ABOUT US

Consider Triangle J Council of Governments and the Area Agency on Aging as part agent, part champion, and part advocate. We help amplify the voice of our region.

Seven counties strong and located along the edge of the fast-growing Piedmont of North Carolina, with a mix of urban sophistication and southern charm, the Triangle J Council of Governments and Area Agency on Aging is a vibrant and fast-paced regional collaboration hub for local government, educational communities, advocates and more.

Our Area Agency on Aging seeks to promote the highest level of well being of older adults in the Chatham, Durham, Johnston, Lee, Moore, Orange and Wake counties by partnering with organizations to assess needs and provide a comprehensive system of opportunities, services and protective supports. This action plan is a manifestation of our mission to help everyone in our region “age well”

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DEMOGRAPHICS

Region J mirrors the population shift happening across the country, as the Baby Boomers hit retirement age in droves. All counties in Region J are projected to have as many older adults, age 60+, as younger individuals, age 0-17 by the year 2034, and some counties are already there.

By 2034, Wake County is projected to be home for 331,090 adults, age 60+, an increase of more than 127%. An estimated 31,472 of these older adults will be 85+.1 Within Wake County, the Raleigh-Cary Metro area is cited in a recent study as having the second fastest growth of any city the nation, second only to Atlanta, Georgia2. It is unknown how many individuals are currently providing care for an aging adult or adult with disabilities, but a 2015 study conducted by AARP estimates that 14.3% of adults are a caregiver to someone age 50 or older3. Likewise, statistics on the number individuals living with dementia is unknown, but the national Alzheimer’s Association predicts that 1 in 3 will die of Alzheimer’s or a related dementia, a potential public health crisis in the making.

With numbers like these, one could view this as a downward spiral of decline, but the Boomers are redefining their later years, just as they did in their youth. This can be a time of rediscovery, exploration, engagement and passion, if we choose to see the opportunities amongst the gray. However, “aging well” doesn’t happen by accident. It takes careful planning, awareness and advocacy within our region, starting with an understanding of the population shifts underway in each county:


2 http://www.forbes.com/sites/joelkotkin/2016/02/16/americas-senior-moment-the-most-rapidly-aging-cities/#656d064140a3


Chatham County, NC

### Additional Statistics:

For those older than 65 years of age:

- 26.3% live alone
- 16.6% are still in the labor force
- 23.4% are veterans
- 17.6% have two or more disabilities
- 17.4% are below 100% of the poverty level
- 17.4% are between 100% and 199% of poverty
Durham County, NC

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Population Change

Additional Statistics:

For those older than 65 years of age:

- 29.9% live alone
- 19.9% are still in the labor force
- 19.6% are veterans
- 21% have two or more disabilities
- 8.2% are below 100% of the poverty level
- 19.7% are between 100% and 199% of poverty
Johnston County, NC

Additional Statistics:

For those older than 65 years of age:

- 23.9% live alone
- 13.5% are still in the labor force
- 20.7% are veterans
- 22.8% have two or more disabilities
- 10.5% are below 100% of the poverty level
- 26.5% are between 100% and 199% of poverty

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Population Change

Additional Statistics:

For those older than 65 years of age:

- 23.9% live alone
- 13.5% are still in the labor force
- 20.7% are veterans
- 22.8% have two or more disabilities
- 10.5% are below 100% of the poverty level
- 26.5% are between 100% and 199% of poverty
## Lee County, NC

### Additional Statistics:

For those older than 65 years of age:

- 27.4% live alone
- 15% are still in the labor force
- 23.4% are veterans
- 20% have two or more disabilities
- 12% are below 100% of the poverty level
- 24.8% are between 100% and 199% of poverty

### Population Change

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**Graph:**

- Age 0-17
- Age 60+
- Age 85+
Moore County, NC

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<td>31,959</td>
<td>29%</td>
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<tr>
<td>85+</td>
<td>3,667</td>
<td>4%</td>
<td>5,988</td>
<td>5%</td>
<td>63.3%</td>
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Population Change

Additional Statistics:

For those older than 65 years of age:

