

**Jefferson County**  
**Office of Senior Citizens Services**  
**Three Year Area Plan**  
**Fiscal Years 2015-2017**



**Tony Petelos, County Manager**  
**Walter Jackson, Chief Deputy County Manager**  
**Sandra Little Brown, County Commissioner**  
**Interim Director**  
**Frederick L. Hamilton**  
**1515 6<sup>th</sup> Avenue South**  
**Birmingham, Alabama 35233**  
**Telephone Number (205) 226-7174**

## TABLE OF CONTENTS

<b>Introduction.....</b>	<b>1-6</b>
<b>Current and Future Demographics of Jefferson County’s</b>	
<b>Aging and Disable Population.....</b>	<b>7-11</b>
<b>Special Population.....</b>	<b>12</b>
<b>Need Assessment.....</b>	<b>13-15</b>
<b>Accomplishments.....</b>	<b>16-17</b>
<b>Service Delivery Plan.....</b>	<b>18-23</b>
<b>Strategic Plan.....</b>	<b>24-35</b>

# **The Office of Senior Citizens Services**

## **Three Year Area Plan Fiscal Years 2015-2017**

### **EXECUTIVE SUMMARY**

Jefferson County was named after Thomas Jefferson, the main author of the Declaration of Independence and third President of the United States. The County was founded in 1819 by the Alabama Legislature. Jefferson County is Alabama's most populated county with close to 700,000 citizens.

According to the U.S. Bureau of Census, Alabama's population is approximately 4,833,722 and approximately 659,479 reside in Jefferson County. Of the 659,479 Jefferson County residents, 14% or 92,327 of the citizens are 65 years or older.

Jefferson County is governed by County Manager form of Government with five (5) Commissioners serving as the legislative branch of government and the County Manager serving as the Chief Executive Officer (CEO) with two (2) Chief Deputy Managers overseeing various Departments. The Office of Senior Citizens Services Department Head reports directly to Chief Deputy County Manager Walter Jackson.

During the mid- seventies, around 1975, Jefferson County assumed a major coordination role in establishing Elder Garden, a multipurpose senior citizens center and in 1977 Governor George C. Wallace gave the Jefferson County Commission the responsibility for overseeing the County's Area Agency on Aging Services and the office was named: Jefferson County Office of Senior Citizens Services (OSCS).

OSCS pursues its mission by being the focal point for all activities undertaken on behalf of the adults 55 years and older, as well as disabled individuals in Jefferson County. OSCS is charged with the responsibility for leadership in analyzing the needs of the elderly with emphasis on those seniors who are low income, socially and economically deprived. OSCS

realizes the importance of developing partnerships in the communities of Jefferson County to effectuate a coordinated comprehensive system of quality community based services to the targeted populations.

OSCS recent relocation to Cooper Mercy Health Services Building on the 6<sup>th</sup> floor placed the Agency in the middle of the medical and social hub of coordinated services. A move that is projected to increase its visibility in Jefferson County, improve access (ease of parking, accessible bus routes, area familiarity, one-stop service complex) to services for adults 55 and older and for individuals with disabilities.

The major source of funds is the Alabama Department of Senior Services (ADSS), which provides funding for programs under the Older Americans Act of 1965 and include the Title III programs such as the C-1 and C-2 Nutrition program; Supportive Services, National Family Caregiver; and Buskey Meals program. The County also receives SCSEP funding (federal) from Senior Service America, Inc. (SSAI). In addition, OSCS receives funding from ADSS for the SHIP and Senior RX program, as well as ADRC and the SNAP program.

OSCS is committed to being creative in the design of programs which results in pooling of funds and resources. It is the role of OSCS to provide technical assistance to organizations in provisions of services in order to strengthen existing programs and to initiate new ones.

The following goals for Fiscal Years 2015 thru 2017 were identified to move OSCS' vision forward for Jefferson County senior citizens:

**OSCS GOAL 1.0** Seniors, people with disabilities, and their caregivers shall have access to reliable information, helping them to make informed decisions regarding long-term supports and services, empowering them to live in the least restrictive environments possible.

**OSCS GOAL 2.0** Empower older persons and individuals with disabilities to remain in their own homes with high quality of life through the provision of options

counseling, home, and community-based services, and support for family caregivers.

**OSCS GOAL 3.0** Empower older Alabamians to stay active and healthy through Older Americans Act services and Medicare prevention benefits.

**OSCS GOAL 4.0** Enable more Alabamians to live with dignity by promoting senior rights and reducing the incidence of abuse, neglect, and exploitation.

**OSCS GOAL 5.0** Promote proactive, progressive management and accountability of Contracting Agency/Area Agency on Aging and its contracting agencies.

**OSCS GOAL 6.0** Develop a professional strategic plan to assess the needs of senior citizens in Jefferson County so strategies can be developed to deliver better service.

**OSCS MISSION:** To promote and support older adults and disabled individuals in their quests for wellness and self-sufficiency through a coordinated system of quality services.

**OSCS VISION:** To be the number one (1) advocate in Jefferson County to plan, coordinate, and offer services to the aging and disabled population through effective leadership, and a dedicated team, who are committed to the principles of advocacy and integrity.

## **Introduction**

Jefferson County is challenged by the increasing demands for services as the agency population grows at an unprecedented rate. During the last fourteen years, the number of persons age 85 and older grew four (4) times faster than persons age 60 to 84. This growth is significant for policymakers as the oldest are four (4) times more likely to need long term care services. As our aging population increases, the demands for in-home services, especially home delivered meals, respite, homemaker, and chore services will increase.

In order to meet some of our seniors other needs, OSCS will partner with community service organizations such as Cooper Green Mercy Health Community Services, Youth in Aging and the Jefferson County Health Department to encourage events that promote health and wellness as well as disease prevention. We have already begun this process by participating in working groups as a part of our partnership with the Community Foundation of Greater Birmingham who recently conducted a community needs assessment of Birmingham's aging and elderly population by using a tool designed to measure the age-friendliness of our community called the Advantage Initiative. This work is very similar to the work that the Plough Foundation did in Memphis, and focuses on acquiring needed information about their basic needs, physical and mental health, independence (frail and disabled) and social and civic engagement.

OSCS has also partnered with the Alabama Head Injury Foundation to provide the "A Matter of Balance" (AMOB) and will begin this project at our senior centers to assist seniors who have concerns about falling and restricting their activities. This particular program is based on Fear of Falling: A Matter of Balance, and is adapted from Boston University as an award winning research based program. It will help our seniors to be able to manage their falls and increase their activity levels. Participants will view falls and the fear of falling as controllable, set realistic goals for increasing their activities, change their environment to reduce fall risk factors and promote exercise to increase their strength and balance.

Baby Boomers are challenged by the responsibilities of caring for their elderly love ones, grandchildren and family. These are usually quite stressful for Baby Boomers who are

caregivers. As a result of perceived increased needs, OSCS will offer support groups to not only provide emotional support, but to also offer resources and respite. Many of the seniors in this population are not familiar with the services that are available to assist them. Efforts will be made to assist the Baby Boomers in gaining access to OSCS's services.

OSCS provides a wide array of coordinated services to help in preventing or delaying the institutionalization of seniors in Jefferson County. Services for senior citizens are prioritized through targeting older individuals in the greatest economic and social need; older minorities with low incomes; older individuals who live in rural area; individuals with limited English proficiency; persons with disabilities; and older individuals at risk of institutional placements. It is stated in all of the Agency's contracts that services must be prioritized with the above written criteria. In the contractor's orientation, the priority criterion is stressed again. The contracts and AIMS Client Enrollment forms are reviewed to make sure individuals with the greatest needs are served first, and others eligible clients are placed on a waiting list. Before clients are referred for services, the Client Enrollment and Intake forms are received to ascertain if a client is more at risk. If so, a note is made on the referral that the client is at high risk.

OSCS will continue to maintain partnership with the following agencies: UAB Center on Aging, University of Alabama, Elderly Housing Units, and Home Health Care Agencies, Hospice Agencies, Alpha Phi Alpha Fraternity, St. Paul Lutheran Church, Greek Ladies Philoptohos Society and other local churches. OSCS will maintain its existing partnerships and explore other agencies for new partnerships to assist in the coordination and provision of services.

As mandated by the Older Americans Act, all services are targeted to seniors with the greatest economic need, with low income minorities, with severe disabilities, limited English-speaking abilities with the greatest social need and with those with Alzheimer's disease or related disorders. Services offered are through the following contracted services.

## **Current and Future Demographic of Jefferson County's Aging and Disability Population**

Jefferson County has a population of 659,479 persons according to the 2013 estimate Census data, which represents 16.0% of the population of the state of Alabama. There are 123,559 individuals who are over the age of 60 in the county representing 18.8% of the total county population. The elderly in Jefferson County constitute 17.33% of the State of Alabama.

For planning purposes, the County has been divided into five (5) major subdivisions. The south-central section of the County includes the two (2) major urban areas, Birmingham and Bessemer. Surrounding the cities are three (3) developing, suburban residential areas. A high income development is located to the south. Two (2) moderate income areas border Birmingham, one (1) to the Northeast and one (1) to the Southwest. The outer area has become less rural (**see attached A, maps**).

