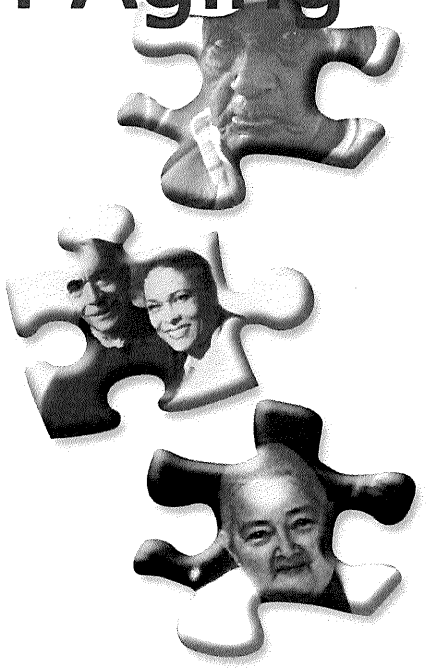
The Aging of North Carolina

Area Plan on Aging

July 1, 2008
to
June 30, 2012
November 15, 2010 UPDATE

Region R



Area Plan Checklist

The checklist below identifies the items that must be completed for approval of the 2008-2012 Area Plan on Aging. Please check off each item to ensure that the Area Plan is complete and include a copy of the completed checklist in submitting the Area Plan. Put NA for 'not applicable' if either Exhibit 11 or 17 does not need to be completed, or Exhibit 25 is not completed. Items marked by asterisk (*) are due by **December 14, 2007** (and subsequently as indicated by NC DAAS); other items are due by **May 19, 2008**.

I have checked the Area Plan to ensure that it includes:

- ✓ Area Plan Checklist
- ✓ Verification of Intent (page 3, with required signatures)
- ✓ Area Plan Assurances, Exhibit 1 (with required signatures)
- ✓ Additional Assurances, Exhibits 2-5 (with required signature) [Exhibit 5*]
- ✓ Completed assessment tools to aid AAA planning (Exhibits 8 and 9)
- ✓ Provision of direct services, if applicable (Exhibit 11, with required signatures)
- ✓ Provider Monitoring Plan (Exhibit 12)
- ✓ Organizational Charts (Exhibits 13-14, or equivalent)
- ✓ Area Agency Staff List (Exhibit 15, or equivalent)*
- ✓ Regional Advisory Council Membership and Participation (Exhibit 16, or equivalent)*
- ✓ Documentation of Area Agency on Aging Public Hearing, if applicable (Exhibit 17)
- ✓ Mission and Vision Statements (Exhibit 18)
- ✓ Performance Standards Work Plan (Exhibits 19-24)
- ✓ Additional Regional and County Initiatives, if applicable (Exhibit 25)
- ✓ Elder Rights Work Plan (Exhibits 26-27)
- ✓ Family Caregiver Support Program Work Plan (Exhibits 28a-28e)

Area Agency on Aging Director — Date: 11.00.15, 2010

***Due to NC DAAS by December 14, 2007.**

VERIFICATION OF INTENT

The Area Plan on Aging is hereby submitted for the *Planning and Service Area - Albemarle Commission Area Agency on Aging: NC Region R* for the period July 1, 2008 through June 30, 2012.

It includes all assurances and plans to be followed by the *Albemarle Commission Area Agency on Aging* under the provisions of the Older Americans Act, as amended in 2006 (Public Law 109-365); hereafter referred to as the Act. The identified Area Agency on Aging will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State policy. In accepting this authority the Area Agency assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as an advocate for older people in the planning and service area.

The Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Act and is hereby submitted to the State Unit on Aging for approval.

Area Agency Director — Date: NOV. 15, 2010

The Regional Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging. Comments are attached.

BRANDI Rhewbottom
Chairperson of the Regional Advisory Council on Aging — Date: NOV. 15, 2010

The governing body of the Area Agency has reviewed and approved the Area Plan.

Brandi D Rhewbottom
Signature/Title — Date: NOV. 15, 2010

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OVERVIEW

The 2008-2012 Area Plan on Aging (referred to in this document as 'the Area Plan') is a four-year plan that covers the planning cycle from July 1, 2008 to June 30, 2012. The four-year planning period, with the opportunity for submitting annual amendments to the Area Plan, will allow the Area Agencies on Aging (referred to in this document as 'Area Agencies') to focus their time and resources in the performance areas. It also affords Area Agencies the opportunity to build on the initiatives outlined in the *2007-2011 State Aging Services Plan*, prepared by the Division of Aging and Adult Services (referred to in this document as 'the Division').

The Area Plan focuses on the work of an Area Agency that is mandated by requirements under the Older Americans Act as amended in 2006 (referred to in this document as 'the Act'). A series of assurances are listed in the Area Plan to ensure that federal requirements outlined in the Act and Title III regulations are being carried out at the state, regional, and local levels. These assurances along with the Verification of Intent on page 3 of the Area Plan must be signed by the Area Agency and other listed bodies indicating their knowledge of and willingness to meet the intent and letter of the Act.

The Area Plan incorporates the six performance areas that comprise the Performance Standards for Area Agencies in North Carolina these include: Management and Staffing; Planning; Funds Administration and Quality Assurance; Information Brokerage; Program, Resource and Systems Development; and Advocacy.

The Area Plan will guide the work of Area Agencies for the next four years. Each Area Agency will provide to the Division an annual update. Revisions are to be filed as a part of the Area Plan at both the Area Agency and the Division.

INSTRUCTIONS

Assurances (Exhibits 1-5)

Each assurance listed is a requirement based upon the Act, supporting regulations, or State policy. All assurances must be signed by the Area Agency Director and/or other appropriate parties, indicating their knowledge of and willingness to meet the intent and letter of the assurances. The Division of Aging and Adult Services is responsible for assuring Area Agency on Aging compliance with the Act. If the Division finds that an Area Agency on Aging has failed to comply with Federal or State laws including the Area Plan requirements, regulations or policies, the Division may withhold a portion of the funds to the Area Agency on Aging available under the Act, after providing the Area Agency on Aging due process in accordance with procedures established by the Division. [OAA 306(f)(1-2)]

Demographic Information

The data included in the County Profiles, Exhibit 6, consists of demographic data associated with older adults in each county in the planning and service areas. The demographic factors represent the data incorporated in the intrastate funding formula that form the basis for Home and Community Care Block Grant funding of counties including: total 60 plus population, older adults living in poverty, minority (non-white) older adults, and older adults living in rural areas. The population 70 and over applies to State funds appropriated for caregiver support. (Note: This funding is separate from the Family Caregiver Support Program funds.) Poverty and rural factors are based on 2000 Census rates applied to the 2008 population estimates provided by the State Office of Management and Budget.

The information on the projected population increase among older adults for the planning period (2008-2012) is included in Exhibit 7 and is based on information provided by the State Office of Management and Budget.

Assessment Overview

Exhibits 8 and 9 were prepared by the Division as assessment tools to aid the Area Agencies' planning to help meet Area Agency assurances.

Exhibits 8a and 8b, *Assessment of Livability and Senior-Friendliness Concerns*, are tools designed to assist the Area Agency in working with local aging planning leadership teams in determining and recording local areas of concern (Exhibit 8a) and in assessing how the Area Agency might assist in addressing these concerns (Exhibit 8b). The emphasis on community livability and senior-friendliness will further support the work of the Division and the Area Agencies in this area. In using these exhibits, the Area Agency is encouraged to consider a broad range of conditions, issues, and services affecting the lives of older adults and their families, even if some of them are considered outside the traditional aging concerns. The Division's eight livable and senior-friendly components provide the structure for this review. This review of community livability and senior-friendliness should reinforce the Area Agency's role as the leading aging planner and advocate in the region, and is consistent with the enabling charge of the 2006 Amendments to the Act, which calls upon the Area Agency to assess how prepared its region is for the aging of the population (see Appendix B). In completing the Regional Summary (Exhibit 8b), the Area Agency should involve its Regional Advisory Council with a

record of their involvement clearly documented in the council's meeting minutes.

Exhibits 9a and 9b, *Assessment for Developing Comprehensive and Coordinated Service System*, are designed to assist the Area Agency in meeting one of the most significant expectations of the Act—namely, the Area Agency's role in helping create a comprehensive and coordinated service system [OAA 306(a)(7)]. The Act requires an assessment of the unmet needs of older adults and a process for input from both consumers and providers of services related to gaps in services. There is special emphasis on older adults with the greatest social and economic needs, with particular attention to older individuals with low-income, including minority individuals with low-income and, older individuals with limited English proficiency, and older adults residing in rural areas. The Area Agency is encouraged to use a wide variety of information in completing the county exhibit (9a). Examples of such information include: past service data available from ARMS; waiting list information for services; records of public inquiries and requests for assistance maintained at Area Agency and Information & Assistance programs; demographic trend information available from the Division and other sources; and formal and informal input from clients and their families, senior advocates, locally-based consumer planning committees, service providers, and other public and private stakeholders in the Region. In completing the Regional Summary (Exhibit 9b), the Area Agency should involve its Regional Advisory Council with a record of their involvement clearly documented in the council's meeting minutes.

Exhibit 10 is included for the Area Agency to designate focal points for comprehensive service delivery in the community, as required by the Act. A focal point is a highly visible facility, organization, agency, or program in the community where older adults and their families can obtain information and access to aging services. Where feasible, the Area Agencies should consider designating a multipurpose senior center as the focal point of the community with special consideration paid to those operated by community action program (CAP) agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 or their direct successors. The list of Community Action Program (CAP) agencies is available from the NC Office of Economic Opportunities webpage (http://www.ncdhhs.gov/oeo/CSBG/csbg06directory.pdf).

Provision of Direct Service

The Area Agencies who desire to provide services directly during the four-year Area Plan period must do so in accordance with the requirements specified in the Act and Title III regulations as follows:

- Submit a written request and justification (Exhibit 11) to the Division Director seeking approval to provide a service(s) directly. This request must be sent to the Division no later than June 1st of the year preceding the fiscal year for which the Area Agency seeks approval, and must include the following information:

  1. Name of service with service code;
  2. Name of the counties in which service will be provided;
  3. Non-unit activities require a line item budget identifying all personnel involved, salaries, fringes, travel, equipment, indirect cost rate, etc.;

4. Unit producing activities, require the number of units to be provided; unit rate (federal and state share, with local match); and estimated number of well, at-risk, and high risk older adults to be served;
5. Detailed justification regarding why no other suitable provider is available in the identified counties to provide the service; and
6. Description of the efforts made by the Area Agency to cultivate new or existing contractors to provide this service and the results to date.

Area Agencies that provide or administer ELDERCARE services on the basis of a contractual agreement(s) will be considered to be providing direct services. Therefore, a request is required, and the request should include items 1, 2, and 6 noted above and a response to all Policy Provisions stated in Section 304(B) of the Division's Area Agency on Aging Policies and Procedures Manual.

During the Area Plan period, the Area Agency will submit a new request to provide services directly for each applicable State fiscal year.

Upon receipt of the request, a review will be conducted to ensure that each critical area previously identified has been adequately addressed. The request will then be evaluated based upon the requirements within the Act and supporting regulations. The Division Director will respond in writing, whether approved or denied.

The Area Agencies approved to provide services directly will place a copy of the letter of request, with supporting documentation, and the letter of approval within the Area Plan.

Monitoring

Exhibit 12, the Provider Monitoring Plan, which lists the Area Agency's schedule for monitoring local service providers, should cover the four-year period from FY 2008/2009 through 2011/2012. Guidance for the development of Exhibit 12 may be found in the Division's instructions on completing this Exhibit, Section 308 of the Area Agency on Aging Policy Manual, Administrative Letters No. 98-6 and 98-18, and the Area Agency's own written procedures on assessing community service providers. Senior Centers of Merit or Excellence do not require monitoring for Senior Center Operations funding during the period of certification.

Administrative Matters

Exhibits 13 through 17 are self-explanatory and necessary for compliance with the Act and for use by the Division in its work with Area Agencies.

Exhibit 18: The Area Agency is to use this exhibit to state succinctly its *Mission and Vision.* These statements should form the basis for the work plan that follows. The *mission statement* should provide a brief description of how the Area Agency defines its overall purpose. The *vision statement* should communicate the Area Agency's hope for the future of aging in the region that includes a comprehensive and coordinated system of home and community-based services and supports and strong local and regional planning to support livable and senior-friendly communities.

Public Hearing/Public Input

While the Area Agency is encouraged to hold public hearings on its Area Plan and to otherwise seek public input, the Area Agency is no longer required to hold a public hearing on the Area Plan. Exhibit 17, Documentation of Area Agency on Aging Public Hearing, is necessary only when the Area Agency plans to request from the Division a waiver of the requirement to provide any of the following categories of services:

- ***Services Associated with Access*** (transportation, outreach, information and assistance, and care management services);
- ***In-Home Services***, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- ***Legal Assistance***.

This waiver request is required only when OAA-based funding is no longer necessary for all services under any of the above categories because they are already adequately provided in the planning area. Additionally, note this requirement is separate from the waiver requirement concerning the provision of direct services as indicated in Exhibit 11: Provision of Direct Services.

WORK PLAN EXHIBITS

Overview: Exhibits 19-25 serve as the "*work plan*" of the Area Agency and reflects the full range of activities that the Area Agency plans to undertake during the four-year period covered by the Area Plan (beginning July 1, 2008 and ending June 30, 2012). They are an essential component of the overall Area Plan and are to be viewed as such by the Division and Area Agencies.

As a *work plan*, Exhibits 19-25 are a principal means for the Area Agency to identify, prioritize, and organize how it will realistically use its staff and material resources over the next four years to achieve maximum effect within the region for the well-being of older adults and their families. The work plan exhibits can serve as an internal tool to help develop individual employee work and staff development plans. It will also provide the Area Agency's Regional Advisory Council, Council of Governments director and board, and others with an easy means to understand and track the work of the Area Agency. Further, it serves as a primary vehicle that links activities related to the Division's *State Aging Services Plan* and its statewide initiatives. It should also build upon and reflect the work of the Area Agency in support of local planning and the building of livable and senior-friendly communities. The *2008-2012 Area Plan* is an important component of North Carolina's efforts toward comprehensive and coordinated planning for an aging population. The Area Agencies should also be able to use the work plan exhibits as a useful reference in communicating expectations, sharing ideas, and seeking collaboration with other Area Agencies and among the many stakeholders within their regions.

Exhibits 19-24 mirror the six Performance Standards developed by and for North Carolina's Area Agencies, with input from the Division. They also take into account the eight components of the livable and senior-friendly community framework presented in the *2007-2011 State Aging Services Plan*, and the general goals of the U. S. Administration on Aging's *2007-2012 Strategic Action Plan*.

The Division elected continued use of the Area Agency on Aging Performance Standards, as updated with the Area Agencies, as the principal framework for developing of this part of the Area Plan to reinforce the value of these standards as they describe and guide the overall performance of North Carolina's Area Agencies. These standards were developed to:

1. enable each Area Agency to measure its achievements against a set of clear, consistent, and challenging goals;
2. encourage consistency in direction, goals, and capacities among the Area Agencies; and
3. provide a basis and framework for communicating individual and collective Area Agency achievements to various stakeholders, including government officials and the general public.

As broad goal statements around which the Area Agencies can organize their work, these performance standards are meant to facilitate, not limit, the Area Agency's aspirations. The Area Agencies are encouraged to identify additional initiatives that cannot be easily related to any of the existing performance standards in Exhibit 25 of this section (which is optional). These additional initiatives can help expand and strengthen the goals and work of all Area Agencies.

Development of Work Plan: Work plan exhibits 19-24 should be developed with input from the Area Agency's Regional Advisory Council and other relevant partners. It should definitely take into account how the Area Agency is working in support of local aging planning leadership teams. The specific activities that the Area Agency chooses to address are left to its discretion but are subject to review and negotiation with the Division. The Division has produced a list of Federal and State initiatives (see Appendix A) to inform Area Agencies of opportunities that may be appropriate for regional activity and/or that may mirror local planning interests to consider in developing the Area Plan. Many of these initiatives are identified in the *2007-2011 State Aging Services Plan.* The Division respects that the level and nature of involvement will be based on each region's priorities and interests, the Area Agency's capacity, and other factors.

In summary, then, in developing its work plan, the Area Agency should consider at least the following documents and activities:
1. the views and interests of local aging planning leadership teams;
2. the views and interests of the Regional Advisory Council;
3. input from other local constituents and advisory bodies, including consumers of Older Americans Act services, members of the Senior Tar Heel Legislature, members of Adult Care Home and Nursing Home Community Advisory Committees, and local service providers;
4. results of required and optional assessment tools, and any other regional and local needs assessments;
5. *the Area Agency Performance Standards*, especially in terms of best practices;
6. the *2004-2008 Area Plan* as amended, because there should be continuity of activity where appropriate;
7. the *2007-2011 State Aging Services Plan organized by the Livable and Senior-Friendly Community Framework*, and *the table* of Federal and State initiatives prepared by the Division (see Appendix A), which reflects the *2007-2011 State Aging Services Plan and the Administration on Aging's 2007-2012 Strategic Action Plan*; and
8. the enabling charge for planning from the 2006 Amendments to the Older Americans Act (see Appendix B).

Because it is impossible to develop a work plan that can last unchanged for a four-year period, it will be necessary for the Area Agencies to make periodic updates. The Division will require an annual update of these exhibits.

Criteria for Review of Work Plan Exhibits: While the Division encourages each Area Agency to develop the work plan exhibits 19-25 in a way that is responsive to the particular circumstances of its region and the strengths of its personnel, the Division reserves the right to negotiate changes to enhance the effect of the work plan for the counties, region, and the State. The Division's program staff members will work together to review each work plan and offer timely and specific feedback to the Area Agencies. The criteria that the Division will use for its review, feedback, and approval include:

1. How consistent is the work plan with the expressed mission and vision identified by the Area Agency?
2. How well does the work plan reflect the importance of a comprehensive and coordinated system of home and community-based care and services?
3. How well does the work plan take into account the Area Agencies on Aging *Performance Standards* in all six performance areas?
4. How well does the work plan reflect support of local aging planning leadership teams?
5. How well does the work plan reflect support for building livable and senior-friendly communities?
6. How well does the work plan relate to the objectives of the *2007-2011 State Aging Services Plan* and the goals of the *2007-2012 AoA Strategic Action Plan*, including the Federal and State initiatives identified in Appendix A?
7. Evidence that the Area Agency has taken into account older individuals with the greatest economic and social needs and those at risk for institutional placement?
8. How realistic and reasonable is the work plan given what is known about the Area Agency's capacity?
9. Is the work plan well organized, logical, clearly stated, and sufficiently specific?

While the work plan is to be comprehensive, its length will likely be less important than the clarity, organization and substance of the work described. *The Area Agency is encouraged to avoid duplication within the work plan*, that is, if an activity is adequately described in one exhibit area there is no need to repeat the information elsewhere. A note to cross-reference information may be necessary in instances involving the Ombudsman Program or Family Caregiver Support Program.

Explanation of Exhibits and Instructions:

Exhibits 19-25: These seven exhibits correspond to the six topic areas composing the Area Agency *Performance Standards* and an exhibit for any additional region- and county-specific initiatives:

- Exhibit 19: Area Agency Management & Staffing
- Exhibit 20: Planning
- Exhibit 21: Funds Administration & Quality Assurance
- Exhibit 22: Information Brokerage
- Exhibit 23: Program, Resource, and Systems Development
- Exhibit 24: Advocacy
- Exhibit 25: Additional Regional and County Initiatives

Exhibits 19-25 list the standards pertaining to the respective performance area. Each exhibit consists of a table of six columns to summarize and track actions of the Area Agency. Additional rows may be inserted as needed in each exhibit.

Elder Rights

Exhibit 26: Long-Term Care Ombudsman Action Plan
Exhibit 27: Prevention of Elder Abuse, Neglect, and Exploitation Action Plan are provided to give the Area Agency a necessary and practical means to describe plans for programs under Title VII of the Act. The design for a county-based system of care continues to assume that the Area Agencies are primarily responsible for planning, developing, and coordinating elder rights services even though the Area Agencies do not directly provide the services except for ombudsman services. The four-year goals and action plan described in Exhibit 26 for the Regional Ombudsman Program are to address how the Area Agency will implement mandated responsibilities of the Long-Term Care Ombudsman Program under the Older Americans Act as well as G.S. 143B.181.19. Exhibit 27 relates to how the mandates for the Program for Prevention of Elder Abuse, Neglect, and Exploitation will be implemented. Regional Ombudsmen are required to develop the objectives and strategies for both Exhibits 26 and 27, as part of the Area Plan development.

