



# **ACTION PLAN**

*for*

## **Aging Adults and Adults with Disabilities**

**July 2017-June 2018**

**Update**

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

# **Contents**

AAA Signed Assurance

Goals and Objectives, Updated in **green text**

Appendices:

Exhibits 6, 7, 8, 9 Updated

## **Area Plan Update**

The Area Plan on Aging Update is hereby submitted for the *J Planning and Service Area* for the period of July 2017-June 2018. 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.

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Area Agency Director

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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>	<i>UPDATE/STATUS/OUTCOMES</i>
<p>LCA Options Counselors to complete 2 or more outreach events annually in the region.</p>	<p>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. <b>Continue for FY 18-FY 20.</b></p> <p>Two or more outreach efforts have been conducted by Options Counselors and the OC supervisor/Director throughout the year. Examples include attendance at relevant networking meetings and offering materials at fairs and events. Supervisor explained program at Durham Qtrly SNF Conference on 7.13.19, OC Counselor provided info on program to Wake CRC on 3.6.18, and materials were available at 3 local information fairs in the region. Two meetings with Duke Regional Hospital Discharge Planners were also conducted to try and interest them in the Options Counseling service.</p>
<p>LTC Ombudsmen will provide public speaking &amp; educational events, distribute information, and participate in community forums and workshops. Activities tracked in ODIS reporting system.</p>	<p>Ombudsmen completed presentations in FY 17 and entered these in ODIS. <b>Ombudsmen are planning for a workshop related person-centered discharges in late FY 18.</b></p>

The discharge conference was later reconsidered due to time constraints and the workload of the Ombudsmen. However, a number of speaking and educational events were conducted in a variety of settings throughout the region. Examples include:

- Overview of program and residents rights to Sandhill Community College Activity Class
- Aging Sensitivity and Elder Abuse Awareness to Leadership Triangle Regional Program
- Overview of program and resident's rights to CNA class at Guiding Lights
- Aging Sensitivity for Career Week at Jeffrey's Grove Elementary School
- Elder abuse awareness and prevention to the LGBT Center of Wake County
- Overview of program and residents rights to Barton College Gerontology students
- Aging Sensitivity for law enforcement at the Voiceless Victims Class, Wake Technical and Community College
- Resource Panel speaker for Alz NC (now Dementia Alliance of NC) Caregivers' Education Conference
- Elder abuse awareness and prevention to residents at JFK Towers, Durham
- Overview of program to OTA program students at Durham Technical and Community College.

An article was also written about the program and featured on the TJCOG ED's blog, and the Chair of the Wake ACH Community Advisory Committee was

	<p>featured on “Aging Matters” radio show on 680 WPTF. Several Ombudsmen also participate in the NC Partnership Against Adult Abuse and attend their annual conference. <b>Continue focus on outreach education in FY 19-20.</b></p>
<p>AAA staff will provide 2 or more presentations each year about person-centered planning, community-based services or other relevant topic</p>	<p>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. <b>Continue for FY 18-FY 20.</b></p> <p>A number of presentations have been made in the region. Examples include:</p> <ul style="list-style-type: none"> <li>• Safety for Home Care Providers workshop in Sept. 2017</li> <li>• Education for Durham Partnership for Seniors on the HCCBG funding process in Dec. 2017</li> <li>• Dementia Friends NC info session for Regional Advisory Council, Jan. 2018</li> <li>• Education to Board of Directors for Durham Center for Senior Life on HCCBG funding and services, Feb. 2018.</li> <li>• Co-presentation on needs of youth caregivers and the “Bookend Caregiver Project” at the NC AOA conference, March 2018.</li> </ul> <p><b>Plan to offer more informational sessions to service partners about upcoming changes to Medicaid, so that this can be communicated to those potentially affected.</b></p>
<p>Community outreach schedule for each county included in LANC legal assistance contract, so individuals can access in-person assistance.</p>	<p>Completed for FY 17 and <b>FY 18 schedule is available to senior centers to promote. Continue for FY 19 - FY 20.</b> A schedule of planned outreach events were determined for each</p>

	<p>county as a part of the contracting process. During the year, one of the senior centers expressed that the contractor was not coming to the center. Staff assigned to the contractor arranged a meeting to address their concerns. <b>A representative of LANC is scheduled to meet and with Provider Directors in FY 19 and explain their service model.</b></p>
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**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 where willing. Visit data reported to NC DAAS monthly. <b>Continue for FY 18, except reporting to NC DAAS will be quarterly.</b></p> <p>In-reach visits were tracked and reported to NC DAAS. Due to one staff member's leave of absence, in-reach visits for some facilities were curtailed in the fall of 2017, until fully staff again. Lists of potential candidates for the program were provided to TJAAA in late FY 18 by NC Division of Medical Assistance. The lists are derived from past claims data and <b>the LCA OC staff are working through those lists to see if any of these individuals are candidates for the program. This will continue until December 2018, when the current contract ends.</b></p>
<p>LTC Ombudsmen will support LCA role by sharing information with nursing home residents, staff, &amp; 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. <b>Continue for FY 18. Status of LCA program beyond that time is unknown.</b> The LTC Ombudsmen and LCA OC staff</p>

	continue to work together as appropriate, and <b>will do so through December 2018, when the current LCA contract ends.</b>
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**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. <b>Continue for FY 18 – FY 20.</b> Programs highlighting resources for Family Caregivers have been offered in FY 18. For example, Wake CRC arranged for speakers for a program entitled “Resources available to Family Caregivers in Wake County” and a lunch-n-learn, “Adult Day Services in 2018: What Family Caregivers Need to Know.” The latter proved to be one of the most well-received sessions of the year. The regional FCSP Program Coordinator attends all three CRC’s as time permits and <b>will beginning attending the Johnston Network on Aging (JNoA) in FY 19.</b> Additionally, two Ombudsmen represented TJAAA at the SAS Caregiver Fair in Oct. 2017. The target audience was family caregivers that are SAS employees.</p>
<p>Regional FCSP Coordinator will disseminate information on training and resources at quarterly regional Caregiver Specialist</p>	<p>Disseminated information at quarterly regional Caregiver Specialist meetings, including Project CARE and Powerful</p>



<p>meetings, including Project CARE and Powerful Tools for Caregiving.</p>	<p>Tools for Caregiving. Ordered and distributed caregiver support materials from Duke Family Support Program regarding anger management. Attendance at regional meetings has increased to include non-funded partners such as the VA and SAS. <b>Continue for FY 18 – FY 20. Plan one meeting per year, just for funded service partners.</b></p> <p>TJAAA continues to host quarterly training and information sharing sessions for the region’s family caregiver support staff. These sessions are well attended and have necessitated a larger meeting space for the sessions that are open to funded and non-funded partners. <b>Will continue meeting quarterly, with the strategy of holding one meeting per year just for funded partners in FY 19.</b></p>
<p><b>Investigate effective peer support and navigational assistance in addressing the needs of family caregivers of veterans with advanced illness.</b></p>	<p><b>TJAAA is collaborating with a health researcher at the VA on a 5-year funded grant to assist family caregivers of vets with advanced illnesses. The AAA Director and FCSP Coordinator will serve on the leadership and advisory team for the grant project. The leadership team is anticipated to meet for the first time in September 2019.</b></p>

**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.

<b><i>Measure</i></b>	<b><i>UPDATE/STATUS/OUTCOMES</i></b>
<p>Conduct 2 outreach events in each county in FY 17, with at least one event including a partner agency serving those with mental illness.</p>	<p>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. <b>This contract was reinstated in</b></p>

	<p>mid-fiscal '18. Subcontractors in each county were required to conduct outreach in each county, including pairing with an agency serving those living with a mental illness. 62 outreach events were held in the period between 4/1/17 – 9/29/17. The Wake CRC Coordinator conducts activities for Wake County and functions as the regional coordinator for this grant program. She also handles regional advertising outreach. <b>Anticipate renewal of grant in FY 19, with possible funding and funder expectation for AAA staff to attend the SHIIP annual conference.</b></p>
<p>Share Relay for Extra Help materials and information on local health and wellness programs with beneficiaries during outreach events.</p>	<p>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. In FY 18, Relay for Extra Help materials and health and wellness program information was distributed in each county by subcontractors (contract renewed with same terms). <b>Anticipate continuation in FY 19 but waiting on new contract and scope of work details.</b></p>