The greatest concentrations of elderly are located in Birmingham, Bessemer and the suburban Southwest. Non-white elderly constitute a significant portion of the older population in Birmingham and Bessemer. The elderly population of Jefferson County is increasing.

The impact of demographics of service delivery in Jefferson County is challenged by the increased demands for services as the aging population grows at an unprecedented rate. Seniors living alone are more likely to be at risk for Medicaid Nursing Home care. They lack the family to care for them when frailty sets in and might lack the means to pay for such care. There is an increasing demand for in-home services, especially home delivered meals, respite and homemaker/chore services.

Jefferson County is projected to grow at the lowest rate in the state, increasing to 692,065 by 2020, a growth rate of 5% over 15 years. The county is expected to grow more in the 65+ population (20% over 15 years) as compared to the under 65 population (13% over 15 years).

Alzheimer's disease and other forms of dementia are debilitating conditions that not only impact

the lives of individuals who have the disease, but also the family members caring for them. According to Vance Holder of Alzheimer's of Central Alabama, "Based on the total population of the State and the number of Alzheimer's disease patients according to the Alzheimer's Association State, it estimated that the Jefferson County number of Alzheimer's disease patients to be approximately 13,000. These facts further validate the need to partner with the University of Alabama at Birmingham to pilot a dementia prevention/intervention program for targeted groups. The Area Agency on Aging (OSCS) has consistently found a lack of adequate income to be the most serious problem of older individuals in Jefferson County. According to an assessment of needs conducted on behalf of the OSCS, low income is especially prevalent in Bessemer and the rural perimeter. Low income is most characteristic of those elderly over 70 years old residing alone.

Jefferson County has been fortunate in that its dependence on U.S. Steel as a major employer has been replaced by the University of Alabama in Birmingham (UAB). A dynamic medical and health related community, including 22 hospitals totaling more than 6,000 beds, numerous specialty health care facilities, 38 home health care facilities, 33 nursing homes, and 44 assisted living facilities have created a demand for health care personnel which is difficult to meet.

The current County Commission is diligently working to identify various strategies that will have less impact on reduced services to its County residents. Also, the major senior transportation system, ClasTran Paratransit System, is seeking additional funds so that it will be able to continue serving the senior citizens, as well as disabled and others throughout the County for this Fiscal Year. The County and other elected officials continue to explore ways to improve the senior transportation system.

Projections for employment in the Birmingham area (which includes Jefferson, Shelby, St. Clair, and Walker Counties), show 10,800 individuals age 65 and over in the work force and 500 unemployed, representing a 5% rate of unemployment for that age group. OSCS will promote its Senior Service Community Employment (SCSEP) program to eligible senior citizens for the opportunity for job training and job readiness training that will prepare the seniors for unsubsidized employment.

OSCS remains committed to be the central point of entry or focal point for senior services in Jefferson County. The OSCS staff is actively making presentations throughout the service area to inform and educate the senior population to increase the target populations awareness of the services and programs provided. In-service training and workshops about OSCS service delivery are provided at the senior centers and various community organizations. OSCS web site is proposed to be updated to increase awareness of OSCS programs.

The mission of the Jefferson County Office of Senior Citizens Services is to promote and support older adults and disabled individuals in their quests for wellness and self-sufficiency through a coordinated system of quality services. To effectuate the system, OSCS staff continuously reviews, surveys and analyzes services to determine gaps and needs and to develop needed programs.

The system which will continue to be developed shall encompass the following major components:

- A system of supportive services to include access, in-home community services, and services to residents of care providing institutions;
- A case management system to coordinate and effectively manage services to be delivered to individuals in the long term care system; and
- A focus on providing outreach to determine the needs of low income elderly.

The Office of Senior Citizens' Services (OSCS) recognizes and adheres to the Older American Act of giving preference in the provision of services to older persons with the greatest economic or social need, particularly the low-income minority. The main goal is to prevent or delay the institutionalization of these persons. The OSCS is actively engaged in activity targeting this specific population. Outreach efforts are designed to identify low income minority older persons and their needs first. New services are established in areas with the greatest needs.

In the Agency's monthly assessments, direct questions are asked regarding their targeting plans to meet the needs of this population.

The Office of Senior Citizens' Services targets the population in need by:

1. Locating Senior Centers in communities with the greatest economic need and greatest social need (see attached map);
2. Presenting workshops and educational programs throughout Jefferson County;
3. Identifying community resources to assist with low-income minority persons; and
4. Evaluating Contractors to ensure they target those individuals with the greatest need.

**TABLE 1**  
**TARGETING DEMOGRAPHICS**

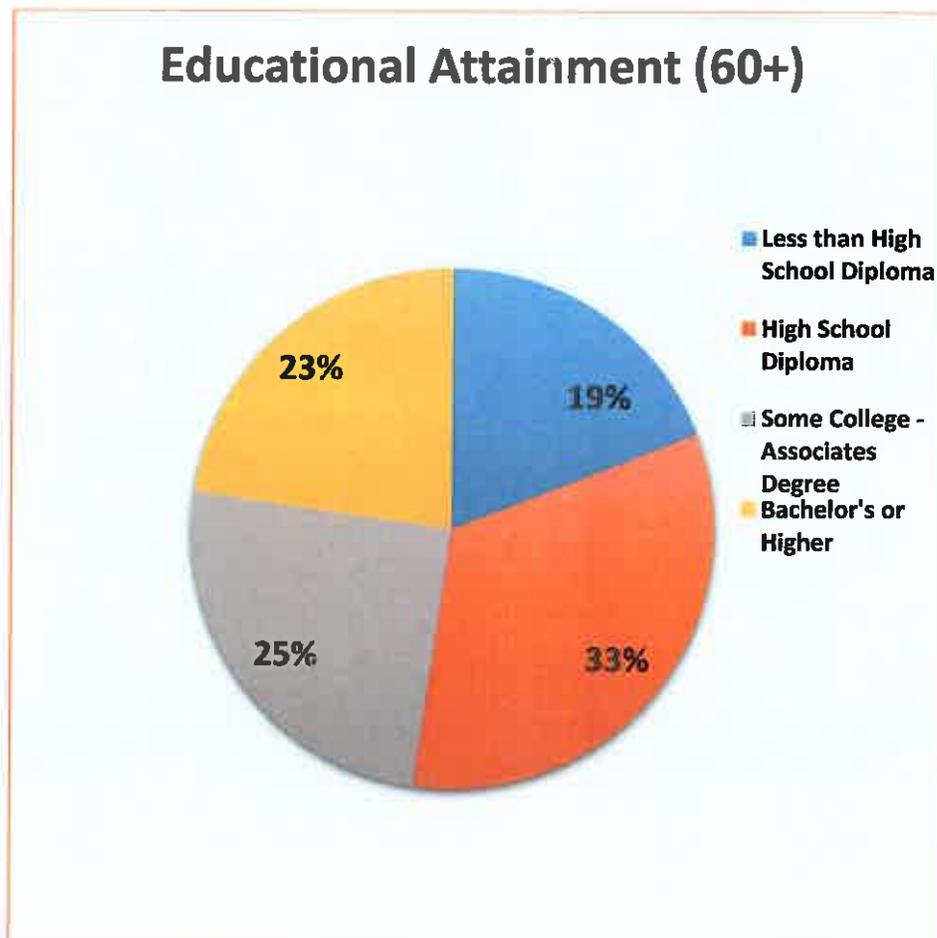
<b>DEMOGRAPHIC CLASSIFICATION</b>	<b>POPULATION AS OF August, 2010</b>
Total persons, age 60 or older	123,557
Minority persons, age 60 or older	38,808
Low-income persons, age 60 or older	14,060
Low-income minority, age 60 or older	8,075
Black persons, age 60 or older	36,817
Hispanic persons, age 60 or older	1,575
Native American persons, age 60 or older	420
Other minority persons, age 60 or older	1,571
Rural persons, age 60 or older	12,016

**TABLE 2**  
**Jefferson County, Alabama**  
**2010 Census**

<b>Financial Status (60+)</b>		
Below 100% of Poverty Level	12,014	10.8%
100 - 149% of Poverty Level	13,936	11.6%
At or above 150% of the Poverty Level	93,226	77.6%
<b>Total</b>	<b>119,176</b>	<b>100.0%</b>

**TABLE 3**  
**Jefferson County, Alabama**  
**2010 Census**

Educational Attainment (60+)		
Less than High School Diploma	23,420	19.0%
High School Diploma	40,923	33.2%
Some College - Associates Degree	30,815	25.0%
Bachelor's or Higher	27,980	22.7%
Total	123,138	99.9%