- 25.8% live alone
- 12.8% are still in the labor force
- 25.3% are veterans
- 15.5% have two or more disabilities
- 7.1% are below 100% of the poverty level
- 19.7% are between 100% and 199% of poverty
Orange County, NC

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<td>60+</td>
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<tr>
<td>85+</td>
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**Population Change**

Additional Statistics:

For those older than 65 years of age:

- 27.1% live alone
- 23.1% are still in the labor force
- 18.7% are veterans
- 13.8% have two or more disabilities
- 5.9% are below 100% of the poverty level
- 18% are between 100% and 199% of poverty
**Wake County, NC**

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<th>Ages</th>
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<th>% Change (2014-2034)</th>
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<td>278,142</td>
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<td>98,729</td>
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<tr>
<td>85+</td>
<td>10,690</td>
<td>2%</td>
<td>31,472</td>
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**Population Change**

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**Additional Statistics:**

For those older than 65 years of age:

- 26.9% live alone
- 19.6% are still in the labor force
- 21.8% are veterans
- 17.1% have two or more disabilities
- 5.7% are below 100% of the poverty level
- 15.2% are between 100% and 199% of poverty

*(Population tables and projections provided by NC Division of Aging and Adult Services)*
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Executive Summary

It is with great thanks, we acknowledge the *Wake County Action Plan for Aging Adults and Adults with Disabilities 2015-2019*, as our inspiration for the title of this plan. Our intent and hope is that hope this Area Plan will serve as a call to action throughout our region, as we seek to address the many desires and challenges present in our rapidly aging region.

This plan is organized with goals in six key areas:

1. Empower older adults and their families* to make informed decisions, and easily access existing health and long-term care options.
2. Enable older adults to remain independent and age in the place of their choice with appropriate services and supports.
3. Empower older adults to have optimal health status and to have a healthy lifestyle.
4. Protect the safety and rights of older and vulnerable adults, and prevent their abuse, neglect and exploitation.
5. Facilitate communities and older adults working together to plan and prepare for the future.

These goals mirror those in the current *NC Plan for Aging*, and are inclusive of Region J’s intent for the plan to embrace aging adults and persons with disabilities. Many of the objectives are also the same or similar to those in the state’s plan. However, the strategies and performance measures are uniquely our own and reflect the strengths, needs, opportunities and challenges of our region.

Much of our advocacy and service administration work in this plan remains familiar and a continuation of our previous plan. However, this plan also contains new areas of focus, including the development of business acumen and a greater reliance on data-driven evaluations. There is also an emphasis on building upon the strength of our partnerships throughout the region, especially those of our Community Resource Connections in Chatham/Orange, Durham and Wake counties, as well as the development of new partnerships which are helping to bring our aging network into closer working relationships with existing healthcare networks. All of the elements of the plan aim to help fulfill our mission to “promote the highest level of well-being of older adults by partnering with organizations to assess needs and provide a comprehensive system of opportunities, services and protective supports.”
Plan Development

The development and contents of Action Plan for Aging Adults and Persons with Disabilities has drawn from numerous sources across the region, in an effort to address the myriad of issues impacting older adults, family caregivers and persons with disabilities.

A survey, available on-line and in hard copy, was distributed throughout the region in order to identify the top three aging related issues for each county. Various stakeholder groups assisted with the distribution of the survey including, local service partners, the Community Resource Connections (CRC) members, local government leaders, the state office of AARP, the N.C. Adult Day Services Association, and Area Agency on Aging advocates, such as Advisory Council on Aging members and delegates and alternates of the Senior Tarheel legislature. Utilizing others for survey distribution enable surveys to be distributed more broadly to older adults, community advocates, service partners and elected officials.

In all, more than _____ surveys were received. Surveys returned by county are as follows:

- Chatham County     XXX surveys
- Durham County      XXX surveys
- Johnston County    XXX surveys
- Lee County         XXX surveys
- Moore County       XXX surveys
- Orange County      XXX surveys
- Wake County        XXX surveys

(For information on top issue areas identified in each county, please refer to Exhibit 12, page......)

Additionally, input on the plan’s contents was sought from members of the Advisory Council on Aging, Senior Tarheel delegates and alternates, service partners and local government representatives.

