



**Central Pines Regional Council**  
(formerly Triangle J Council of Governments)

**Area Plan for Aging and  
Human Services Updates, 2022-2023**  
**“Aging with A Plan and A Purpose”**

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## Area Plan Update

The Area Plan on Aging Update is hereby submitted for the Region J for the period of July 2022-June 2023. 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 American Act.

*Mary K. Warren*

7/24/2023

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Area Agency Director

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Date

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# I. Narrative

## Goals, Objectives, Strategies, and Expected Outcomes, Updated

### Safety and Protection

**Goal 1:** Aging adults <sup>1</sup> and those with disabilities residing in Region J will be safe from abuse, neglect, and exploitation, and will have their rights protected.

Objective 1.1: Education and outreach regarding the protection of vulnerable and aging adults<sup>1</sup> will be provided to community stakeholders

**Strategy:**

1.1.1 Long-Term Care Ombudsmen will continue to participate and serve in leadership roles in the North Carolina Partnership to Address Adult Abuse (NCPAAA) and the AAA will host these meetings, as requested.

**Indicator:**

Continued membership, participation, and leadership in NCPAAA.

**Year 1 Progress:**

Triangle J continues to be members of the NC Partnership to Address Adult Abuse, but

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<sup>1</sup> The use of “aging adults” in this document is inclusive of older adults, age 60 and older, and where appropriate, younger adults living with disabilities or adults in the age range of 55-59.

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due to COVID, meetings have been virtual. Additionally, two Ombudsmen served in leadership roles and participated in 38 meetings with the NCPAAA. This includes general meetings, executive meetings, and conference planning meetings as well as additional work in planning the 2021 virtual annual conference.

**Year 2 Progress:**

LTC Ombudsmen continue to support the NCPAAA, attending meetings and the annual conference. Most meetings have been held virtually over the past fiscal year.

**Year 3 Progress:**

LTC Ombudsmen remain active members and one Ombudsman serves as an officer and member of the Executive Committee for the NCPAAA. She assisted with planning for the annual conference day.

**Strategy:**

1.1.2 Long-Term Care Ombudsmen will plan and host a regional event annually, in conjunction with Adult Protective Services, Community Advisory Committee volunteers and others, in order to educate stakeholders and create awareness of elder (and adult) abuse issues and prevention.

**Indicator:**

Records of an annual event, agenda and attendees reached.

**Year 1 Progress:**

No event was planned in FY 20/21 due to COVID restrictions and lack of CAC activities. Instead, the elder abuse awareness message was shared by having 15,000 cards printed that explain the types of abuse and who to call to report. Both the AAA and Ombudsman Program are promoted on the cards and the June 15th Elder Abuse Awareness Day is highlighted. These cards were distributed across the 7 counties in about 35 locations, primarily at pharmacy counters. The AAA Director and one Ombudsman joined the newly revitalized Durham Strategic Alliance to Combat Adult Mistreatment (MDT committee). The committee work focuses on education as well as interventions.

The AAA Director and key staff at DSS in Durham have connected on a potential pilot next fiscal year to better assist emergency department physicians

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initiating Adult Protective Services reports and the APS workers, through specialized software being developed by a partnership within SAS.

**Year 2 Progress:**

An educational event was planned in conjunction with NC Division of Aging and Adult Services and the Department of Health and Human Services and held virtually in June 2022 to mark World Elder Abuse Awareness Day. There were several guest speakers including attorney Paul Greenwood, sponsored by the AAA, and over 200 people attended the event statewide. Multiple stakeholders within the region were invited.

**Year 3 Progress:**

The LTC Ombudsmen again collaborated with NC DAAS for a World Elder Abuse Awareness event, held June 29, 2023 at McKimmon Center. TJAAA provided snacks and outreach/awareness items for the event and participated in the planning for the event. The morning presentations were targeted to Adult Protective Service staff of Departments of Social Services, and the afternoon session was for community members. Kathy Greenlee was the featured speaker, and her presentation was shared virtually. Her messaging included the need to gain more input from those experiencing abuse, neglect and exploitation. Attendance information is not available at this time.

**Strategy:**

1.1.3 Long-Term Care Ombudsmen will continue to provide elder (and adult) abuse awareness and prevention trainings upon request.

**Indicator:**

Number of elder (and adult abuse) awareness and prevention trainings provided, and as reported in NORS-NC database system.

**Year 1 Progress:**

Because of COVID19, no elder abuse awareness trainings were provided. However the team put efforts into spreading the EA awareness message through the cards that were distributed around the region. This resulted in several distribution points requesting additional cards. The team also participated in the NCPAAA virtual conference and distributed conference information to facilities and CAC members.

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**Year 2 Progress:**

In FY 22, 25 trainings and/or activities related to elder abuse awareness and prevention were provided throughout the region by the LTC Ombudsmen.

**Year 3 Progress:**

Between July 2022 and mid-June 2023, six elder abuse awareness and prevention trainings were provided and recorded in NORS. The AAA has also participated in the planning and hosting of a World Elder Abuse Awareness Day event in late June, in collaboration with NC DAAS.

**Strategy:**

1.1.4 Long-Term Care Ombudsmen will continue to emphasize elder (and adult) abuse awareness as a part of aging sensitivity and resident's rights trainings.

**Indicator:**

Number of sensitivity and resident's rights trainings provided, as reported in NORS-NC database system.

**Year 1 Progress:**

The region documented 8 resident's rights trainings between July 2020 and May 12, 2021. Again, these numbers are impacted due to COVID-19. Because NC DHSR was not conducting annual surveys, facilities were not requesting these trainings from the Ombudsman program. Also because of the necessary infection control focus, the program decided to not use the sensitivity kits until future notice to help prevent the spread of germs and the virus.

**Year 2 Progress:**

In FY 22, 35 resident's rights trainings and 5 sensitivity trainings were documented by the LTC Ombudsmen. However, sensitivity training is often provided in conjunction with discussing resident's rights at long-term care homes, but data system, NORS, only allows for one primary topic to be entered per training, making it difficult to fully capture.

**Year 3 Progress:**

Between July 2022 and mid-June 2023, 13 resident's rights and/or sensitivity trainings

were recorded in NORS by the LTC Ombudsman program.

**Strategy:**

1.1.5 Long-Term Care Ombudsmen will continue to disseminate information on the prevention of elder (and adult) abuse, neglect, and exploitation to Community Advisory Committee volunteers.

**Indicator:**

Number of trainings or meetings where elder (and adult) abuse, neglect, and exploitation information was provided to Community Advisory Committee volunteers, as reported in the NORS-NC database system.

**Year 1 Progress:**

Elder abuse awareness training was shared with CAC members throughout the year, however, the region was not able to capture these numbers in NORS. Documented trainings occurred on a quarterly basis, which sometimes included an elder abuse awareness component. The program will work towards capturing these trainings in the future by doing an AGI that indicates BOTH for "activity by" and then listing the topic as Elder Abuse Awareness Prevention / Activities. Additionally, the NCPAAA annual conference information was shared with CAC members across the region in hopes they would attend. The same was done for any county specific EAA events.

**Year 2 Progress:**

Community Advisory Committee members were encouraged to attend the aforementioned World Elder Abuse Awareness Day event and the NCPAAA annual conference day. Both events were provided at no charge and Community Advisory Committee members could use these towards required training hours. In the April 2022 newsletter for volunteers, the CAC volunteers were notified about the event dates so they could make plans to attend. Individual counties also held local awareness events, as well as events planned by AARP. All of these were shared with volunteers so they could participate.

**Year 3 Progress:**

Between July 2022 and mid-June 2023, CAC volunteers were offered or received information on elder abuse awareness and prevention through one e-newsletter, 9 CAC meetings address the topic and 10+ webinars that were shared with volunteers.



The volunteers were also included in the WEAAD event in late June, in collaboration with NC DAAS.

**Strategy:**

1.1.6 The AAA will, in conjunction with the Durham Retired and Senior Volunteer Program (RSVP), explore the possibility of developing an older adult-led training program, with educational presentations on elder (and adult) abuse awareness and prevention, suitable for a variety of audiences.

**Indicators:**

Records of educational presentations provided, relevant characteristics of audience, and estimated numbers of individuals reached, if such a collaboration is determined to be feasible and appropriate, volunteers can be recruited.

**Year 1 Progress:**

TJAAA is unable to achieve this objective at this time, as the disruption of the pandemic and a change in sponsorship of the Durham RSVP program in spring of 2021 have been unanticipated barriers to development of such a program. The AAA Director is joining a subcommittee of the developing MDT in Durham to address mistreatment of adults with cognitive issues/dementia, and this may lead to other educational opportunities there.

**Year 2 Progress:**

Strategy has been discontinued as no longer achievable due to changes above.

**Strategy:**

1.1.7 The AAA will incorporate best practice materials from the National Center on Elder Abuse Prevention into educational presentations and materials.

**Indicator:**

Best practice messages and training information is incorporated to ensure quality and validity of information shared.

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**Year 1 Progress:**

Due to the pandemic and social distancing needs, educational presentations, including those related to prevention of elder mistreatment, have been limited. “Speak Up” cards were placed at local pharmacy counters in spring of 2021 for public awareness and the card design was selected for simplicity of message and action steps.

**Year 2 Progress:**

Strategy is on hold, as the opportunities have not materialized as originally expected.

**Year 3 Progress:**

No change in status. All materials related to raising awareness and the LTC Ombudsman program will be revised in the upcoming year due to the name and branding change of the organization and re-worked at that time.

**Strategy:**

1.1.8 The AAA will provide information on their website ([www.tjaaa.org](http://www.tjaaa.org)) about recognizing and reporting elder (and adult) abuse, neglect, and exploitation.

**Indicator:**

Number of webpage views of posted content on elder (and adult) abuse, neglect, and exploitation.

**Year 1 Progress:**

Content regarding identifying and reporting elder mistreatment, neglect and exploitation has been posted on the Long-Term Care page of the website. Page views indicate that this page is the second most-popular content page in the Aging section.

**Year 2 Progress:**

In FY 22, the page with long-term care information and information on identifying and reporting mistreatment remains the second most viewed page within the Aging section.

**Year 3 Progress:**

In FY 23, the page with long-term care information and information on identifying and

reporting mistreatment was the third most viewed page within the Aging section of the website.

**Strategy:**

1.1.9 The AAA will disseminate timely information on recognizing scams or fraudulent activity to the regional aging and disabilities network partners.

**Indicator:**

Records of ongoing efforts to disseminate timely information on scam and frauds to aging and disabilities network partners.

**Year 1 Progress:**

Information on scams and frauds has been made available through emails and virtual meetings. In particular, information about email spoofing has been shared with the network as it has affected a number of agencies serving aging adults. Information on preventing scams connected with COVID-19 or vaccinations have also been shared. Information on the state's new Cybercrime Hotline/211 was shared during the September 2020 Advisory Council on Aging meeting.

**Year 2 Progress:**

Information on scams and frauds continues to be disseminated through emails and group meetings, as applicable. However, no specific educational presentations have been offered on this topic. The AAA continues to support, as needed, the STHL committee on safety and security, chaired by a Region J delegate. The Ombudsman staff have attended training on "Responding to Financial Exploitation, Scams, and Fraud in Facility Settings" and ACL's "Money Mule Scams: Tips for Prevention, Identification and Trauma-Informed Assistance" to help them be better informed about these issues.

**Year 3 Progress:**

Information on scams and frauds continues to be disseminated through emails and group meetings, as applicable. However, no specific educational presentations have been offered on this topic. The AAA continues to support, as needed, the STHL committee on safety and security, chaired by a Region J delegate. Information is also shared within active elder abuse MDT committees, as appropriate.

**Objective 1.2: Training and outreach regarding indicators of self-neglect will be provided to a wide variety of people and organizations that encounter aging adults and adults living with disabilities.**

**Strategy:**

1.2.1 Each Community Resource Connections for Aging and Disabilities (CRC) will offer a program on self-neglect, and the implications of social isolation by the end of FY 2021 to members and participants.

**Indicator:**

A minimum of three (3) programs are offered in the region on self-neglect and social isolation by the end of FY 2021.

**Year 1 Progress:**

Chatham-Orange CRC offered a program describing support resources from the local chapter of NAMI, the National Alliance for Mental Illness, which touched on self-neglect related to mental illness. A planned presentation from Adult Protective Services was canceled due to the increased workload of the speakers due to COVID and a reschedule date has not been determined. Wake CRC offered a program on self-care and mindfulness techniques, useful in addressing isolation, stress, and addictions. Several participants expressed interest in having the speaker also come to their organizations for a similar presentation.

**Year 2 Progress:**

Strategy implementation was affected by COVID. However, the Chatham/Orange and Wake CRCs offered a joint educational presentation to their members on the effects of social isolation and on suicide prevention on 11/30/2022. The groups were combined to make it easier to obtain speakers on this topic. Rebecca Freeman from NC DAAS was one of the presenters. The Durham CRC is no longer operational, so only two CRC groups received this information. This topic has been discussed with provider directors during their quarterly meeting in relation to possible use of American Rescue Plan funding. -Completed-

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**Strategy:**

1.2.2 Long-Term Care Ombudsmen will include self-neglect in resident's rights and elder (and adult) abuse awareness and prevention trainings, as applicable ; and will provide technical assistance to staff about residents' rights to refuse care or services and will attempt to resolve any issues regarding a resident's right to consent.