**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>
<p>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. <b>(Project funded through FY 19, with possible reapplication for funding.)</b></p>	<p>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</p>

	<p>Center for Senior 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. <b>Continue in FY 18.</b> GWEP grant was extended for an additional year to continue with focus on areas of work and evaluation. AAA Director and CRC Coordinator continue to serve on the leadership team and inform/facilitate educational offerings for aging adults in the community through the health and wellness lecture series. The best practice compendium is hosted by Duke School of Nursing at <a href="https://geriatrichub.nursing.duke.edu/">https://geriatrichub.nursing.duke.edu/</a> <b>Continue for FY 19. A new geriatric hub website for posting health system and community events, including educational events, is being promoted. The site is hosted by the School of Nursing can be viewed at <a href="https://geriatrichub.nursing.duke.edu/events">https://geriatrichub.nursing.duke.edu/events</a> .</b></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 <b>to a lesser extent in FY 18</b>).</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. <b>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. Continue for FY 19.</b> Education was provided to the Senior Advisory Panel and the community through a series of webinars and the health and wellness lecture series. <b>The CRC Coordinator will participate in the first FY 19 webinar sponsored by the program (see <a href="https://geriatrichub.nursing.duke.edu/events/duke-gwep-webinar-16-navigating-high-tech-support-high-touch-care-seniors%C2%A0living-community">https://geriatrichub.nursing.duke.edu/events/duke-gwep-webinar-16-navigating-high-tech-support-high-touch-care-seniors%C2%A0living-community</a>).</b> <b>Past webinars are archived at <a href="https://geriatriceducation.duke.edu/events">https://geriatriceducation.duke.edu/events</a></b> These programs and webinars are publically available to practitioners and the community.</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. <b>GWEP leadership team continues to identify new topics for the webinars and for community education. The project served as a sponsor for the spring “Aging Well” conference in Durham, which included topics such as “livable communities”, “Dementia Inclusive Durham” update, “EMS registry”, and “what to expect from the new Medicare card”. GWEP is considering whether or not to implement a “Community Grand Rounds” similar to a series offered at the University of Chicago and whether or not to expand its model to practices outside of Durham County. Expansion was a long term objective of the project, but it is unclear if there is capacity currently to adequately address needs beyond Durham County. <b>Continue in FY 19, with possible reapplication in FY 19 for FY 20 and beyond.</b></b></p>
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**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. <b>Will continue strategic recruitment in FY 18 - FY 20 and encourage participation at meetings and at other educational</b></p>

	<p><b>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. Wake CRC did follow through with a revision and streamlining of membership and by-laws, most notably allowing for continuation of terms for officers, if approved by the group. New members continue to join in the groups across the region and the Wake CRC has recruited a number of new members. Continue in FY 19. Still would like members from the Hispanic community, in particular.</b></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. <b>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 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.</b></p>

	<p><b>Continue FY 18- FY 20 (and see new additional measure on OC, below).</b> Although each CRC has assisted a number of referrals, the most requested assistance has been for care coordination and not Options Counseling.</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. <b>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.</b> Coordinators meet at least quarterly and the No Wrong Door Coordinator from NC DAAS is also invited to attend. There is a mix of education, sharing best practices, problem-solving and strategizing.</p>
<p>Seek resources for sustainability of CRCs</p>	<p><b>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).</b> 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</p>

	<p>County provides \$27,000 annually to the support of the Durham CRC and in-kind office space for the Coordinator.</p> <p>Coordinators were reclassified from temporary status to part time regular employee status on 7/1/18 to provide more benefits for these employees and to enhance sustainability. TJAAA continues to supplement salaries and expenses for CRC operations, where needed. As regular, part time employees, they are expected to participate in the overall work of the AAA and TJCOG, more than previously.</p>
<p>Identify and share resources or programs of interest to others.</p>	<p>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.</p> <p><b>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.</b> Resources and programs continue to be offered regularly. Examples of CRC offerings include "Duke LATCH Disability Services", "Care Transitions Coalition Formative Research", "Unmet Needs in Services, Programs and Resources", "The Changing Healthcare Landscape", and "Programs and Resources for People with Low Vision and Blindness". <b>For FY 19, the Chatham Orange CRC will offer an update on Medicaid Transformation and the AAA Director will share examples of the CRC network to the</b></p>



	<p><b>Accountable Care Communities Task Force at the NC Institute of Medicine in August of 2018. The Wake CRC also continues to sponsor a regular lunch and learning offering Wake County.</b> The most popular lunch and learn offering of the past year featured The NC Adult Day Services Association. <b>A joint Duke/Community website is now being maintained by Duke Geriatrics and the GWEP to promote community events of interest to all parties.</b></p>
<p>Encourage members to update listings in 2-1-1 and where relevant, Network of Care.</p>	<p>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.) <b>Continue for FY 18-FY 20.</b> Encouragement to members to update their listings was provided in FY 18 and 2-1-1 met with the Wake CRC members during one of their regular meetings.</p>
<p>Participate in the No Wrong Door (NWD) state work group, related to updating 2-1-1 to include LTSS information.</p>	<p>Director has participated, but meetings discontinued in FY 17, and only recently resumed. <b>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.</b> This group was not reconvened by NC DAAS.</p>
<p><b>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.</b></p>	<p>All but one county has a HCCBG-funded I&amp;OC service, but very few Options Counseling sessions are reported thus far in ARMS. <b>Will continue to provide technical assistance in FY 18 about</b></p>



	<p><b>outreach and service provision, and monitor number of sessions provided in order to increase the capability to offer this service more effectively.</b> The AAA Director personally reached out to all OC providers to encourage more sessions and to make sure all sessions were reported. 24 individuals, age 60+, were served in FY 18, 3 more than in FY 17. Although this measure was technically met, this continues to be a service that is under-utilized. <b>Continue in FY 19.</b></p>
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**Strategies:** Provide more concise and streamlined information on regional services and supports.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
<p>Redesign the AAA portion of the website (tjaaa.org) and evaluate web statistics on usage.</p>	<p>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. <b>Plan to implement in FY 18.</b> A redesign is underway, as a part of the Council of Government’s site. A plan for the redesign has been drafted and a RFP has been posted for a designer to create the design for the new site on a new hosting platform. <b>Continue work in FY 19. Intent is to expand the information section about the AAA and its work. The AAA Director and Aging Specialist serve on the website redesign committee.</b></p>
<p>Provide concise resource guides for the most requested services, distribute and post on website.</p>	<p>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. <b>Continue to work towards implementation in FY 18.</b> Measure is related to the website redesign, above.</p>

	TJAAA has requested a price quote from Peer Place (database) for a customized resource file “report” that could become the basis for the lists. <b>Continue in FY 19.</b>
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**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. <b>Continue recruitment efforts for FY 18- FY 20.</b> Although new members have recruited, none of the CRC's have been as successful as desired in recruiting agencies that primarily serve the non-English speaking population. Some of the agencies participating do serve a non-English speaking clientele on a limited basis.
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. <b>Continue in FY 19, with translation services and website translation links. The new website pages will also include translation.</b>
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. <b>Continue for FY 18- FY 20, as</b>

	<b>needed. No specific needs identified in past year.</b>
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. <b>Continue for FY 18- FY 20. Efforts identified above continued in FY 18.</b>

**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.

<b>Measure</b>	<b>UPDATE/STATUS/OUTCOMES</b>
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, though these opportunities are publicized to CRC members.
	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

<p>CRCs will provide training on unique needs of aging LGBT community.</p>	<p>training opportunities, and several CRC members have indicated interest in this, or have already scheduled follow-up trainings. <b>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.</b> Partnership with the LGBT Center in Raleigh continues to flourish, including involvement with the CRC's partner agencies participating in the first-ever Triangle LGBT Expo for aging adults and caregivers in June 2018. TJAAA staffed an informational table at the Expo. The LTC Ombudsmen also presented on Elder Abuse Awareness to the SAGE older adult group of the LGBT Center in March of 2018. <b>Continue in FY 19.</b></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. <b>This topic is on the Wake CRC's work plan for implementation in FY 18.</b> A program, "Independent Living for People with Disabilities" was held at the Wake CRC</p>