Secondary data sources were also reviewed to determine if other groups had noted similar issues and/or community priorities. These secondary sources included county aging plans, such as the Wake County Action Plan for Aging Adults and Adults with Disabilities 2015-
2019, the *Orange County Master Aging Plan 2012-2017*, a draft of the *Johnston County Master Aging Plan 2016-2020*, community health assessments, 211counts.org (dashboard of 211 calls) and reports from public policy organizations, such as the AARP Public Policy Institute’s *2015 Caregiving in the US* report.

*This section is incomplete*
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 services and supports.

Measures:

- Local Contact Agency (LCA) Options Counselors to complete two or more outreach events annually in the region.

- Regional Long Term Care Ombudsmen will provide community outreach and education through speaking engagements, distribution of informational materials and participation in community forums and workshops. Activities will be tracked annually in ODIS, the Ombudsman Data Information System.

- AAA staff will accept regional speaking engagements about person-centered planning and/or community-based services and supports, as opportunities are identified, with a minimum of two per year.

- Incorporate community outreach schedule annually into contract with Legal Aid of North Carolina, so that individuals have opportunities for information and in-person legal assistance.

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

- LCA Options Counselors will complete at least 2 in-reach visits per nursing home each year and seek additional opportunities to meet with key staff and residents.

- Regional Long Term Care Ombudsmen will support work of LCA Options Counselors by providing information to nursing home residents, volunteers and facility staff about services and supports available for transitioning to community living. Informational activities will be tracked annually in ODIS, the Ombudsman Data and Information System.

Provide caregiver training and educational resources to professionals who interact with family caregivers to strengthen family capacity to provide care.

Measures:

- Community Resource Connections (CRC) Coordinators will annually disseminate information on family caregiver training and educational resources to Community Resource Connections partners in Chatham, Durham, Orange and Wake Counties that interact with family caregivers.

- Family Caregiver Resource Specialist will distribute information on family caregiver training and educational resources at quarterly meetings of the region’s Family Caregiver Support Program Specialists, including but not limited to Project C.A.R.E. support for family caregivers caring for persons with dementia and Powerful Tools for Caregiving trainings for leaders.

Reach and inform potentially eligible Medicare beneficiaries about benefits such as the Low-Income Subsidy (LIS) and Medicare Saving Program (MSP), and encourage participation in health and wellness activities.

Measures:

- Conduct two outreach events in each county in FY 17. At least one activity will be planned in conjunction with a community partner
serving individuals with mental illness.

- Outreach events will include the *Relay for Extra Help* materials provided by the Seniors Health Insurance Information Program (SHIIP) and information on locally available health and wellness programs.

  Engage and empower older adults in learning about geriatric care and management, resources, communication and advocacy.

Measures:

- Durham CRC Coordinator and AAA Director will participate in Duke’s Geriatric Workforce Development Program (GWEP) in FY 17 and FY 18 and help to develop a Best Practices Compendium, including the identification of appropriate educational materials for consumers.

- GWEP team will provide community-based educational programs to groups of 25 or more, using the Duke Early Dementia Support Group (EDSG), faith-based communities and community education events. Six presentations will be made in FY 17 and six more in FY 18.

- GWEP team to revise and or identify new topics based on discovery of need in the community.

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

**Strategies:**

  Increase capacity of 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.

Measures:

- CRC Coordinators will actively recruit new member agencies on an ongoing basis and track attendance and participation of members.
• Individuals or family caregivers in need of services or Options Counseling will be referred to the appropriate service provider within two working days.

• Regional CRC Coordinators will meet quarterly to review performance and share best practice and to identify gaps in services, programs and resources.

• Continue to seek resources for sustainability of the region’s Community Resources Connections initiatives.

• CRC Coordinators will identify potential and/or new resources organizations or programs, and promote and encourage sharing of information with the members of the CRC on an ongoing basis.

• Encourage and remind CRC member organizations and other service partners to maintain accurate agency listings in the NC 211 online database system and, in Durham County, the Network of Care, so this information is accessible to the public.

Provide more concise and streamlined online information on regional services and supports.

Measures:

• Undertake redesign of current website at www.tjaaa.org in FY 17, and provide more regionally targeted information. Evaluate effectiveness of the redesign using website utilization statistics and the nature of inquiries by the public.

