promote and advance our mission of helping older Alabamians and those with disabilities remain in their own homes and communities, we will focus on following goals.

IDENTIFIED GOALS:

1. **Provide Strong and effective core OAA and other home-and community-based service programs while strengthening oversight and quality management.**

2. **Plan for future emergencies, encouraging healthy and independent lives.**

3. **Reach and serve individuals with the greatest economic and social need.**

4. **Coordinate and maintain strong effective HCBS for older adults and people with disabilities.**

5. **Engage, educate, and assist caregivers regarding caregiving rights and resources in Alabama.**

Targeting Programs:

The Area Agency on Aging will continue to coordinate with the EARPDC Geographic Information System (GIS) staff to locate where services are currently being provided by EARPDC. This information will be helpful in directing services to the most areas of need and for contracting services.

The older Americans Act states that "Preference and Priority" must be given to:

- Consumers with greatest social need;
- Consumers with greatest economic need;
- Low-income minority consumers; and
- Consumers residing in rural areas.

We keep this mandate in mind in all activities we undertake throughout the year.

Special Outreach Activities to Hispanic Elders

Increasing access to information is what is being called for here by the federal and state agencies, with the goal being "Equal Access". Those activities that have worked successfully for us in the past will be continued or expanded including working with churches, providing program materials in English and Spanish, participating in Latino resource fairs and supporting he inclusion of Spanish versions of web pages on our website.

Rural Targeting

EARPDC will convene a meeting of local stakeholders and interested service providers to discuss possible expansion of senior services to the rural portions of the counties. Initially, special attention will be given to enhancing nutritional services for isolated and homebound persons in this area.

With regards to the service needs of older adults, the trend in the immediate future is predicted to increase. Soon the second highest growth rates will be the 55 and older population increase annually at a rate of 2.3% annual growth.

Comprehensive and Coordinated Service Delivery System:

- Legislative Advocacy Efforts- AAA will continue its successful and collaborative advocacy efforts with the Alabama Department of Senior Services to increase the State Funding for Senior Services. The AAA staff will continue their active involvement in state and federal

advocacy efforts. Staff will provide statistical and other educational information, as needed, for sessions held with legislators, congress persons, and local elected officials throughout the year.

- Public Education for Law Enforcement, Municipalities, Older Adults and Caregivers- AAA staff will continue to participate in and support efforts to provide information and access to services to underserved areas of the region. Staff will educate and provide training regarding all aspects of the program including elder justice. The AAA will also continue its strong relationships with the media, allowing us to publish pertinent articles of public interest to older persons, disabled individuals, and their caregivers. Staff will participate in various health and caregiver fairs as resources permit, providing verbal and written information to participants. Brochures and informational materials will be kept up to-date. We will continue to provide workshops and presentations for local businesses interested in accessing resources for their working caregivers.

- Long-Term Care Ombudsman- The EARPDC Ombudsman Program will continue to maintain the state requirements outlined in the Ombudsman Policy and Procedure Manual including monthly visits to nursing homes, quarterly visits to assisted living residences, time-mandated response to complaint investigations, information and assistance, participation in resident and family councils and an annual customer satisfaction survey.

- Transportation Services and Coordination- EARPDC will annually assess the level of funding for transportation services and attempt to shift or allocate any available new funds to this service category. We will continue to strengthen regional partnerships to create, sustain, or improve affordable accessible, reliable, and safe transportation for seniors. In addition, the AAA awards funding to each county in the region for transportation services. AAA staff will work with local communities to increase marketing of services to all older adults in need of transportation. AAA staff will also explore ways to better coordinate services to that transportation to and from doctors and grocery enable older adults to have more comprehensive assistance to improve access to medical care and healthy fresh foods.

- Health Promotions- AAA will continue adding IIID services as appropriate. AAA is currently approved to offer TAI-CHI.

- Mental Health- is not talked about very openly by current older generations. EARPDC staff and providers will continue to coordinate education efforts focused on mental health issues and access mental health services. EARPDC seek out and collaborate with mental

health professionals in our region to provide free/low-cost mental health services for our older adult population.

- Emergency Preparedness- AAA will continue coordinating with local, state, and federal bodies to identify persons at-risk, communicate information, and heighten awareness of emergency planning among the general population of seniors. We will seek and initiate opportunities to meet and collaborate with our local emergency response partners (local officials and service providers), throughout the region.

- Attention on Services for Rural Areas- Seventy-five percent of the EARPDC region residents live in rural areas. During the upcoming Plan period, we will continually assess the current service needs I the rural areas focusing ADRC benefits counseling clinics as a priority. AAA staff is involved in planning groups and discussions regarding telemedicine opportunities. AAA staff will also recruit rural providers to attend "Services Network" meeting to continue to assess needs coordinate response and improve service.

III: CLOSING

The East Alabama Regional Planning and Development Commission's Area Agency on Aging is committed to our vision of making a beneficial difference in the lives and well-being of older adults through advocacy, education, and support. To achieve this vision, we commit to developing and administering this area plan fully to better the lives of older adults in our region. By listening to the citizens in our area through our outreach efforts and through our years of experience. We recognize the needs that continue to evolve within our region including support and services for grandparents raising grandchildren, transportation, food security, in-home services for citizens who are in the "gap" diversity issues, elder abuse, mental health and dementia education and services, and more marketing and networking for ADRC services. While we recognize our needs, we also must address the barriers to services that exist and differ throughout our region.

 EARPDC has a long history of strong services and support. In closing, our Area Agency on Aging wants EVERY older adult and their caregivers in our region to have the highest quality of services available, elder justice would be realized, more people would be able to remain in their homes with supports, hot melas would be delivered each day, senior centers would be full and thriving, cost would be no barrier to prescription drugs, older adults who want to work would have the training and expertise to do so, and everyone in the region would know to call 1-800-AGE-LINE to receive these services.

While we do not possess a silver bullet or magic wand, we endeavor to do our very best to serve our region with integrity, excitement, and expertise.

EARPDC-AAA through the development and administration of this area plan will make a beneficial difference in the lives and well-being of older adults through advocacy, education, and support.

SECTION 1

Executive Summary

EXECUTIVE SUMMARY:

The East Alabama Regional Planning and Development Commission (EARPDC) is an association of city and county governments established under state enabling legislation, entered into voluntary partnerships. Members include Calhoun, Cherokee, Coosa, Chambers, Clay, Cleburne, Etowah, Randolph, Talladega, and Tallapoosa Counties and 58 municipalities within its 10-county area.

The Commission is governed by a 97-member Board of Directors which meets every other month. The Board of Directors includes representatives from the municipal and county governments, the chambers of commerce, Jacksonville State University, the community colleges, and the private sector.

Through the merger of two existing regional agencies in 1971, one in Alexander City and one in Anniston, the Commission was organized. The merger united the leadership of the local governing bodies within the ten-county region. This effort by local governments to establish EARPDC was in response to their common interest and concerns and the need for cooperative approach to resolve area wide systemic identified problems.

The East Alabama Regional Planning and Development Commission is designated as one of 13 Area Agency on Aging (AAA), established throughout the state of Alabama as the result 1973 amendments to the Older Americans Act of 1965. These amendments mandated that within each state, regional agencies should be designated or established with the purpose of developing and promoting a comprehensive and coordinated service delivery system for older persons, and to act as an advocate for improving the existing services available to older persons, and act as an advocate improving the conditions of all older persons in the planning and service area. The Area Agency on Aging is an integral part of the East Alabama Regional Planning and Development Commission. The relationship between the two is mutually beneficial and contributes significantly to the success of the Area Agency on Aging.

The primary purposes of the Area Agency on Aging are:

ADVOCACY:

The advocacy role of the AAA stems from its mandated responsibility to serve as a focal point for all matters relative to the needs of the elderly. The AAA performs the following advocacy functions:

1. Monitor, evaluate and comment on all policies, programs, hearings, and community actions which affect the elderly in our region.
2. Conduct public hearings on the needs of the elderly.

3. Represent the interests of the elderly to public officials, public and private agencies or organizations.
4. Conduct activities, as directed by the Alabama Department of Senior Services, in support of the long-term care ombudsman program; and
5. Coordinate planning efforts with other agencies and organizations to promote new expanded benefits and opportunities.

Planning:

The various steps in the AAA planning process are identified in the following steps: In addition to the identified steps, AAA works with federal, state, and local resources to foster the development of a comprehensive coordinated delivery system.

One of the primary steps/functions of the AAA is Planning-the process which effectively utilizes pooling, coordination, and funding strategies in the development of the service delivery system.

The management functions of the AAA are

(A) Designed to improve service programs funded under the Older Americans Act.
(B) To strengthen the internal operation of the AAA. The functions utilized by the AAA to improve funded service programs included training, monitoring, assessment, evaluation, and technical assistance. The functions designed to improve the internal operation of the AAA include fiscal administration, grants management and personnel administration.

The AAA has increased its level of efficiency in the assessment and evaluation during this planning cycle by implementing new computer systems, with access and capabilities to be able to serve our client base remotely (Due to COVID-19).

Funding:

Each year, the AAA receives an allocation of federal and state funds through the Alabama Department of Senior Services. These funds are passed down to programs in local communities to meet critical needs of the elderly.

The AAA undertakes many activities to carry out the functions cited above. These activities include planning and management, program development, coordination, and advocacy.

Area Plan Process:

The goals, objectives and activities outlined in this document were developed as a result of community input completed through the following:

- Information presented in the State Area Plan
- Input from needs surveys and caregiver surveys; and
- Input from the town hall and public hearing co-facilitated by ADSS on March 23, 2024.

This plan is important to our state and to our region, as it provides insight into the needs of our growing elderly population and will serve as a roadmap that will allow us access the needed funding that will allow us to administer the services properly and proficiently to older individuals, persons with disabilities and their caregivers.

Based on recent U.S/ Census data and reports, Alabama's elderly population is growing significantly, and projections indicate this trend will continue. Disability prevalence in the state is already high and is expected to increase with the aging population.

Alabama's population of adults aged 65 and older increased by 11% between 202 and 2024, rising from about 861,000 to nearly 956,000. The Alabama Department of Public Health projects that the state's elderly population will increase by over 82% between 2010 and 2040.

Alabama also has a high overall rate of disability, raking just behind West Virginia. In 2019 data, over one in ten Alabamians aged 16 to 64 had a disability.

Projections indicate a potential shortage of family caregivers due to many family members working outside the home, which will increase the demand for professional care services.

Without such funding, the needs of the older individuals, persons with disabilities, and caregivers are left unaddressed, which in turn leads to more expensive institutional care, as opposed to more affordable home and community care.

SECTION 2

Quality Management

QUALITY MAMAGEMENT:

EARPDC will continue to institute the following measures to ensure quality management by using formal feedback mechanisms like surveys, utilizing and establishing advisory councils with community input, implementing quality assurance programs.

We will also rely on outcome measurement to assess program effectiveness, monitor compliance with federal and state standards, and maintain internal quality assurance or compliance staff to improve service delivery and regulatory compliance for older adults.

Client Feedback and Satisfaction

Surveys and direct Communication:

EARPDC uses formal surveys, such as Performance Outcome Measurement surveys and internal client surveys to gather feedback on its services.

Program Administrators and Staff:

Direct communication with program administrators, senior center staff, and provider staff allows EARPDC to collect and communicate client thoughts and feedback to leadership.

Client Input:

EARPDC is always seeking input from our clientele and is willing to develop additional customer satisfaction surveys as requested to ensure services meet local needs.

Advisory Councils and Community Involvement:

Advocacy and Input:

EARPDC maintains advisory committees composed of local seniors and community partners to advocate for local needs and preferences in the development and administration of aging programs.

Public Hearings:

EARPDC conducts public hearings to gather input on community policies, programs, and actions related to aging services.

Internal Quality Assurances and Oversight

Staffing:

EARPDC will continue to employ dedicated team members for quality assurance, compliance, or outcome measurement to oversee service delivery and measure program effectiveness.

Area Plans:

EARPDC develops and administers area plans, which outline our future activities and strategies for identifying the needs of older adults and caregivers, establishing a framework for quality service delivery.

Outcome Measurement:

EARPDC will continue to measure and report outcomes and performance metrics to assess program effectiveness and hold itself accountable.

Compliance:

EARPDC will continue to monitor our own performance against federal and state standards, such as those outlined in the Older Americans ACT (OAA) regulations, to ensure compliance.

Data Analysis:

EARPDC's trend collected data to identify areas for systemic improvement and evaluate the success of our quality management efforts.

IT's Role:

IT will assist EARPDC by assessing program implementation and remediating problems by providing essential data, streamlining administrative processes, and improving communication. Technologies like client management systems, data analytics, and communication platforms can help EARPDC efficiently manage and evaluate our services for older adults.

Performance measurement and data tracking:

IT can implement client management systems that automate the tracking of services delivery, client demographics, and outcomes. This allows EARPDC to move beyond simple service documentation to measuring real impact and success. The data can help identify how well our programs are meeting their goals and who is served.

IT's Role in remediating problems areas:

Identification of program gaps: By analyzing service data, IT can help EARPDC pinpoint areas where service delivery is lagging.

Enhanced communication and outreach: EARPDC will use IT tools to improve communication with clients and stakeholders. This includes using email, text alerts, or other digital methods to inform older adults about service changes or new program offerings. This will be especially useful for reaching individuals who are socially isolated.

Staff training and support: IT can provide technical assistance and support for EARPDC team members to use technology more effectively. This training can be used to improve data collection accuracy and help staff manage their responsibilities efficiently, such as care management or caregiver support.

Seamless system integration: Technology can help integrate EARPDC's services with those of other partners, such as health systems and community-based organizations. This is critically true as we move toward managed care systems.

SECTION 3

Programs/Goals, Objectives, Strategies, and Outcomes

OAA Core Formula-Based & Other Non-Formula Based Programs

GOAL 1: Provide strong and effective core OAA and other home-and community-based services programs while strengthening oversight and quality management

Objective 1.1: Structure Title III and V services to help older adults stay at home and in their communities and explore coordination of programs within Title VI

	STRATEGY	**PROJECTED OUTCOME**
III-B	• EARPDC will provide access to in-home services using contract providers, Personal choices program and case management services. • EARPDC will continue to network with city and county municipalities to provide and increase transportation services and referral resources. • EARPDC will continue to develop partnerships for all supports and services with hospitals, community partners, governmental agencies and other agencies that target OAA priority populations.	• Increased access to services and benefits for those 60 years and older and individuals with disabilities. • Increased Collaboration and resource sharing among stakeholders. • Consumers will have more input into their individual case plan and be able to remain in the least restrictive environment.
III-C	• EARPDC will continue to utilize the services of a registered dietician to create meal plans for those seniors that require them. • EARPDC will continue to educate the public, through various venues, about the opportunity to sponsor meals for seniors. • EARPDC will continue to utilize the SenioRx program for persons requiring liquid meal replacements and supplements by applying for free assistance through RX Assist.	• Increased options and coordination of resources for seniors at risk of poor nutrition. • Improved nutritional intake and choices for individuals regarding their nutritional needs. • Seniors will save money by utilizing the services of SenioRx and RX assist when accessing meal supplements and prescription medication.
III-D	• EARPDC will continue to provide and promote evidenced-based programs by continuing to partner with community partners such SAFE and COA of Etowah County. • EARPDC will continue to increase the number of evidenced-based programs being provided to seniors.	• Increased participation in our rural and underserved areas. • Increased knowledge among our elderly about the importance of becoming healthy, remaining healthy and healthy options.

	STRATEGY	PROJECTED OUTCOME
Title V	• EARPDC will identify and seek to maintain SCSEP participants through continued aggressive marketing. • Provide bi-annual trainings and refresher courses to SCSEP participants. • Identify community-based resources that can train SCSEP participants in computer skills.	• SCSEP participants will be given the opportunity to increase their computer skills and become more computer literate. • SCSEP participants will gain additional knowledge and experience in constructing resumes. • SCSEP participants will gain valuable knowledge and work experience through real-life hands-on work experience (OJT), on the job training.

Objective 1.2: Strengthen Alabama's State Long-Term Care Ombudsman program that strives to serve residents in all facility settings

	STRATEGY	PROJECTED OUTCOME
VII	• EARPDC's Long-term Care Ombudsman program will complete 12 community based educational events per year. • The Ombudsman's program will participate/sponsor 2 Elder Abuse and Fraud Summits in FY26. • The Ombudsman's program will continue to work and collaborate with Legal Services for the Elderly.	• The community and Seniors will have the knowledge to report elder abuse situations. • Individuals and the community at large will have increased knowledge of elder rights and the prevention of elder abuse.

Objective 1.3: Work to continue assisting Alabama's population with high quality non-formula-based services while integrating these services with OAA core programs

	STRATEGY	PROJECTED OUTCOME
ADRC	• EARPDC will continue to staff its ADRC with AIRS certified benefits counselors to provide high level of customer service. • EARPDC will continue to update the Agency's resource guide as needed. • EARPDC will market the availability of ADRC for individuals to seek information, option counseling and long-term services and supports. • EARPDC will continue to develop partnerships for all supports and services, community partners, hospitals, governmental agencies, and other agencies that target OAA populations.	• Consumers and families will have access to information and resources to make informed choices regarding their long-term care. • Increase in access to services and benefits for those 60 years old and individuals with disabilities. • Increased collaboration and resource sharing among stakeholders.

	STRATEGY	PROJECTED OUTCOME
SHIP/MIPPA	• Promote awareness, visibility and knowledge of MSP, LIS, and Part D coverage. • Provide educational outreach to local pharmacies and other professional groups to increase beneficiary's access services and supports. • Distribute educational materials regarding Medicare benefits. • Distribute preventative benefits and health materials at all SHIP presentations, outreach events, and SHIP community resource centers.	• Increase the number of applicants for benefits for eligible beneficiaries by promoting awareness and knowledge of MSP, LIS, and part D coverage. • Increase the number of beneficiaries enrolled in the program. • Increased public awareness. • Increase the number of eligible Medicare enrollees in our 10-county region. • EARPDC team members, providers and contractors will be more knowledgeable and better trained to assist enrollees.
SM	• Increase volunteerism, education, and outreach specific to Medicare fraud, waste, and abuse in collaboration with the Senior Medicare Patrol (SMP) program. • Facilitate a minimum of two (2) Fraud Summits in FY26.	• Older individuals will have increased knowledge of fraud and scams perpetrated on the elderly. • Fewer seniors will become victims of fraud. • Team members will have increased knowledge.
SenioRx	• SenioRx will continue to work with the 35 Senior Centers in our region providing live presentations and distributing valuable information about prescription assistance and the valuable savings to seniors and those with disabilities. • SenioRx will continue provide on-site assistance. • SenioRx will continue to partner with doctors, pharmacists, health care clinics, city/county governments and other agencies.	• Increased client awareness. • Savings for the client. • Improved client health outcomes.

Objective 1.4: For prevention and detection, strengthen responses to elder abuse, neglect, and exploitation through Title VII, Adult Protective Services, legal services, law enforcement, health care professionals, financial institutions, and other partners

	STRATEGY	PROJECTED OUTCOME

	• EARPDC will continue to work with Elder Law attorneys and organizations to assist the elderly when suspected abuse has occurred. • EARPDC will participate in World Elder Abuse Awareness Day, to bring about awareness to the growing problem of Elder Abuse and to unite local organizations in the prevention of elder abuse. • EARPDC will provide informational materials and supportive counseling to help the elderly recognize the six types of Elder Abuse, which are Physical Abuse, Emotionally Abuse; Sexual Abuse; Exploitation; Neglect and Abandonment.	• Increase EARPDC's advocacy efforts by providing more information related to the prevention of Elder Abuse. • Increase public knowledge and awareness of Elder Abuse in Alabama. • Seniors and the disabled will be less likely to suffer abuse. • Seniors and the disabled will have access to free legal services.

Objective 1.5: Expand Alabama's dementia and Alzheimer's education and direct service efforts promoting prevention, detection, and treatment

	STRATEGY	PROJECTED OUTCOME
Dementia Services	• EARPDC's Alabama CARES team will utilize caregiver training programs developed through Alzheimer's demonstration programs. • Expand and strengthen partnerships with public, private and faith-based organizations. • Participate and sponsor outreach programs.	• Increased public awareness of Alzheimer's and available services. • Increase in funding. • Increase of enrollees being helped by EARPDC's Alabama CARES program.

Objective 1.6: Improve quality management and accountability of all programs by improving data collection through the information technology (IT) infrastructure, increasing training and technical assistance opportunities with partners, and strengthening desk review and monitoring processes.

	STRATEGY	PROJECTED OUTCOME
Data Reporting (IT)	• EARPDC will have measurable performance goals for all grants, financial awards and contracts. • Update IT technology to keep up with the latest and safest technological programs to enhance our technical needs. • Enhance mobile friendly web application for smart phones and tablets. • Regularly review and update IT infrastructure, security standards and data collection.	• Improvement in the service delivery system. • Improved continuity of Service. • Improved data collection. • Enhanced IT infrastructure systems.
Training		

	STRATEGY	PROJECTED OUTCOME
	• All EARPDC team members will undergo continuous trainings as needed. • EARPDC team members will be encouraged to participate in, in-state as well as out of state conferences related to their job descriptions and programmatic areas.	• EARPDC will be more knowledgeable and better equipped to work with our target population. • Higher employee retention and engagement. • Improved consumer satisfaction.
Monitoring	• EARPDC will monitor all Aging program performance and compare to previous years. • Conduct monthly, annual program reviews.	• Enhanced efficiency. • Improved decision making. • Increased accountability.

Preparedness, Response, & Recovery

GOAL 2: Plan for future emergencies, encouraging healthy and independent lives

Objective 2.1: Increase education and access to services to combat the negative health effects associated with social isolation

STRATEGY	PROJECTED OUTCOME
• EARPDC will continue its public awareness and education campaign through its various Aging Programs. • Highlight the health impacts of social isolation. • Destigmatize loneliness and isolation by creating a culture where seeking help for loneliness is normalized and encouraged. • Promote healthy relationship skills by offering educational resources and programs that teach effective communication, empathy, and conflict resolution skills to foster stronger social connections. • Raise awareness about available resources by informing the public about existing services, programs, and community initiatives designed to address loneliness and isolation.	• Improved physical and mental health outcomes. • Reduced risk of chronic diseases. • Enhanced overall wellbeing. • Better self-care. • Stronger immune response. • Reduced risk of depression and anxiety.

Objective 2.2: Assist target population with accessing assistive technology through services and partnerships to combat falls and increase independence

STRATEGY	PROJECTED OUTCOME
• EARPDC will raise awareness thorough community workshops and education programs, such as Alabama	• Enhanced independence.

• CARES, Elderly Nutrition programs and collaborative efforts with community partners and stakeholders. • Provide targeted outreach & Information dissemination. • Highlight benefits emphasizing how Assistive Technology (AT tools and systems that help the elderly overcome physical, sensory, and or cognitive challenges to maintain independence and improve their quality of life. This can range from low-tec devices like walkers and magnifiers to high-tech solutions such as smart home systems, wearable sensors and GPS trackers), can promote independence, safety, and a better quality of life for seniors. • Facilitate access to assistive technology by partnering with State Assistive technology programs to leverage their expertise and other resources for seniors.	• Increased Safety. • Improved communication and daily living support. • Reduced fear of falling. • Personalized care, • Delaying or preventing institutionalized care. • Reduced healthcare costs.

Objective 2.3: Revisit the ADSS emergency preparedness planning processes to properly plan for future disasters

STRATEGY	PROJECTED OUTCOME
• EARPDC will maintain emergency/disaster plans and training events to respond to pre- and post-disaster declarations. • EARPDC will update annually emergency/disaster plan on the local level and ensure that it is in accordance with the State ADSS emergency preparedness planning process. • Partner with State/Local Emergency Management Agency (EMA) and the Alabama Department of Health (ADPH) to provide on-going disaster training to health and human service providers.	• Consumers, families, and social service agencies will be more prepared in the event of an emergency or disaster preventing potential injury or loss of life. • EARPDC team members will be more knowledgeable on how to assist during an emergency/disaster situation and can respond in a more expedited manner. • Enhanced safety. • Optimize resource allocation. • Reduced financial and reputational damage. • Foster a sense of security.

Equity

GOAL 3: Reach and serve individuals with the greatest economic and social need

Objective 3.1: Ensure all OAA and other grant programs target those with the greatest economic and social needs

STRATEGY	PROJECTED OUTCOME
• EARPDC will target communities with the greatest economic need by doing the following: • Focus outreach efforts and services on rural communities where individuals may be most isolated.	• Financial support for underserved individuals and communities. • Enhanced impact and effectiveness.

- Focus on areas with a high concentration of low- and moderate-income individuals.
- Utilize data collected from the latest Census Bureau on income and poverty to identify areas where the need is the greatest.
- Continue to engage in collaborative partnerships with community stakeholders and other community organizations.
- Train team members to be culturally competent and sensitive to the challenges and experiences of individuals in poverty.

- Improved health and well-being for vulnerable populations.
- Increased access to opportunities and resources.
- Building trust and fostering collaboration.
- Developing solutions and strategies to meet the needs of our targeted population.

Objective 3.2: Ensure all LTSS participants are assessed in a person-centered manner while services to be implemented are driven by the participant

STRATEGY	PROJECTED OUTCOME
- EARPDC case managers will employ a Person-Centered assessment approach to ensure that Long-Term Services and Supports (LTSS) are consumer driven. - EARPDC will continue to prioritize individual communication and interaction preferences. - EARPDC team members will employ active listening and reflective techniques where the assessors verbally summarize their understanding and allow individuals to confirm or correct. - Empowerment through information and choice. EARPDC team members/case managers will provide the consumer with clear information about the assessment process, potential options, and their ability to make choices, reinforcing their sense of agency and informed decision making. - EARPDC will be culturally sensitive and provide trauma-informed care.	- EARPDC case managers will be able to adapt their style to suit the individual's needs, rather than applying a "One-size-fits-all approach." - The consumer will have a sense of control, thus ensuring a sense of control and accuracy in the information gathering process. - The consumer will have an increased sense of agency and informed decision making. - EARPDC team members/case managers will recognize and address cultural influences and trauma-related sensitivities during the assessment process.

Objective 3.3: Use No Wrong Door collaborations to address social determinants of health

STRATEGY	PROJECTED OUTCOME
- EARPDC will continue to maintain/provide services through the ADRC (Aging and Disability Resource Center) to streamline systems designed to help the consumer access long-term services and supports for seniors and individuals with disabilities in Alabama. - The ADRC will continue to link consumers to a network of services and programs through a single point of entry, thus eliminating the need to contact multiple agencies to access services.	- The consumer will have access to a network of services and programs through a single-entry point. - The consumer will have reduced frustration. - The consumer and family members will not have to

• The ADRC will continue to serve as the primary entry point for the "NO Wrong Door system." • The ADRC will continue to provide information, counseling, and access to services regardless of the payer source (Medicaid, Older Americans act, etc.) • The ADRC counselors will provide Person-Centered Counseling and offer guidance and support to consumers and their families.	navigate multiple agencies and enrollment processes. • The No Wrong Door principle will ensure the consumer that regardless of which agency a person initially contacts, they will be connected to the appropriate resources and supports. • Through Person-Centered counseling, the consumer will be empowered to make informed decisions about their care based on their goals, preferences and needs.

Expanding Access to HCBS

GOAL 4: Coordinate and maintain strong and effective HCBS for older adults and people with disabilities

Objective 4.1: Work to increase access to transition services from facility and hospital settings to allow the best scenario for aging in place

	STRATEGY	PROJECTED OUTCOME
	• EARPDC will continue to provide a Transition Coordinator in the Medicaid-waiver program to assist with the consumer residing in institutions like nursing homes transitions back into their homes and communities. • The Transition Coordinator will continue to thoroughly review referrals for individuals potentially eligible for the ACT waiver and gather information about their social background, living preferences, and medical needs. • The Transition Coordinator will continue to build and strengthen relationships with community agencies and service providers to ensure seamless transition for the consumer. • The Transition Coordinator will work with interagency teams to identify and address any missing services within the community that might hinder the transition process. • The Transition Coordinator will continue to collaborate with case managers to develop a plan of care that includes necessary services and supports to enable the consumer to live safely and independently in the community. • The Transition Coordinator will educate discharge planners, case managers, the public about the ACT waiver program and its benefits, and act as a resource for the consumer and caregiver during the transition process.	• The transitioning consumer will have personalized transition planning. • The consumer will be provided with guidance and support throughout the process. • The consumer will have access to housing and support. • The consumer will have help navigating services and resources. • The consumer will be offered/provided home modifications to ensure safety and accessibility. • Provided Assistive technology to enhance daily functioning. • The consumer will have community integration supports to facilitate participation in social activities.

- Access to skilled nursing, home-delivered meals, personal care, homemaker services, respite care and more!

Objective 4.2: Better coordinate aging network services with Alabama's Medicaid Waiver services

STRATEGY	PROJECTED OUTCOME
• EARPDC will continue to utilize the ADRC as a single point of entry and coordination. • EARPDC will continue to enhance case management services integration under Alabama's Integrated Care Network (ICN) program. • EARPDC will continue to leverage existing programs and partnerships, such as, ADSS, Elderly and Disabled Waiver (E&D) and Transition Coordinators and Alabama Community Transition (ACT) case managers to facilitate smooth transitions for consumers moving from nursing facilities back to the community. • EARPDC will continue to promote holistic and Person-Centered Care Planning. • EARPDC will continue to facilitate data sharing and communication between the Aging network and Medicaid waiver services to help prevent duplication of services.	• Ensure seamless transitions for consumers seeking assistance with Medicaid waiver services and other support programs. • Provide a holistic approach to care planning and service delivery by combining medical and social support. • Improved efficiency and effectiveness of services for individual returning home. • Increase the consumer's ability to live independently in the community for as long as possible. • Help prevent duplication of services, identify gaps in care, and facilitate timely interventions.

Objective 4.3: Attempt to create new support services, increase funding/access to existing services, or partner/collaborate with existing resources for better resource coverage

STRATEGY	PROJECTED OUTCOME
• EARPDC will continue to conduct Community Needs Assessments to identify service gaps and prioritize areas where new services are most needed. • EARPDC will continue to explore avenues to diversify funding sources, such as government grants, private foundations. • EARPDC will continue to identify potential partners that serve the same population or have shared interests. • EARPDC will continue to share expertise and resources as a way to leverage strengths and resources of each partner to create a more comprehensive and effective service delivery.	• Expand and strengthen support services. • Enhance funding access. • Create a more robust and responsive network of resources for the communities that we serve. • Track the performance of funding sources to identify what works best and make adjustments as needed.

Caregiving (Title III-E (Alabama CARES)) and Alabama Lifespan Respite (ALR))

GOAL 5: Engage, educate, and assist caregivers regarding caregiving rights and resources in Alabama

Objective 5.1: Work to address the needs of caregivers by implementing, to the extent possible, the recommendations from the RAISE Family Caregiver Advisory Council

STRATEGY	PROJECTED OUTCOME
• Alabama CARES will continue to coordinate and expand educational programs for caregivers. • Alabama CARES will continue to conduct targeted outreach activities to grandparents serving as caregivers to disabled grandchildren under eighteen years of age. • Alabama CARES will continue to increase services and information in underserved rural areas. • Alabama CARES will continue to collaborate with DHR when working with grandparents in raising their grandchildren.	• Caregivers will be provided with more options and support to improve health and relieve stress. • Caregivers will become more informed at the time of discharge from various care transition settings. • Improved awareness and resources in local communities. • Grandparents that have undertaken the task of rearing their grandchildren will be aware of resources that are available to them in the rearing of their grandchildren.

Objective 5.2: Work to strengthen and support the direct care workforce

STRATEGY	PROJECTED OUTCOME
• Alabama CARES program will continue to provide information and assistance to direct care workforce through expanded resource dissemination. • Continue to provide information on training opportunities. • Provide targeted outreach specifically aimed at direct care workers, highlighting the value of the profession and available resources. • Provide training and professional development opportunities. • Promote mental health resources.	• Increased pool of skilled caregivers, both family caregivers and direct care workers. • Improved quality of care provided. • Reduced need for formal long-term care services. • Enhanced caregiver satisfaction and reduced stress levels due to increased competence and confidence in their caregiving abilities. • Potential career pathways for family caregivers to transition into formal direct care roles.

Objective 5.3: Utilize the National Technical Assistance Center on Grandfamilies and Kinship Families to improve supports and services for families in which grandparents, other relatives, or close family friends are raising children

STRATEGY	PROJECTED OUTCOME

- Alabama CARES program will continue to provide financial support/assistance to families that they serve.
- Alabama CARES program will continue to provide respite care, which allows caregivers to take much needed breaks and reduce stress.
- Alabama CARES will continue to provide cross-system collaboration, thus improving communication and coordination between child welfare, education, health and other systems.

- Alleviate stress and concerns of grandparents related to financial strain.
- Reduced stress.
- Streamline access to services.

Objective 5.4: Continue work in coordinating Alabama CARES with ALR objectives

STRATEGY	PROJECTED OUTCOME
- Alabama CARES will seek to identify areas with a high concentration of caregivers and care recipients by using data from Alabama CARES and other relevant data resources. - Target populations in the above referenced areas for transportation assistance. - Integrate caregiver input into the ALRTP development process. - Conduct outreach to caregivers and care recipient advocates to gather their input on transportation needs and challenges. - Use surveys and focus groups to understand transportation barriers faced by caregivers.	- Increased access to resources. - More efficient referrals and service delivery. - Coordination will foster shared learning and best practice between caregiver support. - Create a more holistic and integrated support system for caregivers and families.

APPENDIX 1

Area Plan Assurances

AREA PLANS

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

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

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area

will be expended for the delivery of each of the following categories of services—

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

    (B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

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

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point); and
(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

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

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

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

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and

systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

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

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

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

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

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

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

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

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

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for

volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(9) provide assurances that—

(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and

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

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

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

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

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

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

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular

emphasis on entities conducting programs described in section 203(b) within the planning and service area.

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

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

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

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

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

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

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

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

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

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

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

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

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

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

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

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

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

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

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

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

(L) assistive technology devices and services; and

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

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

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

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

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

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

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

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

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

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

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

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service

area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

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

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

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

I have read the above **AREA PLANS** information ADSS extracted directly from the Older Americans Act (OAA) of 1965 (2020 Reauthorization) regarding content and submission of Area Plans on Aging.

This document to be signed below pertains to the FY2026-2029 Area Plan on Aging.

M. A. Morrison
Signature of AAA Director

_9/2/2025_
Date

Michael A. Morrison
PRINT NAME

APPENDIX 2

Planning and Service Area Map

PSA IV
East Alabama Regional Planning Commission
Area Agency on Aging
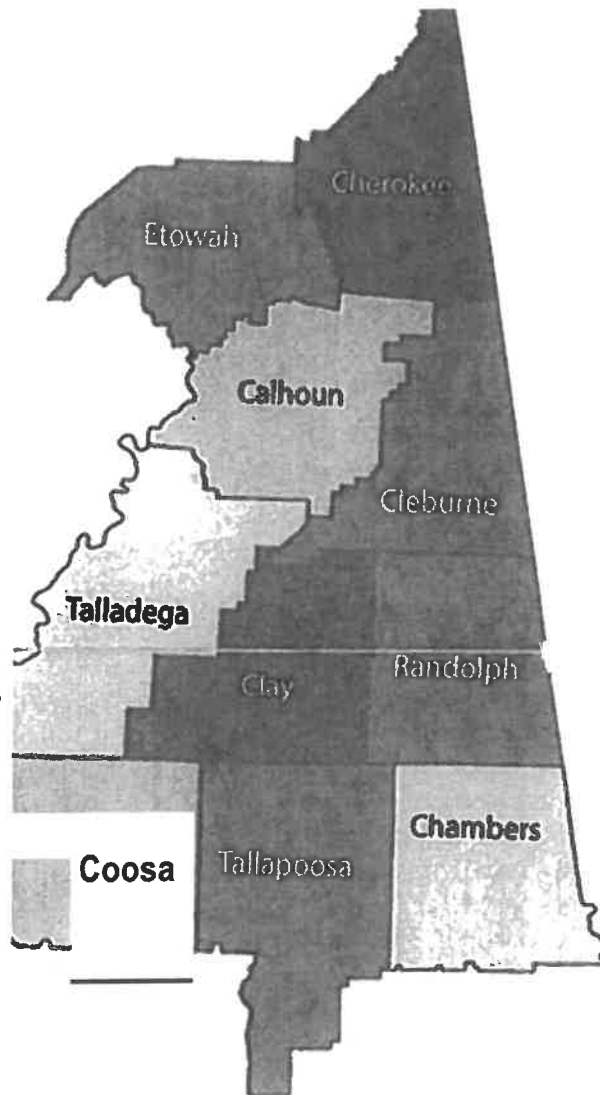
APPENDIX 3

Board of Directors

East Alabama Regional Planning and Development Commission
Board of Directors – 2025

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Edwardsville, Billy Joe Driggers, Mayor
Five Points, Derrick Wright, Mayor
Fredonia, George Fannings, Mayor
Fruithurst, Christopher Owens, Mayor
Gadsden, Craig Ford, Mayor
Gaylesville, Elizabeth Stafford, Mayor
Glencoe, Chris Hare, Mayor
Goodwater, Lonnie Caldwell, Mayor
Heflin, Robby Brown, Mayor
Hobson City, Alberta McCrory, Mayor
Hokes Bluff, Scott Reeves, Mayor
Jackson's Gap, Frank Lucas, Mayor
Jacksonville, Johnny L. Smith, Mayor
Kellyton, Johnny Sharpe, Mayor
LaFayette, Kenneth Vines, Mayor
Lanett, Jamie Heard, Mayor
Leesburg, Brandy Pierce, Mayor,
Lincoln, Carroll L. (Lew) Watson, Mayor

Lineville, Roy Adamson, Mayor
Munford, JoAnn Fambrough, Mayor
New Site, Phil Blasingame, Mayor
Oak Grove, Tony White, Mayor
Ohatchee, Steve Baswell, Mayor
Oxford, Alton Craft, Mayor
Piedmont, William "Bill" Baker, Mayor
Rainbow City, Joe Taylor, Mayor
Ranburne Rodney Brown, Mayor
Reece City, Phil Colegrove, Mayor
Ridgeville, Willie James Whiteside, Mayor
Roanoke, Jill Patterson, Mayor
Rockford, Scott White, Mayor
Sand Rock, James Mackey, Mayor
Sardis City, Russell Amos, Mayor
Southside, Dana Snyder, Mayor
Sylacauga, James Heigl, Mayor
Talladega, Timothy Ragland., Mayor
Talladega Springs, Bruce Livingston, Mayor
Valley, Leonard Riley, Mayor
Wadley, Donna Bailey McKay, Mayor
Waldo, Susan Crim, Mayor
Walnut Grove, Autry Works, Mayor
Waverly, Taylor Melzer, Mayor
Weaver, Jeff Clendenning, Mayor
Wedowee, Timothy Coe, Mayor
Woodland, Scott Carter, Mayor

County Commission Chairs

Calhoun County Commission, Carolyn Henderson, Chair
Chambers County Commission, Debra Riley, Chair
Cherokee County Commission, Tim Burgess, Chair
Clay County Commission, Shane Davidson, Chair
Cleburne County Commission, Ryan Robertson, Chair
Coosa County Commission, Bertha Kelly McElrath, Chair
Etowah County Commission, Jamie Grant, Chair
Randolph County Commission, Derek Farr, Chair
Talladega County Commission, Kelvin Cunningham, Chair
Tallapoosa County Commission, Emma Jean Thweatt, Chair

Appointed Representatives

Alabama Power, Terry Smiley
Alexander City Chamber of Commerce
Calhoun County Chamber of Commerce, Linda Hearn

Central Alabama Community College, Jeff Lynn
Cherokee County Chamber of Commerce, Thereasa Hulgan
Circle of Care Center for Families, Jonathan Herston
City Planner for Anniston, Alabama, Toby Bennington
Clay County Chamber of Commerce, Tiffany Young
Cleburne County Chamber of Commerce, Beverly Ervin
Coosa County Chamber of Commerce, Jodi McDade
Gadsden State Community College, Ayers Campus, Teresa Simmons
Gadsden State Community College, Luanne Hayes
Greater Talladega/Lincoln Area Chamber of Commerce, Jason Daves
Jacksonville State University, Dr. Paul Hathaway
The Chamber, Gadsden & Etowah County, Krisit Robinson
Randolph County Chamber of Commerce, Dorothy Tidwell
Randolph County Economic Development Authority, Chris Dunlap
SAFE Family Services Center, Nancy Dickson and Margaret Morton
Southern Union State Community College, Steve Spratlin
Sylacauga Chamber of Commerce, Executive Director, Laura Strickland

Revised September 25, 2023

APPENDIX 4

Advisory Council/Advisory Meeting Approving

4 Year Area Plan

Aging Advisory Board
September 8, 2025

AGENDA

Call To Order	**Sandra Kent, President**
Presentation of Aging Area Plan FY26-29	**M. A. Morrison**
Area Plan Approved	**Aging Advisory Board**
Old Business	**Sandra Kent, President**
New Business	**Sandra Kent, President**
Adjourn	

Aging Advisory Board Minutes
September 8, 2025

MINUTES

The meeting was called to order at 11:00 am by President Sandra Kent.