	<p>but this was broader than just the I/DD population. However, several caregivers with adult children with I/DD were assisted by the Wake CRC in FY 18. This continues to be a challenging area, as services are limited for joint (aging &amp; I/DD) futures planning. <b>Continue in FY 19. Brochures on the Innovations waiver program are in the process of being distributed to AAA staff and CRC members in Wake to enable members to better understand resources to assist this population. A program from Easter Seals is also planned for the Wake CRC in spring FY 19.</b></p>
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## **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>	<i>UPDATE/STATUS/OUTCOMES</i>
<p>Evaluate problems resulting from lack of person-centered discharges and develop plan to address these.</p>	<p>LTC Ombudsman participated in speaking engagement at a discharge planner’s meeting at Rex in FY 17. <b>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.</b> Due to changes in the employment status (change from exempt to non-exempt status) and employee personal leave, it was determined that TJAAA lacks the capacity to plan and implement such a program. Measure discontinued.</p>

<p>Options Counseling will be available in every county in Region J.</p>	<p>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. <b>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.</b> Although TJAAA continues to focus on strengthening OC across the region, we were unsuccessful in interesting Duke in offering options counseling to select discharges. The service is now incorporated into the Veteran Directed Care program which launched regionally at the end of FY 18. Moore County continues to be without an OC, except for the LCA OC employed by TJAAA. <b>Continue in FY 19.</b></p>
<p>Continued facilitation of the Wake Care Transitions Coalition to foster communication and collaboration between health care partners and service partners.</p>	<p>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. <b>Continue to provide 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</b></p>

	<p><b>prevention can be addressed by this group.</b> The Wake Care Transitions Coalition continues to meet six times per year, with good participation. Efforts to replicate a similar coalition in Durham were unsuccessful in enticing participation from the healthcare community. Duke GWEP applied for a mini-grant, which was funded and allowed for Community Catalyst, a national patient advocacy group to advise GWEP/Durham CRC on how to move forward with transitions work. A number of stakeholders were interviewed by a team of trained geriatric fellows about care transitions communication and experiences in Durham. Community Catalyst has compiled the information gathered into a report back to the GWEP leadership team, and possible next steps will be carefully considered. One possibility would be to implement a coalition in conjunction with work by Duke to establish a geriatric hub associated with Duke Regional, if interest is sufficient on the part of the healthcare system.</p> <p><b>Continue in FY 19.</b></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 <a href="http://gerocompendium.nursing.duke.edu/">http://gerocompendium.nursing.duke.edu/</a> 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. <b>Both efforts will continue in FY 18.</b> Compendiums continue to be available as a resource.</p> <p><b>Continue in FY 19. One new consideration is how to determine when or if additional resources should be added to the online compendium. TJAAA has provided a sample policy to the leadership team for consideration as a model.</b></p>

Promote transportation options to CRC members and study feasibility of ride sharing services by FY 20.

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.**

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 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.** Ride-sharing programs in the Triangle continue to evolve. The ARGO service was not financially successful and was discontinued last year. However, shortly thereafter, Uber Healthcare was launched in FY 18 to provide pre-paid service to patients of healthcare systems. The integration of the Wake urban and county systems continues, with consolidated dispatch as the primary improvement. Although there has been slightly better cost predictability for the HCCBG-funded transportation provided by partner agencies in Wake County, the cost overall remains high. **TJAAA has approached NC DAAS about the**



**feasibility of consumer-directed transportation under the HCCBG, as the cost of the county-coordinated transportation systems continues to rise.**

**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. <b>Continue focus for FY 18- FY 20.</b> The Coordinator for the FCSP continues to promote service through our regional Caregiver Specialist meetings and Project Care staff are invited to attend those sessions.</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 <a href="http://gerocompendium.nursing.duke.edu/">http://gerocompendium.nursing.duke.edu/</a> and continues to expand. CRC Coordinator continues to update Network of Care Resource database with dementia-related resources. <b>Both efforts will continue in FY 18. Ongoing in FY 19.</b> Compendium and Network of Care remains available to primary care practices and others.</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. <b>Planned implementation of an I&amp;R database for use by the AAA and CRCs in FY 18</b></p>

	<p><b>will allow us to better track these calls and determine how many referrals of this type are made.</b> PACE presentations were made to Durham CRC 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. <b>Continue focus for FY 18- FY 20. TJAAA and the CRC's continue to promote PACE and Adult Day Care as alternatives to in-home care. The lunch and learn session in Wake County on adult day care was one of the most popular and engaging sessions provided in FY 18.</b></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</p>

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 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.**

**Continue in FY 19. TJAAA remains one of the triad of sponsors for the Dementia Inclusive Durham (DID) project, which has received a mini-grant near the end of FY 18 to introduce dementia awareness and inclusion in the West End area of Durham. Duke Geriatrics also has a small grant to investigate dementia and well-being and will be working with DID and Charles House to complete this work in FY 19. DID/Durham Center for Senior Life has also applied for a dementia-capable communities grant from ACL and is awaiting word on this possible work. If funded, TJAAA would coordinate family caregiver training. TJAAA has been in discussion with the Dementia-Capable Cary project about possible use of the Dementia**

	<p><b>Friends NC awareness program with faith-based communities while more targeted training for faith-based communities is developed.</b> 8 staff members were trained in FY 18 to offer Dementia Friends NC awareness sessions. Two staff, the Wake CRC Coordinator and a LTC Ombudsman participate in Dementia Capable Cary.</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. <b>Continue focus in FY 18- FY 20.</b> See previous measure for update on TJAAA's involvement in dementia-capable work.</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 our start date was to be postponed until</p>

	<p><b>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. Continue to work of developing this service in FY 19. TJAAA did receive one referral in FY 18 but due to the complicated nature of the referral, this was not completed in FY 18 and no payment has been received. This program is re-branded nationally as “Veteran-Directed Care” and all program materials need to be updated to address this change. New QI measures and surveys are being added to the program nationally and these need to be incorporated into the policy manual and workflow diagram. Additionally, once the program is successfully established at TJAAA, an advisory committee will need to be implemented. At present, program is considered a pilot by the VA and TJAAA is not at liberty to publicize or market the program. This is in part due to the ongoing funding challenges at the federal level. TJAAA anticipates that the first recipient will enter the program in FY 19.</b></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</p>

<p>One or more service partners to offer HCCBG-funded consumer directed services.</p>	<p>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. <b>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. Continue to promote consumer-directed service options in FY 19. The Veteran Directed Care would be the first consumer-directed service option for the region, beyond the service offered through Medicaid. One provider agency requested information on consumer-directed services from DAAS, and TJAAA representative participated in this discussion. However, no determination was made at this time. TJAAA is also in discussion with another provider about the possibility of requesting a consumer-directed nutrition waiver but it is still very early in the discussion process.</b></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 through education, as appropriate.	LTC Ombudsman incorporating this education into facility visits. <b>Cont. for FY 18- FY 20. Ongoing effort.</b>
Encourage senior center gardens as a part of voluntary senior center certification process or through general education.	Ongoing. <b>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. Continue ongoing efforts in FY 19.</b>
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. <b>Continue focus for FY 18- FY 20. Continued with ongoing efforts to publicize relevant events and to participate, whether</b>

	<p><b>appropriate. TJAAA plans to participate in a “falls prevention and resource fair” to be held at the Durham Center for Senior Life in Sept. 2019. Evidence-based health classes are also submitted to UNC Asheville for publication on their site, healthyagingnc.com, by the Program Specialist. The regional MIPPA Coordinator (Wake CRC) coordinates advertising for the Extra Help benefit and related healthy living in the region. Mediums used in 2018 included promotional placemats for all home delivered meals programs in the region, pharmacy bags for independent pharmacies and a shopping cart campaign. Plans are to replace the shopping cart campaign with targeted newspaper advertising in FY 19.</b></p>
<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, <b>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.</b> A successful “Aging Well” conference was held on May 19, 2018 and planning was spearheaded by the CRC Coordinator. LTC Ombudsmen staffed an Elder Abuse and Ombudsman resource table at the accompanying resource fair. <b>Continue in FY 19. AAA Director is preparing budget request to again utilize carry-over funds from GWEP grant to help support event in Spring of 2019.</b></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</p>