• Develop and provide concise resource guides for frequently requested services such as housing on the website, as part of the redesign. Distribute resource guides for frequently requested services at appropriate meetings or events.
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 older adults, family caregivers or persons with disabilities who have limited English proficiency.

Measures:

- Identify and recruit agencies that serve individuals with limited English proficiency to participate in the region’s CRC's on an ongoing basis.

- Secure translation services provider for assisting TJAAA with providing information and referral to callers and provide translation link for service information listed on the website.

- Provide written information on the role of the Long Term Care Ombudsman in alternative languages prevalent in the region, such as Spanish or Mandarin, to all long-term care homes. Distribution of alternative language materials by LTC Ombudsmen will be tracked in ODIS.

- Encourage Senior Centers to serve those without English proficiency, providing at a minimum, service information in at least one alternative language prevalent in the local community.

Collaborate with key organizations in order to raise awareness about physical, sensory and intellectual disabilities, and to better support the needs of older adults with intellectual and developmental disabilities and/or their aging caregivers.

Measures:

- Wake CRC will provide “Lunch and Learn” opportunity for consumers and professionals on disabilities affecting older adults and/or their caregivers in FY 17.

- CRC’s will provide training for the aging and disability networks on the unique needs of the aging LGBT community in FY 17.
CRC’s will provide training or educational opportunity for the aging and disabilities networks on the needs of aging adults with intellectual or developmental disabilities and/or their aging caregivers in FY 18.

**Goal 2: Enable older adults to remain independent and age in the place of their choice with appropriate services and supports**

**Objective 2.1: Maintain and expand the availability of person-centered community-based services and supports**

**Strategies:**

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

**Measures:**

- Long Term Care Ombudsmen to evaluate problems resulting from the lack of person-centered discharge planning and develop plan for addressing issues with long-term care homes. Review of problems and the development of evaluation metrics to begin in FY 17.

- Options Counseling services will be available in each county by FY 20.

- Wake CRC Coordinator will facilitate the Care Transitions Coalition of Wake County in order to foster communication and collaboration on person-centered care transitions between home and community-based care providers and health care providers.

- Durham CRC and the Duke Geriatric Workforce Enhancement Program will, by the end of FY 17, develop a Transitional Support Best Practices Compendium and Resource Directory for use by
primary care practices and others in the Durham community.

- Chatham-Orange CRC Coordinator will promote increased awareness of transportation service options across Chatham and Orange Counties in FY 17, and consider the practicality of private, for-profit transportation services. Encourage others to consider promoting for-profit transportation services, as available and appropriate.

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.

Measures:

- Incorporate discussions about best practices in service administration, waiting list management and priorities for services into regional meetings with service partners, and through technical assistance provided during monitoring of funded services, in order to assure services are provided to those most in need.

- Analyze cost effectiveness of current respite offerings, funded by the Family Caregiver Support Program, and the impact of lowering the cap on respite hours, so that more families can receive the service. The regional Family Caregiver Resource Specialist will begin analysis in FY 17.

- By FY 18, benefits and feasibility of offering Supplemental Services, funded through the Family Caregiver Support Program, such as home-delivered meals to family caregivers, will be studied by the Family Caregiver Resource Specialist for possible future implementation.

- By the end of FY 20, a Grandparents-Raising-Grandchildren (GRG) support program will be available in each county. The Family Caregiver Resource Specialist will assist service partners with assessment of demographics, determination of appropriate outcome measures and with program development. By the end of FY 18, each service partner will have added at least one GRG support service.

Increase supports for persons with dementia and their caregivers who are living at home.

Measures:
• Family Caregiver Resource Specialist will promote the referral of family caregivers living with dementia to Project C.A.R.E., *Caregiver Alternatives for Running on Empty*, at quarterly meetings of the region’s Family Caregiver Support Program Specialists.

• Durham CRC and the Duke Geriatric Workforce Enhancement Program will, by the end of FY 17, develop a Dementia Best Practices Compendium and Resource Directory for use by primary care practices and others in the Durham community.

