



ACTION PLAN

for

Aging Adults and Adults with Disabilities

July 2016-June 2017

Update

**Triangle J Council of Governments Area Agency on Aging
4307 Emperor Blvd. Ste.110
Durham, NC 27703**

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AAA Signed Assurance

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Area Plan Update

The Area Plan on Aging Update is hereby submitted for the Planning and Service Area for the period of July 2016-June 2017. The Regional Advisory Council had the opportunity to review and comment on the Area Plan Updates. The updates have been developed in accordance with all rules and regulations specified under the Older Americans Act.

Area Agency Director

Date

Goals and Objectives

Goal 1. Empower older adults and their families to make informed decisions, and easily access existing health and long-term care options

Objective 1.1: Educate the public on the availability of services to foster independence, self-sufficiency and their future planning for long-term needs.

Strategies: Target outreach to community groups on "person-centered planning" and "community-based service and supports".

<i>Measure</i>	UPDATE/STATUS/OUTCOMES
LCA Options Counselors to complete 2 or more outreach events annually in the region.	Completed for FY 17 through Local Contact Agency (LCA) presentations and through participation in the Community Resource Connections (CRC) activities. In Durham, co-presented with Duke Connected Care (ACO) in a webinar about nursing home transitions and the LCA role. Continue for FY 18-FY 20.
LTC Ombudsmen will provide public speaking & educational events, distribute information, and participate in community forums and workshops. Activities tracked in ODIS reporting system.	Ombudsmen completed presentations in FY 17 and entered these in ODIS. Ombudsmen are planning for a workshop related person-centered discharges in late FY 18.
AAA staff will provide 2 or more presentations each year about person-centered planning or community-based services.	Completed for FY 17 through CRC presentations, other AAA educational events, such as the “Dementia Beyond Disease- Part II” seminar, and Advisory Council on Aging sessions, which often address person-centered practices and services and supports. Continue for FY 18-FY 20.
Community outreach schedule for each county included in LANC legal assistance contract, so individuals can access in-person assistance.	Completed for FY 17 and FY 18 schedule is available to senior centers to promote. Continue for FY 19 - FY 20.

Strategies: Target in-reach activities to nursing homes and to residents about home and community-based services and support options.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
<p>LCA Options Counselors will complete 2 or more in-reach visits to each nursing home annually, and seek additional opportunities to meet with key staff.</p>	<p>Visits completed by Local Contact Agency (LCA) Options Counselors to extent nursing homes were willing. Visit data reported to NC DAAS monthly. Continue for FY 18, except reporting to NC DAAS will be quarterly.</p>
<p>LTC Ombudsmen will support LCA role by sharing information with nursing home residents, staff, & volunteers about transitions support options. Track in ODIS reporting system.</p>	<p>Completed for FY 17. Ombudsmen have shared information and occasionally made joint visits with LCA Options Counselors to nursing homes. Continue for FY 18. Status of LCA program beyond that time is unknown.</p>

Strategies: Provide caregiver training & educational resources to professionals who interact with family caregivers to strengthen their capacity to provide care.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
<p>CRC Coordinators will annually disseminate family caregiver information about resources and training to CRC partner agencies in Chatham, Orange, Durham and Wake counties.</p>	<p>CRC Coordinators scheduled time for dissemination of caregiver information, through educational sessions with CRC partners in FY 17. (Ex: “Resources Available to Family Caregivers in Wake County” and “Bookend Caregivers Project” in Chatham, Orange and Durham Counties.) Regional FCSP Coordinator also presented on the Family Caregiver Support Program to the Regional Advisory Council on Aging, service partners, and to TJCOG staff in FY 17. Continue for FY 18 – FY 20.</p>
<p>Regional FCSP Coordinator will disseminate information on training and resources at quarterly regional Caregiver Specialist meetings, including Project CARE and Powerful Tools for Caregiving.</p>	<p>Disseminated information at quarterly regional Caregiver Specialist meetings, including Project CARE and Powerful Tools for Caregiving. Ordered and distributed caregiver support materials from Duke Family Support Program regarding anger management. Attendance at regional meetings has</p>

	increased to include non-funded partners such as the VA and SAS. Continue for FY 18 – FY 20. Plan one meeting per year, just for funded service partners.
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Strategies: Reach and inform potentially eligible Medicare beneficiaries about benefits such as Low Income Subsidy (LIS) and Medicare Savings Program (MSP), and encourage participation in health and wellness activities.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
Conduct 2 outreach events in each county in FY 17, with at least one event including a partner agency serving those with mental illness.	Completed for FY 17, with local service partner subcontracts including this requirement in each county. Regional Coordinator monitored for completion and collected reporting. Contracts end 9/2017.
Share Relay for Extra Help materials and information on local health and wellness programs with beneficiaries during outreach events.	Completed for FY 17. All subcontractors required to disseminate information on health and wellness programs in the county. Regional Coordinator also provided Extra Help materials from SHIIP to all counties. Contracts end 9/2017.

Strategies: Engage and empower aging adults in learning about geriatric care and management, resources, communication and advocacy.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
Durham CRC Coordinator and AAA Director to participate in Geriatric Workforce Enhancement Program’s (GWEP) leadership team and help to develop best practice compendiums and appropriate educational materials for consumers. (Project funded through FY 18, with possible reapplication for funding.)	Completed for FY 17. Director and Durham CRC Coordinator participated in leadership team meetings and other related committees, in order to provide information on how the program can positively affect aging adults and improve their primary care clinic experience. Senior Advisory Panel was created in FY 17 and the panel members desire more resource information, which is being provided to them. An inter-agency care team clinic (IACT), available to participating primary care practices, launched at Durham Center for Senior

	<p>Life, and CRC Coordinator helps provide community resource information to the team, along with a Geriatric Nurse Practitioner and other CBO representatives. The GNP now has an office onsite at DCSL. Continue in FY 18.</p>
<p>In FY 17, GWEP team to provide community-based educational programs to groups of 25 or more, using a variety of educational programs, such as to support groups, faith-based groups, and others (and to a lesser extent in FY 18).</p>	<p>Completed for FY 17 through webinars, with invitations for primary care practices, Duke staff, AAAs and staff of other community-based organizations, as well as community members, to participate. A one-day conference with Dr. Al Power on the well-being of individuals with dementia was offered in FY 17. Another presentation was made about the GWEP grant-funded activities to the Advisory Council on Aging at TJAAA. Will continue to provide education to primary care staff, Duke staff and the community in FY 18, though number of presentations may decreased from 6, and become more targeted, such as targeted educational offerings for the Senior Advisory Panel.</p>
<p>GWEP team to revise or identify new topics based on discovery of need in the community.</p>	<p>In FY 17, GWEP’s leadership team made the connection to facilitate a community-driven “SPARK session” in support of the work of the Dementia Inclusive Durham initiative. The team has also become interested in encouraging justice and equity training for staff, as it relates to provision of health care. Many aging adults do not know about resources in the community and that is the current focus for the Senior Advisory Panel. Other emerging interests include Options Counseling and how it may assist older adults with life choices and how to address broader health needs in the community. Ongoing for FY 18.</p>

Objective 1.2: Streamline and strengthen access to long-term services and supports to facilitate informed decision-making.

Strategies: Increase capacity of the region’s Community Resource Connections to provide a “No Wrong Door” system of access to long-term services and supports by focusing on participation and performance.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
<p>CRC Coordinators will actively recruit new members and track attendance and participation on ongoing basis.</p>	<p>Completed for FY 17, although it is recognized that not all partnering organization representatives are able to attend every meeting. Several new members, including consumer representatives, were added to CRC rosters. Will continue strategic recruitment in FY 18 - FY 20 and encourage participation at meetings and at other educational opportunities sponsored by the CRCs. Wake CRC plans to review its membership application package and make recommendations for streamlining membership paperwork, if appropriate and approved by the Gold Coalition, the CRC oversight committee.</p>
<p>Will refer interested individuals or family caregivers to an appropriate Options Counselor within 2 working days.</p>	<p>CRC Coordinators are either Options Counselors or have a referral list for their assigned area. Not aware of any actual referrals made to community-based Options Counselors from the CRCs, though partnering agencies were asked to occasionally assist with case response. These were generally cases referred through the CRC website. Most cases were handled by the CRC Coordinators, in consultation with members, often those serving persons with disabilities. In FY 18, plan to record a Triangle Radio Reading Service program(s) about CRC’s and the types of assistance provided, including referral to an Options Counselor. The service caters to a visually impaired</p>