<p>Encourage HCCBG-funded programs to utilize caterers who incorporate fresh foods.</p>	<p>more perishable and difficult to get at peak ripeness, even when locally distributed. <b>Continue focus for FY 18- FY 20. Ongoing effort</b>, with Foodrunners Collaborative and Nantucket Restaurant Group seeking to incorporate fruit and other more nutritional foods into the funded nutrition program, as able.</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. <b>Continue for FY 18- FY 20. Ongoing effort to publicize this information.</b></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. <b>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.</b> Wake and Durham communities have coalitions promoting fresh, local foods and markets and TJAAA publicizes and supports this work, as able. Additionally, TJCOG sponsored an intern over the summer to work with local governments on promoting fresh, local foods and agri-business. Several service partners continue to distribute the market vouchers to older adults each summer. In Durham, the CRC Coordinator promotes “Double Bucks” which allows SNAP recipients extra benefits at the Durham Farmer’s Market, the \$40 fruit and vegetable benefit for SNAP participants with FoodLion MVP cards, and the</p>

	Grocery on Wheels program at the housing units for seniors.
Participate in the Community Health Assessments in order to represent the interests of aging adults, family caregivers and persons with disabilities.	<p>In FY 17, The Director participated in the Wake County Health Assessment process. The Director &amp; CRC Coordinator participated in Durham County’s health assessment kick-off event, Healthy Durham 2020 <b>Continue involvement in FY 18 and with the Duke Chancellor’s own related health initiative. The Durham CRC Coordinator wrote a chapter in the previous health assessment regarding the needs of older adults and will be updating this in the next health plan document.</b> Durham CRC Coordinator has implemented surveys of older adults about health and livability needs, in preparation for the health assessment and an aging plan for Durham. Director participated in the Healthy Durham 2020 summit, and attended the focus group on nutrition and food-insecurity. <b>Continue in FY 19. AAA Director plans to attend upcoming “Surviving to Thriving” forum sponsored by Durham County and Duke Health on addressing poverty and related issues in the Durham community. Wake CRC is promoting the recent survey issued by the Wake Community Health Assessment leadership team and encouraging responses from the community.</b></p>

**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>
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<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 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. <b>Continue focus for FY 18- FY 20. Regional FCSP Coordinator will attend Rosalyn Carter Institute in FY 18, as a way of remaining informed about potential new evidence-based programs or practices.</b> Coordinator did attend the RC Institute as planned. The most popular EB offering in the region is the Powerful Tools for Caregiving, which is available in several communities throughout the year. <b>For FY 19, AAA Director and FCSP Program Coordinator will serve on the leadership team for a 5 year VA grant, researching the effectiveness</b></p>

	<p><b>of peer support and navigation assistance for caregivers of veterans with chronic illness. Through this, the AAA hopes to learn more about effective ways of supporting family caregivers of those with chronic illness.</b></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. <b>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.</b> New reporting spreadsheets were developed and implemented in FY 18, which has allowed for establishment of baseline regional completion rates for each EB health program offered. This has been incorporated into an infographic that can be shared with service partners and others. Additionally, the AAA has compiled a baseline of completion rates for each service s partner and programs that they offer. <b>By sharing this performance information with service partners and Advisory Council members in FY 19, it is hoped that improvements will</b></p>

	<p>occur. Currently, some have unacceptably low numbers of “completers” for certain programs, indicating poor return on investment. AAA will be exploring why this occurring. Additionally, a new RFP format was designed and is being used for the first time in FY 19 to help AAA staff better track use of funds and monitor fidelity. Early indications are that it is much clearer and easier to follow, but some minor tweaks to the format may still be needed.</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. <b>Continue for FY 18 –FY 20.</b> The Program Specialist has participated in the regional Triangle Falls Prevention Coalition throughout FY 18, and is assisting on one of their subcommittees. She also attended the Healthy Aging Conference in Asheville area. <b>TJAAA is hosting a resource table at the upcoming falls prevention and health resources fair at the Durham Center for Senior Life. Program Specialist attended the Healthy Aging Conference in DC in July and TJAAA is considering sponsoring lunch for an upcoming meeting of the Triangle Falls Prevention Coalition. Information on programs available in the region will be provided to MCO’s interested in the Medicaid contracts, with the possibility of health programs for beneficiaries covered by these MCO’s.</b></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. <b>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 funders 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. The Duke ACO-affiliated clinic in Hillsborough is offering a falls prevention program and providing A Matter of Balance classes hosted at the senior center site. No other potential collaborations have materialized in the region at this time, but the AAA remains available to help make connections. TJAAA continues regular reporting to UNC Asheville about the programs they track.</b></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. <b>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. Every county in the region has two falls prevention programs available, A Matter of Balance and Tai Chi for Arthritis and</b></p>

	<p>Falls Prevention. Referral links to healthcare and emergency services remain elusive, although some healthcare practitioners in Durham and Orange counties are aware of classes. <b>Continue efforts in FY 19.</b></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.) <b>Continue in FY 18- FY 20.</b> TJAAA continues to publicize trainings from other regions, but in some cases, trainers from other regions have not been willing to continue to supervise outside of their area, which can be a problem if not addressed up front.</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. <b>Continue to monitor demand and refer as appropriate.</b> No requests noted in FY 18.</p>
<p><b>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 for the region will be necessary. Additionally, the AAA holds a license for A Matter of Balance but no longer has a Master Trainer.</b></p>	<p><b>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 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</b></p>



	<p><b>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. No conclusions on reinstating a CDSME license has been reached and the TJAAA would prefer to work with others on a group licensing arrangement. That has been discussed but has not moved forward at this time. The AAA is working with the Geriatric Nurse Practitioner at Duke Connected Care as the regional master trainer for A Matter of Balance. <b>Continue to explore opportunities for licensing CDSME in FY 19, as well as demand for this program from Medicaid PHP's. Plan to hold a refresher training for A Matter of Balance in the spring but will need one additional master trainer to help lead the class.</b></b></p>
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**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 community efforts aimed at reducing Medicare costs and unnecessary hospitalization or institutionalization. (Rephrased)	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



	<p>Coalition, but it does not appear that they are able to launch the coalition, at this time, due to change in personnel. The Coalition remains unlaunched, but Alliant Quality's Pharmacist continues to attend the Wake Co. Care Transitions Coalitions/CRC meetings. <b>One of AQ's successful targeted patient materials on opioid misuse may be useful to the Duke GWEP, as GWEP has just been funded for a mini-grant on this subject for FY 19, as a part of its overarching medication management focus. The AAA Director and Durham CRC Coordinator continue to serve on the GWEP leadership team.</b></p>
<p><b>Participate in Duke Geriatric Workforce Enhancement Program's leadership team focused on implementation of best practices in care transitions, dementia and medication management. Advise in the grant reapplication for FY 19 and beyond.</b></p>	<p>Best Practice compendium for Care Transitions launched in FY 17, and continues to expand content in FY 18. It can be accessed at <a href="http://gerocompendium.nursing.duke.edu/">http://gerocompendium.nursing.duke.edu/</a> 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. <b>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.</b></p> <p><b>A separate grant to develop a secure mobile app to better integrate</b></p>

	<p><b>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.</b> The GWEP grant was extended by HRSA for an additional year, with a focus on evaluation. The leadership team continues to plan towards reapplying in FY 19 for FY 20. One additional project in FY 18 was the implementation of a care transitions assessment of communications and relationship between healthcare entities, community-based organizations and local government. The assessment data is being analyzed by Community Catalyst, a national patient advocacy organization, and a report and recommendations will be issued shortly.</p> <p><b>FY 19-new or renewed areas of focus are the appropriate implementation of Community Catalyst’s recommendations on improving care transitions, with the possible establishment of a Care Transitions Coalition and determining the CTC’s relationship to Duke’s plan to establish a geriatric hub associated with Duke Regional, empowering the Senior Advisory Panel of the GWEP to become more self-directed, looking at expansion of the Geriatric Resource Teams beyond Durham Co. including how to coordinate out of county referrals with the Interagency Care Team (SDoH consulting clinic), and the possibility of shifting the previous Health and Wellness lecture series for community seniors into a Community Grand Rounds, based on a Chicago Medical Center model.</b></p>
	<p>Two organizational meetings held in FY 17 to strategize on involving more healthcare representatives in the coalition. An</p>