Family Caregiver Support

The Division continues to see the Family Caregiver Support Program (FCSP), initiated in 2001, as an integral and vital part of the Area Agency's operation. In the 2008-2012 Area Plan, Exhibits 28a through 28e provide the framework for the Area Agency's delineation of objectives and strategies for meeting the Program's current five statewide goals that are identified in the exhibits and below:

- In order to create and maintain a multifaceted system of support, the FCSP shall collaborate with traditional and non-traditional partners to add resources and enhance existing resources (Partnerships).
- All caregivers will have easy access to information on assistance, services, and supports regardless of barriers (Information and Assistance).
- FCSP will assure that caregivers' various needs will be sufficiently met through a range of services (Caregiver Needs/Services).
- FCSP will provide quality services in a timely and responsive manner that meets customer satisfaction requirements (Quality of Caregiver Supports).
- FCSP will develop programs that meet the multifaceted needs of diverse caregiver populations (Diversity).

All the exhibits in Section H follow the same consistent format
Column 1: provides space to number the objectives recorded in the work plan (3rd column). The Area Agency can use an ordering system of choice that will aid its use of the document.

Column 2: provides space to identify how the objective listed in column 3 relates to supporting livable and senior-friendly communities. The Area Agency should use the code(s) appropriate for the objective:

Code	LSFC Component
P	Physical and Accessible Environment
H	Healthy Aging

E	Economic Security
T	Technology
S	Safety and Security
C	Social and Cultural Opportunity
A	Access and Choice in Services and Supports
R	Public Accountability and Responsiveness

Column 3: is the essential part of the exhibit. In this space the Area Agency identifies clearly the scope of work that it plans to undertake during the next four years. This involves stating a specific and measurable objective (including target date for achieving the objective) and identifying essential strategies that the Area Aging will use to achieve the objective. The level of detail outlining the work activities is left to the discretion of the Area Agency but, at a minimum, the description should make clear to anyone reading the plan what the Area Agency intends to do. It should also help the Area Agency with its own assignment and assessment of staff responsibilities.

Column 4: provides space to identify which county(ies) are to be affected or served by the strategies identified in the work plan. It is anticipated that some of the work will be region-wide (i.e., all counties). For example, much of the work associated with Area Agency Management and Staffing (Exhibit 19) are assumed to be region-wide in nature. Other activities may be targeted to one or more counties but not all.

Columns 5-6: provide space for the Area Agency to record progress for each objective and to outline next steps. This documentation can serve as a running record for the Area Agency and help maintain the continuity of the four-year Area Plan. The Division will want to receive all work plan exhibits, as updated on an annual basis. This information will aid the Division in developing its own work plan.

Exhibit 1: AREA PLAN ASSURANCES

As part of the Area Plan on Aging, the Area Agency on Aging assures that:

A) it will administer its Area Plan on Aging, as required under Title III of the Older Americans Act of 1965, as amended, in accordance with the regulations, policies and procedures as prescribed by the U.S. Administration on Aging and the North Carolina Division of Aging and Adult Services.

B) it will cooperate with the North Carolina Department of Health and Human Services and the U.S. Department of Health and Human Services and participate in the implementation of special initiatives that may be developed.

C) each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

OAA 306(a)(4)(C)

D) it will report annually to the Division of Aging and Adult Services in detail the amount of funds it receives or expends to provide services to older individuals.

OAA 306(a)(13)(E)

E) expenditures for Title III-B priority services will meet or exceed the following percentages, unless a lesser percentage has been approved by the Division of Aging and Adult Services as a part of the area plan review process:

Access - 30%
In-Home - 25%
Legal - 2%

OAA 306(a)(2)

F) designation, where feasible, of a focal point for comprehensive service delivery will be made in each community, giving special consideration to designating multipurpose senior centers operated by organizations that have a proven track record of providing services to older individuals, that—

1) were officially designated as community action agencies or programs under section 210 of the Economic Opportunity Act of 1964 for FY 1981 and have maintained that status; or
2) came into existence during FY 1982 as direct successors in interest to such community action agencies or programs and meet the requirements under section 676B of the Community Services Block Grant Act.

It will specify in grants, contracts, and agreements implementing the area plan the identity of each focal point.

OAA 306(a)(3) and (6)(C)

Exhibit 10 provides information needed to meet this assurance.

G) it will set specific objectives for providing services to older individuals with the greatest economic or social needs and those at risk for institutional placement, to include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

OAA 306(a)(4)

H) each agreement with a service provider funded under Title III of the Older Americans Act (referred to in this section as 'the Act') shall require that the provider–

1) specify how the provider intends to satisfy the service needs of low-income minority elderly, older individuals with limited English proficiency, and older individuals residing in rural areas in the provider's service area;
2) to the extent feasible, provide services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
3) meet specific objectives established by the Area Agency on Aging for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area (referred to in this Section as 'PSA').

OAA 306(a)(4)

I) outreach efforts will identify and inform individuals eligible for assistance under the Act and their caregivers, with special emphasis on–

1) older individuals with greatest economic and social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
2) older individuals with severe disabilities;
3) older individuals with limited English proficiency;
4) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and caregivers of such individuals);
5) older individuals at risk for institutional placement; and
6) older individuals who are Indians if there is a significant population in the planning and service area.

OAA 306(a)(4)(B)and (a)(6)(G)

J) it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities. It will provide to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care. It will include information detailing how it will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and other institutions that have responsibility for disaster relief service delivery.

OAA 306(a)(5) (16)(17)

K) in connection with matters of general policy arising in the development and administration of the Area Plan, the views of recipients of services under such plan will be taken into account. OAA 306(a)(6)
Exhibits 8 and 9 provide information to meet this assurance.

L) it will serve as an advocate and focal point for the elderly within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals.

OAA 306(a)(6)

M) where possible, it will enter into arrangements with organizations providing day care services for children,

assistance to older individuals caring for relatives who are children, and respite for families so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families. Where possible, preference will be given to entering into arrangements and coordinating with organizations that have a proven track record of providing services to older individuals, that–

1) were officially designated as community action agencies or programs under section 210 of the Economic Opportunity Act of 1964 for FY 1981 and have maintained that status; or
2) came into existence during FY 1982 as direct successors in interest to such community action agencies or programs and meet the requirements under section 676 B of the Community Services Block Grant Act.

OAA 306(a)(6)(C)

N) it will make use of trained volunteers in providing services delivered to older individuals and individuals with disabilities needing such services and, if possible work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community settings.

OAA 306(a)(6)(C)

O) it will establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under the Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of business community, local elected officials, providers of veteran's health care (if a veterans health care facility is located in the Area Agency PSA), and the general public, to advise continuously the Area Agency on Aging on all matters relating to the development of the area plan, the administration of the plan, and operations conducted under the plan. OAA 306(a)(6)(D)
Exhibit 16 provides information to meet this assurance.

P) it will establish effective and efficient procedures for coordination of services with entities conducting–

1) programs that receive assistance under the Older Americans Act within the PSA; and
2) other Federal or federally assisted programs for older individuals at the local level, with particular emphases on entities conducting programs described in section 203(b) of the Older Americans Act within the PSA. OAA 306(a)(6)(E) and (12)

Q) in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Area Agency on Aging with mental health services provided by community health centers and by other public health agencies and nonprofit private organizations.

OAA 306(a)(6)(F)

R) it will facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and

preferences of older individuals and their family caregivers, by:

1) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
2) conducting analyses and making recommendations with respect to strategies for modifying the local systems of long-term care to better respond to the needs and preferences of older individuals and family caregivers; facilitate the provision, by service providers, of long-term care in home and community-based settings; and target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
3) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
4) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers/Connections, the area agency on aging itself, and other appropriate means) of information relating to the need to plan in advance for long-term care and full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources.

OAA 306(a)(7)

S) case management services provided under Title III of the Act through the Area Agency on Aging will—

1) not duplicate case management services provided through other Federal and State programs;
2) be coordinated with services described in subparagraph (1); and
3) be provided by a public agency or nonprofit private agency that: (i) gives each older individual seeking services under Title III a list of agencies that provide similar services within the jurisdiction of the Area Agency on Aging; (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement; (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii).

OAA 306(a)(8)(C)

T) it will provide assurances that the agency, in carrying out the State Long-Term Ombudsman Program under section 307(a)(9), will expend not less than the total amount of funds appropriated under the Act and expended by the agency in fiscal year 2000 in carrying out such a program under Title VII of the Act. OAA 306(a)(9)

U) it will provide a grievance procedure for older individuals who are dissatisfied with or denied services under Title III of the Act. OAA 306(a)(10)

V) it will provide information and assurances concerning services to older individuals who are Native Americans

(referred to in this paragraph as 'older Native Americans'), including–

1) information concerning whether there is a significant population of older Native Americans in the PSA and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under Title III of the Act;
2) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under Title III of the Act with services provided under Title VI of the Act; and
3) an assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the PSA, to older Native Americans. OAA 306(a)(11)

W) if a substantial number of the older individuals residing in the planning and service area are of limited English-speaking ability, then the area agency on aging for the planning and service area will (a) utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and will (b) will designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and (ii) providing guidance to individuals engaged in the delivery of supportive services under the Area Plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences. OAA 307(15)

X) it will maintain the integrity and the public purpose of services provided, and service providers, under Title III of the Act in all commercial and contractual relationships. It shall disclose to the Division of Aging and Adult Services and the Federal Assistant Secretary on Aging the identity of each non-governmental entity with which it has a contract or commercial relationship relating to the provision of services to older individuals as specified in the Act and the nature of such contract or relationship. It shall demonstrate the effectiveness and efficiency of services provided through these contract or commercial relationships as required by the Act. On the request of the Federal Assistant Secretary or the Division of Aging and Adult Services, it shall disclose all sources and expenditures of funds such agency receives or spends to provide services to older individuals, for the purpose of monitoring compliance with the Act (including conducting an audit). OAA 306(a)(13)

Y) funds received under Title III will be used-

1) to provide benefits and services to older individuals, giving priority to older individuals identified in assurance G; and

2) in compliance with assurance X and the limitations specified in Section 212 of the Act, pertaining to contracting and grant authority; private pay relationships; and appropriate use of funds (see Appendix C for details on Section 212) OAA 306(a)15

Z) funds received under this Title will not be used to pay any part or a cost (including an administrative cost) incurred by it

to carry out a contract or commercial relationship that is not carried out to implement Title III of the Act.
OAA 306(a)(14)

AA) preference in receiving services under Title III of the Act will not be given by it to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this Title.
OAA 306(a)(15)

BB) if it desires to provide directly any supportive, nutrition, or in-home services (as defined in Section 342) a waiver shall be requested as part of the Area Plan process and such request(s) will be evaluated based upon the following criteria--

1) provision of such services by the agency is necessary to assure an adequate supply of such services;
2) such services are directly related to the agency's administrative functions; or
3) such services can be provided more economically, and with comparable quality, by the agency.
OAA 307(a)(8)(A)

Exhibit 11 provides information needed to meet this assurance. The Division of Aging and Adult Services will not require a waiver request for direct provision of Information and Assistance (I&A) or Outreach.
OAA 307(a)(8)(C)

Even though the Long-Term Care Ombudsman Program is a direct service provided by the Area Agency, no waiver is required because State statute (G.S. 143B-181.17) places the program in the Area Agency.

CC) it will complete Exhibit 4 to assure compliance with the 1987 Amendments to the Act, Section 712(g)(1)(ii) which requires that legal representation as well as consultation and advice be provided for the regional ombudsman. The assurance is required on an ongoing basis and is to be submitted as part of the Area Plan. OAA 712(g)(1)(ii)

DD) each Regional Ombudsman reports regularly to the Office of State Long-Term Care Ombudsman about data collected and activities of the Regional Ombudsmen, provides information to the general public, and maintains documentation of the required Program duties. [42 U.S.C. §§ 3058g (5)(C))]; [G. S. 143B-181.19(3) (7) (9)] Exhibit 5 provides information needed to meet this assurance.

EE) each Regional Ombudsman performs mandated duties to identify, investigate, and resolve complaints made by or on behalf of long-term care residents [42 U.S.C. §§ 3058g (5)(B)(iii); G. S. 143B-181.19-.20]. Exhibit 5 provides information needed to meet this assurance.

FF) there is the provision of the required initial training for new Community Advisory Committee members; ongoing training for established community advisory committee members, and technical assistance to these community advisory committees in completion of the committees' reporting requirements [G. S. 143B-181.19 (8); Long-Term Care Ombudsman Program Policy and Procedures: Section 1506 (Q)]. Exhibit 5 provides information needed to meet this assurance.

GG) the Elder Abuse Prevention funds are used to provide public education and outreach services to identify and prevent abuse, neglect, and exploitation of older individuals, provide for receipt of reports of abuse, neglect, and exploitation, and the referral of complaints of older

individuals to law enforcement agencies, public protective service agencies, licensing and certification agencies, ombudsman programs or other protection and advocacy systems as appropriate. [42 U.S.C. §§ 3058 (i)] Exhibits 26 and 27 provide information needed to meet this assurance.

HH) it will notify the Division of Aging and Adult Services within 30 days of any complaints of discrimination or legal actions filed against the Area Agency or the Council of Governments in its treatment of applicants and employees. AAA Policies and Procedures Manual, Section 302.

II) it will support the availability of comprehensive and accurate community resource information for older adults and family caregivers, including support and promotion of NC careLINK.

JJ) it will support the mission of the NC Senior Tar Heel Legislature in a manner prescribed by the Division of Aging and Adult Services and endorsed by the NC Association of Area Agencies on Aging. (G.S. 143B-181.55)

KK) it will be in compliance with all other requirements stated in Section 306 of the 2006 Amendments to the Older Americans Act.

LL) it will submit further assurances to the NC Division of Aging and Adult Services in the event of any change and/or addition to the regulations, policies, and procedures governing the Area Agency on Aging and its Area Plan.

Susan A. Greene

Area Agency Director's Signature

Nov. 15, 2010

Date

Exhibit 2: Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended, and the Americans with Disabilities Act of 1990

The Area Agency on Aging agrees to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) and with the Americans with Disabilities Act of 1990.

Though the Area Agency on Aging will not make a survey of identifiable barriers to people with disabilities in the programs listed below, we do promise to follow a policy of "nondiscrimination against the handicapped" in providing or contracting for these services. If we find that present services or facilities provided by this agency or of those with whom we contract do discriminate against the handicapped, we promise, (1) first, to try to remedy the situation; (2) second, to contract with another provider that does not discriminate; or (3) third, if an alternative is not available or feasible, to find a comparable service for the handicapped person. If the last course (3) is chosen, we shall take steps to ensure that no additional costs are incurred by the handicapped person and that the service is both equally effective, affords equal opportunity, and does not segregate handicapped individuals such that they are in a more restrictive setting than non-handicapped persons receiving the same service.

The purpose of this agreement is to ensure that all services and facilities obtained from contracts made through local services agencies are readily accessible to and usable by persons with disabilities.

Susan A Reinie, Director Area Agency on Aging — Nov. 15, 2010

Signature and Title of Authorized Official — Date

Programs covered by this statement are listed in Exhibit 12 and incorporated by reference.

Exhibit 3: Assurance of Compliance with the Department of Health and Human Services Regulation under Title VI of the Civil Rights Act of 1964

The Area Agency on Aging (herein called the "Applicant") will comply with Title VI of the Civil Rights Act of 1964 (P.L.88-352) and all requirements imposed by or pursuant to the Regulations of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that in accordance with Title VI of that Act and Regulation, no person in the United States shall on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and hereby gives assurance that it will immediately take any measure necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

This Assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Authorized Official

Date Nov. 15, 2010

Exhibit 4: Assurance of Legal Representation for Regional Ombudsman

Name and Address of Attorney/Firm:

Period of Time Covered by Contract:

Scope of Services: Pursuant to 2006 Amendments to the Older Americans Act, Section 712(g)
Division of Aging and Adult Services Administrative Letter 89-34

Key Elements of Contractual Agreement

1. Ensure that adequate legal counsel is available to the regional ombudsman for advice and consultation and that legal representation will be provided for the regional ombudsman against whom suit or other legal action is brought in connection with the performance of his/her official duties.
2. Ensure that the office has the ability to pursue administrative, legal and other appropriate remedies on behalf of residents in long-term care facilities.

AGREED UPON BY:

11-15-10
Executive Director, Name of Council of Governments, Date

11/15/2010
Area Agency on Aging Director, Date

Wheless & Wheless, PLLC 11-12-10
Legal Representative, Name of Firm, Date

Exhibit 5: Ombudsman Responsibilities

Each Regional Ombudsman is required to ensure that residents in the service area of the entity have regular, timely access to representatives of the program and timely responses to complaints and requests for assistance. [42 U.S.C. §§ 3058g (5)(B)(ii)] [143/b-181.19-.20]

Each Regional Ombudsman is required to report regularly to the Office of State Long-Term Care Ombudsman about data collected and activities of the Regional Ombudsman. Regional Ombudsmen provide information to the general public, and maintain documentation of the required Program duties. [42 U.S.C. §§ 3058g (5)(C)); [G. S. 143B-181.19(3) (7) (9)]

Complete this for the last full fiscal year. All "No" responses require a brief narrative statement (use space for comments provided at end).	**Yes**	**No**
a) Each Regional Ombudsman regularly visits the long-term care facilities within their assigned area and provides direct contact with residents during facility visits.	X	
b) While in a facility, Regional Ombudsmen use outreach tools such as in-room visits, business cards, program brochures, posters or flyers about residents' rights to ensure that residents are informed of their services and how to contact them.	X	
c) Quarterly reports and updated lists of current community advisory committee members were submitted by the due dates of January 15, April 15, July 15 and October 10 of every year.	X	
d) The annual report narrative due the fourth quarter of the federal fiscal year was submitted on time.	X	
e) Each Regional Ombudsman completed the 20 hours of ongoing certification training provided through Quarterly State Ombudsman training sessions held in May, August, November and February for this program year.	X	
f) The confidential Ombudsman Complaint Tracking System was accessed only by certified Regional Ombudsmen.	X	
g) All mail addressed to a Regional Ombudsman was delivered unopened to the designated Regional Ombudsman.	X	
h) Signed Confidentiality Statements are on file for all designated staff providing support to any certified Regional	X	

Ombudsman in the Regional Ombudsman Program.		
i) Program protocols are established which protect the confidentiality of electronic Complaint Case Records.	X	
j) Each Regional Ombudsman maintains internal tracking documents for the purpose of recording technical assistance and information provided to consumers, families, residents, and providers.	X	
k) The current legal counsel for the Regional Ombudsmen has no identified conflict of interest that could prevent impartial legal advice and/or consultation to each Regional Ombudsman.	X	
l) There is no conflict of interest for each Regional Ombudsman in performing required duties; specifically there is no monetary interest in a facility, no relationship by blood or marriage, and no immediate family member in a facility served by the Ombudsman.	X	
m) If a conflict of interest occurred after employment as a Regional Ombudsman, a plan to remedy the conflict of interest is on file with the Office of State Long-Term Care Ombudsman.	X	
n) Complaints received from personal friends or relatives were referred to another Regional Ombudsman, the Office of State Long-Term Care Ombudsman if there is only one Regional Ombudsman or the appropriate regulatory agency in order to avoid a conflict of interest.	X	
o) Submitted timesheets for preceding year for each Regional Ombudsman position currently budgeted either through Title III funds or Title VII funds.	X	
p) Each Regional Ombudsman provided some type of documented support or technical assistance for the development or continued functioning of autonomous Residents' Councils and Family Councils at least quarterly.	X	
q) Ombudsman Complaint Tracking System data is used at least annually to identify significant regional trends or new trends in complaints and to develop recommendations for advocacy and change within the long-term care system.	X	

Complaint Management

Regional Ombudsmen are mandated to identify, investigate, and resolve complaints made by or on behalf of long-term care residents. [42 U.S.C. §§ 3058g (5)(B)(iii)]; [G. S. 143B-181.19-.20]

Complete this for the last full fiscal year. All "No" responses require a brief narrative statement (use space for comments provided at end).	**Yes**	**No**
a) The Regional Ombudsman visited with each resident after receiving a complaint on that resident's behalf.	X	
b) The role of the Long-Term Care Ombudsman Program and the requirement for written or oral informed consent were explained to each resident filing a complaint before any action was initiated.	X	
c) The resident, to the extent s/he was capable, was always included in discussions about options and desired outcomes related to the complaints filed with the Regional Ombudsman.	X	
d) Each Regional Ombudsman assures that the appropriate consent form was explained and signed prior to 1) revealing a resident's name, 2) opening a medical record, or 3) participating in any scheduled meetings with facility staff related to complaints received.	X	
e) Oral consent of a legal representative was not used to review a resident's medical record.	X	
f) The resident/legal representative's written consent was obtained prior to a Regional Ombudsman involving a community advisory committee volunteer in a complaint investigation.	X	
g) Prior to taking any action on a complaint received, the Regional Ombudsman provided the facility administrator or person in charge the opportunity to offer additional information related to the complaint and/or to take appropriate actions to resolve the complaint.	X	
h) Each Regional Ombudsman utilized the Program's Complaint Case Record to document and protect all information related to the complaints filed, and attached the appropriate consent form to the case record.	X	
i) Each Regional Ombudsman has trained all active community advisory committee volunteers in their coverage area in the complaint resolution process, confidentiality requirements, use of consent forms, and the procedures for reporting abuse, neglect or exploitation.	X	

j) All complaints that were not able to be resolved by a Regional Ombudsman's interventions were referred to the appropriate licensure/regulatory agency.	Yes	No
k) When a complaint was referred to a licensure/regulatory agency, written follow up was requested and documented in or attached to the case record.	X	
l) When concerns were observed during a facility visit, each Regional Ombudsman assumed the role of the complainant and addressed those concerns with facility administration while in the facility.	X	
m) Before closing a case record, each Regional Ombudsman followed up with the complainant to discuss the outcomes of the complaint investigation process, including an explanation when a complaint could not be substantiated.	X	