	<p>audience, and radio shows are also broadcast over the internet. There continues to be some ongoing community concern over the perceived lack of sufficient Options Counselors in the community, but thus far, regional OC sessions are low according to data reported. Continue FY 18- FY 20 (and see new additional measure on OC, below).</p>
<p>CRC Coordinators will meet quarterly to review performance and share best practice, and to identify gaps in services, programs and resources.</p>	<p>Completed for FY 17, and in some cases, Coordinator meetings were held monthly and often included the state's NWD Coordinator. All CRC's held one regular meeting devoted to discussion of service gaps. Continue in FY 18 – FY 20. Wake CRC is exploring affordable housing issues and education for members, due to recent evictions in senior housing complexes in Wake Co. All three CRCs are seeking to become more action oriented and at least two CRCs have formal work plans to aid in this. All three CRCs meet with a leadership team to advise the Coordinators on programming and future directions.</p>
<p>Seek resources for sustainability of CRCs</p>	<p>Continue to seek funding and in-kind resources, especially for the Wake and Chatham-Orange CRCs Coordinator's salaries, fringe and related program supplies and equipment (FY 18- FY 20). Wake CRC assembled a one-page summary of outcomes and projected expenses as a tool for requesting support, and Wake and Durham have formal work plans shared with stakeholders. One of the local CCRCs provided \$2,000 to Chatham-Orange CRC and hopefully, this support will be ongoing. In-kind telephone service is provided for the Wake CRC. Durham County provides \$27,000 annually to the</p>

	support of the Durham CRC and in-kind office space for the Coordinator.
Identify and share resources or programs of interest to others.	Completed for FY 17 and list compiled in each CRC's annual report to members. Durham and Wake CRCs also have sub-committees that may be of particular interest to some members, as well as occasionally bringing in other interested parties (care transitions committees). Information is shared about resources and about databases of resources such as Network of Care and United Way's 2-1-1. Continue for FY 18 –FY 20. Durham CRC Coordinator and Director have already made one resources presentation in FY 18 to the quarterly Duke Regional Hospital SNF/Discharge Coordinator's meeting.
Encourage members to update listings in 2-1-1 and where relevant, Network of Care.	Completed for FY 17-each has had a program or sent out a reminder on this. (Durham CRC Coordinator is heading up a re-vamp of Durham Network of Care listings, a similar resource database to 2-1-1 but without a call center component, as a part of the GWEP Program activities. (Would like there to be continuity in the listings between the two databases and the two databases in Wake County provided by Resources for Senior and Network of Care.) Continue for FY 18-FY 20.
Participate in the No Wrong Door (NWD) state work group, related to updating 2-1-1 to include LTSS information.	Director has participated, but meetings discontinued in FY 17, and only recently resumed. Continue for FY 18, if meetings are scheduled. Also, have offered to host/assist with a state-wide CRC update meeting, if there is enough interest.
HCCBG-funded Information and Options Counseling service partners will increase the number of options counseling sessions provided for aging adults, 60 and over, each year.	All but one county has a HCCBG-funded I&OC service, but very few Options Counseling sessions are reported thus far in ARMS. Will continue to provide technical assistance in FY 18 about

	outreach and service provision, and monitor number of sessions provided in order to increase the capability to offer this service more effectively.
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Strategies: Provide more concise and streamlined information on regional services and supports.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
Redesign the AAA portion of the website (tjaaa.org) and evaluate web statistics on usage.	Although the Director and the Program Specialist have discussed this in general terms, there has not been sufficient time available to begin this work. The COG plans to overhaul all of its website in the near future, so it seemed more practical to wait. Plan to implement in FY 18.
Provide concise resource guides for the most requested services, distribute and post on website.	See above. Work to date has been focused primarily on the development of a database to better track service requests. A list of service partners was included on the website, but detailed guides for specific services still needs to be developed. Continue to work towards implementation in FY 18.

Objective 1.3 Ensure inclusion of diverse cultures and abilities in all aspects of the aging and adult services network.

Strategies: Increase outreach and service provision to aging adults, family caregivers or persons with disabilities who have limited English proficiency.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
Recruit CRC members that serve primarily those with limited English proficiency.	No new members fitting this criteria were recruited last year, although Durham CRC has one such contact on the mailing list. Continue recruitment efforts for FY 18- FY 20.
Secure translation services and provide a link on the AAA portion of the website for ease in translation.	Completed in FY 17. Contract secured with Language Line Solutions for as-needed translation services. Google

	Translate link added to the AAA webpages.
Provide LTC Ombudsman materials in alternative languages and track in ODIS.	Ombudsmen checking with National Consumer Voice organization to see what alternate language materials are already available. Translation services, above, could be used for translation, if needed. This need has not directly arisen in FY 17. Continue for FY 18- FY 20, as needed.
Encourage Senior Centers to provide services and service information in alternative languages.	Each county in Region J has a Certified Senior Center of Excellence, and distribution of information to non-English speaking targeted groups is a requirement of that certification. Orange Co. Department on Aging houses a Mandarin speaking social worker and Resources for Seniors' Resource Guide was translated to Spanish and Korean during FY 17. These are available electronically. Continue for FY 18- FY 20.

Strategies: Collaborate with key organizations in order to raise awareness about physical, sensory and intellectual disabilities, and to better support the needs of aging adults with intellectual and developmental disabilities and/or their aging caregivers; and to provide support to those with unique aging experiences, such as the LGBT community.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
Offer a Wake CRC lunch and learn on disabilities affecting aging adults and/or their caregivers.	Alliance of Disability Advocates is a partner in the Wake CRC and provided an educational program in FY 17 about their organization's services, including the travel-training program. A lunch and learn entitled "Coming of Age, What to Expect as You Get Older" was held in FY 17. Regional Ombudsmen also provided sensitivity training during a lunch and learn session. The Lunch and Learn trainings are now coordinated by the Center for Volunteer Caregiving, somewhat independently of the CRC,

	<p>though these opportunities are publicized to CRC members.</p>
<p>CRCs will provide training on unique needs of aging LGBT community.</p>	<p>In FY 17, a regional CRC educational intensive was held at the LGBT Center of Raleigh, with a viewing of the film “Gen Silent”, followed by a panel discussion. Several other meetings occurred between leadership to discuss further competency training opportunities, and several CRC members have indicated interest in this, or have already scheduled follow-up trainings. An Expo, targeting the older LGBT population and family members, is planned for FY 18, in conjunction with the LGBT Center, Resources for Seniors and the Five Points Center for Active Aging in Raleigh. The LGBT Center is also interested in aging-related lunch and learns featuring speakers, such as the LTC Ombudsmen, and a date for this is being negotiated. TJAAA has also extended an invitation for basic competency training for staff, again pending an agreeable date. Will include competency training for this population and others in a yet to be finalized AAA staff development plan. Continue in FY 18.</p>
<p>Provide training or education on needs of aging adults with intellectual or developmental disabilities and/or their caregivers.</p>	<p>In FY 17, Durham CRC provided educational program for members from Easter Seals UPC, a provider of services for this population. Orange County Department on Aging offered an educational session on IDD and Dementia and Chatham-Orange CRC members were encouraged to attend. This topic is on the Wake CRC’s work plan for implementation in FY 18.</p>

Goal 2. Enable older adults to age in their place of choice with appropriate services and supports.

Objective 2.1: Maintain and expand the availability of community-based services and supports.

Strategies: Integrate person-centered approaches into community-based services and supports.

<i>Measure</i>	UPDATE/STATUS/OUTCOMES
Evaluate problems resulting from lack of person-centered discharges and develop plan to address these.	LTC Ombudsman participated in speaking engagement at a discharge planner’s meeting at Rex in FY 17. Postponed work on proposed evaluation, as discharge rules are changing for SNFs and this needs further planning and contemplation. A person-centered discharge-themed conference planned for late FY 18 by the LTC Ombudsmen.
Options Counseling will be available in every county in Region J.	Currently, Moore County does not have OC available, except for the Local Contact Agency OC employed by the AAA, and Durham had no reported OC sessions for older adults in FY 17. Partner agencies need to be encourage to expand the number of OC sessions (see Objective 1.2). TJAAA is in discussion with Duke Regional Hospital and the Duke Geriatrics Center about provision of OC to appropriate hospital discharges (MIPPA QI project). Continue to work on increasing the number of Options Counselors in FY 18-20, through the provision of technical assistance and demonstration of value, where feasible.
Continued facilitation of the Wake Care Transitions Coalition to foster communication and collaboration between health care partners and service partners.	Care Transitions Coalition of Wake continues to meet bi-monthly, with fiscal support from TJAAA to pay for the facilitator. Interest and attendance remains strong, with approximately 20 attendees at each meeting. Continue to provide