<p><b>Launch Care Transitions Coalition in Durham, as a subcommittee of the Community Resource Connections and modeled on the Care Transitions Coalition in Wake County.</b></p>	<p>application for a technical assistance organization to work with the committee was not funded. <b>For FY 18, GWEP will be providing a graduate level student to assist the CRC Coordinator with the development of this committee. See above for change in strategy regarding the Care Transitions Coalition. Discussion is continuing in FY 19, on its primary purpose (forum or action/advocacy or both), whether it should be “housed” in the community or within Duke, and how it relates to future plans for development of a geriatric hub hospital in Durham.</b></p>
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**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>
<p>FCSP Coordinator to make educational materials available for distribution to family caregivers across the region.</p>	<p>Completed in FY 17. Materials ordered from the Duke Family Support Program, and provided to local caregiver support programs for distribution.</p>
	<p>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</p>

<p>Host or implement a World Elder Abuse Day Awareness event or activity annually.</p>	<p>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. <b>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.</b> Elder abuse awareness focused on the TJCOG staff in FY 18, with an educational program for all staff.</p>
<p>Offer educational program to Advisory Council on Aging about fraud and financial abuse, along with supporting resources.</p>	<p>Have not had the opportunity to provide in FY 17, due to more pressing topics. <b>Will attempt to incorporate this in spring of FY 18.</b> Completed-Program were held for the Advisory Council in March and in May 2018, highlighting Medicare fraud and what to know about the new Medicare card, presented by SHIIP, and securities and financial fraud was presented by a representative of the Secretary of State’s office.</p>
<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. <b>Continue for FY 18- FY 20.</b> TJAAA continues to host some of the NCPAAA meetings and participates in these regularly.</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</p>

	<p>awareness to Archer Lodge Town Council. <b>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.</b> Regarding previously mentioned WEAAD conference- A conference was not held but COG staff were the recipients of Elder Abuse Awareness information. 8 staff were trained to offer the awareness program “Dementia Friends NC” and the program has been presented to the Advisory Council on Aging. TJAAA also supported Chatham Co. DSS by participating in their first Elder Abuse Awareness fair, held at the library. <b>As a participant in the Dementia Capable Cary initiative, TJAAA is in discussion about partnering with DCC to offer “Dementia Friends” as part of its faith-based training initiative in FY 19. TJAAA, as one of the sponsors of Dementia Inclusive Durham, has participated in a grant application to ACL and if funded, would be the lead on developing family caregiver training for those living with dementia and/or cognitive changes related to I/DD.</b></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</p>

	<p>awareness to the SAFE task force.  <b>Continue for FY 18- FY 20.</b> TJAAA also includes Elder Abuse Awareness materials at public venues, such as training events and these were provided at the Aging Well Conference. Ombudsmen are requested by DSSs in the region to conduct refreshers on elder abuse awareness and rights when adult care homes are cited with deficiencies.</p>
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**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 at the Durham Partnership for Seniors and the Gold Coalition of Wake County.	<p>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.  <b>Ongoing effort.</b></p>
Provide educational session(s) on alternatives to guardianship.	<p>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. <b>Continue to promote alternatives to interested partners in FY 18- FY 20. Ongoing effort.</b></p>

**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>
	Emergency plan for the AAA updated in FY 17 and shared with service partners,

<p>Annually update emergency plan and contacts: encourage service partners to update plans annually, also.</p>	<p>minus the personal phone numbers of COG staff.  <b>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.</b> 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, as well as that provided by NC DAAS.  <b>Continue focus for FY 18- FY 20. Update of plan completed in FY 18. Transition to company mobile phones for key staff also completed.</b></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 <b>and continues in FY 18.</b> 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. <b>LTC Ombudsmen plan to host a LTC Administrator roundtable for disaster preparedness in FY 18.</b> The LTC Disaster Preparedness Committee continues to meet, encourage meetings between EM and LTC facilities, and host tabletop exercises. <b>Continue meetings in FY 19.</b></p>
	<p>Completed in FY 17- CRC members in the listed counties were encouraged to host</p>

<p>At least one CRC member in Durham, Chatham or Orange counties to offer active assailant training.</p>	<p>this training and several service partners did this. TJCOG has also offered this training to staff, and adjusted its emergency procedures accordingly. <b>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.</b></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 through 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. <b>Continue in FY 18 – FY 20, as appropriate. The Long Term Care Disaster Preparedness Committee continues to be facilitated at Triangle J and shares this information to attendees. CRC’s also periodically discuss preparedness with members. The Wake CRC is considering making this subject a key focus area on the work plan for FY 19.</b></p>
<p>Educate the public about special needs registries, as opportunities arise.</p>	<p>No specific opportunities in this area have been available in FY 17. Continue FY 18- FY 20. In FY 18, Durham CRC partnered with Durham Emergency Management to publicize their new registry for those who are vulnerable or disabled (different from the Special Needs registry) and who might voluntarily want to be on the list for assistance from EM in case of an event. CRC members were able to review and comment on the format for the application. <b>Will continue to publicize this as appropriate.</b></p>



## 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>
<p>Delegate and alternate Senior Tar Heel Legislature positions are filled with engaged and active volunteers.</p>	<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. <b>Continue recruitment of new delegates and alternates in FY 18- FY 20. 3 new delegates or alternates were added in FY 19 to replace vacancies. A new representative for the Friends of STHL was also appointed.</b></p>
<p>Advisory Council on Aging positions are filled with engaged and active volunteers.</p>	<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</p>

	<p>openings in early FY 18 due to completion of terms. <b>Continue recruitment efforts in FY 18- FY 20.</b> 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”. <b>Resurvey in FY 18.</b> Survey was not done in FY 18 and have decided to survey every other year to avoid survey fatigue (members are also surveyed about other things such as legislative priorities etc.) Focus this past year has been on filling vacancies in both members and STHL representatives and there are several new members. <b>Will conduct an orientation and survey in FY 19.</b></p>
<p>Orientation for new members is held at least annually.</p>	<p>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. <b>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.</b> Orientation was held in FY 18 (November), using revised materials. Some of these materials continue to need updates as information changes.</p>
<p>Time for education and for advocacy is available at each Aging Advisory Council meeting.</p>	<p>Completed for FY 17. Each meeting includes an educational session and an advocacy discussion. <b>Continue for FY 18- FY 20.</b> Each meeting in FY 18 included time on the agenda for advocacy updates and members are encouraged to utilize the information in their own advocacy efforts.</p>
<p>Appropriate materials shared with Aging Advisory Council members between meetings.</p>	<p>Completed for FY 17. Items of interest, as well as the Legislative updates provided by DAAS, shared by email between meetings. <b>Continue for FY 18 – FY 20.</b> AAA Director continues to make</p>

	relevant information available to Advisory Council members through email in between meetings. Usually, this is regarding time-sensitive legislative news.
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. <b>Continue for FY 18- FY 20.</b> LTC Ombudsmen continue to provide these trainings on an annual basis, and the Ombudsmen rotate responsibility for conducting these sessions.
<b>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.</b>	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. <b>Continue in this capacity for FY 18 and beyond.</b> Meetings continue to be held on a bi-monthly basis and TJAAA staff provide meeting support. Recently, a leadership team for the Partnership has convened to help determine focus and role for the group, especially in regard to recommendations regarding use of HCCBG funding in Durham County.