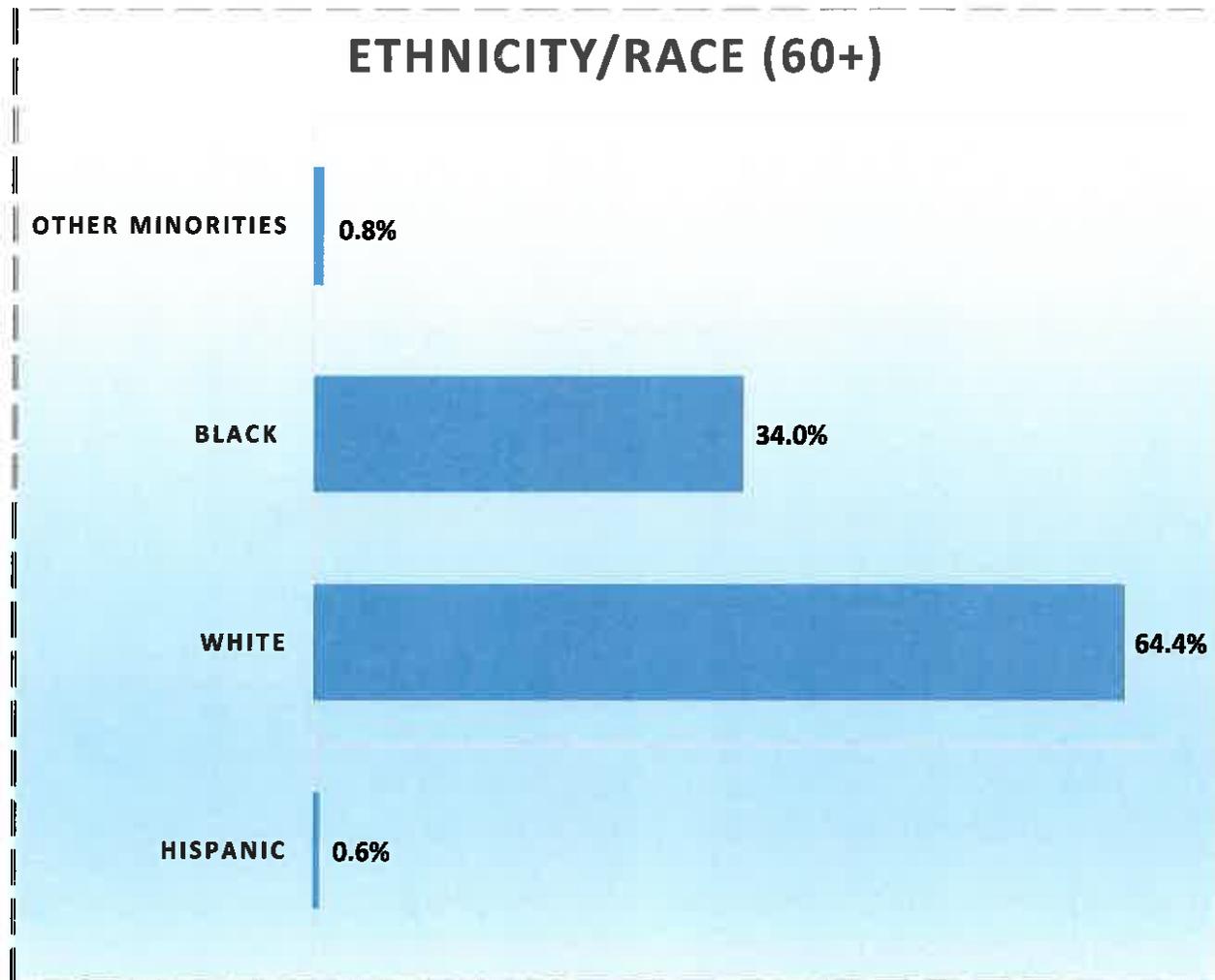


**TABLE 4**

Jefferson County, Alabama

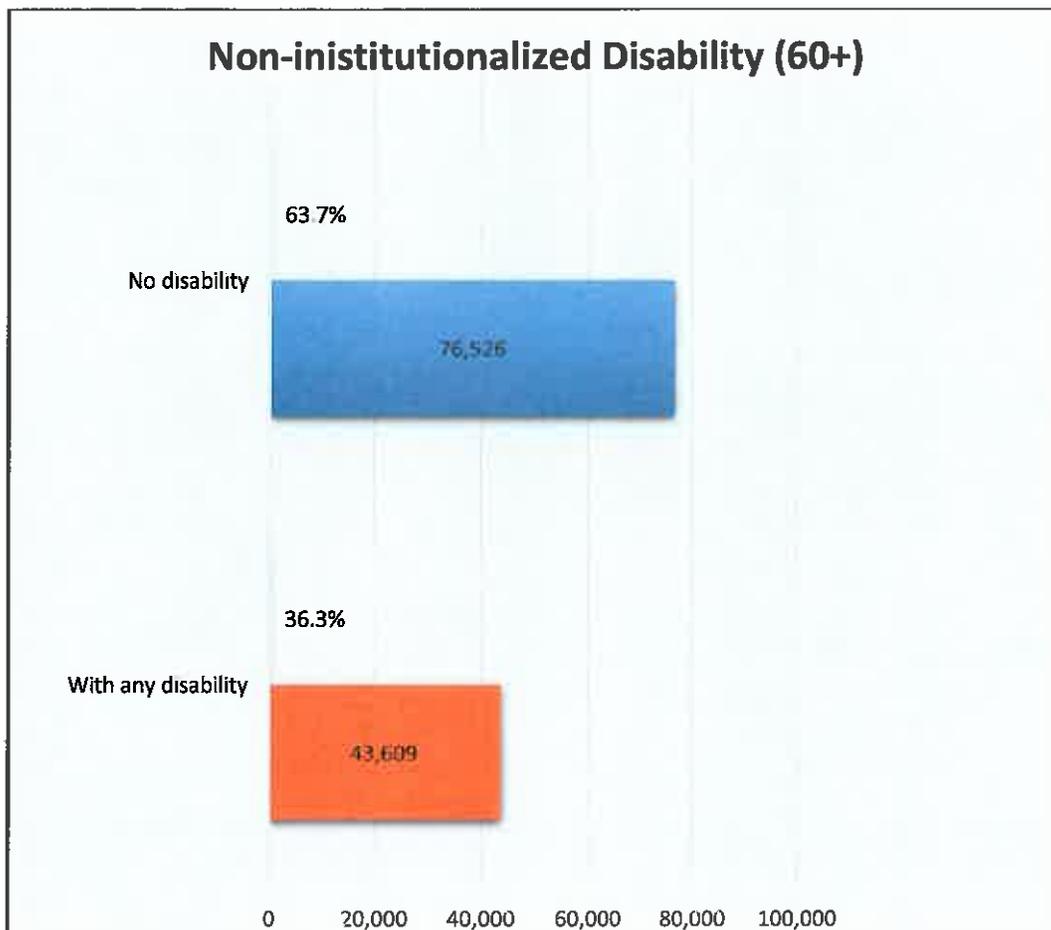
2012 American Community Survey 1-Year Estimates

Ethnicity/Race (60+)		
Hispanic	774	0.6%
White	83,171	64.4%
Black	43,911	34.0%
Other Minorities	1,033	0.8%
Total	128,889	99.8%



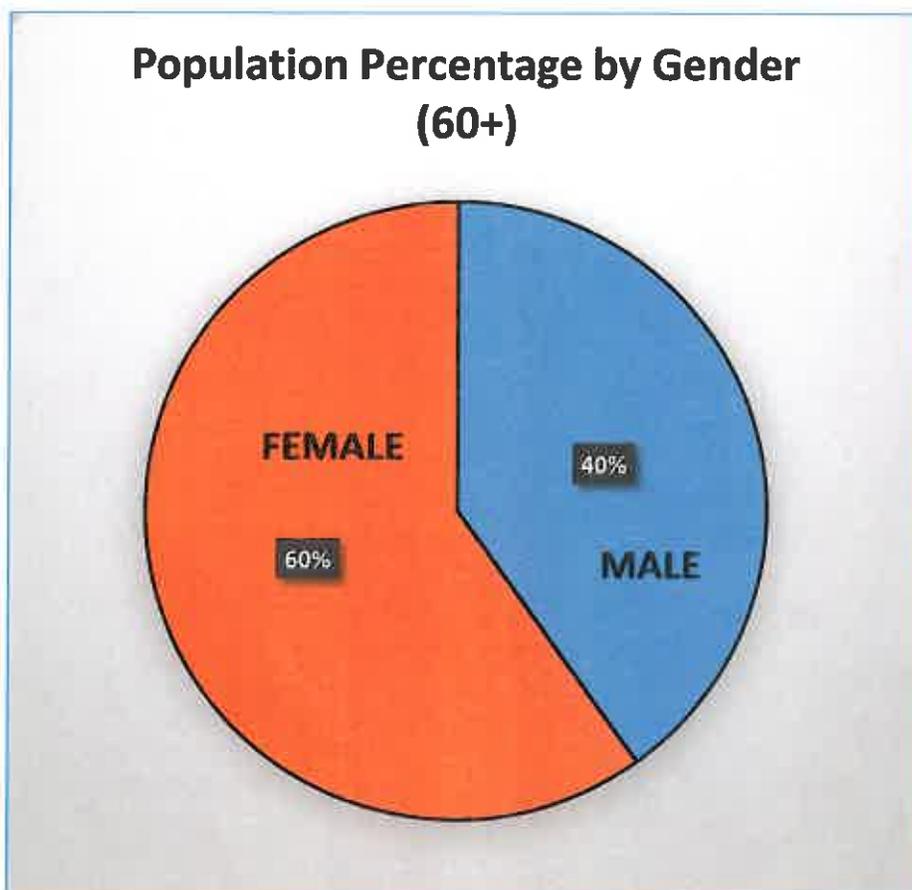
**TABLE 5**  
**Jefferson County, Alabama**  
**2010 Census**

Non-institutionalized Disability Status (60+)		
With any disability	43,609	36.3%
No disability	76,526	63.7%
Total	120,136	100.0%



**TABLE 6**  
 Jefferson County, Alabama  
 2010 Census Summary File 1

Population by Gender (60+)				
	Male	Percent	Female	Percent
60 years and over	50,996	16.4%	71,406	20.6%
62 years and over	43,581	14.0%	62,936	18.2%
67 years and over	29,321	9.4%	46,485	13.4%
75 years and over	14,910	4.8%	27,260	7.9%



## **Special Populations**

**Hispanic:** Jefferson County's Hispanics population increased from 10,279 in 2000 to 25,988 in 2010. However, Hispanic in the county is relatively small. OSCS will continue to monitor demographic data pertaining to the Hispanic Community and seek to provide senior services to eligible persons.