Community Advisory Committees

A Regional Ombudsman provides the required initial training for new Community Advisory Committee members; provides on-going training for established community advisory committee members and provides technical assistance to these community advisory committees in completion of the committees' reporting requirements. [G. S. 143B-181.19 (8)]; Long-Term Care Ombudsman Program Policy and Procedures: Section 1506 (Q)

Complete this for the last full fiscal year. All "No" responses require a brief narrative statement (use space for comments provided at end).	**Yes**	**No**
a) Each new community advisory committee member received an initial welcome letter or contact which included information about their required training and the potential schedule for receiving this training.	X	
b) New community advisory committee members received training related to each topic area outlined in the State Ombudsman Program Policies and Procedures.	X	
c) Each Regional Ombudsman has retained documentation of all new community advisory committee members' initial training sessions in the form of agendas that identify trainers and topics covered each session.	X	
d) A Regional Ombudsman or the Committee Chairperson accompanied each new community advisory committee member during facility visits to complete the required facility orientations.	X	
e) Documentation is on file reflecting all training completed by each newly appointed community advisory committee volunteer.	X	
f) The Regional Ombudsman provided each community advisory committee at least one training session each quarter and this documentation is on file for each committee.	X	
g) Copies of all Quarterly/Annual Visit Records and Activity Records are retained in the Regional Ombudsman's files for 3 years.	X	
h) Each Community Advisory Committee's Annual Report was completed and distributed to boards of county commissioners, departments of social services directors, and the Office of State Long-Term Care Ombudsman.	X	
i) Community advisory committee member volunteer hours were obtained quarterly, maintained on file and included in the OCTS Quarterly reports by the Regional Ombudsman.	X	

Elder Abuse Prevention Funds

The Elder Abuse Prevention funds are to be used to provide public education and outreach services to identify and prevent abuse, neglect, and exploitation of older individuals, provide for receipt of reports of abuse, neglect, and exploitation, and the referral of complaints of older individuals to law enforcement agencies, public protective service agencies, licensing and certification agencies, ombudsman programs or other protection and advocacy systems as appropriate.
[42 U.S.C. §§ 3058 (i)]

Complete this for the last full fiscal year. All "No" responses require a brief narrative statement (use space for comments provided at end).	Yes	No
a) A portion of the Elder Abuse Prevention funding is utilized to support one or more Regional Ombudsman positions. All Elder Abuse funds allotted to Region R are used for Elder Abuse Prevention. Allotted funds for this year totaled $4,388.00 allotted for Fiscal Year 2010. March 2010 Annual Elder Abuse Seminar: $3,379.77. June 15 Elder Abuse Day with Paul Greenwood: $1,008.23. Other Elder Abuse initiatives were carried out with Ombudsman funds.		X
b) The Area Agency coordinated plans for elder abuse prevention activities or public education events with the local departments of social services.	X	
c) Each Regional Ombudsman conducted and/or supported an elder abuse prevention workshop, community seminar, or a training session for long-term care facility staff at least quarterly.	X	
d) The Area Agency verified with the Office of State Long-Term Care Ombudsman that any new proposed elder abuse prevention activities were allowed under Title VII Subtitle A, Chapter 3 prior to implementation.	X	
e) A brief narrative of completed elder abuse prevention activities was reflected in the quarterly Ombudsman Program Report.	X	

What percentage of each Regional Ombudsman position is supported with Elder Abuse Prevention funds? ____0_____ %

Submit a copy of the Elder Abuse Prevention funds' budget reflecting planned expenditures for identified Elder Abuse Prevention activities with this Self Assessment Tool (i.e.., from July 1, 2009 through June 30, 2010).

Comments (attach additional statement if needed):

To be signed by each Regional Ombudsman:

I/we certify that the responses shown on the above indicators are accurate in all material aspects, and sufficient documentation is available to support these responses. Specific documentation will be made available to the Division of Aging and Adult Services in a timely manner upon reasonable request by the Division.

Signature: Delisa Sheard

Title: Regional Ombudsman

Date: November 16, 2010

Signature: _____

Title: _____

Date: _____

Signature: _____

Title: _____

Date: _____

Signature: _____

Title: _____

Date: _____

AAA Director: Susan H. Scurria (SUSAN H. SCURRIA)

Date: November 15, 2010

2010 ELDER ABUSE BUDGET EXPENDITURES

TOTAL AVAILABLE		$4,388.00
EXPENDITURE ITEMS	BUDGET EXPENDITURES	BALANCE
March 19, 2010 Elder Abuse Seminar:		
Catering Cost	$ 2006.00	$2382.00
Registration Pamhplets and Printing	$ 865.00	$1517.00
Speaker: Georgia Anetzberger	$318.37	$1198.63
June 15, 2010 Impact of Elder Abuse Seminar		
Printing	$ 764.20	$ 434.43
Catering	$ 434.43	$ 0.00
Balance not used.		$ 0.00

Exhibit 6: 2008 County Profiles of Persons Age 60 and Older

COUNTY/REGION	60+*	60+ Poor*	60+ Minority*	60+ Rural*	60+ Poor Minority*	60+ Native Americans**	60+ Severe Disabilities***	70+*
CHEROKEE	7,856	1,368	209	7,856	36	71	838	3,941
CLAY	3,298	405	22	3,298	3	4	290	1,716
GRAHAM	2,210	434	65	2,210	13	46	252	1,131
HAYWOOD	15,331	1,624	221	7,364	23	14	1,757	8,065
JACKSON	7,602	1,059	538	5,955	75	338	964	3,569
MACON	10,063	1,181	72	8,175	8	11	1,071	5,371
SWAIN	3,063	571	572	3,063	107	415	376	1,515
REGION A	**49,423**	**6,642**	**1,699**	**37,921**	**265**	**899**	**5,547**	**25,308**
BUNCOMBE	46,022	4,634	2,825	13,436	284	56	5,033	24,159
HENDERSON	27,969	2,280	662	13,103	54	19	2,763	15,631
MADISON	4,643	906	31	4,643	6	6	563	2,337
TRANSYLVANIA	9,425	660	205	5,881	14	7	992	5,030
REGION B	**88,059**	**8,480**	**3,723**	**37,063**	**358**	**88**	**9,351**	**47,157**
CLEVELAND	18,739	2,574	2,938	10,317	404	11	2,308	9,400
MCDOWELL	8,964	1,281	360	6,863	51	7	1,092	4,495
POLK	5,683	521	233	5,166	21	5	680	3,363
RUTHERFORD	14,197	1,896	1,197	9,012	160	11	1,706	7,533
REGION C	**47,583**	**6,272**	**4,728**	**31,358**	**636**	**34**	**5,787**	**24,791**
ALLEGHANY	2,993	655	23	2,993	5	1	432	1,527
ASHE	6,681	1,029	53	6,681	8	5	807	3,454
AVERY	4,179	797	45	4,179	9	2	431	2,139
MITCHELL	4,186	716	19	4,186	3	6	496	2,172
WATAUGA	7,309	690	87	4,373	8	3	881	3,521
WILKES	14,364	2,359	628	10,578	103	10	1,601	7,029
YANCEY	4,746	730	38	4,746	6	6	573	2,513
REGION D	**44,458**	**6,976**	**893**	**37,736**	**142**	**33**	**5,221**	**22,355**
ALEXANDER	6,943	918	357	5,722	47	7	880	3,191
BURKE	17,387	2,003	1,171	8,004	135	15	2,391	8,712
CALDWELL	16,007	1,853	778	6,048	90	10	1,746	7,889
CATAWBA	26,965	2,609	1,995	9,431	193	28	2,988	13,355
REGION E	**67,302**	**7,383**	**4,301**	**29,205**	**465**	**60**	**8,006**	**33,147**

2008-2012 AREA PLAN ON AGING FY 2011 UPDATE

COUNTY/REGION	60+*	60+ Poor*	60+ Minority*	60+ Rural*	60+ Poor Minority*	60+ Native Americans**	60+ Severe Disabilities***	70+*
ANSON	5,017	850	1,758	3,679	298	5	576	2,616
CABARRUS	24,038	2,133	2,408	6,697	214	30	2,634	11,852
GASTON	35,821	4,045	3,805	7,955	430	47	3,849	17,846
IREDELL	24,872	2,313	2,743	12,361	255	23	2,820	12,165
LINCOLN	12,522	1,618	610	7,731	79	12	1,348	5,756
MECKLENBURG	101,055	8,930	24,249	3,913	2,143	168	10,981	47,976
ROWAN	24,516	2,669	3,027	10,082	330	34	2,840	12,929
STANLY	11,549	1,139	938	7,788	93	12	1,278	5,940
UNION	23,223	2,153	2,418	11,574	224	26	2,300	10,357
REGION F	**262,613**	**25,850**	**41,956**	**71,780**	**4,066**	**357**	**28,627**	**127,437**
ALAMANCE	25,735	3,223	4,201	7,866	526	59	2,999	13,759
CASWELL	4,680	949	1,564	4,680	317	6	681	2,210
DAVIDSON	29,567	3,365	2,263	16,746	258	25	3,266	14,563
GUILFORD	73,569	6,815	16,442	11,789	1,523	166	8,167	37,355
MONTGOMERY	5,581	926	892	4,897	148	6	581	2,776
RANDOLPH	24,861	2,546	1,334	15,056	137	48	2,602	11,942
ROCKINGHAM	19,324	2,889	3,249	11,404	486	22	2,348	10,047
REGION G	**183,317**	**20,713**	**29,945**	**72,438**	**3,395**	**332**	**20,643**	**92,652**
DAVIE	8,099	853	545	6,241	57	4	941	4,010
FORSYTH	58,314	5,539	11,565	5,312	1,099	66	6,032	30,246
STOKES	8,767	1,230	482	6,987	68	8	974	4,125
SURRY	15,851	2,483	630	11,053	99	17	1,926	8,463
YADKIN	7,570	1,244	259	6,517	43	7	1,002	3,793
REGION I	**98,601**	**11,349**	**13,481**	**36,110**	**1,366**	**102**	**10,875**	**50,637**
CHATHAM	12,082	1,356	1,938	9,713	218	10	1,202	6,339
DURHAM	33,291	3,977	11,586	2,422	1,384	52	3,717	16,556
JOHNSTON	20,937	3,739	2,918	14,389	521	31	2,682	9,458
LEE	9,625	1,178	1,657	4,689	203	17	1,157	4,849
MOORE	23,280	2,239	2,264	13,736	218	52	2,606	13,136
ORANGE	16,441	1,137	2,683	5,301	186	31	1,729	7,674
WAKE	90,513	7,230	16,628	10,688	1,328	102	8,463	40,145
REGION J	**206,169**	**20,856**	**39,674**	**60,938**	**4,058**	**295**	**21,555**	**98,157**

COUNTY/REGION	60+*	60+ Poor*	60+ Minority*	60+ Rural*	60+ Poor Minority*	60+ Native Americans**	60+ Severe Disabilities***	70+*
FRANKLIN	8,560	1,342	2,383	7,802	374	12	1,002	3,977
GRANVILLE	8,908	1,140	2,961	5,820	379	9	1,142	4,238
PERSON	7,226	1,199	1,803	5,252	299	41	811	3,618
VANCE	7,729	1,400	3,000	3,906	543	5	963	3,837
WARREN	4,757	863	2,338	4,757	424	133	702	2,499
REGION K	**37,180**	**5,944**	**12,485**	**27,537**	**2,019**	**200**	**4,620**	**18,169**
EDGECOMBE	9,550	1,679	4,621	4,314	812	9	1,211	4,782
HALIFAX	11,565	2,488	5,409	6,651	1,164	239	1,429	6,127
NASH	16,417	2,299	4,262	8,006	597	28	1,836	8,144
NORTHAMPTON	5,223	1,072	2,664	4,697	547	9	676	2,780
WILSON	14,212	2,797	4,421	5,262	870	17	**1,586**	7,206
REGION L	**56,967**	**10,335**	**21,377**	**28,930**	**3,990**	**302**	6,737	**29,039**
CUMBERLAND	37,374	4,961	13,353	4,769	1,772	408	4,259	17,928
HARNETT	14,767	2,651	2,873	9,776	516	75	1,874	7,171
SAMPSON	11,157	2,152	3,252	9,475	627	149	1,680	5,617
REGION M	**63,298**	**9,764**	**19,478**	**24,020**	**2,915**	**632**	**7,813**	**30,716**
BLADEN	6,823	1,548	2,386	6,035	541	75	879	3,359
HOKE	4,516	944	2,226	2,555	465	322	577	2,099
RICHMOND	8,892	1,595	2,127	4,013	382	64	1,084	4,500
ROBESON	19,131	4,637	10,437	12,486	2,530	4,858	2,479	8,890
SCOTLAND	6,547	1,103	2,399	3,457	404	267	741	3,042
REGION N	**45,909**	**9,827**	**19,575**	**28,546**	**4,322**	**5,586**	**5,759**	**21,890**
BRUNSWICK	25,194	2,145	2,178	16,734	185	53	2,147	11,363
COLUMBUS	10,962	2,602	3,098	9,688	735	193	1,766	5,420
NEW HANOVER	35,436	3,136	4,683	1,602	414	49	3,562	17,296
PENDER	10,147	1,402	2,038	9,354	282	11	1,278	4,705
REGION O	**81,739**	**9,285**	**11,997**	**37,378**	**1,616**	**306**	**8,753**	**38,784**

COUNTY/REGION	60+*	60+ Poor*	60+ Minority*	60+ Rural*	60+ Poor Minority*	60+ Native Americans**	60+ Severe Disabilities***	70+*
CARTERET	17,119	1,507	820	6,468	72	17	1,355	8,494
CRAVEN	18,609	2,073	3,462	6,027	386	30	1,887	9,592
DUPLIN	9,148	2,059	2,671	7,892	601	10	1,231	4,661
GREENE	3,431	697	1,140	3,431	232	6	441	1,729
JONES	2,264	380	756	2,264	127	8	266	1,194
LENOIR	12,227	2,074	4,081	5,514	692	7	1,493	6,286
ONSLOW	16,153	2,303	2,837	4,667	404	52	1,656	7,573
PAMLICO	3,580	406	697	3,580	79	3	412	1,817
WAYNE	19,902	2,775	5,860	8,878	817	24	2,217	10,024
REGION P	**102,433**	**14,274**	**22,324**	**48,721**	**3,410**	**157**	10,958	**51,370**
BEAUFORT	10,957	1,907	2,448	7,443	426	11	1,191	5,354
BERTIE	4,328	1,121	2,317	4,328	600	6	530	2,355
HERTFORD	5,257	1,137	2,848	3,504	616	72	696	2,758
MARTIN	5,368	1,301	2,072	4,178	502	19	774	2,808
PITT	20,180	3,763	6,161	6,902	1,149	28	2,277	10,067
REGION Q	**46,090**	**9,229**	**15,846**	**26,355**	**3,293**	**136**	**5,467**	**23,342**
CAMDEN	1,830	287	331	1,830	52	2	209	829
CHOWAN	3,652	615	999	2,305	168	2	491	1,965
CURRITUCK	4,438	344	309	4,438	24	12	370	1,953
DARE	7,621	392	136	2,373	7	5	642	3,457
GATES	2,331	547	859	2,331	202	3	274	1,156
HYDE	1,225	251	371	1,225	76	1	113	661
PASQUOTANK	7,681	1,395	2,570	3,483	467	7	806	4,012
PERQUIMANS	3,416	465	743	3,416	101	5	347	1,747
TYRRELL	856	191	253	856	56	0	158	459
WASHINGTON	3,118	527	1,196	2,044	202	3	419	1,592
REGION R	**36,168**	**5,014**	**7,767**	**24,301**	**1,355**	**40**	**3,829**	**17,831**
N.C.	**1,517,309**	**188,193**	**271,249**	**660,337**	**37,671**	**9,559**	**170,879**	**752,782**

Sources of information

***NC Division of Aging and Adult Services (2007) SFY 07-08 Funding Formula Factors**

**** 2000 Census Summary File 1 PCT12C**

***** Estimated from information on 60+ above and 2000 Census Summary File 3P41; Adults age 65 and older with self-care disability**

Exhibit 7: Projected Increase in Population Age 60 and Older (2008-2012)

	2008	Population Increase								2012
	60+ Pop	2008 - 2009		2008 - 2010		2008 - 2011		2008 - 2012		60+
County/Region	(Base Year)	#	%	#	%	#	%	#	%	Population
Cherokee	8,360	319	3.8%	588	7.0%	799	9.6%	1,041	12.5%	9,401
Clay	3,529	134	3.8%	254	7.2%	355	10.1%	504	14.3%	4,033
Graham	2,262	42	1.9%	96	4.2%	146	6.5%	176	7.8%	2,438
Haywood	15,602	269	1.7%	569	3.6%	841	5.4%	1,128	7.2%	16,730
Jackson	7,994	287	3.6%	520	6.5%	720	9.0%	947	11.8%	8,941
Macon	10,425	313	3.0%	591	5.7%	806	7.7%	1,070	10.3%	11,495
Swain	3,271	107	3.3%	165	5.0%	227	6.9%	317	9.7%	3,588
Region A	**51,443**	**1,471**	**3.0%**	**2,783**	**5.6%**	**3,894**	**7.9%**	**5,183**	**10.5%**	**56,626**
Buncombe	48,324	1,412	2.9%	2,769	5.7%	4,058	8.4%	5,607	11.6%	53,931
Henderson	29,193	820	2.8%	1,614	5.5%	2,250	7.7%	2,987	10.2%	32,180
Madison	4,770	157	3.3%	260	5.5%	378	7.9%	500	10.5%	5,270
Transylvania	9,908	277	2.8%	483	4.9%	641	6.5%	874	8.8%	10,782
Region B	**92,195**	**2,666**	**3.0%**	**5,126**	**5.4%**	**7,327**	**7.6%**	**9,968**	**10.3%**	**102,163**
Cleveland	18,818	245	1.3%	597	3.2%	941	5.0%	1,391	7.4%	20,209
McDowell	9,258	201	2.2%	405	4.4%	594	6.4%	862	9.3%	10,120
Polk	5,761	94	1.6%	225	3.9%	333	5.8%	463	8.0%	6,224
Rutherford	14,324	243	1.7%	529	3.7%	799	5.6%	1,089	7.6%	15,413
Region C	**48,161**	**783**	**1.7%**	**1,756**	**3.8%**	**2,667**	**5.7%**	**3,805**	**8.1%**	**51,966**
Alleghany	3,128	74	2.4%	136	4.3%	182	5.8%	247	7.8%	3,375
Ashe	6,976	182	2.6%	357	5.1%	512	7.3%	717	10.3%	7,693
Avery	4,307	85	2.0%	181	4.2%	255	5.9%	348	8.1%	4,655
Mitchell	4,264	81	1.9%	151	3.5%	238	5.6%	320	7.5%	4,584
Watauga	7,678	276	3.6%	522	6.8%	792	10.3%	1,008	13.1%	8,686
Wilkes	14,651	333	2.3%	649	4.4%	961	6.6%	1,350	9.2%	16,001
Yancey	4,982	148	3.0%	265	5.3%	395	7.9%	542	10.9%	5,524
Region D	**45,986**	**1,179**	**2.5%**	**2,261**	**4.8%**	**3,335**	**7.1%**	**4,532**	**9.6%**	**50,518**
Alexander	7,093	207	2.9%	420	5.9%	628	8.9%	821	11.6%	7,914
Burke	17,666	364	2.1%	788	4.5%	1,096	6.2%	1,432	8.1%	19,098
Caldwell	16,618	403	2.4%	797	4.8%	1,105	6.6%	1,526	9.2%	18,144
Catawba	27,864	726	2.6%	1,412	5.1%	2,092	7.5%	2,896	10.4%	30,760
Region E	**69,241**	**1,700**	**2.5%**	**3,417**	**5.1%**	**4,921**	**7.3%**	**6,675**	**9.8%**	**75,916**