M. A. Morrison presented information and answered all questions and comments pertaining to the presentation related to the FY26-29 Area Plan. Dialogue ensued pertaining to the various services provided by EARPDC and our 10-county region.

Peggy Grubbs made a motion to approve the FY26-29 Area Plan. Teresa Noell and Sandra Kent second the motion. The FY26-29 Area Plan was approved by unanimous consent.

There being no Old/New Business to discuss the meeting was adjourned at 11:30 am.

APPENDIX 5

Organizational Chart

ORGANIZATIONAL PLAN

-Staffing-

East Alabama Regional Planning and Development Commission

Board of Directors

- Executive Director
  - Deputy Director

Administration
- Office Manager
- PT Secretary
- PT Secretary

Aging
- Program Director Aging
  - **ADRC**
    - PT Program Support Specialist
    - Project Administrator ADRC
      - Human Services Coordinator ADRC
      - Human Services Coordinator ADRC
  - **Benefits Counseling**
    - Project Administrator SHIP
      - Temp Program Support Specialist SHIP VACANT
      - PT Program Support Specialist SHIP
    - Project Administrator Senior Rx
  - **Caregiver**
    - Project Administrator CARES
      - Project Coordinator CARES
      - Project Coordinator CARES
  - **Ombudsman**
    - Project Administrator OMB
      - Human Services Coordinator OMB
      - Human Services Coordinator OMB
      - Human Services Coordinator OMB
  - **Senior Center Services (Title III)**
    - Project Director Nutrition
      - Human Services Coordinator Nutrition VACANT
      - Project Administrator Nutrition VACANT
        - PT Human Services Coord Nutrition
        - PT Human Services Coord Nutrition
  - **SCSEP (Title V)**
    - Project Administrator SCSEP

Finance
- Program Director Finance
  - Accountant Aging
  - Accountant Planning, Econ Dev, & Transp
  - Accountant HR/Payroll
  - Bookkeeper

Human Resources
- Program Director HR

Medicaid Waiver
- See Insert A

Transportation
- Program Director Transp
  - Human Services Coordinator Transp

Planning/ Econ Dev
- Program Dir Comm Dev
  - VACANT Planner
  - Planner
  - Planner
  - Planner MPO
  - Project Coordinator
  - Project Administrator Mapping
  - Project Coordinator Fleet

EARPDC - Medicaid Waiver Organization Plan
HCBS Case Management Department of Aging and Disability Services
1130 Quintard Avenue, Anniston, AL 36202 / Phone: 256-237-6741 / Website: www.earpdc.org

Board of Directors

Executive Director

Program Director III
MedWaiver

Case Manager Director II

Case Manager Director II

Case Manager II
Billing

Case Mgr III Initial
Assessment

Case Manager III
Quality Assur

Case Manager III On-Going
- Case Manager II Unit Assistant
- Case Manager I
- Case Manager I
- Case Manager I
- Case Manager I
- Case Manager I
- Case Manager I
- Case Manager I
- Case Manager I
- Case Manager I
- Case Manager I
- Case Manager I

Case Manager III On-Going
- Case Manager II Unit Assistant
- Case Manager I
- Case Manager I
- Case Manager I
- Case Manager I
- Case Manager I
- Case Manager I
- Case Manager I
- Case Manager I
- Case Manager I
- Case Manager I
- Case Manager I

- Case Manager I
- Case Manager I
- Case Manager I

Clinical Team
- LSW Clinical Team Lead III
  - Case Mgr III PC
  - Case Mgr II PC
  - Case Mgr II PC
  - Case Mgr II PC
  - Case Mgr II PC
  - Case Mgr II PC
  - Case Mgr II PC
  - Case Mgr II PC
  - Case Mgr II PC
  - Case Mgr II PC VACANT
- RN Clinical Team Lead III
  - Part-Time RN Case Manager
  - Case Manager II Transition Coordinator
  - Case Manager II ACT Coordinator
  - Case Manager II ACT Coordinator
  - Case Manager I
  - Case Manager I

Part Time Program Support Specialist

APPENDIX 6

Grievance Policy

East Alabama Regional Planning and Development Commission
Area Agency on Aging
1130 Quintard Ave. Suite 300
Anniston, AL 36202

✗ Grievance Procedure

I.   **Purpose**

A. In accordance with § 306(a)(10) of the Older Americans Act, as amended (OAA), the Area Agency on Aging has established the following process for resolving complaints from older persons who are dissatisfied with or denied services funded under Title III of the Act.

II. **Notifying Participants of Right to File Grievance**

A. The Area Agency on Aging (AAA) and each of its service provider agencies that provide Title III services (service provider agencies) shall notify participants and applicants of their right to file a grievance, as follows:

   1) A summary of the procedures, including a statement that assistance to file shall be provided to older persons, must be prominently posted at service delivery sites or offices at which participants and service applicants apply for services. Summaries shall also be written in languages other than English where needed to serve the client/applicant population.

   2) In home services participants shall be informed of the grievance procedures through written and verbal statements provided to them upon assessment and/or reassessment for services.

B. Denial of Service. Any participant or applicant who is denied Title III services must be given the reasons for the denial. For chore, homemaker, home delivered meals, case management, and other services for which written applications are made, the denial shall be confirmed in writing and the applicant informed of the right to file a grievance and of the individual to whom the grievance shall be addressed. For congregate meals, transportation, recreation, and other services which are applied for by telephone or verbally in person, the client may be told of the right to file a grievance verbally.

III. **Grievance Process**

A. Filing of Grievance.

1

1) Participants must submit their grievances in writing to the person(s) or office that has been designated by a service provider or by the AAA Director, whichever is appropriate, to conduct the initial review. The reviewer may be the director of the service provider agency or of the Area Agency on Aging, or any other person designated by such director who is not familiar with or otherwise involved in the particular grievance.

2) The grievance should be filed within thirty (30) days of denial, reduction, or termination of services, or of the event or circumstance with which the participant is dissatisfied. The AAA or service provider may grant an extension for good cause shown.

3) The grievance should be filed on the form provided by the AAA, which shall include a written statement setting forth in detail the date, time, and circumstances that are the basis of the complaint.

B. Investigation and Response to Grievance.

1) The designated reviewer who performs the initial review shall investigate the grievance. If appropriate, this may include meeting with the grievant and/or other persons involved in the action(s) complained of or in the denial of services. The reviewer shall review all pertinent facts and/or documents, and shall determine whether the complained-of agency action or determination was consistent with applicable federal and State laws, regulations, and policies.

2) The designated reviewer shall prepare and send a written response to the grievant within fifteen (15) days after the grievance is filed. The response shall set forth the circumstances relating to the grievance, the action requested by the grievant, the findings of the reviewer, a proposed remedial action, if any, and an explanation of the determination, including the facts relied upon. If the grievance is being handled by a subcontractor organization, a copy of its decision must be forwarded to the Director of the Area Agency on Aging.

3) The designated reviewer shall create and maintain a Complaint File consisting of the grievance form submitted the AAA or service provider, all documents and/or information relied upon in making a determination, and the written response described above.

C. Appeal of Initial Response/Decision. If the complaint has been handled by a service provider agency under subcontract to the AAA and the grievant is not satisfied with the determination reached by such service provider, the grievant has the right to further review as follows:

2

1) The grievant may initiate a request for subsequent review by the Area Agency Director within twenty (20) calendar days following receipt of notification by the service provider agency of its decision.

2) The Area Agency Director shall request, and the subcontractor agency shall provide, copies of the Complaint File. The Area Agency Director will review the materials to ensure that pertinent policies and procedures have been applied and followed. If appropriate, the Area Agency Director will meet with the grievant to allow for an opportunity to present information about the grievance.

3) If policies and procedures have been adhered to, the Area Agency Director will not overturn the decision of its subcontractor agency. If proper policies and procedures have not been applied, the Area Agency reserves the right to overturn the decision. The subsequent review shall be completed within forty-five (45) days of receipt of the request by the grievant and the grievant will be promptly notified in writing of the result of the subsequent review.

IV. Recordkeeping

The AAA or service provider agency which is handling the grievance shall keep a file, for six (6) years, of all relevant documents and records. This shall include at a minimum: the initial grievance; any investigative reports; any written response submitted by the AAA or service provider agency; any documents or other records submitted by any party; the written Initial Response of the agency; and, if applicable, the notice to the grievant of the right to an appeal.

V. Confidentiality

No information, documents, or records relating to a grievance shall be disclosed by program staff or volunteers in a form capable of identifying the grievant without the written informed consent of the grievant unless the disclosure is required by court order or for program monitoring by authorized agencies.

3

COMPLAINT LETTER FORM

Please complete both sides of this form. If assistance is needed in completing this form, you may contact Heather McCormick at 256-237-6741. Completed forms should be sent to:

Heather McCormick
ADRC Director
1130 Quintard Ave. Suite 300
Anniston, AL 36202

This form must be filed within thirty (30) calendar days of the event or action complained of unless you are granted an extension for good cause.

I am requesting a review of the following grievance:

☐ I was denied service.

☐ I am not satisfied with the quality of service or an activity provided by your agency or by your service provider.

☐ I have the following grievance (briefly describe):

_____

_____

_____

_____

Date/estimated date of the event or action complained of:_____.

Please describe in detail what happened or what your grievance is (if you need extra space, use the back side of this form):

_____

_____

_____

_____

_____

_____

_____

_____.

Please state, if you know, what relief you are seeking:

_____

_____

_____.

Signed: _____

Name (print): _____

Date: _____

Address: _____

_____

Phone Number: _____

EMPLOYEE GRIEVANCE PROCESS

It is the desire of the East Alabama Regional Planning and Development Commission to adjust the causes of grievances informally, and both supervisors and employees are expected to make every effort to resolve problems as they arise. The problem shall first be discussed with the employee's immediate supervisor. If the problem is not settled to the employee's satisfaction, the employee, shall follow the procedure described below.

Definition: Grievance - A grievance is a complaint regarding working conditions or the unjust, arbitrary or unfair application of rules and regulations as formulated by the East Alabama Regional Planning and Development Commission.

Policy: An employee must submit his grievance to his or her immediate supervisor for initial settlement. That submission may be either oral or written. If the grievance is not settled within ten (10) working days, the employee may appeal his or her grievance by filing a written request to be heard with the Executive Director. The Executive Director will hear the employee's grievance and attempt to resolve the issue. If the grievance is not resolved within ten (10) working days of the filing of the written request with the Executive Director, the employee may request in writing that his or her grievance be considered by a committee of the East Alabama Commission Board of Directors, consisting of the Board Chairman and officers. Said committee shall be convened within fifteen (15) working days of the written request for the hearing before the committee. Said committee shall have the option of hearing or not hearing the employee's request. Any decision or determination made by the committee will be final and shall be made within twenty (20) working days of the written request for the hearing before the committee.

AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE: In matters relating to grievances by employees alleging any action prohibited by the U.S. Department of Justice regulations implementing the Americans with Disabilities Act of 1990 (ADA), the Commission's ADA Coordinator shall be included in the process to work with the employee, supervisor and Executive Director to seek prompt and equitable resolution of complaints. The processing of an ADA grievance by an employee shall follow the Commission's formally adopted and posted ADA Grievance Procedure.

Under the Department of Justice regulations, East Alabama Regional Planning and Development Commission need not process ADA grievance complaints from applicants for employment.

A written determination as to the validity of the ADA grievance complaint and a description of the resolution, if any, shall be issued by the ADA Coordinator, a copy shall be forwarded to the employee no later than thirty (30) days after filing of the ADA grievance, and information copies shall be provided to the Commission's Chairman, Executive Director, and the Chairman of the Personnel and Bylaws Committee of the Board of Directors.

The ADA Coordinator shall maintain the files and records of the East Alabama Regional Planning and Development Commission relating to the ADA complaints filed.

The employee can request a reconsideration of the ADA grievance in instances where he or she is dissatisfied with the resolution. The request for reconsideration should be made within thirty (30)

days to the Personnel and Bylaws Committee of the Commission's Board of Directors. Any decision or determination made by the Committee will be final and shall be made within thirty (30) days of the appeal.

Protection: No employee shall be disciplined or discriminated against in any way because of his proper use of the grievance procedure described above.

APPENDIX 7

Conflict of Interest Policy

necessary to carry out the agency's function in an orderly and efficient manner. In establishing the specific job classifications affected by a layoff, agency staff shall be retained at a level, commensurate with available funding, that maintains the essential supervisory capacity and professional and technical expertise and skills required to fulfill the Commission's work program and contractual obligations.

In job classifications affected by layoffs, probationary employees shall be laid off before permanent employees. From that point, layoffs shall be of permanent employees in the specifically affected classifications on the basis of their relative seniority. In the event there are two or more employees who would be affected by the layoff, and have equal seniority, the employee who stands lowest in the most recent performance evaluation ratings, shall be laid off first.

OUTSIDE EMPLOYMENT

Employees of the East Alabama Commission should owe their primary allegiance and energies to the Commission. No permanent employee shall accept outside employment whether part-time, temporary or permanent, without prior written approval from the Executive Director. Each change in outside employment shall require separate approval. Approval shall not be granted when such outside employment conflicts or interferes, or is likely to conflict or interfere, with the employee's public service. Employees may not engage in any private business or activity while on duty. No employee shall engage in or accept private employment or render any service for private interest when such employment or service for private interest is incompatible or creates a conflict of interest with his official duties.

No employee of the Commission may hold any other public position of gain or receive direct compensation from any other public agency. This does not preclude Commission employees from serving on appointed boards, commissions or committees for which no compensation is received. Except for the employee's Commission salary, no Commission employee may enter into any agreement, contract or arrangement with any local government or with any third party contracting with a local government to receive compensation, reimbursement or other consideration for any services rendered. Except for the employee's Commission salary, a Commission employee may not receive or accept any compensation or other consideration from anyone for the performance of any act or service which would be required or expected to be rendered in the regular course of employment. A Commission employee may not undertake any activity or enterprise which involves the use of the Commission's time, equipment, facilities, vehicles, telephones, computers, supplies, prestige or influence for private gain or advantage.

Failure to comply with these provisions is grounds for immediate dismissal.

CONFLICT OF INTEREST

No employee, either permanent full-time or part-time, shall acquire any personal interest, either direct or indirect, which is in conflict with the discharge of his or her functions, duties or responsibilities to the Commission.

APPENDIX 8

Demographics Per County

County

Calhoun County, Alabama

Calhoun County, Alabama has 605.9 square miles of land area and is the 51st largest county in Alabama by total area. Calhoun County, Alabama is bordered by Cleburne County, Alabama, Etowah County, Alabama, Cherokee County, Alabama, Talladega County, Alabama, and St. Clair County, Alabama.

// United States / Alabama / Calhoun County, Alabama   ○ Display Sources

Populations and People
Total Population
116,441
P1 | 2020 Decennial Census

Education
Bachelor's Degree or Higher
23.7%
S1501 | 2023 American Community Survey 1-Year Estimates

Housing
Total Housing Units
53,052
H1 | 2020 Decennial Census

Business and Economy
Total Employer Establishments
2,222
CB2100CBP | 2021 Economic Surveys Business Patterns

Race and Ethnicity
Hispanic or Latino (of any race)
5,010
P9 | 2020 Decennial Census

Income and Poverty
Median Household Income
$50,780
S1901 | 2023 American Community Survey 1-Year Estimates

Employment
Employment Rate
51.9%
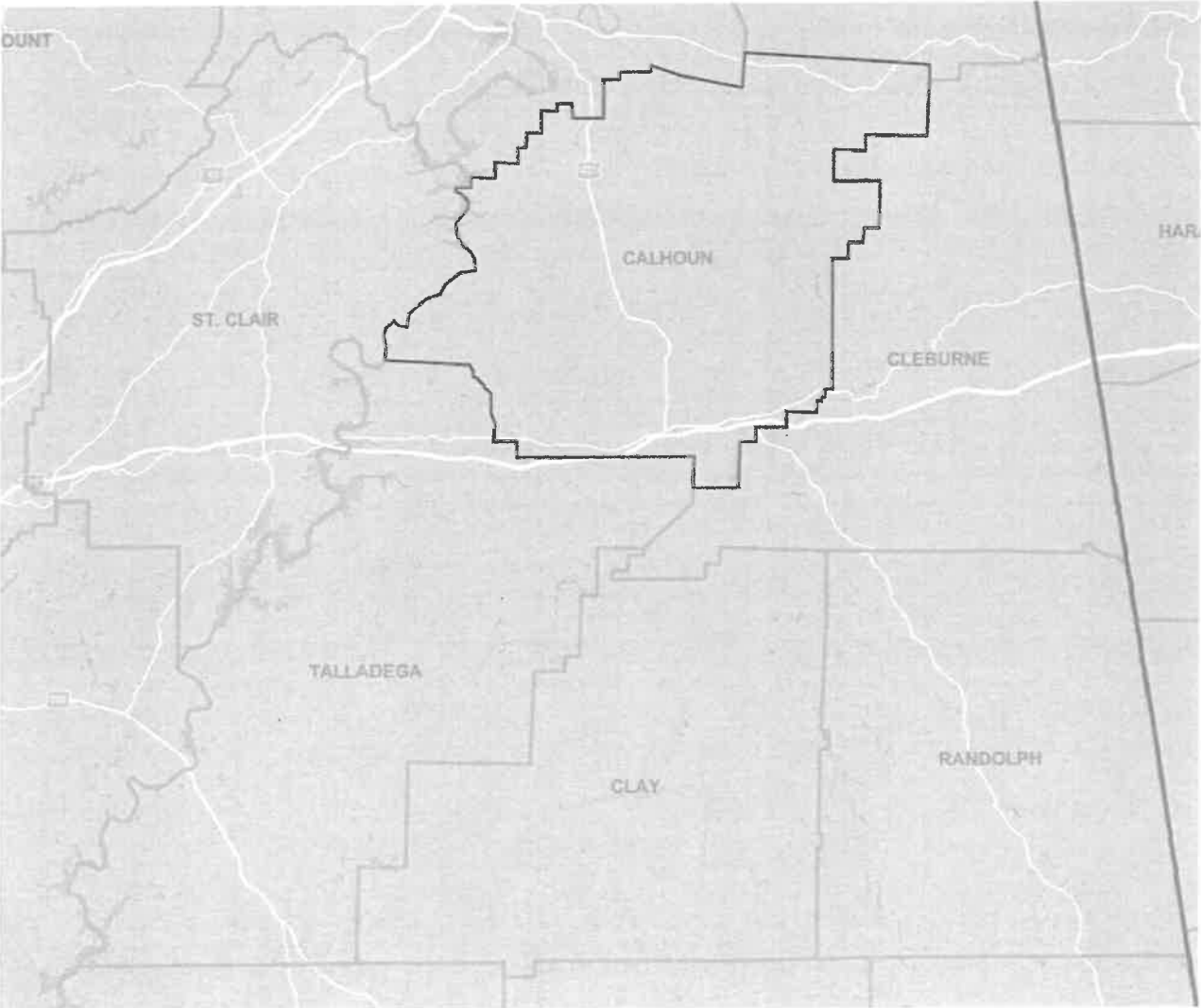*DP03 | 2023 American Community Survey 1-Year Estimates*

Health
Without Health Care Coverage
8.9%
S2701 | 2023 American Community Survey 1-Year Estimates

Families and Living Arrangements
Total Households
46,310
DP02 | 2023 American Community Survey 1-Year Estimates

Calhoun County, Alabama Reference Map

Source: U.S. Census Bureau

Populations and People

Age and Sex

40.5 ± 0.9
Median Age in Calhoun County, Alabama

39.6 ± 0.2
Median Age in Alabama

S0101 | 2023 American Community Survey 1-Year Estimates

Population Pyramid: Population by Age and Sex
in Calhoun County, Alabama
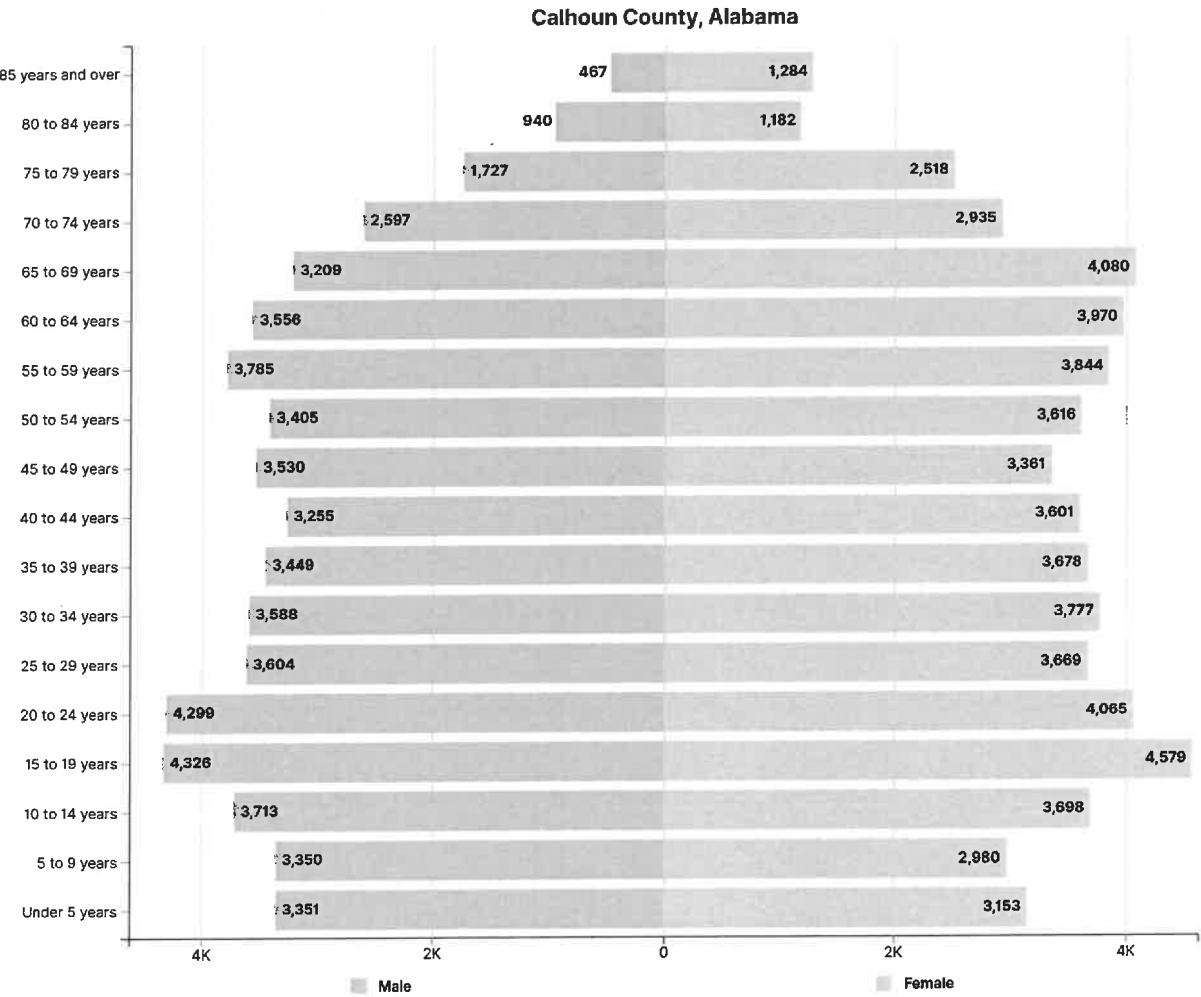
Share / Embed

Calhoun County, Alabama

Age	Male	Female
85 years and over	467	1,284
80 to 84 years	940	1,182
75 to 79 years	1,727	2,518
70 to 74 years	2,597	2,935
65 to 69 years	3,209	4,080
60 to 64 years	3,556	3,970
55 to 59 years	3,785	3,844
50 to 54 years	3,405	3,616
45 to 49 years	3,530	3,361
40 to 44 years	3,255	3,601
35 to 39 years	3,449	3,678
30 to 34 years	3,588	3,777
25 to 29 years	3,604	3,669
20 to 24 years	4,299	4,065
15 to 19 years	4,326	4,579
10 to 14 years	3,713	3,698
5 to 9 years	3,350	2,980
Under 5 years	3,351	3,153

4K   2K   0   2K   4K

■ Male   ■ Female

Display Margin of Error
S0101 | 2023 ACS 5-Year Estimates Subject Tables

Language Spoken at Home

N ± N
Language Other Than English Spoken at Home in Calhoun County, Alabama

6.0% ± 0.2%
Language Other Than English Spoken at Home in Alabama

S1601 | 2023 American Community Survey 1-Year Estimates

Native and Foreign-Born

2.3% ± 0.7%
Foreign-Born population in Calhoun County, Alabama

4.0% ± 0.2%
Foreign-Born population in Alabama

DP02 | 2023 American Community Survey 1-Year Estimates

Foreign-Born Population
in Calhoun County, Alabama

Share / Embed

Naturalized U.S. citizen - 49.2%

Not a U.S. citizen - 50.8%

| 0% | 5% | 10% | 15% | 20% | 25% | 30% | 35% | 40% | 45% | 50% | 55% |

○ Display Margin of Error
DP02 | 2023 American Community Survey 1-Year Estimates

Older Population

19.1% ± 0.5%
65 Years and Older in Calhoun County, Alabama

18.2% ± 0.1%
65 Years and Older in Alabama

DP05 | 2023 American Community Survey 1-Year Estimates

Older Population by Age
in Calhoun County, Alabama

Share / Embed

65 to 74 years - 11.8%

75 to 84 years - 4.8%

85 years and over - 2.4%

| 0% | 2% | 4% | 6% | 8% | 10% | 12% | 14% | 16% |

○ Display Margin of Error
DP05 | 2023 American Community Survey 1-Year Estimates

Residential Mobility

2.8% ± 1.1%
Moved From a Different State in the Last Year in Calhoun County, Alabama

2.4% ± 0.2%
Moved From a Different State in the Last Year in Alabama

S0701 | 2023 American Community Survey 1-Year Estimates

Residential Mobility in the Last Year
in Calhoun County, Alabama

Share / Embed

Moved within the same county - 5.3%

Moved from different county, same state - 2.8%

Moved from a different state - 2.8%

Moved from abroad - 0.3%

| 0% | 1% | 2% | 3% | 4% | 5% | 6% | 7% | 8% | 9% | 10% |
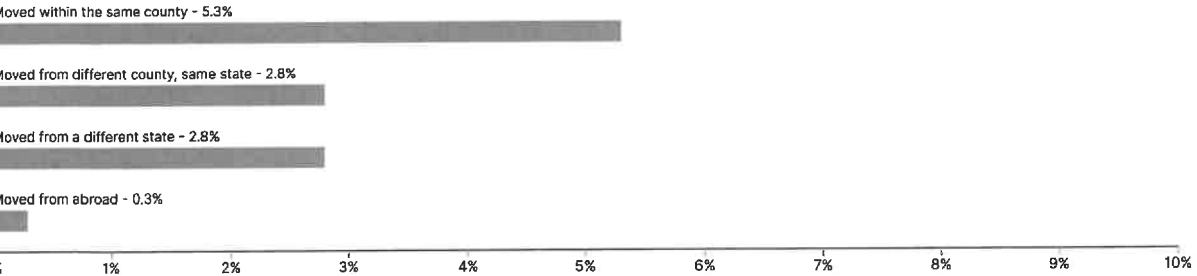
○ Display Margin of Error
S0701 | 2023 American Community Survey 1-Year Estimates

Veterans

7.2% ± 1.2%
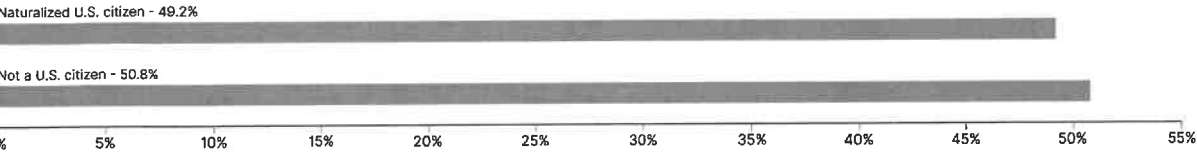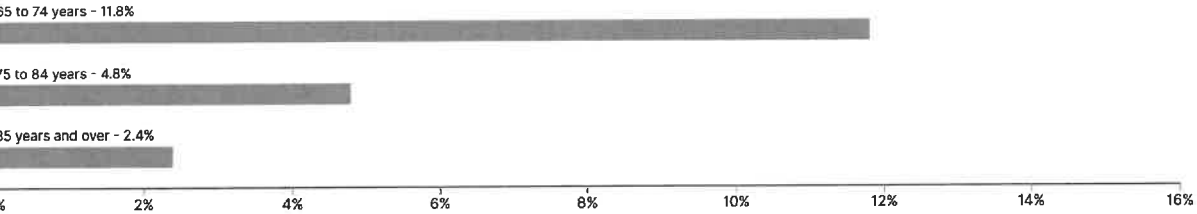Veterans in Calhoun County, Alabama

7.6% ± 0.2%
Veterans in Alabama

S2101 | 2023 American Community Survey 1-Year Estimates

Veterans by Sex
in Calhoun County, Alabama
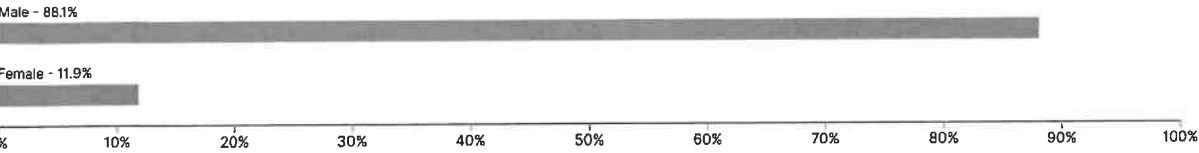
Share / Embed

Male - 88.1%

Female - 11.9%

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

○ Display Margin of Error
S2101 | 2023 American Community Survey 1-Year Estimates

Nearby Counties

Accessibility | Information Quality | FOIA | Data Protection and Privacy Policy | U.S. Department of Commerce | Release Notes

County

Chambers County, Alabama

Chambers County, Alabama has 596.6 square miles of land area and is the 54th largest county in Alabama by total area. Chambers County, Alabama is bordered by Lee County, Alabama, Harris County, Georgia, Troup County, Georgia, Randolph County, Alabama, and Tallapoosa County, Alabama.

// United States / Alabama / Chambers County, Alabama   ◯ Display Sources

Populations and People
Total Population
34,772
P1 | 2020 Decennial Census

Education
Bachelor's Degree or Higher
14.6%
S1501 | 2023 American Community Survey 5-Year Estimates

Housing
Total Housing Units
16,373
H1 | 2020 Decennial Census

Business and Economy
Total Employer Establishments
599
CB2100CBP | 2021 Economic Surveys Business Patterns

Race and Ethnicity
Hispanic or Latino (of any race)
1,237
P9 | 2020 Decennial Census

Income and Poverty
Median Household Income
$49,295
S1901 | 2023 American Community Survey 5-Year Estimates

Employment
Employment Rate
52.3%
DP03 | 2023 American Community Survey 5-Year Estimates

Health
Without Health Care Coverage
12.2%
S2701 | 2023 American Community Survey 5-Year Estimates

Families and Living Arrangements
Total Households
13,419
DP02 | 2023 American Community Survey 5-Year Estimates

Chambers County, Alabama Reference Map

Source: U.S. Census Bureau

Populations and People

Age and Sex

41.5 ± 0.8
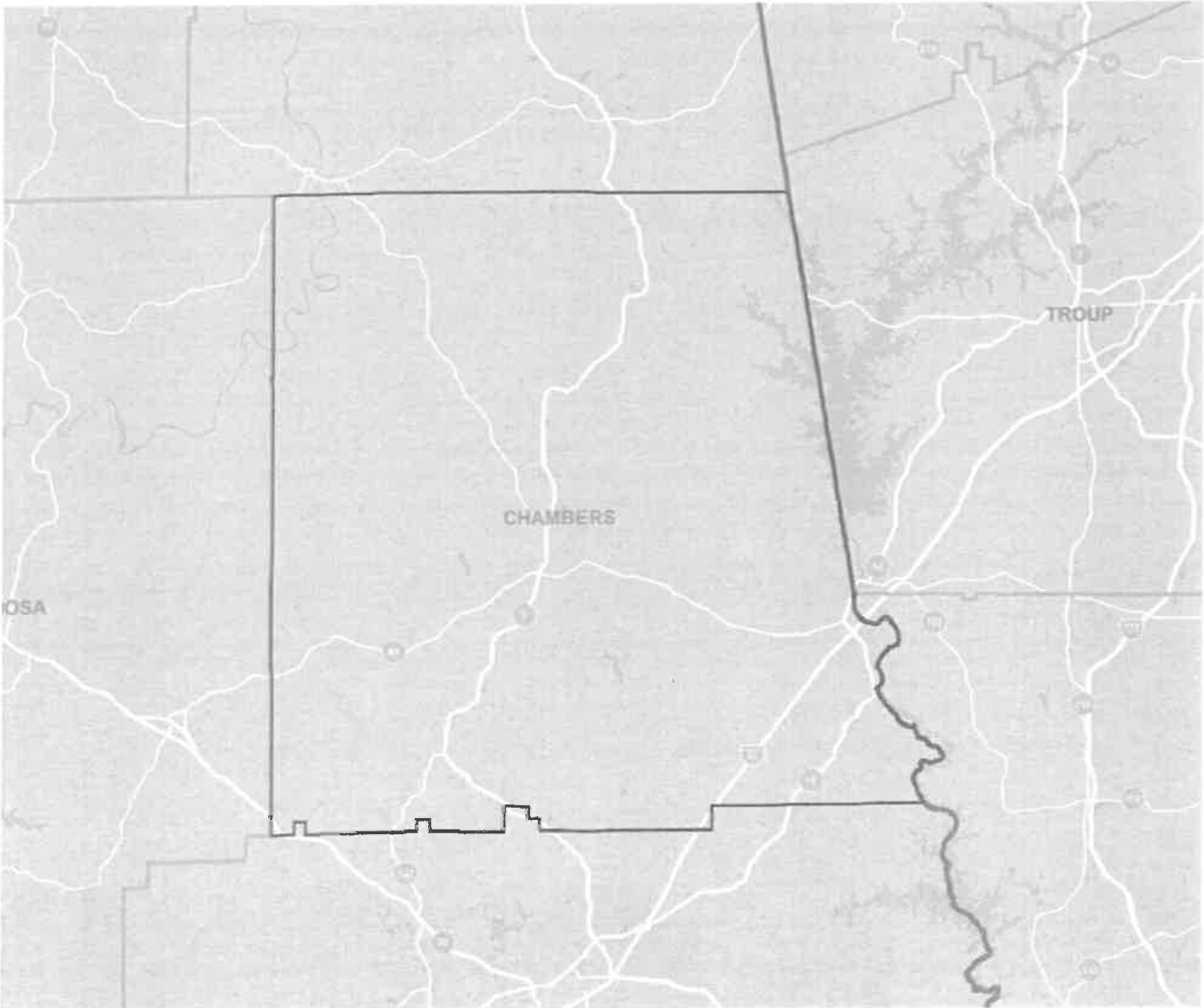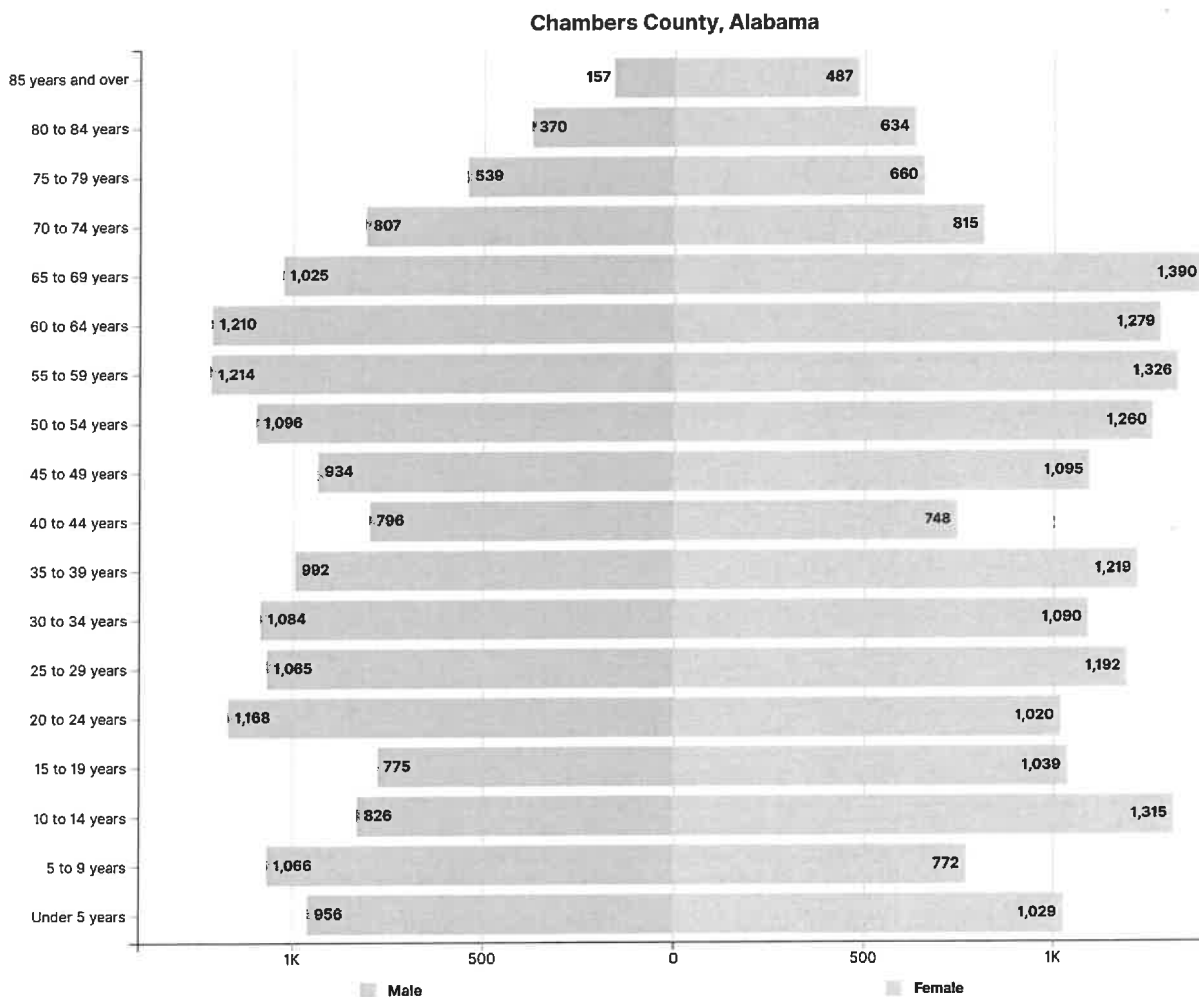Median Age in Chambers County, Alabama

39.6 ± 0.2
Median Age in Alabama

S0101 | 2023 American Community Survey 5-Year Estimates

Population Pyramid: Population by Age and Sex
in Chambers County, Alabama

Share / Embed

Chambers County, Alabama

Age Group	Male	Female
85 years and over	157	487
80 to 84 years	370	634
75 to 79 years	539	660
70 to 74 years	807	815
65 to 69 years	1,025	1,390
60 to 64 years	1,210	1,279
55 to 59 years	1,214	1,326
50 to 54 years	1,096	1,260
45 to 49 years	934	1,095
40 to 44 years	796	748
35 to 39 years	992	1,219
30 to 34 years	1,084	1,090
25 to 29 years	1,065	1,192
20 to 24 years	1,168	1,020
15 to 19 years	775	1,039
10 to 14 years	826	1,315
5 to 9 years	1,066	772
Under 5 years	956	1,029