**Veterans:** There 46,613 Veterans in Jefferson County

**Native American:** In 2000, there was 90,269 American Indians in Jefferson County. The population slightly declined to 86,443 in 2010.

**Caregivers:** AARP Public Policy Institute reports that there are approximately 818,000 informal caregivers for ages with disabilities and chronic health conditions. It is estimated there are 660,793 caregivers in Jefferson County.

Evidence shows that most caregivers are ill prepared for the role and provide care with little to no support. Many suffer from poor health problems that arise from complex care giving situations and the strains of caring for fragile or disabled relative.

OSCS will continue to promote the National Family Care Giver and Supportive program, which provides the following family caregiver support groups:

- 1. Alzheimer's and Related Disorders**
- 2. Grandparents Caring for Grandchildren**

## **Needs Assessments**

### **Nutrition Center Manager Survey Results**

On April 10, 2015, the county sent a survey to the 32 nutrition centers in Jefferson County in order to obtain demographic information from Center Managers, as well as determine what type of activities are occurring, as well as what type of activities would enhance the lives of the senior citizens at the Centers. The survey also sought to determine if the senior citizens were aware of programs that would have a significant impact on the seniors well-being and economic life.

Twenty three (23) or 72% of the Centers responded to the survey. A brief analysis of the findings is presented below:

1. The average amount of senior citizens attending the Nutrition Centers on a daily basis is 1,516.
2. The range of age for the senior citizens attending the Center is 55-100.
3. The average age is 77.
4. Of the 23 Centers responding to the survey, four (4) or 17.4% were white; six (6) or 18.6% are black; ten (10) or 31.3% are white/black and three (3) or 0.09% is black/white.

The top 10 common activities provided at the responding Centers are as follows:

1. Nutrition
2. Exercise
3. Ceramic and craft
4. Games such as bingo, dominoes, Wi-Fi bowling, trivia and card games.
5. Health Screenings
6. Quilting
7. Daily Devotion
8. Music to include live bands
9. Outside speakers
10. Movies

The top 10 common services requested are as follows:

1. Computer and Internet training.
2. Expanded exercise equipment.
3. Better Meal Combinations.
4. Meals more conducive to diabetes.
5. Information on financial management.
6. More information for Veterans.
7. More outdoor activities.
8. Improvements and expansion of the senior center.
9. Return of Seasoned Performers.
10. More information about insurance and home health.

Focused service delivery based on past needs assessments revealed priority needs of older adults in Jefferson County's service area are:

1. Assistance in bathing or showering.
2. Transportation to doctors' offices and shopping.
3. Assistance in preparing light meals, having meals delivered to the home.
4. Assistance with laundry, housework or yard work.

The above identified needs are critical to keeping seniors in their own homes. Further, the greatest unmet needs were:

1. Quality, affordable health care.
2. Personal care for those individuals with limitations in their Activities of Daily Living (ADL).
3. Transportation for senior citizens who no longer drive or are unable to use public transportation.
4. Information and/or assistance in obtaining benefits and services

OSCS has direct service providers contracts in place that provides for personal and homemaker care for seniors in need of the service. OSCS case managers assess clients and complete the

Activities of daily Living. After which these clients are referred to contract home health agencies which will provide the needed services. Clients are permitted to remain in the program for one (1) year and after which the client (s) must re-apply for the second year.

The survey revealed that 82.6% of the Centers were aware of the Senior Rx program, 91.3% were aware of the SHIP program and 52% were aware of the SCSEP program.

Although, this was an informal survey designed to seek input for the development of the Area Plan, it does provide management with some insight how to plan for the planning period.

OSCS will immediately seek to improve the delivery of services to adults age 55 and older and individuals with disabilities: 1) It plans and develops programs based on individuals' needs. Coordinates services via the use of case managers; 2) Become advocates for its clients by constantly seeking ways to improve and expand services delivery; 3) Establishes and maintains senior centers seeking community partners with other agencies such the Community Foundation of Birmingham; 4) Provide programs and services by administering a wide variety of federal, state and local funds to support these services.

OSCS envisions its role to be a leader in the community in the development of services to meet the needs of an increasing aging population. With grant funds received under the Older American Act, and other funding sources including Jefferson County, State, Federal, foundations and private sources, OSCS plans to strengthen its infrastructure to ensure the older adults have access to services which can promote independence and improved life style outcomes.

## **ACCOMPLISHMENTS OVER THE PAST FOUR YEARS**

The accomplishments for the last four years are as follows:

1. Attendance of Health Fairs focused on health promotion and disease prevention have consistently been a part of OSCS evidence based programs targeted toward areas where low-income older adults and individuals with disabilities reside.
2. Construction of the new Senior Center (Lowetown) in McCalla, Alabama in April 2014 with funding from the Community and Economic Development Department Community Development Block Grant (CDBG) program.
3. Expansion of the Trussville Senior Center with CDBG funds.
4. Expansion of the Clay Senior Center with CDBG Funds.
5. Meetings have been scheduled and held with service providers in an effort to ensure good communication, maintain current training and make sure that service delivery program goals are being met.

## **NEW DIRECTIONS OR CHANGES**

Jefferson County will implement a new organizational structure for the OSCS that will be designed to improve the overall performance of the program that will greatly enhance services to the senior citizens of the county. As can be seen on the attached organizational chart, the County Commission proposed to merge OSCS into the Department of Community and Economic Development. The merger will take place in the shortly (**see attachment B, Organizational Chart**).

Under the new Department, a Manager that will report to the Director and Assistant Director, and will be hired to oversee the day to day operations of OSCS. For the first time, there will be accountability in place to assure OSCS is operating properly and in a means that leads to enhanced delivery of services.

Second, OSCS will be marketed more effectively in order for the senior citizens of the county to be aware of available. This will be developed by developing new agency brochures that describes each program and the eligibility requirements; speaking with community and church leaders; and development of a new Website.

Third, OSCS will continue to work Ms. Pam McDaniel at the West Alabama Regional Planning Commission to integrate all of OSCS's programs into the Aging and Disability Resource Center (ADRC). This will allow OSCS to enhance assistance to the senior citizens of Jefferson County.

Fourth, expand partnerships with: The University of Alabama, Birmingham (UAB), Jefferson County Health Department (JCPH), and other local universities and governments to ensure individuals who are at risk for mental and cognitive defects have access to appropriate level of services.

## **SERVICE DELIVERY PLAN**

In accordance with the requirement that each Area Agency on Aging designated under section 305(a) (2) (A) of the Older Americans Act of 1965, as amended, shall, in order to be approved by the State agency, prepare and develop an Area Plan for planning and service area for a two (2), three (3), or four (4) year period determined by the State agency, with such adjustments as necessary. As determined by Alabama Department of Senior Services (ADSS), each Area Agency on Aging will prepare a three year area plan for Fiscal Years 2015-2017. This plan describes OSCS' mission, vision and purposes, and includes goals and strategies to achieve its vision.

### **In-Home Services**

**OSCS** provides in-home services to those individuals having the greatest socio-economic need.

The term in-home services include, but are not limited to:

- Homemaker and home health aides
- Visiting and telephone reassurances
- In-home respite for families.
- Personal care services

**OSCS** contracts with local direct service providers to provide in-home services. All in-home-services are initiated by case managers who first meets with client, performs needs assessments and develops Individualized Care Plans (ICP). Service delivery is monitored and care plans are undated as needed.

**Financial Support** program provides a limited social or financial support system. Assistance through the Gabriel Program offers financial management to vulnerable older adults in Jefferson County who for various reasons are unable to manage their finances. The program is directed to older adults who because of memory loss or other causes are fearful of managing their monies or for those older adults who may be in danger of being financially exploited.

**OSCS** provides case management and respite services to the caregivers of Alzheimer's and dementia patients. ADSS devised a cost-sharing system for the respite services. Caregivers,

whose income falls below the national standard for poverty level, are not asked to cost-share. However, they may make a contribution to the program.

**OSCS – Case Management for Meals on Wheels** contract provides case management services for older individuals in Jefferson County. Case management activities include assessments for functional status, development of the case plan, overall management of services including negotiation with agencies for new services assuring appeals for entitlements assistance with completion of applications, regular review of the client status and reassessments.