**Indicators:**

Records of trainings provided in long-term care homes, and the number of complaints or technical assistance provided regarding a resident's right to consent, as reported in the NORS-NC database system.

**Year 1 Progress:**

The Ombudsmen strive to intertwine self-neglect and recognition of abuse information into all residents' rights presentations. Because of COVID-19 only 8 residents' rights in-services were completed between July 1, 2020 and May 12, 2021.

**Year 2 Progress:**

In FY 22, 35 resident's rights trainings were provided to long-term care facilities, and the Ombudsmen documented the provision of information about rights to residents, or their family members or guardians 668 times.

**Year 3 Progress:**

Between July 2022 and mid-June 2023, there were 3,135 activities related to resident's rights provided to residents, guardians, or family members. There were 106 cases related to rights and 184 complaints received by the LTC Ombudsman program that were related to resident's rights. There were 13 trainings held for facility staff on the subject.

**Strategy:**

1.2.3 Information about self-neglect and how to report suspected situations will be provided on the AAA website ([www.tjaaa.org](http://www.tjaaa.org)).

**Indicator:**

Number of webpage views of posted content on elder and adult self-neglect.

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**Year 1 Progress:**

Self-neglect and reporting information is included with information on other forms of adult mistreatment on the Long-Term Care page of the website. This is the second most popular content page in the aging section

**Year 2 Progress:**

In FY 22, the page on long-term care and including awareness of adult mistreatment was the second highest viewed page within the Aging section, with 1,565 views.

**Year 3 Progress:**

In FY 23, the page with long-term care information and information on identifying and reporting mistreatment was the third most viewed page within the Aging section of the website.

**Objective 1.3: Long-term care residents and adults under guardianship, and those who care for and support them, will understand, and be better equipped to assist and empower their rights through education and outreach.**

**Strategy:**

1.3.1 Long-Term Care Ombudsmen will provide resources to residents, guardians and facility staff on guardianship and residents' rights, as appropriate.

**Indicator:**

Records of assistance sessions or resources provided, as tracked in NORS-NC database system.

**Year 1 Progress:**

The Ombudsman program documented discussing residents' rights in 710 AGIs. This number could appear low because if another topic is discussed first such as "How to select" followed by a discussion on residents' rights, the AGI is coded to "How to

Select". Because residents' rights are the main aspect of the Ombudsman program, residents' rights are discussed in almost every conversation with a resident, resident representative, or facility.

**Year 2 Progress:**

The LTC Ombudsmen documented discussing resident's rights in 668 AGIs. Because only the primary reason for the contact is documented, there are often additional sessions where rights are discussed but not listed as the primary reason for the contact.

**Year 3 Progress:**

Between July 2022 and mid-June 2023, there were 3,135 activities related to resident's rights provided to residents, guardians, or family members. There were 106 cases related to rights opened and 184 complaints received by the LTC Ombudsman program that were related to resident's rights. There were 13 trainings for facility staff on the subject.

**Objective 1.4:** Through education and outreach, the aging network and its partners will be better-informed regarding exploitation, opioids and other misuse of substances, and the connections between these.

**Strategy:**

1.4.1 The AAA and CRC's will convene a program for community-based service providers and for CRC members and participants regarding substance misuse in aging adults and caregivers, and the increased vulnerability of those in such situations to exploitation and abuse.

**Indicator:**

By the end of FY 2023, records of an educational offering and the number of attendees.

**Year 1 Progress:**

Not yet implemented.

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**Year 2 Progress:**

A joint educational meeting of the Chatham/Orange and Wake Co. Community Resource Connections (CRC) was held on May 17, 2022. Guest speakers on substance misuse topics included Pam Morrison, NC State Opioid Treatment Coordinator; Captain Tammy Kirkman and Sargent Ronnie Miller, Chatham Co. Sheriff's Office; and Sara Martin, Insight Human Services, Inc. Approximately 25 people, representing both groups attended. -Completed-

**Strategy:**

- 1.4.2 Long-Term Care Ombudsmen will keep updated on the latest information about opioid and other substance misuse through attendance at educational events and will incorporate this into elder (and adult) abuse awareness and prevention trainings, as appropriate.

**Indicator:**

Records of educational sessions attended, and number of trainings or activities on elder (and adult) abuse and opioid or substance misuse, as tracked in NORS-NC database system.

**Year 1 Progress:**

Multiple Ombudsmen attended "Combating the Opioid Crisis" Webinar this fiscal year. NC DHHS has held an annual conference in the past which was well-attended by the LTC Ombudsmen.

**Year 2 Progress:**

Ombudsmen participated in NCPAAA Annual Meeting on Sept. 15, 2021, entitled, "Ignoring it is not an option: Mental illness and addiction among the elderly is a growing problem but one worth tackling."

**Year 3 Progress:**

The primary session held was in the TJCOG Regional Summit held at Dorothea Dix, which focused on mental health, wellness, and self-care focus. While it was not directly about addictions, this session focused on the underlying themes of stress and mental health needs, especially in the workforce.



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**Strategy:**

1.4.3 The AAA will continue to disseminate information and supporting materials from the “Lock Your Meds” campaign and on proper medication disposal.

**Indicators:**

Records of information sessions, and number of brochures and posters disseminated.

**Year 1 Progress:**

No materials have been disseminated, due to social distancing requirements and lack of in-person meetings and contacts.

**Year 2 Progress:**

Materials from the “Lock Your Meds” campaign were distributed at the Wake County Pride Life Expo held at McKimmon Center in April 2022. This was the largest event of its type for this fiscal year.

**Year 3 Progress:**

The “Lock Your Meds” brochures continue to be distributed at resource and health fairs, as appropriate.

**Expected Outcomes for Goal 1: Community stakeholders will be better informed about the prevention of and reporting of elder (and adult) abuse, neglect, and exploitation. Through the collective impact of stakeholder efforts, the incidents of adult mistreatment will be reduced or addressed, so that aging adults in Region J are respected and can live with dignity.**

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## Quality of Life

### **Goal 2: Create opportunities for aging adults and their families to lead active and healthy lives.**

**Objective 2.1: The expansion and optimal use of community-based services to support aging adults in the least restrictive setting will be promoted.**

**Strategy:**

2.1.1 The AAA will promote the benefits of consumer-directed service options, as appropriate, and will continue the operation of its own consumer-directed program for qualified veterans with skilled care needs, as an example of such a program.

**Indicators:**

Continued operation of the Veteran-Directed Services program, with growth of the program, if feasible. Implementation of another consumer-directed program in Region J, possibly by a local service provider.

**Year 1 Progress:**

TJAAA continues to provide a Veteran-Directed Care Program for eligible veterans. There has been no expansion of this service. However, TJAAA was able to implement a small consumer-directed in-home aide program serving Chatham and Johnston counties, using CARES Act funds and with a service waiver from the NC Division of Aging and Adult Services. This was accomplished in partnership with service providers in those counties whose clients were reluctant to use traditional home care agencies to provide services during the pandemic.

**Year 2 Progress:**

TJAAA continues to provide and promote consumer-directed programs for eligible individuals. This includes the Veteran Directed Care program and Home Care Independence for Chatham and Johnston counties. Growth in the programs has been unattainable in FY 22 due to funding barriers and transitions.

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**Year 3 Progress:**

TJAAA continued to operate three small consumer-directed programs in FY 2023. The VA is considering additional participants for their program, but referrals have not been received. The current focus internally is to update the VDC program policies and processes to align with the newly published national policies and to redesign the quality improvement process to include all consumer-directed services under one set of policy and procedures. There is some contact from the Lewin group to other AAAs in NC about the program in other parts of the state and TJAAA is participating in those discussions.

**Strategy:**

2.1.2 Long-Term Care Ombudsmen will continue to promote nursing home transition opportunities and the PACE programs (Program of All-Inclusive Care for the Elderly).

**Indicator:**

Records of opportunities to promote transition services or PACE programs to individuals or family members.

**Year 1 Progress:**

LTC Ombudsmen continue to promote these programs and TJAAA continues to receive referrals for the Money Follows the Person-funded transitions program under a contract with DHHS. The number of referrals received at TJAAA for this program has decreased in 2021, likely due to the pandemic. TJAAA staff also arranged for a representative of the local PACE program to present to a meeting of the Wake County Care Transitions Coalition, so that health professionals and community services staff in the area could be better informed about PACE and how it operates.

Although the Ombudsman staff assist residents and families with referrals to PACE, it is not formally captured in the NORS reporting system. The Ombudsmen have found this as an area to improve on and added an issue in NORS in order to better track these referrals.

**Year 2 Progress:**

When working with a resident or family member, the LTC Ombudsman can discuss the option for transitioning to the community and discuss Section Q on the MDS and The Money Follows the Person program with the nursing home social worker. Interactions with PACE directly are usually limited to residents or the program calling with a

concern about facilities. Other staff at the AAA continue to receive referrals for community transitions, which could include PACE, but a separate organization actually follows up on the transitions under the MFP program.

**Year 3 Progress:**

The AAA, including LTC Ombudsmen, continue to promote PACE programs as an option to long-term care placement but there are few requests for information from the public. Referrals for skilled care to community transitions are received but a separate organization completes the transitions work and this is also promoted by the LTC Ombudsman program. It is expected that this transitions work will soon end as the contractor for the universal assessment process under Medicaid has been selected.

**Strategy:**

2.1.3 The AAA will support the development and expansion in Region J of Age-Friendly Communities (AARP), Dementia-Capable Communities, including creative care communities, and the adoption of aging plans and local initiatives that focus on health, well-being, belonging, and independence.

**Indicators:**

Records of age-friendly and dementia-capable community development efforts and aging plans in the region. Continued staff involvement for support and to monitor progress of these efforts.

**Year 1 Progress:**

The Durham Partnership for Seniors and the Seniors and More Committee are currently discussing the possibility of forming a non-profit to shepherd the Master Aging Plan (age-friendly plan) and several other potential initiatives. They are working on developing the organizational structure, mission, bylaws, etc. Durham County has tentatively pledged funding for one FTE to staff the plan if Durham City also will provide funding.

Presentations on this will be made to both governments in the upcoming year. An Aging Specialist at TJAAA continues to provide staff support to the DPfS/Durham CRC through an arrangement with Durham County Public Health. Dementia Inclusive, Inc. is also developing as a non-profit in Durham focused on the well-being of individuals with dementia. The AAA Director has joined the board of DII.

The Assistant Director is involved with the Vulnerable Populations committee of Live

Well Wake, a health and wellness planning and coordination effort in Wake County. Orange Co. Department on Aging also continues to track progress on their Master Aging Plan and will be updating this soon.

### **Year 2 Progress:**

The AAA continues to support those organizations implementing master aging plans and seeking to create more livable and dementia-inclusive communities. The AAA participated in the transition of the Durham Partnership for Seniors to Aging Well Durham, the new partner to implement Durham’s aging plan and lead the Age Friendly Community effort. The AAA also supports Orange County’s new Master Aging plan, which builds off the previous Age Friendly plan and further incorporates the equity lens into its most recent version. The Director is also involved as a board member for Dementia Inclusive, Inc., which promotes age-friendly communities for those living with dementia, as well as inclusion. She also participates in the community stakeholder group for UNC’s Dementia Capable Hospital initiative and in the state’s Dementia Friendly Communities and Hospital Collaborative. The Assistant Director continues her involvement with the vulnerable populations committee of Live Well Wake.

### **Year 3 Progress:**

Orange County Department on Aging continues to implement its recently updated Master Aging Plan. Durham has delegated the implementation of its Master Aging Plan to Aging Well Durham. Aging Well Durham has received its non-profit status, hired staff, and is in the process of launching a series of stakeholder groups over the next year.

Several organizations continue to implement dementia-capable activities, including Dementia Capable CARES (Cary) hosting of a Brain Health Conference in March 2023 and Dementia Inclusive, Inc. hosting a community dementia awareness event in April 2024, with another planned for September 2023. There are also a number of dementia education and demonstration projects in the region. Orange Co. DoA continues to offer its business recognition program as a part of its MAP strategies. There has also been some recent interest in the Dementia Friends Champion training and the AAA is working through those requests with the interested groups.

### **Strategy:**

2.1.4 The AAA will incorporate information about senior centers, employment and volunteering in the “Aging Well” section of the website ([www.tjaaa.org](http://www.tjaaa.org)).

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**Indicator:**

Number of webpage views of posted content on the “Aging Well” page.

**Year 1 Progress:**

Information is posted on the “Aging Well” page and is the fourth most popular page in the aging section of the website.

**Year 2 Progress:**

The “Aging Well” page of the website which contains this information remains the fourth most popular page in the aging section, with 1,251 page views in a year.

**Year 3 Progress:**

The “Aging Well” continues to be the fourth most popular page in the aging section, with the number of page views increasing slightly over the past two fiscal years, to 1,425 in FY 23.

**Strategy:**

2.1.5 The AAA staff will routinely review service waiting lists and service utilization reports and encourage the use of the NC DAAS Service Screening Tool for applicable services to assure priority of service for those in the greatest need.