• AAA staff, including Regional Long Term Care Ombudsmen and Options Counselors, will educate inquirers on community service options, including but not limited to, Programs of All Inclusive Care for the Elderly (PACE) or adult day services programs, as appropriate.

• Support and participate in community initiatives focused on improving the quality of life for individuals living with dementia and their caregivers.

• Disseminate information about strategies identified in North Carolina’s Alzheimer’s State Plan to appropriate community and service partners.

**Objective 2.2: Promote flexibility in publicly funded services and supports to allow older adults and their caregivers more opportunities to choose how and where they receive services**

**Strategies:**

- Publicly funded consumer-directed service options will be available in the region.

**Measures:**

- Pursue implementation of a Veteran Directed Home and Community-Based Service option in FY 17.

- One or more local service partners will offer a Home and Community Care Block Grant or related funding consumer-directed service option by the end of FY 20.

- CRCs and LCA Options Counselors will plan and host an educational program, targeting older adults, persons with disabilities and family
Goal 3: Empower older adults to have 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 information and activities that promote healthy lifestyles.

Measures:

- Encourage the development of facility gardens and the incorporation of fresh, local and whole foods as a part of menu planning during facility contacts or educational programs provided by Long Term Care Ombudsmen.

- Encourage senior centers to develop or participate in community gardens, as a part of certification activities or during service partner educational sessions.

- CRC Coordinators will assist with community outreach for local health fairs or events by promoting these to partnering organizations.

- Participate in the Durham Partnership for Seniors’ annual Aging Well in Durham educational event, targeting older adults and family caregivers.

- Encourage HCCBG-funded nutrition programs to contract with caterers that incorporate fresh, local and whole foods into...
congregate and home-delivered meals.

- Prompt senior centers to promote vaccination for flu, pneumonia and shingles by providing targeted materials on the benefits of vaccination at appropriate times of the year.

- Encourage all communities with farmer’s markets to participate in the Senior Farmers Market Nutrition Program, offering vouchers for the purchase of fresh fruits and vegetables.

- Participate in county Community Health Assessments in order to represent the interests of older adults, family caregivers and persons with disabilities in the planning and prioritization processes.

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 and disease prevention programs will be available in each county, targeting those with specific health issues.

  **Measures:**

  - Implement the Administration on Community Living’s FY 17 requirement that all Title III-D funding is utilized for high-level evidence-based programs, and ensure that a portion of FY 17’s funding is used to expand programs to new target groups or locations.

  - Promote the offering of Healthy Ideas, an evidence-based program for integrating awareness and management into existing case management services, as a potential referral option for physicians identifying depression in their older adult patients, with at least two counties offering this by FY 20.

  - Family Caregiver Resource Specialist will remain abreast of the development of evidence-based caregiver support programs and inform local service partners in order to encourage implementation utilized for fully evidence-based programs and services.

  - Track completion rates for evidence-based programs offered through Title III-D funding to establish a baseline, and share with service
partners. Increase the percentage of participants completing programs by 10% by the end of FY 20.

- Participate on an ongoing basis in local roundtables or partnerships to share information about program availability and resources and to increase linkages.

- Every county will have a sustainable evidence-based falls prevention program available by the end of FY 20 and programs will be linked with local health care and emergency services.

**Goal 4: Protect 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 stop or prevent abuse, neglect, and exploitation**

**Strategies:**

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

**Measures:**

- Family Caregiver Resource Specialist will research existing materials on prevention of abuse, neglect and exploitation, appropriate for distributing to family caregivers, and make materials available to service partners for distribution in FY 17.

- Recognize World Elder Abuse Awareness Day annually and promote recognition activities to community partners.

- Provide informational program to the regional Advisory Council on Aging and Senior Tarheel Legislature delegates about fraud, financial abuse and exploitation, along with resources, by the end of FY 17.

- Provide information on guardianship alternatives for older adults and persons with intellectual and developmental disabilities.
Measures:

- Disseminate information on guardianship alternatives to CRC members and to community partners, such as the Durham Partnership for Seniors and the GOLD Coalition of Wake County, on an ongoing basis.

- CRCs will offer an educational event related to guardianship and guardianship alternatives in FY 19.