■ Male   ■ Female

Display Margin of Error
S0101 | 2023 ACS 5-Year Estimates Subject Tables

Language Spoken at Home

3.9% ± 0.7%
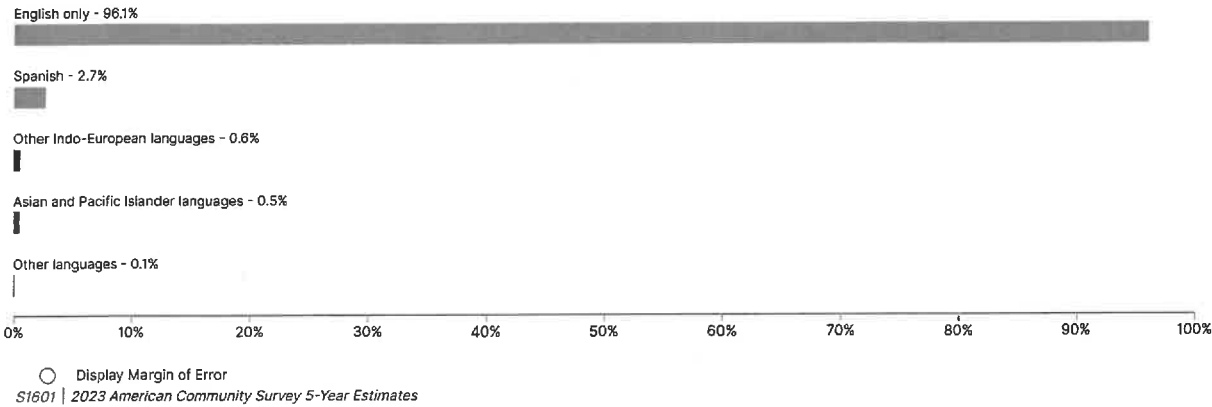Language Other Than English Spoken at Home in Chambers County, Alabama

6.0% ± 0.2%
Language Other Than English Spoken at Home in Alabama

S1601 | 2023 American Community Survey 5-Year Estimates

Types of Language Spoken at Home
in Chambers County, Alabama

English only - 96.1%

Spanish - 2.7%

Other Indo-European languages - 0.6%

Asian and Pacific Islander languages - 0.5%

Other languages - 0.1%

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

○ Display Margin of Error
S1601 | 2023 American Community Survey 5-Year Estimates

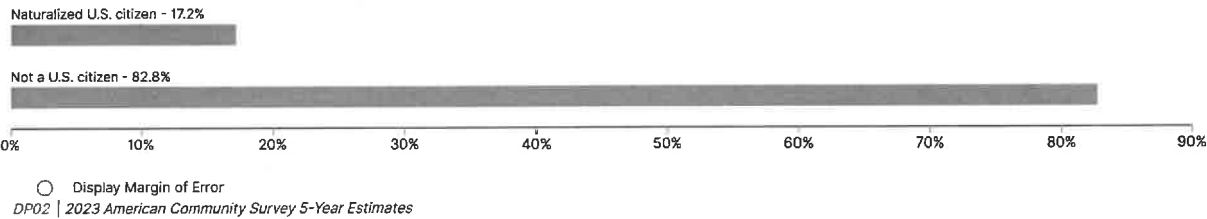## Native and Foreign-Born

2.9% ± 0.6%
Foreign-Born population in Chambers County, Alabama

4.0% ± 0.2%
Foreign-Born population in Alabama

DP02 | 2023 American Community Survey 5-Year Estimates

Foreign-Born Population
in Chambers County, Alabama

Naturalized U.S. citizen - 17.2%

Not a U.S. citizen - 82.8%

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%

○ Display Margin of Error
DP02 | 2023 American Community Survey 5-Year Estimates
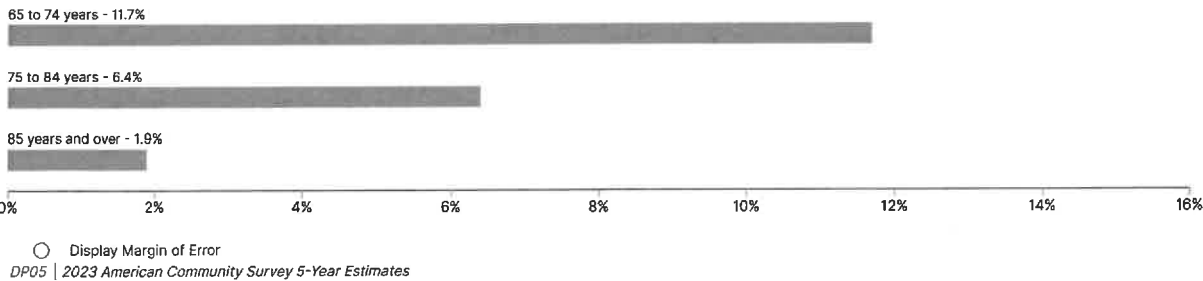
Older Population

20.0% ± 0.2%
65 Years and Older in Chambers County, Alabama

18.2% ± 0.1%
65 Years and Older in Alabama

DP05 | 2023 American Community Survey 5-Year Estimates

Older Population by Age
in Chambers County, Alabama

65 to 74 years - 11.7%

75 to 84 years - 6.4%

85 years and over - 1.9%

0%   2%   4%   6%   8%   10%   12%   14%   16%

○ Display Margin of Error
DP05 | 2023 American Community Survey 5-Year Estimates
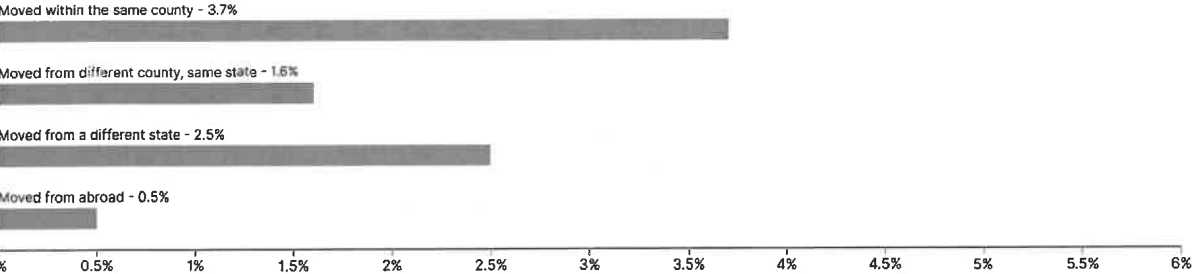
Residential Mobility

2.5% ± 0.8%
Moved From a Different State in the Last Year in Chambers County, Alabama

2.4% ± 0.2%
Moved From a Different State in the Last Year in Alabama

S0701 | 2023 American Community Survey 5-Year Estimates

Residential Mobility in the Last Year
in Chambers County, Alabama

Share / Embed

Moved within the same county - 3.7%

Moved from different county, same state - 1.6%

Moved from a different state - 2.5%

Moved from abroad - 0.5%

0%	0.5%	1%	1.5%	2%	2.5%	3%	3.5%	4%	4.5%	5%	5.5%	6%

○ Display Margin of Error
S0701 | 2023 American Community Survey 5-Year Estimates
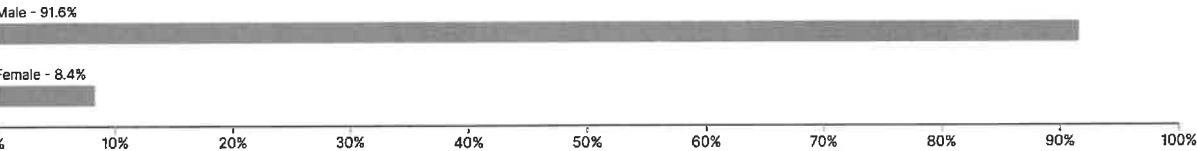
Veterans

7.3% ± 1.1%
Veterans in Chambers County, Alabama

7.6% ± 0.2%
Veterans in Alabama

S2101 | 2023 American Community Survey 5-Year Estimates

Veterans by Sex
in Chambers County, Alabama

Share / Embed

Male - 91.6%

Female - 8.4%

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

○ Display Margin of Error
S2101 | 2023 American Community Survey 5-Year Estimates

Nearby Counties
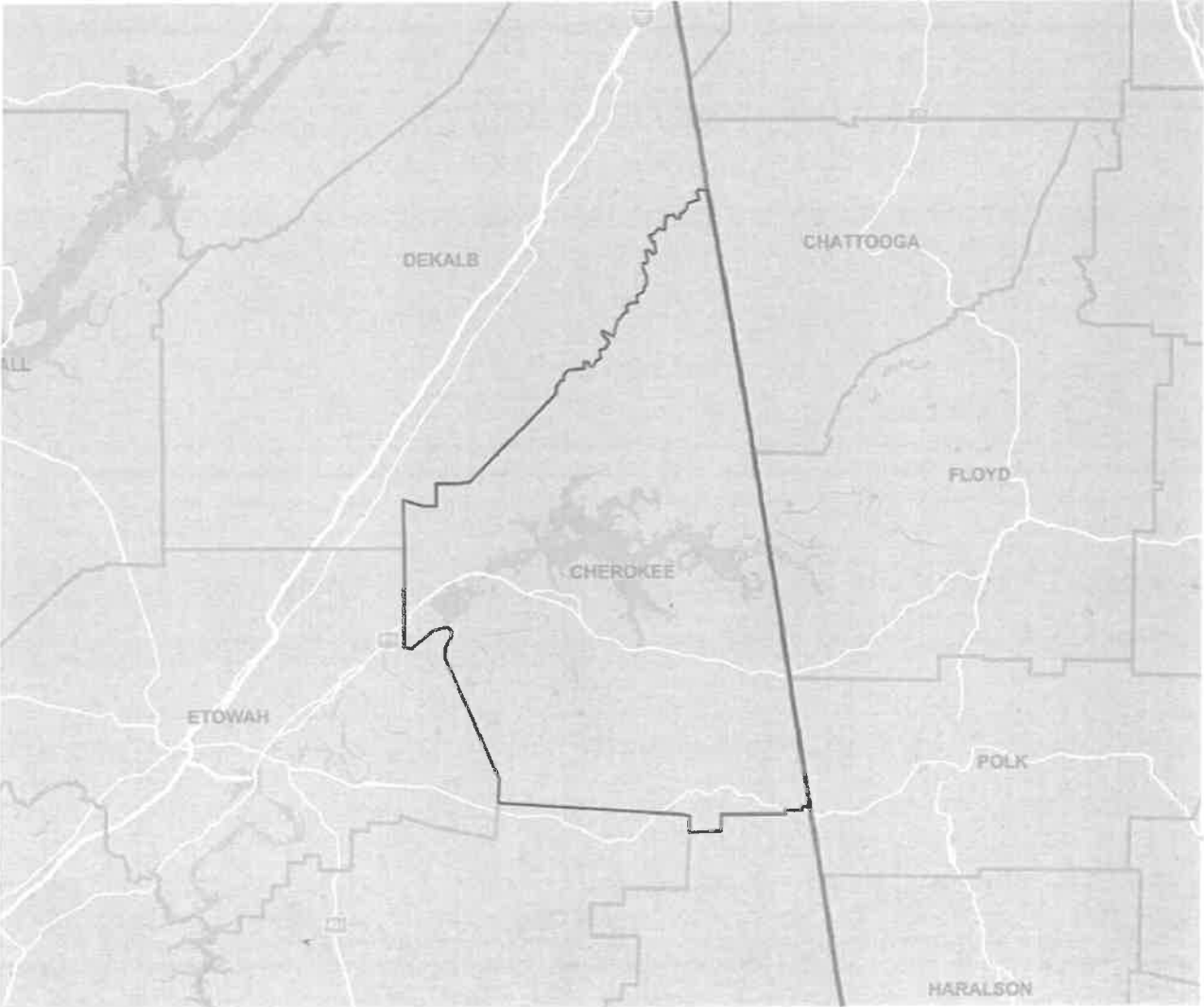
County

Cherokee County, Alabama

Cherokee County, Alabama has 553.5 square miles of land area and is the 66th largest county in Alabama by total area. Cherokee County, Alabama is bordered by Chattooga County, Georgia, Polk County, Georgia, Cleburne County, Alabama, DeKalb County, Alabama, Etowah County, Alabama, Floyd County, Georgia, and Calhoun County, Alabama.

// United States / Alabama / Cherokee County, Alabama

○ Display Sources

Populations and People
Total Population
24,971
P1 | 2020 Decennial Census

Education
Bachelor's Degree or Higher
15.9%
S1501 | 2023 American Community Survey 5-Year Estimates

Housing
Total Housing Units
14,513
H1 | 2020 Decennial Census

Business and Economy
Total Employer Establishments
369
CB2100CBP | 2021 Economic Surveys Business Patterns

Race and Ethnicity
Hispanic or Latino (of any race)
400
P9 | 2020 Decennial Census

Income and Poverty
Median Household Income
$50,769
S1901 | 2023 American Community Survey 5-Year Estimates

Employment
Employment Rate
49.0%
DP03 | 2023 American Community Survey 5-Year Estimates

Health
Without Health Care Coverage
9.0%
S2701 | 2023 American Community Survey 5-Year Estimates

Families and Living Arrangements
Total Households
10,477
DP02 | 2023 American Community Survey 5-Year Estimates

Cherokee County, Alabama Reference Map

Source: U.S. Census Bureau

Populations and People

Age and Sex

47.4 ± 0.6
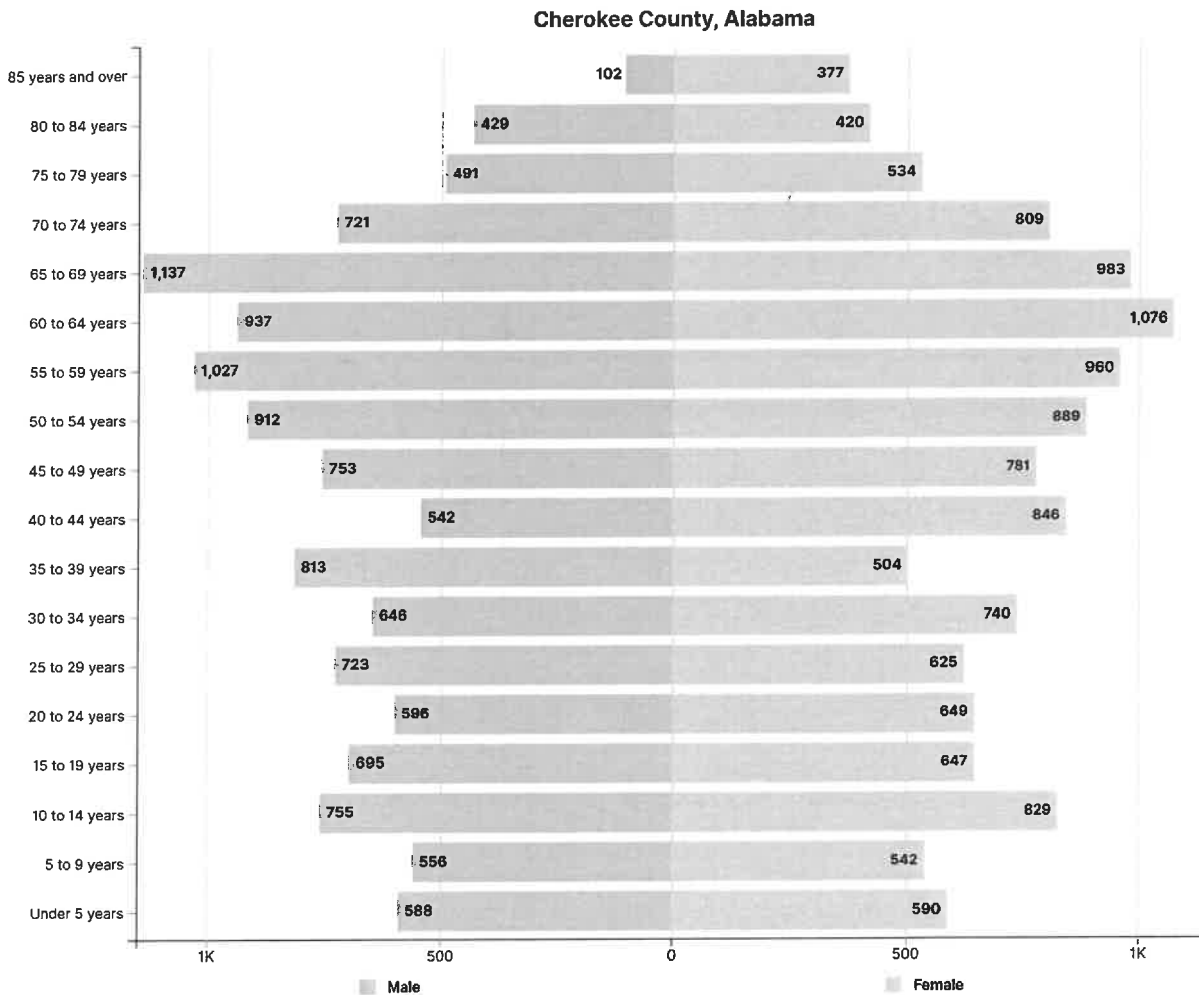Median Age in Cherokee County, Alabama

39.6 ± 0.2
Median Age in Alabama

S0101 | 2023 American Community Survey 5-Year Estimates

Population Pyramid: Population by Age and Sex
in Cherokee County, Alabama

Share / Embed

Cherokee County, Alabama

Age Group	Male	Female
85 years and over	102	377
80 to 84 years	429	420
75 to 79 years	491	534
70 to 74 years	721	809
65 to 69 years	1,137	983
60 to 64 years	937	1,076
55 to 59 years	1,027	960
50 to 54 years	912	889
45 to 49 years	753	781
40 to 44 years	542	846
35 to 39 years	813	504
30 to 34 years	646	740
25 to 29 years	723	625
20 to 24 years	596	649
15 to 19 years	695	647
10 to 14 years	755	829
5 to 9 years	556	542
Under 5 years	588	590

■ Male   ■ Female

Display Margin of Error
S0101 | 2023 ACS 5-Year Estimates Subject Tables

Language Spoken at Home

2.5% ± 0.9%
Language Other Than English Spoken at Home in Cherokee County, Alabama

6.0% ± 0.2%
Language Other Than English Spoken at Home in Alabama

S1601 | 2023 American Community Survey 5-Year Estimates

Types of Language Spoken at Home
in Cherokee County, Alabama

English only - 97.5%

Spanish - 1.8%

Other Indo-European languages - 0.4%

Asian and Pacific Islander languages - 0.2%

Other languages - 0.1%

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

○ Display Margin of Error
S1601 | 2023 American Community Survey 5-Year Estimates
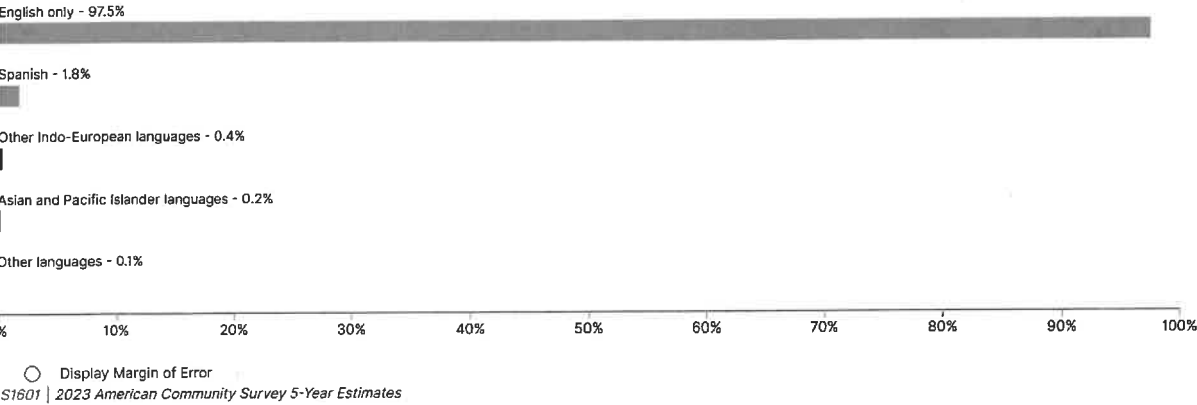
Native and Foreign-Born

2.1% ± 0.8%
Foreign-Born population in Cherokee County, Alabama

4.0% ± 0.2%
Foreign-Born population in Alabama

DP02 | 2023 American Community Survey 5-Year Estimates

Foreign-Born Population
in Cherokee County, Alabama

Naturalized U.S. citizen - 39.3%

Not a U.S. citizen - 60.7%

| 0% | 5% | 10% | 15% | 20% | 25% | 30% | 35% | 40% | 45% | 50% | 55% | 60% | 65% |

○ Display Margin of Error
DP02 | 2023 American Community Survey 5-Year Estimates
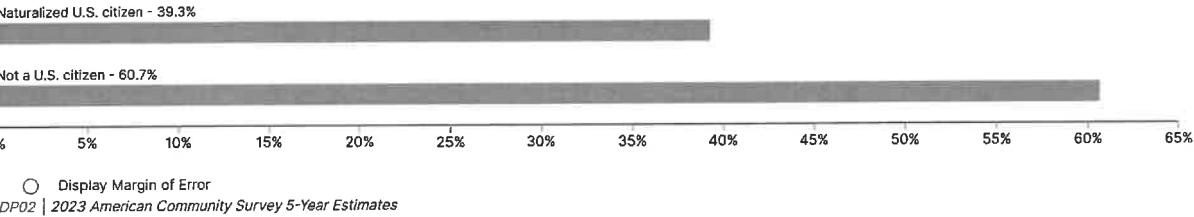
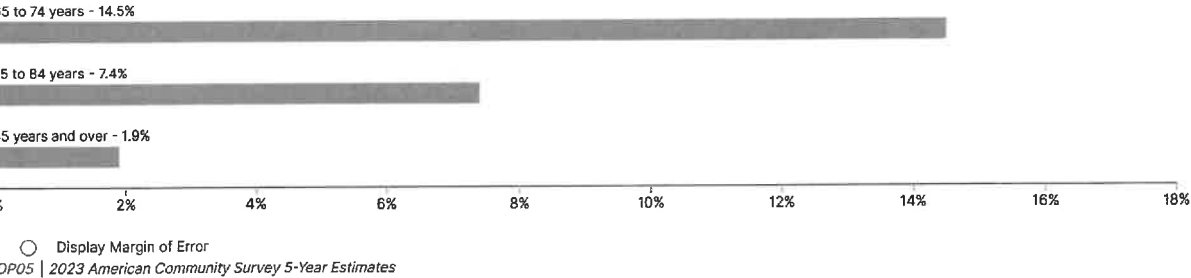## Older Population

23.8% ± 0.3%
65 Years and Older in Cherokee County, Alabama

18.2% ± 0.1%
65 Years and Older in Alabama

DP05 | 2023 American Community Survey 5-Year Estimates

Older Population by Age
in Cherokee County, Alabama

65 to 74 years - 14.5%

75 to 84 years - 7.4%

85 years and over - 1.9%

| 0% | 2% | 4% | 6% | 8% | 10% | 12% | 14% | 16% | 18% |

○ Display Margin of Error
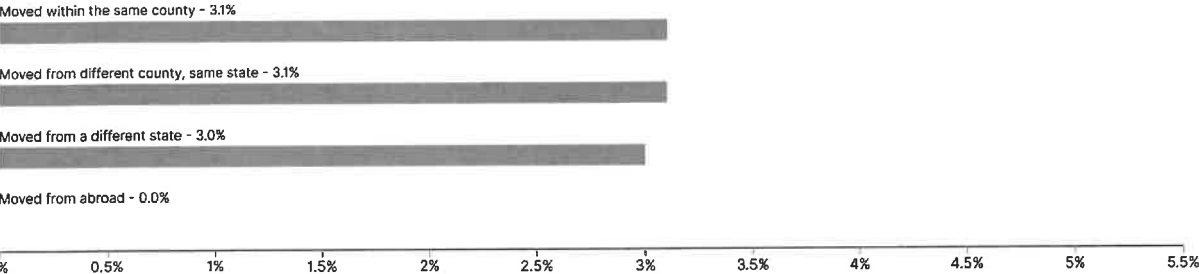*DP05 | 2023 American Community Survey 5-Year Estimates*

Residential Mobility

3.0% ± 0.9%
Moved From a Different State in the Last Year in Cherokee County, Alabama

2.4% ± 0.2%
Moved From a Different State in the Last Year in Alabama

S0701 | 2023 American Community Survey 5-Year Estimates

Residential Mobility in the Last Year
in Cherokee County, Alabama

Share / Embed

Moved within the same county - 3.1%

Moved from different county, same state - 3.1%

Moved from a different state - 3.0%

Moved from abroad - 0.0%

| 0% | 0.5% | 1% | 1.5% | 2% | 2.5% | 3% | 3.5% | 4% | 4.5% | 5% | 5.5% |

○ Display Margin of Error
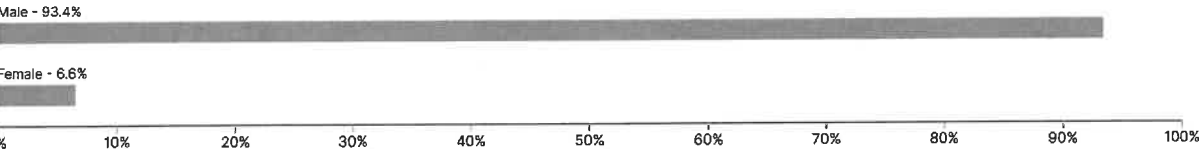*S0701 | 2023 American Community Survey 5-Year Estimates*

Veterans

7.0% ± 1.2%
Veterans in Cherokee County, Alabama

7.6% ± 0.2%
Veterans in Alabama

S2101 | 2023 American Community Survey 5-Year Estimates

Veterans by Sex
in Cherokee County, Alabama

Share / Embed

Male - 93.4%

Female - 6.6%

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

○ Display Margin of Error
S2101 | 2023 American Community Survey 5-Year Estimates

# Nearby Counties

County

Clay County, Alabama

Clay County, Alabama has 604.0 square miles of land area and is the 53rd largest county in Alabama by total area. Clay County, Alabama is bordered by Cleburne County, Alabama, Talladega County, Alabama, Coosa County, Alabama, Randolph County, Alabama, and Tallapoosa County, Alabama.

// United States / Alabama / Clay County, Alabama

○ Display Sources

Populations and People
Total Population
14,236
P1 | 2020 Decennial Census

Education
Bachelor's Degree or Higher
15.2%
S1501 | 2023 American Community Survey 5-Year Estimates

Housing
Total Housing Units
7,035
H1 | 2020 Decennial Census

Business and Economy
Total Employer Establishments
190
CB2100CBP | 2021 Economic Surveys Business Patterns

Race and Ethnicity
Hispanic or Latino (of any race)
449
P9 | 2020 Decennial Census

Income and Poverty
Median Household Income
$51,852
S1901 | 2023 American Community Survey 5-Year Estimates

Employment
Employment Rate
47.3%
DP03 | 2023 American Community Survey 5-Year Estimates

Health
Without Health Care Coverage
8.4%
S2701 | 2023 American Community Survey 5-Year Estimates

Families and Living Arrangements
Total Households
5,765
DP02 | 2023 American Community Survey 5-Year Estimates

Clay County, Alabama Reference Map
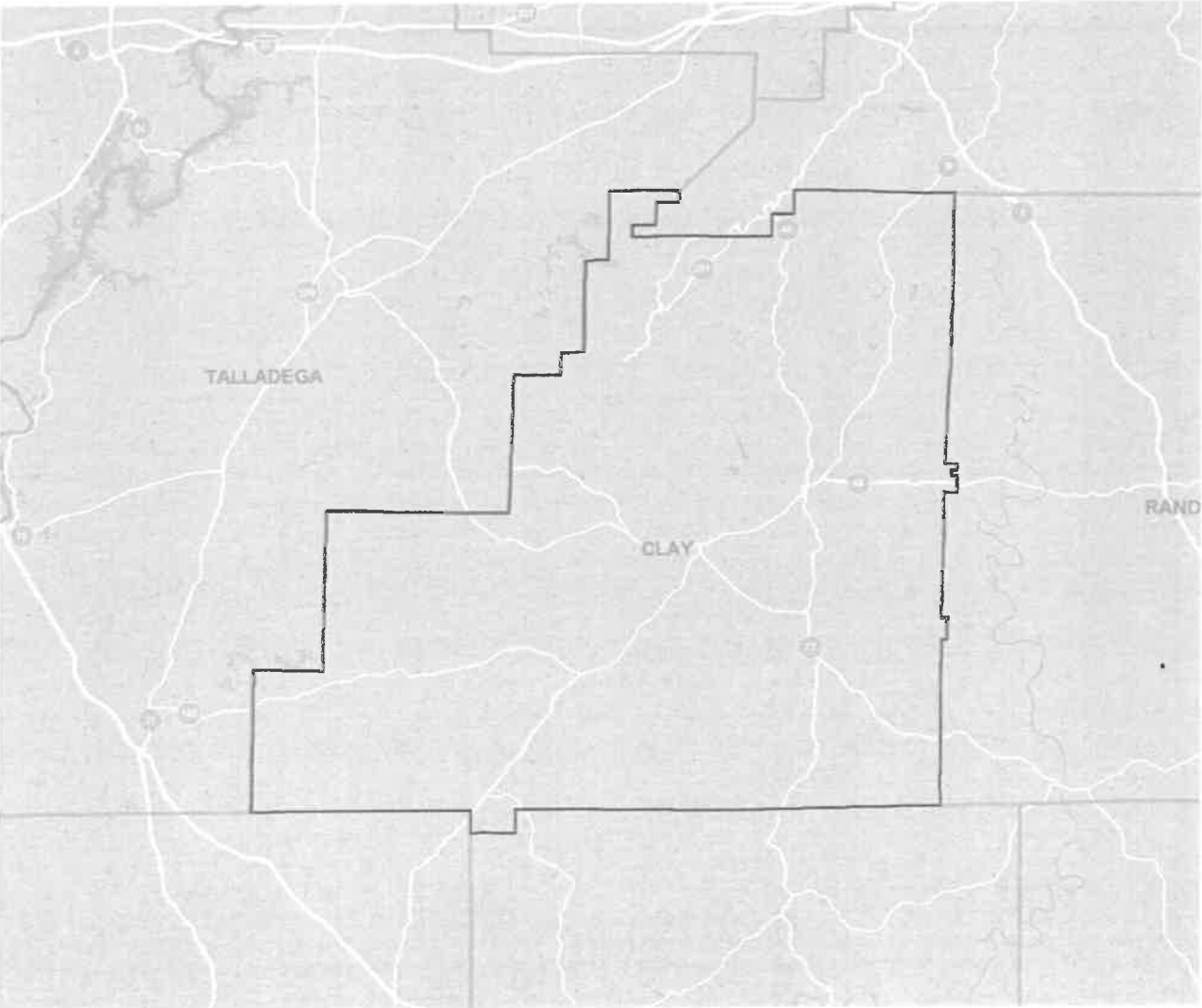
Source: U.S. Census Bureau

Populations and People
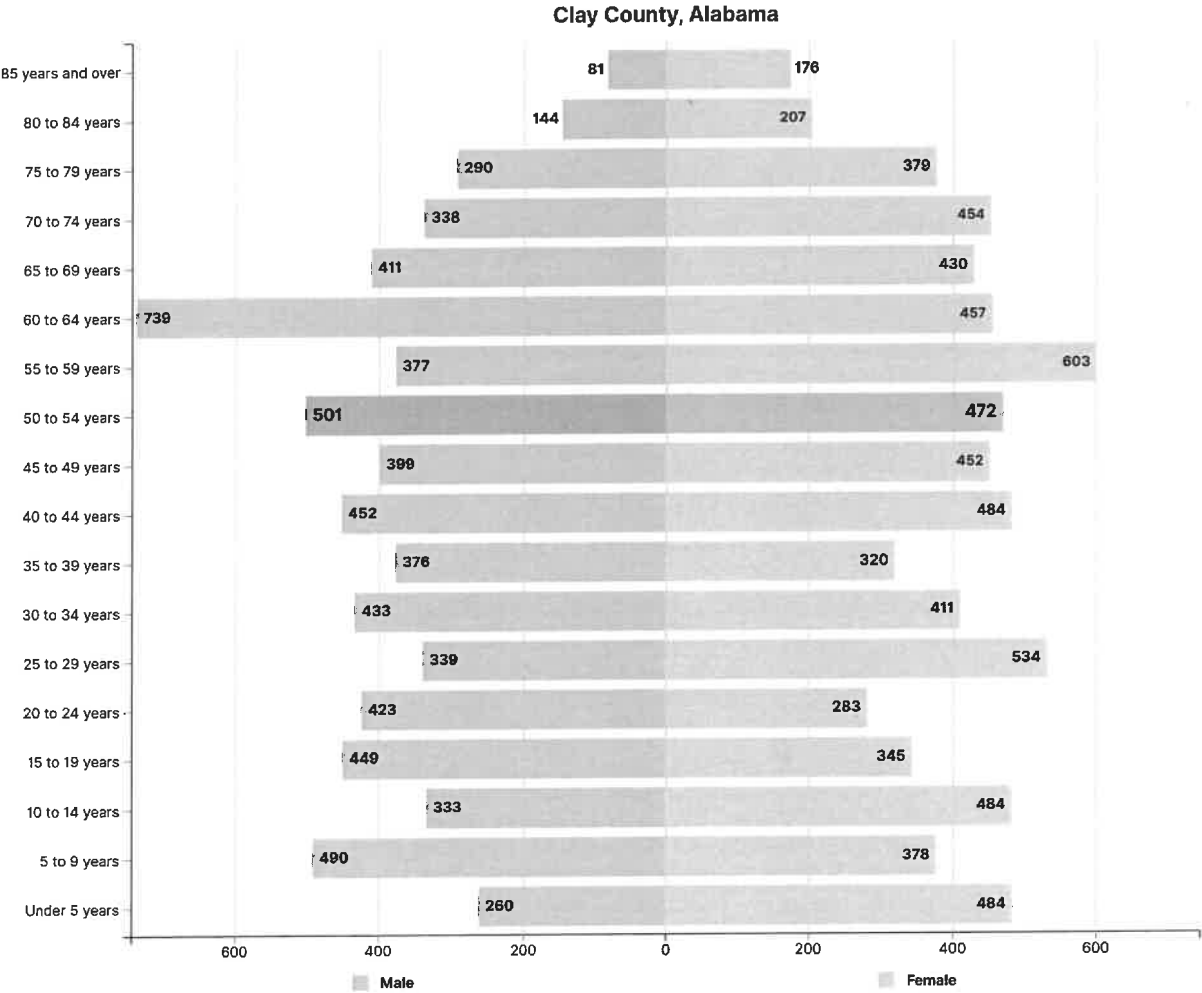
Age and Sex

43.8 ± 0.6
Median Age in Clay County, Alabama

39.6 ± 0.2
Median Age in Alabama

S0101 | 2023 American Community Survey 5-Year Estimates

Population Pyramid: Population by Age and Sex
in Clay County, Alabama

Share / Embed

Clay County, Alabama

Age group	Male	Female
85 years and over	81	176
80 to 84 years	144	207
75 to 79 years	290	379
70 to 74 years	338	454
65 to 69 years	411	430
60 to 64 years	739	457
55 to 59 years	377	603
50 to 54 years	501	472
45 to 49 years	399	452
40 to 44 years	452	484
35 to 39 years	376	320
30 to 34 years	433	411
25 to 29 years	339	534
20 to 24 years	423	283
15 to 19 years	449	345
10 to 14 years	333	484
5 to 9 years	490	378
Under 5 years	260	484

■ Male   ■ Female

Display Margin of Error
S0101 | 2023 ACS 5-Year Estimates Subject Tables
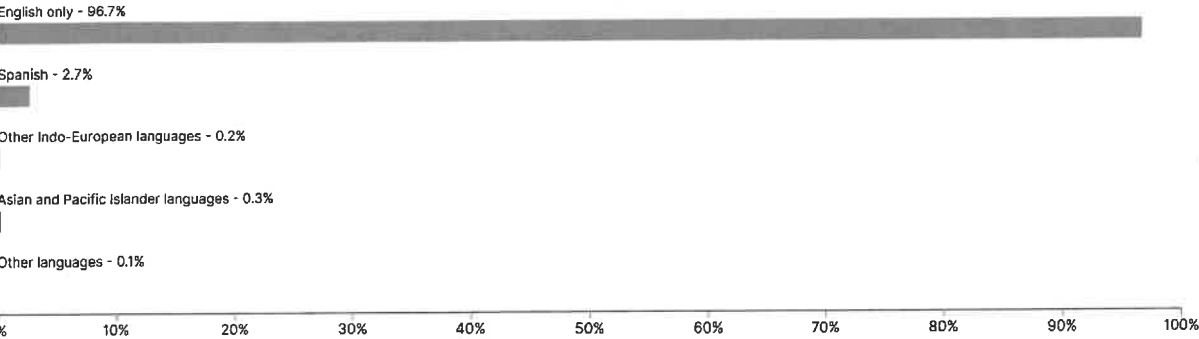
Language Spoken at Home

3.3% ± 1.2%
Language Other Than English Spoken at Home in Clay County, Alabama

6.0% ± 0.2%
Language Other Than English Spoken at Home in Alabama

S1601 | 2023 American Community Survey 5-Year Estimates

Types of Language Spoken at Home
in Clay County, Alabama

English only - 96.7%

Spanish - 2.7%

Other Indo-European languages - 0.2%

Asian and Pacific Islander languages - 0.3%

Other languages - 0.1%

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

○ Display Margin of Error
S1601 | 2023 American Community Survey 5-Year Estimates

Native and Foreign-Born

1.1% ± 0.5%
Foreign-Born population in Clay County, Alabama

4.0% ± 0.2%
Foreign-Born population in Alabama

DP02 | 2023 American Community Survey 5-Year Estimates

Foreign-Born Population
in Clay County, Alabama

Naturalized U.S. citizen - 57.8%

Not a U.S. citizen - 42.2%

| 0% | 5% | 10% | 15% | 20% | 25% | 30% | 35% | 40% | 45% | 50% | 55% | 60% |
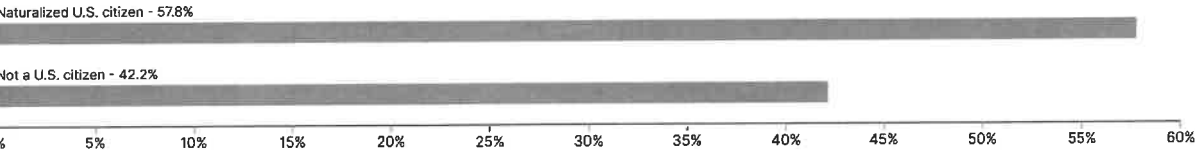
○ Display Margin of Error
DP02 | 2023 American Community Survey 5-Year Estimates
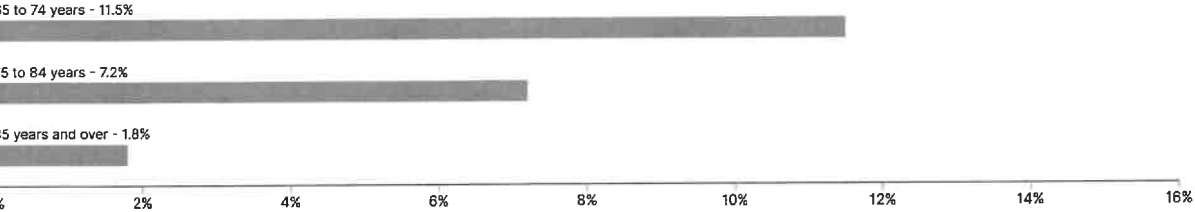
Older Population

20.5% ± 0.4%
65 Years and Older in Clay County, Alabama

18.2% ± 0.1%
65 Years and Older in Alabama

DP05 | 2023 American Community Survey 5-Year Estimates

Older Population by Age
in Clay County, Alabama

65 to 74 years - 11.5%

75 to 84 years - 7.2%

85 years and over - 1.8%

| 0% | 2% | 4% | 6% | 8% | 10% | 12% | 14% | 16% |

○ Display Margin of Error
DP05 | 2023 American Community Survey 5-Year Estimates

Residential Mobility

1.9% ± 1.6%
Moved From a Different State in the Last Year in Clay County, Alabama

2.4% ± 0.2%
Moved From a Different State in the Last Year in Alabama

*S0701 | 2023 American Community Survey 5-Year Estimates*

Residential Mobility in the Last Year   Share / Embed
in Clay County, Alabama

Moved within the same county - 3.8%

Moved from different county, same state - 1.9%

Moved from a different state - 1.9%

Moved from abroad - 0.0%

| 0% | 0.5% | 1% | 1.5% | 2% | 2.5% | 3% | 3.5% | 4% | 4.5% | 5% | 5.5% | 6% |

○   Display Margin of Error
S0701 | 2023 American Community Survey 5-Year Estimates
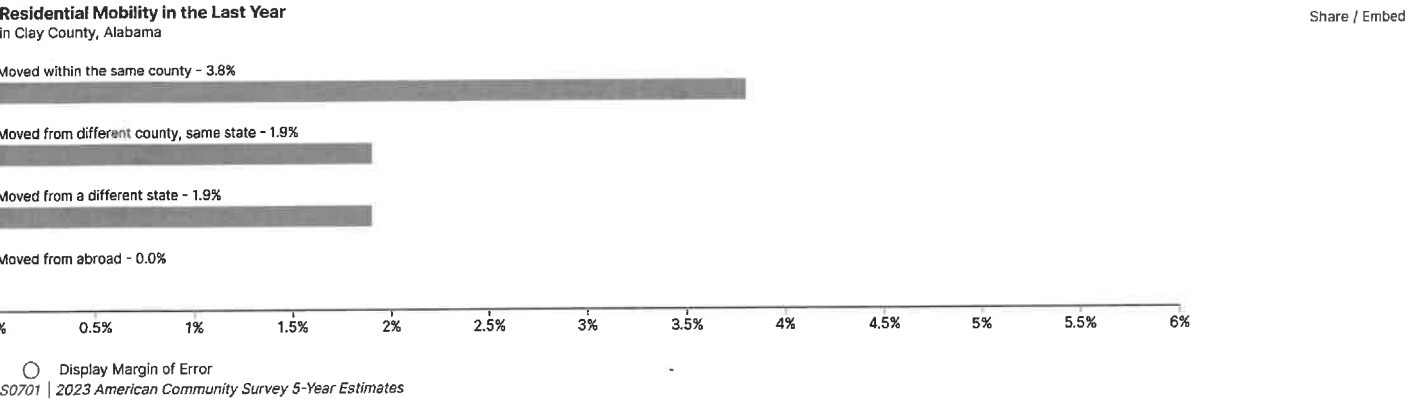
Veterans

6.1% ± 1.3%
Veterans in Clay County, Alabama

7.6% ± 0.2%
Veterans in Alabama

S2101 | 2023 American Community Survey 5-Year Estimates

Veterans by Sex   Share / Embed
in Clay County, Alabama

Male - 94.3%

Female - 5.7%

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

○   Display Margin of Error
S2101 | 2023 American Community Survey 5-Year Estimates
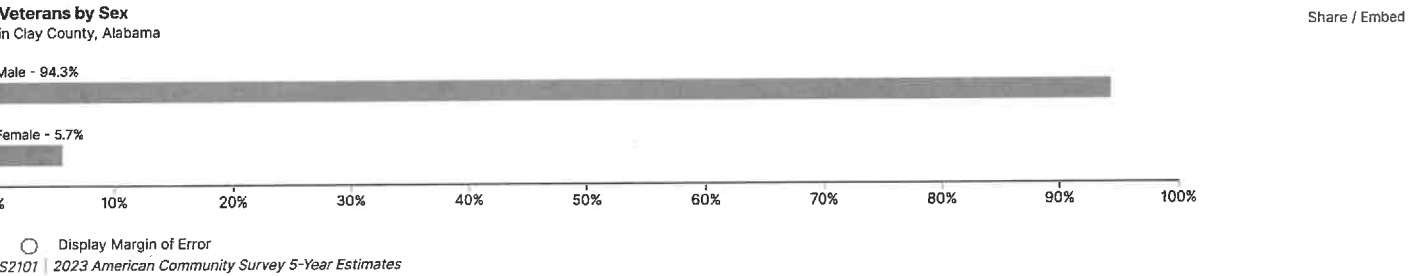
Nearby Counties

County

Cleburne County, Alabama

Cleburne County, Alabama has 560.1 square miles of land area and is the 65th largest county in Alabama by total area. Cleburne County, Alabama is bordered by Clay County, Alabama, Polk County, Georgia, Cherokee County, Alabama, Talladega County, Alabama, Haralson County, Georgia, Calhoun County, Alabama, Carroll County, Georgia, and Randolph County, Alabama.