**OSCS - provides Geriatric Case Management** services that will maximize the independence, health, safety and dignity of the at-risk frail elderly and to provide assistance to caregivers in gaining access to services which improve their quality of life. Another service provided in this contract is arranging transportation, which is provided to the frail elderly who are unable to utilize available transportation resources without some assistance.

**JCCOA - Meals on Wheels** contract provides the Homebound Meal Program which services a minimum of 800 meals to older individuals through Jefferson County at a minimum of five (5) days per week including holidays.

### Community Based Services

**Congregate Nutrition Services - OSCS** contracts with local agencies to maintain 32 senior centers throughout Jefferson County. Nutrition services provide congregate meal centers to elderly clients 60 years of age or older. The exception is that a younger spouse (under 60) may participate in the meal program if the older spouse is 60 years old or older. With the knowledge that many older Americans suffer from poor nutrition, OSCS has pursued the development of Congregate Meal Programs in every area of the County. The 32 centers are located in target areas where the seniors are most economically, socially and emotionally needy (see attached maps).

In assessing the changing demographics, some senior centers have been closed, some combined with other senior centers and new centers have been opened. In addition to the daily meals served, individuals participating in the program receive the following social services:

**Health Promotion and Disease Prevention:** This is a Community-Based Wellness Program designed to implement preventive health measures that can help decrease illnesses by providing health screenings, exercise and education to senior citizens throughout Jefferson County. OSCS contracts with agencies or groups to provide individual disease management counseling on a one-on-one basis and education programs concerning health related subjects. This type of service is provided by R.N.s and LPNs.

In Jefferson County, many of the frail, isolated and disadvantaged do not have the opportunity for any form of preventive health/disease prevention health care. OSCS coordinates these services through contracts and partners several agencies.

**Nutrition Education Information** is given periodically regarding such subjects as the types and amounts of foods that are required to meet one's daily nutritional needs. OSCS also provides the Nutritional Educational information distributed by the State to be used by Center Managers for our congregate and homebound meals.

**Information and Referral Services** are contractually required of nutrition providers to keep participants informed and in touch with services, agencies and community resources. OSCS staff also distributes flyers and/or pamphlets to seniors at the Centers, provides information, and makes referrals.

**Transportation Services** provides essential transportation round-trip services to senior centers for qualified seniors. These services also assist the elderly who would otherwise have no way of participating in senior center programs and escort service assists the elderly who require personal assistance and special modes of transportation to and from medical appointments.

**Recreation** is designed to foster the health and social well-being of the participants through social interaction. It assists participants to obtain and maintain mobility, range of motion, muscle strengthening and gait stability.

**Outreach** is a contractual requirement of center managers to ensure maximum utility of the service. Strategies are implemented to reach senior adults in the communities who are not current participants but are at risk for poor nutrition, social isolation and chronic diseases. Professionals from various agencies in the community are enlisted to supply supportive social services in areas of information and referral, health screening, health counseling and nutrition educations. Each center has a roster of volunteers who are participants in the program. These volunteers are assigned varied duties including food service, program planning, craft instruction, clean-up, host or hostess, participant registration, escort service, outreach, etc. Outreach of the above service has extended into isolated areas and in communities where services are needed.

**OSCS Senior Rx Program:** Provides prescription medication assistance with obtaining free prescription drugs, free nutritional supplements (such as Ensure and Glucerna), and free diabetic supplies to persons 55 and older or disabled, any age, within the 24-month Medicare waiting period of no prescription drug coverage.

**Legal Services:** Provides legal services for senior adults age 60 and older by offering all necessary legal assistance and advocacy including, but not limited to, counseling and advice negotiation, representation before a court and appeals of adverse decisions.

**OSCS - Elder Fraud Program** to significantly expand consumer awareness and protection to senior citizens residing in Jefferson County, and to identify and reduce crimes, scams, and schemes against senior citizens within the county.

**OSCS Case Managers** provides Information and Public Education. The goal has been to publicize the services available through OSCS. Public education and presentations will be made to local hospitals and their facilities. Resource & Information packets about the Area Agency on Aging are distributed to persons at the presentations.

**OSCS - Alabama Cares of Jefferson County** supports family caregivers by providing training, assistance, and resources to help caregivers take care of their aging loved ones through respite, homemaker, personal care services and supplemental supplies.

**OSCS – Caregiver Education/Support Groups** offers training, education, information, and assistance for caregivers including grandparents and relatives raising kids and those with Alzheimer's disease or other illnesses.

**OSCS through ADRC** – will refer clients to Long Term Care Ombudsman at JCCOA, which is contracted to provide advocates that ensure that residents in long term care settings receive all services; legal, financial, social, and rehabilitative, through investigation of complaints, evaluations of facilities through visitation, medications and resolutions, and education to residents, family, staff and community organizations. The Ombudsman program is committed to resident-centered, life affirming, relationship building that will advocate for residents and transform long a vehicle where older individuals and their families and/or nursing homes personal care facilities and boarding home can resolve complaints.

**Access Transportation** - The Jefferson County Commission contracts with ClasTran to provide transportation to seniors attending Senior Centers through Jefferson County and to special events sponsored by the Area Agency on Aging.

**OSCS - Information and Assistance** – provides information and assistance services to seniors who call for assistance. Referrals are made in-house and also community agencies.

**OSCS - Aging and Disability Resource Center (ADRC)**- “The No Wrong Door System” where people of all ages, incomes and disabilities go to get information and one-on-one person-centered counseling on the full range of long term services and support options.

**OSCS – Senior Community Services Employment Program** - Provides employment and training assistance to adults age 55 or older who are actively seeking employment. Participants

are placed in a temporary training position at a host agency (nonprofit or public agency) for 20 hours per week and are paid minimum wage. Participants help community organizations extend their reach & capabilities, while developing their own job skills and self-confidence.

**OSCS – State Health Insurance Program (SHIP)** -Through the State Health Insurance Assistance Program (SHIP), certified counselors and volunteers are committed to helping Medicare beneficiaries make informed choices regarding health benefits. Counselors and volunteers are not affiliated with any insurance company and will not attempt to sell Medicare beneficiaries Insurance.

**OSCS - Supplemental Nutrition Assistance Program (SNAP):** Designed to assist seniors, 60 years of age and older who are not currently receiving food assistance. Seniors cannot have earned income in the month of application.

**OSCS - Coordinating Council Network** provides a forum for professionals in the field of aging to network, combine advocacy efforts as needed, and work together to maximize services and resources for seniors through coordination of efforts. The Council will meet at the Office of Senior Citizens Services quarterly.

## STRATEGIC PLAN

### Area Plan Goals and Objectives

**Table 7**

Goal 1.0:	Seniors, people with disabilities, and their caregivers shall have access to reliable information, helping them to make informed decisions regarding long-term supports and services, empowering them to live in the least restrictive environments possible.
Objective 1:1	Provide seniors and disabled persons information on health insurance options, home based and long term care options to assist with care decision making.

#### **Strategies:**

1. OSCS to utilize the 32 Senior Centers to provide accurate care information monthly to targeted individuals in the four (4) corners (North, South, East and West) of Jefferson County.
2. OSCS to facilitate information dissemination through health fairs, support groups, faith based organizations, television and radio – at least quarterly on available counseling, service and supplemental supplies with focus on family member caregivers.
3. Senior Rx Outreach Coordinator to increase outreach efforts to rural Bessemer and two (2) senior homes per month.
4. Provide ongoing training to staff on ADRC guidelines and implement the “No Wrong Door” entry to long-term services and supports for State Health Insurance Program (SHIP) and Senior Rx programs.
5. Expand partnerships with agencies especially hospitals and discharge planners throughout Jefferson County for the purpose of educating individuals on alternative care options, local resources and prevention of hospital re-admissions.
6. OSCS staff identifies those stakeholders who are willing to invest in the “No Wrong Door” entry to long term services and support options.
7. Collaborate with partners and stake holders regarding three (3) major information

sharing events on long term services and support options.

**Outcomes:**

1. Practice healthy eating habits, increased activity.
2. Increased number of targeted population remaining in home setting.
3. Minimum of 1,400 clients per Fiscal Year to obtain needed medicines.
4. At least 10,000 units per Fiscal Year.
5. Enhanced public awareness of ADRCs.
6. Streamlined referral system.
7. Easier access to information on long-term services and supports.

**Table 8**

Goal 2.0:	Empower older persons and individuals with disabilities to remain in their own homes with high quality of life through the provision of options counseling, home, and community-based services, and support for family caregivers.
Objective 2.1:	To provide services based on needs to older adults and individuals with disabilities in the home setting so that they maintain independent quality living as long as possible.

**Strategies:**

1. OSCS will provide at least 800 seniors home delivered meals per Fiscal Year.
2. OSCS Case Mangers to assess clients and temporary (respite) supportive services to be provided for caregiver and client.
3. OSCS Case Mangers to ensure that homebound individuals are provided with supportive service choices.
4. Encourage caregivers to attend weekly support groups.
5. Establish relationships with long-term care facilities admissions coordinator, case managers and discharge planners.
6. Partner with local colleges and universities to explore assistance with conducting a community based services needs assessment of older individuals, individuals with disabilities and caregivers.
7. Conduct service delivery satisfaction surveys at least annually.