**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.	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. <b>Continue to support the adoption of plans for FY 18- FY 20 and participate in planning process, as opportunities arise.</b> Chatham County Council on Aging has completed their

	<p>Master Aging Plan for Chatham County, bringing the total of plans in the region to four. Two staff from TJAAA, FCSP Coordinator and the LTC Ombudsman for the county, participated in the planning process. <b>Durham County government is still interested in developing an aging plan in FY 19 and applying for “Age-Friendly Community” status with AARP. A facilitator or leadership team for the planning process has not yet been determined, but TJAAA will participate or support this as appropriate and requested.</b></p>
<p>At least one community will join AARP’s “Age Friendly Communities” and will commit to obtaining certification.</p>	<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. <b>Continue to support these efforts in FY 18- FY 20. Durham County government is also interested in pursuing this designation. See above.</b></p>
<p>Complete revisions to TJAAA Livability Self-Assessment (now TJCOG Livability Self-Assessment for Local Governments) and make available to member governments.</p>	<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. <b>Continue to support the use of the tool and livability work in the region for FY 18 –FY 20.</b></p>

	<p><b>Director and Durham CRC Coordinator will participate in Durham’s livability assessment, as needed.</b> A report and recommendations on pursuing livability improvements was provided to Durham County government and City of Durham officials by Katz Planning in FY 18. The TJCOG Livability Self-Assessment was used during the assessment process and AAA Director and the CRC Coordinator helped to inform the technical aspects and recommendations of the report.</p>
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**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. <b>Continue to encourage and provide technical assistance as needed and requested for FY 18- FY 20. Ongoing effort. AAA continues to express concern to appropriate DAAS staff that the current plan for implementing a new fee policy for senior centers (60/40 rule) is too restrictive for some types of centers and is at odds with the need to develop additional revenues for sustainability.</b></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</p>

	<p>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. <b>Continue to work on this in FY 18.</b> A pilot Veteran Directed Care Program was launched in late April '18, but due to funding complications, has not grown beyond one referral. Although technically this is an additional revenue source, its long-term viability is unclear. TJAAA was not successful in convincing Duke Regional to pilot the Options Counseling service. The contract for LCA Options Counseling is also slated to end in December 2018 and it is clear if the contract will be extended. The AAA Director is a member of the Medicaid Managed Care subcommittee of NC4A, which is pursuing negotiations for service coordination with potential bidders for the state-wide and regional contracts. It is hoped this will offer new revenue for the AAA's across the state and for service providers.</p>
<p>Provide information and education on development of business acumen at Aging Advisory Council, service partners and <b>at AAA staff meetings.</b></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-approved AAA logo, promotional items and tabletop banner ordered in FY 17 for</p>

	<p>use at informational fairs. A table drape with the AAA logo is to be ordered in FY 18. <b>Continue focus for FY 18- FY 20.</b> The table drape was ordered and has been used at local fairs. A new floor banner is currently being designed to coordinate with the AAA rack cards, all in an effort to enhance the image of the AAA in public venues. All of the AAA's in NC, including TJAAA, have completed the online readiness assessment for healthcare contracting with the Aging and Disabilities Business Institute. The AAA Director continues to provide business acumen information to staff through a regular agenda item on the AAA staff meeting, at the Provider Directors meetings and to CRC's, most notably to the Wake CRC leadership team (Oct 2017) and at the CRC meetings (presentation, March 2018, "Is Your Organization Ready for the Business of Health?") <b>A presentation, "Countdown to Managed Care", is planned for the Wake CRC in September 2018.</b></p>
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**Strategies:** Promote volunteerism and other active engagement.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
<p>Assist callers in locating appropriate volunteer experiences in their community.</p>	<p>Not very many calls received for volunteer matching. Callers are usually referred to a Meals on Wheels program or to their local senior center. <b>Continue for FY 18- FY 20. Ongoing effort.</b></p>
<p>Director to serve on the Friends of Durham RSVP advisory board.</p>	<p>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. <b>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</b></p>



	and improve the program. <b>Ongoing effort.</b>
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## 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.	<b>Begin work in FY 18 and continue through FY 20. This has not yet been initiated-Begin work in FY 19 and continue through FY 20.</b>

**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.

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.	Director and regional FSCP Coordinator have promoted concept to service partners but thus far, no one has established a committee for this purpose. <b>Continue to encourage this for FY 18- FY 20, including possible incentives for local programs. Ongoing effort.</b>
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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>
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	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



<p>funded services, in order to assure services are provided to those most in need.</p>	<p>Home Aide services, and TJAAA and service partners provided this information as requested. <b>Continue focus for FY 18- FY 20. Ongoing effort. Currently, most questions from providers are in regards to the new federal procurement requirements and how to coordinate with certain services. We are awaiting guidance from DAAS before providing too much technical assistance on this.</b></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, <b>and will monitor the availability and usage to see if this needs to be addressed further.</b> Regional Coordinator also participates on the statewide Lifespan Respite Advisory team. <b>Analysis conducted and complete. Determined that respite funding cap is irrelevant to respite cost effectiveness. Nevertheless recommend delegating the option of reducing the cap to local provider agencies to increase number of local families served.</b></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 and program development. By the end of FY 18, each partner will have added at least one GRG support service option.</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 Lee County Senior Services. <b>Encourage others to develop services for GRG in FY 18- FY 20 and discuss as appropriate at quarterly specialist meetings.</b> Offered program on GRG in FY 18 for local FCSP coordinators. Cooperative Extension in Durham currently offers a support group for this population, as does Lee County Senior Services, and the Moore County</p>

	<p>Dept. on Aging is initiating two GRG groups. <b>Encourage others to develop services for GRG in FY 19- FY 20 and discuss as appropriate at quarterly specialist meetings.</b></p>
<p><b>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.</b></p>	<p>FCSP Coordinator and Director served on the Advisory Board of the <a href="#">Bookend Caregiver Project</a>, 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. <b>Continue this focus in FY 18 (a funding renewal was approved by PCORI).</b> PCORI funding ended in June 2018. <b>Project and the awareness efforts continue, with new funding targeting identification of youth caregivers and development of services in schools in Chapel Hill area.</b> Efforts in FY 18 included a presentation at the NCAOA conference (TJAAA Director participated) and a blog article in "The Hill". Two local representatives recorded a session on youth caregiving for "The State of Things" and this link was shared throughout our region via our weekly e-news publication. Our partner in Florida appeared on "The Doctors" TV show and on "Vice" online news media. The goal of these awareness efforts is to gain a seat for a representative on the RAISE Act's National Family Caregiver Council, the body charged with creating a strategy and</p>

	<p>plan for family caregiving, as well as raising awareness within the region.</p>
<p><b>Advise researchers on the needs of caregivers of those with advanced illnesses, in order to test the “navigator” model of supporting caregivers in dealing with the health care needs of the care recipient.</b></p>	<p><b>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. Project was funded by the VA for five years and will target families of veterans with advanced illness. The plan is for these families to receive the services of a trained lay navigator on a weekly basis. AAA Director and FCSP Coordinator will participate on the leadership and advisory team and assist with development of training for navigators. Leadership and advisory team is anticipated to hold first meeting in September 2018. A presentation will be made in September to the Durham Partnership for Seniors to aid in targeting faith-based leadership for the project.</b></p>
<p><b>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).</b></p>	<p><b>In FY 18, TJAAA representative will participate in the collaborative effort and share resource information, as appropriate. Ongoing effort, but committee is in need of new leadership for the upcoming year.</b> Primary accomplishments include compiling and updating an extensive list of food pantries in the community, which is communicated through listservs and on the Durham Network of Care website, which is updated by Durham CRC Coordinator. The committee has also advocated for NC DHHS to apply for the elderly waiver for SNAP benefits, which</p>

	<p>would reduce the administrative burden for recipients to renew their benefits. It appears that DHHS is going to pursue the waiver request but the timetable is unclear. The committee, in partnership with the Durham for Senior Life did approach the Hosiery Mill apartments about possibly reinstating the congregate meal program but residents of the site declined this option. The Aging Program Coordinator is the primary representative to this committee.</p>
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**Strategies:** Planning and evaluation for critical service and supports will be data-driven.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
<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 <b>TJAAA continues to work on the I&amp;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.</b> The database system (Peer Place) for I&amp;R is currently live and TJAAA and other partners continue to tweak this, especially the resources portion that was customized for our use. The care management, family caregiver and health promotion capabilities are also being activated for participating AAAs. It is unclear the impact of the state’s new NCCare 360 system, or how quickly this will be implemented for users at our level. <b>Will</b></p>

	<p><b>continue to work on the database and monitor the new NC resource platform for implications.</b></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><b>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.</b> One provider in the region was identified with concerns regarding excessive food waste for the congregate program and they were contacted about this. Provider has changed ordering procedures but whether these changes solves the problem is not yet clear. <b>Will continue to monitor this in FY 19.</b></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. <b>Continue to provide this information where equitable comparisons can be made. FY 18- FY 20.</b> Regional completion rates for evidence-based health program were compiled in FY 18 and shared with agency directors at mid-year and year end. The agency with the highest program completion rate (Lee Co. Senior Services was recognized). <b>Now that a benchmark has been established regionally and for individual programs, TJAAA plans to regularly share this information in order to try and improve completion rates overall. Additional training for providers may also be needed.</b> Regional monitoring compliance rates are also shared annually with the Advisory Council on Aging members and individual agencies can compare their own</p>