	<p>resources for this, in FY 18, if feasible. Durham CRC is attempting to replicate Wake’s coalition through a fledgling care transitions committee for Durham Co. A grant application was unsuccessful, but a graduate student associated with the GWEP program will be assisting with this effort in FY 18. It is hoped that, in addition to care transitions, other related issues such as fall and injury prevention can be addressed by this group.</p>
<p>Develop Transitional Support Best Practices Compendium and Resource Directory in Durham, providing community and health care practitioners with concise best practice information.</p>	<p>Compendium is now hosted on Duke’s nursing website at http://gerocompendium.nursing.duke.edu/ and continues to expand. Interested individuals can submit a best practice for review via the website. CRC Coordinator continues to update Network of Care Resource database, with plans for “public relaunch” when ready. Both efforts will continue in FY 18.</p>
<p>Promote transportation options to CRC members and study feasibility of ride sharing services by FY 20.</p>	<p>Transportation information was provided to CRC members through educational presentations in FY 17 and early FY 18 at each CRC. The Coordinated Transportation system in Wake County and the rural TRACS system will begin using a consolidated dispatch center and some routes may be changed. Effectiveness of this consolidation will be observed closely. Continue to update this information and explore any new service options or assistance in FY 18- FY 20.</p> <p>Initial investigation of ride-sharing services completed already. Orange-Chatham CRC had presentation from Nurse Care NC regarding the ARGO subscription service, which includes ride-sharing service LYFT. Similar information disseminated in other CRC’s to members. In general, our</p>

	<p>research concluded ride-sharing services are feasible for our population, but often best for those with smart phone capabilities and a credit card, or in the case of the subscription services, where family is willing to handle the payment. Continue to consider any future service improvements or changes.</p>
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Strategies: Increase supports for persons with dementia and their caregivers who are living at home.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
<p>Promote Project Care services and referrals to regional FCSP Specialists.</p>	<p>Completed for FY 17. Project Care staff participate in regional FCSP meetings and this service is promoted during those meetings. Alicia Blater, NC DAAS, also invited to present on Project Care and respite vouchers to the Care Transitions Coalition of Wake Co. Continue focus for FY 18- FY 20.</p>
<p>Develop a Dementia Care Best Practices Compendium and Resource Directory for Durham.</p>	<p>Compendium is now hosted on Duke's nursing website at http://gerocompendium.nursing.duke.edu/ and continues to expand. CRC Coordinator continues to update Network of Care Resource database with dementia-related resources. Both efforts will continue in FY 18.</p>
<p>Educate inquirers on community-based services such as PACE and Adult Day Care.</p>	<p>Inquirers informed about these options as appropriate, and especially if callers were unsure about the appropriateness for institutional care. The LCA Options Counselors often encourage consideration of PACE as an option in a potential discharge back to community living. Also in FY 17, the Ombudsmen toured the PACE program in Durham to become more familiar with its offerings. Planned implementation of an I&R database for use by the AAA and CRCs in FY 18 will allow us to better track these calls and determine how many referrals of this type are made. PACE presentations were made to Durham CRC</p>

	<p>and to Wake CRC in FY 17, but due to leadership turnover shortly thereafter, the professional community has many questions about the PACE program that serves Wake and Durham counties. The new leadership has been invited to participate in the CRC meetings. Continue focus for FY 18- FY 20.</p>
<p>Support initiatives to improve the Quality of Life for individuals living with dementia and their caregivers.</p>	<p>In FY 17, TJAAA assisted in organizing “Dementia Beyond Disease-Part II”, an educational conference for the benefit of the grassroots Dementia Inclusive Durham initiative. SING/Wake Forest presented their dementia-capable business initiative to a TJCOG Mayors and Chairs meeting, held in FY 17. Lastly, we promoted the national webinar featuring the Orange Co. Department on Aging’s dementia-capable work to our other service partners. One of the Ombudsman assisted with a Personalized Music equipment donation drive for Wake Co., and she serves on the state implementation committee for Personalized Music. Ombudsmen and other AAA staff participated in Dementia-Friendly America Conference in FY 17, and one of our Ombudsmen presented at that conference on the Dementia Inclusive Durham initiative. During FY 17, LTC Ombudsman, Carmelita Karhoff,] was presented with the Howard Hinds award by the National Consumer Voice for her work in promoting personalized music, and person-centered dementia care practices. Continue focus for FY 18- FY 20. Plans are for select AAA staff to become trainers in the Dementia Friends USA introduction to dementia module, as a part of the NC4A organization, but a date for training is undetermined at present. Also, in FY 18, Alzheimer’s Foundation America, of which</p>

	<p>TJAAA is a member, will host a free conference at a nearby hotel as a part of a national educational tour and key parties are being made aware of this event. There are efforts underway to organize a Dementia - Friendly Cary effort, led by Woodland Terrace, and staff plan to attend those meetings. There is also strong interest in the Raleigh area for a similar initiative, though no formal leadership has emerged yet.</p>
<p>Disseminate information on dementia capable strategies from NC's Alzheimer State Plan to appropriate partners.</p>	<p>CRC Coordinators have reviewed and promoted plan to their members. Continue to ask partner organizations to list themselves as resources in the 2-1-1-database through the aging planning groups, CRC and Care Transitions. Alternatives to guardianship presentation made to Wake CRC by First in Families in FY 17. Care Transitions of Wake had Alzheimer's NC as a featured speaker on FY 17, as well as a speaker from the NC Division of Aging and Adult Services. Continue focus in FY 18- FY 20.</p>

Objective 2.2: Promote flexibility in publically funded services and supports to offer older adults and their caregivers more opportunities to choose how and where they receive services.

Strategies: Publically funded consumer-directed service options available in the region.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
<p>Implement a Veteran-Directed Home and Community-Based Service Program in FY 17.</p>	<p>In FY 17, TJAAA completed readiness reviews, updated pertinent program policies, selected a new fiscal intermediary partner, negotiated necessary agreements and provided requested vendor information to the Durham VA. However, shortly before launch, TJAAA was informed that the CHOICE funding for the VD-HCBS program was experiencing a shortfall and</p>

	<p>our start date was to be postponed until FY 18. Will continue to work towards launch of this program, and complete any necessary reviews or paperwork, if needed. Also, need to work on a marketing plan and press release for the service, if launch appears likely in FY 18. Another element of the program, dependent on implementation, is the activation of a program advisory committee. All of this depends on actually getting the program funded and operational.</p>
<p>One or more service partners to offer HCCBG-funded consumer directed services.</p>	<p>This was included as a possibility during “Unmet Needs” discussions at Durham and Wake CRCs, but was not widely embraced. After further AAA staff training on consumer directed services and standards, it appears a HCCBG-funded consumer directed program might be better provided at the regional level (because our staff are already trained in this model for the VA program), if some or all counties would agree to use some of their HCCBG funding in this manner. Continue to explore possibilities of offering the consumer-directed service option, with the AAA providing the service. However because HCCBG services decisions are locally driven, this will take voluntary cooperation of county service partners and Commissioners.</p>
<p>CRCs and LCA Options Counselors will plan and host an educational program to provide information to aging adults, adults with disabilities, and family caregivers about consumer-directed options.</p>	<p>Due to the change in strategy, above, this item no longer seems relevant at this time.</p>

Goal 3: Empower older adults to enjoy optimal health status and to have a healthy lifestyle.

Objective 3.1: Promote engagement in health and wellness programs and initiatives.

Strategies: Individuals will have access to healthy foods and to information and activities that promote healthy lifestyles.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
Encourage long-term care facility gardens and fresh foods in menu planning, as appropriate.	LTC Ombudsman incorporating this encouragement into facility visits. Cont. for FY 18- FY 20.
Encourage senior center gardens as a part of voluntary senior center certification process or through general education.	Ongoing. Continue to emphasize fresh and local foods, including gardening, for FY 18-FY 20. TJAAA is also involved in a grassroots nutrition collaborative in Durham, which encourages gardening and fresh foods, which is being formally incorporated as a sub-committee of the Durham Partnership for Seniors (the CRC Coordinator also serves as the Coordinator of the DPfS). The RSVP program also supports this in their program outcomes and distributes fresh items from local gardens through the DTCC food pantry. TJAAA Director serves on the Advisory Board for the RSVP program.
CRC Coordinators will promote health fairs and related community wellness events.	MIPPA (Extra Help) subcontracts required promotion of health and wellness programs to aging adults in FY 17, through local community events. CRC Coordinators informed members of all relevant community events, including those pertaining to health and wellness. New rack cards for TJAAA also list evidence-based services, as a service offering, and these cards are distributed at community events. Continue focus for FY 18- FY 20.