	2008	Population Increase								2012
	60+ Pop	2008 - 2009		2008 - 2010		2008 - 2011		2008 - 2012		60+
County/Region	(Base Year)	#	%	#	%	#	%	#	%	Population
Anson	4,904	79	1.6%	164	3.3%	244	5.0%	318	6.5%	5,222
Cabarrus	25,992	906	3.5%	1,776	6.8%	2,627	10.1%	3,613	13.9%	29,605
Gaston	37,751	1,016	2.7%	2,022	5.4%	2,950	7.8%	3,998	10.6%	41,749
Iredell	26,709	893	3.3%	1,858	7.0%	2,754	10.3%	3,802	14.2%	30,511
Lincoln	13,220	389	2.9%	804	6.1%	1,268	9.6%	1,757	13.3%	14,977
Mecklenburg	108,022	4,919	4.6%	9,583	8.9%	14,220	13.2%	19,251	17.8%	127,273
Rowan	24,982	444	1.8%	915	3.7%	1,320	5.3%	1,858	7.4%	26,840
Stanly	11,775	175	1.5%	375	3.2%	576	4.9%	824	7.0%	12,599
Union	26,159	1,514	5.8%	2,887	11.0%	4,131	15.8%	5,614	21.5%	31,773
Region F	**279,514**	**10,335**	**3.1%**	**20,384**	**6.1%**	**30,090**	**9.1%**	**41,035**	**12.5%**	**320,549**
Alamance	26,035	414	1.6%	906	3.5%	1,367	5.3%	2,004	7.7%	28,039
Caswell	4,615	112	2.4%	197	4.3%	281	6.1%	410	8.9%	5,025
Davidson	30,266	758	2.5%	1,560	5.2%	2,241	7.4%	3,039	10.0%	33,305
Guilford	75,970	2,183	2.9%	4,332	5.7%	6,380	8.4%	8,617	11.3%	84,587
Montgomery	5,705	138	2.4%	299	5.2%	452	7.9%	617	10.8%	6,322
Randolph	25,352	555	2.2%	1,160	4.6%	1,745	6.9%	2,482	9.8%	27,834
Rockingham	19,665	282	1.4%	655	3.3%	1,037	5.3%	1,444	7.3%	21,109
Region G	**187,608**	**4,442**	**2.2%**	**9,109**	**4.5%**	**13,503**	**6.7%**	**18,613**	**9.4%**	**206,221**
Davie	8,498	271	3.2%	576	6.8%	835	9.8%	1,165	13.7%	9,663
Forsyth	60,629	1,831	3.0%	3,543	5.8%	5,213	8.6%	7,098	11.7%	67,727
Stokes	8,900	214	2.4%	450	5.1%	685	7.7%	921	10.3%	9,821
Surry	15,887	281	1.8%	508	3.2%	776	4.9%	1,083	6.8%	16,970
Yadkin	7,727	179	2.3%	334	4.3%	464	6.0%	618	8.0%	8,345
Region I	**101,641**	**2,776**	**2.5%**	**5,411**	**5.0%**	**7,973**	**7.4%**	**10,885**	**10.1%**	**112,526**
Chatham	12,853	471	3.7%	922	7.2%	1,369	10.7%	1,882	14.6%	14,735
Durham	34,984	1,308	3.7%	2,752	7.9%	4,141	11.8%	5,610	16.0%	40,594
Johnston	22,121	902	4.1%	1,796	8.1%	2,624	11.9%	3,638	16.4%	25,759
Lee	10,115	271	2.7%	576	5.7%	891	8.8%	1,206	11.9%	11,321
Moore	24,176	630	2.6%	1,211	5.0%	1,687	7.0%	2,264	9.4%	26,440
Orange	17,020	742	4.4%	1,607	9.4%	2,423	14.2%	3,334	19.6%	20,354
Wake	98,097	5,397	5.5%	10,821	11.0%	16,456	16.8%	22,766	23.2%	120,863
Region J	**219,366**	**9,721**	**3.8%**	**19,685**	**7.8%**	**29,591**	**11.6%**	**40,700**	**15.9%**	**260,066**

	2008	Population Increase								2012
	60+ Pop	2008 - 2009		2008 - 2010		2008 - 2011		2008 - 2012		60+
County/Region	(Base Year)	#	%	#	%	#	%	#	%	Population
Franklin	8,975	330	3.7%	674	7.5%	1,030	11.5%	1,412	15.7%	10,387
Granville	9,074	245	2.7%	548	6.0%	854	9.4%	1,170	12.9%	10,244
Person	7,418	200	2.7%	415	5.6%	593	8.0%	821	11.1%	8,239
Vance	7,949	168	2.1%	374	4.7%	553	7.0%	768	9.7%	8,717
Warren	4,678	81	1.7%	174	3.7%	236	5.0%	347	7.4%	5,025
Region K	**38,094**	**1,024**	**2.6%**	**2,185**	**5.5%**	**3,266**	**8.2%**	**4,518**	**11.4%**	**42,612**
Edgecombe	9,797	191	1.9%	393	4.0%	565	5.8%	775	7.9%	10,572
Halifax	11,617	187	1.6%	420	3.6%	619	5.3%	861	7.4%	12,478
Nash	16,891	528	3.1%	1,089	6.4%	1,588	9.4%	2,212	13.1%	19,103
Northampton	5,293	66	1.2%	117	2.2%	191	3.6%	275	5.2%	5,568
Wilson	14,651	363	2.5%	792	5.4%	1,157	7.9%	1,592	10.9%	16,243
Region L	**58,249**	**1,335**	**2.1%**	**2,811**	**4.3%**	**4,120**	**6.4%**	**5,715**	**8.9%**	**63,964**
Cumberland	38,245	1,142	3.0%	2,363	6.2%	3,468	9.1%	4,753	12.4%	42,998
Harnett	15,204	414	2.7%	871	5.7%	1,333	8.8%	1,900	12.5%	17,104
Sampson	11,215	214	1.9%	434	3.9%	689	6.1%	985	8.8%	12,200
Region M	**64,664**	**1,770**	**2.5%**	**3,668**	**5.3%**	**5,490**	**8.0%**	**7,638**	**11.2%**	**72,302**
Bladen	6,935	138	2.0%	329	4.7%	476	6.9%	652	9.4%	7,587
Hoke	4,751	217	4.6%	452	9.5%	681	14.3%	905	19.0%	5,656
Richmond	9,030	173	1.9%	344	3.8%	500	5.5%	669	7.4%	9,699
Robeson	19,790	611	3.1%	1,225	6.2%	1,850	9.3%	2,573	13.0%	22,363
Scotland	6,749	216	3.2%	423	6.3%	631	9.3%	866	12.8%	7,615
Region N	**47,255**	**1,355**	**3.0%**	**2,773**	**6.1%**	**4,138**	**9.1%**	**5,665**	**12.3%**	**52,920**
Brunswick	28,540	1,621	5.7%	2,922	10.2%	3,927	13.8%	5,173	18.1%	33,713
Columbus	11,206	238	2.1%	477	4.3%	704	6.3%	938	8.4%	12,144
New Hanover	36,937	1,666	4.5%	3,042	8.2%	4,419	12.0%	5,967	16.2%	42,904
Pender	11,113	506	4.6%	922	8.3%	1,295	11.7%	1,747	15.7%	12,860
Region O	**87,796**	**4,031**	**4.2%**	**7,363**	**7.8%**	**10,345**	**10.9%**	**13,825**	**14.6%**	**101,621**

	2008	Population Increase								2012
	60+ Pop	2008 - 2009		2008 - 2010		2008 - 2011		2008 - 2012		60+
County/Region	(Base Year)	#	%	#	%	#	%	#	%	Population
Carteret	17,920	659	3.7%	1,267	7.1%	1,795	10.0%	2,420	13.5%	20,340
Craven	20,102	682	3.4%	1,368	6.8%	1,905	9.5%	2,558	12.7%	22,660
Duplin	9,384	224	2.4%	430	4.6%	626	6.7%	877	9.3%	10,261
Greene	3,520	81	2.3%	177	5.0%	272	7.7%	361	10.3%	3,881
Jones	2,360	59	2.5%	106	4.5%	144	6.1%	208	8.8%	2,568
Lenoir	12,453	238	1.9%	460	3.7%	702	5.6%	970	7.8%	13,423
Onslow	17,339	707	4.1%	1,453	8.4%	2,014	11.6%	2,577	14.9%	19,916
Pamlico	3,668	77	2.1%	164	4.5%	238	6.5%	336	9.2%	4,004
Wayne	19,909	444	2.2%	916	4.6%	1,389	7.0%	1,956	9.8%	21,865
Region P	**106,655**	**3,171**	**2.73%**	**6,341**	**5.46%**	**9,085**	**7.86%**	**12,263**	**10.70%**	**118,918**
Beaufort	11,480	361	3.1%	660	5.7%	935	8.1%	1,252	10.9%	12,732
Bertie	4,355	71	1.6%	153	3.5%	250	5.7%	360	8.3%	4,715
Hertford	5,385	105	1.9%	216	4.0%	304	5.6%	435	8.1%	5,820
Martin	5,452	107	2.0%	176	3.2%	273	5.0%	394	7.2%	5,846
Pitt	21,262	798	3.8%	1,744	8.2%	2,564	12.1%	3,504	16.5%	24,766
Region Q	**47,934**	**1,442**	**2.49%**	**2,949**	**4.94%**	**4,326**	**7.32%**	**5,945**	**10.19%**	**53,879**
Camden	1,929	97	5.0%	196	10.2%	277	14.4%	360	18.7%	2,289
Chowan	3,861	101	2.6%	202	5.2%	279	7.2%	375	9.7%	4,236
Currituck	4,706	232	4.9%	440	9.3%	645	13.7%	880	18.7%	5,586
Dare	7,691	315	4.1%	680	8.8%	1,043	13.6%	1,439	18.7%	9,130
Gates	2,530	63	2.5%	128	5.1%	171	6.8%	249	9.8%	2,779
Hyde	1,210	20	1.7%	30	2.5%	48	4.0%	73	6.0%	1,283
Pasquotank	8,196	330	4.0%	610	7.4%	815	9.9%	1,016	12.4%	9,212
Perquimans	3,660	121	3.3%	212	5.8%	281	7.7%	372	10.2%	4,032
Tyrrell	876	1	0.1%	4	0.5%	22	2.5%	38	4.3%	914
Washington	3,175	95	3.0%	160	5.0%	229	7.2%	302	9.5%	3,477
Region R	**37,834**	**1,375**	**3.13%**	**2,662**	**5.99%**	**3,810**	**8.69%**	**5,104**	**11.81%**	**42,938**
North Carolina	**1,583,636**	**50,576**	**2.81%**	**100,684**	**5.57%**	**147,881**	**8.15%**	**202,069**	**11.13%**	**1,785,705**

SOURCE: NC State Data Center

Exhibit 8a: Assessment of Livability and Senior-Friendliness Concerns by County: CAMDEN

#	Component/Elements	High	Medium	Low	N/A	Comments
	Physical & Accessible Environment					
1	Air & water quality	X				Concern over drinking water and the long term health of the waterways that shape and define our region is regional.
2	Driver safety			X		
3	Housing & utilities	X				Utility and housing costs as well as the pronounced increase in land and building costs over the past 10 years are having an impact on those on fixed incomes and poorer citizens.
4	Land use	X				Rapid development it taxing the rural infrastructure of rural Camden.
5	Neighborhood organization			X		Not cited as concern.
6	Noise control			X		Not cited as concern.
7	Recreational facilities	X				Except for the Senior Center there are no recreational centers, movie theaters, or significant arts centers. Camden County relies on neighboring Pasquotank County where Elizabeth City is for these options.
8	Road safety	X				Patterns of pass through traffic especially on the way to the Outer Banks as well as drivers exceeding the speed limit on country roads are significant concerns.
9	Shopping	X				Minimal options. Even grocery shopping requires out of county travel.
10	Transportation	X				Very limited options for those that cannot drive. The Inter-County Public Transportation System devoted to van transport is the only significant option. The van routes are limited, subsidies for free transportation very sparse, residents have to plan on waiting on either end of trip and arrangements for travel must be made a day

						before.
11	Zoning		X			Zoning issues are beginning to attract public attention.
12	Other_Expectations_____					Camden residents live their because of the rural quality. It has so much open land, an extensive infrastructure of services may be unrealistic. Still people are moving in at a relatively rapid pace and expecting services.
13	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Healthy Aging					
14	Adult immunization			X		
15	Dental health	X				Lack of dental insurance for poorer residents equates to poor care. Many of the home delivered meals clients complain of the need for dental care.
16	Hospitals			X		Several options available.
17	Leisure	X				Leisure activities are limited. Though recent development of walking/ bike trails has helped.
18	Medicare & Medicaid acceptance			X		Local physicians work hard to work with insurance plans. Most the residents know their physicians well and often socially since it is a small community.
19	Medications	X				The high cost of medications is a serious problem.
20	Mental health		X			While there have been issues publicized about our Mental Health, older adults and the county planner do not feel there is a problem.
21	Nutrition	X				There is an awareness among seniors that home delivered meals cannot be available everywhere in the county.
22	Preventive care	X				New campaigns by Albemarle Hospital and Albemarle Regional

						Health Services are raising the issue very recently. Until this time, preventative care was not a major initiative of citizens.
23	Primary care	X				Primary Care: an issue raised by the county planner not by seniors polled do not d
24	Rehabilitation			X		There is satisfaction with rehabilitative services available.
25	Vision & hearing care	X				Limited resources in county.
26	Wellness & fitness		X			Tied in part to limited interest in Primary Care.
27	Other_____					
28	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Economic Security					
29	Age discrimination			X		Not cited as concern.
30	Financial planning			X		Not cited as a need. Resources are readily accessible.
31	Health care cost	X				Regional Concern
32	Income	X				Particular concern over persons on fixed incomes.
33	Job opportunities		X			
34	Job retooling			X		
35	Job training		X			

36	Long-term care cost	X				
37	Public benefits counseling	X				Much difficulty in accessing information of what is available.
38	Senior-friendly businesses		X			At present construction barriers and other aspects of Senior Friendly parameters are offset by the familiarity and friendliness of local businesses which includes an extra effort to work with seniors. This is an intimate community.
39	Support of working caregivers	X				Not enough options.
40	Tax credits & exemptions		X			
41	Other_____					
42	Other_____					

#	**Component/Elements**	High	Med	Low	N/A	**Comments**
	Technology					
43	Assistive & adaptive devices	X				
44	Distance-learning	X				
45	Internet access	X				Technologically the region is still behind.
46	Medical alert	X				
47	NC careLINK	X				Much needed.
48	Tele-medicine		X			Seniors are beginning to utilize.

49	Telephone & cell phone access		X			There are some areas of the county where cell phone access is challenging.
50	Other_____					
51	Other_____					
#	**Component/Elements**	**High**	**Med**	**Low**	**N/A**	**Comments**
	Safety & Security					
52	Abuse & neglect	x				There does not seem to be enough local understanding of what abuse and neglect is.
53	Domestic violence	X				More education is needed.
54	Emergency preparedness & response	X				The regional leaders do a good job with what they have but Camden's vulnerability to hurricanes, it's proximity to major military Bases and the Atlantic Fleet in Virginia, Blackwater, and the rural nature of the county has the county facing major challenges in the face of a natural or man-made disaster.
55	Fire safety	X				Fires have run rampant in the county because of the open land and peat bogs.
56	Fraud & exploitation	X				Regional, State and National Concern. Telemarketing and insurance sales tactics are a major concern in county. The recent marketing of reverse mortgages is also attracting aggressive sales tactics to seniors who seem unaware there is any down-side to utilizing reverse mortgages.
57	Outreach to isolated & vulnerable	X				A geographic challenge in a rural county.
58	LTC residents' rights			X		There are only 6 long term care beds in Camden County and the residents are well respected by staff and community. The problem of course is then the shortage of LTC options.

59	Other_____					
60	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Social & Cultural Opportunity					
61	The Arts	X				
62	Community sensitivity			X		
63	Cultural & social programs	X				Churches are social centers as well as worship halls.
64	Intergenerational relations		X			Churches fill much of the void in this. Church Attendance in Camden is high.
65	Libraries			X		
66	Lifelong learning	X				
67	Media		X			
68	Racial, ethnic, and linguistic diversity		X			An influx of Vietnamese in the fishing and service industry is posing the greatest challenge in terms of language barriers.
69	Spiritual growth			X		
70	Volunteerism		X			Volunteerism is strong but the needs outweigh availability.
71	Other_____					
72	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Access & Choice in Services & Supports					
73	Care management	X				Limited by lack of organizations and thus staffing.
74	Caregiver support	X				Limited by lack of county services.
75	Drug assistance	X				Too costly and so many of Camden's seniors are comfortable in solid modest homes. Still by national standards they simply do not have the financial assets to meet medication costs.
76	End-of-life care	X				In-Home Options are extremely challenging.
77	Grandparents-raising-grandchildren	X				
78	Guardianship	X				
79	Home & community services	X				Lack of money for services.
80	Information & assistance (I&A)	X				Very archaic.
81	Legal services	X				Cost is problem. Not a lot of resources in county.
82	Long-term care facilities	X				Only 6 rest home beds in county. Excellent care but not enough options.
83	Senior centers			X		Growth in diversity of senior center participation, good director with strong rapport with community. County pride in Center.
84	Other_____					
85	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Public Accountability & Responsiveness					
86	Community needs assessments	X				The rural nature of this farming community as well as the lack of infrastructure account for all the answers in this section.
87	Planning & coordination	X				
88	Program evaluation	X				
89	Public & private funding sources	X				
90	Public benefits	X				
91	Representation in public affairs	X				
92	Taxes		X			
93	Other_____					
94	Other_____					
95	Other_____					
96	Other_____					

Describe the process used to complete this:

2008-2012 Area Plan on Aging Surveys were mailed to County Leadership. As well, the Senior Center Met with Seniors to get a consensus of what participants viewed as the correct responses to the survey in a question by question review. The Camden County Planner and Albemarle Regional Heath Services submitted Camden surveys as well. An in-depth involvement with our 10 county NEAT-NC (Northeastern Area Transit Team) gave us the opportunity to work closely with all the regional public transit providers and transit consultants to understand transportation issues regionally. As well, membership on the Inter-County Public Transit Advisory Board further clarified challenges.

	Domestic and Elder Abuse awareness is particularly enhanced by our close working partnership with Albemarle Hopeline, a shelter for victims and their children as well as a center for counseling, education, intervention, child protection, court representation and advocacy. Elder Abuse is a particular interest of that organization which serves 6 of our counties. The Triple A Director is Vice President of the Board while the Regional Ombudsman co-sponsors multiple events with Hopeline. Involvement with Albemarle Regional Health Services via advisory boards for in-home care, palliative care, Hospice enhance understanding of issues. The family caregiver specialist serves and is an active presenter for the End of Life Coalition which further broadens our understanding of the county. The Education Director for Albemarle Regional Health Services answered our survey with a regional response which includes Camden County.

Exhibit 8a: Assessment of Livability and Senior-Friendliness Concerns by County: CHOWAN

#	Component/Elements	High	Medium	Low	N/A	Comments
	Physical & Accessible Environment					
1	Air & water quality	X				Water quality is a region-wide concern.
2	Driver safety			X		One respondent thought senior driver training should be available.
3	Housing & utilities	x				Housing and utility costs drive this concern. Chowan is one of region's most expensive communities and region wide housing value inflation has locals and fixed income residents very concerned. Power costs are forcing some seniors to do without.
4	Land use			X		
5	Neighborhood organization			X		
6	Noise control				x	
7	Recreational facilities	X				Mixed Responses to this. Many residents express satisfaction.
8	Road safety		X			With increased population, roads need widening.
9	Shopping		X			Region R has no major shopping centers. Chowan County is full of small shops, stores and has a major grocery store.
10	Transportation	X				Limited ICPTA Public Transportation Vans. No buses, very limited cab service.
11	Zoning			X		A beautifully laid out county with great sensitivity to their major town, the Historic Edenton. Great Historic Pride drives planning.
12	Other__Animal Control_____	X				Animal Control and better oversight of pets.
13	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Healthy Aging					
14	Adult immunization		X			Publicity needed.
15	Dental health	X				Survey results show great concern. Cost and non-insurance drive availability of care. Speciality Services lacking.
16	Hospitals		X			Though the County has one of the Region's 2 major hospitals there is frustration with lack of special care available.
17	Leisure		X			The County has a rich historic heritage, walking tours, lectures, an arts center, performing arts which seem to satisfy many seniors but traditional youth leisure activities not school sponsored are limited.
18	Medicare & Medicaid acceptance		X			Physician and medical staff familiarity with residents seems to bolster insurance acceptance and support to seniors.
19	Medications	x				High costs!
20	Mental health		X			Our region and the Albemarle Commission Board are opposed to state imposed mental health reform which citizens believe will impact the delivery and cost of mental health services. A past Board Member of Mental Health suggested a broader base of services for the mentally ill.
21	Nutrition	X				The counties in Region R overmatch HCCBG funding to assure maximum services possible can be provided. The counties carry 48% of the cost of the Triple A Nutrition Program.
22	Preventive care		X			Preventive Care has just begun to be a focus in R
23	Primary care	X				More education needed.
24	Rehabilitation			X		The consensus is rehabilitation services are adequate.