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

**Strategies:**

- Work collaboratively with community partners to enhance emergency preparedness and response

**Measures:**

- Annually update the list of emergency contacts throughout the region and encourage service partners to do the same.

- In FY 17, Long Term Care Ombudsmen representatives will participate in the Long-Term Care Disaster Preparedness Committee, aimed at strengthening the preparedness of long-term care homes in the region, and assist with planned educational event.

- At least one Chatham-Orange and Durham CRC member in each county will offer preparedness training for active assailant situations in FY 17, in conjunction with the sheriff’s department or similar training organization. Senior centers will be encouraged to address preparedness for active assailant situations, as a part of emergency planning and preparedness.

- Share best practice or resource information related to disaster preparedness with service providers, CRC members, county planning groups and community partners as appropriate.

- Educate public about special needs registries in Durham, Johnston and Orange counties by including this information in any emergency preparedness education provided within those communities.
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.

Measures:

- Delegate and alternate positions for the Senior Tarheel Legislature are filled with engaged and active volunteers.
- Advisory Council on Aging slots for county representation are filled with engaged and active volunteers.
- Orientation for new members of the Advisory Council on Aging and new delegates and alternates for the Senior Tarheel Legislature will be held annually, or more often, as needed.
- Education and advocacy information and/or discussion time to be provided at each meeting of the Advisory Council on Aging.
- Written education and advocacy materials of interest will be shared with members between meetings.

Communities will create and adopt community action plans that support “aging well in community”.

Measures:

- By the end of FY 18, three counties will have developed and implemented aging action plans.
- One municipality will have joined AARP’s network of “Age Friendly Communities” and will be committed to obtaining certification by the end of FY 20.
Diversify the revenue streams of the AAA and local service partners, in order to better meet the needs of an aging population.

Measures:

- By the end of FY 20, every funded service partner will offer one or more service(s) to private paying clients.

- The AAA will have added two new revenue sources by the end of FY 20.

- Provide ongoing education, information and discussion about the development of business acumen at Advisory Council on Aging meetings and at appropriate meetings with service partners.

**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.

**Measure:**

- By the end of FY 18, the Family Caregiver Resource Specialist will develop a regional evaluation tool for assessing service quality and consumer satisfaction, utilizing input from the local Family Caregiver Support Program coordinators and best practice information.

- 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.

**Measure:**

- Through FY 20, explore the feasibility of establishing local Family Caregiver Support Program Advisory Committees to provide input
on planning and evaluation of services provided, including input from consumers. Provide information on possible committee structure to local coordinators for review and implementation.

- Planning and evaluation for critical services and supports will be data-driven.

  Measures:
  
  - By FY 18, the AAA will implement a database system for managing information and referral calls and identifying unmet needs of callers.
  
  - Nutrition programs in the region will be encouraged to track food waste (meals not eaten) within the funded nutrition service, in order to lower costs.
  
  - Where appropriate, comparative information will be provided to service partners within the region, in order to assist with service evaluations.

- The Area Agency on Aging will be fully compliant with the Healthcare Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.

  Measures:
  
  - HIPAA privacy and security policies will be drafted, adopted and implemented by the end of FY 18.
  
  - A professional security risk analysis will be conducted by the end of FY 18.
  
  - A HIPAA-compliant records management and tracking system will be established by the end of FY 18.
  
  - A HIPAA training program for staff and business associates will be developed and implemented by the end of FY 18.
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.

Measures:

- Annually, assign a level of fiscal and program risk for funded service partners and sub-contractors, and implement a risk-based monitoring schedule.

- Changes in rules, program standards or policies will be implemented as occurring.

- Continue to provide technical assistance to service partners about rules, standards or operational changes; or about regional issues identified through monitoring visits.

- Provide education and training to service partners about the use and security of electronic records and about records management for funded services, when final requirements of the NC Division of Aging and Adult Services are available.

- Maintain a 90% or greater regional compliance rate for all services monitored within the fiscal year.

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

Measures:

- In FY 17, implement changes in rules and standards as advised by the State Ombudsman.

- Assess impact of any changes on the program operations and provide feedback to the State Ombudsman, as appropriate.
Conclusion

This section incomplete.