<p>Participate in Durham’s Aging Well conference and assist as needed.</p>	<p>Conference not held in FY 17 due to staff changes at DSS, but may return in spring of FY 18, based on preliminary conversations with Durham DSS. Continue to assist with this, as needed. The CRC Coordinator in Durham is an integral part of the planning for this conference.</p>
<p>Encourage HCCBG-funded programs to utilize caterers who incorporate fresh foods.</p>	<p>Several caterers are trying to increase the amount of fresh and non-processed foods used in funded meals. It is sometimes more challenging, as fresh produce is more perishable and difficult to get at peak ripeness, even when locally distributed. Continue focus for FY 18- FY 20.</p>
<p>Encourage senior centers to promote vaccinations for flu, pneumonia and shingles at appropriate times of the year.</p>	<p>Annual push for vaccinations, especially for frail, older adults through information provided to senior centers and related groups. Encourage them to organize vaccination clinics or include educational materials in newsletters. Continue for FY 18- FY 20.</p>
<p>Promote Farmer’s Market voucher program in communities with markets.</p>	<p>At least half of the counties in this region receive the vouchers, and vouchers are distributed through the senior centers. Continue focus for FY 18- FY 20. Collaborative in Durham addressing food insecurity and nutrition is also encouraging community gardening and access to fresh foods. Program Coordinator attending these meetings.</p>
<p>Participate in the Community Health Assessments in order to represent the interests of aging adults, family caregivers and persons with disabilities.</p>	<p>In FY 17, The Director participated in the Wake County Health Assessment process. The Director & CRC Coordinator participated in Durham County’s health assessment kick-off event, Healthy Durham 2020 Continue involvement in FY 18 and with the Duke Chancellor’s own related health initiative. The Durham CRC Coordinator wrote a chapter in the</p>

	<p>previous health assessment regarding the needs of older adults and will be updating this in the next health plan document.</p>
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Objective 3.2: Expand access to and increase participation in evidence-based health promotion and disease prevention programs.

Strategies: A variety of evidence-based health promotion programs will be available in each county, targeting those with specific health issues.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
<p>100% of Title III-D funding to be used for the provision of approved evidence-based programs, and expand the program offerings with a portion of FY 17 funding.</p>	<p>Completed in FY 17. All III-D funding used for approved evidence-based programs and FY 17 funds did require an expansion element to each service partner’s proposal. This expansion consisted of expansion of sites, new target audiences or new programs.</p>
<p>Promote the offering Healthy Ideas program for depression and integrate into existing case assistance or management programs.</p>	<p>Held information session for this evidence-based program in FY 17, and had 3 organizations that were interested. However, the local funding was ending and the national program was in transition. Was not able to pursue implementation at this time. If another opportunity presents itself, will reconsider.</p>
<p>FCSP Coordinator (change in position title) will inform local family caregiver specialists about evidence-based programs and services targeting caregivers, and encourage implementation.</p>	<p>Accomplished through the quarterly regional meetings with caregiver specialists. Those agencies that receive Title III-D funding are aware that Powerful Tools for Caregiving is evidence-based and fundable, and some counties provide this class with III-D funds and others with FCSP funding. Classes are available periodically in the region, but training new leaders has proven to be challenging, as it often involves travel and overnight trips, and this is one way Title III-D funding can help. Continue focus for FY 18- FY 20. Regional FCSP Coordinator will attend Rosalyn</p>

	<p>Carter Institute in FY 18, as a way of remaining informed about potential new evidence-based programs or practices.</p>
<p>Track completion rates for Title III-D funded programs. Increase completion rates by 10% by the end of FY 20.</p>	<p>Tracking has proved challenging, as partners have not been consistent with reporting formats and some EB programs have changed their “dose” requirements during FY 17, adding to the confusion. Pre-fiscal year technical assistance visits made to each county at the beginning of FY 17 and the proposal and contracting process were revamped to increase accountability for the local programs planned and offered. Program Specialist is developing reporting spreadsheets to auto-calculate this information on completion rates for applicable programs, and is making technical assistance visits to each partner at the start of FY 18 to reinforce need for standardized reporting via the spreadsheets. Also considering software options to see if this can aid in tracking. Continue to work on this in FY 18- FY 20.</p>
<p>Participate in roundtables, collaborations and other partnerships to share information regarding evidence-based health programs.</p>	<p>Program Specialist participated in Wake-Johnston collaborative with the Community-Care network. The collaborative in Durham is not meeting as often, but TJAAA is involved in those meetings. Also, participated in one regional meeting, coordinated by NC DAAS. Continue for FY 18 –FY 20.</p>
<p>Collaborate with UNC Asheville on expansion of falls prevention and potential funding for evidence-based programs.</p>	<p>Opportunity for greater collaboration has not materialized in FY 17, although TJAAA continues to provide report data to UNC-Asheville, as requested. Will continue to encourage local programs to work on falls prevention and to offer EB falls prevention programs with fidelity on a regular basis so potential</p>

	<p>fundors or referral sources are developed. In FY 18, two programs associated with Duke have expressed interest in making falls prevention referrals and TJAAA is attempting to connect them with appropriate programs.</p>
<p>Each county will have a falls prevention program and a link between it and local emergency services or healthcare.</p>	<p>Many of the local partners have offered “A Matter of Balance” or an evidence-based Tai-Chi program for falls prevention in FY 17. In FY 18, TJAAA staff met with two clinics within the Duke system (Injury clinic, ACO’s Hillsborough clinic- see above) to learn about their falls or injury prevention program and to help connect them to local partner programs. Falls prevention is also an important component in care transitions and TJAAA is involved in care transitions coalitions in Wake and newly in Durham County.</p>
<p>Publicize trainings available in other regions to maximize cost effectiveness.</p>	<p>Ongoing-this has been especially important in securing training for new lay leaders. However, it can be difficult getting the necessary attention from Master Trainers in other regions (see discussion of new strategy on licensing, below.) Continue in FY 18- FY 20.</p>
<p>Assist Spanish-speaking individuals in locating appropriate evidence-based health programs in their native language.</p>	<p>Have not had requests for this at the regional level in FY 17. Every county has a certified senior center and as a part of certification, they regularly provide targeted outreach materials to Hispanic and other non-English speaking communities. This outreach includes health and wellness programs. Continue to monitor demand and refer as appropriate.</p>
<p>Service partners indicate they may be interested in returning to offering the CDSME series of programs, using Title III-D funding. Because of the extensive requirements of these particular programs and the cost of the license and training, a sustainability plan</p>	<p>In FY 18, continue to explore this with agency directors and if there is sufficient interest and commitment to offering and sustaining these programs, will consider relicensing</p>

for the region will be necessary. Additionally, the AAA holds a license for A Matter of Balance but no longer has a Master Trainer.

in FY 19. Each partner would need to offer the CDSME programs with III-D funds in order to make this feasible and agree to work together in the case of staff turnover, since two lay leaders are required for each class. There would also need to be a marketing plan that addresses outreach to health care facilities and practices in the region, to ensure appropriate referrals. Currently only a couple of providers offer the CDSME, under licenses of other organizations. TJAAA will also need to recruit a Master Trainer if our license is to be re-instated. AAA is in early discussions with Duke Connected Care for the Geriatric Nurse Practitioner to possibly become A MOB Master Trainer.

Objective 3.3: Reduce health care costs and unnecessary hospitalizations or discharges from LTC homes through effective community partnerships.

Strategies: Identify partners with similar interests in reducing health-care costs and unnecessary hospitalizations or discharges from LTC homes.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
Participate in Alliant Quality community coalition aimed at reducing Medicare costs.	Although TJAAA submitted a membership application for the Alliant-led coalition, this opportunity has not materialized. Alliant Quality has interacted with Community Resource Connections in Durham and Wake Counties and has been a regular attendee at the Wake Care Transitions Coalition, but it does not appear that they are able to launch the coalition, at this time, due to change in personnel.
Participate in Duke Geriatric Workforce Enhancement Program’s leadership team focused on implementation of best practices in care transitions,	Best Practice compendium for Care Transitions launched in FY 17, and continues to expand content in FY 18. It can be accessed at

<p>dementia and medication management. Advise them in the grant reapplication for FY 19 and beyond.</p>	<p>http://gerocompendium.nursing.duke.edu/ Continue negotiation to offer a trial of Options Counseling to Duke Regional Hospital and assess results with GWEP team, if service is initiated.</p> <p>In FY 17 and FY 18, a referral clinic established at Durham Center for Senior Life, staffed with a geriatric nurse practitioner and community-based organization staff. Primary care practices can refer challenging cases to the clinic for review and suggestions. The leadership team continues to assess impact, along with the grant's research and outcomes committee. The leadership team is beginning a review of the grant outcomes and to think about the next round of funding. TJAAA will continue to be involved through the end of FY 18 and possibly in the new grant cycle.</p> <p>A separate grant to develop a secure mobile app to better integrate resources (Network of Care) and to allow primary care practice referrals to community service providers was secured in early FY 18 and the Durham CRC Coordinator is advising on the project.</p>
<p>Launch Care Transitions Coalition in Durham, as a subcommittee of the Community Resource Connections and modeled on the Care Transitions Coalition in Wake County.</p>	<p>Two organizational meetings held in FY 17 to strategize on involving more healthcare representatives in the coalition. An application for a technical assistance organization to work with the committee was not funded. For FY 18, GWEP will be providing a graduate level student to assist the CRC Coordinator with the development of this committee.</p>

Goal 4: Ensure the safety and rights of older and vulnerable adults and prevent their abuse, neglect and exploitation.

Objective 4.1: Maximize collaboration, outreach and training to prevent abuse, neglect and exploitation.