	<p>monitoring compliance against the regional rate. Another area of comparison has been discussion of transportation rates and services across the region. Costs for transportation are high and continue to rise. Those agencies that provide Medicaid transportation also struggle with low and delayed reimbursement.</p>
<p><b>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.</b></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.” <b>Will continue to frame work of the AAA using the revised strategic vision in FY 18.</b> The AAA is utilizing data more often in its evaluation processes, as previously described. <b>Will continue to focus on collection of and use of data across programs. AAA Director is also researching the use of Results Based Accountability as a framework for program and service evaluations.</b></p>

**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>
<p>HIPAA privacy and security policies will be drafted, adopted, and implemented by the end of FY 18.</p>	<p>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</p>

	<p>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.</p> <p><b>Continue to work on this in FY 18.</b></p> <p><b>Ongoing effort.</b> Finance staff were trained in FY 18. Security policies continue to be difficult to finalize as the technology changes are continually implemented. A new continuity chain of leadership was approved by the Board in case the ED is unexpectedly unable to function in that capacity and the successor would be responsible for continuity of operations. <b>The IT vendor has provided security training to AAA staff in early FY 19.</b></p> <p><b>Leadership team is reviewing the Personnel Policy and has discussed sanctions for HIPAA and confidentiality violations and where they fit within the disciplinary actions specified. The policy now goes to a subcommittee appointed by the BOD for review.</b></p>
<p>A professional security risk analysis will be conducted by the end of FY 18.</p>	<p>Director continues to analyze risk but a full, professional analysis likely not scheduled until the COG completes conversion to Office 365. <b>Continue this focus in FY 18.</b> 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</p>



	<p>professional risk analysis has not yet been undertaken due to the evolution of the technology platform. Migration to Sharepoint from the current VOA system is underway, though AAA may be the last to convert. TJAAA continues to belong to NCHICA and to take advantage of their knowledge base, where appropriate.</p>
<p>A HIPAA-compliant records management and tracking system will be established by the end of FY 18.</p>	<p>The purpose is for securing of client records for the planned VD-HCBS program. The implementation of the program, and thus the records tracking, delayed for funding reasons. <b>Continue this focus for FY 18.</b> At this point, records tracking has not been an issue, but the format/forms are available for use.</p>
<p>A HIPAA training program for staff and business associates will be developed and implemented by the end of FY 18.</p>	<p>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. <b>Continue for FY 18 and incorporate this into a professional development plan for AAA staff.</b> Staff were trained in FY 18 and in early FY 19 (see above). Business Associate training has not been pursued, but records security and management of records under the new DAAS policy (not HIPPA-covered) has been discussed on several occasions at the Provider Directors Meeting.</p>

**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>
	<p>Completed for FY 17. <b>Risk levels assigned for FY 18 and TJAAA is</b></p>



<p>Annually, assign a level of fiscal and program risk for funded service partners and sub-contractors, and implement a risk-based monitoring system.</p>	<p><b>developing the monitoring schedule. Continue in FY 18- FY 20. Ongoing.</b></p>
<p>Changes in rules, program standards, or policies will be implemented, as occurring.</p>	<p><b>Ongoing.</b> Technical assistance visits conducted in FY 17, in regards to the changing requirements for senior center operations (fee policy) and EBHP programs. <b>Continuing to provide technical assistance in FY 18 on these and other changes, such as security and records management policy changes. Ongoing.</b></p>
<p>Continue to provide technical assistance to service partners about rules, standards or operational changes; or about regional issues identified through monitoring visits.</p>	<p><b>Ongoing, through onsite visits and group meetings.</b> 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&amp;R, and succession planning. <b>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. Ongoing through peer level meetings or planned workshops.</b> The AAA Director provided an overview of the HCCBG funding process to Board members of the Durham Center for Senior Life in February 2018.</p>
<p>Provide education and training to service partners about the use of and security of electronic records and about records management for funded services.</p>	<p>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. <b>Continue technical assistance in FY 18, as service partners have been slow to implement changes or</b></p>

	<b>address this policy.</b> This was addressed at several of the Provider Director meetings in FY 18, in order to elevate the importance of the issues around use of electronic records.
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. <b>Continue focus in FY 18- FY 19.</b> Compliance rate for FY 18 was 81%. This was improvement over the previous year, but still short of compliance goal of 90% .

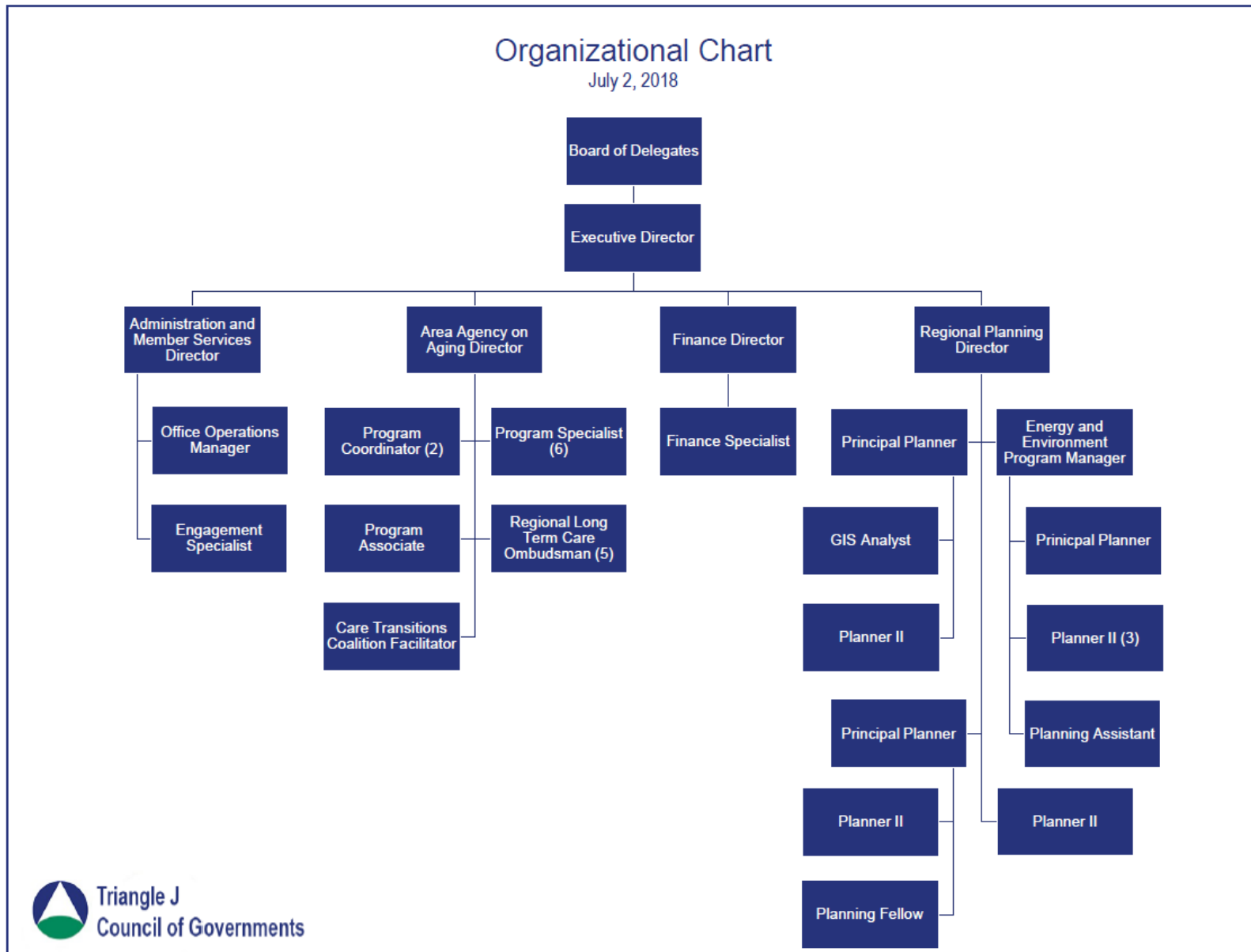
**Strategies:** Effectively implement new federal rules and standards for the Long Term Care Ombudsman program.