**Indicators:**

Ongoing review of service utilization and waiting list reports for trends or adjustments needed. Number of agencies adopting the use of the voluntary Service Screening Tool.

**Year 1 Progress:**

Waiting list reports in ARMS are periodically reviewed for changes throughout the year. The formal introduction and training on the Service Screening Tool has been put on hold until a later date, possibly in SFY 2022, due to the intense workload created for providers by the pandemic and the additional funding related to this. This funding may temporarily help reduce the waiting list for some services. There was a reported reduction regionally of 121 individuals waiting for service between November of 2020 (2<sup>nd</sup> quarter) and March of 2021 (3<sup>rd</sup> quarter).

**Year 2 Progress:**

Waiting lists in ARMS are reviewed for activity and providers are encouraged to update the information. A training on the Priority of Service Screening Tool was held for providers on 9/14/2021. The waiting list has increased since last fiscal year and there were 1702 individuals waiting for service in the 3<sup>rd</sup> quarter, but it was down slightly at the end of the year to 1,642. One contributing factor is the lack of workers and volunteers to serve additional clients, especially for in-home aid and home-delivered meals programs. The numbers of providers who have adopted the screening tool for routine use is not available.

**Year 3 Progress:**

The waiting list has decreased regionally, most likely due to the utilization of ARPA funds to help meet the need for services. However, some organizations have seen an increase in their organization's waiting lists (Durham Department of Social Services, for example which has 408 people waiting for service). Currently, there are 1,404 individuals on the waiting list at the end of FY 23. Most often, individuals are on the waiting list for in-home aide services and home-delivered meals. It is unclear if lists will grow after the ARPA funding ends, but it seems likely.

**Objective 2.2: Long-term care settings will allow residents to live in minimally restrictive environments, while preserving and protecting their rights.**

**Strategy:**

2.2.1 Long-Term Care Ombudsmen will continue to promote residents' rights and attempt to resolve complaints related to restrictive environments or unsafe discharges.

**Indicator:**

Records of complaints received and addressed related to restrictive environments or unsafe discharges, as tracked in NORS-NC database system.

**Year 1 Progress:**

LTC Ombudsmen continue to promote residents' rights and work to resolve complaints, with much of this occurring through virtual means in SFY 2021. 67 supported tablets were provided in Adult Care Homes to facilitate communications with the Ombudsmen program, family members and/or health care personnel, and

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outreach materials about the program and resident's rights were distributed to long-term care facilities across the region. The Ombudsman team worked on 29 complaints related to unsafe discharges and restrictive environments.

**Year 2 Progress:**

12 complaints were documented regarding environments and 22 complaints about discharges were received in FY 22, with 611 AGIs recorded in regard to discharges (this includes training and technical assistance).

**Year 3 Progress:**

Between July 2022 and mid-June 2023, there were a total of 184 complaints related to rights and 106 cases related to rights were opened in the region by the LTC Ombudsmen. There were 30 complaints related to improper discharges and 1 complaint regarding the environment.

**Strategy:**

2.2.2 Long-Term Care Ombudsmen will provide education and technical assistance to staff of long-term care homes on how to incorporate person-centered care practices.

**Indicator:**

Number of educational or technical assistance sessions provided on person-centered care practices, as recorded in NORS-NC database system.

**Year 1 Progress:**

The Ombudsman program incorporate person-centered practices daily while working within their mandates. 8 residents' rights trainings and 710 AGI's related to residents' rights were documented throughout the region between July 1, 2020 and March 31, 2021. This topic often overlaps with person-centeredness.

**Year 2 Progress:**

The LTC Ombudsmen continue to incorporate person-centered practices into their work on a regular basis. Person-centered approaches are discussed during Residents' Rights trainings and 35 of those were provided over the past year, with a total of 668 AGIs documented around the rights topic.



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**Year 3 Progress:**

Person-centered practice information was incorporated in the 13 resident's rights trainings offered between July 2022 and mid-June 2023, with a total of 436 AGIs documented on this topic.

**Strategy:**

2.2.3 The AAA will continue to support and promote the Money Follows the Person program (MFP) for assisting eligible adults to move from skilled nursing care back into the community.

**Indicator:**

Number of opportunities to promote the program or refer individuals to MFP.

**Year 1 Progress:**

The AAA continues to discuss transitioning and the MFP program with interested individuals, screen for program eligibility and assist with applications in Region J and parts of Region G. However, referrals received were down in SFY 2021 due to the pandemic. Recent changes in program eligibility may enable more individuals to participate and TJAAA anticipates continuing this service into part of SFY 2022 before the screening and assessment role is incorporated into a Medicaid managed care contract for universal assessment.

**Year 2 Progress:**

The AAA continues to discuss transitioning and the Money Follows the Person program with interested individuals, screen for program eligibility and assist with applications in Region J and parts of Region G. The number of referrals received is steady. TJAAA's contract for this was extended until December of 2022.

**Year 3 Progress:**

The AAA continues to discuss transitioning and the Money Follows the Person program with interested individuals, screen for program eligibility, and assist with applications in Region J and parts of Region G. The number of referrals received is steady. TJAAA's contract for this was extended until June of 2023. The future of this arrangement is unclear at this time but expected to end within the next year.

**Objective 2.3: The AAA and its community partners will employ system and community level strategies to improve food security for low-income aging adults, including those living with disabilities.**

**Strategies:**

2.3.1 The AAA and CRCs will promote nutritional and supplemental food options available in their respective communities, SNAP benefits, and eligibility for nutrition services to participating agencies and members. The Durham Partnership for Seniors, with the assistance of the CRC Coordinator and Program Coordinator, will continue to address food insecurity among aging adults through the work of a dedicated sub-committee, the Senior Hunger and Nutrition committee.

**Indicators:**

Minutes of CRC meetings where nutrition resources were addressed, results of End Hunger Durham pilot project for transportation for grocery shopping and the Durham Hosiery Mill apartments special event meals as reported to the Durham Partnership.

**Year 1 Progress:**

CRC Coordinators continue to promote the availability of food services and expanded SNAP benefits to participating groups. The Senior Hunger and Nutrition group reported the pilot's favorable results to the Durham Partnership for Seniors (DPfS). Since COVID, special meals at the Hosiery Mill were discontinued but the Partnership for a Healthy Durham, Durham Congregations in Action, and the DPfS's Seniors and More subcommittee have collaborated to address food security needs in low income apartments in Durham (not duplicating Meals on Wheels clients) and completed a pilot of meals coupled with Community Health Workers to address needs. Catering was provided by local HUBs. The groups now seek more sustainable funding to continue the CHW support. Durham Center for Senior Life, one of the core partners in the Senior Hunger subcommittee has recently expanded their "Durham Eats" pantry project to include grocery shopping within the senior center on select days. There is still a need for increased funding for congregate meals (currently take out) at the DCSL since the pandemic's peak, as they had exhausted their funding by third quarter of the fiscal year. DCSL used 100% of their COVID OAA funding to address the need for meals in FY 21.

**Year 2 Progress:**

The AAA continues to administer additional nutrition funds (HDC5) and to discuss opportunities for new partnerships or expanded services with local providers, using the

American Rescue Plan funding. TJCOG featured the Durham Eats Program as part of their regional summit for elected officials in the fall of FY 21 and the Program Coordinator continues to be involved in Durham’s senior nutrition group. In March 2022, the Wake CRC offered a program on supplemental food programs, featuring Wake MOW, the Food Bank of Central and Eastern NC, and the Inter-faith Food Shuttle to increase awareness of resources.

**Year 3 Progress:**

The current focus is on making the community aware of the reduction in SNAP benefits and where additional food may be found. In the February 2023 Director’s meeting, all HHCBG-funded nutrition service providers were requested to step up their outreach on the meals program and reminded that their ARPA funds could be used towards LTSS Outreach including outreach on supplemental food sources. Aging Well Durham has launched a new workgroup in the spring related to nutrition and food security, as a part of its work to implement Durham’s Master Aging Plan. Other efforts above remain ongoing, and the HDC5 funding was extended where necessary, through September 2024.

**Strategy:**

2.3.2 CRC Coordinators will encourage all member and participating organizations that provide income assistance, food, or nutrition services to enroll in NC Care 360, in order to facilitate referrals.

**Indicators:**

Minutes and other CRC documents where NC Care 360 enrollment is encouraged.  
Numbers of local food and nutrition resources available for referral in NC Care 360.

**Year 1 Progress:**

Coordinators continue to encourage all participating organizations to enroll and use NC Care 360. This remains a work in progress with those groups using 360 reporting some issues with inappropriate referrals. The AAA continues to be a part of those conversations and the Coordinator for Durham is the facilitator for a local work group on NC Care 360. Providers in Wake and Johnston report that they receive a small number of referrals for meals.

**Year 2 Progress:**

The Chatham-Orange CRC provided a program on NC Care 360 for their participants,

and this also afforded an opportunity for those who are involved to share any challenges they may have encountered. The overall number of referrals for older adult services remain lower than anticipated, although a few nutrition referrals are reportedly being made. TJAAA has fielded one referral for nutrition services in the system, but it was a duplicate referral.

### **Year 3 Progress:**

Efforts to promote NC Care 360 remain ongoing but not robust amongst aging service providers. A few referrals are made but for the most part, the system is used more heavily with younger age groups. TJAAA receives very few referrals though the NC Care 360. The home repair services offered through the Council of Governments are also now listed as a service offered. Food offerings, especially for older adults are very limited in NC Care 360 for the region. This is likely due to the limited operational capacity for these programs.

### **Strategies:**

2.3.3 The AAA will promote the congregate dining and home-delivered meals services as strategies to help address food insecurity and will provide technical assistance on improving these services, as necessary. The AAA will maintain a list of dining locations and home-delivered meals providers on the AAA website ([www.tjaaa.org](http://www.tjaaa.org)) and provide information and assistance to callers about these and other nutrition services, including farmer's market vouchers.

### **Indicators:**

Number of nutrition-related calls and referrals made as tracked in Peer Place database. Number of webpage views of posted content on the "Aging Well" and "Remaining At Home" pages. Records of technical assistance provided to service providers, including use of emergency federal funding for nutrition services.

### **Year 1 Progress:**

Information on meal services is posted in both places within the website and the "Remaining At Home" page is the third most popular content page in the aging section. The Program Coordinator and AAA Director have also provided a great deal of technical assistance over the past year, especially in regard to COVID funding and service administration including meal services. However, calls to the AAA for nutrition service information have been fairly infrequent, with logged 10 calls total in the period between July 1, 2020, and March 31, 2021.

### **Year 2 Progress:**

The “Remaining at Home” page of the website remains the third most popular page in the aging section, with 1,403 page views. 11 calls about food or home-delivered meals were documented during the fiscal year.

### **Year 3 Progress:**

Information on the meal sites and the nutrition services are listed in the Service Partner Directory and on the “Remaining At Home” page of the website, which is still the third most accessed page in the aging section of the website. The number of page views increased slightly over the past two fiscal years. There was only 1 nutrition related information and referral call to the AAA recorded in the period between July 1, 2022 and June 30, 2023, and 4 calls for home-delivered and congregate meals information in that same time period.

**Objective 2.4: Aging adults will have access to evidence-based health promotion, wellness, and disease prevention programs.**

### **Strategy:**

2.4.1 The AAA and CRC Coordinators will promote availability of evidence-based health promotion classes in the community and educate CRC members and participants on the importance of evidence-based approaches to falls, chronic illnesses, depression and family caregiver support needs, as appropriate.

### **Indicator:**

Minutes and other AAA and CRC records promoting evidence-based and related health resources.

### **Year 1 Progress:**

In Durham, the DPfS and its subcommittees such as “Seniors and More” have pivoted to COVID response, and since many are also agencies represented in the CRC, the CRC has not met recently or provided educational programs. The other two CRCs have not yet held programs specific to these topics, though Chatham-Orange did share about evidence-based peer support programs for those with mental illness or their families offered through NAMI.

**Year 2 Progress:**

Several health-related topics have been on the agenda of the Chatham/Orange Community Resource Connections group. These include ASIST (suicide intervention evidence-based program), neurodivergence, and hospice for end of life supportive care. Additionally, the Wake and Chatham/Orange CRCs met jointly to discuss substance misuse and addictions in FY 22.

**Year 3 Progress:**

The Chatham Orange CRC hosted Brian Struzyk of Active at Home Senior Services to discuss their services in January of 2023, including wellness programs. Evidence-based health promotion classes and opportunities are distributed throughout the community and posted on the UNC-A's Center for Health and Wellness website, as the information is made available.

**Strategy:**

2.4.2 The AAA and its subcontractors will fulfill the expectations of the Medicare for Patients and Providers Act (MIPPA) grant to promote evidence-based classes and other health and wellness resources in the community.

**Indicators:**

Contracts for subcontractors address the provision of health and wellness resources  
MIPPA reporting on grant activities to the NC Department of Insurance's Seniors Health Insurance and Information Program (SHIIP).

**Year 1 Progress:**

This continues to be required through contracts with MIPAA subcontractors. Most of these programs were limited to virtual means in FY 2021.