Strategies: Educate consumers and professionals about abuse, neglect and exploitation and about prevention and interventions available.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
FCSP Coordinator to make educational materials available for distribution to family caregivers across the region.	Completed in FY 17. Materials ordered from the Duke Family Support Program, and provided to local caregiver support programs for distribution.
Host or implement a World Elder Abuse Day Awareness event or activity annually.	In FY 17, the LTC Ombudsmen planned and hosted an elder abuse awareness conference and invited LTC staff, county departments of social services staff, and local service partners to attend. Ombudsmen requested by the local DSS to present information on this topic to Adult Care Homes when there is a deficiency related to abuse/neglect/exploitation. Information is shared about World Elder Abuse Awareness Day in the TJCOG e-blast, "The Week Ahead", which is emailed to all member governments and partners of TJCOG. Continue to provide annual WEAD event or activity in FY 18- FY 20. Elder abuse awareness bags and pens are to be distributed to attendees of the COG's Regional Summit in September 2017, and LTC Ombudsmen will be addressing the topic of social isolation during a session.
Offer educational program to Advisory Council on Aging about fraud and financial abuse, along with supporting resources.	Have not had the opportunity to provide in FY 17, due to more pressing topics. Will attempt to incorporate this in spring of FY 18.

<p>Participation in the NC Partnership To Address Adult Abuse by LTC Ombudsmen representatives.</p>	<p>TJAAA is a member of the Partnership, and hosted meetings in FY 17. Two Ombudsmen are active in this group. Continue for FY 18- FY 20.</p>
<p>Compile and provide training and resources on living with dementia. As opportunities for advocacy and training arise, will advocate and educate professionals and the public, in order to reduce episodes of abuse or neglect.</p>	<p>TJAAA already has some materials compiled, such as the use of personalized music in reducing agitation and behavioral issues associated with dementia. Staff are also involved and supportive of local “dementia-capable” efforts-currently Orange Co., Durham, Wake Forest and Cary have launched dementia capable community initiatives. One Ombudsman presented on the Ombudsman program and elder abuse awareness to Archer Lodge Town Council. In FY 18 NC4A plans to become trainers for the national “Dementia Friends” program, so that once trained, staff can offer this training locally. There will also be an opportunity to distribute information on elder abuse awareness at the next World Elder Abuse Awareness conference, hosted by the LTC Ombudsmen.</p>
<p>Collaborate with Departments of Social Services and others on elder abuse awareness and prevention, and train Community Advisory Committee members on the same.</p>	<p>In FY 17, collaborated with Johnston County DSS to offer a segment on Adult Protective Services at the WEAD conference, and CAC members invited to attend. CAC members receive training at orientation and advanced training through the Leadership sessions offered to chairs of the committees. LTC Ombudsmen presented on elder abuse awareness to the SAFE task force. Continue for FY 18- FY 20.</p>

Strategies: Provide information on guardianship alternatives for aging adults and adults with intellectual and developmental disabilities.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
Disseminate information on alternatives to guardianship to partners, such as the Durham Partnership for Seniors and the Gold Coalition of Wake County.	Participated in the Guardianship Listening Session in Durham in FY 17. Information on the progress of the state's efforts to identify and promote alternatives has been shared with local service partners, as this information has become available or has been published.
Provide educational session(s) on alternatives to guardianship.	In FY 17, an educational session was provided to the Wake CRC, entitled "Supportive Decision-Making as an Alternative to Guardianship". The two other CRC's have offered similar sessions. Also publicized MFP's "Rethinking Guardianship" webinar to regional partners. Continue to promote alternatives to interested partners in FY 18- FY 20.

Objective 4.2: Strengthen emergency preparedness and response for older adults and people with disabilities.

Strategies: Work collaboratively to enhance emergency preparedness and response.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
Annually update emergency plan and contacts: encourage service partners to update plans annually, also.	Emergency plan for the AAA updated in FY 17 and shared with service partners, minus the personal phone numbers of COG staff. A switch to company mobile phones for key staff (Director, LTC Ombudsmen) planned for FY 18. This will allow those numbers to be shared more readily and to publicize the mobile contact in case of emergency. Staff are also trained in CPR and use of the defibrillator. The Director joined and participated in the DPH Trusted Leaders in the Community Central Region Collaborative, a contact network for addressing public health emergencies, and she receives and disseminates this emergency information,

	<p>as well as that provided by NC DAAS. Continue focus for FY 18- FY 20.</p>
<p>LTC Ombudsmen will participate in the regional Long Term Care Disaster Preparedness Committee to assist with educational events and improved preparedness in LTC homes.</p>	<p>Committee met regularly in FY 17 and continues in FY 18. TJCOG staff facilitate the meeting and after considering various options, the primary work has been to coordinate local meetings between emergency management personnel and LTC homes in each county. The primary discussion point is compliance with new disaster preparedness requirements in SNFs. Some of the county-level meetings occurred in FY 17 and the remainder are scheduled for date in FY 18. LTC Ombudsmen plan to host a LTC Administrator roundtable for disaster preparedness in FY 18.</p>
<p>At least one CRC member in Durham, Chatham or Orange counties to offer active assailant training.</p>	<p>Completed in FY 17- CRC members in the listed counties were encouraged to host this training and several service partners did this. TJCOG has also offered this training to staff, and adjusted its emergency procedures accordingly. A new online video about assailant response is being evaluated for appropriateness for Community Advisory Council trainings and for use in long term care facilities.</p>
<p>Share disaster preparedness best practice information.</p>	<p>In FY 17, shared info about Hurricane Matthew, as well as best practice preparedness information via email. Discussed recovery efforts with Advisory Council on Aging and with service partners. Preparedness is also accomplished though the work of the LTC Disaster Preparedness committee, described above. CRCs have also pondered their role in community disaster planning and Chatham-Orange CRC had a speaker from Dept. of Public Health on this topic. Continue in FY 18 – FY 20, as appropriate.</p>

Educate the public about special needs registries, as opportunities arise.	No specific opportunities in this area have been available in FY 17. Continue FY 18- FY 20.
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Goal 5: Facilitate communities and older adults working together to plan and prepare for the future.

Objective 5.1: Support local communities to better prepare and plan for an aging population.

Strategies: Maximize citizen involvement in state, regional, and local advocacy activities in support of issues related to an aging population.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
Delegate and alternate Senior Tar Heel Legislature positions are filled with engaged and active volunteers.	<p>In FY 17, each county had at least one STHL delegate or alternate. Had one opening occur for Durham County and still trying to fill it. Wake County delegate also considering stepping down, so more openings may occur soon. Agency Director urged to recruit potential new members.</p> <p>STHL members provided a regional update to the STHL in October 2016. TJAAA assisted with development and printing of an infographic on Adult Protective Services for STHL committee use with legislators. Continue recruitment of new delegates and alternates in FY 18- FY 20.</p>
Advisory Council on Aging positions are filled with engaged and active volunteers.	<p>Each county had at least one representative last year; however several counties also had openings in FY 17. Agency Directors and members encouraged to recruit potential new members. Several agencies invited potential members as guests to meetings but none actually joined. Only one new member recruited so far in FY 17 and a new Advisory Council Chair will join in early FY 18. There will be several new openings in early FY 18 due to completion</p>

	of terms. Continue recruitment efforts in FY 18- FY 20. Also, the AAA annually surveys members on satisfaction and engagement. The FY 17 results were overwhelmingly positive. One member reported “I have learned a lot about the aging process and issues relating to the senior group. This is a very necessary Council”. Resurvey in FY 18.
Orientation for new members is held at least annually.	Orientation held in May 2017, just prior to FY 17 and since only one new member joined in late FY 17, another session not held. A new chair joins in FY 18 and anticipate that orientation will be held soon. Continue plan for FY 18- FY 20. Orientation handout manual also needs updating before the next session.
Time for education and for advocacy is available at each Aging Advisory Council meeting.	Completed for FY 17. Each meeting includes an educational session and an advocacy discussion. Continue for FY 18- FY 20.
Appropriate materials shared with Aging Advisory Council members between meetings.	Completed for FY 17. Items of interest, as well as the Legislative updates provided by DAAS, shared by email between meetings. Continue for FY 18 – FY 20.
Initial and quarterly trainings for Community Advisory Committee volunteers held, as well as at least one leadership training for officers annually.	Completed for FY 17. CAC trainings and leadership trainings held as planned. Continue for FY 18- FY 20.
Staff support provided to the Durham Partnership, a grassroots advocacy collaboration on aging issues, through a joint effort with Durham County Government and TJAAA. This group includes professionals and many older adults in the community. It is also the parent organization of the Durham CRC.	TJAAA acts as the employer for a Coordinator for the Durham Partnership for Seniors, and this work is funded by Durham County. Attendees are informed of aging issues and advocacy opportunities. Continue in this capacity for FY 18 and beyond.