**Outcomes:**

1. OSCS will provide at least 200,000 homebound meals to seniors per Fiscal Year.
2. At least 200 family caregivers to be provided respite and other supportive services per Fiscal Year.
3. At least 400 homebound clients will be provided respite and other supportive services.
4. Increased collaboration and resource sharing among community stakeholders.
5. Decreased fragmentation of long term services and support.
6. Increased caregiver support group attendance.
7. Service delivery satisfaction surveys reveal improved service delivery models.

**Table 9**

Goal 2.0:	Empower older persons and individuals with disabilities to remain in their own homes with high quality of life through the provision of options counseling, home, and community-based services, and support for family caregivers.
Objective 2.2:	OSCS to ensure that clients have access to appropriate health care options and wellness services through the provision of transportation.

**Strategies:**

1. OSCS continue to provide transportation for clients to and from senior centers; to local pharmacies; and grocery stores through contracted services.
2. Demand transportation options to continue as an option for clients to and from health care provider visits.
3. Seek ways to strengthen and fund transportation system including assisted transportation.
4. Partner with durable medical suppliers, UAB Aging Resource Center and other local stakeholders.

**Outcomes:**

1. OSCS to provide at least 3,000 units of transportation per Fiscal Year.
2. Cost does not impede clients from accessing the transportation system.
3. Assure incontinence supplies are available to caregivers.

**Table 10**

Goal 2.0:	Empower older persons and individuals with disabilities to remain in their own homes with high quality of life through the provision of options, counseling, community-based services, and support for family caregivers.
Objective 2.3:	Expand nutrition options for nutritional insecure older adults and individuals with disabilities.

**Strategies:**

1. Expand outreach efforts for the Supplemental Nutrition Assistance Program (SNAP) and Alabama Elderly Simplified Application Project (AESAP)
2. Partner with the Jefferson County Department of Human Resources and provide assistance with completion of SNAP applications.
3. Educate the public regarding SNAP through the media, education forums and nutrition clinics.
4. Partner with faith-based organizations to expand outreach.

**Outcomes:**

1. Improve nutritional intake for individuals at risk.
2. Increased nutritional options.
3. Improved coordination of nutritional resources for elderly and disabled individuals.

**Table 11**

Goal 2.0:	Empower older persons and individuals with disabilities to remain in their own homes with high quality of life through the provision of options, counseling, community-based services, and support for family caregivers.
Objective 2.4:	OSCS to provide a comprehensive and coordinated approach to meet the diverse needs of family caregivers of individuals with dementia, disabilities and chronic conditions.

**Strategies:**

1. Strengthen partnerships with specialized dementia and Alzheimer's education programs.

2. Educate caregivers through various forums and venues about community-based service options.

**Outcomes:**

1. Increased caregiver awareness of community based long term services and support options.
2. Increased quality of life with increased length of stay in homes.

**Table 12**

Goal 2.0:	Empower older persons and individuals with disabilities to remain in their own homes with high quality of life through the provision of options counseling, home, and community-based services, and support for family caregivers.
Objective 2.5:	Continue to provide the core services as under the Older American Act to enable older adults to reside in the community of their choice and enhance their quality of life through supportive services.

**Strategies:**

1. Promote the SCSEP program as training programs as opposed to work and assure the participant understand the importance of finding unsubsidized employment.
2. After enrollment of participants into the SCSEP program, participants will be required to register for work with the Local One Stop Career Center.
3. Establish improved Individual Employment Plans (IEP) that is realistic with the participants work capacity.
4. Increase visitation to host agencies.
5. Expand outreach to participants in order to enhanced job opportunities.
6. Connect participants with additional training such as basic computer training and Internet Training for skill enhancement.
7. Establish partnerships for improved Job Readiness Training.
8. Target and focus community based services in the areas identified in the needs assessment.
9. Meet the core performance measures each year for Senior Community Service Employment Program (SCSEP).

**Outcomes:**

1. Better informed senior citizens about the goal of the program.
2. Better trained senior citizens.
3. Better Job Readiness Training program for preparation for job interviewing and work.
4. Expanding opportunities for employment by educating employers.
5. Improvement in performance measures.
6. Yearly SCSEP performance measures met.

**Table 13**

Goal 3.0:	Empower older Alabamians to stay active and healthy through Older Americans Act services and Medicare prevention benefits.
Objective 3.1:	To provide health, wellness and disease prevention services to 2,500 older adults per Fiscal Year.

**Strategies:**

1. Provide health promotion and disease prevention information and activities in the 32 senior centers at least quarterly.
2. Health fairs with health screening throughout Jefferson County quarterly.
3. Exercise and strengthening activities be made available to older adults weekly at senior centers.
4. Partner with Chronic Disease Self – Management Specialists to provide on-going training and guidance for individuals with identified chronic diseases.
5. Assist seniors with chronic diseases and assist them in managing their condition in order to remain stabilized.

**Outcomes:**

1. Evidence based indicators (BP, Glucose & cholesterol) within normal range.
2. Health fairs conducted in targeted communities in Jefferson County quarterly.
3. 500 seniors participate per year in active exercise.
4. 200 seniors become participants in Chronic Disease Self-Management.

**Table 14**

<b>Goal 3.0:</b>	Empower older Alabamians to stay active and healthy through Older Americans Act services and Medicare prevention benefits.
<b>Objective 3.2:</b>	Maintain information sharing with the older adult and/or those with disabilities to stay active and mentally acute and delay the need for supportive services.

**Strategies:**

1. Ongoing creation and dissemination of written and verbal infomercials regarding Medicare prevention benefits.
2. Collaborate with Cooper Green Mercy Health Services (CGMHS) and Jefferson County Department of Public (JCDH) on approaches to reach seniors.
3. Continue to recruit Senior Speaking Out (SSO) volunteers.
4. Provide education and supports for medication management and health care self-advocacy.

**Outcomes:**

1. Increased numbers of older adults having access to Medicare prevention benefits information.
2. Older adults in Jefferson County having improved cognition and physical health and greater independence.
3. The number of volunteers increases each year by 2%.

**Table 15**

<b>Goal 4.0:</b>	Enable more Alabamians to live with dignity by promoting senior rights and reducing the incidence of abuse, neglect, and exploitation.
<b>Objective 4.1:</b>	To train at least 250 seniors to recognize and prevent insurance fraud and abuse, neglect, and exploitation.

**Strategies:**

1. Provide advocacy for residents in Jefferson County Long Term Care Facilities.

2. Assess for possible abuse/neglect during intake (ADRC) and make appropriate referrals.
3. Provide case management to assess instances of possible abuse.
4. LTC Ombudsman train staff regarding prevention of abuse and residents' rights.

**Outcomes:**

1. Decrease reports from residents in LTC Facilities that choice, rights or independence were denied.
2. Minimum of 20 in-service trainings per Fiscal Year.
3. Individuals, caregivers, and the communities in Jefferson and other assigned counties will have increased knowledge of elder rights and the prevention of abuse.

**Table 16**

Goal 4.0:	Enable more Alabamians to live with dignity by promoting senior rights and reducing the incidence of abuse, neglect, and exploitation.
Objective 4.2:	OSCS to provide a coordinated system of Elder Justice Services for senior adults.

**Strategies:**

1. Formulize agreements with legal entities for the provision of legal services for seniors
2. Provide training opportunities for senior adults on recognition, reporting and avoidance of elder abuse, neglect and exploitation.
3. Provide written material on elder abuse, neglect and exploitation.
4. Partner with the local media (radio, television and newspapers) to heightened awareness of Prevention of Elder Abuse.

**Outcomes:**

1. Enhanced levels of awareness and expansion of advocacy regarding the prevention of elder abuse, neglect, and exploitation.

**Table 17**

Goal 4.0:	Enable more Alabamians to live with dignity by promoting senior rights and reducing the incidence of abuse, neglect, and exploitation.
-----------	--

Objective 4.3: Provide advocacy and education to prevent fraud and financial exploitation of OSCS assigned regional counties.

**Strategies:**

1. Coordinate efforts of the ADRC, SHIP and Elder Rights Programs to provide community outreach, education and training to professionals.
2. OSCS to integrate advocacy and education to prevent fraud and financial exploitation in all programs.
3. Partner with faith –based organizations to promote prevention of fraud, elder abuse and exploitation.
4. OSCS to explore funding sources to expand the Gabriel Program.

**Outcomes:**

1. Fewer seniors in Jefferson County will be victims of fraud and financial exploitation

**Table 18**

Goal 5.0: Promote proactive, progressive management and accountability of Contracting Agency/Area Agency on Aging and its contracting agencies.

Objective 5.1: AAA Management to administer programs and funds according to grant agreement and assurances.

**Strategies:**

1. Management to utilize the monitoring checklist as guide to structure operations.
1. Incorporate ADSS monitoring tool into AAA policies and procedures.
2. OSCS to conduct training for contractors (quarterly) and staff (monthly) on required performance.
3. Develop, implement, and utilize monitoring/audit schedule for contractors and AAA.
4. Recognize and take appropriate action if either AAA staff or contractor is non-compliant.