**Year 2 Progress:**

Subcontractors assisting with MIPPA outreach are contractually required to distribute this information during outreach events, either in person or virtually. The AAA is responsible for distributing this information in Wake County through groups like the Wake County Community Resource Connections and the Wake County Care Transitions Coalition.

### **Year 3 Progress:**

The most recent rounds of MIPPA grants have shifted the focus from health and wellness to social determinants of health issues and the services available, such as food and nutrition services. Subcontractors assisting with MIPPA outreach are contractually required to distribute this information during outreach events, either in person or virtually. The AAA is responsible for distributing this information in Wake County through groups like the Wake County Community Resource Connections.

### **Strategies:**

- 2.4.3 The AAA will submit a list of regional evidence-based health promotion classes for listing on Healthy Aging NC's "Find A Program" webpage. ([healthyagingnc.com/all-workshops-future-in-progress](https://healthyagingnc.com/all-workshops-future-in-progress)). The AAA will maintain a link to this information on its website ([www.tjaaa.org](http://www.tjaaa.org)).

### **Indicators:**

Ongoing publicly available list of evidence-based health promotion classes available in Region J, as posted on Healthy Aging NC's website. Number of webpage views of posted content on the "Aging Well" page of the AAA website.

### **Year 1 Progress:**

The Coordinator assigned to Title III-D programs updates class listings as that information is provided to TJAAA for posting on the Healthy Aging NC website. The "Aging Well" page within tjaaa.org links to the Healthy Aging NC class listings and this page is the fourth most popular content page within the aging section of the website.

### **Year 2 Progress:**

The "Aging Well" page remains the fourth most popular page in the aging section of the website, with 1,251 views. The Program Coordinator also continues updates on class information on the Healthy Aging NC website.

### **Year 3 Progress:**

The "Aging Well" page remains the fourth most popular page in the aging section of the website, with 1,425 views. The Program Coordinator also continues updates on class information on the Healthy Aging NC website, and with the additional of the Mon Ami software, this can be listed in more detail in the aging section of the future website.

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**Strategy:**

2.4.4 Through the NC Association of Area Agencies on Aging (NC4), the AAA will continue to pursue insurance or other related reimbursement for evidence-based health promotion programs to help expand programs.

**Indicators:**

Securing of additional funding resources, as a result of collective efforts.

**Year 1 Progress:**

Exploratory work continues regarding the development of a contracting hub for EBHP and other service contracts with private insurers. The AAA Director has served on the Managed Care subcommittee of NC4A, which had been coordinating work in this area with UNC-A's Healthy Aging Network. Currently, UNC-A currently has a grant to provide support for the development of a structure for this. COG Directors are in favor of using an existing organization for this work at this time, rather than launching a non-profit to address this type of future contract work.

**Year 2 Progress:**

This continues to be an area of focus and discussion amongst the AAAs in the state but thus far, nothing concrete in terms of new payors has materialized. The AAA hopes to add a part time Master Trainer for key evidence-based programs to the staff in the near future to help improve the quality of services and the speed of getting new instructors trained. This would improve the readiness and marketability of programs within the region.

**Year 3 Progress:**

TJAAA continues to participate in the NC AAA/UNC-A effort to develop a Community Care Hub and network for contracting, and recently completed a Readiness Self-Assessment at their request. A part-time staff position to serve as a Master Trainer for the region has been added and he continues to pursue leader trainings in key evidence-based programs. Moni Ami software is also being implemented to support these programs and collect data, class information and instructor information to share with UNC-A. An MOU about mutual expectations when our Master Trainer supervises coaches in outside of our funded network is also being implemented and includes an expectation about taking our referrals for classes should there be a need. The staff are developing an internal strategic plan to work towards expansion of services and funding streams.



**Objective 2.5: Increase employment of aging adults seeking to re-enter or remain in the workforce.**

**Strategy:**

2.5.1 Certified “Senior Centers of Excellence” in the region will publicize employment opportunities and computer or other training assistance in accessing employment opportunities. The AAA will provide technical assistance to the certified centers, as needed.

**Indicators:**

Documentation of technical assistance provided to senior centers to fulfill certification requirements.

**Year 1 Progress:**

AAA staff continue to provide one-on-one and group assistance with the certification process, including meeting the new virtual programming requirements. Every county in Region J currently has at least one certified senior center. One completed recertification has occurred in the past year, with more expected in FY 22.

**Year 2 Progress:**

Certified senior centers continue to provide this employment support and the AAA continues to provide technical assistance, as needed. 6 centers have been recertified in the past fiscal year, and five technical assistance visits or other support were provided.

**Year 3 Progress:**

Senior centers continue to provide employment support and the AAA continues to provide technical assistance, as needed. Each county in the region is served by at least one certified senior center. The Orange Co. Department on Aging has had an employment counselor, as well but due to unfortunate circumstances this position has been vacant recently.

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**Strategy:**

2.5.2 The AAA will assist callers in finding employment resources and/or volunteer or training opportunities to improve job skills.

**Indicators:**

Tracking of information and referral calls for employment resources and related assistance in Peer Place database.

**Year 1 Progress:**

There were no logged requests for this type of assistance for the period July 1, 2020 through March 31, 2021. The pandemic may have had a direct impact on the number of individuals seeking employment. TJAAA did sign an MOU in FY 21 with the NCBA that serves part of the region for the Senior Community Service Employment Program.

**Year 2 Progress:**

There have been no calls for employment assistance logged in Peer Place. The MOU with NCBA for the Senior Community Service Employment Program remains in effect.

**Year 3 Progress:**

There have been no calls for employment assistance logged in Peer Place. The MOU with NCBA for the Senior Community Service Employment Program remains in effect.

**Expected Outcomes for Goal 2: There will be increased opportunities available to support healthy, successful aging within Region J. This includes, but is not limited to, better access to healthy foods, increased utilization of nutrition services, evidence-based health promotion programs, and employment resources.**

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## Well-Informed Communities

**Goal 3: Aging adults and those comprising their support systems will be supported and encouraged to access information that helps them make informed choices about support services at home or in the community.**

Objective 3.1: Aging adults and the community networks that serve them will be educated on the availability of services that foster independence, self-sufficiency and enhance planning for long-term needs.

**Strategy:**

3.1.1 Long-Term Care Ombudsmen will provide information on how to select long-term care facilities and how to plan for future long-term care needs, referring to the appropriate resources for the needs of the individual.

**Indicator:**

Numbers of individuals assisted with long-term care facility selection and/or planning for long-term care needs, as tracked in the NORS-NC database system.

**Year 1 Progress:**

LTC Ombudsmen documented assisting individuals with LTC selection 218 times in the period between July 1, 2020 and March 31, 2021. LTC Ombudsmen continue to provide information on how to select facilities, planning information related to future long-term care needs, and referrals to appropriate resources.

**Year 2 Progress:**

LTC Ombudsmen documented assisting with long-term care selection 233 times over the past year. This includes information on facility selection, planning for future care and moving of an individual to into a facility from outside of the region.

**Year 3 Progress:**

The LTC Ombudsman program assisted with Long-term care facility selection 197 times in the period between July 2022 and June 2023.

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**Strategies:**

3.1.2 The AAA will continue to promote multipurpose senior centers, information and referral, and the options counseling service as helpful avenues of access to helpful resources, informed decision-making support and future's planning information. The AAA will provide technical assistance to local providers, as needed.

**Indicators:**

Numbers of individuals assisted with information and referral or options counseling, as reported in the Aging Management Resource System (ARMS) and Peer Place database. Number of times the provider directory or other service information is viewed on [www.tjaaa.org](http://www.tjaaa.org).

**Year 1 Progress:**

Between July 1, 2020 and February 28, 2021 there were 28,734 information and referral calls and 7 Options Counseling clients reported regionally. AAA staff logged 421 informational requests entered in Peer Place for the same time period and 7 referrals have been received in NC Care 360. Because the provider directory is a downloadable .pdf, the number of downloads is not tracked. The pages containing the link to the directory recorded 5,296 page views between July 1 and March 31.

**Year 2 Progress:**

34,819 information and referral calls and 11 Options Counseling clients were reported regionally in FY 22. AAA staff logged 750 informational requests entered in Peer Place for the fiscal year. The provider directory is located on a page with 6,506 page views during that same time period.

**Year 3 Progress:**

25,056 information and referral calls and 15 Options Counseling sessions were reported regionally between July 2022 and May 2023. AAA staff logged 774 information requests entered in Peer Place for FY 23. The provider directory is located on a page with 6,594 page view during that same time period.

**Strategies:**

3.1.3 The AAA and CRCs will continue to partner with the ARC of the Triangle and Community Partnerships, Inc. to help address planning and the future care needs of

aging adults caring for individuals living with a developmental disability. Called “Mapping the Future”, this will be listed as a service in NC Care 360’s referral system and on the AAA website ([www.tjaaa.org](http://www.tjaaa.org)).

**Indicators:**

Numbers of brochures for “Mapping the Future” distributed across the Triangle.  
Number of referrals received in NC Care 360. Complete content for the “Planning for the Future” page of the AAA website and the number of webpage views for this content.

**Year 1 Progress:**

More than 125 brochures were distributed, but continued promotion using hard copies was limited by the pandemic. Information is listed on the AAA section of the website and the service is listed in NC Care 360, though the original key words needed simplifying to prevent mis-directed referrals. To date, no referrals have been received. AAA staff continue to participate in the I/DD subcommittee for the ACL dementia inclusive grant in Durham. Identifying appropriate individuals via targeted outreach remains challenging there, as well.

**Year 2 Progress:**

There have been no referrals for this in NC CARE 360. The AAA Director and Assistant Director continue to participate in the I/DD subcommittee for the ACL dementia inclusive grant in Durham, which includes partners from the agencies serving those with I/DD.

**Year 3 Progress:**

Efforts to reach individuals and caregivers of individuals with I/DD have fallen off and there have been no new requests for assistance. TJAAA remains available to provide information and resources should this be required.

**Strategies:**

3.1.4 The AAA and Wake CRC Coordinator will continue to facilitate the Wake County Care Transitions Coalition meetings to better address transitions of care and long-term services and support needs of individuals. The CRC and Coalition will continue the Community Charter of recognition as a best practice community with Alliant Quality, the Medicare and Medicaid designated quality improvement organization for N.C.

**Indicators:**

Continued meetings of the Wake County Care Transitions Coalition and sharing of information and resources to assist aging adults, as recorded in meeting minutes. Continuation of the charter agreement with Alliant Quality, with sharing of their best practices and information with Coalition members.

**Year 1 Progress:**

The Wake Care Transitions Coalition has continued to meet virtually due to the pandemic. The committee charter with Alliant Quality was renewed in FY 21 and the CRC Coordinator was invited to present about facilitating a coalition of this type during one of Alliant’s multi-state webinars. The Wake CRC will be participating in a multi-state “Sprint” with others in the Alliant Quality network in early FY 22, aiming to jumpstart action through the use of best practice information. The Wake CTC has chosen to focus on acute care/long-term care transitions.

**Year 2 Progress:**

The charter with Alliant Quality remains in place and the care transitions team of the Coalition completed the multi-state Sprint for quality care, noted above. The Coalition meets quarterly and is facilitated by the Assistant Director of the AAA.

**Year 3 Progress:**

Participation and meetings of the Wake Care Transitions Coalition have decreased in the past year, largely due to competing priorities and staffing issues amongst the participants. It has been very hard to involve medical and health care groups. TJAAA is considering whether to continue facilitating this group. TJAAA continues to be involved minimally in SNF to community transitions through the Local Contact Agency work.

**Strategy:**

3.1.5 The AAA, in collaboration with the Durham Partnership for Seniors and Durham CRC, will offer “Aging Well”, an education and information community forum for aging adults and their families annually, in conjunction with Older Americans Month.

**Indicators:**

“Aging Well” community forum held each May, with tracking of attendance and presentations and information provided each year.

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**Year 1 Progress:**

This has not been planned due to the pandemic. It may be reinstated at some future point.

**Year 2 Progress:**

This strategy is no longer viable due to the disbanding of the Durham Partnership for Seniors and the Durham CRC.

**Strategy:**

3.1.6 The AAA will share information about home rehabilitation/repair and affordable housing available in the region and refer to housing programs administered by TJCOG and others that allow aging adults to safely live in their communities.

**Indicators:**

Information and referral records for affordable housing and housing rehabilitation and repair, as documented in Peer Place and NC Care 360 databases.

**Year 1 Progress:**

In the period between July 1 and March 30, there have been 7 requests related to home repair and 21 requests for assistance locating housing logged into Peer Place. There were no referrals for housing assistance received in NC Care 360. The Council of Governments continues to grow their work in home repair services through the NCHFA and hopes to be adding a certified loan specialist to assist older individuals with applications for home repairs, as well as planning for work with USDA housing services. The AAA Director continues to participate in discussions in Durham pertaining to the possible implementation of the CAPABLE evidence-based program that pairs Nursing and OT services with minor home repair in order to enhance safety and prevent hospital readmissions. Recent discussions have centered around a trusted non-profit sponsor for the program since community preference is that it not be housed at Duke or within government. DPfS plans to become that non-profit home.