Strategies: Communities will create an adopt actions plans that support “aging well in community”.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
At least three counties will adopt formal aging plans.	<p>Three counties have formal aging plans- Johnston County, Wake County and Orange County. Chatham plans to adopt a plan in FY 18 and Durham is considering it, following an assessment of livability by TJCOG planning staff.</p> <p>Continue to support the adoption of plans for FY 18- FY 20 and participate in planning process, as opportunities arise.</p>
At least one community will join AARP’s “Age Friendly Communities” and will commit to obtaining certification.	<p>Two counties have committed to the AARP “Age Friendly Communities”, Wake and Orange. Orange County is utilizing their Master Aging Plan as the basis of their certification with AARP, with the Department on Aging taking the leadership role. Wake County is still determining who will take the lead on the certification process. Continue to support these efforts in FY 18- FY 20.</p>
Complete revisions to TJAAA Livability Self-Assessment (now TJCOG Livability Self-Assessment for Local Governments) and make available to member governments.	<p>To date, a number of governments have used the completed tool. The latest to use it was the Town of Smithfield, assisted by a planner at TJCOG. The Director was an informant in interpreting the results. TJCOG is also negotiating with Durham County and City to use the tool, as part of a funded livability project to begin in the near future.</p> <p>In early FY 18, TJCOG/TJAAA awarded recognition from two national organizations; N4A and NADO, for their work in developing and implementing the tool and toolkit. Continue to support the use of the tool and livability work in the region for FY 18 –FY 20. Director and Durham CRC Coordinator will participate in Durham’s livability assessment, as needed.</p>

Strategies: Diversify the revenue streams of the AAA and local service partners, in order to better meet the needs of an aging population.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
<p>Every funded service partner will offer one or more services to private paying clients, with the exception of DSS.</p>	<p>Most partners have opportunities for improvement in this area. The two most available private pay services in the region are Adult Day Care and Home-Delivered Meals. Continue to encourage and provide technical assistance as needed and requested for FY 18- FY 20.</p>
<p>AAA to add two new revenue sources by the end of FY 2020.</p>	<p>AAA continues to pursue offering VD-HCBS program, as one potential new revenue stream. Planned to launch this service at the end of FY 17, but funding at the federal level became an issue. Director participating in conversations with other NC4A members about managed health care service options. TJAAA also hopes in the near future to test Options Counseling as a service offering to acute care discharge patients, in hopes that this might lead to other opportunities. TJAAA has developed some additional funding streams outside of OAA programs and brought in approx. \$184K, in earned revenue, to support its work in FY 17, but most of this was short term and is not sustainable over the long term. Continue to work on this in FY 18.</p>
<p>Provide information and education on development of business acumen at Aging Advisory Council, service partners and at AAA staff meetings.</p>	<p>Completed for FY 17. Attended several business acumen related trainings and incorporated this into the AAA modernized vision statement, and then it was shared with the Advisory Council on Aging, service partners and staff. Business acumen is a standing agenda item on the TJAAA staff meetings. A planning guide for large events was developed for use by staff in planning outside events and large group trainings. New marketing materials, with the revised and COG-</p>

	approved AAA logo, promotional items and tabletop banner ordered in FY 17 for use at informational fairs. A table drape with the AAA logo is to be ordered in FY 18. Continue focus for FY 18- FY 20.
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Strategies: Promote volunteerism and other active engagement.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
Assist callers in locating appropriate volunteer experiences in their community.	Not very many calls received for volunteer matching. Callers are usually referred to a Meals on Wheels program or to their local senior center. Continue for FY 18- FY 20.
Director to serve on the Friends of Durham RSVP advisory board.	Director served on board of the non-profit in FY 17. At the end of December 2017, the non-profit is to be dissolved and returned to advisory committee status. Director is serving on the assessment committee for FY 18, developing volunteer and station surveys, evaluating satisfaction of volunteers and project outcomes in order to meet funder requirements and improve the program.

Goal 6: Ensure public accountability and responsiveness.

Objective 6:1: Implement operational improvements and managerial efficiencies for critical services and supports.

Strategies: Utilize a uniform regional evaluation instrument for quality reviews of the Family Caregiver Support Program.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
Develop tools for assessing service quality and consumer satisfaction, utilizing input from FCSP Coordinators and available best practice information.	Begin work in FY 18 and continue through FY 20.

Strategies: Establish local Family Caregiver Support Program Advisory Committees to provide input on planning and evaluation of quality of services funded through the Family Caregiver Support Program.

<p>Through FY 20, explore feasibility of establishing local advisory committees to provide input on planning and evaluation, including input from consumers. Provide information on possible committee structure to local coordinators for review and implementation.</p>	<p>Director and regional FSCP Coordinator have promoted concept to service partners but thus far, no one has established a committee for this purpose. Continue to encourage this for FY 18- FY 20, including possible incentives for local programs.</p>
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Strategies: Provide thoughtful administration of existing service funding in order to maximize the number of individuals served, and seek opportunities to expand the availability of community-based services and supports.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
<p>Incorporate discussions about best practices in service administration, waiting list management and priorities for services into regional meetings with service partners; and through technical assistance provided during monitoring of funded services, in order to assure services are provided to those most in need.</p>	<p>Ongoing effort, including sharing preview of draft waiting list management tool, developed by NC DAAS. Local advocates remain interested in waiting list information, especially for HDM and In Home Aide services, and TJAAA and service partners provided this information as requested. Continue focus for FY 18- FY 20.</p>
<p>Analyze cost effectiveness of current respite offerings, funded by the FCSP, and the impact of lowering the cap on respite hours, so that more families can receive the service. Begin analysis in FY 17.</p>	<p>Due to increased availability of respite through Project Care, this measure was not pursued in FY 17. Service partners are encouraged to include new families in the respite funding offered. TJAAA enforces the state cap on respite funding for each individual, and will monitor the availability and usage to see if this needs to be addressed further. Regional Coordinator also participates on the statewide Lifespan Respite Advisory team.</p>
<p>By the end of 2020, a Grandparents Raising Grandchildren support program will be available in each county. The FCSP Coordinator will assist service partners with assessment of demographics, determination of appropriate outcome measures</p>	<p>Offered program on GRG in FY 17 for local FCSP coordinators. Cooperative Extension in Durham currently offers a support group for this population, as does</p>

<p>and program development. By the end of FY 18, each partner will have added at least one GRG support service option.</p>	<p>Lee County Senior Services. Encourage others to develop services for GRG in FY 18- FY 20 and discuss as appropriate at quarterly specialist meetings.</p>
<p>Promote awareness and provide education on the needs of youth caregivers (youth under age 18 caring for aging adults and others). Assist in development of services to support young caregivers, even though this is not a population eligible for FCSP funding. Many youth are providing care to aging adults and adults with disabilities and are in need of resource information and support.</p>	<p>FCSP Coordinator and Director served on the Advisory Board of the Bookend Caregiver Project, housed at UNC-CH and funded through PCORI. The purpose of the Bookend Caregiver project is to develop a strategy for promoting awareness of the issue and to advise on potential research investigations to understand the needs of caregiving youth and aging adults. In addition, the project is working with select schools and health care clinics to identify youth caregivers and determine what supports may be beneficial. UNC’s Partnerships in Aging program is also matching college students with young caregivers to provide support. Continue this focus in FY 18 (a funding renewal was approved by PCORI).</p>
<p>Advise researchers on the needs of caregivers of chronically ill, in order to test the “navigator” model of supporting caregivers in dealing with the health care needs of the care recipient.</p>	<p>FCSP Coordinator and Director have agreed to participate in an advisory capacity for a research project on this subject, spearheaded by a researcher at Duke/VAMC. Funding not obtained in FY 17, but researcher has resubmitted the proposal and is waiting for approval.</p>
<p>Food insecurity and nutritional needs of older adults in Durham is the focus of a new collaborative effort of interested partners, including the Durham Partnership for Seniors (which TJAAA helps support). This collaborative is looking at better coordination of resources, awareness of the issue and existing services and funding. The group is comprised of professionals, community volunteers and older adults seeking ways to address this issue in the community (through volunteerism, for example).</p>	<p>In FY 18, TJAAA representative will participate in the collaborative effort and share resource information, as appropriate.</p>

Strategies: Planning and evaluation for critical service and supports will be data-driven.