**Outcomes:**

1. Monitoring tool is incorporated into AAAs policies and procedures.
2. Training conducted for contractors quarterly and staff monthly.
3. Contractors are monitored/audited as required/scheduled.
4. Appropriate action taken for non-compliance.

**Table 19**

<b>Goal 5.0:</b>	Promote proactive, progressive management and accountability of Contracting Agency/Area Agency on Aging and its contracting agencies.
<b>Objective 5.2:</b>	Maintain up-to-date software and hardware to ensure capabilities to submit and retrieve data.

**Strategies:**

1. Provide on-going Information and Technology training (i.e. Peer Place) for OSCS staff to ensure competency with handling client and resource data.

**Outcomes:**

1. Staff able to efficiently access and provide client with access to reliable data.

**Table 20**

<b>Goal 5.0:</b>	Promote proactive, progressive management and accountability of Contracting Agency/Area Agency on Aging and its contracting agencies.
<b>Objective 5.3:</b>	OSCS to provide effective and accountable leadership, supporting a person-centered culture for management of operations and customer service.

**Strategies:**

1. OSCS to maintain adequate staffing levels to ensure it meets all required federal and state mandates.
2. Adhere to simplified processes, improve communications, and analyze data to continuously improve department –wide accountability.
3. Provide on-going training for all OSCS and aging partner networks on program guidelines and person-centered concepts.
4. Implement improved contract monitoring procedures.
5. On-going contractor and staff training on monitoring and follow-up procedures.
6. Implementation of each program self-monitoring tools.
7. Develop and implement effective succession training as a proactive management strategy to plan for staff entering retirement or other termination modes.
8. Foster good employee morale through training, team building activities, supportive work environment, recognition and opportunities for growth.
9. Maintain ongoing improvement with internal audit and monitoring practices to ensure adequate internal and external fiscal controls, programmatic outcomes, administrative rules and policies are current.
10. Conduct service delivery satisfaction surveys at least annually and utilize results to affect improved service delivery.

**Outcomes:**

1. Improved system changes will result in individuals receiving person-centered services to meet the individuals’ expressed or identified needs.

**Table 21**

Goal 5.0:	Promote proactive, progressive management and accountability of Contracting Agency/Area Agency on Aging and its contracting agencies.
Objective 5.4:	Develop and implement a continuous quality improvement program to ensure compliance with rules and regulations and improve service quality to all individuals served.

**Strategies:**

1. Establish a process for using data to monitor, analyze and ensure compliance with established program guidelines.
2. Coordinate a structured, department - wide system to continuously design measure, assess, improve, and redesign priority functions and processes to ensure the highest quality of service delivery for individuals, and the efficient and appropriate use of resources.