// United States / Alabama / Cleburne County, Alabama

○ Display Sources

Populations and People
Total Population
15,056
P1 | 2020 Decennial Census

Education
Bachelor's Degree or Higher
18.2%
S1501 | 2023 American Community Survey 5-Year Estimates

Housing
Total Housing Units
6,801
H1 | 2020 Decennial Census

Business and Economy
Total Employer Establishments
178
CB2100CBP | 2021 Economic Surveys Business Patterns

Race and Ethnicity
Hispanic or Latino (of any race)
284
P9 | 2020 Decennial Census

Income and Poverty
Median Household Income
$53,319
S1901 | 2023 American Community Survey 5-Year Estimates

Employment
Employment Rate
47.8%
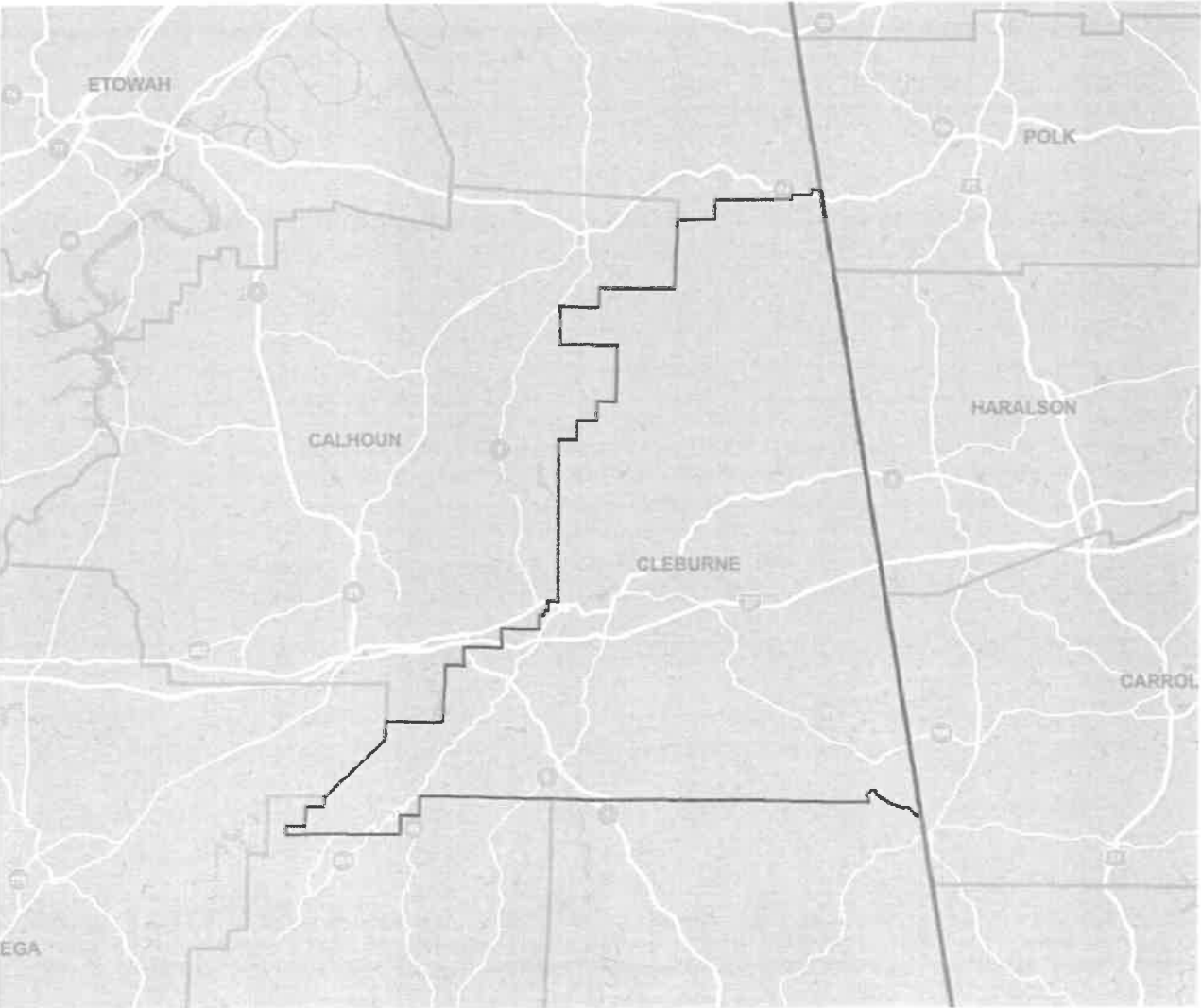*DP03 | 2023 American Community Survey 5-Year Estimates*

Health
Without Health Care Coverage
9.3%
S2701 | 2023 American Community Survey 5-Year Estimates

Families and Living Arrangements
Total Households
5,849
DP02 | 2023 American Community Survey 5-Year Estimates

Cleburne County, Alabama Reference Map

Source: U.S. Census Bureau
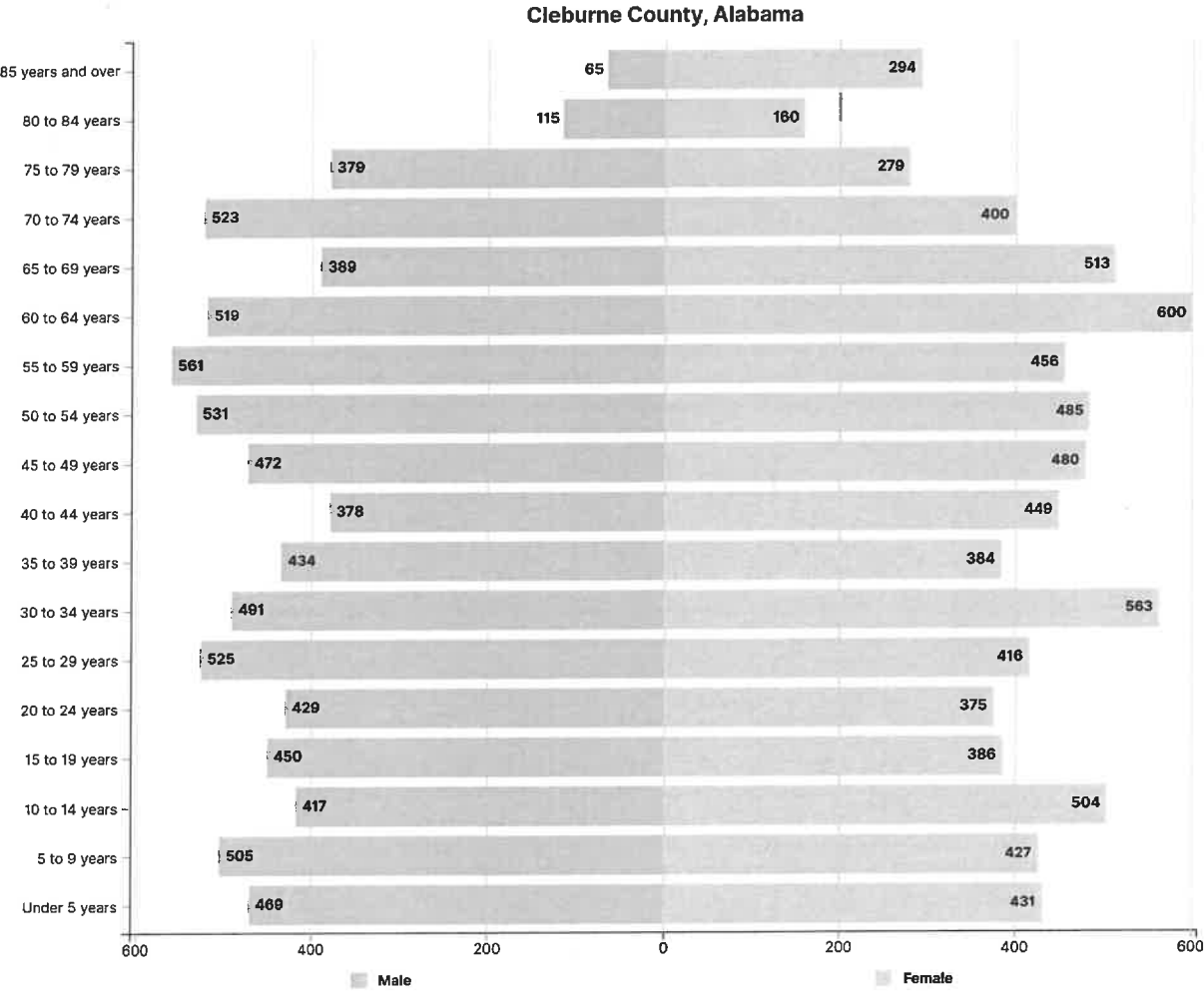
Populations and People

Age and Sex

42.3 ± 1.2
Median Age in Cleburne County, Alabama

39.6 ± 0.2
Median Age in Alabama

S0101 | 2023 American Community Survey 5-Year Estimates

Population Pyramid: Population by Age and Sex
in Cleburne County, Alabama

Share / Embed

Cleburne County, Alabama

Age	Male	Female
85 years and over	65	294
80 to 84 years	115	160
75 to 79 years	379	279
70 to 74 years	523	400
65 to 69 years	389	513
60 to 64 years	519	600
55 to 59 years	561	456
50 to 54 years	531	485
45 to 49 years	472	480
40 to 44 years	378	449
35 to 39 years	434	384
30 to 34 years	491	563
25 to 29 years	525	416
20 to 24 years	429	375
15 to 19 years	450	386
10 to 14 years	417	504
5 to 9 years	505	427
Under 5 years	469	431

■ Male   ■ Female

Display Margin of Error
S0101 | 2023 ACS 5-Year Estimates Subject Tables

Language Spoken at Home

1.6% ± 0.8%
Language Other Than English Spoken at Home in Cleburne County, Alabama

6.0% ± 0.2%
Language Other Than English Spoken at Home in Alabama

S1601 | 2023 American Community Survey 5-Year Estimates

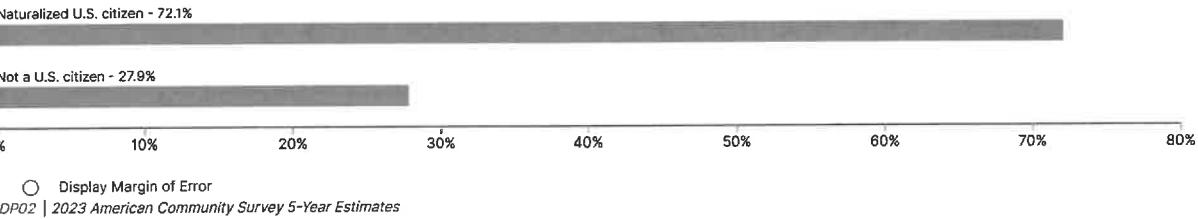**Types of Language Spoken at Home**
in Cleburne County, Alabama

English only - 98.4%

Spanish - 1.0%

Other Indo-European languages - 0.6%

Asian and Pacific Islander languages - 0.0%

Other languages - 0.0%

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% | 110% |

○ Display Margin of Error
S1601 | 2023 American Community Survey 5-Year Estimates
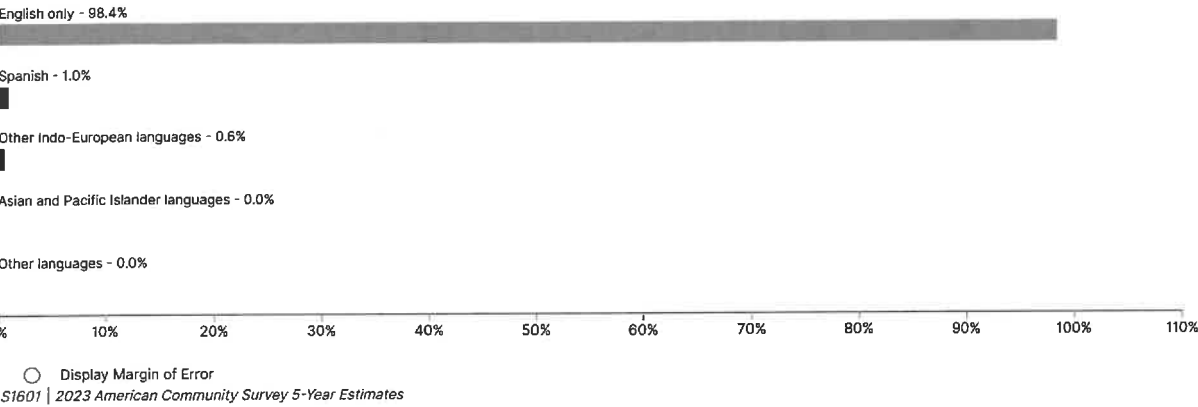
Native and Foreign-Born

0.9% ± 0.5%
Foreign-Born population in Cleburne County, Alabama

4.0% ± 0.2%
Foreign-Born population in Alabama

DP02 | 2023 American Community Survey 5-Year Estimates

Foreign-Born Population
in Cleburne County, Alabama

Naturalized U.S. citizen - 72.1%

Not a U.S. citizen - 27.9%

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% |

○ Display Margin of Error
DP02 | 2023 American Community Survey 5-Year Estimates

Older Population

20.4% ± 1.1%
65 Years and Older in Cleburne County, Alabama

18.2% ± 0.1%
65 Years and Older in Alabama

DP05 | 2023 American Community Survey 5-Year Estimates

Older Population by Age
in Cleburne County, Alabama

65 to 74 years - 12.0%

75 to 84 years - 6.1%

85 years and over - 2.4%

| 0% | 2% | 4% | 6% | 8% | 10% | 12% | 14% | 16% |

○ Display Margin of Error
DP05 | 2023 American Community Survey 5-Year Estimates
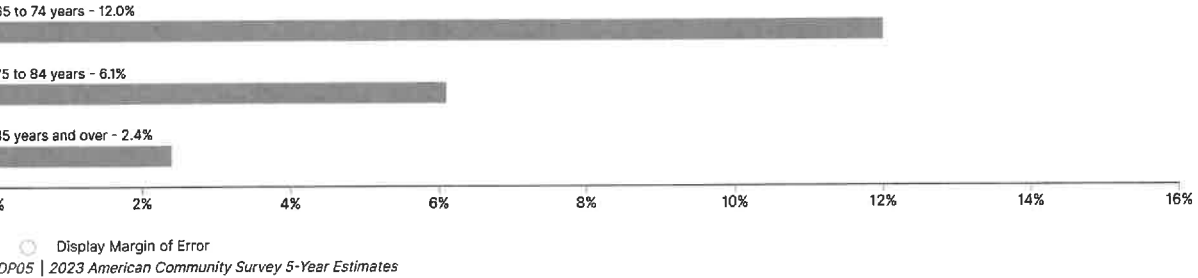
Residential Mobility

2.3% ± 1.3%
Moved From a Different State in the Last Year in Cleburne County, Alabama

2.4% ± 0.2%
Moved From a Different State in the Last Year in Alabama

S0701 | 2023 American Community Survey 5-Year Estimates

Residential Mobility in the Last Year
In Cleburne County, Alabama

Share / Embed

Moved within the same county - 3.8%

Moved from different county, same state - 2.9%

Moved from a different state - 2.3%

Moved from abroad - 0.0%

| 0% | 0.5% | 1% | 1.5% | 2% | 2.5% | 3% | 3.5% | 4% | 4.5% | 5% | 5.5% | 6% |
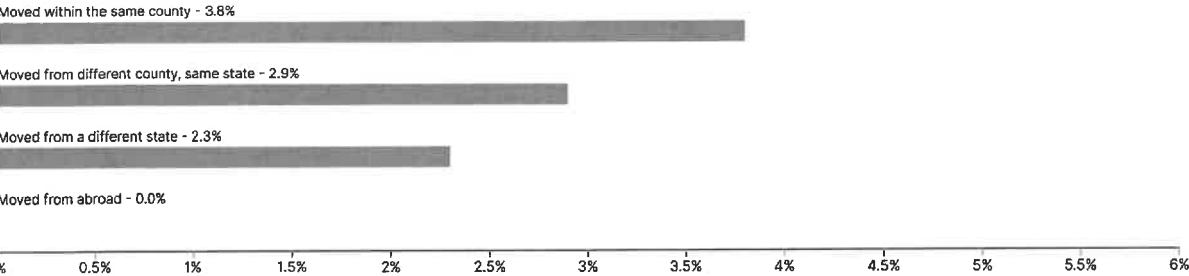
○ Display Margin of Error
S0701 | 2023 American Community Survey 5-Year Estimates

Veterans

7.6% ± 1.5%
Veterans in Cleburne County, Alabama

7.6% ± 0.2%
Veterans in Alabama

S2101 | 2023 American Community Survey 5-Year Estimates

Veterans by Sex
in Cleburne County, Alabama
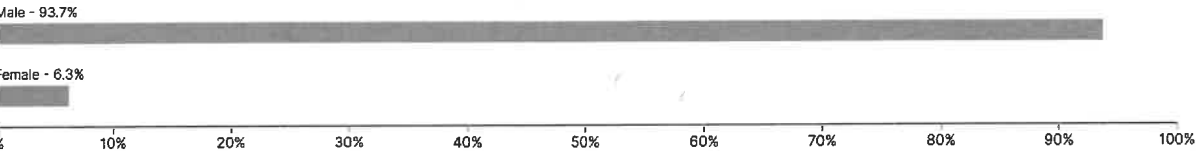
Share / Embed

Male - 93.7%

Female - 6.3%

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

○ Display Margin of Error
S2101 | 2023 American Community Survey 5-Year Estimates

Nearby Counties

County

Coosa County, Alabama

Coosa County, Alabama has 650.9 square miles of land area and is the 36th largest county in Alabama by total area. Coosa County, Alabama is bordered by Clay County, Alabama, Talladega County, Alabama, Chilton County, Alabama, Elmore County, Alabama, Shelby County, Alabama, and Tallapoosa County, Alabama.

// United States / Alabama / Coosa County, Alabama   ○ Display Sources

Populations and People
Total Population
10,387
P1 | 2020 Decennial Census

Education
Bachelor's Degree or Higher
14.9%
S1501 | 2023 American Community Survey 5-Year Estimates

Housing
Total Housing Units
5,999
H1 | 2020 Decennial Census

Business and Economy
Total Employer Establishments
95
CB2100CBP | 2021 Economic Surveys Business Patterns

Race and Ethnicity
Hispanic or Latino (of any race)
201
P9 | 2020 Decennial Census

Income and Poverty
Median Household Income
$57,063
S1901 | 2023 American Community Survey 5-Year Estimates

Employment
Employment Rate
44.6%
DP03 | 2023 American Community Survey 5-Year Estimates

Health
Without Health Care Coverage
7.4%
S2701 | 2023 American Community Survey 5-Year Estimates

Families and Living Arrangements
Total Households
4,201
DP02 | 2023 American Community Survey 5-Year Estimates

Coosa County, Alabama Reference Map
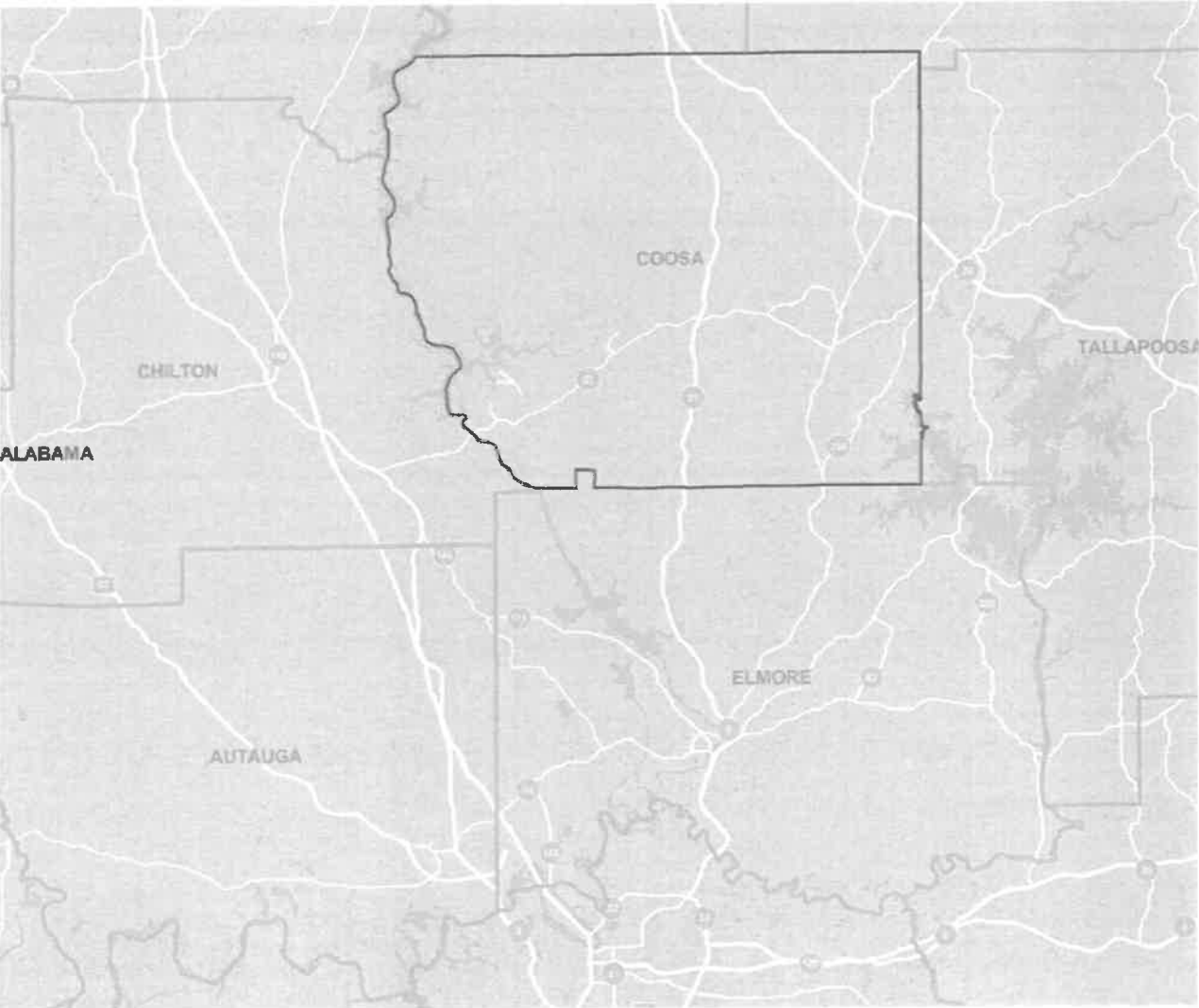
Source: U.S. Census Bureau

Populations and People

Age and Sex

50.3 ± 0.4
Median Age in Coosa County, Alabama

39.6 ± 0.2
Median Age in Alabama

S0101 | 2023 American Community Survey 5-Year Estimates

Population Pyramid: Population by Age and Sex
in Coosa County, Alabama
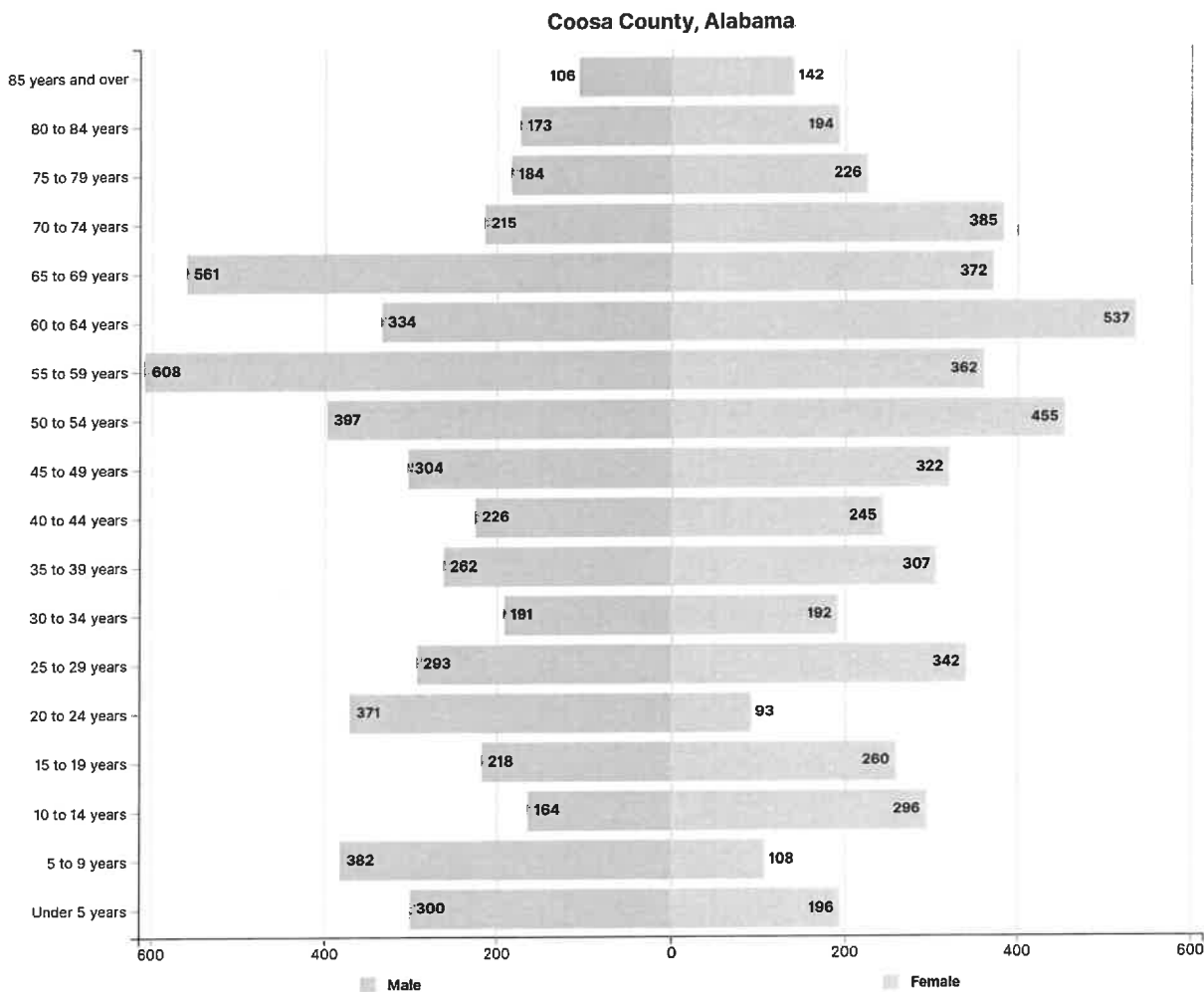
Share / Embed

Coosa County, Alabama

Age group	Male	Female
85 years and over	106	142
80 to 84 years	173	194
75 to 79 years	184	226
70 to 74 years	215	385
65 to 69 years	561	372
60 to 64 years	334	537
55 to 59 years	608	362
50 to 54 years	397	455
45 to 49 years	304	322
40 to 44 years	226	245
35 to 39 years	262	307
30 to 34 years	191	192
25 to 29 years	293	342
20 to 24 years	371	93
15 to 19 years	218	260
10 to 14 years	164	296
5 to 9 years	382	108
Under 5 years	300	196

■ Male   ■ Female

Display Margin of Error
S0101 | 2023 ACS 5-Year Estimates Subject Tables

Language Spoken at Home

2.1% ± 0.6%
Language Other Than English Spoken at Home in Coosa County, Alabama

6.0% ± 0.2%
Language Other Than English Spoken at Home in Alabama

S1601 | 2023 American Community Survey 5-Year Estimates

Types of Language Spoken at Home
in Coosa County, Alabama

English only - 97.9%

Spanish - 1.5%

Other Indo-European languages - 0.1%

Asian and Pacific Islander languages - 0.0%

Other languages - 0.5%

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |
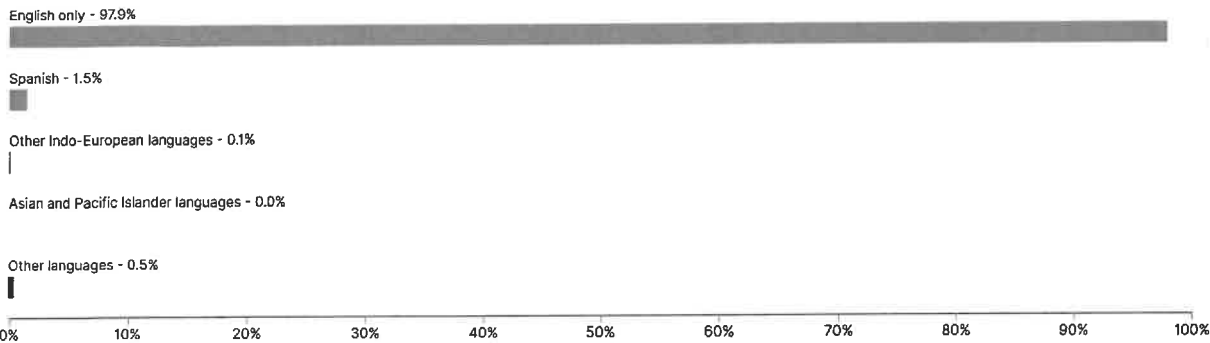
○ Display Margin of Error
S1601 | 2023 American Community Survey 5-Year Estimates

Native and Foreign-Born

0.2% ± 0.3%
Foreign-Born population in Coosa County, Alabama

4.0% ± 0.2%
Foreign-Born population in Alabama

DP02 | 2023 American Community Survey 5-Year Estimates

Foreign-Born Population
in Coosa County, Alabama

Naturalized U.S. citizen - 9.1%

Not a U.S. citizen - 90.9%

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |
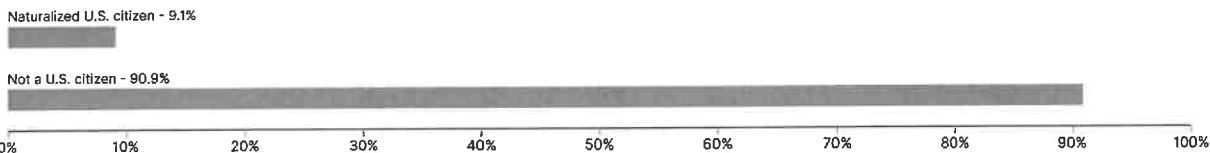
○ Display Margin of Error
DP02 | 2023 American Community Survey 5-Year Estimates

Older Population

24.8% ± 0.2%
65 Years and Older in Coosa County, Alabama

18.2% ± 0.1%
65 Years and Older in Alabama

DP05 | 2023 American Community Survey 5-Year Estimates

Older Population by Age
in Coosa County, Alabama
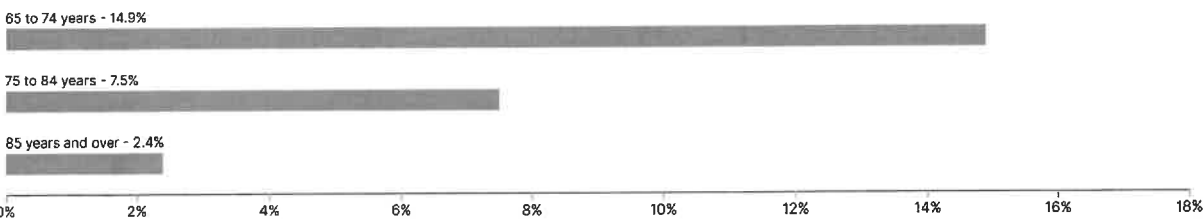
65 to 74 years - 14.9%

75 to 84 years - 7.5%

85 years and over - 2.4%

| 0% | 2% | 4% | 6% | 8% | 10% | 12% | 14% | 16% | 18% |

○ Display Margin of Error
DP05 | 2023 American Community Survey 5-Year Estimates

Residential Mobility

2.9% ± 2.4%
Moved From a Different State in the Last Year in Coosa County, Alabama

2.4% ± 0.2%
Moved From a Different State in the Last Year in Alabama

S0701 | 2023 American Community Survey 5-Year Estimates

Residential Mobility in the Last Year
in Coosa County, Alabama

Share / Embed

Moved within the same county - 2.4%

Moved from different county, same state - 3.9%

Moved from a different state - 2.9%

Moved from abroad - 0.0%

| 0% | 0.5% | 1% | 1.5% | 2% | 2.5% | 3% | 3.5% | 4% | 4.5% | 5% | 5.5% | 6% |

○ Display Margin of Error
S0701 | 2023 American Community Survey 5-Year Estimates
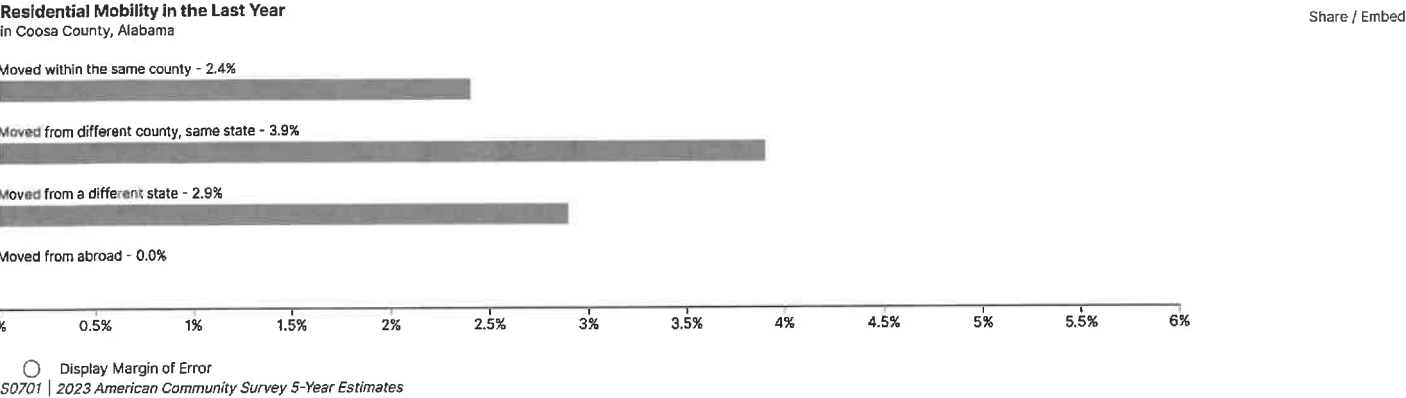
Veterans

8.3% ± 2.1%
Veterans in Coosa County, Alabama

7.6% ± 0.2%
Veterans in Alabama

S2101 | 2023 American Community Survey 5-Year Estimates

Veterans by Sex
in Coosa County, Alabama

Share / Embed

Male - 88.1%

Female - 11.9%

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

○ Display Margin of Error
S2101 | 2023 American Community Survey 5-Year Estimates
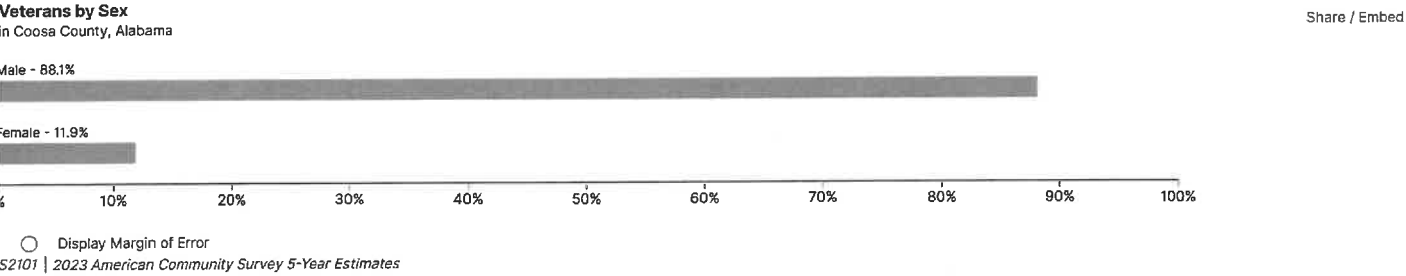
Nearby Counties

County

Etowah County, Alabama

Etowah County, Alabama has 535.1 square miles of land area and is the 67th largest county in Alabama by total area. Etowah County, Alabama is bordered by Marshall County, Alabama, Blount County, Alabama, DeKalb County, Alabama, Cherokee County, Alabama, Calhoun County, Alabama, and St. Clair County, Alabama.