<i>Measure</i>	UPDATE/STATUS/OUTCOMES
<p>By FY 18, TJAAA will implement a database system for managing information and referral calls and for identifying unmet needs of callers (service gaps).</p>	<p>Service agreement with Peer Place initiated in FY 17 and TJAAA continues to work on the I&R customized resource database to accompany the client management module. Other AAAs are also interested and TJAAA plans to work with Region L and possibly others on implementation in FY 18. Sharing the database will necessitate data sharing agreements between the AAAs involved. Continue to implement and collect data in FY 18 – FY 20. Fill vacant Program Associate position in FY 18 to provide staff support, freeing up other AAA staff for data management activities.</p>
<p>Funded nutrition programs in the region will be encouraged to track food waste (meals not eaten), in order to lower costs.</p>	<p>Ongoing. Meals ordered and served information is reported monthly to Program Coordinator for review. Continue to encourage careful planning and ordering for FY 18- FY 20.</p>
<p>Where appropriate, comparative information will be provided to service partners within the region in order to assist with service evaluations.</p>	<p>Most of the evaluation data provided to date has been on an individualized basis. Regionally, service partners and AAA participate in the National Survey of Older Americans Act programs to access outcomes of key OAA-funded programs and some of this data is available for sharing. Continue to provide this information where equitable comparisons can be made. FY 18- FY 20.</p>
<p>Incorporate use of data in evaluating outcomes, as a part of a modernized vision for the work of the AAA, and assist service partners in adopting a similar mindset.</p>	<p>TJAAA and Advisory Council on Aging adopted a new strategic vision in FY 17, that includes the following statement: “Further the stewardship of federal, state and local resources by becoming a more efficient and technology-assisted resource for our communities and for our partners.” Will continue to frame</p>

	work of the AAA using the revised strategic vision in FY 18.
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Strategies: The Area Agency on Aging will be fully compliant with the HIPAA Privacy and Security Rules.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
HIPAA privacy and security policies will be drafted, adopted, and implemented by the end of FY 18.	Continued to work on this in FY 17. Privacy policies are drafted and interim security policies have been adopted, as the AAA is between two IT systems. The final policy to be developed when transition is completed. Related policies, such as an IT continuity policy, are partially complete. All AAA staff who are currently receiving stipends for personal phone use, are being converted to company phones (a few staff already have company phones). A second secure fax line added for receipt of confidential Options Counseling referrals. A confidentiality and HIPAA statement of understanding is partially drafted and is to be signed by the Finance staff. Continue to work on this in FY 18.
A professional security risk analysis will be conducted by the end of FY 18.	Director continues to analyze risk but a full, professional analysis likely not scheduled until the COG completes conversion to Office 365. Continue this focus in FY 18. TJAAA has joined NCHICA, in order to have access to professionals who might provide this service, as well as to other helpful resources. Cyber insurance is also included in the liability insurance to protect the organization, as of FY 18. Security practices of IT vendors, potentially housing confidential information, have been reviewed, as well. This includes Peer Place Network Solutions, Microsoft, and VC3.
A HIPAA-compliant records management and tracking system will be established by the end of FY 18.	The purpose is for securing of client records for the plannedVD-HCBS

	program. The implementation of the program, and thus the records tracking, delayed for funding reasons. Continue this focus for FY 18.
A HIPAA training program for staff and business associates will be developed and implemented by the end of FY 18.	Some staff working with covered programs have already received training. Director is researching cost effective training materials for all, including for the finance staff of the COG, and in the future, covered business associates. Continue for FY 18 and incorporate this into a professional development plan for AAA staff.

Objective 6.2: Strengthen performance-based standards and outcomes.

Strategies: Maintain a strong and effective monitoring and technical assistance program for oversight of federal, state, and local funding.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
Annually, assign a level of fiscal and program risk for funded service partners and sub-contractors, and implement a risk-based monitoring system.	Completed for FY 17. Risk levels assigned for FY 18 and TJAAA is developing the monitoring schedule. Continue in FY 18- FY 20.
Changes in rules, program standards, or policies will be implemented, as occurring.	Ongoing. Technical assistance visits conducted in FY 17, in regards to the changing requirements for senior center operations (fee policy) and EBHP programs. Continuing to provide technical assistance in FY 18 on these and other changes, such as security and records management policy changes.
Continue to provide technical assistance to service partners about rules, standards or operational changes; or about regional issues identified through monitoring visits.	Ongoing, through onsite visits and group meetings. Continue to assist new monitoring staff in developing the base of information necessary to provide quality technical assistance. Currently addressing reporting in EBHP programs and confidentiality and security policies and practices. Have facilitated discussions with service partners about other subjects, such as background

	checks, data base systems for I&R, and succession planning. Continue in FY 18- FY 20. Safety training workshop for service provider staff conducting assessments in the home planned for early FY 18. Provider and regional staff identified this as a concern in the region.
Provide education and training to service partners about the use of and security of electronic records and about records management for funded services.	Updated DAAS policy distributed to service partners and discussed with agency directors. In FY 17, attended a training for AAAs led by the Office of Cultural Resources regarding the new policy. Continue technical assistance in FY 18, as service partners have been slow to implement changes or address this policy.
Maintain a 90% or greater regional compliance rate for all services monitored within the fiscal year.	Did not meet target in FY 17. Compliance rate was 80% for service partners, though the AAA had no compliance findings in FY 17 with its core monitoring of services from DAAS. No identifiable trends noted with service compliance amongst local agencies. This information was shared with the Advisory Council on Aging via a monitoring infographic. Continue focus in FY 18- FY 19.

Strategies: Effectively implement new federal rules and standards for the Long Term Care Ombudsman program.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
In FY 17, implement changes in rules and standards, as advised by the State Ombudsman.	Still in process of determining how processes and materials for orienting a new Community Advisory Committee volunteer will work, since new legislation adopted. Continue to address this in FY 18, as further information becomes available.
Assess impact of any changes on the program operations and provide feedback to the State Ombudsman, as appropriate.	Continue focus for FY 18- FY 20, and assess after new rules and processes are fully implemented.