25	Vision & hearing care	X				Shortage of Local services.
26	Wellness & fitness	X				The importance of physical fitness has only recently become a focus for the general public in Region R.
27	Other_____					
28	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Economic Security					
29	Age discrimination			X		
30	Financial planning		X			Respondents suggested low income citizens need help managing limited assets.
31	Health care cost	X				Too costly.
32	Income		X			
33	Job opportunities	X				
34	Job retooling			x		
35	Job training			X		
36	Long-term care cost	X				Too High.
37	Public benefits counseling		X			Triple A Staff define this as a priority.
38	Senior-friendly businesses		X			Friendly attitudes, a prevalent small town pride in Historic Edenton and the positive impact of retirees in carrying out what shapes the

						town and general community makes for a friendly community. Ramps, railings and good lighting are utilized in this colonial era town.
39	Support of working caregivers	X				Shortage of resources for low income caregivers is an issue.
40	Tax credits & exemptions		X			
41	Other_____					
42	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Technology					
43	Assistive & adaptive devices		x			
44	Distance-learning		X			Region R is still behind technologically.
45	Internet access	X				Sporadic access to the internet among seniors.
46	Medical alert	X				Medical Alert systems are being implemented by Task Forces including police and medical providers. Chowan County takes great pride in this effort.
47	NC careLINK	x				The implementation is much needed.
48	Tele-medicine			X		Not listed as prioritity
49	Telephone & cell phone access		X			Some issue with cell phone coverage in Chowan County.
50	Other_____					

51	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Safety & Security					
52	Abuse & neglect	X				Stressed as priority by Chowan Co. DSS & Albemarle Hopeline.
53	Domestic violence		X			Hopeline Priority
54	Emergency preparedness & response	X				Edenton the County Center of Chowan County is on Albemarle Sound and at high risk for hurricane damage. County consistently addresses emergency management. It is and will remain a high priority.
55	Fire safety			X		Not cited as priority.

#	Component/Elements	High	Med	Low	N/A	Comments
56	Fraud & exploitation		X			County requests for Scam Jams indicate they have had an impact.
57	Outreach to isolated & vulnerable	X				Because of limited resources and public agency staff as well as the frequency of hurricanes, concern is high with DSS, Emergency Management, Aging Service Providers and Chowan Hospital.
58	LTC residents' rights	X				Chowan County Long Term Care CAC members and Regional LTC Ombudsman have an ongoing concern with this.
59	Other_____					
60	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Social & Cultural Opportunity					
61	The Arts	X				Chowan County is one of our richest in terms of the arts with live theater, a small movie house, an arts center, concerts and a rich history that is illustrated by it's architecture and ambiance. Discussion is ongoing in reference to the possible necessity of closing the Arts Council facility due to funding constraints.
62	Community sensitivity	X				Senior Center attendees expressed concern over this in a consensus response to our survey.
63	Cultural & social programs		X			Historical events, house tours, a rich church life, good restaurants and parks enhance what was said about the arts.
64	Intergenerational relations			X		
65	Libraries	X				Small
66	Lifelong learning		X			
67	Media		X			Region R lacks a major newspaper. Many residents subscribe to a local paper and the Virginia Pilot or Raleigh News and Observor.
68	Racial, ethnic, and linguistic diversity		X			A rich mixture of Black and White. Beyond that there is little linguistic or ethnic diversity.
69	Spiritual growth			X		Rich Church Life
70	Volunteerism		X			Many volunteer for the arts and history programs but there is a need for more volunteers for social programs.
71	Other_____					
72	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Access & Choice in Services & Supports					
73	Care management		X			Not stressed as priority by seniors polled. Agency staff feel this is a top priority.
74	Caregiver support	X				Education needed in this arena.
75	Drug assistance	X				Costs are the over-riding concern.
76	End-of-life care	X				Shortage of resources a concern.
77	Grandparents-raising-grandchildren		X			
78	Guardianship		X			
79	Home & community services	X				HCCBG Funding increases needed!
80	Information & assistance (I&A)	X				Not centralized yet.
81	Legal services		X			Too costly for low income and NC Legal Aid can be difficult to access.
82	Long-term care facilities	X				Quality of care and resident rights are issues.
83	Senior centers	X				One Center and One satellite.
84	Other_____					
85	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Public Accountability & Responsiveness					
86	Community needs assessments		X			Improving.
87	Planning & coordination	X				Evolving through DSS, Chowan Hospital and County Government. Emergency management and Special Needs Registry Plans are active.
88	Program evaluation			X		
89	Public & private funding sources	X				Money is always short for elders in need.
90	Public benefits	X				" "
91	Representation in public affairs	X				
92	Taxes	X				Loss of 25 million dollar fund balance has raised taxes with the possibility of additional future increases.
93	Other_____					
94	Other_____					
95	Other_____					
96	Other_____					

Describe the process used to complete this:

The RAC Chair and RAC member actually worked on the Chowan County Section as residents. Consensus polls came from Chowan Senior Center, Albemarle Regional Health Services, and Northern Chowan Recreation Center. Chowan County DSS, the Director of Chowan Baptist Men's Group, Chowan Hospital, the Edenton/Chowan Chamber of Commerce, and Edenton-Chowan Recreation Department, Albemarle Home Care and Hospice sent survey results which were compiled for this report. NEAT-NC Task Force reports with all regional public transit directors included. Advisory Board Membership on ICPTA,

Chowan Home Care, and Albemarle Home Care and Hospice enhanced staff understanding of the issues as well. Primary reliance was on the survey process but staff input was factored into comments.

Exhibit 8a: Assessment of Livability and Senior-Friendliness Concerns by County: CURRITUCK

#	Component/Elements	High	Medium	Low	N/A	Comments
	Physical & Accessible Environment					
1	Air & water quality		X			Region R Concern for this not mentioned by Seniors. Still polls from Albemarle Regional Health Services and Commission cite this as major priority stressing the water quality issue. Our NC Representative Bill Owens has led a water task force. The Currituck Planner did not note this as priority on survey.
2	Driver safety			X		
3	Housing & utilities	X				Incredible inflation in housing market. Power costs are too high for many seniors.
4	Land use			x		
5	Neighborhood organization			x		
6	Noise control			x		
7	Recreational facilities	x				No recreational centers except the Senior Center, no movie theaters.
8	Road safety			x		
9	Shopping			x		
10	Transportation	X				Public Transportation Limited to ETAP and HCCGB Subsidized Van Transit, Limited Routes, Hours and Access to Service.
11	Zoning			X		
12	Other_____					

13	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Healthy Aging					
14	Adult immunization			X		No concern expressed..
15	Dental health	X				Albemarle Regional Health Services and Hospice as well as our Nutrition staff cite this as high priority.
16	Hospitals	X				No local hospital. Hospital commutes range from 45 to 90 minutes with the possibility of increased travel time because of beach traffic going through Currituck County to Outer Banks.
17	Leisure	X				Very limited though fishing and golf are easy to access.
18	Medicare & Medicaid acceptance	X				Cited by Albemarle Regional Health Services as high priority.
19	Medications	X				Too costly!
20	Mental health	X				Cited by Currituck County Planner as high priority. He did not define reasons but the Albemarle Commission recognizes Regional concern over state control of mental health services and the cost of these services as delineated in Albemarle Commission Resolution.
21	Nutrition	X				Nutrition options. Grocery shopping entails out of county travel and there are not enough volunteers to increase home delivered meals routes to isolated seniors.
22	Preventive care			X		Not on cited.
23	Primary care	X				Long commuting time to providers, limited services in-county, in-ability of non-insured to access care.
24	Rehabilitation			X		Not cited.

25	Vision & hearing care			X		"
26	Wellness & fitness			X		Not cited.
27	Other_____					
28	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Economic Security					
29	Age discrimination			X		Not cited.
30	Financial planning			X		"
31	Health care cost	X				Costs to high! Health Insurance acceptance is issue.
32	Income	X				Currituck Planner cites as high priority
33	Job opportunities	X				Limited requiring many to commute to Virginia or Elizabeth City.
34	Job retooling			X		Not cited.
35	Job training			X		"
36	Long-term care cost	X				Too High.
37	Public benefits counseling			X		Not cited.
38	Senior-friendly businesses			X		"
39	Support of working	X				Albemarle Regional Health Services & Hospice as well as Triple A

	caregivers					Staff view this as high priority based on requests for services and assistance.
40	Tax credits & exemptions			X		Not cited.
41	Other_____					
42	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Technology					
43	Assistive & adaptive devices			X		Not cited.
44	Distance-learning	X				As noted by Currituck County Planning Department.
45	Internet access	X				Consensus of Currituck County Senior Center Participants.
46	Medical alert	X				Consensus of Currituck County Senior Center Participants and Albemarle Regional Health Services.
47	NC careLINK	X				Consensus of Albemarle Regional Health Services and Triple A Staff.
48	Tele-medicine		X			Cited by Albemarle Regional Health Services as High Priority. Medium Rating temported on seniors and Planner not citing this.
49	Telephone & cell phone access	X				Albemarle Regional Health Services and Triple A Staff find this problematic.
50	Other_____					
51	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Safety & Security					Currituck County DSS did not submit survey so assessments are from Albemarle Hopeline serving 6 counties, Albemarle Regional Health Services, Triple A staff, County Planner, Seniors and Albemarle Commission Planner.
52	Abuse & neglect	X				Serious Regional Problem
53	Domestic violence	X				Albemarle Hopeline is active in this county providing education, counseling, court advocacy. The Clerk of Courts for the County is highly supportive of Albemarle Hopeline efforts and partipates as a private citizen in fund-raising efforts to alleviate this problem. Triple A staff person has been involved via volunteer efforts in victim support and present at court hearings as victim advocate.
54	Emergency preparedness & response	X				Hurricanes are a serious problem for the county. Close proximity to major military centers across the border in Virginia as well as the county serving as the home base of Blackwater makes the county aware that a terrorist act could impact the environmental health of Currituck. The Emergency Management Director cited in a meeting at the Albemarle Commission his first concern is a pandemic flu outbreak which he feels our region does not take seriously enough. Evacuation routes are limited, roads are inadequate and water bodies block direct routes out of the county. The traffic is overwhelming and extremely hampered by density during an evacuation because of the narrowness of the county, limited roads and pass through traffic from the Outer Banks or to/from Virginia.
55	Fire safety	X				Currituck has had some arson based major fires. The rural nature of the region and the peat bog base of the Dismal Swamp are particular concerns. Once the peat bog which fuels fire is lit, the challenge of containment and cessation declines.

#	Component/Elements	High	Med	Low	N/A	Comments
56	Fraud & exploitation		X			Not cited on surveys, but Triple A staff feel this is an issue.
57	Outreach to isolated & vulnerable	X				Please refer to other responses to Currituck County questions.
58	LTC residents' rights		X			Regional Ombudsman feels despite low complaints, issues are under-reported due to fear. Not cited in surveys.
59	Other_____					
60	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Social & Cultural Opportunity					
61	The Arts	X				County Planning Dept. views this as high priority. The county has very few options in this arena.
62	Community sensitivity		X			Cited as high priority by Albemarle Home Care and Hospice, otherwise not in other surveys.
63	Cultural & social programs	X				Extremely limited.
64	Intergenerational relations	x				Senior Center participants cite this.
65	Libraries			X		Good library.
66	Lifelong learning			X		Not cited.
67	Media			X		Not cited.
68	Racial, ethnic, and linguistic			X		"

	diversity					
69	Spiritual growth			X		"
70	Volunteerism		X			Maintaining Volunteer Base is very challenging for Nutrition Program.

#	Component/Elements	High	Med	Low	N/A	Comments
	Access & Choice in Services & Supports					
73	Care management			X		
74	Caregiver support		X			Not cited but Triple A staff feel this is issue.
75	Drug assistance	X				Too Costly
76	End-of-life care	X				Albemarle Regional Health Services cites this.
77	Grandparents-raising-grandchildren	X				Senior Center Participants cite this.
78	Guardianship			X		
79	Home & community services	X				Consistent shortcomings as reported by HCCBG Providers including Currituck DSS
80	Information & assistance (I&A)	X				
81	Legal services			X		Not cited.
82	Long-term care facilities			X		Not cited
83	Senior centers			X		
84	Other_____					

85	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Public Accountability & Responsiveness					
86	Community needs assessments	X				Senior Center Participants and Albemarle Regional Health Services cite this.
87	Planning & coordination	X				County Planning Department cite this.
88	Program evaluation			X		Not cited
89	Public & private funding sources	X				
90	Public benefits	x				
91	Representation in public affairs			X		
92	Taxes		X			Cited by Albemarle Home Care and Hospice as high priority. No other surveys reflected concern.
93	Other_____					

Describe the process used to complete this:

Surveys sent. Returned by County Planning Department, Albemarle Regional Health Services, Albemarle Home Care and Hospice, Albemarle Commission Planner.. As well Senior Center Director walked participants through the survey to create a consensus survey response. Multiple meetings with Emergency Management, NEAT-NC (transportation team), comments from HCCBG Committee and providers, staff input and an in-depth understanding of Albemarle Hopeline (Domestic and Elder Abuse) shaped the Currituck County report.

Exhibit 8a: Assessment of Livability and Senior-Friendliness Concerns by County: DARE

#	Component/Elements	High	Medium	Low	N/A	Comments
	Physical & Accessible Environment					
1	Air & water quality	X				Water Quality is a regional concern.
2	Driver safety	X				Beach Traffic and reckless driving can be excessive during the tourist season.
3	Housing & utilities	X				Costs are prohibitive for service & tourism provider staff. Real estate costs and utilities make remaining on the Outer Banks very difficult for long term residents on fixed incomes.
4	Land use	X				A Challenge to balance demand for real estate development with profit and environmental concerns.
5	Neighborhood organization			X		
6	Noise control		X			The summer season can be noisy, the off winter is quiet.
7	Recreational facilities			X		
8	Road safety		X			Often too crowded.
9	Shopping			X		Good shopping.
10	Transportation	X				Limited Public Transit as overseen by Senior Services Director is not enough. There is a tremendous concern over transit availability to meet personal needs, alleviate summer traffic/beach parking issues. The Dare Transit Task Force comprised of private citizens is challenging local leadership and the ability of Dare Transit to provide adequate services.
11	Zoning	x				Refer to other comments to understand zoning challenges.

12	Other_____					
13	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Healthy Aging					
14	Adult immunization			X		
15	Dental health		X			As expressed by Nutrition Program Staff.
16	Hospitals		X			Small local Hospital on Outer Banks has alleviated concerns. Emergency Medical Transit from the Southern Outer Banks is a serious challenge especially during the beach season.
17	Leisure			X		
18	Medicare & Medicaid acceptance			X		
19	Medications	X				Too costly.
20	Mental health	X				Regional Concern over State Government Control of Mental Health.
21	Nutrition			X		
22	Preventive care			X		
23	Primary care		X			
24	Rehabilitation			X		

25	Vision & hearing care			X		
26	Wellness & fitness			X		
27	Other_____					
28	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Economic Security					
29	Age discrimination			X		
30	Financial planning			X		
31	Health care cost	X				Too High.
32	Income	X				Low Service Provider Incomes in this high cost County are a concern.
33	Job opportunities		X			
34	Job retooling			X		
35	Job training			X		
36	Long-term care cost	X				Cost is too high.
37	Public benefits counseling					
38	Senior-friendly businesses			X		
39	Support of working	X				Lack of Adult Daycare Center is a high priority of Dare Community

	caregivers					Coordinating Council, Dare Health Dept. Dare Senior Services, County Commissioners, Dare DSS and most important family caregivers.
40	Tax credits & exemptions			X		
41	Other_____					
42	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Technology					
43	Assistive & adaptive devices			X		
44	Distance-learning			X		
45	Internet access			X		
46	Medical alert		X			
47	NC careLINK	X				Regional need.
48	Tele-medicine			X		
49	Telephone & cell phone access	X				Cell phone access on some parts of Outer Banks is challenging.
50	Other_____					
51	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Safety & Security					
52	Abuse & neglect	X				Dare Elder Abuse Task Force created by Dare DSS and which the Area Agency on Aging is an integral part of is working successfully to promote awareness. This large, multi-agency and law enforcement group is working hard in this arena.
53	Domestic violence		X			Cannot measure this from information we have.
54	Emergency preparedness & response	X				The fragile Outer Banks, the close proximity of homes to the ocean, the crowded conditions during hurricane season, and the challenge of evacuation across bridges and through rural communities once off the Outer Banks is consistently a huge challenge. Flooding, refusal of many citizens and older adults to evacuate, and the power of surf and wind that have in recent hurricanes erased parts of Hatteras including homes illustrate the danger of being on the Outer Banks just before or during a hurricane.
55	Fire safety		X			The transport of fire equipment on roads crowded during season is a challenge.
56	Fraud & exploitation	X				As voiced by Dare DSS
57	Outreach to isolated & vulnerable		X			Particular Challenge when roads are blocked by water during storms,
58	LTC residents' rights		X			Very active, vocal, and visible Long Term Care Community Advisory Committee with close ties to County Commissioners helps.
59	Other_____					
60	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Social & Cultural Opportunity					
61	The Arts			X		Lots of options in art galleries, occasional small theater, cinema, Live music entertainment in restaurants and clubs, and small concerts.
62	Community sensitivity			X		A powerful and wealthy older population is extremely active in county affairs. As well, key county agency staff are very active in the promotion of aging issues. While there appears to be on going concern over aging issues, the debates and dialogue illustrate real sensitivity to seniors' interests.
63	Cultural & social programs			X		Shaped by Beach Community (see arts)
64	Intergenerational relations			X		
65	Libraries			X		
66	Lifelong learning			X		Not an expressed concern
67	Media		X			Many residents feel they need to subscribe to out of region newspapers to supplement local news. Island Communities are particularly isolated and dependent on television and radio.
68	Racial, ethnic, and linguistic diversity		X			Not viewed generally as an issue. The Outer Banks is predominately Anglo-Saxon Americans. Service industry workers however come from out of country and at this time the **Area Agency on Aging does not have an adequate overview of this**. Dare Community Council, The Dare Initiative for Older Adults, and Dare Elder Abuse Task Force of which the Area Agency is an active part of, have not addressed this at meetings attended by staff.
69	Spiritual growth			x		
70	Volunteerism		X			A lot of interested and active retirees incorporate volunteerism into their life styles. There is always a need for more.

#	Component/Elements	High	Med	Low	N/A	Comments
	Access & Choice in Services & Supports					
73	Care management		X			
74	Caregiver support	X				Dare County Health Department started a volunteer respite program and there is a small unlicensed respite center that has been struggling. There is no Adult Day Care Center. Caregiver support has attracted a lot of attention through complaints coming from the owners of the respite center and their board. Dare Older Adults Initiative Task Force is discussing the need for Adult Day Care as a top initiative. The Health Carolinians also view this as a top priority.
75	Drug assistance	X				Too costly.
76	End-of-life care		X			Shortage of subsidized in home care.
77	Grandparents-raising-grandchildren			X		No feedback on this.
78	Guardianship			X		No feedback
79	Home & community services	X				Increased Home and Community Care Block Grant monies desperately needed. Options available for citizens able to pay.
80	Information & assistance (I&A)		X			Dare leadership feel they have a strong understanding of what resources are available. I&R is however needed across Region R
81	Legal services		x			Available but costly. Extremely limited subsidized legal council.
82	Long-term care facilities		X			
83	Senior centers			X		Excellent Center
84	Other_____					
85	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Public Accountability & Responsiveness					
86	Community needs assessments		X			County very active in assessing needs.
87	Planning & coordination		X			
88	Program evaluation			x		
89	Public & private funding sources	x				
90	Public benefits		x			
91	Representation in public			x		Many opportunities. Seniors and Aging Issues Activists are very active in policy making, public dialogue and debates. Comments in section 62 further clarify.
92	Taxes		X			Issue for long term residents.
93	Other_____					Evacuation and hurricanes needs to be repeated.
94	Other_____					Adult Day Care Center needs to be repeated.
95	Other_____					
96	Other_____					

Describe the process used to complete this:

To date at the time of this writing we have had no Dare survey results (May 3, 2008).
We were presented with the Healthy Carolinians of Dare County 2006 Report to utitlize for this report. The Director of Dare Senior Services (RAC member) completed the Dare Section of this report and her report was integrated into

overall text. We have meeting minutes and news articles to document many of the statements in this report. Triple A staff are active members and regularly attend Dare County Elder Abuse Task Force meetings, one of us is a member of the Executive Planning Committee for Dare Older Adults Initiative, and are active in the Dare Community Coordinating Council. Through our work as producers and designers of the Dare Elder Abuse Task Force, HCCBG Planning meetings (through the Coordinating Council). Long Term Care CAC meetings and our close working relationship with Dare County Senior Services we have a broad based understanding of Dare County. As well our work as a primary grant writer, planner and key member of the NEAT-NC has given us a new understanding of transportation issues in Dare County. We have met with the Transit Director multiple times, had access and utilized the services of transit consultants, gotten feed back from the assistant director of the Community Transportation Authority of America. Two Triple A staff, the Workforce Development Director, Dare Aging Task Force consultant, and the Assistant Director of CTAA have spoken teleconference regarding Dare County and the NEAT-NC initiative. As well, we have met face to face at the Albemarle Commission. We can document or justify with specifics the parameters of our responses. In most cases we have written documentation backing each priority.