// United States / Alabama / Etowah County, Alabama   ○ Display Sources

Populations and People
Total Population
103,436
P1 | 2020 Decennial Census

Education
Bachelor's Degree or Higher
18.0%
S1501 | 2023 American Community Survey 1-Year Estimates

Housing
Total Housing Units
47,306
H1 | 2020 Decennial Census

Business and Economy
Total Employer Establishments
1,925
CB2100CBP | 2021 Economic Surveys Business Patterns

Race and Ethnicity
Hispanic or Latino (of any race)
4,895
P9 | 2020 Decennial Census

Income and Poverty
Median Household Income
$52,192
S1901 | 2023 American Community Survey 1-Year Estimates

Employment
Employment Rate
49.3%
DP03 | 2023 American Community Survey 1-Year Estimates

Health
Without Health Care Coverage
10.9%
S2701 | 2023 American Community Survey 1-Year Estimates

Families and Living Arrangements
Total Households
40,027
DP02 | 2023 American Community Survey 1-Year Estimates

Etowah County, Alabama Reference Map
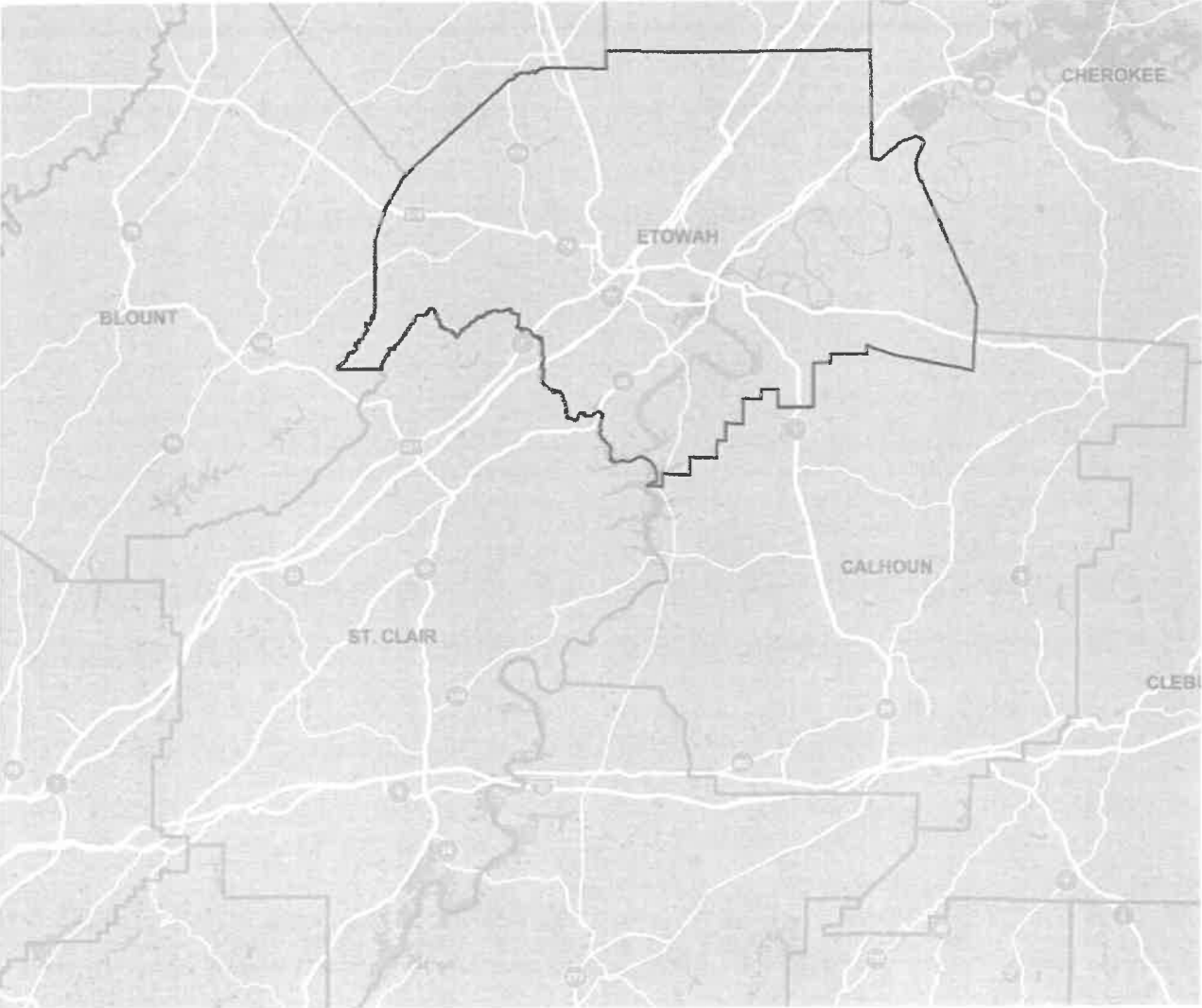
Source: U.S. Census Bureau

Populations and People

Age and Sex

41.2 ± 0.7
Median Age in Etowah County, Alabama

39.6 ± 0.2
Median Age in Alabama

S0101 | 2023 American Community Survey 1-Year Estimates

Population Pyramid: Population by Age and Sex
in Etowah County, Alabama
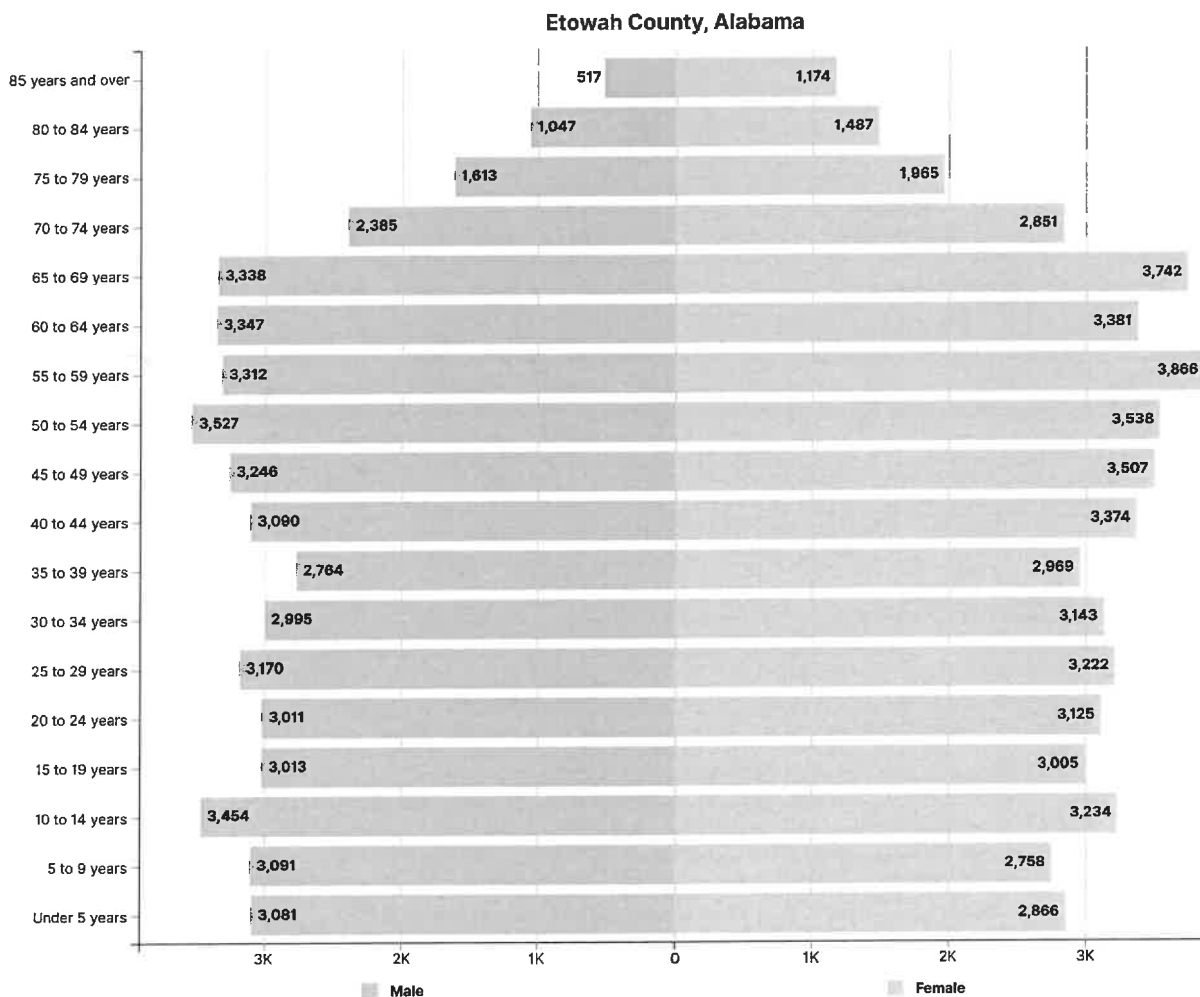
Share / Embed

Etowah County, Alabama

Age	Male	Female
85 years and over	517	1,174
80 to 84 years	1,047	1,487
75 to 79 years	1,613	1,965
70 to 74 years	2,385	2,851
65 to 69 years	3,338	3,742
60 to 64 years	3,347	3,381
55 to 59 years	3,312	3,866
50 to 54 years	3,527	3,538
45 to 49 years	3,246	3,507
40 to 44 years	3,090	3,374
35 to 39 years	2,764	2,969
30 to 34 years	2,995	3,143
25 to 29 years	3,170	3,222
20 to 24 years	3,011	3,125
15 to 19 years	3,013	3,005
10 to 14 years	3,454	3,234
5 to 9 years	3,091	2,758
Under 5 years	3,081	2,866

■ Male   ■ Female

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S0101 | 2023 ACS 5-Year Estimates Subject Tables

Language Spoken at Home

N ± N
Language Other Than English Spoken at Home in Etowah County, Alabama

6.0% ± 0.2%
Language Other Than English Spoken at Home in Alabama

S1601 | 2023 American Community Survey 1-Year Estimates

Native and Foreign-Born

2.7% ± 0.7%
Foreign-Born population in Etowah County, Alabama
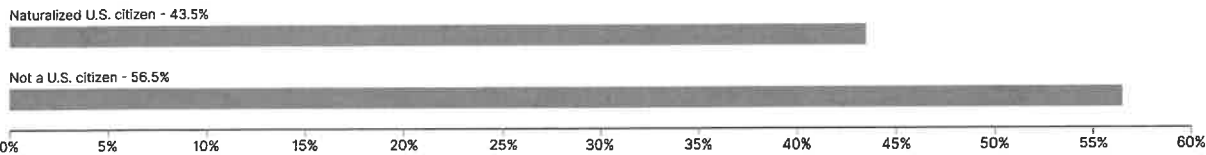
4.0% ± 0.2%
Foreign-Born population in Alabama

DP02 | 2023 American Community Survey 1-Year Estimates

Foreign-Born Population   Share / Embed
in Etowah County, Alabama

Naturalized U.S. citizen - 43.5%

Not a U.S. citizen - 56.5%

| 0% | 5% | 10% | 15% | 20% | 25% | 30% | 35% | 40% | 45% | 50% | 55% | 60% |

◯ Display Margin of Error
DP02 | 2023 American Community Survey 1-Year Estimates

Older Population

20.1% ± 0.5%
65 Years and Older in Etowah County, Alabama

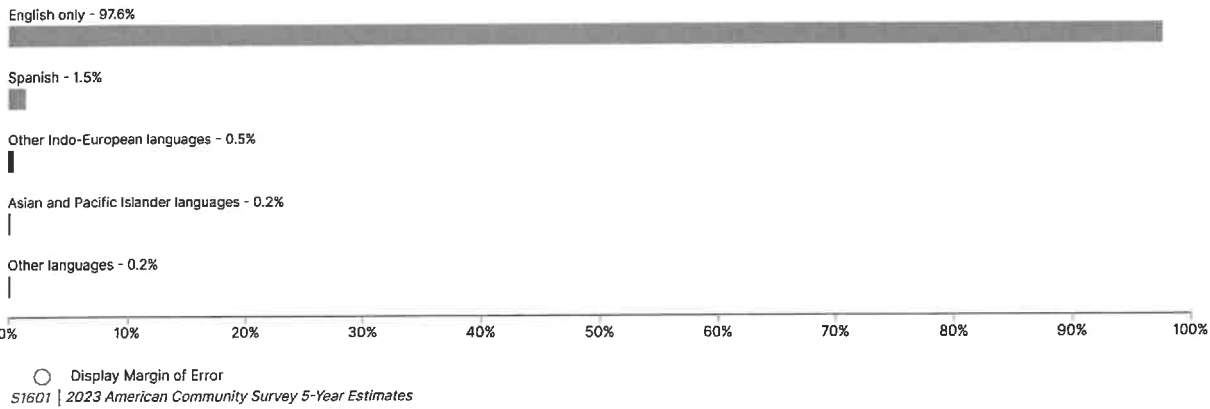**18.2%** ± 0.1%
65 Years and Older in Alabama

DP05 | 2023 American Community Survey 1-Year Estimates

Older Population by Age   Share / Embed
in Etowah County, Alabama

65 to 74 years - 12.0%

75 to 84 years - 6.5%

85 years and over - 1.7%

| 0% | 2% | 4% | 6% | 8% | 10% | 12% | 14% | 16% |
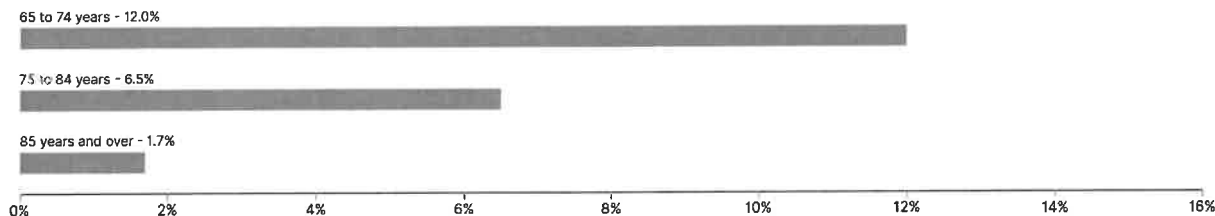
◯ Display Margin of Error
DP05 | 2023 American Community Survey 1-Year Estimates

Residential Mobility

1.8% ± 0.8%
Moved From a Different State in the Last Year in Etowah County, Alabama

2.4% ± 0.2%
Moved From a Different State in the Last Year in Alabama

S0701 | 2023 American Community Survey 1-Year Estimates

Residential Mobility in the Last Year   Share / Embed
in Etowah County, Alabama

Moved within the same county - 5.8%

Moved from different county, same state - 3.4%

Moved from a different state - 1.8%

Moved from abroad - 0.2%

| 0% | 1% | 2% | 3% | 4% | 5% | 6% | 7% | 8% | 9% | 10% |
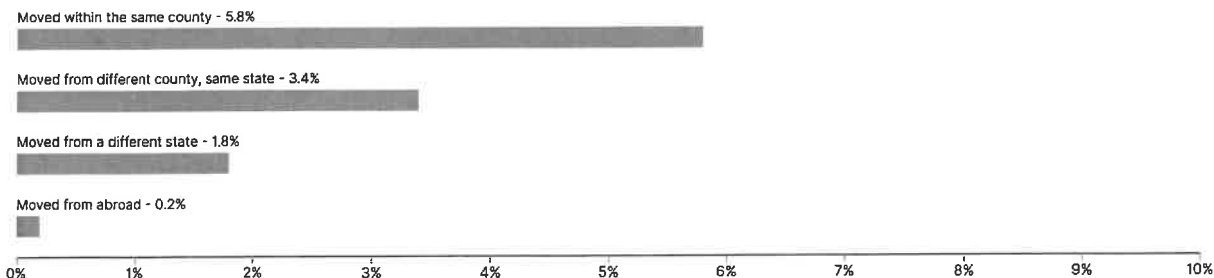
◯ Display Margin of Error
S0701 | 2023 American Community Survey 1-Year Estimates

Veterans

6.0% ± 1.5%
Veterans in Etowah County, Alabama

7.6% ± 0.2%
Veterans in Alabama

S2101 | 2023 American Community Survey 1-Year Estimates

Veterans by Sex
in Etowah County, Alabama
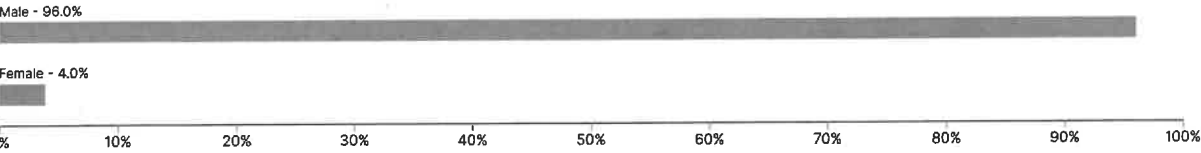
Share / Embed

Male - 96.0%

Female - 4.0%

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

○ Display Margin of Error
S2101 | 2023 American Community Survey 1-Year Estimates

Nearby Counties

County

Randolph County, Alabama

Randolph County, Alabama has 580.6 square miles of land area and is the 57th largest county in Alabama by total area. Randolph County, Alabama is bordered by Clay County, Alabama, Heard County, Georgia, Cleburne County, Alabama, Chambers County, Alabama, Carroll County, Georgia, Troup County, Georgia, and Tallapoosa County, Alabama.

// United States / Alabama / Randolph County, Alabama

○ Display Sources

Populations and People
Total Population
21,967
P1 | 2020 Decennial Census

Education
Bachelor's Degree or Higher
20.5%
S1501 | 2023 American Community Survey 5-Year Estimates

Housing
Total Housing Units
12,400
H1 | 2020 Decennial Census

Business and Economy
Total Employer Establishments
348
CB2100CBP | 2021 Economic Surveys Business Patterns

Race and Ethnicity
Hispanic or Latino (of any race)
605
P9 | 2020 Decennial Census

Income and Poverty
Median Household Income
$51,551
S1901 | 2023 American Community Survey 5-Year Estimates

Employment
Employment Rate
50.8%
DP03 | 2023 American Community Survey 5-Year Estimates

Health
Without Health Care Coverage
9.0%
S2701 | 2023 American Community Survey 5-Year Estimates

Families and Living Arrangements
Total Households
9,127
DP02 | 2023 American Community Survey 5-Year Estimates

Randolph County, Alabama Reference Map
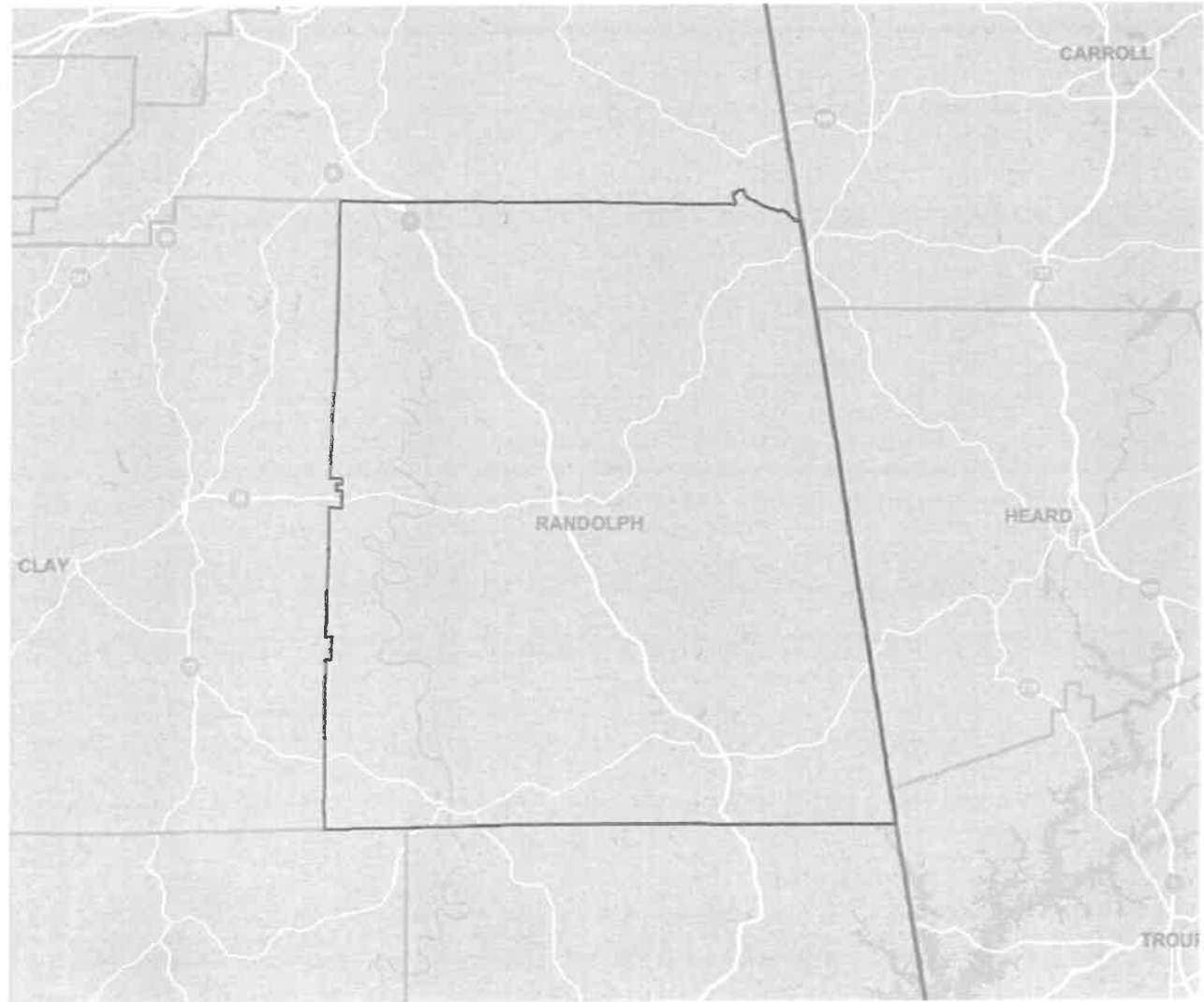
Source: U.S. Census Bureau

Populations and People

Age and Sex

44.0 ± 0.6
Median Age in Randolph County, Alabama

39.6 ± 0.2
Median Age in Alabama

S0101 | 2023 American Community Survey 5-Year Estimates

Population Pyramid: Population by Age and Sex
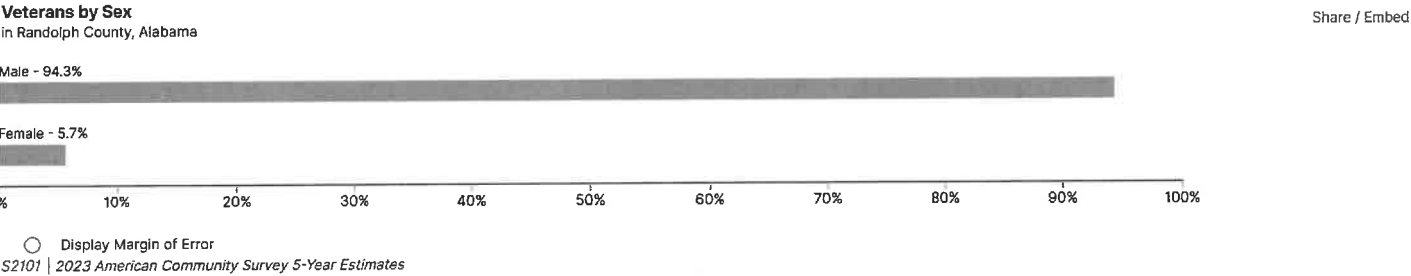in Randolph County, Alabama
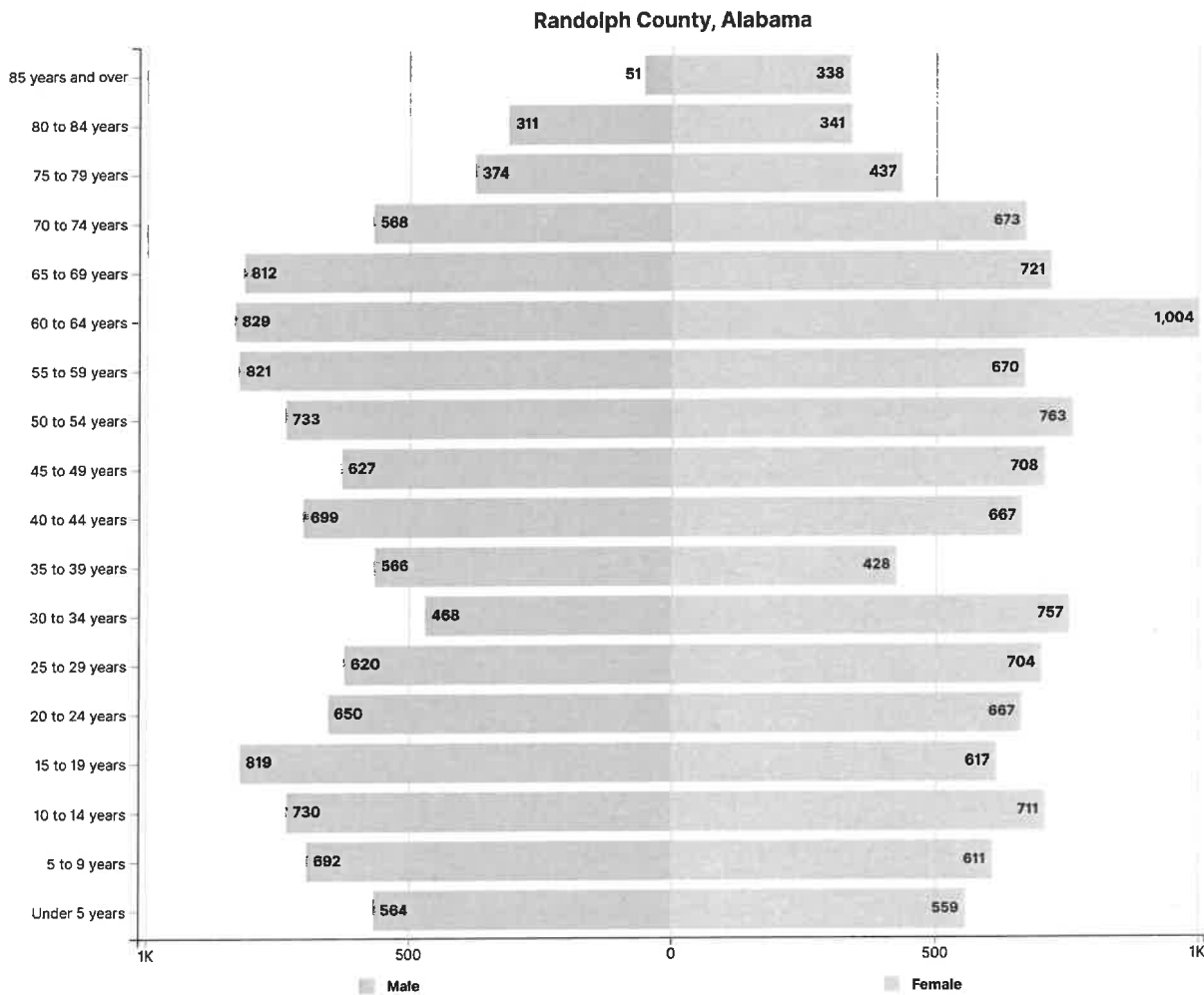
Share / Embed

Randolph County, Alabama

Age Group	Male	Female
85 years and over	51	338
80 to 84 years	311	341
75 to 79 years	374	437
70 to 74 years	568	673
65 to 69 years	812	721
60 to 64 years	829	1,004
55 to 59 years	821	670
50 to 54 years	733	763
45 to 49 years	627	708
40 to 44 years	699	667
35 to 39 years	566	428
30 to 34 years	468	757
25 to 29 years	620	704
20 to 24 years	650	667
15 to 19 years	819	617
10 to 14 years	730	711
5 to 9 years	692	611
Under 5 years	564	559

■ Male   ■ Female

Display Margin of Error
S0101 | 2023 ACS 5-Year Estimates Subject Tables

Language Spoken at Home

2.4% ± 0.7%
Language Other Than English Spoken at Home in Randolph County, Alabama

6.0% ± 0.2%
Language Other Than English Spoken at Home in Alabama

S1601 | 2023 American Community Survey 5-Year Estimates

Types of Language Spoken at Home
In Randolph County, Alabama

English only - 97.6%

Spanish - 1.5%

Other Indo-European languages - 0.5%

Asian and Pacific Islander languages - 0.2%

Other languages - 0.2%

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

○ Display Margin of Error
S1601 | 2023 American Community Survey 5-Year Estimates

Native and Foreign-Born

1.5% ± 0.5%
Foreign-Born population in Randolph County, Alabama

4.0% ± 0.2%
Foreign-Born population in Alabama

DP02 | 2023 American Community Survey 5-Year Estimates

Foreign-Born Population
in Randolph County, Alabama

Naturalized U.S. citizen - 54.4%

Not a U.S. citizen - 45.6%

0%	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%

○ Display Margin of Error
DP02 | 2023 American Community Survey 5-Year Estimates
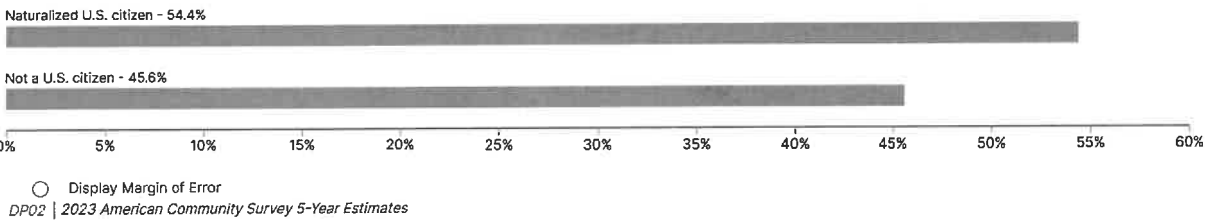
Older Population
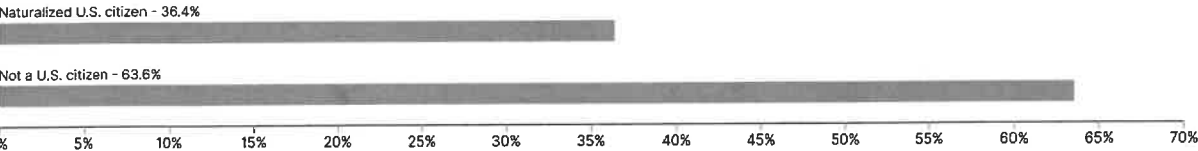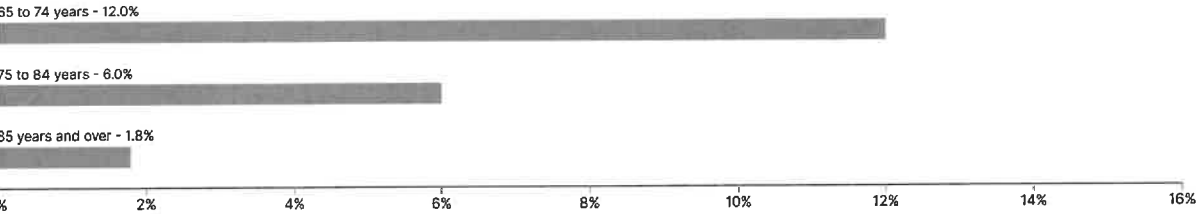
20.7% ± 0.1%
65 Years and Older in Randolph County, Alabama

18.2% ± 0.1%
65 Years and Older in Alabama

DP05 | 2023 American Community Survey 5-Year Estimates

Older Population by Age
in Randolph County, Alabama

65 to 74 years - 12.4%

75 to 84 years - 6.6%

85 years and over - 1.7%

0%	2%	4%	6%	8%	10%	12%	14%	16%

○ Display Margin of Error
DP05 | 2023 American Community Survey 5-Year Estimates
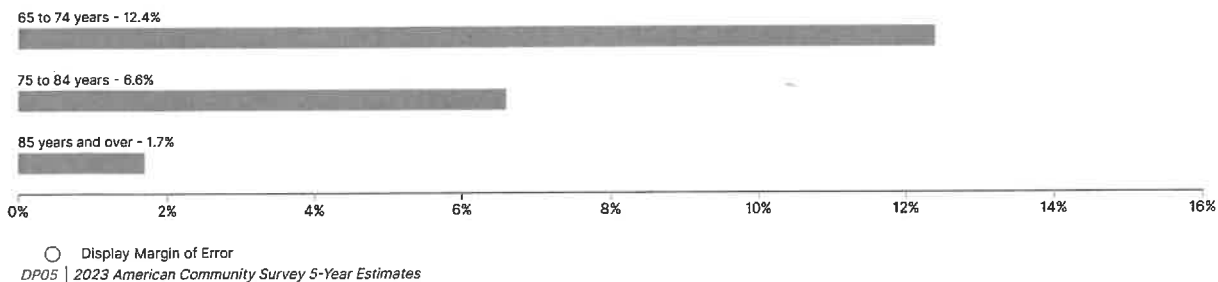
Residential Mobility

1.7% ± 0.7%
Moved From a Different State in the Last Year in Randolph County, Alabama

2.4% ± 0.2%
Moved From a Different State in the Last Year in Alabama
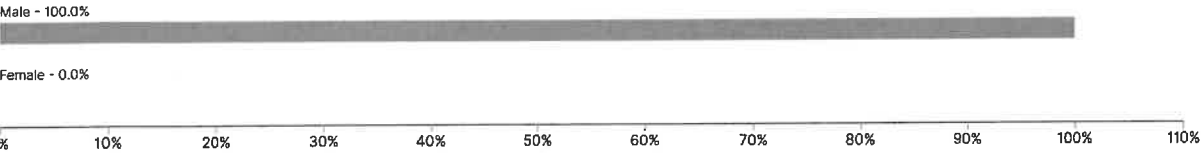
S0701 | 2023 American Community Survey 5-Year Estimates

Residential Mobility in the Last Year
in Randolph County, Alabama

Share / Embed

Moved within the same county - 2.5%

Moved from different county, same state - 2.8%

Moved from a different state - 1.7%

Moved from abroad - 0.0%

| 0% | 0.5% | 1% | 1.5% | 2% | 2.5% | 3% | 3.5% | 4% | 4.5% | 5% |

○ Display Margin of Error
S0701 | 2023 American Community Survey 5-Year Estimates
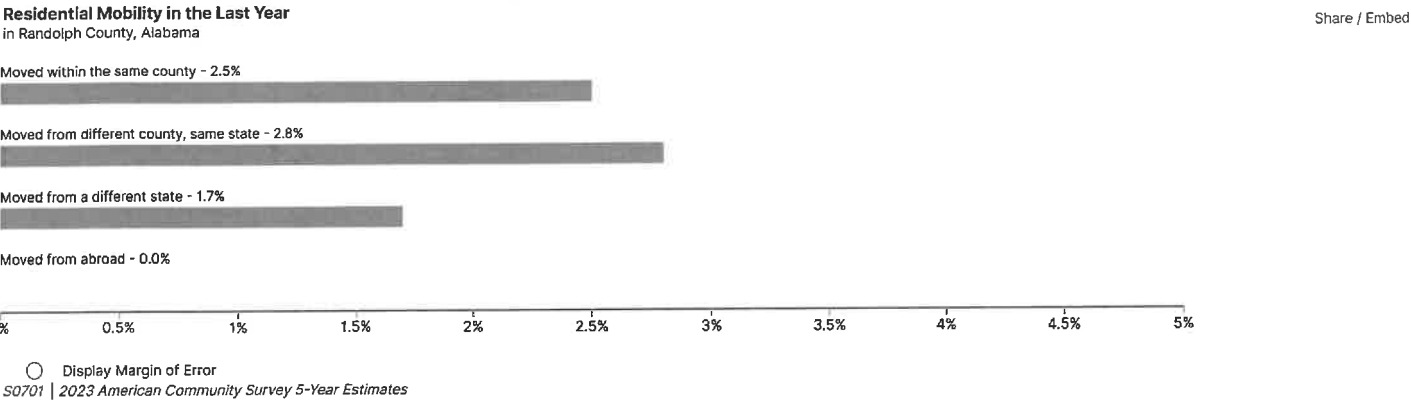
Veterans

5.7% ± 1.3%
Veterans in Randolph County, Alabama

7.6% ± 0.2%
Veterans in Alabama

S2101 | 2023 American Community Survey 5-Year Estimates

Veterans by Sex
in Randolph County, Alabama

Share / Embed

Male - 94.3%

Female - 5.7%

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

○ Display Margin of Error
S2101 | 2023 American Community Survey 5-Year Estimates

Nearby Counties

County
Talladega County, Alabama

Talladega County, Alabama has 736.8 square miles of land area and is the 26th largest county in Alabama by total area. Talladega County, Alabama is bordered by Clay County, Alabama, Cleburne County, Alabama, Calhoun County, Alabama, Coosa County, Alabama, St. Clair County, Alabama, and Shelby County, Alabama.