Exhibit 6: Organizational Chart of Single Organizational Unit



Triangle J Council of Governments

Organizational Chart
August 27, 2017

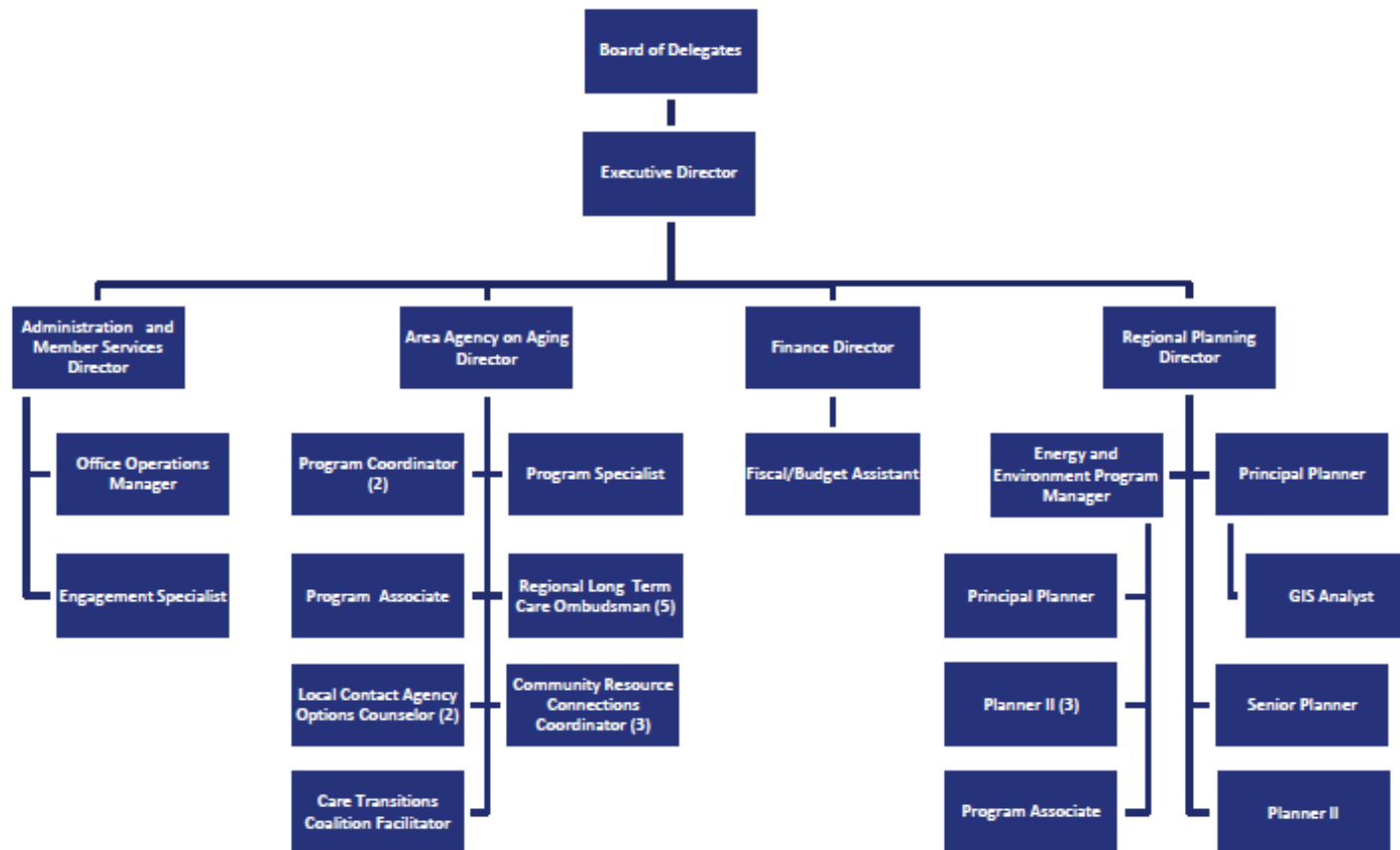


Exhibit 7: Organizational Chart of Area Agency on Aging

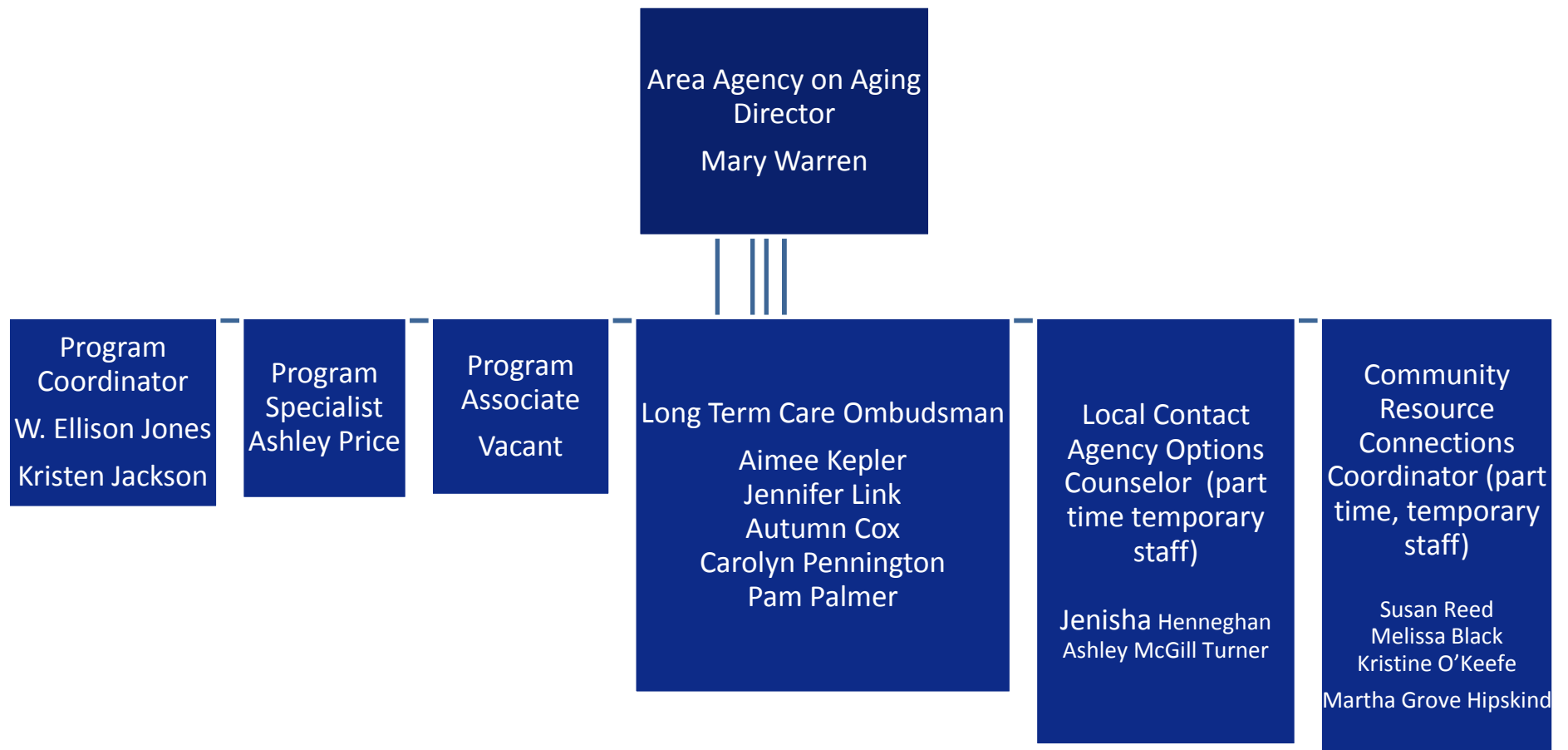


Exhibit 8: Area Agency on Aging Staffing list

(Please submit the amended exhibit annually)

	Name	Position	Race/Ethnicity	FTE/Temporary	List funding source	% of time spent on duties
1	Mary K. Warren	Area Agency on Aging Director	5	1 FTE	P&A	96%
					GWEP	4%
2	W. Ellison Jones	Program Coordinator	5	1 FTE	FCSP	100%
3	Kristen Jackson	Program Coordinator	5	1 FTE	P&A	100%
4	Ashley Price	Program Specialist	5	1 FTE	P&A	97%
					Title III-D	3%
5	Vacant	Program Associate		.75 FTE	P&A	100%
6	Aimee Kepler	Regional Long Term Care Ombudsman	5	1 FTE	Ombudsman	87%
					Elder Abuse Awareness & Prevention	13%
7	Jennifer Link	Regional Long Term Care Ombudsman	5	1 FTE	Ombudsman	100%
8	Autumn Cox	Regional Long Term Care Ombudsman	5	1 FTE	Ombudsman	100%
9	Carolyn Pennington	Regional Long Term Care Ombudsman	5	1 FTE	Ombudsman	100%

9	Pam Palmer	Regional Long Term Care Ombudsman	5	1 FTE	Ombudsman	100%
10	Jenisha Henneghan	Local Contact Agency Options Counselor	3	.53 Temporary	Money Follows the Person	100%
11	Ashley McGill Turner	Local Contact Agency Options Counselor	3	.53 Temporary	Money Follows the Person	100%
12	Martha Grove Hipkind	Wake Co. Community Resource Connections Coordinator	5	.53 Temporary	MIPPA Grant	100%
13	Melissa Black	Durham Partnership and Community Resource Connections Coordinator	5	.60 Temporary	Durham County Government	45%
					GWEP	55%
14	Kristine O'Keefe	Chatham Orange Community Resource Connections Coordinator	6	.15 Temporary	Private donation	100%
15	Rebecca McGovern	Fiscal/Budget Assistant	5	.04 FTE	P&A	100%

16	Susan Reed	Care Transition Coalition of Wake County Facilitator VD-HCBS Consultant	5	.04 FTE	P&A	100%
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Race/Ethnicity Categories

- | | |
|--|---------------------------|
| 1. American Indian or Alaskan Native (Alone) | 6. White Hispanic (Alone) |
| 2. Asian (Alone) | 7. Some Other Race |
| 3. Black/African American (Alone) | 8. Two or More Races |
| 4. Native Hawaiian or Pacific Islander (Alone) | |
| 5. Non-Hispanic White (Alone) | |

Exhibit 9: Regional Advisory Council Membership and Participation

Complete the list of current members of the Regional Advisory Council as indicated below.

#	Name		Gender M/F	County	Position Code(s) (Note all that apply)	Organizational Affiliation(s)
	Last	First				
1	Alexander	Matt	M	Chatham	2	
2	Blalock	Rebecca T.	F	Chatham	2	
3	Kissel	Anne	F	Chatham	2	
4	Regan	Ed	M	Chatham	2	
5	Bynum	Patricia A.	F	Durham	2,3	
6	Pettyford	Rosalyn	F	Durham	2,3	
7	Barnes	Lloyd	M	Johnston	2,3	
8	Martin	Pat	F	Johnston	2	
9	Wenzel	Bill	M	Johnston	2	
10	Parker	Jimmy E	M	Johnston	2	
11	Smith	George E.	M	Johnston	2	

12	Payne	James W.	M	Lee	2	
13	Upchurch	Mary	F	Lee	2	
14	Holt	Lois	F	Moore	2	
15	Britt	Gladys	F	Moore	2	
16	Carlton, Jr.	Charles	M	Moore	2	
17	Lamkin	Tom	M	Moore	2	
18	Hammond	John E.	M	Orange	2	
19	Altpeter	Mary	F	Orange	2	
20	White	Richard A.	M	Orange	2	
21	Tiryakian	Edmund C.	M	Orange	2	
22	Suddarth	Jeane R.	F	Orange	2	
23	Lamb	Bill	M	Wake	2	Friends of Resident in Long Term Care
24	Smith	Billy	M	Wake	2	
25	Hatch	Dick	M	Wake	2	
31	McBride	Marie	F	Wake	2	
26	Marshburn	Ken	M	Wake	2, 5, 10	Councilman, Town of Garner
27	Davagnino	Judith	F	Durham	4	Durham VA Medical Center

28	Knight	Kristy	F	Durham	4	Durham VA Medical Center
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<u>Position</u>	
<u>Code#</u>	<u>Description</u>
#1	Recipient of Older Americans Act service
#2	Person age 60 or older
#3	Non-white person
#4	Person representing Veteran's Affairs
#5	Chairperson of the Council
#6	Resident of rural area <i>(as defined by 2010 Census and municipality of residence)</i>
#7	Family caregiver of older person
#8	Service provider
#9	Representative of business community
#10	Local elected official

How many times did the Regional Advisory Council meet during the past full state fiscal year?

5