**Year 2 Progress:**

In FY 22, there have been 15 requests for information related to home repair or modifications and 20 requests for assistance locating housing/affordable housing logged into Peer Place by AAA staff. The DPfS has now been replaced with Aging Well

Durham. At this time, the CAPABLE model is not feasible, and the group will focus on implementation of the Master Aging Plan, which does include objectives and strategies around housing.

**Year 3 Progress:**

Housing rehabilitation services offered through the Council of Governments are included in the NC Care 360 but this has not proven to be a viable referral source. TJAAA does receive a significant number of requests for housing and repair assistance over its information line and recorded 42 calls for housing information and 11 calls for home repairs in FY 23. Local Master Aging Plans in some counties are also addressing housing needs through planning and coordination. TJAAA also has joined in partnership with the HOPE NC Collective Impact grant to focus on equity and housing over the next year.

**Objective 3.2: The AAA will foster equity and inclusion by educating and supporting underserved and under-represented populations and their community networks.**

**Strategy:**

3.2.1 Long-Term Care Ombudsmen will continue to serve residents of all payer types and provide appropriate information for non-English speaking, visually impaired, blind, deaf and hard of hearing residents, as requested.

**Indicators:**

Continued assistance to all residents needing Ombudsman services. Numbers of individuals assisted, as reported in NORS-NC database system.

**Year 1 Progress:**

The Ombudsman Program continues to include concepts of diversity, inclusion, and equity while serving all LTC residents in Region J. 4,280 AGIS have been documented and 149 cases have been closed with 271 complaints in the period between July 1, 2020 and March 31, 2021. The Ombudsmen have also participated in racial equity training during the past year.



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**Year 2 Progress:**

The LTC Ombudsman program serves diverse individuals of all payor types. While the data system does not record every unique individual who accesses services, the program logged 120 cases and 3,238 total AGIs over the past year.

Diversity, equity, and inclusion has been adopted as a core organizational value for TJCOG and performance reviews incorporate this as an expectation for all staff, including LTC Ombudsmen.

**Year 3 Progress:**

The LTC Ombudsman program continues to serve diverse individuals of all payor types. While the data system does not record every unique individual who accesses services, the program logged 106 cases, 184 complaints, and 3,135 total AGIs over the past year.

Diversity, equity, and inclusion has been adopted as a core organizational value for TJCOG and performance reviews continue to incorporate this as an expectation for all staff, including LTC Ombudsmen.

**Strategy:**

3.2.2 Long-Term Care Ombudsmen will encourage skilled nursing facilities in the region to participate in “Pride in Care NC” training.

**Indicator:**

Number of individuals trained from local skilled nursing facilities.

**Year 1 Progress:**

LTC Ombudsmen promote training by sending information/details to the LTC facilities as that information is available. The program relies on self-reporting from the facilities if any staff attend and complete the training.

**Year 2 Progress:**

LTC Ombudsmen continue to promote training as available and rely on self-reporting by those participating, so an exact participation number for the region is not available.

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**Year 3 Progress:**

LTC Ombudsmen have promoted this training and this particular project has now concluded. The AAA continues to partner with those representing the interests of the LGBTQ+ older adult community, most notably the Carolina Aging Alliance.

**Strategy:**

3.2.3 The AAA will continue to contract for translation services to better serve callers and clients who require interpretation or translation services, and will provide publications in alternative languages, as needed.

**Indicators:**

Continued contract for translation services and records of utilization of the service.

**Year 1 Progress:**

The AAA continues to use a translation service as needed, primarily for I&R calls. The service has been used several times this fiscal year and the primary language assistance request is for Spanish translation. Instructions for accessing the service are available to staff on SharePoint.

**Year 2 Progress:**

Telephonic translation services remain available for I&R calls and COVID-19 vaccination outreach. Spanish remains the most requested service. The NC Division of Services for the Deaf and Hard of Hearing provides American Sign Language during the Wake CRC meetings for those participants with hearing impairments.

**Year 3 Progress:**

The NC Division of Services for the Deaf and Hard of Hearing and the Division of Services for the Blind provided training at the AAA retreat in August of 2022. Telephone translation services remain available for I&R calls through Languageline.

**Strategy:**

3.2.4 CRCs will incorporate education on cultural competency and interacting with diverse populations and the use of a racial equity lens in the delivery of services for participants and members.

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**Indicator:**

Records of CRC meetings where this is incorporated, including agendas, presentations and minutes.

**Year 1 Progress:**

The Wake CRC Coordinator is attempting to locate an appropriate speaker on this topic for a future meeting. Discussion of this also features prominently in the “Seniors and More” committee of the Durham Partnership for Seniors (a companion committee to the CRC focused on COVID response. The CRC Coordinator is also the facilitator for the DPfS).

Meetings of the Wake CRC have moved to a virtual platform that is more user-friendly for those requiring ASL interpretation than the TJCOG system. This better accommodates the needs of several CRC participants from the NC Division of Deaf and Hard of Hearing. Additionally, TJCOG has incorporated diversity, equity and inclusion as a core value for the organization and staff, and CRC Coordinators are offered training opportunities and membership in GARE, (Government Alliance on Race and Equity).

**Year 2 Progress:**

The Wake CRC continues to have participation from the NC Division of Services to the Deaf and Hard of Hearing and the NC Division of Services to the Blind. The needs of both groups of participants are accommodated during all of the Wake CRC meetings and sign language interpretation is provided courtesy of the Division of Services to the Deaf and Hard of Hearing. The Chatham-Orange CRC offered a program in March of 2022, with guest speakers from Division TEAACH and the Autism Society, on Neurodivergence and adults with autism spectrum disorders. Additional training was also offered to all staff regarding recognizing and addressing microaggressions in FY 22.

Plans for FY 23 include staff training in accessibility for meetings, presentations, and written materials for all staff, including the CRC Coordinators. Diversity and equity were previously adopted as organizational core values and this is now included as a performance measure on performance evaluations for all staff members.

**Year 3 Progress:**

The CRC groups remain a welcoming place for representatives of diverse groups. However, participation overall has declined, and the AAA is pondering the future of

these groups, with perhaps a transition to an educational program focus.

**Strategies:**

3.2.5 The CRCs will be inclusive of organizations representing those identifying as LGBTQ and will continue to provide information and education on their unique needs and challenges. The AAA and the Wake CRC will continue to participate in the annual Pride Life Expo, sponsored by the LGBT Center of Raleigh/the Triangle, in order to better outreach to individuals in need of information or services.

**Indicators:**

Records of CRC meeting attendance, agenda and minutes. The AAA and Wake CRC will annually staff an information table at the Pride Life Expo.

**Year 1 Progress:**

No specific programs on this have been offered so far. The Pride Expo was not held due to the pandemic.

**Year 2 Progress:**

The Coordinator for the Wake CRC and other TJAAA staff participated in the 2022 Pride Expo held at McKimmon Center and disseminated resource information at the event.

**Year 3 Progress:**

A program was previously held on cultural competency with LGBTQ+ elders but no specific programs have been held recently. Overall participation is down, and the AAA is pondering the future of these groups. The AAA does plan to participate again the Pridelife Expo but this will not be held until the fall of 2023. Behind the scenes, the AAA partners with the Carolina Aging Alliance, the SAGE collab group for the Triangle and Triad areas and recently assisted with a virtual introduction to the AAA staff at PTRC.

**Strategy:**

3.2.6 Certified “Senior Centers of Excellence” in the region will conduct targeted outreach to under-represented populations or to those in underserved areas of their respective communities, and the AAA will provide technical assistance with this, as needed.

**Indicators:**

Number of technical assistance sessions provided. Reviews of certification documentation on outreach to these groups prior to certification renewals.

**Year 1 Progress:**

A virtual senior center director meeting was held to discuss programming during the pandemic and the new certification requirements on virtual programming. Several recertifications are due or in process currently and written responses on the certification tool are under review by staff. One recertification was completed in the past year.

**Year 2 Progress:**

5 technical assistance sessions were provided to directors and 6 centers were recertified in FY 22 at the Center of Excellence or Center of Merit level. There continues to be a certified center in every county in the region.

**Year 3 Progress:**

There continues to be a certified Senior Center of Excellence or Merit in every county. The centers in Orange County are nationally certified for a five-year period but that program is due to expire in the near future and the centers will have to convert to the state process in the future. Ongoing technical assistance is available through the AAA assigned staff.

**Objective 3.3: Emergency preparedness and the safety of aging adults, including those living with disabilities, will be strengthened.**

**Strategies:**

3.3.1 Long-Term Care Ombudsmen will keep up to date on the latest information from Emergency Management services within the region and continue to discuss emergency preparedness and safety of residents with administrators, providing resources upon request.

**Indicators:**

Records of technical assistance provided regarding emergency preparedness, as

documented in NORS-NC.

**Year 1 Progress:**

LTC Ombudsmen continue to keep in touch with Administrators about COVID safety and outbreaks, visitation status and other issues. Administrators are advised to follow public health guidance as to safety protocols. Technical assistance was provided 728 times to LTC facilities related to emergency preparedness. These numbers are significantly increased due to being in a worldwide pandemic during this time.

**Year 2 Progress:**

The Ombudsman program provided technical assistance 99 times related to emergency preparedness. COVID-19 safety protocols continue to be an important area of work, especially as it relates to visitation and rights, and represents an extended emergency situation different from those experienced in the past.

**Year 3 Progress:**

Ombudsmen continue to discuss emergency preparedness and safety of residents with administrators and provide resources upon request. They also continue to keep up to date on the latest information from emergency management services within Region J. There were 37 recorded sessions of technical assistance contacts made related to this topic between July 2022 and June 2023.

**Strategy:**

3.3.2 Certified “Senior Centers of Excellence” within the region will provide participants with emergency preparedness and safety information, and the AAA will provide information and technical assistance with this, as needed.

**Indicators:**

Records of information and technical assistance provided. Reviews of certification documentation prior to certification renewals.

**Year 1 Progress:**

Several recertifications are due or in process currently and written responses on the certification tool are under review by staff. One recertification was completed in the past year, and this is addressed in the review process.

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**Year 2 Progress:**

All senior centers in Region J have been proactive in educating participants about COVID-19 safety and continue to follow their preparedness protocols for other types of emergencies, such as severe weather. 6 recertifications were recorded in FY 22. The staff have also helped process service waivers due to the pandemic, where needed to support centers and participant safety.

**Year 3 Progress:**

This continues to be a requirement under the certification process for senior centers and the AAA provides ongoing technical assistance, as needed. The AAA also encourages refreshers for participants just prior to hurricane season.

**Strategies:**

3.3.3 The AAA will maintain a current regional emergency or disaster response plan, with updated contact information. The AAA will serve as a communication liaison between the local network and state officials. The AAA will alert the local aging network of anticipated emergency situations and encourage preparation and will gather information after an event for mobilization of resources.

**Indicators:**

Regional emergency preparedness plan with annually updated contact information. Records of education provided related to emergency preparedness planning, and communication and reports associated with a specific event.

**Year 1 Progress:**

Staff contact information is updated at the beginning of each fiscal year. There have been no educational sessions related to emergency preparedness planning provided, except for discussions with service providers around COVID response and reopening plans, especially during the quarterly provider director's meetings and the regional senior center staff meeting.

**Year 2 Progress:**

The AAA continues to be proactive in providing provider check-ins whenever a potential emergency threatens. Fortunately, no major disasters have impacted the region over the FY 2022, other than the pandemic. However, staff continue to provide technical assistance regarding service safety and COVID-19 through group meetings and

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individual technical assistance.

**Year 3 Progress:**

The AAA continues to be proactive in providing provider check-ins whenever a potential emergency threatens. The staff emergency contact list is updated annually and whenever there are changes in personnel.

**Strategy:**

3.3.4 The AAA will continue to work collaboratively with membership organizations, such as N4A, the NC Association on Aging, SE4A, the NC Coalition on Aging, and others to raise donated funds to address unmet needs related to emergency or natural disasters.

**Indicator:**

Records of fundraising and/or grant or funding applications submitted on behalf of aging adults in Region J.

**Year 1 Progress:**

No activity related to fundraising or grants occurred over the past year. This focus has been diverted by the impact of the pandemic. However, Region J continues to work collaboratively with all of these organizations and could quickly regroup on this if necessary.

**Year 2 Progress:**

Fortunately, there has not been a need to pursue disaster or emergency funding. The AAA continues to administer additional funds related to the pandemic recovery and will do so through September of 2024.

**Year 3 Progress:**

The AAA continues to administer COVID-related funds throughout the region, mostly to increase access to needed services and to strengthen the service infrastructure for any future emergencies.



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**Strategy:**

3.3.5 The AAA will help educate aging adults and the networks that serve them on the benefits of telehealth during times when in-person office visits may be disrupted or not practical.

**Indicator:**

Records of information and education on telehealth benefits provided directly to aging adults or to the service network.

**Year 1 Progress:**

A session on telehealth and how to participate in a session was provided to the Advisory Council on Aging members, at their request. The Chatham – Orange CRC also provided a program on telehealth to participants in September of 2020. Several service providers have also assisted by distributing telehealth tips in newsletters and other publications.