// United States / Alabama / Talladega County, Alabama   ◯ Display Sources

Populations and People
Total Population
82,149
P1 | 2020 Decennial Census

Education
Bachelor's Degree or Higher
17.8%
S1501 | 2023 American Community Survey 1-Year Estimates

Housing
Total Housing Units
37,948
H1 | 2020 Decennial Census

Business and Economy
Total Employer Establishments
1,244
CB2100CBP | 2021 Economic Surveys Business Patterns

Race and Ethnicity
Hispanic or Latino (of any race)
1,779
P9 | 2020 Decennial Census

Income and Poverty
Median Household Income
$61,111
S1901 | 2023 American Community Survey 1-Year Estimates

Employment
Employment Rate
53.6%
DP03 | 2023 American Community Survey 1-Year Estimates

Health
Without Health Care Coverage
7.4%
S2701 | 2023 American Community Survey 1-Year Estimates

Families and Living Arrangements
Total Households
34,080
DP02 | 2023 American Community Survey 1-Year Estimates

Talladega County, Alabama Reference Map
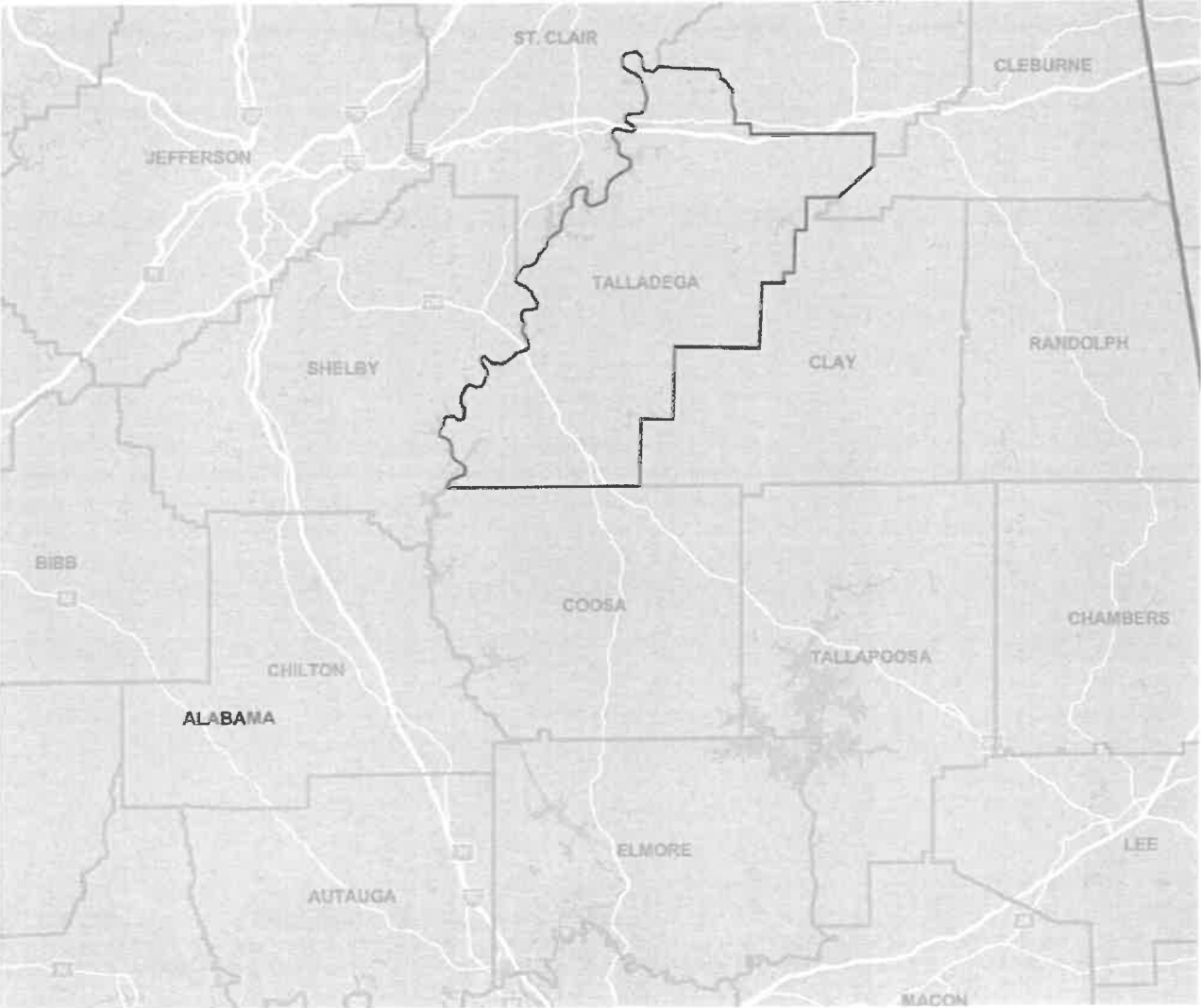
Source: U.S. Census Bureau

Populations and People
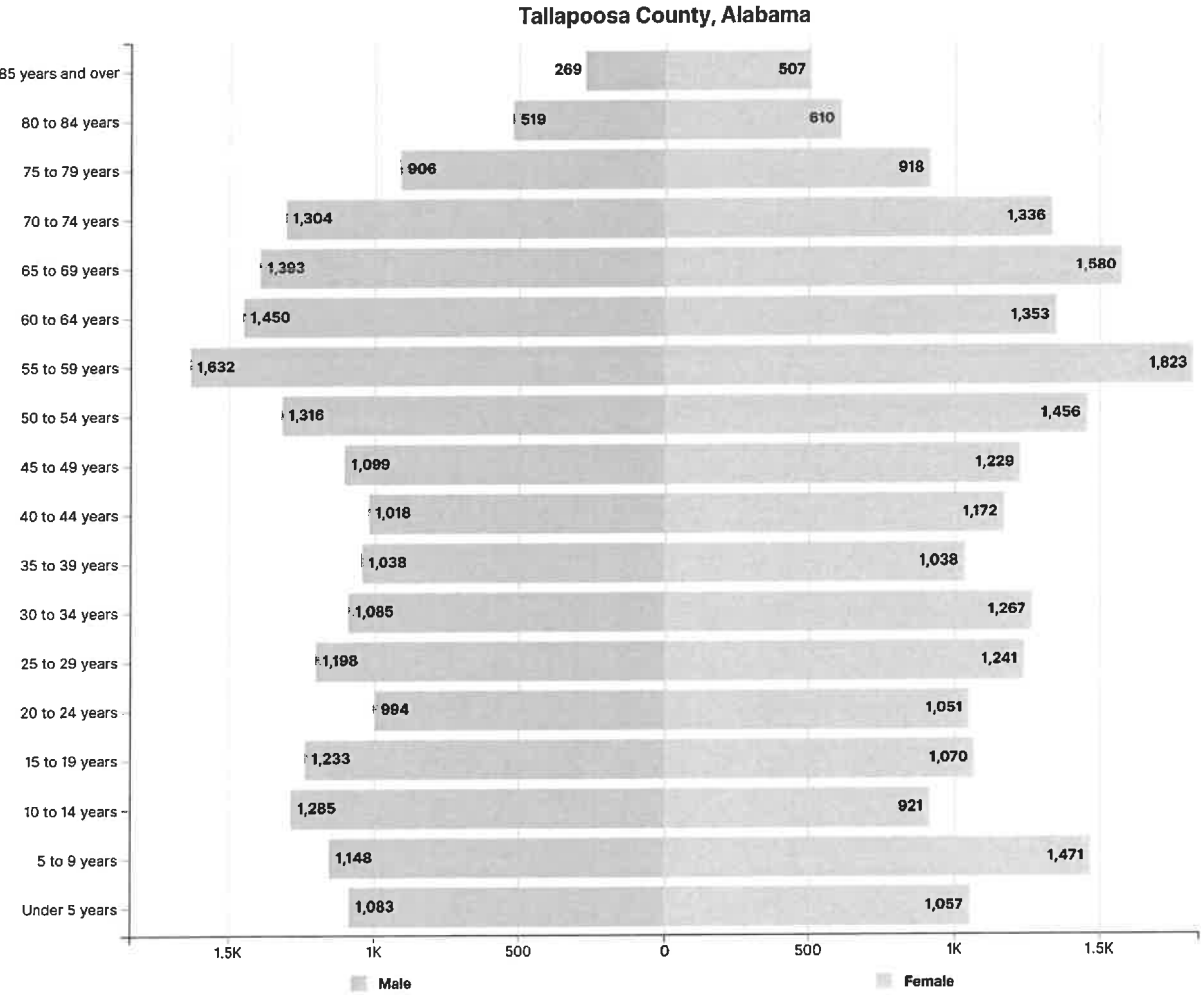
Age and Sex

42.7 ± 0.9
Median Age in Talladega County, Alabama

39.6 ± 0.2
Median Age in Alabama

S0101 | 2023 American Community Survey 1-Year Estimates

Population Pyramid: Population by Age and Sex
in Talladega County, Alabama
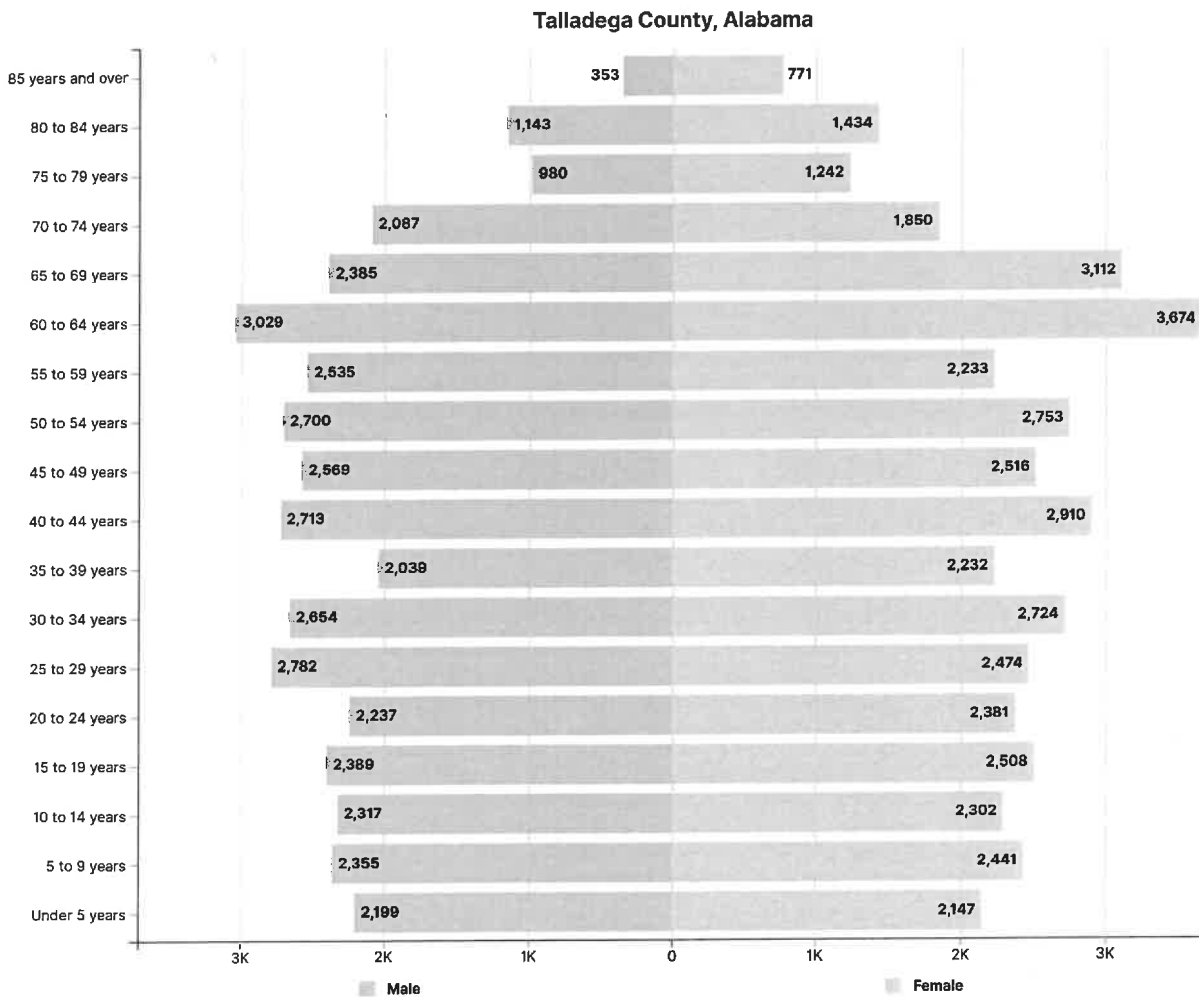
Share / Embed

Talladega County, Alabama

Age group	Male	Female
85 years and over	353	771
80 to 84 years	1,143	1,434
75 to 79 years	980	1,242
70 to 74 years	2,087	1,850
65 to 69 years	2,385	3,112
60 to 64 years	3,029	3,674
55 to 59 years	2,535	2,233
50 to 54 years	2,700	2,753
45 to 49 years	2,569	2,516
40 to 44 years	2,713	2,910
35 to 39 years	2,039	2,232
30 to 34 years	2,654	2,724
25 to 29 years	2,782	2,474
20 to 24 years	2,237	2,381
15 to 19 years	2,389	2,508
10 to 14 years	2,317	2,302
5 to 9 years	2,355	2,441
Under 5 years	2,199	2,147

■ Male   ■ Female

Display Margin of Error
*S0101 | 2023 ACS 5-Year Estimates Subject Tables*

Language Spoken at Home

N ± N
Language Other Than English Spoken at Home in Talladega County, Alabama

6.0% ± 0.2%
Language Other Than English Spoken at Home in Alabama

S1601 | 2023 American Community Survey 1-Year Estimates

Native and Foreign-Born

2.1% ± 0.6%
Foreign-Born population in Talladega County, Alabama

4.0% ± 0.2%
Foreign-Born population in Alabama

DP02 | 2023 American Community Survey 1-Year Estimates

Foreign-Born Population
in Talladega County, Alabama

Share / Embed

Naturalized U.S. citizen - 36.4%

Not a U.S. citizen - 63.6%

| 0% | 5% | 10% | 15% | 20% | 25% | 30% | 35% | 40% | 45% | 50% | 55% | 60% | 65% | 70% |

○ Display Margin of Error
DP02 | 2023 American Community Survey 1-Year Estimates

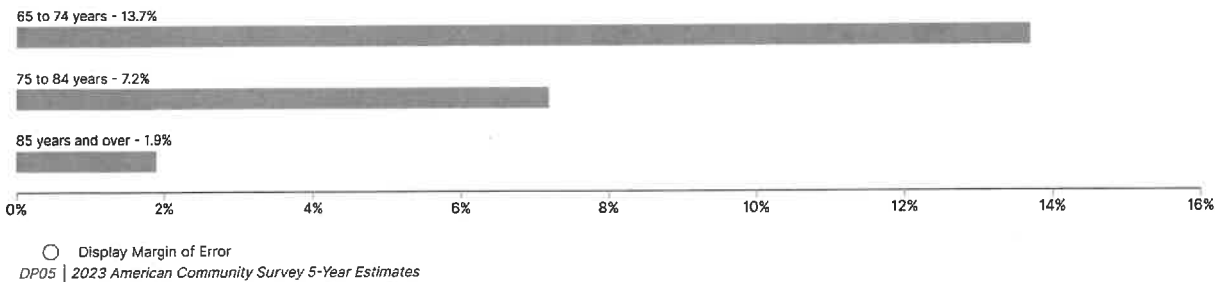## Older Population

19.8% ± 0.1%
65 Years and Older in Talladega County, Alabama

18.2% ± 0.1%
65 Years and Older in Alabama

DP05 | 2023 American Community Survey 1-Year Estimates

Older Population by Age
in Talladega County, Alabama

Share / Embed

65 to 74 years - 12.0%

75 to 84 years - 6.0%

85 years and over - 1.8%

| 0% | 2% | 4% | 6% | 8% | 10% | 12% | 14% | 16% |

○ Display Margin of Error
DP05 | 2023 American Community Survey 1-Year Estimates

Residential Mobility

N ± N
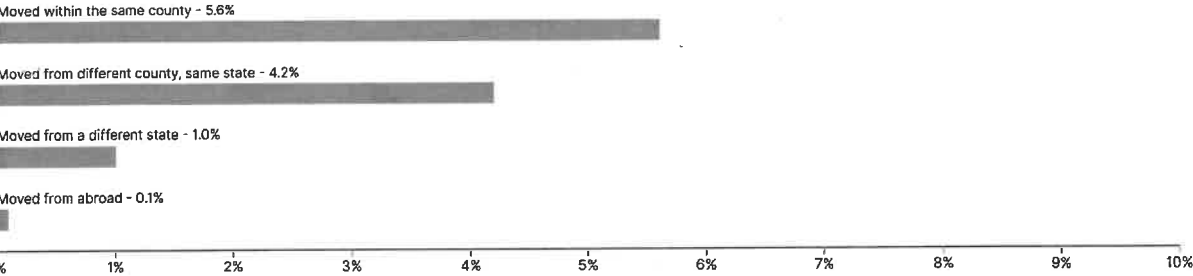Moved From a Different State in the Last Year in Talladega County, Alabama

2.4% ± 0.2%
Moved From a Different State in the Last Year in Alabama

S0701 | 2023 American Community Survey 1-Year Estimates

Veterans

4.5% ± 1.2%
Veterans in Talladega County, Alabama

7.6% ± 0.2%
Veterans in Alabama

S2101 | 2023 American Community Survey 1-Year Estimates

Veterans by Sex
in Talladega County, Alabama

Male - 100.0%

Female - 0.0%

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% | 110% |

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S2101 | 2023 American Community Survey 1-Year Estimates

Nearby Counties

County

Tallapoosa County, Alabama

Tallapoosa County, Alabama has 716.5 square miles of land area and is the 29th largest county in Alabama by total area. Tallapoosa County, Alabama is bordered by Clay County, Alabama, Lee County, Alabama, Macon County, Alabama, Chambers County, Alabama, Coosa County, Alabama, Elmore County, Alabama, and Randolph County, Alabama.

// United States / Alabama / Tallapoosa County, Alabama

○ Display Sources

Populations and People
Total Population
41,311
P1 | 2020 Decennial Census

Education
Bachelor's Degree or Higher
18.7%
S1501 | 2023 American Community Survey 5-Year Estimates

Housing
Total Housing Units
22,686
H1 | 2020 Decennial Census

Business and Economy
Total Employer Establishments
789
CB2100CBP | 2021 Economic Surveys Business Patterns

Race and Ethnicity
Hispanic or Latino (of any race)
1,144
P9 | 2020 Decennial Census

Income and Poverty
Median Household Income
$57,185
S1901 | 2023 American Community Survey 5-Year Estimates

Employment
Employment Rate
48.8%
DP03 | 2023 American Community Survey 5-Year Estimates

Health
Without Health Care Coverage
8.9%
S2701 | 2023 American Community Survey 5-Year Estimates

Families and Living Arrangements
Total Households
16,548
DP02 | 2023 American Community Survey 5-Year Estimates

Tallapoosa County, Alabama Reference Map
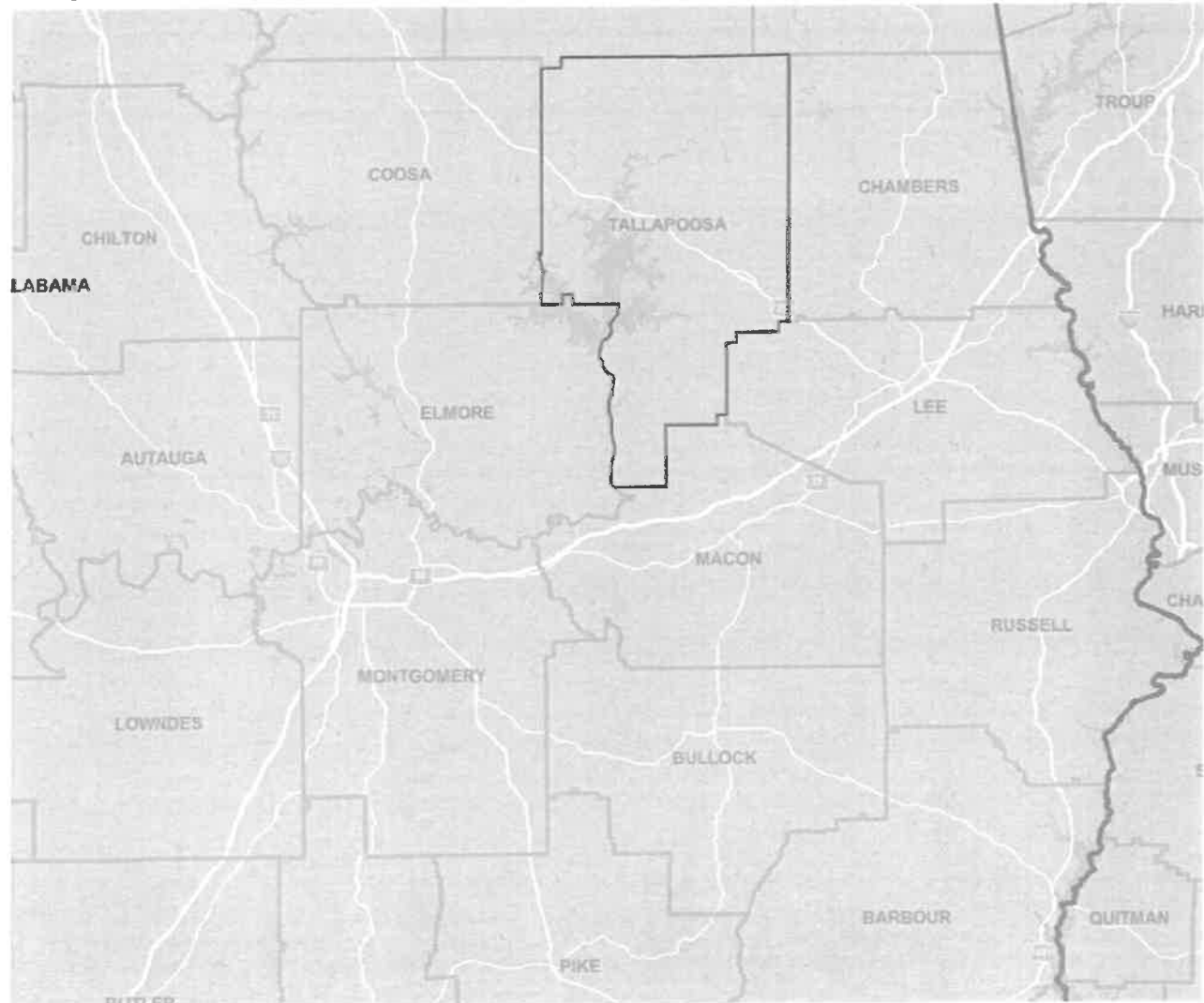
Source: U.S. Census Bureau

Populations and People

Age and Sex

45.4 ± 0.3
Median Age in Tallapoosa County, Alabama

39.6 ± 0.2
Median Age in Alabama

S0101 | 2023 American Community Survey 5-Year Estimates

Population Pyramid: Population by Age and Sex
in Tallapoosa County, Alabama

Share / Embed

Tallapoosa County, Alabama

Age	Male	Female
85 years and over	269	507
80 to 84 years	519	610
75 to 79 years	906	918
70 to 74 years	1,304	1,336
65 to 69 years	1,393	1,580
60 to 64 years	1,450	1,353
55 to 59 years	1,632	1,823
50 to 54 years	1,316	1,456
45 to 49 years	1,099	1,229
40 to 44 years	1,018	1,172
35 to 39 years	1,038	1,038
30 to 34 years	1,085	1,267
25 to 29 years	1,198	1,241
20 to 24 years	994	1,051
15 to 19 years	1,233	1,070
10 to 14 years	1,285	921
5 to 9 years	1,148	1,471
Under 5 years	1,083	1,057

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S0101 | 2023 ACS 5-Year Estimates Subject Tables

Language Spoken at Home

3.9% ± 0.9%
Language Other Than English Spoken at Home in Tallapoosa County, Alabama

6.0% ± 0.2%
Language Other Than English Spoken at Home in Alabama

S1601 | 2023 American Community Survey 5-Year Estimates

Types of Language Spoken at Home
in Tallapoosa County, Alabama

Share / Embed

English only - 96.1%

Spanish - 2.8%

Other Indo-European languages - 0.5%

Asian and Pacific Islander languages - 0.6%

Other languages - 0.0%

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

○   Display Margin of Error
S1601 | 2023 American Community Survey 5-Year Estimates
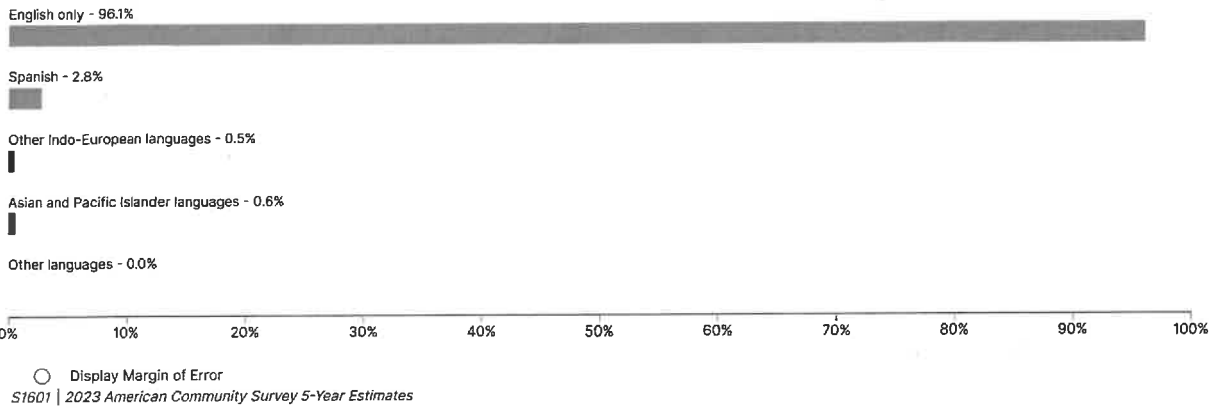
Native and Foreign-Born

1.7% ± 0.4%
Foreign-Born population in Tallapoosa County, Alabama

4.0% ± 0.2%
Foreign-Born population in Alabama

DP02 | 2023 American Community Survey 5-Year Estimates

Foreign-Born Population
in Tallapoosa County, Alabama

Share / Embed

Naturalized U.S. citizen - 32.0%

Not a U.S. citizen - 68.0%

| 0% | 5% | 10% | 15% | 20% | 25% | 30% | 35% | 40% | 45% | 50% | 55% | 60% | 65% | 70% |

○   Display Margin of Error
DP02 | 2023 American Community Survey 5-Year Estimates
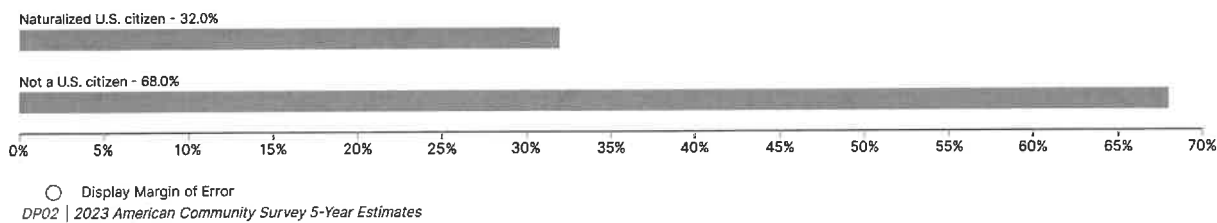
Older Population

22.7% ± 0.1%
65 Years and Older in Tallapoosa County, Alabama

18.2% ± 0.1%
65 Years and Older in Alabama

DP05 | 2023 American Community Survey 5-Year Estimates

Older Population by Age
in Tallapoosa County, Alabama

Share / Embed

65 to 74 years - 13.7%

75 to 84 years - 7.2%

85 years and over - 1.9%

| 0% | 2% | 4% | 6% | 8% | 10% | 12% | 14% | 16% |

○   Display Margin of Error
DP05 | 2023 American Community Survey 5-Year Estimates

Residential Mobility

1.0% ± 0.4%
Moved From a Different State in the Last Year in Tallapoosa County, Alabama

2.4% ± 0.2%
Moved From a Different State in the Last Year in Alabama

S0701 | 2023 American Community Survey 5-Year Estimates

Residential Mobility in the Last Year
in Tallapoosa County, Alabama

Share / Embed

Moved within the same county - 5.6%

Moved from different county, same state - 4.2%

Moved from a different state - 1.0%

Moved from abroad - 0.1%

0%   1%   2%   3%   4%   5%   6%   7%   8%   9%   10%

○ Display Margin of Error
S0701 | 2023 American Community Survey 5-Year Estimates

Veterans

7.8% ± 1.0%
Veterans in Tallapoosa County, Alabama

7.6% ± 0.2%
Veterans in Alabama

S2101 | 2023 American Community Survey 5-Year Estimates

Veterans by Sex
in Tallapoosa County, Alabama
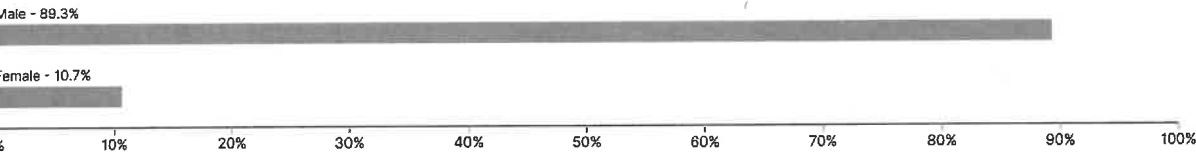
Share / Embed

Male - 89.3%

Female - 10.7%

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

○ Display Margin of Error
S2101 | 2023 American Community Survey 5-Year Estimates

Nearby Counties

APPENDIX 9

Public Input Tools

Public Meetings Comments

Top 5 Needs/Unmet Needs

Cullman Senior Center

1. Transportation
2. Increase in homemaker, chore, companion, and respite services
3. Increase in home-delivered meals
4. Mental health/isolation/grief support (reassurance/wellness check)
5. More in-home service providers

Other comments: improve senior center rules (i.e., open containers), funding to pay transportation drivers, more funding for recreation/crafts (non-evidenced based), senior center field trips, increase legal assistance, larger senior centers (including larger bathroom stalls), improve Medicaid Waiver services (wait list, day programs, more respite hours), waiver expansion for middle class (cost share), more senior housing (specific only to 60+)

Lanett City Hall

1. Mental health/isolation/grief support (reassurance/wellness check)
2. Increase in personal care and chore services
3. Technology training
4. Locating resources
5. Financial planning/budgeting/scam education

Other comments: elder abuse information/education, financial exploitation information/education, financial assistance for utilities, pet care help, pest control (including for groundhogs and raccoons)

Andalusia Senior Center

1. Transportation (including list of private transportation resource)
2. Mental health/isolation/grief support (reassurance/wellness check)
3. Increase in homemaker and chore services
4. Increase in home-delivered meals (including service rural areas)
5. Cost effective Durable Medical Equipment (including home mods)

Other comments: housing (homelessness assistance), 211 information (partnership/collaboration), more Adult Day Health providers, Project Lifesaver (ID bracelets for people with dementia), insurance benefits education, prescription drug assistance, improved cell/life alert coverage in remote areas (broadband access), senior adult visitation, senior neighborhood watch program

McAbee Senior Center

1. Transportation (including VA transportation challenges)
2. Qualified homecare personnel (including overnight respite care)
3. Access to and understanding of available resources
4. Senior center programs in unreached areas
5. Chore services (specifically yard maintenance)

Other comments: tax relief on pensions/retirement, rate of pay for homecare workers, cost of living for senior adults, transitional assistance for senior adults downsizing (financial)

PUBLIC MEETING

Calling All:

- **Senior Adults**
- **People with Disabilities**
- **Caregivers**

We want to hear from you!

We are seeking comments from senior adults, people with disabilities, caregivers, and others interested in people living at home and in their communities for as long as possible.

Collected information will be used in the development of the 2025-2028 State Plan on Aging by the Alabama Department of Senior Services (ADSS) in partnership with the East Alabama Regional Planning and Development Commission (EARPDC).

**Thursday, March 21, 2024
10:00 a.m. – 11:15 a.m.**

EARPDC

For more information, contact
Nick Nyberg at (334)242-5767

www.alabamaageline.gov

Lanett City Hall
401 N. Lanier Avenue
Lanett, AL 36863

PUBLIC MEETING

Calling All:

- Senior Adults
- People with Disabilities
- Caregivers

We want to hear from you!

We are seeking comments from senior adults, people with disabilities, caregivers, and others interested in people living at home and in their communities for as long as possible.

Collected information will be used in the development of the 2025-2028 State Plan on Aging by the Alabama Department of Senior Services (ADSS) in partnership with the North Central Alabama Regional Council of Governments (NARCOG).

**Wednesday, March 20, 2024
10:00 a.m. – 11:15 a.m.**

NARCOG

For more information, contact Nick Nyberg at (334)242-5767

www.alabamaageline.gov

Cullman Senior Center
1539 Sportsman Lake Rd. NW
Cullman, AL 35055

PUBLIC MEETING

Calling All:

- **Senior Adults**
- **People with Disabilities**
- **Caregivers**

We want to hear from you!

We are seeking comments from senior adults, people with disabilities, caregivers, and others interested in people living at home and in their communities for as long as possible.

Collected information will be used in the development of the 2025-2028 State Plan on Aging by the Alabama Department of Senior Services (ADSS) in partnership with the Southern Alabama Regional Council on Aging (SARCOA).

Thursday, March 28, 2024
10:00 a.m. – 11:15 a.m.

SARCOA

For more information, contact
Nick Nyberg at (334)242-5767

www.alabamaageline.gov

Andalusia Senior Center
401 Walker Avenue
Andalusia. AL 36420

PUBLIC MEETING

Calling All:

- **Senior Adults**
- **People with Disabilities**
- **Caregivers**

We want to hear from you!

We are seeking comments from senior adults, people with disabilities, caregivers, and others interested in people living at home and in their communities for as long as possible.

Collected information will be used in the development of the 2025-2028 State Plan on Aging by the Alabama Department of Senior Services (ADSS) in partnership with the West Alabama Regional Council (WARC).

Friday, April 5, 2024
10:00 a.m. – 11:15 a.m.

For more information, contact
Nick Nyberg at (334)242-5767

www.alabamaageline.gov

McAbee Senior Center
3801 Loop Rd.
Tuscaloosa. AL 35404

American Indian or Alaska Native	☐	Native Hawaiian or Pacific Islander	☐
Asian or Asian American	☐	Native American	☐
Black or African American	☐	White	☐
Other	☐		

2. Please choose your ethnicity (Choose one by placing an X in the box of your choice)

Hispanic or Latino	☐	Not Hispanic or Latino	☐

3. Please choose your monthly income range (Choose one by placing an X in the box of your choice)

$1,255 or less	☐	Greater than $1,255	☐

4. Please choose your age range (Choose one by placing an X in the box of your choice)

Under 60	☐	60 or older	☐

5. Please choose your location (Choose one by placing an X in the box of your choice)

Rural	☐	Non-rural	☐

6. Do you live alone? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

7. Do you feel socially isolated and/or lonely? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

8. Are you a person living with a disability? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

9. Are you a caregiver taking care of someone else? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

10. If you are not able to take care of yourself, is there a family member or friend who would take care of you? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐	Don't Know	☐

11. Using the number scale below, please tell us the importance of each item by placing an **X** in the box you choose:

1=Not Very Important, 2=Somewhat Not Important, 3=Somewhat Important, 4= Very Important

	1	2	3	4
Availability of Affordable Housing				
Availability of Affordable Transportation				
Availability of Affordable Home Modifications for Disabilities				
Availability of In-Home Care (housekeeping, personal care)				
Availability of No Cost Legal Help				
Availability of Meals (in the senior center or home-delivered)				
Availability of Assistive Technology				
Information about Emergency Preparedness				
Information about Alzheimer's and Other Dementias				
Information about Elder Abuse, Neglect, and Exploitation				
Information about Medicare or Medicaid Health Coverage				
Information about Safety and Crime Prevention				
Information about COVID-19 and Availability of Vaccination				
Information about Isolation and Loneliness				
Information about Scams Targeting Older Adults				
Help as a Caregiver Taking Care of an Aging Adult or Grandchild				
Help with Financial Planning				
Help with Planning Healthy Meals				
Help with Staying at Home Instead of Nursing Home				
Help with Finding Employment (full-time or part-time)				

Departamento de Servicios para Personas Mayores de Alabama
Plan Estatal sobre Envejecimiento 2025-2028
Necesita valoración

Haz oír tu voz compartiendo lo que es importante para ti. Buscamos ayuda de adultos mayores, personas con discapacidades, cuidadores y otras personas interesadas en que las personas vivan en casa el mayor tiempo posible. La información recopilada a partir de esta evaluación desempeñará un papel integral en el desarrollo del Plan Estatal sobre el Envejecimiento.

1. Por favor elige tu carrera (Elige una colocando una X en la casilla de tu elección)

Indio americano o nativo de Alaska	☐	Nativo de Hawái o de las islas del Pacífico	☐
Asiático o asiático americano	☐	Nativo americano	☐
Negro o afroamericano	☐	Blanco/blanca americano	☐
Otro	☐		

2. Por favor elija su origen étnico (Elija uno colocando una X en la casilla de su elección)

hispano o latino	☐	No Hispano o Latino	☐

3. Por favor elija su rango de ingresos mensuales (Elija uno colocando una X en la casilla de su elección)

$1,255 o menos	☐	Más de $1,255	☐

4. Por favor elija su rango de edad (Elija uno colocando una X en la casilla de su elección)

Menos de 60	☐	60 o más	☐

5. Por favor elija su ubicación (Elija una colocando una X en la casilla de su elección)

Rural	☐	No rural	☐

6. ¿Vives solo? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

7. ¿Se siente socialmente aislado y/o solo? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

8. ¿Es usted una persona que vive con una discapacidad? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

9. ¿Es usted un cuidador que cuida a otra persona? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

10. Si no puede cuidarse a sí mismo, ¿hay algún familiar o amigo que pueda cuidar de usted? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐	no lo sé	☐

11. Usando la escala numérica a continuación, díganos la importancia de cada elemento colocando una X en la casilla que elija:

1=No muy importante, 2=Poco importante, 3=Poco importante, 4=Muy importante

	1	2	3	4
Disponibilidad de viviendas asequibles				
Disponibilidad de transporte asequible				
Disponibilidad de modificaciones de viviendas asequibles para discapacitados				
Disponibilidad de atención domiciliaria (limpieza, cuidado personal)				
Disponibilidad de ayuda legal sin costo				
Disponibilidad de comidas (en el centro para personas mayores o entrega a domicilio)				
Disponibilidad de tecnología de asistencia				
Información sobre preparación para emergencias				
Información sobre el Alzheimer y otras demencias				
Información sobre el abuso, la negligencia y la explotación de personas mayores				
Información sobre la cobertura de salud de Medicare o Medicaid				

Información sobre Seguridad y Prevención de Delitos				
Información sobre COVID-19 y disponibilidad de vacunación				
Información sobre el aislamiento y la soledad				
Información sobre estafas dirigidas a adultos mayores				
Ayuda como cuidador para cuidar a un adulto mayor o a un nieto				
Ayuda con la planificación financiera				
Ayuda para planificar comidas saludables				
Ayuda para quedarse en casa en lugar de en un asilo de ancianos				
Ayuda para encontrar empleo (tiempo completo o tiempo parcial)				

Needs Assessments Results			
			TOTAL
			3274
Race			
American Indian or Alaska Native	42	Native American	99
Asian or Asian American	17	White	2061
Black or African American	1014	Other	32
Native Hawaiian or Pacific Islander	6		
Ethnicity			
Hispanic or Latino	130	Not Hispanic or Latino	3129
Monthly Income Range			
$1,255 or Less	1124	Greater than $1,255	2138
Age Range			
Under 60	414	60 or Older	2860
Location			
Rural	1751	Non-Rural	1518
Do You Live Alone?			
Yes	1665	No	1609
Do You Feel Socially Isolated and/or Lonely?			
Yes	718	No	2553

Are You a Person Living with a Disability?			
Yes	1340	No	1933

Are You a Caregiver Taking Care of Someone Else?			
Yes	630	No	2638

Family Member or Friend Who Would Take Care of You?			
Yes	2064	No	519
Don't Know	686		

Legend: 1 2 3 4

Availability of Affordable Housing

Availability of Affordable Transportation

Availability of Affordable Home Modifications for Disabilities

Availability of In-Home Care (housekeeping, personal care)

Availability of No Cost Legal Help

Availability of Meals (in the senior center or home-delivered)

Availability of Assistive Technology

Information about Emergency Preparedness

Information about Alzheimer's and Other Dementias

Information about Elder Abuse, Neglect, and Exploitation

Information about Medicare or Medicaid Health Coverage

Information about Safety and Crime Prevention

Information about COVID-19 and Availability of Vaccination

Information about Isolation and Loneliness

Information about Scams Targeting Older Adults

Help as a Caregiver Taking Care of an Aging Adult or Grandchild

Help with Financial Planning

Help with Planning Healthy Meals

Help with Staying at Home Instead of Nursing Home

Help with Finding Employment (full-time or part-time)

100%   0%   100%

Public Meetings		
Venue	**Date**	**Attendance**
Cullman Senior Center	3/20/2024	104
Lanett City Hall	3/21/2024	50
Andalusia Senior Center	3/28/2024	35
McAbee Senior Center	4/5/2024	42

Public Meetings Comments

Top 5 Needs/Unmet Needs

Cullman Senior Center

1. Transportation
2. Increase in homemaker, chore, companion, and respite services
3. Increase in home-delivered meals
4. Mental health/isolation/grief support (reassurance/wellness check)
5. More in-home service providers

Other comments: improve senior center rules (i.e., open containers), funding to pay transportation drivers, more funding for recreation/crafts (non-evidenced based), senior center field trips, increase legal assistance, larger senior centers (including larger bathroom stalls), improve Medicaid Waiver services (wait list, day programs, more respite hours), waiver expansion for middle class (cost share), more senior housing (specific only to 60+)

Lanett City Hall

1. Mental health/isolation/grief support (reassurance/wellness check)
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3. Technology training
4. Locating resources
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Other comments: elder abuse information/education, financial exploitation information/education, financial assistance for utilities, pet care help, pest control (including for groundhogs and raccoons)

Andalusia Senior Center

1. Transportation (including list of private transportation resource)
2. Mental health/isolation/grief support (reassurance/wellness check)
3. Increase in homemaker and chore services
4. Increase in home-delivered meals (including service rural areas)
5. Cost effective Durable Medical Equipment (including home mods)

Other comments: housing (homelessness assistance), 211 information (partnership/collaboration), more Adult Day Health providers, Project Lifesaver (ID bracelets for people with dementia), insurance benefits education, prescription drug assistance, improved cell/life alert coverage in remote areas (broadband access), senior adult visitation, senior neighborhood watch program

APPENDIX 10

Emergency Preparedness/Continuity Plan Disaster Recovery

EMERGENCY PREPAREDNESS AND RESPONSE PLAN
(EPRP)

East Alabama Regional Planning
And Development Commission
Area Agency on Aging

January 2024
Revised

Table of Contents

1. MISSION DEFINITION

1.1 Introduction – Establishing the parameters of the plan

1.1a. - AUTHORITY

The authority for implementing the ERPR resides with the Commission's Executive Director Lori Corley; Deputy Director, Frank Humber; and the EARPDC Board of Directors.

1.1b. - PURPOSE

This ERPR defines our process for addressing safety, security and emergency preparedness as:

- **System Safety** – The application of operating policies and procedures to reduce vulnerability to safety-related hazards.

- **System Security** – The application of operating policies and procedures to reduce vulnerability to security threats.