Exhibit 8a: Assessment of Livability and Senior-Friendliness Concerns by County: GATES

#	Component/Elements	High	Medium	Low	N/A	Comments
	Physical & Accessible Environment					
1	Air & water quality		X			Regional Concern with particular issues in Gates County. Much of the County is swamp, water run-off and comprised septic systems have an impact on county water supply. However, not cited as high priority by Gates Aging Task Force.
2	Driver safety			X		Not cited.
3	Housing & utilities	X				Serious housing issues and utility costs. Many elders live in sub-standard housing and dangerous living conditions. HCCBG contracted providers often complain about the safety of staff and regular emergency responses from this Agency involve housing repairs or advocacy so Gates County HCCBG Funded Staff can still provide in-home services. Gates County has started a Housing Task Force to address affordable housing and how to assure decent housing. Area Agency on Aging staff member is part of this task force. Many of the residents affected are elderly.
4	Land use		X			Environmental and watershed protection have often not been considered when building in Gates County.
5	Neighborhood organization			x		Not discussed or mentioned by residents. The Area Agency on Aging cannot respond.
6	Noise control	X				Huge concern over the use of Gates as the OLF, Outer Landing Field, for the US Navy Air Stations' training grounds. Noise, environmental issues, disruption of wildlife and the potential loss of farm land are all at play. Tax earnings to the County would also be minimal. Hearing and appeals to not utilize Gates are in process.
7	Recreational facilities	X				Senior Center Development Plans and Legislative Funding Appeals are actively underway. Other Recreational options are also needed in county.

8	Road safety			X		Roads appear to Triple A staff to be an issue but are not a priority for the county at this time.
9	Shopping			X		Very limited but not a priority at this time.
10	Transportation	X				Public Transportation is limited to ETAP and HCCBG funded Van transportation through Gates Inter-Regional Transit.
11	Zoning			X		Development patterns indicate zoning problems but not cited as priority by Gates County Aging Task Force.
12	Other_____					
13	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Healthy Aging					
14	Adult immunization			x		
15	Dental health	X				High Priority of Gates Aging Task Force
16	Hospitals			X		
17	Leisure		X			
18	Medicare & Medicaid acceptance	X				Medicaid Eligibility Reform to address the $240 income limit.
19	Medications	X				Prescription assistance ($) needed.
20	Mental health	X				Mental Health and Developmentally Disabled services currently lack providers in Gates County

21	Nutrition	X				Expanded Nutrition Programs (need group to define beyond Home Delivered and Congregate Meals.
22	Preventive care			X		Not cited.
23	Primary care	X				Access to Health Care.
24	Rehabilitation			x		Not cited.
25	Vision & hearing care			x		"
26	Wellness & fitness			X		"
27	Other Increase in HCCGB Funding_____	X				Gates Task Force is advocating for and has met with local legislators, State Senator Jones and Representative Mobley.
28	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Economic Security					
29	Age discrimination			X		Not cited.
30	Financial planning			X		Not cited.
31	Health care cost	X				Access to Health Care including dental was named by Task Force as high priority.
32	Income			X		Very low income are but not cited as priority.
33	Job opportunities			x		Very few job opportunities but not cited.
34	Job retooling			X		Not cited.
35	Job training			X		Not cited.

36	Long-term care cost	X				Long Term Care Options (cost is part of this issue)
37	Public benefits counseling			X		Not cited
38	Senior-friendly businesses			X		"
39	Support of working caregivers			X		"
40	Tax credits & exemptions			X		"
41	Other_____					
42	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Technology					
43	Assistive & adaptive devices			X		Not cited.
44	Distance-learning			X		"
45	Internet access		X			Staff would rate as high but county feels there are more pressing Issues.
46	Medical alert			X		Task Force has already successfully advocated, planned, and identified funding for. Implementation is underway.
47	NC careLINK		X			Not cited but much needed.
48	Tele-medicine			X		Not cited.
49	Telephone & cell phone access			X		"

50	Other_____					
51	Other_____					
#	**Component/Elements**	High	Med	Low	N/A	**Comments**
	Safety & Security					
52	Abuse & neglect		X			Not cited.
53	Domestic violence		X			Not cited.
54	Emergency preparedness & response	X				Special Needs Registry Implementation
55	Fire safety		X			Not cited.
56	Fraud & exploitation		X			Concern but not listed as priority by Task Force.
57	Outreach to isolated & vulnerable		X			Not cited.
58	LTC residents' rights	X				CAC and Family Council have grave concerns and are actively advocating for changes in the one in-county nursing home.
59	Other_Nursing Home Quality of Care_____	X				LTC Residents Rights.
60	OtherNursing Home Staffing issues_____	X				Certified Nursing Assistants are needed in County Based Nursing Home as noted by Task Force. CAC and Nursing Home Family Council
	Social & Cultural Opportunity					
61	The Arts	X				Only a high priority in the context of identified need by Task Force for Recreation options.
62	Community sensitivity			X		Not cited.
63	Cultural & social programs	X				As part of Recreation Priority.

64	Intergenerational relations			x		Not cited.
65	Libraries			X		Not cited.
66	Lifelong learning			X		Not cited.
67	Media			X		Not cited.
68	Racial, ethnic, and linguistic diversity			x		Not cited.
69	Spiritual growth			x		
70	Volunteerism	X				Cited in connection to Nutrition Home Delivered Meals Program.

#	Component/Elements	High	Med	Low	N/A	Comments
71	Other_____					
72	Other_____					
	Access & Choice in Services & Supports					
73	Care management			X		Not cited.
74	Caregiver support	X				Adult Day Care Needed!
75	Drug assistance	X				Currently lack providers for Substance Abuse. Need to address.
76	End-of-life care			X		Not cited.
77	Grandparents-raising-grandchildren			X		Not cited.
78	Guardianship			X		"

79	Home & community services	X				Increase in HCCBG is key priority with Gates County: Advocacy efforts have and will be utilized.
80	Information & assistance (I&A)			X		Not cited.
81	Legal services			X		"
82	Long-term care facilities	X				Increase in long term care options includes Long Term Care Options including Facility options.
83	Senior centers	x				Working hard on attaining.
84	Other: Adult Day Care Facility and Services	X				Task Force listed as high priority need.
85	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Public Accountability & Responsiveness					
86	Community needs assessments			x		Not cited.
87	Planning & coordination			X		Not cited.
88	Program evaluation			X		"
89	Public & private funding sources		X			Not cited but county is very much in need of resources.
90	Public benefits	X				HCCBG and other funding for low income seniors desperately needed.
91	Representation in public affairs		X			Gates County Aging Task Force and the New Housing Task Force are attracting a powerful core of retirees, advocates, county leadership, service providers and agency representatives. They take for granted representation in public affairs and are at ease with the evolving process. Not listed as a priority because this is in

						process.
92	Taxes			X		Not cited.
93	Other_____					
94	Other_____					
95	Other_____					
96	Other_____					

Describe the process used to complete this:

The Gates County Aging and Adult Services Task Force was formed three years ago and has been in the planning process ever since. Meeting monthly they identified their priorities while successfully advocating for much needed changes. On March 14, 2008 they voted on and implemented their priorities. The Task Force is made up of the DSS Director, the retired Area Agency on Aging Director who resides in Gates, a County Commissioner, the Interim County Manager, Agency Representatives, Service Providers, a significant number of older adult advocates for change, Cooperative Extension, Recreation Program Staff, Transit Staff, and Area Agency on Aging Staff. As well, the County Planner and Emergency Management Director give technical support. Only the items (with a few exceptions) selected by this group were listed as high priorities because they felt they have to limit high priorities to the most pressing needs. The only other groups whose high priorities were listed were the Gates County Nursing Home Family Council and the Nursing Home Community Advisory Committee. The Gates County RAC representative completed this entire section for final integration into text. His expressed views mirrored the Task Force of which he is a member. Some of his expressed thoughts are in the text of this county plan.

Exhibit 8a: Assessment of Livability and Senior-Friendliness Concerns by County: HYDE

#	Component/Elements	High	Medium	Low	N/A	Comments
	Physical & Accessible Environment					
1	Air & water quality			X		Because of the extremely rural environment, residents do not view water or air quality a problem. However, overall Region R Leadership feels it is a regional priority.
2	Driver safety			X		
3	Housing & utilities	X				High cost of utilities and substandard housing conditions for some seniors.
4	Land use			X		
5	Neighborhood organization			X		
6	Noise control			X		
7	Recreational facilities	X				Except for the senior center there are no public or for profit recreational facilities in Hyde County. Church, hiking, hunting, fishing, school activities, service groups and bird-watching are the primary options for activities.
8	Road safety					
9	Shopping					
10	Transportation	X				Lack of funding for public transit is a serious problem. Transportation to essential out of county shopping, medical care, dental care and special interest activities is extremely limited or not available. Many senior residents do without essential services because of this. The Hyde County Transit Director is an active member of NEAT-NC which hopefully over time will address Hyde

						County transportation challenges.
11	Zoning			X		Very little development with a lot of open land.
12	Other_____					
13	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Healthy Aging					
14	Adult immunization			X		
15	Dental health	X				Nutrition staff feels this is a high priority and is planning to assess the region over time to glean an over-view of dental health and dental service needs.
16	Hospitals	X				No hospitals in county and distances to hospital-emergency care can be life threatening.
17	Leisure		X			Outdoors activity options are numerous but recreational facilities except for a senior center are lacking. The Senior Center Director is doing a phenomenal job of implementing new activity options but it is an uphill battle and there are few participants.
18	Medicare & Medicaid acceptance			X		Not cited by survey respondents and Area Agency on Aging staff are not aware of problems with insurance acceptance problems.
19	Medications	X				The costs are too high and therefore a serious problem.
20	Mental health			X		No input on this and the Area Agency on Aging has little knowledge of what is available.
21	Nutrition		X			Not cited as a problem but there are no major grocery stores in Hyde County.
22	Preventive care			X		Not a primary concern.

23	Primary care	X				Very difficult to access.
24	Rehabilitation			X		In the face of other concerns this is not a high priority. Life in Hyde is extremely rural and many residents accept the inconveniences and shortage of essential services.
25	Vision & hearing care	X				For many seniors inaccessible. To attain care travel out of region or county are required.
26	Wellness & fitness			X		Not cited.
27	Other___Rural_____					Very rural area with vast tracks of open land, North Carolina's largest natural lake. Significant varieties of wild life including bears, wolves, reptiles, migratory Arctic birds, and a wide range of small mammals. This is an area that is not conducive to service delivery yet most residents go back generations and would not want to live elsewhere. There are still significant numbers of residents who maintain British accents evolving from the initial settlement Hyde County. These comments are included to define the difficulties regarding service delivery.
28	Other_____					
#	**Component/Elements**	**High**	**Med**	**Low**	**N/A**	**Comments**
	Economic Security					
29	Age discrimination	X				Issues regarding seniors do not appear to be high priorities in Hyde County. Other comments in this county section of report clarify.
30	Financial planning			x		Not cited as a priority.
31	Health care cost	X				High costs are a regional problem.
32	Income	X				Low income area.

33	Job opportunities	X				Very few job opportunities.
34	Job retooling			X		Not cited.
35	Job training			X		Not cited
36	Long-term care cost	X				Too High.
37	Public benefits counseling	X				Needed in county.
38	Senior-friendly businesses		X			
39	Support of working caregivers		X			Few services, few people.
40	Tax credits & exemptions			X		
41	Other_____					
42	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Technology					
43	Assistive & adaptive devices	X				Not accessible in-county and therefore most residents must travel out of Region R or longer distances to counties north of Albemarle Sound.
44	Distance-learning			X		Not an option or priority.
45	Internet access			X		The Chamber of Commerce Director is extremely proud of the internet options in county. While not up to par with more developed

						counties, they still have access and a County Web Page.
46	Medical alert	X				Needed in county.
47	NC careLINK	X				Would be a huge help to county providers and those seniors with internet access.
48	Tele-medicine			X		Not a priority.
49	Telephone & cell phone access	X				Sporadic and limited cell phone access. A challenge to access assistance when on the road.
50	Other_____					
51	Other_____					
	Safety & Security					
52	Abuse & neglect	X				Cited by Senior Center and Hyde Transit Director as serious problems. No response from Hyde DSS.
53	Domestic violence		X			Not cited.
54	Emergency preparedness & response	X				Region is so rural and residents are apt to be isolated thus posing a problem during emergencies. The most common threat to this ocean front county is hurricanes. Much of the county is at sea level. Roads are limited in number and quality. Flash floods before, during and after hurricanes are common. The County's Nursing Home is apt to evacuate well before evacuation is mandatory. Transportation is extremely limited so this complicates evacuation. As well the island community of Ocracoke is at particular risk and evacuation requires ferry service which is over-taxed in clearing residents. Emergency management and county leadership are very challenged by the spread of rural population and lack of transit. As well, county residents have to travel far beyond the county or through Hatteras Island and the Outer Banks to find relative safety. Heavy traffic on the Outer Banks is apt to close the northern evacuation route.
55	Fire safety		X			Not cited but house fires in isolated areas can mean fire-fighters cannot arrive in time. Still, there is an active fire department.

#	Component/Elements	High	Med	Low	N/A	Comments
56	Fraud & exploitation	X				Growing concern over this as expressed by Senior Center and Transit Directors.
57	Outreach to isolated & vulnerable		X			Not cited but must be a problem in some cases.
58	LTC residents' rights		X			Concern: LTC Community Advisory Committee & Ombudsman.
59	Other_____					
60	Other_____					
	Social & Cultural Opportunity					
61	The Arts			X		Not a priority.
62	Community sensitivity	X				Sensitivity to needs and appreciation of seniors much needed as indicated by input from Senior Center and Transit Directors as well as observation of Area Agency on Aging staff. Periodic discussions regarding not having a senior center evolve out of expressed views by some leaders and county commissioner that a senior center may not be needed.
63	Cultural & social programs			x		Not a priority.
64	Intergenerational relations			x		"
65	Libraries			X		"
66	Lifelong learning		X			Priority as expressed by Transit Director.
67	Media			X		Not a priority.

68	Racial, ethnic, and linguistic diversity	X				NC DAAS has suggested Area Agency on Aging locate minorities and different ethnic groups beyond the White and African American English as a primary language population. In Hyde, Hispanics and others are involved with the fishing business. The Area Agency on Aging four year plan is to identify regional pockets of different minorities and ethnic groups. As well some mastery of Spanish by staff is a goal.
69	Spiritual growth		X			Some satisfaction with churches and other county options.
70	Volunteerism	X				Needed.
#	**Component/Elements**	**High**	**Med**	**Low**	**N/A**	**Comments**
71	Other_____					
72	Other_____					
	Access & Choice in Services & Supports					
73	Care management			X		Not a priority.
74	Caregiver support		X			Area Agency on Aging needs to survey county to identify needs.
75	Drug assistance	X				Medications are too costly.
76	End-of-life care		X			Limited services available.
77	Grandparents-raising-grandchildren			X		Not expressed as concern. Triple A needs to survey county to identify needs.
78	Guardianship		X			Transit Director cites as a high priority.
79	Home & community services	X				Not enough public funding including HCCGB funds.
80	Information & assistance (I&A)		X			Not cited but regional need.

81	Legal services		X			Cited as high priority by Transit Director.
82	Long-term care facilities		X			Cost is issue.
83	Senior centers	X				The development and promotion of the senior center is essential if it is to survive. The senior center director is working hard at this but has limited support.
84	Other_____					
85	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Public Accountability & Responsiveness					
86	Community needs assessments		X			Not cited as need in surveys but it is important for Area Agency on Aging to increase involvement in county.
87	Planning & coordination	X				Increased involvement with county planning process is key to successfully supporting the county. There is at present major turnover of county staff.
88	Program evaluation		X			See above.
89	Public & private funding sources	X				Extremely limited.
90	Public benefits		X			"
91	Representation in public affairs	X				At present comments to Area Agency on Aging Staff indicate too little concern for aging issues.
92	Taxes			x		
93	Other_____					
94	Other_____					

95	Other_____					
96	Other_____					

Describe the process used to complete this:

Unfortunately, only 2 surveys were received from Senior Center and Hyde County Transit Directors. The Interim County Manager passes all requests for aging input onto the Senior Center Director. There has been significant turnover of county leadership and the loss of some key contacts has hampered Area Agency on Aging ability to access information and give direct input.

Exhibit 8a: Assessment of Livability and Senior-Friendliness Concerns by County: PASQUOTANK

#	Component/Elements	High	Medium	Low	N/A	Comments
	Physical & Accessible Environment					
1	Air & water quality	X				Water Quality, Future Availability, Environmental Quality of Sounds & Rivers are Regional Concern.
2	Driver safety			x		Not cited as issue.
3	Housing & utilities	X				Affordable Housing, Homeless Issues and the Cost of Utilities is Serious Challenge. Housing Task Force in place which includes the County Manager and Hopeline Executive Director as well as multi-agency representation. Area Agency Staff have not asked to participate.
4	Land use			x		
5	Neighborhood organization			x		
6	Noise control			x		
7	Recreational facilities	X				Lack of recreational facilities with focus on poor youth.
8	Road safety			x		
9	Shopping			x		
10	Transportation	X				Inter-county Public Transportation Authority covering 5 counties provides van transportation primarily utilized by seniors. No buses, major transportation system and limited cab service.
11	Zoning			X		
12	Other_____					

13	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Healthy Aging					
14	Adult immunization			x		
15	Dental health	x				Dental Health cited by Pasquotank Co. DSS, Albemarle Home Health, Healthy Carolinians member, Albemarle Regional Health Services, the Senior Center and our Nutrition Program. Cost and lack of insurance too often denies seniors dental care.
16	Hospitals			X		
17	Leisure			X		
18	Medicare & Medicaid acceptance	x				Cited by Pasquotank Co. DSS
19	Medications	X				Too expensive and inadequate insurance coverage.
20	Mental health	X				Not enough services.
21	Nutrition			X		
22	Preventive care			x		Not cited.
23	Primary care		X			
24	Rehabilitation			x		Not cited.
25	Vision & hearing care			x		

26	Wellness & fitness			x		
27	Other_____					
28	Other_____					
#	**Component/Elements**	**High**	**Med**	**Low**	**N/A**	**Comments**
	Economic Security					
29	Age discrimination			x		Not cited as issue.
30	Financial planning		x			Albemarle Home Care Concern
31	Health care cost	X				Regional Concern: Too costly.
32	Income			x		Not cited as issue.
33	Job opportunities	x				Cited by multi-agencies.
34	Job retooling		X			Cited by Albemarle Home Care.
35	Job training			x		Not cited as issue.
36	Long-term care cost	x				Regional Concern over long term care cost.
37	Public benefits counseling			x		Not cited as issue.
38	Senior-friendly businesses			x		Not cited as priority.
39	Support of working caregivers	x				Cited by Pasquotank DSS, Area Agency on Aging, Healthy Carolinians, Albemarle Regional Health Services. Also discussed at length by Pasquotank AARP Chapter meeting March 20, 2008.
40	Tax credits & exemptions			x		Not a priority.

41	Other_____					
42	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Technology					
43	Assistive & adaptive devices		x			Cited by Pasquotank County DSS
44	Distance-learning	x				Albemarle Hospital, Albemarle Regional Health Services, Albemarle Home Care, and Area Agency on Aging concern.
45	Internet access	x				Cited by Albemarle Hospital and Area Agency on Aging
46	Medical alert			X		Being implemented with adequate PR.
47	NC careLINK	X				Regional Need
48	Tele-medicine			x		Not cited.
49	Telephone & cell phone access			x		"
50	Other_____					
51	Other_____					
	Safety & Security					
52	Abuse & neglect	X				As cited by Senior Center, Albemarle Hospital, Albemarle Home Care, Albemarle Hopeline, Albemarle Regional Health Services. Triple A Staff agree this is a high priority.

53	Domestic violence	X				A close partnership with Albemarle Hopeline whose mission is to overcome Domestic Violence and respond to the needs of victims has illustrated this to Triple A staff. Recent meetings with the Executive Director of the NC Coalition Against Domestic Violence also gave staff a deeper understanding of the issue. Albemarle Hospital and Albemarle Hopeline cited this as high priority
54	Emergency preparedness & response	X				A regional concern. Pasquotank County is at high risk for direct hits from hurricanes. Emergency Management meetings highlight the enormity of the challenge. Albemarle Hospital, Pasquotank County DSS, Albemarle Home Care and Regional Health Dept. consider this a top priority.
55	Fire safety			x		Not listed as priority.

#	Component/Elements	High	Med	Low	N/A	Comments
56	Fraud & exploitation	X				Senior Center and Triple A concern.
57	Outreach to isolated & vulnerable	x				Service delivery and client access is an ongoing challenge to local providers and organizations.
58	LTC residents' rights		X			Endemic and ongoing need for education and awareness. (Region-wide)
59	Other_____					
60	Other_____					
	Social & Cultural Opportunity					
61	The Arts			X		
62	Community sensitivity	X				Mentioned in a survey response.
63	Cultural & social programs			X		

64	Intergenerational relations			X		
65	Libraries			X		
66	Lifelong learning		X			Senior Center Director cited this need.
67	Media			X		
68	Racial, ethnic, and linguistic diversity	X				Cited by Senior Center. NC DAAS has provided suggestions for improving Triple A knowledge of the diverse populations and ethnic groups who exist but are not readily identifiable. At present the Triple A does not have a good over view of ethnic mix except for regular experience with both African American and White as well as a broad base of socio-economic groups. A majority of clients served by the Triple A are just above, at, or below the poverty level.
69	Spiritual growth			x		
70	Volunteerism	X				Home Delivered Meals Volunteers are becoming a challenge with increasing fuel costs.
#	**Component/Elements**	**High**	**Med**	**Low**	**N/A**	**Comments**
71	Other_____					
72	Other_____					
	Access & Choice in Services & Supports					
73	Care management		X			Albemarle Hospital noted.
74	Caregiver support	X				
75	Drug assistance	X				High cost challenges are a regional priority.