<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. <b>Continue to address this in FY 18, as further information becomes available.</b> The primary issue around changes in the procedure for appointing Community Advisory Committee volunteers has been addressed and the current new procedures are operationalized.
Assess impact of any changes on the program operations and provide feedback to the State Ombudsman, as appropriate.	<b>Continue focus for FY 18- FY 20, and assess after new rules and processes are fully implemented.</b> Other than the process change to implement new procedures for appointment of CAC volunteers, no other noteworthy operational issues have occurred that necessitated comment.

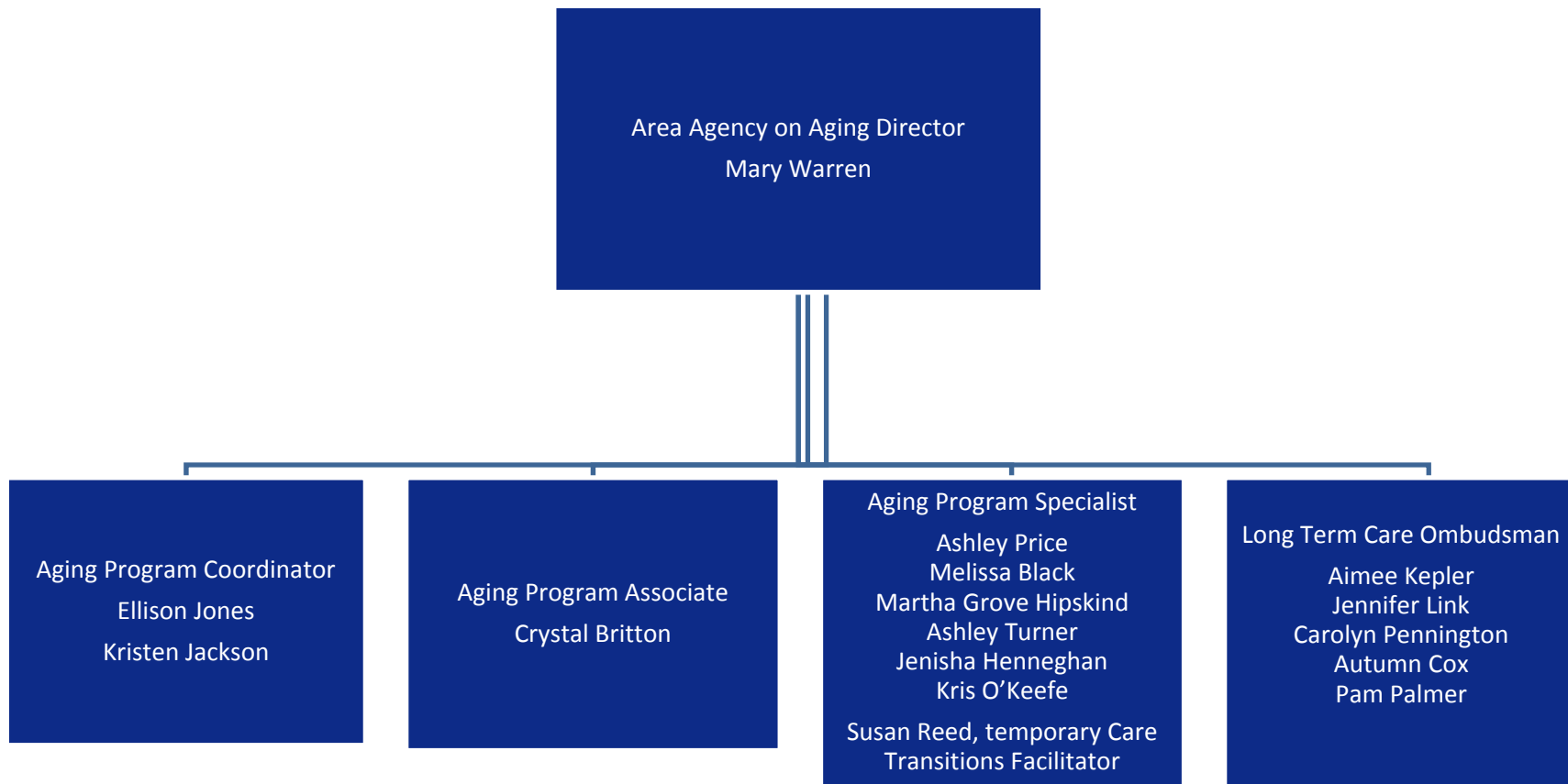
**Strategies:** Will maintain a well-informed and engaged workforce (staff), capable of providing the necessary leadership in the region to address aging and related issues.

<i>Measure</i>	<i>UPDATE/STATUS/OUTCOMES</i>
<p><b>Staff is informed and trained on best practices around specific issues, competencies, techniques and technology and are regularly engaged in leadership opportunities throughout the region.</b></p>	<p>Staff are encouraged to participate in conferences and workshops to expand knowledge and to participate in community roundtables and collaborations. One Ombudsman serves on the Public Policy Committee of Friends of Residents in Long Term Care and is the Treasurer for the NC Partnership Against Adult Abuse. An Aging Specialist serves on the marketing and awareness committee of the Triangle Falls Coalition. The AAA Director completed Racial Equity training in FY 18 and 3 staff attended the UNC School of Government training on Human Trafficking. <b>In FY 19 or early FY 20, AAA staff will hold a two-day training and planning retreat, as a precursor to the next regional action plan. AAA Director is also implementing short Inservices as a part of the AAA staff meetings, such as the recent brief focus on human trafficking for those who did not attend the workshop, and a plan for staff development is a part of her current work plan.</b></p>

## Exhibit 6: Organizational Chart of Single Organizational Unit



## **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	97%
					P&A	3%
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	Crystal Britton	Program Associate	5	1 FTE	P&A	60%
					Ombudsman	40%
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	Program Specialist (Care Advisor)	3	.80 FTE	Money Follows the Person	10%
					P&A	62%
					Veteran Directed Care	8%
11	Ashley McGill Turner	Program Specialist (Care Advisor)	3	.80 FTE	Money Follows the Person	76%
					P&A	4%
12	Martha Grove Hipkind	Program Specialist (CRC Coordinator)	5	.56 FTE	MIPPA Grant	5%
					P&A	51%
13	Melissa Black	Program Specialist (CRC Coordinator)	5	.80 FTE	Durham County Government	24%
					GWEP	43%
					P&A	13%
14	Kristine O'Keefe	Program Specialist (CRC Coordinator)	6	.16 FTE	P&A	16%
15	Rebecca McGovern	Fiscal/Budget Assistant	5	.04 FTE	P&A	100%
16	Susan Reed	Care Transition Coalition of Wake County Facilitator VDC Consultant	5	.04 FTE	P&A	4%



**Race/Ethnicity Categories**

1. American Indian or Alaskan Native (Alone)
2. Asian (Alone)
3. Black/African American (Alone)
4. Native Hawaiian or Pacific Islander (Alone)
5. Non-Hispanic White (Alone)

6. White Hispanic (Alone)
7. Some Other Race
8. Two or More Races

## 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	Johnston	Kenneth	M	Durham	2,3	
8	Barnes	Lloyd	M	Johnston	2,3	
9	Martin	Pat	F	Johnston	2	
10	Wenzel	Bill	M	Johnston	2	
11	Parker	Jimmy E	M	Johnston	2	

12	Smith	George E.	M	Johnston	2	
13	Payne	James W.	M	Lee	2	
14	Upchurch	Mary	F	Lee	2	
15	Forrest	Trudy	F	Lee	2	
16	Britt	Gladys	F	Moore	2	
17	Carlton, Jr.	Charles	M	Moore	2	
18	Lamkin	Tom	M	Moore	2	
19	Altpeter	Mary	F	Orange	2	
20	Cook	Keith	M	Orange	2, 3	
21	Castro, Jr.	Alex	M	Orange	2	
22	White	Richard A.	M	Orange	2	
23	Tiryakian	Edmund C.	M	Orange	2	
24	Lamb	Bill	M	Wake	2	Friends of Resident in Long Term Care
25	Smith	Billy	M	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	Christy	F	Durham	4	Durham VA Medical Center

<b><u>Position</u></b>	
<b><u>Code#</u></b>	<b><u>Description</u></b>
#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?

6

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