**Year 2 Progress:**

No additional activities have occurred related to tele-health, though service providers continue to encourage this where appropriate, and some computer equipment investments in senior centers over the past year may be used for this purpose.

**Year 3 Progress:**

Some telehealth flexibilities remain but others have expired with the lapses in federal and state disaster declarations, so there is less focus on this at present.

**Strategy:**

3.3.6 Veterans enrolled in the Veteran Directed Services program will have emergency plans and where feasible, emergency savings within their care budgets.

**Indicator:**

Individual plans of care and budget documents.

**Year 1 Progress:**

Current plan of care for the program enrollee includes emergency backup plans and a

modest savings plan for emergencies.

**Year 2 Progress:**

Planning for emergencies continues to be included in the plan of care for the Veteran-Directed Care program and its enrollee.

**Year 3 Progress:**

Planning for emergencies continues to be included in the plan of care for the Veteran-Directed Care program and its enrollee.

**Objective 3.4: Aging adults and family caregivers will understand available resources and exercise options to choose and manage caregiver staff.**

**Strategy:**

3.4.1 The AAA will continue to participate in the advisory committees for UNC’s “Bookend Caregiving Project” and the Durham V.A’s grant to develop lay navigators for families of veterans with serious illnesses in order to better connect these efforts with local resources within the aging network.

**Indicators:**

Records of meetings and participation, such as minutes and attendance. Number of webpage views of posted content in the Caregiving section of the website.

**Year 1 Progress:**

The Advisory Board of the Bookend Caregiving Project has not met in the past year and the effort may be stalled. The AAA Director continues to participate in an advisory capacity on the VA grant to train lay navigators for families of veterans with serious illness. It is anticipated that this advisory group will be disbanded in the near future since the grant research is well underway and the training protocols have been established. The Caregiver content page of the website is the most popular content page of the Aging section, based on page views.

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**Year 2 Progress:**

No formal work is occurring with this due to no further funding available to support the effort. However, there continues to be some interest in the topic from time to time and the Director can provide information on why awareness is needed.

**Year 3 Progress:**

Both of these grant-enabled work have ended but TJAAA continues to provide caregiving information through its website and which is one of the most popular pages in the aging section.

**Strategy:**

3.4.2 The AAA will continue to develop and expand the Veteran-Directed Services (VDS) program to eligible veterans of the Durham VA Medical Center and provide care options, information, and support to them and their care partners, as appropriate.

**Indicators:**

Number of veterans enrolled in the VDS program. Records of confidential counseling sessions provided to veterans and/or their care partners.

**Year 1 Progress:**

There have been no referrals for service received over the past year. The Care Advisor continues to meet on a routine and as needed basis with the care partner of the enrollee and all contacts are documented in the confidential record. An RFP for a Financial Management company is in process for the upcoming year in order to continue the program.

**Year 2 Progress:**

The program continues to serve one individual and the contract with the fiscal management company was renewed. No new referrals have been received and this remains the only active program of its kind in NC.

**Year 3 Progress:**

The AAA continues to operate the only program in NC, but without any expansion of enrollment. There continues to be discussion of increasing enrollment and access to

this program at the federal level. Recently, the AAA has undertaken a review of its policy and procedures to ensure compliance with a new federal policy guide for the Veteran-Directed Care program. A new quality improvement and monitoring process is currently being developed to better align with the size of the current program and forms are being edited to better reflect current best practice information.

**Strategies:**

3.4.3 The AAA will keep abreast of the use of lifespan respite vouchers and promote the use of these within the region. The AAA will also promote respite service options, educational programs, caregiver support groups, memory cafes and other supports in the “Caregiving” section of the website ([www.tjaaa.org](http://www.tjaaa.org)) and maintain a list of local Family Caregiver Specialists and their contact information.

**Indicators:**

Lifespan respite vouchers available to the region are utilized.

**Year 1 Progress:**

Preliminary county statistics for FY 21 indicate that 61 vouchers were awarded in the region, down from 70 the previous fiscal year. However, it was projected that utilization will be less due to the COVID-19 pandemic. The Coordinator for the FCSP continues to promote the use of vouchers and there is information on the TJAAA website.

**Year 2 Progress:**

132 Lifespan respite vouchers were utilized in the region in FY 22, an increase in usage.

**Year 3 Progress:**

The number of Lifespan respite vouchers utilized in the region in FY 23 was not available at the time of this report but expected to be consistent with FY 22.

**Objective 3.5: There will be expanded public awareness of the benefits of senior centers and their role in the community.**

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**Strategy:**

3.5.1 The AAA will continue to promote the benefits of participation in multi-purpose senior centers and provide information on the website ([www.tjaaa.org](http://www.tjaaa.org)) about senior centers with a link to centers in the region.

**Indicator:**

Number of webpage views in “Aging Well” section of the website, and number of click throughs to the senior center list

**Year 1 Progress:**

“Aging Well” is the 4<sup>th</sup> most popular page in the Aging section of the website and had garnered 561 page views during the first 3 quarters of the fiscal year.

**Year 2 Progress:**

The “Aging Well” page continues as the fourth most popular page in the aging section and garnered 1,251 page views in FY 22.

**Year 3 Progress:**

The “Aging Well” page continues as the fourth most popular page in the aging section and garnered more than 1,287 page views in FY 23.

**Strategy:**

3.5.2 The AAA will continue to provide support, technical assistance, and education to senior center staff to enhance the quality of programs and services.

**Indicator:**

Records of technical assistance and educational sessions provided.

**Year 1 Progress:**

Senior Center staff held facilitated regional discussions about their COVID-19 response and impact on programs. In addition, several individual educational sessions were held to orient new staff of the DSCL in Durham. Agency Directors also held quarterly

meetings to discuss the impact of the pandemic on services and programs. The Coordinator for Health Promotion programs also arranged training for providers of virtual A Matter of Balance programs.

**Year 2 Progress:**

A variety of technical assistance has been provided over the past fiscal year, including technical information on use of the waiting list screening tool and several new staff orientations. The multi-service agency directors also continue to meet quarterly. However, efforts to provide training on conflicts of interests related to insurance education and other activities in senior centers were unsuccessful due to NC SHIIP's busy schedule.

**Year 3 Progress:**

It has been increasingly hard to gather senior center directors for meetings, though they were included in a presentation of the basics of monitoring. The primary challenge with this has been staffing issues. The AAA staff assigned to senior centers and health promotion are making individual contacts with a Matter of Balance training class held before the end of the fiscal year.

**Objective 3.6: There will be increased awareness of opioid and other substance misuse among aging adults and the network of organizations that serve them.**

**Strategy:**

3.6.1 The AAA will continue to work with law enforcement on educational opportunities, as available.

**Indicator:**

Records of educational presentations from law enforcement regarding opioids and substance misuse, and the issues resulting from substance misuse.

**Year 1 Progress:**

No opportunities to work with law enforcement on these issues were available in the past year.

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**Year 2 Progress:**

A joint program on substance misuse was provided to the Chatham/Orange and Wake Co. CRCs and this included a representative of the Chatham County sheriff's department as a panelist.

**Year 3 Progress:**

Opportunities to work with law enforcement on this has not materialized this year, but the Ombudsmen continue to stay abreast of the topic through individual contacts in their assigned geographic area.

**Strategies:**

3.6.2 The AAA staff will keep updated on the latest information on the opioid epidemic, substance misuse and related issues by attending training opportunities as available, and will incorporate this information into presentations and other education provided to the aging network. By FY 2023, the CRSs will offer a program on substance misuse and issues related to this, including how staff might protect themselves during home contacts.

**Indicators:**

Records of education and trainings attended by staff and records of education and training provided to others in the network, including the CRC's members and participants.

**Year 1 Progress:**

LTC Ombudsmen participated in a conference: "Collateral Damage: Elder Abuse and the Opioid Epidemic in Rural Virginia" during FY 2021.

**Year 2 Progress:**

A joint program on substance misuse was provided to the Chatham/Orange and Wake CRCs. Additionally, the LTC Ombudsmen participated in a substance misuse and mental illness educational program hosted by North Carolina Partnership Against Adult Abuse.

**Year 3 Progress:**

There has been no new activity in this area, but the AAA continues to distribute "Lock Your Meds" materials at health fairs and other public events, as appropriate.

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**Expected Outcomes from Goal 3: There will be increased knowledge and awareness of available resources, including options for self-direction, by aging adults, family caregivers and the aging network. This especially includes underserved and under-represented segments of the community that deserve equal access to this information and resources. There will also be better utilization of health and wellness programs and other senior center services, as well as improved knowledge and preparation for the preservation of safety and security during times of emergency or disruption.**

## **Strong and Seamless Continuum of Services**

**Goal 4: The AAA will lead efforts to strengthen service delivery and capacity by engaging community partners to increase and leverage resources.**

**Objective 4.1:** The AAA will continue to partner with multi-disciplinary groups and individuals that can provide advice and guidance on matters related to the needs of an aging community.

**Strategy:**

4.1.1 The AAA will convene a regional Advisory Council at least four times per year to provide relevant education and information on matters of interest to the aging network and to seek feedback and input on programs, services, and the service delivery system. This Council is inclusive of appointed older adult representatives from each county in the region, and the Senior Tar Heel delegates and alternates representing each county in the region.

**Indicators:**

Regional Advisory Council on Aging documents, including membership list, agendas minutes, and documentation of recruitment efforts.



### **Year 1 Progress:**

The Advisory Council met six times by virtual means in FY 20, exceeding the minimum requirement. Most of the STHL slots are full but new members to the Council need to be recruited. This has been difficult during the pandemic and the Board of Delegates approved a temporary waiver to the required one year off between terms 2 and 3, so that the Council would not lose more representatives. One new representative joined at the end of the fiscal year.

### **Year 2 Progress:**

The Advisory Council met 6 times in FY 22, exceeding the minimum requirement. A few new members have joined the group from Lee and Orange County. Members are still needed from Moore and Wake counties, specifically. At the end of FY 22, the council meetings were in a hybrid format, with some joining in-person and others by Zoom.

### **Year 3 Progress:**

The Advisory Council on Aging met 5 times in FY 23 utilizing a hybrid format. One meeting was cancelled due to a conflict with the meeting dates of the Senior Tar Heel Legislature. Recruitment of new members remains challenging with the greatest need for representatives from Moore and Wake counties. A new Chairperson is also being recruited from the TJCOG Board of Delegates, as county requirements for length of service on external boards led to the resignation of the previous Chair in February of 2023.

**Objective 4.2:** The AAA will improve outcomes for older adults by adopting an active contracts and performance-based management framework and will educate service providers, contractors, and others on this.

### **Strategy:**

4.2.1 The AAA will provide information and technical assistance to the Home and Community Care Block Grant (HCCBG) county planning committees and to the county's designated lead agencies to better ensure the effective use of the HCCBG funding.

**Indicators:**

Records of HCCBG planning committees and AAA staff attendance, and documentation of technical assistance provided.

**Year 1 Progress:**

The AAA Director provides technical assistance to the committees and agencies as requested. The committee in Durham has been the most active in requesting utilization data and spending patterns for HCCBG funding. The Durham Partnership for Seniors which serves as the HCCBG committee is also in the early stages of developing into a non-profit and the AAA Director has been a participant in the committee meetings about this. Ultimately, the Commissioners will need to indicate approval for the non-profit to continue as the HCCBG committee in this county.

**Year 2 Progress:**

The AAA Director continues to provide technical assistance and support to the committees as needed and requested. Lead agencies are also supported and with turnover in positions, this has been an increased need in FY 22. The AAA Director is considering whether to offer a HCCBG-101 type training in FY 23 because of continued staff turnover in positions that need to understand the HCCBG process and paperwork.

**Year 3 Progress:**

One HCCBG – overview training was provided to a committee in the past fiscal year, as well as a couple of related training for provider staff in lead agencies. Committee meetings for the planning of FY 24 funding are delayed due to the late arrival of allocation information.

**Strategy:**

4.2.2 The AAA will continue its regional focus on quality improvement and utilization of a Results Based Accountability™ framework for improving health and wellness outcomes, starting with improved completion rates for funded evidence-based health promotion programs

**Indicator:**

Tracking of completion rates for funded evidence-based programs in the region, based

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on quarterly reporting from funded agencies.

**Year 1 Progress:**

Completion rates for FY 21 results are not yet compiled. The AAA typically produces an infographic on outcomes in the fall of the subsequent year and these are shared with service providers and the regional Advisory Council on Aging.

**Year 2 Progress:**

Completion rates for FY 22 are not available, and like FY 21's results, may not be reliable due to COVID-19 disruptions and the move to virtual for some programs. 512 participants were documented as participating in FY 21, through 13 different programs and 47 documented class series.

**Year 3 Progress:**

The metric on completion rates continues to be unavailable due to reporting limitations. A new tracking and reporting system for key evidence-based health promotion programs is being implemented in FY 24. It is hoped the completion rate information will be readily available in the new system. The region continues to focus on rebuilding its EBHP programs by providing training to providers.

**Strategy:**

4.2.3 The AAA will continue to review regional reports and ARMS reimbursement system reports of service data to evaluate service provider performance and provide feedback and technical assistance, as needed.

**Indicator:**

Documentation of technical assistance provided.