76	End-of-life care		X			
77	Grandparents-raising-grandchildren	X				Prime concern of Pasquotank DSS and Family Caregiver Support Program.
78	Guardianship			x		
79	Home & community services	X				Need HCCBG increases.
80	Information & assistance (I&A)	X				Carelink will help with this.
81	Legal services			x		Not a priority.
82	Long-term care facilities			x		"
83	Senior centers			x		
84	Other_____					
85	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Public Accountability & Responsiveness					
86	Community needs assessments			x		
87	Planning & coordination	X				Area Agency on Aging Priority.
88	Program evaluation			x		
89	Public & private funding sources	x				More funds needed to support economically disadvantaged.
90	Public benefits	X				"

91	Representation in public affairs			x		
92	Taxes			x		
93	Other_____					
94	Other_____					
95	Other_____					
96	Other_____					

Describe the process used to complete this:

In-put came from meetings with key agencies and surveys as returned by Senior Center, Albemarle Home Health, Albemarle Regional Health Services, Pasquotank County DSS, a Regional Planner, a member of Healthy Carolinians. As well, two years of intense work by NEAT-NC, grant funded transit consultants, the Assistant Director and other staff from the Community Transportation Authority of American, all the public transit directors of Region R and the Pasquotank County MIS Coordinator shaped comments on Transportation. The County Tarheel Legislator worked on the county section of the Plan. Staff comments from the 2008-2012 retreat and a meeting with Nutrition staff also were integrated into responses.

Exhibit 8a: Assessment of Livability and Senior-Friendliness Concerns by County: PERQUIMANS

#	Component/Elements	High	Medium	Low	N/A	Comments
	Physical & Accessible Environment					
1	Air & water quality	X				Water Quality is Regional Concern
2	Driver safety			X		
3	Housing & utilities	X				High Cost of Housing and Utilities. Senior Center Participants and clients express concerns over this on a regular basis. We are repeatedly called by County Residents for energy assistance.
4	Land use			x		Not cited.
5	Neighborhood organization			x		"
6	Noise control			x		"
7	Recreational facilities			x		"
8	Road safety			x		"
9	Shopping			x		"
10	Transportation	X				Regional Priority: Note Inter-County Public Transportation Authority Provides van transit. No other public transportation is available. No other transportation options are available unless provided by private individuals.
11	Zoning					Not cited.
12	Other_____					
13	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Healthy Aging					
14	Adult immunization			X		Not cited.
15	Dental health	X				Based on conditions of clients and the concerns of Nutrition Staff, Chowan Hospital, Albemarle Hospital and Albemarle Home Care.
16	Hospitals			X		
17	Leisure			X		
18	Medicare & Medicaid acceptance	X				As noted by Albemarle Hospital, Albemarle Home Care, Albemarle Regional Health Services,
19	Medications	X				Regional Concern over High Costs.
20	Mental health	X				Regional Concern over NC State Intervention that as expressed could decrease services and increase costs.
21	Nutrition	X				Increased nutrition routes needed but this is volunteer driven. Volunteer increases are particularly challenging with increases in gas prices.
22	Preventive care	X				County Senior Center sent this comment: "need to provide more information on preventive services...".
23	Primary care	X				Cost, limited number of county doctors and lack of local specialists is challenge to county residents.
24	Rehabilitation			X		Not cited.
25	Vision & hearing care			x		Not cited.
26	Wellness & fitness			X		

27	Other_____					
28	Other_____					
#	**Component/Elements**	High	Med	Low	N/A	**Comments**
	Economic Security					
29	Age discrimination			X		Not cited.
30	Financial planning			X		"
31	Health care cost	X				Too costly. A regional complaint.
32	Income			x		Not cited.
33	Job opportunities			x		"
34	Job retooling			x		"
35	Job training			x		"
36	Long-term care cost	X				Too costly.
37	Public benefits counseling	X				Senior Center Director feels this is extremely important.
38	Senior-friendly businesses			x		
39	Support of working caregivers	x				Regional responses and responses from neighboring Chowan Hospital which is local hospital and 18 minutes from downtown Hertford, Perquimans town center. Client assistance calls are dominated by family caregivers.
40	Tax credits & exemptions			X		

41	Other_____					
42	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Technology					
43	Assistive & adaptive devices			X		Not cited.
44	Distance-learning			X		"
45	Internet access			X		Not cited.
46	Medical alert	X				Need financial subsidies for this service.
47	NC careLINK	X				Regional Need.
48	Tele-medicine			X		Not a priority in face of other needs.
49	Telephone & cell phone access			X		
50	Other_____					
51	Other_____					
	Safety & Security					
52	Abuse & neglect		X			Not cited in responses.
53	Domestic violence	X				Central Concern of Albemarle Hopeline, the private non-profit subsidized by Perquimans County and evidenced by regional

						attendance at legislative breakfast co- chaired by Area Agency on Aging staff person.
54	Emergency preparedness & response	X				Half time position of Emergency Management Director needs to become full time. The Albemarle Commission building has served as emergency shelter but it is inadequate structurally. Regionally emergency preparedness is high priority.
55	Fire safety			X		Not cited.

#	Component/Elements	High	Med	Low	N/A	Comments
56	Fraud & exploitation	X				Area Agency on Aging in conjunction with Perquimans DSS, Police and Senior Center needs to develop ways to measure the extent of this problem.
57	Outreach to isolated & vulnerable	X				A regional concern.
58	LTC residents' rights	X				Ombudsman and CAC concern that resident rights issues are under-reported.
59	Other_____					
60	Other_____					
	Social & Cultural Opportunity					
61	The Arts			X		
62	Community sensitivity			X		
63	Cultural & social programs	X				Limited options.
64	Intergenerational relations			X		
65	Libraries			X		Satisfaction with Regional Library System is generally high.

66	Lifelong learning			X		Not cited.
67	Media			X		Not cited but there is no major regional-local newspaper.
68	Racial, ethnic, and linguistic diversity	X				NC DAAS has suggested Area Agency on Aging develop a better understanding of who beyond the Black-White and Poor-Rich populate the region including Perquimans County.
69	Spiritual growth			X		
70	Volunteerism			X		
#	**Component/Elements**	**High**	**Med**	**Low**	**N/A**	**Comments**
71	Other_____					
72	Other_____					
	Access & Choice in Services & Supports					
73	Care management		X			Inter-Organization/Agency concern.
74	Caregiver support		X			Staff Concern.
75	Drug assistance	X				Regional Concern-too costly.
76	End-of-life care			X		Not cited.
77	Grandparents-raising-grandchildren			X		Not cited.
78	Guardianship			X		Not cited.
79	Home & community services	X				Regional desire to see increase in public funding and HCCBG.
80	Information & assistance	X				Regional Concern

	(I&A)					
81	Legal services			X		Not listed as priority.
82	Long-term care facilities		X			Quality of Care issues.
83	Senior centers			X		
84	Other_____					
85	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Public Accountability & Responsiveness					
86	Community needs assessments			X		
87	Planning & coordination		X			Emergency Management Planning issues.
88	Program evaluation			X		
89	Public & private funding sources	X				Many county seniors are poor and public and private funding is needed to improve poor standards of living.
90	Public benefits	X				"
91	Representation in public affairs			X		
92	Taxes			X		
93	Other_____					
94	Other_____					
95	Other_____					

96	Other_____					

Describe the process used to complete this:

A County Commissioner (also Tarheel Delegate, volunteer, RAC member) filled out this section of the county plan to be integrated into final county report. Senior Center Director submitted survey. Albemarle Regional Health Services, Albemarle Home Health, Albemarle Hospital and Chowan Hospital returned regional survey responses. All Triple A staff participated in plan priorites. A close partnership with Albemarle Hopeline helped shape responses to abuse questions. The NEAT-NC plans and priorities are reflected in the Perquimans County section of the Plan.

Exhibit 8a: Assessment of Livability and Senior-Friendliness Concerns by County: TYRRELL

#	Component/Elements	High	Medium	Low	N/A	Comments
	Physical & Accessible Environment					
1	Air & water quality	X				Regional Concern
2	Driver safety			X		Not cited. Minimal traffic.
3	Housing & utilities	X				Lack of affordable housing and cost of utilities. Extremely poor county.
4	Land use			X		A lot of the open spaces are state and federal wetlands.
5	Neighborhood organization			X		Not cited.
6	Noise control			X		Not an issue.
7	Recreational facilities	X				Extreme need.
8	Road safety			X		Not cited.
9	Shopping	X				No major shopping or grocery store. Dependent on neighboring Washington County or other counties beyond.
10	Transportation	X				Neat-NC with County Leadership Support is working on a consolidation of transit services with Washington County to Increase services.
11	Zoning	X				Concerns over the incorporation of Brick House Circle.
12	Other_Accessibility to services from extremely rural areas of the county/concerns over isolated elderly in need._____	X				Extremely rural areas of the county exist with limited accessibility especially during weather emergencies.

13	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Healthy Aging					
14	Adult immunization		X			Citizens are not necessarily aware of where to access. Lack of medical service options.
15	Dental health	X				Identified as priority for home delivered meal clients by Triple A Nutrition staff and the Senior Center Director.
16	Hospitals	X				No Hospitals so citizens primarily depend on Washington and Chowan County hospitals. Distance is a problem.
17	Leisure		X			Very limited options.
18	Medicare & Medicaid acceptance		X			Not noted as priority by respondents but lack of medical services in county is a real challenge to seniors.
19	Medications	X				Cost of medications is regional concern.
20	Mental health			X		Not a high priority though the 10 county Albemarle Commission Board issued a resolution opposing state government control of mental health in the Albemarle Region of NE NC.
21	Nutrition			X		Not a concern.
22	Preventive care		X			No Doctor in Tyrrell County only family nurse practitioner.
23	Primary care	X				No Physician in Tyrrell County only family nurse practitioner.
24	Rehabilitation		X			Physical and Occupational Therapists come from Chowan Hospital/agencies to provide care. Substance abuse therapy is usually accessed outside of county in Greenville.
25	Vision & hearing care		X			No care available in county.

26	Wellness & fitness		X			No programs or information.
27	Other_____					
28	Other_____					
#	**Component/Elements**	**High**	**Med**	**Low**	**N/A**	**Comments**
	Economic Security					
29	Age discrimination			X		
30	Financial planning			X		Not cited/ no in-county options.
31	Health care cost	X				Regional Concern
32	Income	X				Extremes between strong financial security and extreme poverty.
33	Job opportunities	X				Few options.
34	Job retooling			X		Not cited.
35	Job training			X		"
36	Long-term care cost	X				Regional concern over high costs related to long term care.
37	Public benefits counseling		X			As measured by Triple A staff sentiment.
38	Senior-friendly businesses			X		Not cited.
39	Support of working caregivers	X				There are at this time no specific family caregiver support program services in the county. Options for support to agencies to utilize funds or services for outreach have been rejected. The Area Agency on Aging is committed to renewing efforts in this area.

40	Tax credits & exemptions			X		Not cited as priority.
41	Other_____					
42	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments:
	Technology					
43	Assistive & adaptive devices	X				Not available in-county
44	Distance-learning			X		"
45	Internet access	X				Cited by Triple A staff and a consensus of senior center participants.
46	Medical alert			X		Not cited.
47	NC careLINK	X				Regional Need.
48	Tele-medicine	X				Senior Center Participant consensus there is a need.
49	Telephone & cell phone access	X				Cell phone access is an issue in Washington County.
50	Other_____					
51	Other_____					
	Safety & Security					
52	Abuse & neglect	X				Senior Center Participants have concern over this. Tyrrell RAC member is concerned there is not adequate counseling available in

						county for spousal abuse victims. DSS did not respond to survey.
53	Domestic violence	X				"Options" the five county domestic violence services has a unit in Tyrrell County. Access to a shelter outside Region R (the town of Washington) is available. The unit also provides counseling, court companion services, elder abuse response, and a 24 hour hotline. Considered an important and needed component of service options in Tyrrell County.
54	Emergency preparedness & response		X			Not cited but regional challenge. Regional Advisory Committee representative is concerned there is not an adequate system for alerting residents or responding to needs after an emergency.
55	Fire safety			X		Good fire department with 75 fire fighters.

#	Component/Elements	High	Med	Low	N/A	Comments
56	Fraud & exploitation		X			Not cited as a problem. An adequate overview of fraud and exploitation threat needs to be compiled by Area Agency on Aging..
57	Outreach to isolated & vulnerable	X				A regional concern.
58	LTC residents' rights		X			No long term care facility in county. Residents utilize out of county facilities.
59	Other_____					
60	Other_____					
	Social & Cultural Opportunity					
61	The Arts			X		Pocossin Arts Center is very active.
62	Community sensitivity	X				Cited by Regional Advisory Committee member and Senior Center Director as problem.

63	Cultural & social programs		X			Live theater, no movie theater. Limited options.
64	Intergenerational relations			x		Elders are in leadership roles both professionally and socially.
65	Libraries			x		
66	Lifelong learning			x		
67	Media			x		Very small local weekly newspaper is supplemented by Coastland Times based in Dare County. Residents depend on television for national and world news coverage.
68	Racial, ethnic, and linguistic diversity	X				Rich mix of Black and White. Not cited as concern but Area Agency on Aging does not have an understanding of what other ethnic and racial groups exist in county.
69	Spiritual growth	X				Stressed by senior center participants as high priority.
70	Volunteerism	X				"
#	**Component/Elements**	**High**	**Med**	**Low**	**N/A**	**Comments**
71	Other_____					
72	Other_____					
	Access & Choice in Services & Supports					
73	Care management			X		
74	Caregiver support	X				It is extremely important for the Area Agency on Aging to identify where and how support caregivers in Tyrrell County. In doing this report the family caregiver specialist and staff realized the need to do outreach and actively identify county needs and ways the Area Agency on Aging can respond.
75	Drug assistance	X				Cost is the issue.

76	End-of-life care		X			Limited Resources. Martin-Tyrrell-Washington Health Department and Hospice provide services in county.
77	Grandparents-raising-grandchildren		X			Limited data.
78	Guardianship			X		No input.
79	Home & community services	X				Overwhelming need for HCCBG and other increases in public assistance.
80	Information & assistance (I&A)	X				Regional Need.
81	Legal services			X		
82	Long-term care facilities	X				None exist in county.
83	Senior centers		X			Minimal activities. Senior Center is very small and activities are limited. Senior Center Director also serves as Transit Director with limited volunteer/staff support.
84	Other_____					
85	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Public Accountability & Responsiveness					
86	Community needs assessments	X				The completion of this county report indicates the Area Agency on Aging needs to do Community Needs Assessments.
87	Planning & coordination		X			Needs improving.
88	Program evaluation			X		Cannot address or measure need at this time.
89	Public & private funding sources	X				More money is desperately needed for seniors lacking funds for care.

90	Public benefits	X				"
91	Representation in public affairs		X			Area Agency on Aging has a need to be more active in public affairs and decision making in Tyrrell County as determined by staff.
92	Taxes			x		Not cited as issue by survey respondents or by RAC representative.
93	Other_____					
94	Other_____					
95	Other_____					
96	Other_____					

Describe the process used to complete this:

Unfortunately, survey responses were limited from Tyrrell County. Only the Senior Center responded with a participant consensus response. The Tyrrell County Regional Advisory Committee representative who is a very active county citizen met with an Area Agency on Aging staff person to complete this county report.

Transportation responses came from survey respondents as well as the Tyrrell County Senior Center/Transit Director is an active member of NEAT-NC. This participation with support from a NEAT-NC grant is shaping responses to Transportation needs. The consultants hired to work with Tyrrell and Washington Counties are funded by the grant written by a Triple A staff member.

Exhibit 8a: Assessment of Livability and Senior-Friendliness Concerns by County: WASHINGTON

#	Component/Elements	High	Medium	Low	N/A	Comments
	Physical & Accessible Environment					
1	Air & water quality	X				Regional Concern
2	Driver safety			X		Not cited.
3	Housing & utilities	X				Lack of affordable housing and cost of utilities. Extremely poor county.
4	Land use			X		Not cited.
5	Neighborhood organization			X		Not noted as priority.
6	Noise control			X		Not noted as priority.
7	Recreational facilities			X		Not noted as priority.
8	Road safety			X		"
9	Shopping	X				Senior Center participants consider this a priority. Major grocery store available but not a wide range of shopping options for other primary needs.
10	Transportation	X				Neat-NC with County Leadership Support is working on a consolidation of transit services with Tyrrell County to improve under-utilization of public transit van use.
11	Zoning			X		Not noted as priority.
12	Other_____					
13	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Healthy Aging					
14	Adult immunization			X		Not noted as priority.
15	Dental health	X				Identified as priority for home delivered meal clients by Triple A Nutrition staff.
16	Hospitals			X		County has a local hospital. Not noted as priority.
17	Leisure			X		Not a county focus.
18	Medicare & Medicaid acceptance	X				Consensus concern of senior center participants.
19	Medications	X				Cost of medications is regional concern.
20	Mental health			X		Not a high priority though the 10 county Albemarle Commission Board issued a resolution opposing state government control of mental health in the Albemarle Region of NE NC.
21	Nutrition			X		Not cited.
22	Preventive care			X		Not cited.
23	Primary care		X			Not cited but cost of medical care is a high priority as well as Medicare/Medicaid coverage.
24	Rehabilitation	X				High priority of senior center participants.
25	Vision & hearing care	X				High Priority of senior center participants.
26	Wellness & fitness		X			Not cited, more public awareness needed as noted by Triple A Staff.

27	Other_____					
28	Other_____					
#	**Component/Elements**	High	Med	Low	N/A	**Comments**
	Economic Security					
29	Age discrimination				X	Not cited.
30	Financial planning				X	"
31	Health care cost	X				Regional Concern
32	Income	X				Low incomes, DSS Director comments, and poverty level in Washington County support Senior Center participants' concerns support prioritization.
33	Job opportunities	X				Not cited by senior center participants but in direct relation to above comment.
34	Job retooling			X		Not cited.
35	Job training			X		"
36	Long-term care cost	X				Regional concern over high costs related to long term care.
37	Public benefits counseling		X			As measured by Triple A staff sentiment.
38	Senior-friendly businesses			X		Not cited.
39	Support of working caregivers		X			As measured by Triple A Staff client requests.
40	Tax credits & exemptions	X				Senior Center participant consensus.
41	Other_____					

42	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Technology					
43	Assistive & adaptive devices			X		Not cited.
44	Distance-learning			X		"
45	Internet access	X				Cited by Triple A staff and a consensus of senior center participants.
46	Medical alert			X		Not cited.
47	NC careLINK	X				Regional Need.
48	Tele-medicine	X				Senior Center Participant consensus there is a need.
49	Telephone & cell phone access	X				Cell phone access is an issue in Washington County.
50	Other_____					
51	Other_____					
	Safety & Security					
52	Abuse & neglect	X				Senior Center Participants have concern over this.
53	Domestic violence	X				Senior Center Participants wanted this as high priority.
54	Emergency preparedness & response		X			Not cited but regional challenge.

55	Fire safety			X		

#	Component/Elements	High	Med	Low	N/A	Comments
56	Fraud & exploitation	x				Senior Center Consensus is this is serious problem.
57	Outreach to isolated & vulnerable	X				A regional concern.
58	LTC residents' rights		X			As expressed by CAC and Ombudsman
59	Other_____					
60	Other_____					
	Social & Cultural Opportunity					
61	The Arts			X		Not cited.
62	Community sensitivity	X				Senior Center participant consensus.
63	Cultural & social programs			x		
64	Intergenerational relations			x		
65	Libraries			x		
66	Lifelong learning			x		
67	Media			x		
68	Racial, ethnic, and linguistic diversity	X				Rich mix of Black and White. Not cited as concern but Area Agency on Aging does not have an understanding of what other

						ethnic and racial groups exist in county.
69	Spiritual growth	X				Stressed by senior center participants as high priority.
70	Volunteerism	X				"
#	**Component/Elements**	**High**	**Med**	**Low**	**N/A**	**Comments**
	Access & Choice in Services & Supports					
73	Care management			X		Not noted as priority.
74	Caregiver support		X			Measurement based on Area Agency on Aging client intake and observations.
75	Drug assistance	X				Cost is the issue.
76	End-of-life care		X			No response on this, need to understand.
77	Grandparents-raising-grandchildren		X			Limited data.
78	Guardianship			X		No input.
79	Home & community services	X				Overwhelming need for HCCBG and other increases in public assistance.
80	Information & assistance (I&A)	X				Regional Need.
81	Legal services			X		Not noted as priority.
82	Long-term care facilities		X			Cost is a factor.
83	Senior centers		X			New Senior Center Building is needed. Not large enough for numbers of participants utilizing the center.
84	Other_____					
85	Other_____					

#	Component/Elements	High	Med	Low	N/A	Comments
	Public Accountability & Responsiveness					
86	Community needs assessments			X		Not a priority.
87	Planning & coordination		X			Needs improving.
88	Program evaluation			X		Not a priority.
89	Public & private funding sources	X				More money is desperately needed for seniors lacking funds for care.
90	Public benefits	X				"
91	Representation in public affairs	X				Expressed as high priority by consensus of senior center participants.
92	Taxes			x		Not cited.
93	Other_____					
94	Other_____					
95	Other_____					
96	Other_____					

Describe the process used to complete this:

Unfortunately, survey responses were limited from County. Senior Center did respond with a participant consensus response. Washington County Center for Human Services (transportation/DSS) Director is active member of NEAT-NC. This participation with support from a NEAT-NC grant is shaping responses to Transportation needs. The consultants hired to work with Tyrrell and Washington Counties are funded by the grant written by a Triple A staff member.