- **Emergency Preparedness** – The system of policies and procedures that assure rapid, controlled, and predictable responses to a wide variety of safety and/or security incidents.

The ERPR supports the Commission's efforts to address and resolve critical incidents on our property and within our community.

Critical Incidents – Critical Incidents could include accidents, natural disasters, sabotage, civil unrest, hazardous materials spills, criminal activity, or acts of terrorism. Regardless of the cause, critical incidents require swift, decisive action to protect life and property. Critical incidents must be stabilized prior to the resumption of regular service or activities. And successful resolution of critical incidents typically requires cooperative efforts by a variety of responding agencies.

The overall purpose of the Commission's ERPR is to optimize -- within the constraints of time, cost, and operational effectiveness -- the level of protection afforded to the Commission's clients, employees, volunteers and contractors, and any other individuals who come into contact with the system, both during normal operations and under emergency conditions.

This ERPR demonstrates the Commission's commitment to do the following:

- **Prepare**
  - Identify assets essential to our mission

- Identify key threats facing our agency and our community
- Coordinate with other emergency response organizations

- **Prevent**
  - Take steps to eliminate threats where possible
  - Institute policies and procedures that reduce the likelihood of incidents occurring
  - Take steps that reduce the impact on system assets when incidents do occur

- **Respond**
  - React quickly and decisively to critical incidents based on the four prime response objectives:
    - Protection of Self
    - Protection of Others
    - Protection of Resources
    - Stabilization of Incident

- **Recover**
  - Resume service delivery based on availability of resources
  - Repair and replace critical assets
  - Assess incident response actions
  - Plan for the future based on lessons learned

1.1c. - GOALS

The ERPR provides the Commission with a safety, security and emergency preparedness capability that:

- Ensures that safety, security and emergency preparedness are addressed during all phases of program operation including hiring and training of personnel; procurement and maintenance of equipment; development of policies and procedures; and coordination with local emergency management and first responder agencies
- Creates a culture that supports employee safety and security through the appropriate use and operation of equipment and resources
- Promotes analysis tools and methodologies that identify changing threat conditions and bolster agency response capabilities
- Ensures that our agency achieves a level of security performance and emergency readiness that meets or exceeds the operating experience of similarly-sized agencies
- Makes every effort to ensure that, if confronted with a safety or security event or major emergency, our personnel will respond effectively, using good judgment and building on best practices identified in policies and procedures and exercised through drills and training

1.1d. - OBJECTIVES

In this new environment, every threat cannot be identified and eliminated, but the Commission takes steps to be more aware, to better protect clients, employees, facilities and equipment, and stands ready to support community needs in response to a critical incident. To this end, our ERPR has five objectives:

1. Achieve a level of security performance and emergency readiness that meets or exceeds the operating experience of similarly-sized agencies around the nation.

2. Partake in and strengthen community involvement and participation in the safety and security of our system.

3. Develop and implement a Threat and Vulnerability Assessment program and, based on the results of this program, establish a course of action for improving physical safety and security measures and emergency response capabilities.

4. Expand our training program for employees, volunteers and contractors to address safety and security awareness and emergency management concerns.

5. Enhance our coordination with partner agencies regarding safety, security and emergency preparedness issues.

1.1e. - DEFINITION

In this ERPR, the term "client" is used to describe all individuals, groups, and organizations served by EARPDC.

1.2   System Overview – Who We Are and What We Do

1.2a. - ORGANIZATIONAL DESCRIPTION

The Commission oversees, manages, and provides technical assistance to its participating local governments in ten (10) counties.

1.2b. - MISSION STATEMENT

The AAA's mission statement is: develop and administer a comprehensive and coordinated service delivery system for older adults in our 10-county area.

1.2c. - ORGANIZATIONAL STRUCTURE

Organizational Chart is Appendix A

The Organization chart is the official EARPDC chart, and does not reflect the chain of command during any disaster.

1.2d. - SERVICE AREA

The ten (10) county EARPDC region.

1.2e. - SERVICE DESIGN

As described in the Area Plan.

1.2f. - FUNDING SOURCES

OAA Titles III, V, and VII; Medicaid; State and Local funding.

1.3 Safety and Security Roles and Responsibilities – Who Has Responsibility for Addressing Risk

1.3a. - PHILOSOPHY

The Commission makes all efforts to ensure that, if confronted with a safety or security event or major emergency, the Commission personnel will respond effectively, using good judgment, ensuring due diligence, and building on best practices, identified in rules and procedures and exercised through drills and training.

This level of proficiency requires the establishment of formal mechanisms to be used by all the Commission personnel to identify safety or security threats and vulnerabilities associated with the Commission operations, and to develop controls to eliminate or minimize them. The ERPR also requires the Commission to:

- Coordinate with local law enforcement and other public safety agencies to manage response to any incident that occurs on a transit vehicle or affects transit operations, and

- Identify a process for integrating the Commission resources and capabilities into the community response effort to support the management of a major safety or security event affecting the community.

The Commission management expects all employees, volunteers and contractors, especially those working directly with passengers, to support the ERPR.

1.3b. - DIVISION OF RESPONSIBILITIES

All Personnel

The Commission personnel understand and adopt their specific roles and responsibilities, as identified in the ERPR, thereby increasing their own personal safety and security and that of their passengers during normal operations and in emergency conditions.

The following functions are performed by the Commission personnel to ensure the success of the ERPR:

- Becoming familiar with and operating within all security and emergency preparedness procedures for assigned work activity.

- All suspicious activity, no matter how insignificant it may seem, is immediately reported to the AAA Director or his/her designee.

- All security incidents are immediately reported.

- Proper judgment is used by following crisis management guidelines when managing dangerous passengers and potentially volatile situations.

- Participation in security and emergency preparedness training, including drills and exercises.

- The AAA Director or his/her designee is notified when a physical or mental condition, or required medications or therapies, may impair the ability of an employee to perform security or emergency preparedness functions.

Specific Job Function Responsibilities

The following job functions within the Commission have defined responsibilities relevant to safety and security concerns:

- AAA Director
- Program Manager HCBS
- ADRC Project Administrator
- Senior Center Services Project Director
- Lead Ombudsman
- SHIP Coordinator

2. THREATS AND VULNERABILITIES

2.1 Overview

While safety addresses the day-to-day issues of serving clients in the community safely and without accident, security deals with the entire system and the potential for threats against it. Security also includes the Commission as part of the larger community and the response within the community to environmental hazards, criminal or terrorist acts, or natural disaster.

The Commission's Threat and Vulnerability Assessment provides a framework by which to analyze the likelihood of hazards and threats damaging critical assets. Included in this assessment are:

- Historical analysis
- Physical surveys
- Expert evaluation
- Scenario analysis

The Threat and Vulnerability Assessment offers the Commission the ability to identify critical assets and their vulnerabilities to threats, to develop and implement countermeasures, and to monitor and improve program effectiveness. This analysis is guided by clear investigation of three critical questions:

1. Which assets can we least afford to lose?
2. What is our responsibility to protect these assets?
3. Where do we assume total liability for risk and where do we transfer risk to others, such as local public responders, technical specialists, insurance companies, and the state and Federal government?

2.2 Critical Assets – Identifying the Important Elements of Our Organization Requiring Protection

2.2a. - OVERVIEW

In security terms, the Commission assets are broadly defined as:

- **People** – Clients, employees, visitors, contractors, vendors, community members, and others who come into contact with the system
- **Information** – Employee and customer information, computer network configurations and passwords, ridership, revenue and service statistics, operating and maintenance procedures, vehicle identification systems
- **Property** – Revenue vehicles, non-revenue vehicles, storage facilities, passenger facilities, maintenance facilities and equipment, administrative offices, computer systems and communications equipment

Assets are critical when their loss either endangers human life or impacts the Commission ability to maintain service. In reviewing assets, the transportation system has prioritized which among them has the greatest consequences for the ability of the system to sustain service. These critical assets may require higher or special protection.

2.2b. - ASSET ANALYSIS

In identifying and analyzing critical assets for the entire system, under the full range of operational conditions, a simple process called "asset criticality valuation" has been performed by the Commission. This process helped the Commission management to prioritize the allocation of limited resources for protecting the most vital elements of its operation. In this asset analysis the Commission considered the following:

- Criticality to mission
- Asset replacement cost
- Severity of impact on public health and safety
- Impact on other assets including intangibles such as public trust and employee morale

For those assets that are mission-critical, steps are taken for risk **avoidance** (i.e. stop the activity altogether), risk **retention** (e.g. accept the risk but take steps to reduce the likelihood or impact of an incident) and risk **transference** (e.g. have someone else, like an insurer, assume the risk).

2.3 Threat and Vulnerability Evaluation

A threat is any action with the potential to cause harm in the form of death, injury, destruction of property, interruption of operations, or denial of services. The Commission threats include accidents and incidents, hazardous materials, fires, acts of nature, or any event that could be perpetrated by criminals, disgruntled employees, or terrorists.

Threat analysis defines the level or degree of the threats by evaluating the probability and impact of the threat. The process involves gathering historical data about threatening events and evaluating which information is relevant in assessing the threats against the Commission. Some of the questions answered in our threat analysis include.

- How safe are vehicles and equipment?
- How secure is the transportation facility?
- What event(s) or act(s) of nature has a reasonable probability of occurring?
- Have similar-sized agencies been targets of criminal or terrorist acts in the past?
- How significant would the impacts be?

A vulnerability is anything that can make an agency more susceptible to a threat. This includes vulnerabilities in safety/security procedures and practices involving transit

facilities, transit equipment and transit staff. Vulnerability analysis identifies specific weaknesses to threat that must be mitigated.

2.3a. - THREAT AND VULNERABILITY IDENTIFICATION

The primary method used by the Commission to identify the threats to the system and the vulnerabilities of the system is the collection of historical data and incident reports submitted by staff and supervisors and information provided by federal and state agencies and local law enforcement.

The Commission reviews safety/security information resources and determines if additional methods should be used to identify system threats and vulnerabilities. This includes a formal evaluation program to ensure that safety/security procedures are maintained and that safety/security systems are operable. Safety/security testing and inspections may be conducted to assess the vulnerability of the transit system. Testing and inspection includes the following three-phase approach:

1. Equipment preparedness
2. Employee proficiency
3. System effectiveness

2.4 Scenario Analysis

Scenario analysis is brainstorming by personnel, emergency responders, and contractors to identify threats to the system and to assess vulnerability to those threats. By matching threats to critical assets, the Commission identifies the capabilities required to counteract vulnerabilities. This activity promotes awareness and enables staff to more effectively recognize, prevent, and mitigate the consequences of threats.

For each scenario, the Commission has attempted to identify the potential impacts of probable threats using a standard risk analysis protocol in which threats are segmented by probability from low to high and severity of impact from modest to catastrophic.

Scenario-based analysis is not an exact science but rather an illustrative tool demonstrating potential consequences associated with low-probability to high-impact events. To determine the actual need for additional countermeasures, and to provide the rationale for allocating resources to these countermeasures, the Commission uses the scenario approach to pinpoint the vulnerable elements of the critical assets and make evaluations concerning the adequacy of current levels of protection.

At the conclusion of the scenario-based analysis, the Commission assembled a list of prioritized vulnerabilities for its top critical assets. These vulnerabilities are divided into the following categories:
- lack of planning;

- lack of coordination with local emergency responders;
- lack of training and exercising; and
- lack of physical security

Based on the results of the scenario analysis, the Commission identified countermeasures to reduce vulnerabilities.

2.5 Identified Potential Program Threats

It is essential to identify each potential threat that a system could face, evaluate those threats in terms of their potential impact on transit system assets and to analyze transit system vulnerability to those threats. The Commission has done such a Threat and Vulnerability Assessment for the following potential threats:

2.5a. - ACCIDENTS AND INCIDENTS

- **Transit vehicle accidents**
  Can be defined as collisions with other vehicles, objects or persons with the potential for damage to people and/or property and the possibility of lawsuits and/or criminal charges.

- **Transit passenger incidents**
  Involve passenger falls, injuries relating to lift and securement operation, injuries before boarding or after alighting and passenger illnesses

- **Employee accidents and incidents**
  Include injuries within the office, on official travel, while maintaining the equipment, and on-premises, but not while operating a vehicle for public transport. Such accidents/incidents create the possibility for loss of workforce, lawsuits and worker's compensation claims.

2.5b. - ACTS OF NATURE

- **Floods**
  Are caused by heavy rain, storm surge, rapid snowmelt, ice jams, dam breaks or levee failures and can result in loss of life damage to facilities, danger to vehicles on roadways and loss of power and communications. Such events could require use of transit system assets for evacuation purposes.

- **Winter weather**
  Snow and ice storms can cause power failures, make roads dangerous or impassable, cause sidewalk hazards, and affect the ability to deliver transit service.

- **Tornado/hurricane**
  High winds have the potential to cause flying debris, down trees and/or power lines, make roadways impassable or dangerous, damage facilities or vehicles and threaten the safety of passengers and employees. Such events could require use of transit system assets for evacuation purposes.

- **Thunderstorms**
  May trigger flash flooding, be accompanied by strong winds, hail or lightening, can possibly cause power or communication system outages, damage facilities and equipment and make roads dangerous or impassable.

- **Wildfire**
  Whether natural or human-caused, are particularly dangerous in drought conditions, can reduce visibility, impair air quality, and have the potential to damage facilities, equipment and make roadways impassable. Such an event could require use of transit system assets for evacuation purposes.

- **Earthquake**
  Has the potential to cause extensive damage to buildings, water systems power systems, communications systems roads, bridges and other transportation infrastructure. Such events often overwhelm first responder resources. In coastal areas, tsunamis, or tidal waves, are a hazard following major earthquakes and underwater tectonic activity. A transit system's assets could be used for evacuation purposes after damage assessment.

- **Landslide/Avalanche**
  Has the potential to close roadways, damage vehicles and facilities and injure employees and passengers.

- **Dust storm**
  Usually arrives suddenly in the form of an advancing wall of dust and debris which may be miles long and several thousand feet high, and usually last only a few minutes. Blinding, choking dust can quickly reduce visibility, causing accidents. While dust storms may last only a few minutes, they tend to strike with little warning.

2.5c. – CRITICAL INFRASTRUCTURE

- **Power outages**
  Whether short or long in duration, can impact overall ability to operate transit services and limit functional nature of transit equipment and facilities.

- **Computer crashes/cyber attacks**
  Cause loss of critical data and negatively impact the ability to schedule and dispatch services.

- **Communication system failure**
  Can have serious effects on the ability to deliver service and keep employees out of harms way.

- **Supply chain interruption**
  Transit service is dependent upon a continuous supply of fuel, lubricants, tires, spare parts, tools, etc. Interruption of material supplies due to weather conditions, roadway closures, acts of terrorism, acts of war, or loss of supplier facilities can limit your ability to maintain service

- **Vehicle fires**
  Cause transit employee and passenger injuries and death and damage or loss of transit equipment and have the potential for lawsuits.

- **Facility loss**
  Loss of administrative, maintenance, or operations facilities– whether caused by structural collapse, presence of toxic materials, violation of municipal codes, or significant events on neighboring properties – can hamper the ability to sustain service

- **Structural Fire**
  Whether natural or human-caused, can threaten employees and customers and damage facilities and equipment. Such an event could require use of transit vehicles for temporary shelter, or for evacuation purposes,

- **Staff shortage**
  Caused by labor disputes, poor human resource management, or regional employee shortages. Can have immediate impacts on ability to deliver service, and longer-term impacts on facility and equipment resources.

- **Employee malfeasance**
  Illegal and illicit behavior by agency employees, particularly when in uniform or on duty, can seriously damage intangible assets such as organizational image and employee morale.

2.5d. – HAZARDOUS MATERIALS.

- **Bloodborne pathogens**
  Exposure can put drivers, passengers, maintenance employees and bus cleaners at risk of contracting disease.

- **Toxic material spills**
  Toxic materials fall into four basic categories: blister agents such as solvents; cardio-pulmonary agents such as chlorine gas; biological agents such as anthrax; and nerve agents such as Sarin. While some of these materials may be agents of

terrorist acts, accidental release is also possible. Additionally, low-level exposure to maintenance related chemicals and vehicle fluids can pose a risk to employee and environmental health.

- **Radiological emergencies**
  Could include accidental release of radioactivity from power plants or from materials being transported through the service area by truck or train. Have the potential to cause danger to human life or the need for use of transit system assets for evacuation purposes.

- **Fuel related events**
  Include accidental release of natural gas and petroleum, rupture of pipelines, and fire and explosion involving alternative fuel use. Dangers include risk of human life, damage to facilities and vehicles, and events that may require use of transit system assets for evacuation purposes.

2.5e. - CRIMINAL ACTIVITY

- **Trespassing**
  Penetration of organizational security system can increase vulnerability to criminal mischief, theft, workplace violence, and terrorist attack

- **Vandalism/Criminal mischief**
  Includes graffiti, slashing, loitering, or other such events that damage buses, bus stops, shelters, transit facilities and/or organizational image.

- **Theft and burglary**
  Includes loss of assets due to break-in to facilities and into vehicles as well as employee theft, and can threaten information assets, property assets, and organizational image.

- **Workplace violence**
  Includes assaults by employees on employees, passengers on passengers, and passengers on employees including menacing, battery, sexual assault, and murder.

- **Commandeered vehicle**
  The taking of a transit vehicle to perpetrate a crime and the taking of hostages as a negotiating tool. Puts the lives of transit employees and passengers at risk.

2.5f. – TERRORISM

- **Dangerous mail**
  Chemical, biological, radiological and explosive devices delivered through the mail put the lives of transit employees and occupants of transit facilities at risk, and have the potential for damage of facilities and equipment.

- **Suicide bombers**
  Internationally, transit systems have been common terrorist targets. American transit systems are not immune. The major inherent vulnerabilities of transit are that transit systems by design are open and accessible, have predictable routines/schedules, and may have access to secure facilities and a wide variety of sites, all of which make transit an attractive target.

- **Improvised Explosive Devices (IED)**
  Activities could involve the use of conventional weapons and improvised explosive devices or bombs on transit vehicles, within transit facilities or within the environment of the transit service area, putting the lives of transit employees, passengers and community members at risk. Such events could require the use of transit vehicles in evacuation activities.

- **Weapons of mass destruction**
  Use of chemical, biological or radiological weapons could cause massive loss of life involving everyone in the community and lead to the destruction of transit vehicles and facilities, as well as require the use of transit vehicles for evacuation purposes.

3. PREPARATION AND RESPONSE STRATEGIES

3.1 EMERGENCY OPERATIONS POLICIES

Checking Weather and Other Hazardous Conditions

The Commission has in place Operations Policies that address responding to emergencies. At the Commission, management is responsible for checking weather and other reports to ensure it is safe to send vehicles on the road. This designated individual checks this information before each shift and at appropriate intervals, especially if severe weather is expected. Drivers performing their routes continuously assess road conditions, evaluating weather, construction, accidents, and other situations to ensure it is safe to proceed. Every effort is made to avoid sending drivers on routes if it is unsafe to do so. However, if a condition arises requiring a driver to abort a route, the dispatcher will contact the driver (or the driver will alert the dispatcher), and the dispatcher will provide instructions on how to proceed.

The Commission may use National Weather Service warnings, forecasts, and advisories available at www.weather.gov, www.nbc13.com and others, and weather radios monitored at dispatch site to track real-time information on the following conditions:

☐	Hazardous weather outlooks	☐	High wind warnings
☐	Special weather statements	☐	High wind watches
☐	Winter storm watches	☐	Wind advisories
☐	Winter storm warnings	☐	Gale warnings
☐	Snow and blowing snow advisories	☐	Tornado watches and warnings
☐	Winter weather advisories	☐	Hurricanes
☐	Heavy freezing spray warnings	☐	Flood warnings
☐	Dense fog warnings	☐	Flood statements
☐	Fire weather forecasts	☐	Coastal flood statements

The Commission is committed to proactively coordinate with local emergency management, law enforcement and other first responders in preparing for an integrated response to emergencies and security related events. Toward this end the Commission may meet on a regular basis with local emergency management staff, local law enforcement and other first responders, and reviews local and transit agency emergency plans to ensure that transit is integrated into these plans and is prepared to play its defined role in any emergency.

3.2   Coordination with Emergency Management

Effective emergency response does not happen by accident. It is the result of planning, training, exercising, and intra/interagency cooperation, coordination and communication. Integration into the local community's emergency planning process is central to the success of the Commission ERPR and to the preparedness of the system. The Commission coordinates with local community emergency management to fulfill all ERPR functions including threat mitigation, consequence management planning, exercising and training, and post-incident analysis.

In this ERPR, the Commission has defined its internal processes for identifying safety and security events, mitigating consequences and managing or assisting in incident response.

3.3   Coordination with First Responders

3.3a. – LAW ENFORCEMENT

The Commission staff regularly works with the local and state law enforcement to improve security and emergency/incident preparedness and response capabilities. These activities include:

- Maintaining regular communications with law enforcement

- Meeting at least once a year to ensure transit issues are understood by law enforcement
- Developing an emergency contact list for dispatchers
- Communicating regularly on optimal incident reporting methods that will offer law enforcement all the information they need .
- Participating in cooperative emergency preparedness training programs
- Establishing appropriate methods of communication for continuous coordination during an emergency
- Establishing procedures for supplying the unique types of emergency service that may be required in particular emergency situations

3.3b. – FIRE

The Commission makes every effort to work with the local fire departments on a regular basis to support improved security and emergency/incident preparedness and response. This includes the following activities:

- Maintaining regular communications with fire services
- Establishing the level of service (e.g., equipment and personnel) to be delivered in response to various types of emergencies
- Specifying in advance the level of notification, command and control, and degree of responsibility that will apply on site
- Establishing appropriate methods of communication, and developing procedures for continuous coordination and transfer of command
- Providing training for fire department personnel to familiarize them with transit vehicles and equipment, including wheel chair lifts and access/egress procedures
- Conducting periodic drills in cooperation with the fire department
- Scheduling a meeting at least annually to ensure transit issues (e.g., evacuation of transit vehicles, considerations for persons with disabilities) are understood by fire officials
- Identifying any special tools and equipment the firefighters might need to address transit emergencies (particularly items that they would not normally possess) by inviting firefighters to visit the agency annually, and walking them through transit vehicles and facilities
- Reviewing current fire-related plans and policies
- Ensuring fire annunciation and evacuation procedures are part of the standard procedures and training for operators

3.3c. - EMERGENCY MEDICAL SERVICES

The Commission makes every effort to work with the local emergency medical services including hospitals on a regular basis to support improved medical response. Preparations include the following activities:

- Maintaining regular communications with EMS
- Scheduling a meeting on transit property or at the offices of EMS at least annually to ensure transit issues are understood by the organization
- Establishing appropriate EMS unit jurisdictions

- Establishing the level of service (equipment, personnel, etc.) to be delivered in response to various types and degrees of emergencies
- Establishing appropriate methods of communication for continuous coordination during a response
- Familiarizing EMS personnel with transit vehicles and facilities
- Conducting periodic drills in conjunction with EMS personnel

3.4 Notification Methodology

3.4a. – Internal Contact Information

The Commission maintains accurate and up-to-date internal contact information on key staff and board members required to respond to safety and security emergencies. The Commission utilizes CallingPost as it's emergency notification system. Emergency contact lists are located in the Disaster Preparedness Manual at the front desk and in the offices of the Executive and Deputy Director.

3.4b. – External Contact Information

The Commission maintains accurate and up-to-date external contact information on key community emergency management personnel and first responders to be notified in the case of safety and security emergencies. Emergency contact lists are located in the Disaster Preparedness Manual at the front desk and in the offices of the Executive and Deputy Director.

3.5 Succession Planning

THhe Commission has a plan to ensure continuity of management throughout any emergency incident. The succession plan provides for automatic delegation of authority in cases where:

- The Emergency Response Coordinator (ERC) or other agency incident response personnel are no longer able to perform incident-related duties due to injury, illness or exhaustion/rest and recuperation.
- A member of the incident response team is temporarily unable to perform incident-related duties due to loss of radio or phone service.
- Regular members of the agency incident response team are unavailable due to travel (e.g., vacation, professional development, etc.)

The succession plan designates the next most senior leader required to manage temporary duties normally assigned to higher-level personnel.

3.6 Exercises and Drills

In crisis management as in sports, the agency plays the way it practices. That is why the Commission is committed to testing their emergency preparedness plans through disaster drills and exercises.

The Commission is committed to participating in community emergency response exercises. This commitment requires the transportation system and community public response agencies to plan and conduct increasingly challenging exercises over a period of time. Implementation of such a program allows the collective community to achieve and maintain competency in executing the transportation component of local emergency response plans.

There are five major types of exercises that comprise this program, each with a different purpose and requirement. Each step is progressively more sophisticated in nature and will be undertaken in a step-by-step and long-term implementation plan that is integrated into overall community response.

1. Basic awareness training to familiarize participants with roles, plans, procedures, and resolve questions of coordination and assignment of responsibilities

2. Operational training to familiarize front-line staff with roles, plans, procedures, and resolve questions of coordination and assignment of responsibilities.

3. Tabletop exercises that simulate emergency situations in an informal, low stress environment. It is designed to elicit discussion as participants examine and resolve problems based on existing crisis management plans and practical working experience.

4. Drills that test, develop or maintain skills in a single response procedure (e.g., communications, notification, lockdown, evacuation procedures, etc.). Drills can be handled within the organization, or coordinated with partner agencies, depending upon the drill objective(s). Drills help prepare players for more complex exercises in which several functions are simultaneously coordinated and tested.

5. Functional exercises are full-scale simulated incidents that tests one or more functions in a time-pressured realistic situation that focuses on policies, procedures, roles and responsibilities. It includes the mobilization of emergency personnel and the resources appropriate to the scale of the mock incident. Functional exercises measure the operational capability of emergency response management systems in an interactive manner resembling a real emergency as closely as possible.

3.7 Reaction Strategies

The Commission is committed to focusing on organizational emergency planning activities and preparing its transit staff to react to any potential threatening event. The Commission understands that threat reaction planning and preparation is a dynamic and ongoing process

which requires constant attention and organizational energy. Therefore, the threatening events presented below represent no more than a starting place for our safety, security and emergency preparedness efforts.

Accidents and Incidents
- Transit vehicle accidents
- Transit passenger incidents
- Employee accidents and incidents

Acts of Nature
- Floods
- Winter weather
- Tornado/hurricane
- Thunderstorms
- Wildfires
- Earthquakes
- Landslides/Avalanches
- Dust storms

Critical Infrastructure
- Power outages
- Computer crashes/cyber attacks
- Communication system failure
- Supply chain interruption
- Facility loss
- Vehicle fires
- Structural fire
- Staff shortage
- Employee malfeasance

Criminal Activity
- Trespassing
- Vandalism/Criminal mischief
- Theft and Burglary
- Workplace violence
- Commandeered vehicle
- Bomb threats

Terrorism
- Dangerous mail
- Suicide bombers
- Improvised Explosive Devices (IED)
- Weapons of Mass Destruction (WMD

4. INCIDENT MANAGEMENT

4.1 National Incident Management System (NIMS)

The National Incident Management System (NIMS) was developed to provide a system that would help emergency managers and responders from different jurisdictions and disciplines work together more effectively to handle emergencies and disasters. Most incidents are handled daily by a single, local jurisdiction at the local level, often by fire personnel, EMS and law enforcement. But even for incidents that are relatively limited in scope, coordination and cooperation among the responding organizations, including transit, are essential for an effective response.

The NIMS provides a standardized, unified framework for incident management within which government and private entities at all levels can respond to incidents effectively. The NIMS provides a set of standardized organizational structures such as the Incident Command System and standardized processes, procedures and systems. These processes and procedures are designed to improve interoperability among jurisdictions and disciplines in various areas - command and management, resource management, training and communications.

The management of the Commission is committed to train and work within the NIMS structure as a part of the community emergency response team as per the requirements laid out at **fema.gov**. This ERPR takes an all-hazards approach using a common standard of efficient and coordinated response across multiple agencies which is consistent with the overall structure of NIMS as shown below:

- Command and management
- Preparedness
- Resource management
- Communications and information management
- Supporting technologies
- Ongoing management and maintenance

4.2 Incident Command System (ICS)

The Incident Command System (ICS) is a standardized on-scene incident management concept designed specifically to allow responders, including transit, to adopt an integrated organizational structure equal to the complexity and demands of any single incident or multiple incidents without being hindered by jurisdictional boundaries.

The management of the Commission is committed to train and work within the Incident Command System structure as a part of the community emergency response team as per the requirements laid out at:

Fema.gov/training

4.2a THE COMMISSION INCIDENT MANAGEMENT STEPS

Information gathering and analysis

Pre-incident information includes knowledge of any patterns, trends or history of any similar events. Empirical or perceptual information is what is actually observed. Cognitive information is what has been learned through training and experience.

Problem identification and assessment

Hazards must be identified. Included in this determination are the type of hazard and the credibility of the threat. Risk must be determined by considering the number of potential victims, critical assets exposed and extent of the impact area.

Developing a strategy and tactics

A strategy is the overall goal or desired outcome that is attempting to be achieved based on minimizing injury, property damage and service disruption. Tactics are specific objectives and the corresponding tasks that will be used to achieve the goal or strategy.

Implementing a plan

Plan implementation includes directing others, communicating, delegating, notifying and requesting resources.

Evaluating results

Plans must be evaluated on an on-going basis to ensure that the tactics being used are still appropriate and that they are having a positive effect.

4.3 Emergency Response

4.3a. - NORMAL HOURS EMERGENCY RESPONSE

When an outside emergency occurs in the community and specifically designated officials declare a state of emergency which requires transit agency participation, response, or awareness, the local emergency manager or their designee contacts the Commission. During normal operating hours, the following policy is followed:

- Initial contact is made by the emergency manager or his/her designee, using the first responder checklist maintained in the Emergency Management Plan.
- The most senior person on duty is the initial the Commission Emergency Response Coordinator (ERC). The ERC gives the individual calling a telephone number (or other means through which the ERC will remain constantly available) for updated emergency information communications during the emergency.
- The ERC performs the following functions:

- Contacts all on-duty vehicles (by radio) to notify them that they are needed for an emergency response.
- Directs all affected drivers to unload their passengers at a designated point and proceed to the staging area designated by the Commission.
- Records an approximate time of arrival (estimated time of arrival - ETA) at that staging area with notification upon arrival.
- The ERC calls employees on the emergency phone list, informs them that the Commission is responding to a community emergency.
- Establishes the Commission incident command center at the transit facility or other available location as circumstances dictate.

- The ERC remains in charge of all response activities throughout the emergency unless relieved by a more senior manager.
- The ERC has the authority to allocate all the Commission personnel and equipment as necessary to respond to the emergency at hand.
- The ERC has the emergency authority to procure parts, fuel, and other essentials necessary to continue and sustain the Commission emergency response activities. .
- The ERC continues to make efforts to contact all the Commission personnel, as well as the Commission board members (as time and response efforts may permit, to inform them of our participation).
- The ERC provides personnel and resources in the quantities requested and to various locations as directed by the emergency manager or his/her designee.
- The ERC remains on-duty in an active status until relieved or directed by the emergency manager or his/her designee that the transit agency's participation in the emergency response is no longer required.
- ERC maintains communication with Executive Director and remains in communication to the extent possible.

4.3b. - AFTER HOURS EMERGENCY RESPONSE

When an outside emergency occurs in the community that requires transit agency participation, response, or awareness, the local emergency manager contacts the Commission. After normal operating hours, the following policy is followed:

- Initial contact will be made by the emergency manager or his/her designee using the emergency contact list the Commission supplied to them.
- Either the person receiving the call or the most senior person available is the initial the Commission Emergency Response Coordinator (ERC). The ERC gives the individual calling a telephone number (or other means) by which the ERC will remain available for communications during the emergency.
- The ERC begins to call persons listed on the internal contact list, informing them that the Commission is responding to a community emergency. During this stage, the ERC:
  - Coordinates the opening of the transit facility where the Commission vehicles are located
  - Establishes the Commission incident command center at the transit facility or other available location as circumstances dictate.

- The ERC remains in charge of all response activities throughout the emergency unless relieved by a more senior manager.
- The ERC has the authority to allocate all the Commission personnel and equipment as necessary to respond to the emergency at hand.
- The ERC has the emergency authority to procure parts, fuel, and other essentials necessary to continue and sustain the Commission emergency response activities.
- The ERC continues to contact all the Commission personnel, as well as the Commission board members (as time and response efforts may permit) to inform them of our participation.
- The ERC provides personnel and resources in the quantities requested and to various locations as may be directed by the emergency manager or his/her designee.
- The ERC remains on duty in an active status until relieved or directed by the emergency manager or his/her designee that the transit agency's participation in the emergency response is no longer required.
- The ERC maintains time annotated log of all activities as well as contact log.

4.3c. - EVACUATION PROCEDURES

The Commission provides evacuation and transportation support to the Incident Command Post (ICP) and to those parts of the community affected by the disaster.

- **General**
  - At the direction of incident command or the transit base station, drivers will pick up evacuees from specifically designated locations and transport them to designated shelters or secure locations
  - To the maximum extent possible, drivers will track where special needs passengers are delivered
- **Transit Management**
  - Coordinate with EOC and IC
  - Report to the transit agency incident command center
  - Provide drivers with assembly points and conduct briefings
  - Determine the location of all shelters and identify the logistical support required
  - Communicate this information to the transit base station and to supporting buses
  - As directed by the incident commander or his/her designee, respond to changing requirements for transportation and evacuation support
  - Identify support facilities for drivers
- **Dispatcher**
  - Establish communications and provide support to transit management and the ICP as requested
  - Notify support social service and contract agencies of disruptions and/or cancellations of service
  - Sustain whatever level of routine operations is feasible
  - Begin contingency planning for driver replacement, rest, and recycling
- **Bus Drivers**
  - Communicate with dispatch
  - Follow guidance provided by the transit incident command center, dispatch, and the ICP

- Will not take risks that place driver, passengers, or vehicle at significant risk
- As needed, help passengers that have visual, hearing, or mobility impairments to get on or off the bus
- Rest, refuel, and eat when possible
- If fatigue becomes a safety issue, notify transit management immediately

4.4 Emergency Information Dissemination

The Commission understands that during critical incidents that what is said to the public is critically important. Public affairs preparedness includes fostering positive relationships with elected and appointed officials, civic leaders and the media to help the agency meet its goals for ridership, revenue and public recognition on a day-to-day basis. During a crisis the media relations/public information function proactively works with these constituent audiences to provide accurate, verified information regarding what has happened, what the agency is doing about it and how it might affect the community. In incidents involving injuries and deaths, release of certain information is subject to a variety of federal laws. Further, particular attention is given to monitoring the appropriate release of sensitive security related transit information to the public.

Response objectives:
- Provide timely, accurate and coordinated public information
- Minimize negative publicity
- Highlight positive response efforts of agency and staff

Priority response actions:
- Craft messages incorporating verifiable incident information
- Distribute approved messages to internal audiences (board, staff, advisory committees) and respond to requests for information
- Distribute approved messages to external audiences (media, public) and respond to requests for information

Critical concerns:
- Impact on service delivery
- Message coordination
- Expected release of incident investigation reports
- Media coverage and public perception
- Relationships with elected officials, partner agencies and internal audiences

4.5 Incident Recovery

4.5a. – CLEANUP AND INSPECTION

The Commission inspects facilities, vehicles and agency property for damage or need for cleanup after an emergency. The purpose of this activity is to restore the agency and its

assets to the state that existed before the emergency. Some recovery activities may be immediate while others may be long term (e.g., replacement of vehicles or facilities).

4.5b. - DOCUMENTATION OF ALL AGENCY RESOURCES INCLUDING VEHICLE USE

After an emergency, the Commission management documents use of agency resources including any vehicles used during the event — as well as the status and the condition of the vehicles — to begin the process of maintaining assets and bringing them back in service.

4.5c. – AFTER INCIDENT REPORT

Following an incident, the Commission management completes a report to assess the responses of personnel during the incident. This information is used to modify policies, provide additional training, and give feedback to those involved to enhance future incident responses. This report focuses on such issues as the emergency notification process, the establishment of incident command, the incident communication system and strengths and weaknesses of the response effort.

4.5d. – MAKE NECESSARY INSURANCE CONTACTS

The Commission management reviews its insurance policies and coverage and makes contact with its insurance carriers to ensure timely reimbursement response. Additionally, it makes appropriate changes to future insurance policies as may be deemed appropriate based on an evaluation of the effectiveness of existent coverage.

4.5e. – RESTORATION OF SERVICE

After an emergency the Commission management evaluates the status of its assets, the condition of the community environment and the needs of its customers. Upon the completion of that evaluation, steps are taken to restore essential transit services as soon as is practical and possible and within the constraints of environmental realities, resource availability and safety considerations.

4.5f. – FOLLOW-UP COUNSELING OF STAFF

In order to mitigate the possible negative psychological effects of an emergency or incidents of violence on the Commission staff, including possible Post Traumatic Stress Disorder in the most extreme cases, management ensures the availability of support services to all parties who may have been directly or secondarily impacted by an event. The Commission is committed to providing such support including a mandatory post-incident debriefing, making referrals to professional counseling resources, being an empathetic good listener and doing anything else that can provide assistance to those involved in emergencies or incidents of violence. Consideration is given to the possible impact on the Commission personnel's family members as well.

5. Risk Reduction Plan

Top Vulnerabilities		Current Risk Reduction Strategies	Additional Mitigation Actions Planned
1	Hurricane	Monitor weather, relocate vehicles away from flood areas and possible debris sites	No cost effective measures available
2	Tornado/Severe Wind	Monitor weather, relocate vehicles away possible debris sites, assist local governments with information and assistance, preparations for food delivery.	Deploy staff resources to rural locations for assistance.
3	Property theft	Keep vehicles locked and in well lit areas.	Build security fence around storage area. Also, through MOU's with local law enforcement, patrolling of property may be instituted.
4	Extended Power Outage	None	Acquire back-up generator for operations and administrative facilities.
5	Severe Thunderstorms/Hail	Monitor weather conditions, provide information and assistance through ADRC and senior centers	No cost effective measures available
6	Loss of funding	Diversify funding to extent possible	Increase collaboration with additional agencies and private donors through maintenance of 501c3
7	Chemical Weapon	Follow guidance from County EMA on chemical Stockpile Preparedness Program.	None
8	Brief Power Outage	None	Backup/reserve power supply to maintain operations of facility computers and telephones for emergency
9	Mass Casualty Collision	First aid training, vehicle maintenance, and Driver safety program, emergency call list with instructions in each vehicle	
10	Vehicle Collision with Injury	First aid training, vehicle maintenance, and Driver safety program, emergency call list in each vehicle	
11	Severe Winter Weather	Monitor weather conditions and heed Sheriffs Department guidance on road conditions.	No cost effective measures available
12	Severe Ice/ Freezing Rain	Monitor weather conditions and heed Sheriffs Department guidance on road conditions.	No cost effective measures available
13	Minor Vehicle Collision	First aid training, vehicle maintenance, and Driver safety program, emergency call list in each vehicle	

6. MEMORANDUM OF UNDERSTANDING BETWEEN THE COMMISSION AND COMMUNITY EMERGENCY MANAGEMENT

6.1 DRAFT MEMORANDUM OF UNDERSTANDING

EAST ALABAMA REGIONAL PLANNING AND DEVELOPMENT COMMISSION AND CALHOUN COUNTY EMERGENCY MANAGEMENT

Purpose: To establish specific agreement between transit agency staff and Community Emergency Management in the event of a community incident/emergency or an incident/emergency on board a transit vehicle or on transit agency property.

Policy/Authority: This Memorandum of Understanding is established by The Commission and covers and is agreed to by the following agency: Calhoun County Emergency Management Agency.

Authority of Command:
1. The authority of command at any incident/emergency will lie with the first officer on the scene until such time as the officer assigned to the call arrives at the scene. At that point, the assigned officer is in command unless relieved by a supervisor or the Transportation Director, or if the office relinquishes command to another officer because of specialized skills or assignment.