**Year 1 Progress:**

The AAA closely monitored the reports due to the additional funding, the issues early in the fiscal year with the reports, and the directive to approve expenses made with the COVID funding. At the end of the third quarter, detailed spending reports were compiled and sent to providers with a request for plans where spending was lagging.

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**Year 2 Progress:**

The AAA regularly monitors reports on utilization and through monitoring. To the extent possible the AAA sought to use 100% of funding available, but this was not possible in a couple of situations due to capacity limitations or the inability to find in-home aides.

**Year 3 Progress:**

It continues to be a bit challenging to guide the service providers utilization of funding, as multiple funding streams continue to be utilized. The biggest challenge to utilization of funding is staff shortages and turnover. Staffing shortages are particularly challenging in the in-home services.

All of the ARPA funding for the region has not been allocated. This is largely due to one county where the additional funding has proved complicated and burdensome to navigate through local requirements. Overall, the AAA is seeing an uptick in delays in funding utilization related to county finance and budgeting office requirements that take much time and communication to navigate.

**Strategy:**

4.2.4 The AAA will continue to provide annual performance summaries or infographics to the regional Advisory Council on Aging, local planning committees, service partners and for the TJCOG annual report.

**Indicator:**

Records of summaries and infographics provided in the Advisory Council minutes.

**Year 1 Progress:**

Performance indicators were provided over the last year to the regional Advisory Council on Aging for HCCBG and related funding, Title III-D funding, and monitoring. Additionally, they received information on services and supports provided during COVID, such as number of meals, programs and amount of PPE distributed. The HCCBG and related funding impact infographic is also posted on the AAA section of the website.

**Year 2 Progress:**

Performance data infographics continue to be shared with the Advisory Council on

Aging for HCCBG and related funding and for evidence-based health promotion programs. Because of monitoring program adjustments due to the pandemic and additional COVID funding, the monitoring infographic was not compiled as a new format would have been necessary. This will be resumed when the monitoring program transitions back to the previous format and schedule. Results of the AAA reviews by the NC DAAS are also shared with the Advisory Council and there were no compliance findings in FY 22.

**Year 3 Progress:**

Due to continued adjustments in the monitoring program due to additional funding, the monitoring infographic has not been compiled for FY 23. It is hoped that this can resume in future years and this information will be a performance indicator in the TJCOG Strategic Plan which is to be released in FY 24. Results of monitoring reviews by NC DAAS are shared with the Advisory Council and no compliance findings were noted in FY 23.

**Strategy:**

4.2.5 The AAA will continue to facilitate meetings and educational presentations for service specific groups, such as directors of local multi-service agencies on aging, senior center directors, evidence-based health promotion providers and family caregiver support program staff.

**Indicators:**

Records of meetings or trainings held for service providers, including agendas, minutes, attendance records or copies of presentations.

**Year 1 Progress:**

All of the identified groups met and/or received educational programs during the past year. The regional directors and caregiver specialists met quarterly.

**Year 2 Progress:**

All groups again received education or training through virtual or hybrid programs during the past year. Specifically, the regional directors and caregiver specialists meet quarterly. Because of staff turnover, the AAA staff will be considering approaches to target education and training to those new individuals in FY 23.

### **Year 3 Progress:**

A number of educational presentations were offered to service providers in FY 23. The FCSP and Directors groups continue to meet quarterly and provide training. Other training opportunities included an overview of monitoring, a Matter of Balance lay leaders and Powerful Tools for Caregivers training, and a regional senior center meeting and review of requirements. Additionally, several orientations were offered individually for new staff. Both Community Resources Connections groups met throughout the year and offered speakers of interest for attendees.

**Objective 4.3: The AAA will actively support local leadership efforts to create dementia-capable communities, in accordance with the state’s strategic plan for a *Dementia-Capable North Carolina*.**

### **Strategy:**

4.3.1 The AAA will support the development of dementia-capable or inclusive communities within the region. Currently there are active initiatives in Wake County (Cary, Wake Forest), Durham and Orange counties, with an effort under development in Moore County.

### **Indicators:**

Designated staff attendance at local meetings and records of support provided. Participation in the state’s advisory committee to identify common elements of a dementia-capable community if additional meetings are held.

### **Year 1 Progress:**

Staff continue to support dementia-capable efforts and participate in these meeting throughout the region as time permits, though some initiatives have been curtailed during the pandemic. More will be detailed in the response to 4.3.3, below.

### **Year 2 Progress:**

Dementia-capable efforts have been affected by the pandemic but in parts of the region, the activity level is unchanged. The AAA director and Assistant Director continue to

support and participate in these efforts. The AAA Director is also a board member of Dementia Inclusive, Inc., a non-profit focusing on promoting inclusion for individuals and families affected by dementia.

**Year 3 Progress:**

There continues to be interest in Dementia Capable Communities work. The AAA Director has continued to be a board member of Dementia Inclusive Inc. which along with Durham Co. and TJAAA sponsored a Durham Community Dementia event with approximately 75 attendees. Cary's Dementia Capable CARES held a similar event and TJAAA staff provided a resource table. One partner organization was trained in Dementia Friends, with another requested in the near future. Additionally, the AAA Director and the LTC Ombudsman participated in discussions for a possible Civil Monetary Penalty grant proposal using either Timeslips or Music and Memory. This application was postponed until the fall of 2023 due to new requirements around the funding of evidence-based dementia programs by the Centers for Medicare and Medicaid.

**Strategy:**

4.3.2 The AAA will support the development of dementia-capable hospitals through participation on the advisory committee of the UNC-led, Duke Endowment grant to establish 4-5 dementia-capable hospitals in the UNC network.

**Indicators:**

Participation in the advisory committee and records of in-kind hours of staff time contributed to the grant.

**Year 1 Progress:**

The AAA Director continues to participate in the dementia-capable hospital effort and plans to attend the upcoming virtual meeting.

**Year 2 Progress:**

The AAA Director continues to attend and participate in the state-wide Dementia Capable Communities and Hospital collaborative as time permits. The local work with UNC hospitals is ongoing but the formal grant work and the advisory group for the grant will be ending.

### Year 3 Progress:

The grant/advisory committee has now ended but the hospital system will continue training staff. The AAA Director remains involved in the Dementia Capable Communities and Hospital Collaborative as time permits.

### Strategy:

4.3.3 The AAA Director will serve on the advisory committee for *Dementia Inclusive Durham* and on the leadership team for the Administration on Community Living (ACL)-funded grant to establish a creative care community based on the Timeslips™ program for those in Durham living with dementia, and to identify those in the community living alone or with an intellectual developmental disability and dementia who could benefit.

### Indicator:

Records of participation, including agendas, minutes, training, and grant progress and evaluation reports.

### Year 1 Progress:

The AAA Director continues to attend monthly meetings of the steering committee for the ACL-funded dementia-capable grant at the Durham Center for Senior Life and the AAA Director and Assistant Director both attend the sub-committee on services and supports to those living with dementia related to an intellectual or developmental disability. The AAA provided a donation of animatronics to DCSL for those with dementia living alone or struggling with social isolation as a part of DCSL's in-kind match for the grant. Additionally, the AAA Director has joined the board of Dementia Inclusive, Inc., a newly developing non-profit that is an outgrowth of the Dementia Inclusive Durham coalition. The Director is also a participant in Durham's MDT subcommittee on dementia and adult abuse prevention.

### Year 2 Progress:

The AAA Director continues to participate in the steering committee and the ID/D focus committee for the ACL grant, which received a no-cost extension. Currently the Durham Center for Senior Life is focusing on case assistance efforts and providing respite services for those living with dementia. The AAA Director also serves as a board member of Dementia Inclusive, Inc. and serves on Durham's MDT subcommittee on Dementia and adult abuse prevention. This subcommittee, with the health of advanced degree interns at Duke, has recently completed an inter-agency communication



and referral assessment, related to serving those with dementia.

**Year 3 Progress:**

The AAA Director continues to participate in the steering committee meetings as time permits. The work of this group is nearing an end and the group is currently considering how to embed volunteer-led sector work into the workplan of Dementia Inclusive Inc. There is a small amount of (Duke) student-led, grant-funded work taking place at the West End Community Center using the Timeslips model of storytelling, and a breakout group about this was featured in the recent Durham Dementia Community Event.

**Strategy:**

4.3.4 The AAA will provide education or information about dementia versus normal aging, types of dementia and/or services to assist those living with cognitive challenges and their care partners, as requested.

**Indicator:**

Records of training provided, or information requested.

**Year 1 Progress:**

No formal trainings on this subject have been requested but the staff continue to provide information to callers about dementia and services available. 7 I&A contacts were recorded in the past year that were specifically related to Alzheimer’s Disease.

**Year 2 Progress:**

No trainings on this subject have been requested from the AAA, but there have been dementia training opportunities available in the region over the past year and promoted by the AAA. Also 4 information callers were assisted with dementia-related questions or needs in FY 22.

**Year 3 Progress:**

One individual at the Orange County Department on Aging was trained in “Dementia Friends” by the NC DAAS staff. An informational session on this program has also been requested by the CARES Dementia Capable organization in Cary and will take place in the near future. TJAAA co-sponsored the Durham Dementia Community Event, held on

April 29, 2003, and there were 75 attendees. Information on brain health, dementia awareness and diagnosis, and caregiver resources were provided. The keynote speaker for the event was an individual who is living with early cognitive challenges.

**Objective 4.4:** The AAA will address the needs of individuals living with serious illness and their care partners by partnering with service providers or others working on the issues of palliative care, hospice care and advanced illness.

**Strategy:**

4.4.1 Long-Term Care Ombudsmen will continue to promote resident's rights, especially the right to choose providers, and will attempt to resolve complaints related to care and access to hospice and palliative care services.

**Indicator:**

Records of complaints or issues related to right of choice of providers, or access to hospice or palliative care services, as recorded in the NORS NC database.

**Year 1 Progress:**

The Ombudsman documented 9 complaints related to the resident's right of choice or access to services related to the above in NORS during the period June 1, 2020 to March 31, 2021.

**Year 2 Progress:**

The LTC Ombudsmen logged 668 total AGIs related to resident's rights, which includes the right to make choices. Data on actual complaints directly related to choices is not available.

**Year 3 Progress:**

Between July 2022 and June 2023, the LTC Ombudsman program recorded 6 complaints or issues related to rights and choice of providers.

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**Strategy:**

4.4.2 The AAA Director will continue to serve on the community advisory committee for the Durham VA's 5-year research grant to develop and train lay navigators to assist care partners of veterans living with advanced illness, and to assess the use of lay navigators as an effective support strategy.

**Indicator:**

Records of participation in the grant advisory committee, such as agendas and minutes, and grant reports on progress.

**Year 1 Progress:**

The AAA Director continues to serve on the advisory committee for this grant, which is now entering its final phase and the meetings have been held virtually this past year due to the pandemic. Much of the planned intervention had to be restructured due to the pandemic and the lay leaders' time with each assigned care partner was shortened to address the shortage of available navigators and the reduced in-person support time. Navigators are primarily providing support via virtual means. The VA has been able to implement some improved internal processes around information sharing as a result of this work but results of the overall research will not be available for some time yet.

**Year 2 Progress:**

This grant has now concluded but the researcher is proposing another round of related research and the AAA has provided a letter of support for this application, and the Family Caregiver Support Program Coordinator has volunteered to participate in an advisory capacity, if the grant proposal is funded.

**Year 3 Progress:**

There has been no further word on funding for this particular type of project. The AAA did provide the researcher with a letter of support for his application.

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**Strategy:**

4.4.3 The AAA and the CRCs will continue to partner with local hospice and palliative care organizations to address the needs of those with advanced illness, and to provide education about these services and any new initiatives to members and participating organizations.

**Indicators:**

Records of participation by organizations serving those with advanced illness, such as attendance, agendas or minutes, and records of education provided to members and participants.

**Year 1 Progress:**

Hospice and palliative care organizations continue to be participants in the 3 CRCs facilitated by Region J and receive information provided by the CRCs.

**Year 2 Progress:**

The two remaining CRCs continue to welcome collaboration from hospice and palliative care organizations. Transitions Life Care, in particular, is a participating member of the Wake Co. CRC. However, participation has also been limited by the pandemic, staffing shortages, and turnover which as a healthcare provider affects them more intensely.

**Year 3 Progress:**

The hospice and palliative care organizations remain on the mailing list but participation is limited. The Transitions Lifecare staff continue to provide leadership to Johnston County's Network on Aging (JNOA) meetings and several TJAAA staff participate in this collaborative as well.

**Strategy:**

4.4.4 The AAA will continue to support the needs of care partners of those with serious illness through respite and other services provided by the Family Caregiver Support Program.

**Indicator:**

Records of utilization of respite and other family caregiver support services and technical assistance provided to the local programs. Number of care partners referred

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to local programs as recorded in Peer Place or NC Care 360 information and referral databases.

**Year 1 Progress:**

The AAA is still compiling this data from the sources listed above. 6,400 hours of respite were reported using FCSP funding and 3,313 hours of Cares Act-funded respite were reported for FY 21.