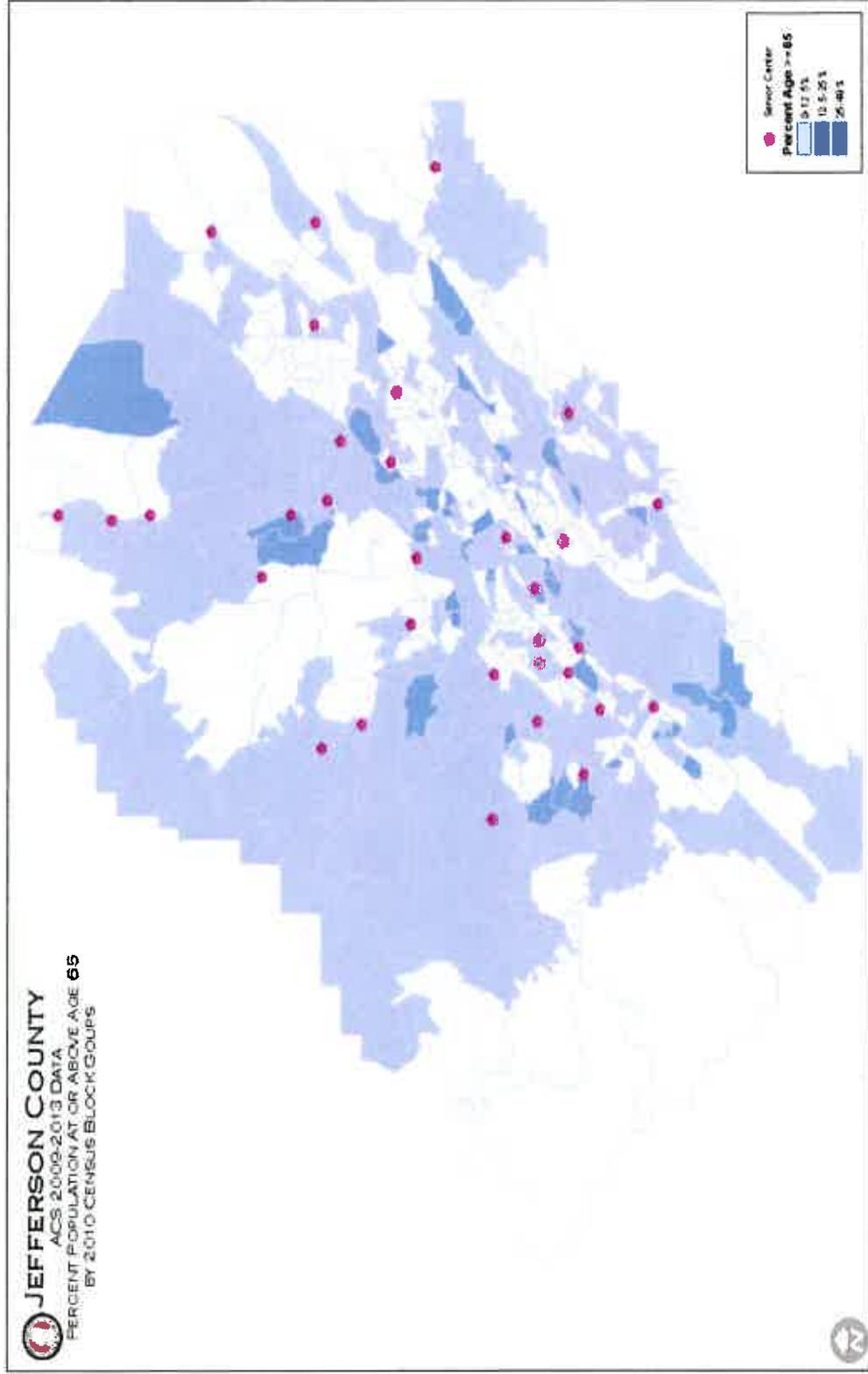
**Outcomes:**

1. Greater efficiency and quality of services with accountability.
2. Increased quality consumer satisfaction.

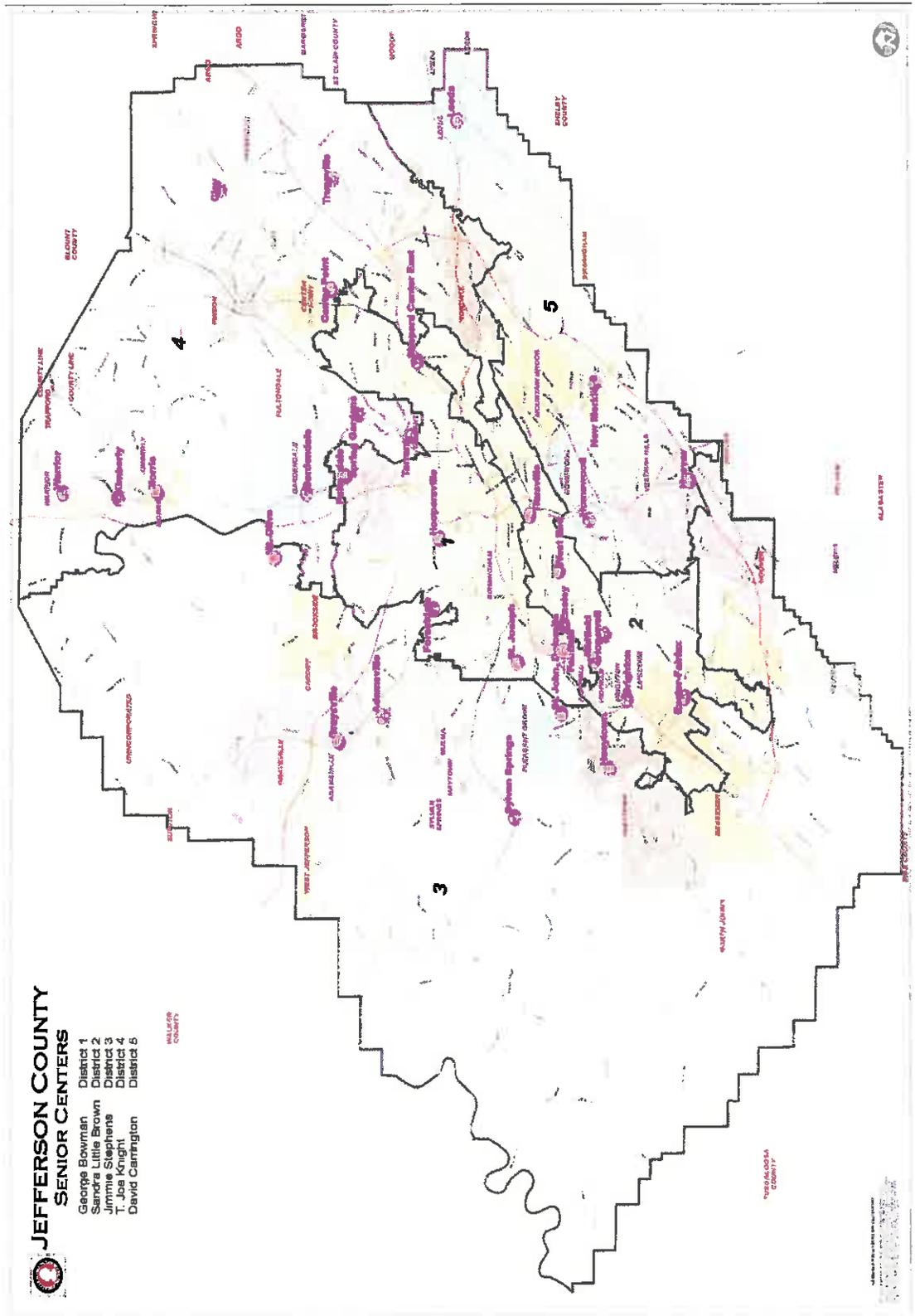
## Attachment Section

## Attachment A

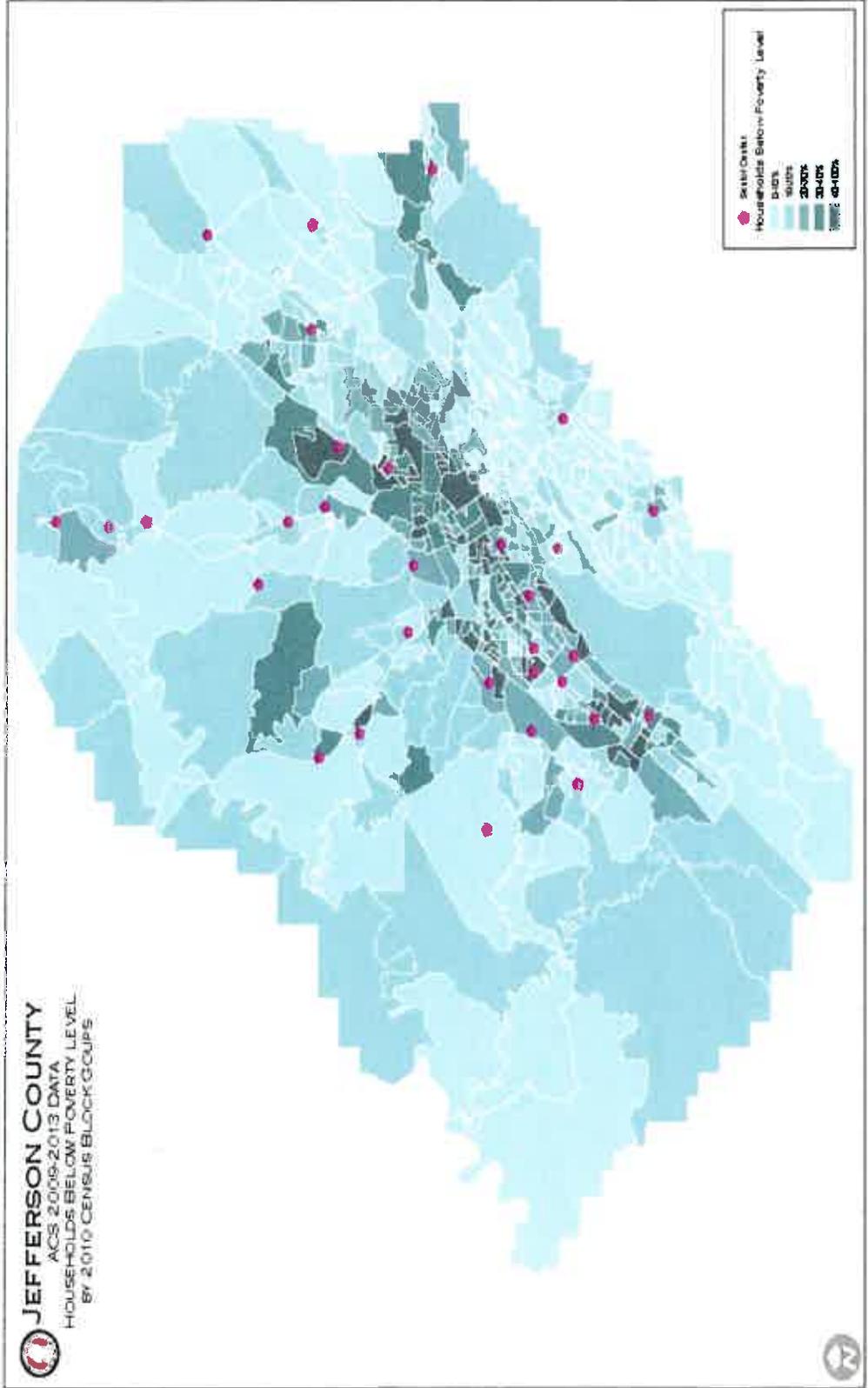
# Senior Citizens Age Data



# Senior Citizens Center Location



# Senior Citizens Income Data

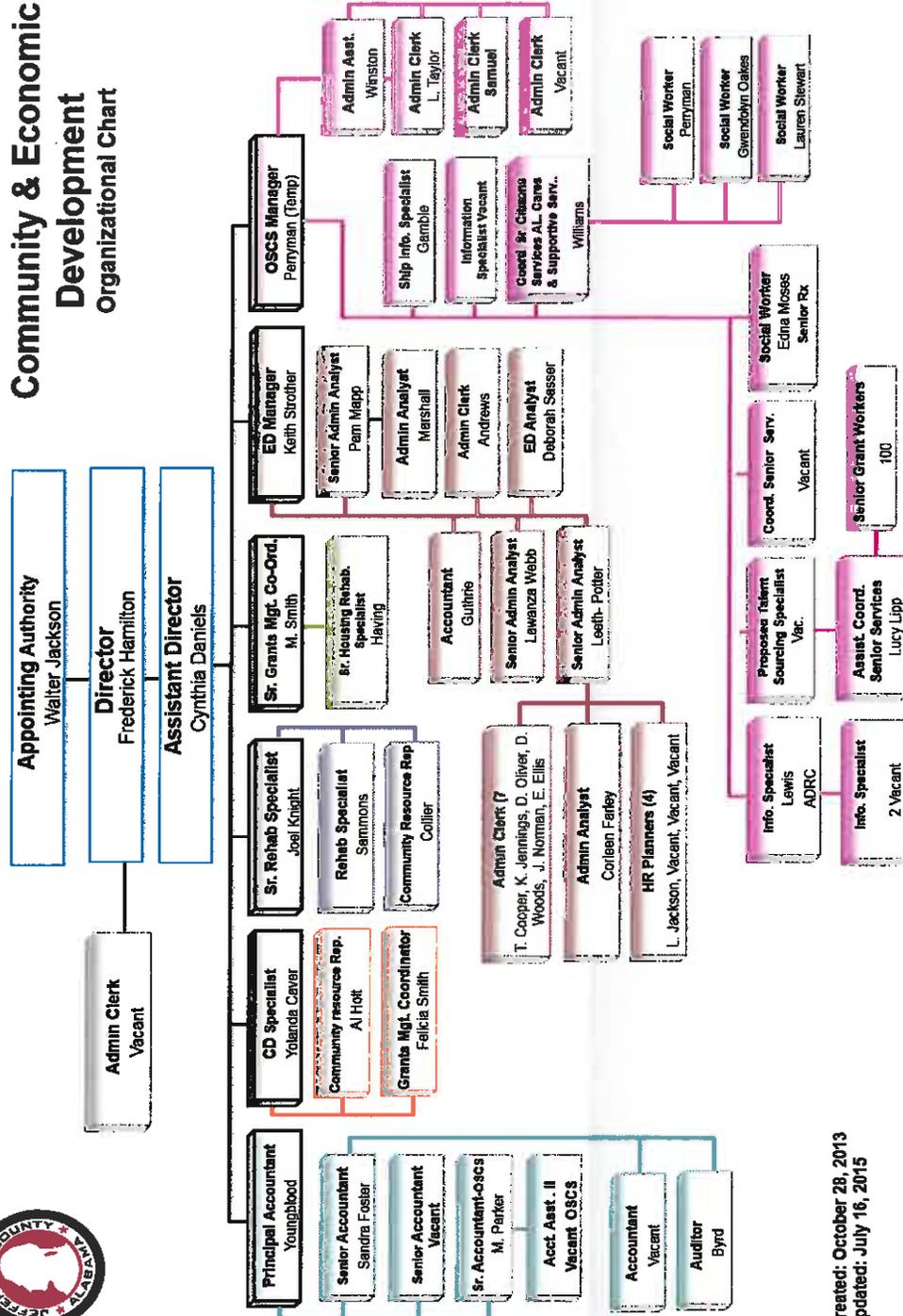


**Attachment B**

# Organizational Chart



## Community & Economic Development Organizational Chart



Created: October 28, 2013  
Updated: July 16, 2015