2. Whenever the Transportation Director is not available, the SUCCESSION STANDARD applies.

Definitions:
1. *Incident Command System (ICS)* – A standard organizational system for the management of emergencies. The purpose of the ICS is to bring people, communications, and information together to manage emergency situations. ICS provides common terminology and procedures to ensure effective coordination among a variety of agencies.
2. *Incident Commander* – The person that is responsible for the overall direction and control of a disaster or other emergency.
3. *Inner Perimeter* – The immediate areas of a disaster site or police emergency.
4. *Outer Perimeter* – The demarcation of the area subject to controlled access. Areas outside the Outer Perimeter are deemed safe and open to the public. The areas inside the Outer perimeter are deemed unstable or dangerous.
5. *Operations Commander* – The person in charge of any operation unit handling an emergency. The operations commanders include the police supervisor, fire supervisor, medical director or public service coordinator. These individuals are under the direction of the Incident Commander.
6. *Safety Officer* – The officer assigned responsibility for assessing hazardous or unsafe situations and developing measures for assuring personnel safety. Although the safety officer may exercise emergency authority to take immediate action to address a critical safety issues, he/she normally works through the Incident of Operations Commanders.
7. *Staging Area* – Location away from the site for congregation of equipment and personnel.
8. *Temporary Morgue* – A facility established to temporarily store, process and identify the deceased at the scene of a disaster.

General Procedures:

1. The initial response to, and the containment of, the scene is the responsibility of the on-duty patrol officer. The assigned officer takes initial command of the scene and safety direct other responding units. The first officer's priorities are to request the proper resources and secure the inner perimeter.
2. The officer assuming command of an incident will identify his/her self as the Incident Commander (IC) to dispatch other responding units.

The Incident Commander is responsible for:
- Request for fire, rescue, or ambulance service
- Evacuation of injured victims and bystanders
- Establishment of an outer perimeter around the scene
- Establishment of a command post and incident command.
- Coordination and communication with other agencies
- Selection of a primary and alternate staging area along with temporary morgue if needed.
- Initial determination of how and where equipment and personnel should be distributed.
- Arrange for special transportation needs which may be required.
- Authorization for new media access, and news media policy.

3. Transfer of command will be face to face whenever possible. Transfer of command will occur when another agency has primary responsibility for the emergency, (such as fire, hazmat, etc.). Transfer may also occur if the supervisor or chief elect to assume command after arriving at the scene. Dispatch will be notified immediately.
4. The Incident Commander (IC) will implement the Incident Command System (ICS) to the extent needed to effectively manage the incident.
5. The Incident Commander will make use of a unified Command whenever the incident spans multiple jurisdictions unless the agency commanders agree to a single Incident Commander.
6. The County of Calhoun County Incident Response Plan will be used for major emergencies occurring in the Town/County.

Interface/Coordination with Transit Agency:

1. In the event of an incident/emergency on board a transit vehicle or on transit agency property, the Commission will follow the following protocols:
- Vehicle accident – Alert medial responders if necessary, and notify proper transportation and law enforcement authorities.

- Personal injury to a passenger or pedestrian – Alert medical responders and/or got to nearest emergency room if injuries do not require immediate medical attention. Notify proper transportation authorities.

- Violent passenger, driver, other employee, other – Alert law enforcement and secure vehicle and safety of passengers.

- Vehicle fire – Get passengers off of vehicle, and if possible use fir extinguisher to suppress fire. Notify authorities, (fire, law enforcement, transportation)

• Other – As appropriate

2. In the event of a community incident/emergency (such as flood, tornado, blizzard, fire, civil disturbance, terrorist attack, other disturbance) the Commission is available to assist as needed. This could include:
    • Assisting in the evacuation of citizens in the affected area,
    • Transporting First Responders to and from the scene
    • Using transit vehicles in the staging area as a protected environment for First Responders or victims of the incident/emergency
    • Evacuating the elderly and/or persons with disabilities to or from nursing home, or other care facilities
    • Other, as determined by agency management and/or the Incident Commander (IC).

3. The determination of the transit agency's response will be made by the Incident Commander in conjunction with the agency director or his/her designee.

_____   _____
Signature and Title   Date

_____   _____
Signature and Title   Date

7. MEMORANDUM OF UNDERSTANDING BETWEEN THE COMMISSION AND FIRST RESPONDERS

7.1 DRAFT MEMORANDUM OF UNDERSTANDING

THE EAST ALABAMA REGIONAL PLANNING
& DEVELOPMENT COMMISSION
AND SYLACAUGA POLICE DEPARTMENT

Purpose: To establish specific agreement between transit agency staff and Sylacauga Police Department in the event of a community incident/emergency or an incident/emergency on board a transit vehicle or on transit agency property.

Policy/Authority: This Memorandum of Understanding is established by the East Alabama Regional Planning and Development Commission, "the Commission", and covers and is agreed to by the following agencies: Sylacauga Police Department.

Authority of Command:
1. The authority of command at any incident/emergency will lie with the first officer on the scene until such time as the officer assigned to the call arrives at the scene. At that point, the assigned officer is in command unless relieved by the person assuming the role of Incident Commander or if the office relinquishes command to another officer because of specialized skills or assignment.

2. Whenever the Transportation Director is not available, the SUCCESSION STANDARD applies.

Definitions:
1. *Incident Command System (ICS)* – A standard organizational system for the management of emergencies. The purpose of the ICS is to bring people, communications, and information together to manage emergency situations. ICS provides common terminology and procedures to ensure effective coordination among a variety of agencies.
2. *Incident Commander* – The person that is responsible for the overall direction and control of a disaster or other emergency.
3. *Inner Perimeter* – The immediate areas of a disaster site or police emergency.
4. *Outer Perimeter* – The demarcation of the area subject to controlled access. Areas outside the Outer Perimeter are deemed safe and open to the public. The areas inside the Outer perimeter are deemed unstable or dangerous.
5. *Operations Commander* – The person in charge of any operation unit handling an emergency. The operations commanders include the police supervisor, fire supervisor, medical director or public service coordinator. These individuals are under the direction of the Incident Commander.
6. *Safety Officer* – The officer assigned responsibility for assessing hazardous or unsafe situations and developing measures for assuring personnel safety. Although the safety officer may exercise emergency authority to take immediate action to address a critical safety issues, he/she normally works through the Incident of Operations Commanders.
7. *Staging Area* – Location away from the site for congregation of equipment and personnel.

8. *Temporary Morgue* – A facility established to temporarily store, process and identify the deceased at the scene of a disaster.

General Procedures:

1. The initial response to, and the containment of, the scene is the responsibility of the on-duty patrol officer. The assigned officer takes initial command of the scene and safely directs other responding units. The first officer's priorities are to request the proper resources and secure the inner perimeter.
2. The officer assuming command of an incident will identify his/her self as the Incident Commander (IC) to dispatch other responding units.

The Incident Commander is responsible for:
   - Request for fire, rescue, or ambulance service
   - Evacuation of injured victims and bystanders
   - Establishment of an outer perimeter around the scene
   - Establishment of a command post and incident command.
   - Coordination and communication with other agencies
   - Selection of a primary and alternate staging area along with temporary morgue if needed.
   - Initial determination of how and where equipment and personnel should be distributed.
   - Arrange for special transportation needs which may be required.
   - Authorization for news media access, and news media policy.

3. Transfer of command will be face to face whenever possible. Transfer of command will occur when another agency has primary responsibility for the emergency, (such as fire, hazmat, etc.). Transfer may also occur if the supervisor or chief elect to assume command after arriving at the scene. Dispatch will be notified immediately.
4. The Incident Commander (IC) will implement the Incident Command System (ICS) to the extent needed to effectively manage the incident.
5. The Incident Commander will make use of a unified Command whenever the incident spans multiple jurisdictions unless the agency commanders agree to a single Incident Commander.
6. The City of Sylacauga (Talladega County) Incident Response Plan will be used for major emergencies occurring in the City.

Interface/Coordination with Transit Agency:

1. In the event of an incident/emergency on board a transit vehicle or on transit agency property, the Commission will follow the following protocols:

   - Vehicle accident – Alert medial responders if necessary, and notify proper transportation and law enforcement authorities.

   - Personal injury to a passenger or pedestrian – Alert medical responders and/or got to nearest emergency room if injuries do not require immediate medical attention. Notify proper transportation authorities.

- Violent passenger, driver, other employee, other – Alert law enforcement and secure vehicle and safety of passengers.

- Vehicle fire – Get passengers off of vehicle, and if possible use fir extinguisher to suppress fire. Notify authorities, (fire, law enforcement, transportation)

- Other – As appropriate

2. In the event of a community incident/emergency (such as flood, tornado, blizzard, fire, civil disturbance, terrorist attack, other disturbance) the Commission is available to assist as needed. This could include:
- Assisting in the evacuation of citizens in the affected area,
- Transporting First Responders to and from the scene,
- Using transit vehicles in the staging area as a protected environment for First Responders or victims of the incident/emergency,
- Evacuating the elderly and/or persons with disabilities to or from nursing home, or other care facilities,
- Other, as determined by agency management and/or the Incident Commander (IC).

3. The determination of the transit agency's response will be made by the Incident Commander in conjunction with the agency director or his/her designee.

_____   _____
Signature and Title   Date

_____   _____
Signature and Title   Date

8. INTERNAL AND EXTERNAL CONTACT LISTS

Contact List

9. SUCCESSION LIST

**Succession of Personnel
and Emergency Chain of Command
Area Agency on Aging**

NAME, TITLE	WORK PHONE	CELL PHONE	HOME PHONE
1. Lori Sokol, Executive Director	256-237-6741	615-516-3189	615-516-3189
2. Frank Humber	256-237-6741	615-332-1073	615-332-1073
3. Michael Morrison	256-237-6741	256-441-2338	
4. Amanda Vingers, Project Director Nutrition and Senior Services	256-237-6741	256-239-0984	

10. EMERGENCY RESPONSE TEAM ROSTER

FUCTIONAL RESPONSIBILITY	REGULAR JOB TITLE	NAME
Team Leader	Executive Director	Lori Sokol
Deputy Team Leader/ Alternate Team Lead	Deputy Director	Frank Humber
Alt. Deputy Team Leader	AAA Director	Michael Morrison
Safety Officer	Transportation Planner	Shane Christian
Operations Management	Office Manager	Renea Thomas
Incident Planning	Transportation Planner	Shane Christian
Incident Logistics	Transportation Planner	Shane Christian
Incident Finance/Admin.	Fiscal Officer	Ginnette Williams
Alt. Finance/Admin.	Accountant	Nancy Hanck

APPENDIX 11

Additional Demographic Charts and Graphs

APPENDIX 11

Board Meeting Agenda Approving Area Plan

APPENDIX 12

Regional Directory

Area Plan Required Information

Alabama's Area Agencies on Aging (AAAs) must include the following information in the organizations Area Plan:

Greatest Economic and Social Need

(2) That the area agency shall identify populations within the planning and service area at greatest economic need and greatest social need, which shall include the populations as set forth in the § 1321.3 definitions of greatest economic need and greatest social need.

Preference of services will be given to older individuals and caregivers who are older individuals with the greatest economic and social need, and to older relative caregivers of children with severe disabilities, or individuals with severe disabilities.

Greatest economic need means the need resulting from an income level at or below the Federal poverty level. Greatest social need means the need caused by noneconomic factors, to include populations ADSS and its Area Agency on Aging (AAA) partners will target who are those with physical (including those with assistive technology (AT) needs and blind/visually impaired) and mental disabilities, language barriers, racial or ethnic status, Native American identity, chronic conditions (listed below with special emphasis on those living with Alzheimer's disease and other dementias) and living in rural locations throughout the state.

Assessment and Evaluation

(3) Assessment and evaluation of unmet need, such that each area agency shall submit objectively collected, and where possible, statistically valid, data with evaluative conclusions concerning the unmet need for supportive services, nutrition services, evidence-based disease prevention and health promotion services, family caregiver support services, and multipurpose senior centers. The evaluations for each area agency shall consider all services in these categories regardless of the source of funding for the services; (4) Public participation specifying mechanisms to obtain the periodic views of older individuals, family caregivers, service providers, and the public with a focus on those in greatest economic need and greatest social need.

<div align="center">

Alabama Department of Senior Services
2025-2028 State Plan on Aging
Needs Assessment

</div>

Make your voice heard by sharing what's important to you. We are seeking help from Senior Adults, People with Disabilities, Caregivers, and Others interested in people living at home for as long as possible. The information collected from this assessment will play an integral part in the development of the State Plan on Aging.

1. Please choose your race (Choose one by placing an X in the box of your choice)

American Indian or Alaska Native	☐	Native Hawaiian or Pacific Islander	☐
Asian or Asian American	☐	Native American	☐
Black or African American	☐	White	☐
Other	☐		

2. Please choose your ethnicity (Choose one by placing an X in the box of your choice)

Hispanic or Latino	☐	Not Hispanic or Latino	☐

3. Please choose your monthly income range (Choose one by placing an X in the box of your choice)

$1,255 or less	☐	Greater than $1,255	☐

4. Please choose your age range (Choose one by placing an X in the box of your choice)

Under 60	☐	60 or older	☐

5. Please choose your location (Choose one by placing an X in the box of your choice)

Rural	☐	Non-rural	☐

6. Do you live alone? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

7. Do you feel socially isolated and/or lonely? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

8. Are you a person living with a disability? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

9. Are you a caregiver taking care of someone else? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

10. If you are not able to take care of yourself, is there a family member or friend who would take care of you? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐	Don't Know	☐

11. Using the number scale below, please tell us the importance of each item by placing an X in the box you choose:

1=Not Very Important, 2=Somewhat Not Important, 3=Somewhat Important, 4= Very Important

	1	2	3	4
Availability of Affordable Housing				
Availability of Affordable Transportation				
Availability of Affordable Home Modifications for Disabilities				
Availability of In-Home Care (housekeeping, personal care)				
Availability of No Cost Legal Help				
Availability of Meals (in the senior center or home-delivered)				
Availability of Assistive Technology				
Information about Emergency Preparedness				
Information about Alzheimer's and Other Dementias				
Information about Elder Abuse, Neglect, and Exploitation				
Information about Medicare or Medicaid Health Coverage				
Information about Safety and Crime Prevention				
Information about COVID-19 and Availability of Vaccination				
Information about Isolation and Loneliness				
Information about Scams Targeting Older Adults				
Help as a Caregiver Taking Care of an Aging Adult or Grandchild				
Help with Financial Planning				
Help with Planning Healthy Meals				
Help with Staying at Home Instead of Nursing Home				
Help with Finding Employment (full-time or part-time)				

Departamento de Servicios para Personas Mayores de Alabama
Plan Estatal sobre Envejecimiento 2025-2028
Necesita valoración

Haz oír tu voz compartiendo lo que es importante para ti. Buscamos ayuda de adultos mayores, personas con discapacidades, cuidadores y otras personas interesadas en que las personas vivan en casa el mayor tiempo posible. La información recopilada a partir de esta evaluación desempeñará un papel integral en el desarrollo del Plan Estatal sobre el Envejecimiento.

1. Por favor elige tu carrera (Elige una colocando una X en la casilla de tu elección)

Indio americano o nativo de Alaska	☐	Nativo de Hawái o de las islas del Pacífico	☐
Asiático o asiático americano	☐	Nativo americano	☐
Negro o afroamericano	☐	Blanco/blanca americano	☐
Otro	☐		

2. Por favor elija su origen étnico (Elija uno colocando una X en la casilla de su elección)

hispano o latino	☐	No Hispano o Latino	☐

3. Por favor elija su rango de ingresos mensuales (Elija uno colocando una X en la casilla de su elección)

$1,255 o menos	☐	Más de $1,255	☐

4. Por favor elija su rango de edad (Elija uno colocando una X en la casilla de su elección)

Menos de 60	☐	60 o más	☐

5. Por favor elija su ubicación (Elija una colocando una X en la casilla de su elección)

Rural	☐	No rural	☐

6. ¿Vives solo? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

7. ¿Se siente socialmente aislado y/o solo? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

8. ¿Es usted una persona que vive con una discapacidad? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

9. ¿Es usted un cuidador que cuida a otra persona? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

10. Si no puede cuidarse a sí mismo, ¿hay algún familiar o amigo que pueda cuidar de usted? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐	no lo sé	☐

11. Usando la escala numérica a continuación, díganos la importancia de cada elemento colocando una X en la casilla que elija:

1=No muy importante, 2=Poco importante, 3=Poco importante, 4=Muy importante

	1	2	3	4
Disponibilidad de viviendas asequibles				
Disponibilidad de transporte asequible				
Disponibilidad de modificaciones de viviendas asequibles para discapacitados				
Disponibilidad de atención domiciliaria (limpieza, cuidado personal)				
Disponibilidad de ayuda legal sin costo				
Disponibilidad de comidas (en el centro para personas mayores o entrega a domicilio)				
Disponibilidad de tecnología de asistencia				
Información sobre preparación para emergencias				
Información sobre el Alzheimer y otras demencias				
Información sobre el abuso, la negligencia y la explotación de personas mayores				
Información sobre la cobertura de salud de Medicare o Medicaid				

Información sobre Seguridad y Prevención de Delitos				
Información sobre COVID-19 y disponibilidad de vacunación				
Información sobre el aislamiento y la soledad				
Información sobre estafas dirigidas a adultos mayores				
Ayuda como cuidador para cuidar a un adulto mayor o a un nieto				
Ayuda con la planificación financiera				
Ayuda para planificar comidas saludables				
Ayuda para quedarse en casa en lugar de en un asilo de ancianos				
Ayuda para encontrar empleo (tiempo completo o tiempo parcial)				

Needs Assessments Results

				TOTAL
				3274
Race				
	American Indian or Alaska Native	42	Native American	99
	Asian or Asian American	17	White	2061
	Black or African American	1014	Other	32
	Native Hawaiian or Pacific Islander	6		
Ethnicity				
	Hispanic or Latino	130	Not Hispanic or Latino	3129
Monthly Income Range				
	$1,255 or Less	1124	Greater than $1,255	2138
Age Range				
	Under 60	414	60 or Older	2860
Location				
	Rural	1751	Non-Rural	1518
Do You Live Alone?				
	Yes	1665	No	1609
Do You Feel Socially Isolated and/or Lonely?				
	Yes	718	No	2553

Are You a Person Living with a Disability?			
Yes	1340	No	1933

Are You a Caregiver Taking Care of Someone Else?			
Yes	630	No	2638

Family Member or Friend Who Would Take Care of You?			
Yes	2064	No	519
Don't Know	686		

Public Meetings		
Venue	**Date**	**Attendance**
Cullman Senior Center	3/20/2024	104
Lanett City Hall	3/21/2024	50
Andalusia Senior Center	3/28/2024	35
McAbee Senior Center	4/5/2024	42

Public Meetings Comments

Top 5 Needs/Unmet Needs

Cullman Senior Center

1. Transportation
2. Increase in homemaker, chore, companion, and respite services
3. Increase in home-delivered meals
4. Mental health/isolation/grief support (reassurance/wellness check)
5. More in-home service providers

Other comments: improve senior center rules (i.e., open containers), funding to pay transportation drivers, more funding for recreation/crafts (non-evidenced based), senior center field trips, increase legal assistance, larger senior centers (including larger bathroom stalls), improve Medicaid Waiver services (wait list, day programs, more respite hours), waiver expansion for middle class (cost share), more senior housing (specific only to 60+)

Lanett City Hall

1. Mental health/isolation/grief support (reassurance/wellness check)
2. Increase in personal care and chore services
3. Technology training
4. Locating resources
5. Financial planning/budgeting/scam education

Other comments: elder abuse information/education, financial exploitation information/education, financial assistance for utilities, pet care help, pest control (including for groundhogs and raccoons)

Andalusia Senior Center

1. Transportation (including list of private transportation resource)
2. Mental health/isolation/grief support (reassurance/wellness check)
3. Increase in homemaker and chore services
4. Increase in home-delivered meals (including service rural areas)
5. Cost effective Durable Medical Equipment (including home mods)

Other comments: housing (homelessness assistance), 211 information (partnership/collaboration), more Adult Day Health providers, Project Lifesaver (ID bracelets for people with dementia), insurance benefits education, prescription drug assistance, improved cell/life alert coverage in remote areas (broadband access), senior adult visitation, senior neighborhood watch program

| **McAbee Senior Center** | 1. Transportation (including VA transportation challenges) 2. Qualified homecare personnel (including overnight respite care) 3. Access to and understanding of available resources | 4. Senior center programs in unreached areas 5. Chore services (specifically yard maintenance) |

Other comments: tax relief on pensions/retirement, rate of pay for homecare workers, cost of living for senior adults, transitional assistance for senior adults downsizing (financial)

Services

(5) The services, including a definition of each type of service; the number of individuals to be served; the type and number of units to be provided; and corresponding expenditures proposed to be provided with funds under the Act and related local public sources under the area plan;

Service	Definition
Personal Care	Assistance (personal assistance, stand-by assistance, supervision, or cues) with Activities of Daily Living (ADLs) and/or health-related tasks provided in a person's home and possibly other community settings. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs). Example: dressing, bathing, personal grooming, toileting, transferring in/out of bed/chair, continence, feeding, or walking to assist with personal care needs.
Homemaker	Performance of light housekeeping tasks provided in a person's home and possibly other community settings. Task may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework.
Chore	Performance of heavy household tasks provided in a person's home and possibly other community settings. Tasks may include yard work or sidewalk maintenance in addition to heavy housework.
Adult Day Care/Health	Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living skills training offered in centers most known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs. [OAA, Section 321(a)(5)(B)]
Case Management	Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as screening and assessing needs, providing options counseling, coordinating services, and providing follow-up as required. Short-term case management is used to stabilize individuals and their families in times of immediate need before they have been connected to ongoing support and services. It may involve a home visit and more than one follow-up contact.
Legal Assistance	Legal advice and representation provided by an attorney to older individuals with economic or social needs as defined in the OAA, Sections 102(a) (23 and 24), and

	in the implementing regulation at 45 CFR Section 1321.71, and includes to the extent feasible, counseling, or other appropriate assistance by a paralegal or law student under the direct supervision of a lawyer and counseling or representation by a non-lawyer where permitted by law.
Information and Assistance (I&A)	A service that: provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; assesses the problems and capacities of the individuals; links the individuals to the opportunities and services that are available; to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and serves the entire community of older individuals, particularly with greatest social and economic need and at risk of institutional placement.
Outreach	Intervention with individuals initiated by an agency or organization for the purpose of identifying potential participants or their caregivers and encouraging their use of existing services and benefits.
Public Education	Providing opportunities for individuals to acquire non-nutrition related knowledge, experience, or skills. This service may include workshops designed to increase awareness on various topics, such as crime or accident prevention, continuing education, or legal issues. Workshops may be designed to teach participants a specific skill in a craft, job, or occupation if the participant does not expect to receive wages or other stipends.
Marketing	An activity that involves contact with multiple individuals through newsletters, publications, or other social or mass media activities providing education and outreach. Examples: Newspaper Ad/story – 1 unit / Estimated audience (Clients) = 1,500 Newsletter – 1 unit / Estimated audience (Clients) = 200 Billboard ad – 1 unit / Estimated audience (Clients) = Number of passerby's the billboard company estimates (number must not exceed 10,000 in MyADSS, i.e., if billboard company states passerby's = 50,000 please still enter only 10,000) Social Media Post – 1 unit / Estimated audience (Clients) = Number of followers of social media page
Congregate Meals (may include grab and go meals)	Congregate meals are meals meeting the Dietary Guidelines for Americans and Dietary Reference Intakes … provided under Title III, part C–1 by a qualified nutrition service provider to eligible individuals and consumed while congregating virtually or in-person, except where: (i) If included as part of an approved State plan … or State plan amendment … and area plan or plan amendment …and to complement the congregate meals program, shelf-stable, pick-up, carry- out, drive-through, or similar meals may be provided under Title III, part C–1; (ii) Meals provided .. shall: (A) Not exceed 25 percent of the funds expended by the State agency under Title III, part C–1, to be calculated based on the amount of Title III, part C– 1 funds available after all …are completed; (B) Not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C–1, to be calculated based on the amount of Title III, part C–1 funds available after all transfers …are completed. (iii) Meals …may be provided to complement the congregate meal program:

	(A) During disaster or emergency situations affecting the provision of nutrition services; (B) To older individuals who have an occasional need for such meal; and/or (C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need. §1321.87(a)(1)
Home-Delivered Meals	Home-delivered meals are meals meeting the Dietary Guidelines for Americans and Dietary Reference Intakes ... provided under Title III, part C–2 by a qualified nutrition service provider to eligible individuals and consumed at their residence or otherwise outside of a congregate setting, as organized by a service provider under the Act. Meals may be provided via home delivery, pick-up, carry-out, drive-through, or similar meals. § 1321.87 (2)
Liquid Nutrition Supplement	A Liquid Nutrition Supplement provided alone and not a part of the meal is considered "other nutrition services" under Title III-C. It can be reported on the State Program Report (SPR) under "consumable supplies."
Transportation Subservice (Home-Delivered Meals)	This unit of transportation may apply to meals of any type delivered to the participant's residence from the senior center or other drop-off point. If the AAA pays to deliver a frozen meal pack, it is one unit of transportation per delivery and per person, but not per meal.
Nutrition Education	An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian or individual of comparable expertise as defined in the OAA. (§1321.87(a)(3). (SPR/OAAPS 2021)
Nutrition Counseling	Nutrition Counseling is a service provided under Title III, parts C–1 or 2 which must align with the Academy of Nutrition and Dietetics. Congregate and home-delivered nutrition services shall provide nutrition counseling, as appropriate, based on the needs of meal participants, the availability of resources, and the expertise of a Registered Dietitian Nutritionist. §1321.87(4)
Health Promotion: Evidence-Based	Evidence-based disease prevention and health promotion services programs are community-based interventions as set forth in Title III, part D of the Act, which have been proven to improve health and well-being and/or reduce risk of injury, disease, or disability among older adults. All programs provided using these funds must be evidence based and must meet the Act's requirements and guidance as set forth by the Assistant Secretary for Aging. See link under Notes. October 1, 2016, Title III-D funds will only be able to be used on health promotion programs that meet the highest-level criteria.
Health Promotion: Non-Evidence Based	Health promotion and disease prevention activities that do not meet ACL/AoA's definition for an evidence-based program as defined. These activities may include health risk assessments, routine health screenings, physical fitness or group exercise programs, art therapy, music therapy, counseling regarding social services and follow -up health services, or other non-evidence-based programming (recreation / i.e., games and crafts).
Caregiver services for both Caregivers of Older Adults and Older Relative Caregivers	

Caregiver Information & Assistance Non-Registered Caregiver Aggregate	A service that provides the individual with current information on opportunities & services available to the individuals within their communities; assesses the problems & capacities of the individual; links the individual to services; ensures that the individual receives services they are in need of; and services the entire community of older adults. **Note:** *PeerPlace interface will automatically capture one unit of Caregiver I&A in AIMS when a caregiver participant is screened & referred to the CARES program*
Public Information Services Non-Registered Caregiver Aggregate	A public and media activity that conveys information to caregivers about available services, including in-person interactive presentations, booth/exhibits, or radio, TV, or website events. This service is **not** tailored to the needs of the individual caregiver.
Caregiver Support Groups Non-Registered Caregiver Aggregate	A service led by an individual who meets requirements to facilitate caregiver discussion of their experiences and concerns and develop a mutual support system. For the purpose of Title III-E funding, caregiver support groups would **not** include "caregiver education groups," "peer-to-peer support groups," or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required.
*Caregiver Case Management Assistance Registered Caregiver	A service provided to a caregiver, at the direction of the caregiver by an individual who is trained or experienced in the case management skills that are required to deliver services and coordination. To assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver.
*Caregiver Counseling Registered Caregiver	A service designed to support caregivers & assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed trained to work with older adults and families and specifically to understand & address the complex physical, behavioral, and emotional problems related to their caregiver roles. Includes counseling to individuals or group sessions.
*Caregiver Training Registered Caregiver	A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to caregiving. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or on-line; and be provided in individual or group settings
*In-Home Respite Registered Caregiver/Care Recipient	A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities.
*Out-of-Home Respite (Day) Registered Caregiver/Care Recipient	A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center, or other non-residential setting (in the case of older relatives raising children, day camps) where an overnight stay does not occur.
Out-of-Home Respite (Overnight) Registered Caregiver/Care Recipient	A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period of time.
Other Respite	A respite service provided using OAA funds in whole or in part, which does not fall into the previous defined respite service categories.

Registered Caregiver/Care Recipient		
Supplemental Services Registered Caregiver/Care Recipient	Goods and Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, DME, emergency response systems, legal and/or financial consultation, transportation, and nutrition services. For caregiver age 60+, care recipient must be **unable** to perform two (2) ADLs.	

Service	FFY2026 Estimated Persons Served	FFY2026 Units
Personal Care	5,197	904,397
Homemaker	7,365	1,204,600
Chore	80	773
Adult Day Care/Health	14	2,997
Case Management	35,031	111,824
Legal Assistance	4,863	11,738
Information and Assistance (I&A)		430,684
Outreach / Public Education / Marketing (Other Services)	2,558,427	
Congregate Meals (may include grab and go meals)	16,924	1,572,240
Home-Delivered Meals	22,393	4,899,322
Transportation		213,908
Nutrition Education		66,646
Nutrition Counseling	114	169
Health Promotion: Evidence-Based	9,006	
Health Promotion: Non-Evidence Based	1,071,585	
Caregivers of Older Adults		
Caregiver Information & Assistance	37,584	922
Public Information Services	119,159	2,220
Caregiver Support Groups		461
Caregiver Case Management Assistance	4,856	52,238
Caregiver Counseling	2,243	21,221
Caregiver Training	1,410	13,053
In-Home Respite	684	102,739
Out-of-Home Respite (Day)	113	20,177
Out-of-Home Respite (Overnight)	1	216
Other Respite		
Supplemental Services	483	
Older Relative Caregivers		
Caregiver Information & Assistance	10,845	2,189
Public Information Services	22,264	1,042
Caregiver Support Groups		400
Caregiver Case Management Assistance	383	3,770

Caregiver Counseling	267	1,727
Caregiver Training	248	1,341
In-Home Respite	21	2,412
Out-of-Home Respite (Day)	56	11,217
Out-of-Home Respite (Overnight)		
Other Respite		
Supplemental Services	134	

FY 26 Title III Estimated Expenditures

	Admin - B	Admin - E	B	C-1	C-2	D	E	Elder Abuse	Ombudsman	Total
Northwest	222,548	34,545	273,653	523,227	612,678	61,157	381,881	-	35,363	2,145,051
West	242,180	40,040	553,352	634,763	435,640	24,507	320,426	7,879	38,110	2,296,898
M4A	167,185	29,995	1,085,623	1,239,946	1,401,573	118,902	540,802	7,315	61,415	4,652,756
United Way	380,905	65,877	971,070	981,848	1,831,268	84,886	573,338	16,023	89,280	4,994,494
East	325,231	67,758	1,857,735	1,335,858	2,898,960	95,511	507,897	17,963	8,363	7,115,276
South Central	192,022	20,376	254,255	510,981	829,438	23,076	117,511	5,258	14,737	1,967,654
Ala Tom	269,294	22,414	403,292	752,413	854,742	15,115	117,450	6,224	28,686	2,469,630
SARCOA	254,294	35,225	2,091,178	1,359,015	1,920,535	42,262	330,458	7,205	31,729	6,071,901
South Ala	322,406	63,550	1,326,978	2,070,087	1,482,748	116,946	717,335	7,748	14,033	6,121,832
Central	341,779	16,688	480,665	999,878	1,061,948	44,282	283,832	4,350	23,705	3,257,127
Lee Russell	228,782	24,690	514,841	324,130	293,410	2,863	110,491	3,091	13,499	1,515,797
NARCOG	138,651	10,229	851,304	1,073,740	1,252,958	38,047	304,217	5,969	16,414	3,691,530
TARCOG	612,755	85,265	2,209,739	1,708,715	1,801,326	85,645	518,285	8,685	38,117	7,068,532
	3,698,034	516,652	12,873,685	13,514,600	16,677,224	753,200	4,823,922	97,711	413,450	53,368,478

Funds Distribution

(6) Plans for how direct services funds under the Act will be distributed within the planning and service area, in order to address populations identified as in greatest social need and greatest economic need, as identified in § 1321.27(d)(1);

OAA funds allocations is completed utilizing the Intrastate Funding Formula (IFF). ADSS requires specific actions that each AAA partner must use to target services to meet the needs of those in greatest social and greatest economic need, and the following actions are recommended to meet these needs:

- Focus on serving those who are considered low-income, minority, especially low-income minority older individuals, and those residing in rural areas, especially those who may be most isolated.
- Focus outreach efforts and services on counties that are the most rural in each partner service area where older individuals may be the most isolated.
- Focus outreach efforts on topics that may be relevant to older individuals and caregivers with the greatest economic and social needs (as defined above).
- Focus on community partnerships with social and religious organizations (tribes for those identified as Native American) that specifically serve those with physical and mental disabilities, language barriers, Native American identity, and chronic conditions (listed below with special emphasis on those living with Alzheimer's disease and other dementias).
- Ensure that the AAA partner governing board and/or advisory council consists of older individuals (including minority individuals and older individuals residing in rural areas) who

are participants or who are eligible to participate in programs provided under the OAA, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' healthcare (if appropriate), and the general public, to continuously advise the AAA on all matters relating to the development of the area plan, the administration of the plan, and operations conducted under the plan.

Chronic conditions:

- Cardiovascular (heart disease, stroke)
- Metabolic and endocrine (diabetes, obesity, high blood pressure)
- Respiratory (asthma, chronic obstructive pulmonary disease (COPD))
- Musculoskeletal (arthritis, osteoporosis)
- Mental health (depression, anxiety, bipolar, schizophrenia)
- Neurological (Alzheimer's disease and other dementias, epilepsy, ALS, autism spectrum disorder)
- Other (cancer, chronic kidney disease, HIV/AIDS)

Minimum Proportion

(8) Minimum adequate proportion requirements, as identified in the approved State plan as set forth in § 1321.27;

ADSS requires each AAA to budget and spend using the following percentages of Title III B funding (plus required match) on priority services:

Title III-B Allotment	
Access	29.1%
In-Home	2.5%
Legal	6.7%

Expansion of Congregate Meals Program

(10) If the area agency requests to allow Title III, part C–1 funds to be used as set forth in § 1321.87(a)(1)(i) through (iii), it must provide the following information to the State agency:

(i) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor impact on congregate meals program participation;

(ii) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;

(iii) Description of the eligibility criteria for service provision;

(iv) Evidence of consultation with nutrition and other direct services providers, other interested parties, and the general public regarding the need for and provision of such meals; and

(v) Description of how provision of such meals will be coordinated with nutrition and other direct services providers and other interested parties.

ADSS intends to implement shelf-stable/pick-up meal flexibility at congregate meal sites in accordance with the regulatory updates recently issued by ACL and under the following policies and procedures:

Congregate (C-1) grab and go meals can be used on a limited basis for eligible participants who are determined by the Area Agency on Aging (AAA) to be unable to eat meals in a congregate setting.

Meals must complement the congregate meals program and can be shelf-stable, pick-up, carryout, drive-through, or similar meals provided under the ENP of Alabama.

The AAA has a choice of whether to use grab and go meals.

The AAA using grab and go meals must include this as a written part of their approved area plan or plan amendment. The AAA will monitor the use of grab and go meals and provide proof of monitoring to ADSS upon request.

Grab and go meals shall not exceed 25% of the Title III, part C-1 funds expended by ADSS and/or by any AAA according to ADSS fiscal records.

Special functions or trips where meals are consumed as a group away from the senior center are congregate meals and shall not count as grab and go meals.

Participants who pick up meals but congregate virtually and consume the meal together shall not count as a grab and go meal.

Grab and go meals are any C-1 meal (hot, picnic, shelf-stable, or frozen) that is not consumed in a congregate setting.

Ineligible people should not be served grab and go meals.

Criteria for assessing participants for grab and go meals: Eligible Congregate participants qualify for the grab and go meals service if any of the following exists:

A. During disaster or emergency situations affecting the provision of nutrition services. For example, a center must close for situations such as bad weather, water service disruption, public health emergency, and participants cannot congregate to eat.
B. Older individuals who have an occasional need for such a meal. For example, a participant who has a doctor's appointment and cannot stay to eat at the center, severe weather, local funeral, food bank pick-up days, providing childcare, or lack of transportation. Other examples include a congregate participant is sick, and a meal is picked up by the participant (or their agent) or delivered to the participant. Grab and go meals consumed offsite longer than three consecutive weeks by a congregate participant could be considered C-2 meals and funded with C-2 funds.

C. Older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need. Consuming a meal in the congregate setting causes a socialization impairment. Example: A person may have swallowing, chewing, other medical, mental, or hygiene issues that would cause them difficulty eating with others. Participant with compromised immune system & needs to avoid crowds, participant with a rigid eating schedule with conditions like Crohn's disease, participant with chewing or swallowing problems.
D. Other unusual circumstances, approved by the SUA and AAA that would prevent a participant from eating in a congregate setting.

Procedure:

Eligible congregate participants with a regular need for grab and go meals will be assessed and pre-approved by the AAA before being served. (See Criteria for assessing participants for grab and go meals and check "Grab and Go" on the ENP Enrollment Form).

Eligible congregate participants with an occasional need for grab and go meals should be approved by the AAA prior to being served.

The senior center shall document the number of C-1 grab and go meals served each day on the item delivery ticket (IDT) under GNG (grab and go).

C-1 grab and go meals shall be documented on the meal accounting and reporting system (MARS) meal ticket each day under Served Grab N Go.

On the MARS meal ticket, (meals served congregate + meals served grab and go = people eligible congregate).

*If a AAA chooses not to use grab and go meals, any C-1 meal not consumed in a congregate setting will have to be paid with C-2 funds. Congregate clients who receive a grab-and-go meal paid for with C-2 funds may not necessitate the ADL/IADL requirement since they are not considered a home-bound participant.

Services Specific to Conditions

(c) Area plans shall incorporate services which address the incidence of hunger, food insecurity and malnutrition; social isolation; and physical and mental health conditions.

Each of Alabama's Area Agencies on Aging (AAA), through their Area Plans, provide OAA services that encompass the factors listed in the statute.

Self-Direction

(d) Pursuant to section 306(a)(16) of the Act (42 U.S.C. 3026(a)(16)), area plans shall provide, to the extent feasible, for the furnishing of services under this Act, through self-direction.

Each of Alabama's Area Agencies on Aging (AAA) provide a minimum of one (1) service program utilizing self-direction practices.

Coordination of Goals/Objectives

(e) Area plans on aging shall develop objectives that coordinate with and reflect the State plan goals for services under the Act.

ADSS engages in regular communications with the AAA Director's to ensure the Area Plans will mirror the goals and objectives of the State Plan with guidance detailing for the AAAs to create the strategies and projected outcomes for each goal and objective. Annually ADSS works with the AAAs through an Annual Operating Plan process to detail progress and next steps toward achieving the strategies developed in the Area Plans.

Title VI Coordination

*(a) For planning and service areas where there are Title VI programs, the area agency's **policies and procedures**, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the area agency's aging network, including service providers, will coordinate with Title VI programs to ensure compliance with section 306(a)(11)(B) of the Act (42 U.S.C. 3026(a)(11)(B)).*

*(b) The **policies and procedures** set forth in paragraph (a) of this section must at a minimum address:*

> *(1) How the area agency's aging network, including service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III;*

> *(2) The communication opportunities the area agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;*

> *(3) The methods for collaboration on and sharing of program information and changes, including coordinating with service providers where applicable;*

> *(4) How Title VI programs may refer individuals who are eligible for Title III services;*

> *(5) How services will be provided in a culturally appropriate and trauma-informed manner; and*

> *(6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils as set forth in § 1321.63.*

ADSS is committed to facilitating collaborative efforts between Title III and Title VI programs in Alabama to best serve all older adults in the state. Collaboration with Tribal Organizations and Title VI programs is woven throughout the administration of Older American Act programs. The

needs assessment for the 2025 – 2028 State Plan was intentionally inclusive of older native Americans in to best understand the needs of all older adults on the state. ADSS will continue to support, encourage, and pursue strategies to increase these collaborations between Title III and Title VI programs. AAAs, the Alabama Indian Affairs Commission (AIAC), and Tribal Organizations will be provided with information about the updated Title VI requirements in Section 1322 of the OAA.

ADSS will work with the AAAs and AIAC to communicate these opportunities and program information and changes where applicable including:

- Strategies for outreach to elders and family caregivers;
- How title VI programs may refer individuals; and
- Opportunities to serve on advisory councils, workgroups, and boards, when applicable.

ADSS will work with the AAAs, AIAC, and Tribal Organizations to understand how Tribal Organizations define their targeted populations of greatest social and economic need, and how to provide collaborative Title III programming in a culturally appropriate and trauma-informed manner. Multiple strategies are added to Objective 1.1 Title VI. Coordination also includes preparation for emergencies and disaster management. Strategies are added to Objective 2.3 to enhance this collaboration.

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