**Year 2 Progress:**

7,316 hours of respite for caregivers was reported in FY 22 for the Family Caregiver Support Program, regionally. Additionally, AAA staff documented four callers who were assisted with caregiver respite information.

**Year 3 Progress:**

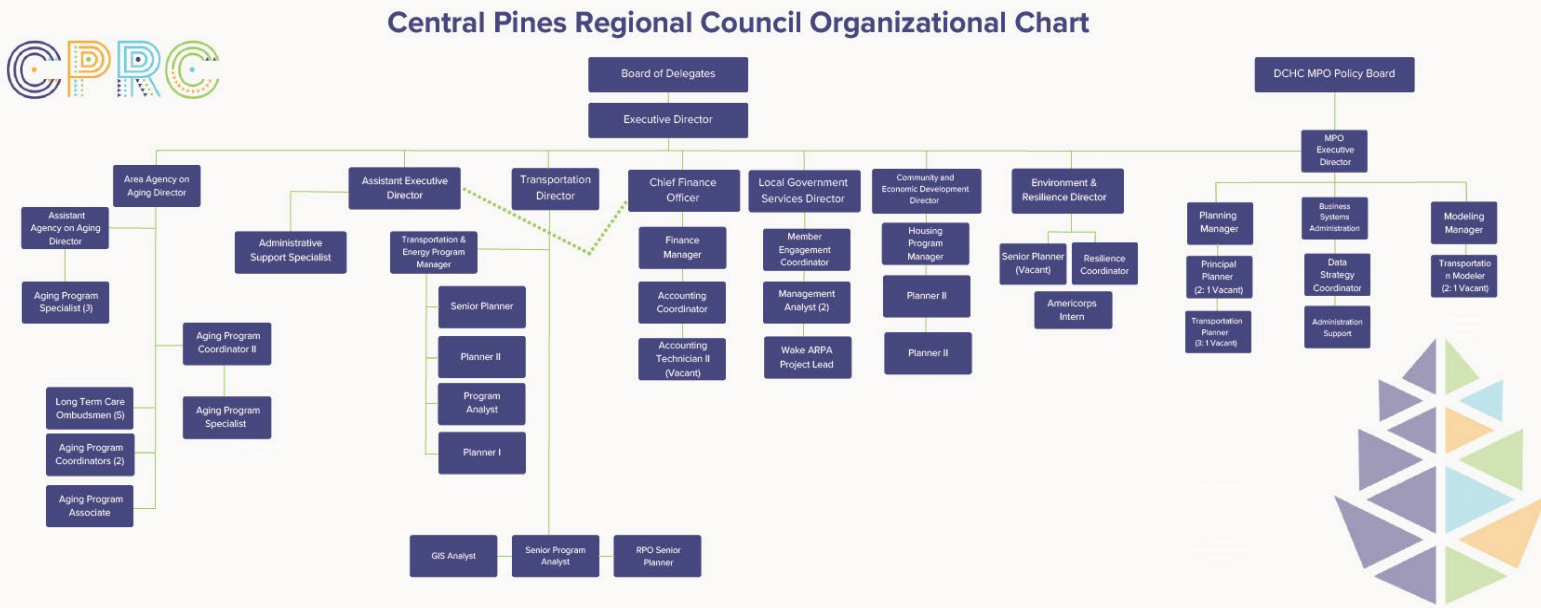
8,824 hours of respite for caregivers was reported between July 2022 and May 2023 for the Family Caregiver Support program. One call for respite service information was received and recorded. Respite service information is included on the website on the Caregiving page and this page received 1,810 page views in FY 23.

**Expected Outcomes from Goal 4: Regionally, there will be effective and fiscally sound use of funding to provide services for those with the greatest needs. There will be increased efforts within communities to become more livable and dementia-capable for those who can benefit from such efforts, and there will be improved knowledge and access to supports for those caring for individuals with serious or advanced illnesses.**

# II. Appendices/Exhibits With Changes

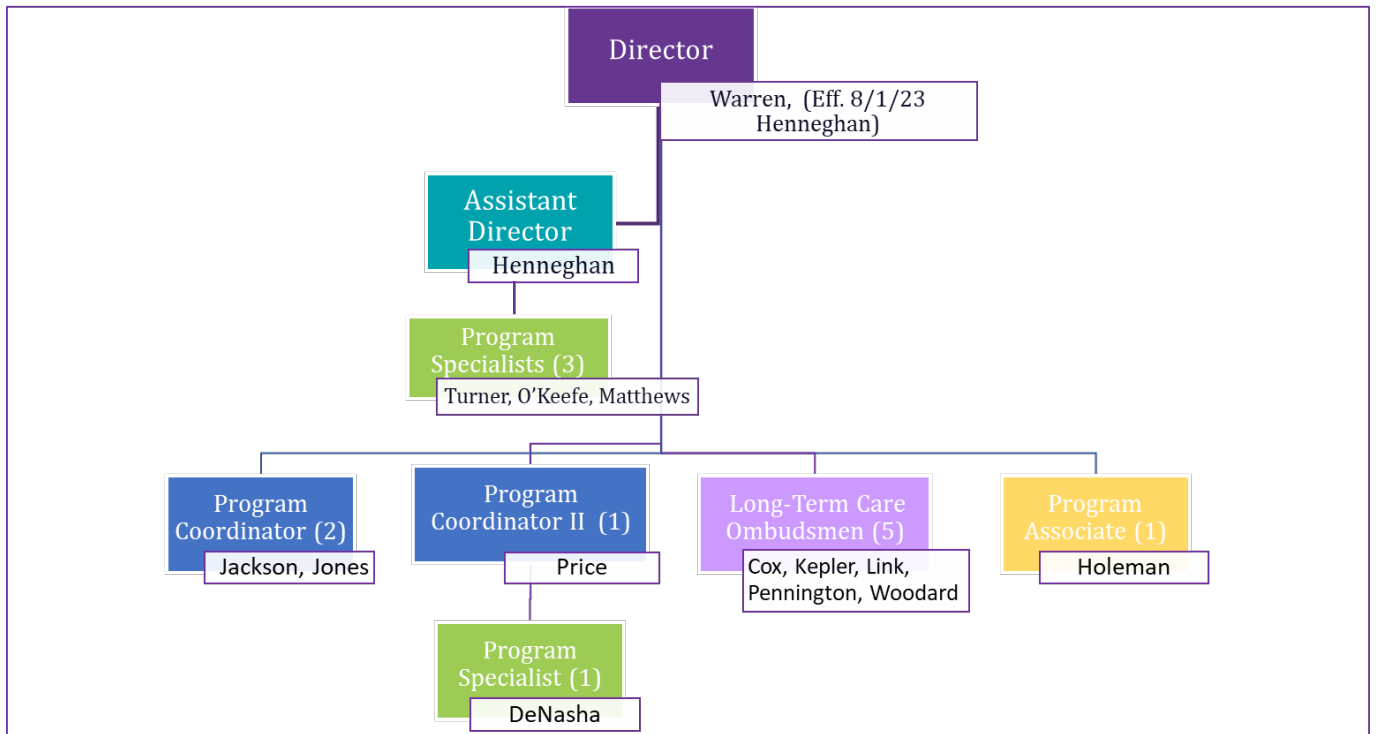
## SECTION II: Administrative Matters

**Exhibit 6 Update:  
Organizational Chart of Regional Council of Governments**



*(Please note that effective July 1, 2023, Triangle J Council of Governments became Central Pines Regional Council, and the new name and brand will be unveiled to the public on September 12, 2023. The organizational chart also reflects the July 1, 2023, inclusion of the DCHC MPO staff as employees of CPRC, though the MPO retains its own policy board.)*

**Exhibit 7 Update:  
Organizational Chart of the Area Agency on Aging**



## Exhibit 8 Update: Area Agency on Aging Staffing Profile – FY 2024

	Name	Position/Job Title	Race/ Ethnicity (see list below)	FTE/ Temp	Personnel Category (see list below)	List funding source	% of time spent on duties
1	Mary Warren	Director	5	1 FTE	1	ARPA Planning and Administration	100%
2	Jenisha Henneghan	Assistant Director	3	1 FTE	1, 6	Planning and Administration	86%
						MIPPA	10%
						Veteran Directed Services	4%
3	Kristen Jackson	Program Coordinator	5	1 FTE	4	Planning and Administration	100%
4	Ellison Jones	Program Coordinator	5	1 FTE	4	Family Caregiver Support Program	98%
						ARPA Planning and Administration	2%
5	Ashley Price	Program Coordinator II	5	1 FTE	4	Planning and Administration	78%
						ARPA III-D	10%
						Title III-D	12%
6	Blake Matthews	Program Specialist	5	.80 FTE	6	ARPA Planning and Administration	100%
7	Kristine O'Keefe	Program Specialist	6	.12 FTE	6	Planning and Administration	100%



8	Ashley Turner	Program Specialist	3	.80 FTE	6	ARPA Planning and Administration	94%
						Local Contact Agency	6%
9	Autumn Cox	LTC Ombudsman	5	1 FTE	5	Ombudsman	100%
10	Aimee Kepler	LTC Ombudsman	5	1 FTE	5	Ombudsman	80%
						Elder Abuse Prevention	10%
						Planning and Administration	10%
11	Jennifer Link	LTC Ombudsman	5	1 FTE	5	Ombudsman	100%
12	Angela Woodard	LTC Ombudsman	5	1 FTE	5	Planning and Administration	100%
13	Carolyn Pennington	LTC Ombudsman	5	1 FTE	5	Ombudsman	100%
14	Caleb Register	Account Tech./Finance	5	.4 FTE	7	Planning and Administration	100%
15	Jacqlyn Holeman	Program Associate	3	1 FTE	7	Planning and Administration	100%
17	John DeNasha	Program Specialist	1	.80 FTE	4, 5	ARPA III-D	86%
						ARPA III-B	6%
						Chatham County Consumer-Directed	8%

(Please submit the amended exhibit annually)

<u>Race/Ethnicity Categories</u> 1. American Indian/Alaskan Native 2. Asian 3. Black/African American 4. Native Hawaiian/Pacific Islander 5. White 6. Hispanic 7. Some Other Race 8. Two or More Races
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<u>SUA Personnel Categories</u> 1. Agency Executive/Management Staff 2. Planning 3. Development 4. Administration 5. Service Delivery 6. Access/Care Coordination 7. Clerical/Support Staff 8. Other
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## Exhibit 9 Update: Regional Advisory Council Membership and Participation

How many times did the Regional Advisory Council meet during the past full state fiscal year? 5

#	Last Name	First Name	Gender	County	Race/Ethnicity Code	Position Codes	Org./Affiliation(s)	Office/Term Expires
1	Marty	David	M	Chatham	5	2,8	STHL Alt. Delegate	2/2025
							Community Representative	3/2025
2	Alexander	Matt	M	Chatham	5	2,8	Community Representative	9/2023
3	Edwards-Boone	Neriah	F	Chatham	3	2,3,8	Community Representative	5/2024
4	Leto	Robin	F	Chatham	5	2,8	STHL Alt. Delegate	2/2025
5	Bynum	Patricia	F	Durham	3	1,2,3,8	Community Representative	11/2023
6	Castro, Jr.	Alex	M	Durham	5	2	Community Representative	3/2024
7	Johnson	Kenneth	M	Durham	3	2,3,8	STHL Alt. Delegate	2/2025
8	Pettyford	Rosalyn	F	Durham	3	2,3,6	STHL Delegate	2/2025
9	Knight	Christy	F	Durham	5	4	Durham VA Medical Center	n/a
10	Martin	Patricia	F	Johnston	5	2	Community Representative	9/2024
11	Smith	George	M	Johnston	5	2	STHL Delegate	2/2025
12	Parker	Jimmy	M	Johnston	5	2	STHL Alt. Delegate	2/2025
13	Will	Robert	M	Lee	5	2	STHL Delegate	2/2025
							Community Representative	5/2025
14	Alexander	Charles	M	Lee	3	2	STHL Alt. Delegate	2/2025
							Community Representative	5/2025
15	Payne	James	M	Lee	5	2	Community Representative	5/2025
16	Lamkin	Thomas	M	Moore	5	2	Community Representative	3/2026
17	Talley	Vibeke	F	Orange	5	2	Community Representative	11/2024
							STHL Alt. Delegate	2/2025
18	White	Richard	M	Orange	5	2, 6	STHL Delegate	2/2025
19	Harris	James	M	Orange	3	2	Community Representative	2/2025
20	Lamb	William	M	Wake	5	2	STHL Delegate	2/2025
21	Vacant					5, 10	Chairperson	

### **Race/Ethnicity Categories**

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

### **Position Code/Description**

1. Older Americans Act Recipient
2. Age 60 or older Representative
3. Minority Individual Representative
4. Veteran's Affairs Representative
5. Chairperson of the Council Representative
6. Rural Area Representative
7. Family Caregiver Representative
8. Service Provider Representative
9. Business Community Representative
10. Local Elected Official



**For questions and/or comments please contact:  
Central Pines Regional Council  
(formerly Triangle J Council of Governments)  
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Durham, NC 27703  
[www.tjaaa.org](http://www.tjaaa.org)  
[aging@tjcog.org](mailto:aging@tjcog.org)  
919.558.2708**