Exhibit 8b: Assessment of Livability and Senior-Friendliness—Regional Summary

Category	Priority Concerns	Priority Rating
Example: Physical & Accessible environment	***1. In 2 of 5 counties in the region, public funding for transportation is inadequate to meet the needs of older adults who cannot drive or do not have access to a vehicle.***	***High***
	2. Increasing number of homeless older adults with no adequate short-term relief measures and insufficient long-range planning to secure suitable housing and services.	
	3. Placement and size of many street signs make driving unsafe for drivers with visual limitations including many seniors.	
	4. 2,300 senior households lack complete plumbing.	
Physical & Accessible Environment	1. In 9 of 10 counties in the region, the potential for a shortage of affordable, and safe water supplies due to rapid development of water-front land, waste run-off, hurricane damage to septic systems and over- development of drained swamps is a threat to the overall health of older adults. 2. In all 10 counties the availability of affordable housing and utilities is undermining the safety of seniors on fixed incomes unable to adjust to inflated prices and taxes. 3. In all 10 counties the public funding for transportation is inadequate to meet the needs of older adults who cannot drive or do not have access to a vehicle.	**High**
Healthy Aging	1. In 10 counties unaffordable or inaccessible dental care compromises the health of low income older adults. 2. In all 10 counties the cost of medications is a challenge to seniors, many of whom must choose to not use prescribed medicines so they are able to cover other essential costs. 3. In 6 of 10 counties primary care is limited by lack of physicians or poverty. The cost of services is the consistent concern affecting seniors 4. In 5 of the 10 counties Medicare and Medicaid acceptance is an issue for seniors.	**High**

Economic Security	. In all 10 counties health care costs hamper senior accessibility. 2. In all 10 counties the cost of long term care means some seniors are unable to received needed assistance. 3. In 6 of 10 counties awareness of and access to support for working caregivers is inadequate. 4. In 6 of 10 counties fixed, low, and poverty level incomes compromise the safety of seniors	**High**
Technology	1. In 9 of the 10 counties access and development of NC CareLINK is viewed as a much needed tool to access and understand services available to seniors. 2. In 6 of 10 counties internet access is viewed as difficult or sporadic. Frustration is expressed by seniors and service providers. 3.In 5 of 10 counties there are inadequate resources for medical alert systems. 4. In 5 of 10 counties cell phone access is sporadic so that it is problematic for seniors and aging service staff when trying to access assistance.	**High**
Safety & Security	1. Emergency preparedness is a high priority for 9 of 10 counties. Proximity to the Atlantic Ocean and contiguous sounds as well as low lying land places Region R at great threat of extensive wind and flood damage. Evacuation routes are so limited that there is an ongoing risk that evacuees could someday be caught in traffic jams that could preclude escape.As well high seas can cut off the required ferry evacuation from island communities. Seniors are at particular risk if they have special needs. 2. In 8 or 10 counties of Region R, Abuse and Neglect are considered serious issues affecting seniors. 3. In 7 of 10 counties outreach to isolated and vulnerable seniors is a serious challenge due to the rural locations of many seniors. 4. In 6 of 10 counties fraud and exploitation are considered a major threat to the security of seniors.	**High**
Social & Cultural Opportunity	1. In 5 of 10 counties lack of sensitivity to seniors and issues affecting them is viewed by county representatives and seniors as a threat to programs and resources supporting older adults in need. 2. In 5 of 10 counties racial, ethnic and linguistic diversity is not adequately understood or recognized	**High**

	so there is not adequate information on numbers of minority seniors in need of assistance. (African Americans are not included in this statement as there is a rich blend of white and black among clients and senior center partipants.) 3. In 5 of 10 counties the need for volunteers to support programs is a challenge limiting services such as home delivered meals. The demand for home delivered routes cannot be met because of lack of volunteers.	
Access & Choice in Services & Supports	1. In 10 of 10 counties drug assistance is needed because of high costs with the need for a regional need for a compilation of options that do exist beyond standard insurance plans. 2. In 10 of 10 counties there are not enough home and community services to meet the needs of homebound and disabled seniors. Stronger advocacy activities are needed to increase awareness across Region R and to both state and national legislators. 3. In 7 of 10 counties inadequate information and assistance blocks the utilization of maximum services possible to seniors. 4. In 5 of 10 outlying counties inadequate caregiver support options and information are available.	**High**
Public Accountability & Responsiveness	1. In 9 of 10 counties public and private funding sources are inadequate to meet the needs of seniors eligible for services. A more thorough over-view of the problem needs to be developed. 2. In 8 of 10 counties public benefits are inadequate to meet the needs of seniors eligible for services which is almost an exact replication of item 1. 4. In 4 of 10 counties planning and coordination is inadequate to advocate for and develop strategies to address care of and promote independence of the aging population.	**High**

Exhibit 9a: Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County: CAMDEN

Supportive Services	Level of Unmet Needs			Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)
	High	Medium	Low	
Adult day care		X		Adult Day Health Care available, see next section.
Adult day health care		X		Daybreak Adult Day Health Care is an excellent center and in easy commute range to neighboring Elizabeth City, Pasquotank County. In some cases ICPTA can transport clients as Inter-County Public Transportation covers 5 counties. Private coverage is a problem for many potential clients.
Adult placement services		X		DSS is challenged with placement of clients with only 6 long term care beds in county and no homeless shelters. While there are no homeless shelters in neighboring counties there are 3 major nursing homes, 2 rest homes, 1 Domestic Violence Shelter within easy commute to contiguous counties.
Benefits counseling		X		Limited but Senior Center Director and DSS are able to refer clients to multiple organizations for assistance.
Care management			X	Not stressed as county priority but multiple agencies and organizations are available to assist seniors. The Senior Center Director, DSS, Albemarle Hopeline, Albemarle Hospital and Albemarle Regional Health Services are among those agencies able to assist either through referrals or directly.
Emergency preparedness plans	X			Pasquotank-Camden Emergency Management Director with Albemarle Regional Health Services are actively addressing and developing response plans to potential disasters. Because of Camden's proximity to Albemarle Sound and the Pasquotank River the

				County is in a high risk area for flooding and wind damage. There is no end in sight for continual improvements but Camden appears as well prepared as any of our region's counties. Responses to disasters in Camden have historically been effective and timely in part because of the intimacy of the Camden Community promoting a sense of service to those in crisis.
Energy assistance	x			While Camden DSS has emergency funds, fuel costs are a real challenge for seniors and presently there is not a solution in sight.
Family caregiver counseling	X			There is no family caregiver counseling in Camden County. Clients are referred most often to Area Agency on Aging Family Caregiver Specialist for resource identification. Hopeline counseling is available to victims of domestic abuse incorporating caregiver issues as appropriate to clients.
Family caregiver training		X		Regional Family Caregiver Education Conference (Triple A sponsored) held annually, presentations by End of Life Care Coalition, Hospital, Health Department, Dementia Specialists and others address caregiving.
Financial counseling			X	Camden is very close to financial and investment businesses. However, costs can interfere with access.
Guardianship		X		A challenge to all Region's DSS staff, this has not been identified as a high priority by Camden County.

Supportive Services	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Housing and home improvement			x	Camden needs for home improvements and repairs is not as extensive as other Region R Counties.

				Chowan Baptist Men's Group does a lot to address needs as they arise. The county consistently does not use HCCGB Funding for Small Home Repairs because it is not a priority.
In-home aide (homemaker)	X			Provider waiting lists have continued to increase over the last 12 months.
In-home aide (personal care)		X		3 clients on HCCGB waiting list.
Information & assistance		X		Regional need for more in-depth information and referral services via the development of Care-Link
Job training & placement for older workers			X	Not a high priority since there are limited requests for this service in Camden.
Legal assistance		X		A leading attorney recently provided free legal services all day at Camden Senior Center. There are many attorneys available but cost is an issue for low income seniors.
Personal & family counseling		X		Private and public agencies such as Mental Health are available in adequate numbers in neighboring Elizabeth City. (out of county but very close).
Respite (in-home, group, and institutional/overnight)			X	Available through Daybreak Adult Day Health Care as well by individual contract with nearby Pasquotank County Long Term Care Facilities..
Senior companion	X			Not available. No interest by agencies.

Transportation-general	X			Very limited van transport via ICPTA. Some cab service out of Elizabeth City. Neat-NC of which the Area Agency on Aging is part with all public transit directors are developing an overview of transportation needs. A recent NEAT-NC Google Regional Overview of existing transit routes and services was developed. CTAA is assisting in these regional efforts.
Transportation-medical			X	Most medical transit can be provided by ICPTA or Pasquotank-Camden EMS.
Volunteer program		X		The Area Agency on Aging Nutrition Program coordinate a major volunteer program of which Camden is part. Chowan Baptist Mens Group is does emergency repairs in all the region's counties. Camden has no county specific volunteer group.
Other: _____				
Other: _____				
Nutrition	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Congregate nutrition			X	Excellent Congregate Nutrition Site and Service at Camden Senior Center as overseen by Area Agency on Aging Nutrition Program
Home-delivered meals		X		There are always clients that are not on home delivered meals routes but alternate frozen meals are provided until routes are formed.
Nutrition counseling			X	Area Agency is not aware of any such service.
Nutrition education		X		As provided by Nutrition Program and Albemarle Regional Health Services.

Other: _____				
Senior Centers				
		X		Senior Center is working towards eventual certification and has consequently broadened offerings at the Senior Center. As well, she is a powerful advocate and successfully fought to remove county commissioner meetings from Senior Center to open exercise space which is now drawing younger seniors to the Center.
Health Care				
Dental care		X		Triple A Nutrition Staff have concerns about lack of adequate dental care for clients. Cost is the barrier.
Health promotion			X	Regional Health Department and Albemarle Hospital are doing health promotion campaigns.
Health screening			X	Senior Center, Health Fairs, Hospital and Health Department do free health screenings
Home health/Skilled nursing		X		Many options for seniors who can pay privately or are covered under insurance plan. Some seniors have difficulty because of costs.
Hospice			X	Excellent Hospice Options.
Medication management/counseling			X	Local pharmacists are willing to work with seniors monitoring medications.
Mental health counseling		X		Available.
Primary Health Care		X		A lot of options are available within easy commute outside county.
Health Care (Cont.)	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Other: _____				

Other: _____				
Residential Care				
Assisted Living/Adult Care Homes		X		Limited to 6 beds.
CAP/DA		X		Available.
Nursing facility care		X		3 major nursing homes within easy commuting distance of county.
SA In-Home Option		X		Not available
Other: _____				
Other: _____				

Describe the process used to complete this exhibit (noting any major documents or methods uniquely used to assess particular services):

Surveys sent and returned as well as participation in NEAT-NC defined transit needs. A close relationship and a good relationship with County Leadership provides lots of insight into Senior Service needs. Staff service on Albemarle Regional Health Services In-Home and Hospice Advisory, the End of Life Coalition, CAC, RAC and Tarheel Delegate input were used. An Area Agency on Aging Staff Person is Vice President of the Board of Albemarle Hopeline. Past Board Memberships or service on Food Bank of the Albemarle, the Robinson Charity Fund and Northern Albemarle Community Foundation have given staff insight into Camden County.

Exhibit 9a: Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County: CHOWAN

Supportive Services	Level of Unmet Needs			Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)
	High	Medium	Low	
Adult day care		X		See next section.
Adult day health care		X		Outstanding services provided by Chowan Life Center Adult Day Health Care. However, the center is struggling despite great interest. Most families that inquire after services need financial assistance and that is limited. Chowan Life Center closed in July 2008
Adult placement services		X		The county DSS and others have not expressed this as a particular challenge. There is interest in a more upscale assisted living since the existing rest home is old and provides only shared room options.
Benefits counseling		X		Client inquiries to agencies and organizations often evolve into counseling services.
Care management		X		Provided on a client by client basis through agencies.
Emergency preparedness plans	X			Ongoing efforts with concern over the lack of a special needs shelter.
Energy assistance	X			Except for minimal funding through DSS, energy assistance is virtually not available. Past assistance to clients led to an influx of repeat demands that simply could not be met. Organizations such as the Triple A found they cannot meet the over-riding needs for assistance
Family caregiver counseling	X			Very limited.

Family caregiver training	X			Very limited.
Financial counseling			X	Accessible
Guardianship			x	Accessible.

Supportive Services	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Housing and home improvement		x		CDBG Grants and Small Home Repairs as overseen by Chowan DSS are available. As well, Chowan Baptist Mens' Group has done a superb job in meeting the needs of many Chowan seniors in need.
In-home aide (homemaker)	X			HCCGB serves 12 clients but there are 10 on their waiting list. Lack of public funding to meet the needs of clients otherwise able to afford in home aid is a problem.
In-home aide (personal care)	X			" See above, Chowan Hospital In-Home Care is extremely careful to address the care of the poorest financially. Shortage of staff is not an issue.
Information & assistance		X		Regional need for better I&A.
Job training & placement for older workers			X	Available but not over-utilized.
Legal assistance			x	Not expressed as issue.
Personal & family counseling		X		Available.
Respite (in-home, group, and institutional/overnight)		X		Available through Chowan Life Center and Chowan Hospital Home Care. Overnight accommodations are not available.

Senior companion	X			Not available because of lack of interest by local agencies who do not have the staff to oversee program.
Transportation-general	X			Regional concern touched on throughout this report. See Exhibit 8A and 8B.
Transportation-medical		X		Ambulance service Combined with ICPTA services usually is adequate.
Volunteer program		X		No County Volunteer Raising program. A lot of volunteerism by seniors in historical arena. As well, the Area Agency on Aging has a regional Nutrition Program with a stress on Home Delivered Meals with at anytime between 750 and 800. More volunteers can always be used.
Other: _____				
Nutrition	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Congregate nutrition			**X**	Able to meet all requests for meals.
Home-delivered meals		**X**		Extensive and highly program. There is always the need for meals for clients not on existing routes. Lack of volunteers is the primary block to adding more routes according to Nutrition but the financial ability of the counties and HCCGB to increase funding to this program is a question mark as the county has very pressing needs for more in home care funds, adult day health care and transportation.
Nutrition counseling		**X**		Actual counseling is limited.
Nutrition education		**X**		Adequate.
Other: _____				

Senior Centers				
			X	Senior Center exists and is working on certification.
Health Care				
Dental care		X		Nutrition based on client observation feels this is high priority. Nutrition staff will develop a regional overview of needs and barriers via client interview and existing demographics.
Health promotion			X	Adequate.
Health screening			X	Multiple opportunities through Health Fairs, Chowan & Albemarle Hospitals, the Senior Center, and Albemarle Regional Health Services.
Home health/Skilled nursing		X		Adequate Services in place. Coverage in the face of Medicaid decreases and potential decreases in Hospice may undermine.
Hospice		X		Excellent options, see above comments. No regional Hospice Center for patients to reside except for those long term care nursing homes that allow Hospice.
Medication management/counseling		X		Adequate.
Mental health counseling		X		Refer to Exhibits 8a and 8b.
Primary Health Care		X		Costs and lack of coverage affects seniors.
Health Care (Cont.)	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Other: _____				
Other: _____				
Residential Care				

Assisted Living/Adult Care Homes	X			No assisted living options for private room care.
CAP/DA		X		Chowan Hospital Staff have shared this is under-utilized. Lack of PR is the problem.
Nursing facility care		X		One facility in county.
SA In-Home Option	X			Minimal
Other: _____				
Other: _____				

Describe the process used to complete this exhibit (noting any major documents or methods uniquely used to assess particular services):

Please refer to exhibits 8a and 8b.

Exhibit 9a: Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County: CURRITUCK

Supportive Services	Level of Unmet Needs			Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)
	High	Medium	Low	
Adult day care	X			See below
Adult day health care	X			No facility within a reasonable distance. Daybreak Adult Day Health Care is 30 to 60 minutes distance.
Adult placement services		X		Adequate.
Benefits counseling		X		Primarily evolving from clients' inquiries for assistance.
Care management	X			Case management is limited to DSS case work and medical care case management as provided with severe illness via outside county hospitals.
Emergency preparedness plans	X			See 8a and 8b/
Energy assistance	X			Except for limited assistance from DSS, none exists.
Family caregiver counseling	X			None.
Family caregiver training		X		Major Regional Caregiver Education Conference offered with no costs for family caregivers. Other trainings provided on topics related to caregiving such as dementia via Albemarle Regional Health Services. Limited trainings in county.
Financial counseling		x		Available.
Guardianship		X		Available through a stretched DSS.

Supportive Services	Level of Unmet Needs	Comments (especially barriers to service

	High	Medium	Low	provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)
Housing and home improvement	X			At present few options for assistance.
In-home aide (homemaker)	X			Area Agency on Aging needs to join forces with Currituck DSS and Albemarle Regional Health Services to assess county wide need. Requests for more funding for home care via DSS are repeated.
In-home aide (personal care)	X			See above comments.
Information & assistance		X		See sections 8A and 8B.
Job training & placement for older workers			X	Not regularly requested though options exist.
Legal assistance		X		See Currituck 8A, section 82.
Personal & family counseling		X		Available through Mental Health, private agencies and Albemarle Hopeline.
Respite (in-home, group, and institutional/overnight)	X			Adult Day Health Care available 30 to 60 minute commute away.
Senior companion	X			Not available. No agency willing to take this on.
Transportation-general	X			See 8a ,Currituck,Section 10
Transportation-medical	X			ICPTA and EMS coverage available. Distances to out of county hospitals range from 30 to 60 minutes. Most specialist care must be accessed out of county in a 30 to 90 minute radius or beyond.
Volunteer program		X		No county run volunteer provision program. Volunteers are always needed.
Other: _____				

Other: _____				
Nutrition	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Congregate nutrition			X	Adequate access.
Home-delivered meals		X		Excellent program though some clients are not on existing routes. Frozen meals can be provided in these cases.
Nutrition counseling	X			Limited.
Nutrition education		X		Via Albemarle Regional Health Services and Triple A Nutrition Program.
Other: Dental Health_____		X		Concern over dental health of clients.
Senior Centers				
		X		Large Center exists with activities.
Health Care				
Dental care	X			General concern regarding senior clients unable to access services primarily because of lack of funds.
Health promotion		X		Adequate.
Health screening		X		Available through Albemarle Regional Health Services.
Home health/Skilled nursing		X		DSS has to utilize out of county Home Health Agencies to meet demand.
Hospice		X		Excellent but no Hospice Center for end of life residency is available in Region R.
Medication management/counseling		X		Minimal

Mental health counseling		X		Regional Concern over State oversight of mental health leading to a potential decrease in services and increase in program costs.
Primary Health Care	X			Not a lot of options in-county requiring commutes of 30-90 minutes. High costs of primary care also an issue.
Health Care (Cont.)	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Other: _____				
Other: _____				
Residential Care				
Assisted Living/Adult Care Homes	X			None in county.
CAP/DA		**X**		No comment, no feedback and a need for Area Agency on Aging to attain a better understanding of Currituck County's ability to meet needs.
Nursing facility care		**X**		Nursing home care provided in county. Satisfaction ranges from resident to resident and individual to individual.
SA In-Home Option	X			Not available.
Other: _____				

Describe the process used to complete this exhibit (noting any major documents or methods uniquely used to assess particular services):

See methods utilized under Currituck 8a and 8b.

Exhibit 9a: Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County: DARE

Supportive Services	Level of Unmet Needs			Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)
	High	Medium	Low	
Adult day care	X			No adult day care center though a small respite center with approximately 6 participants advertises as Adult Day Services which causes confusion.
Adult day health care	X			Tremendous need.
Adult placement services		X		Options.
Benefits counseling		X		Options available.
Care management		X		Area Agency on Aging needs to better understand the extent of case management in Dare County.
Emergency preparedness plans	X			Preparedness plans are continually evolving but this will remain a high priority with unmet needs including the ability to evacuate the county if a hurricane suddenly changes track and increases to force a short term mandatory evacuation. Inadequate roads, over-development of beach communities, small ferries connecting islands and low lying areas combine to make this area extremely vulnerable and not prepared in the face of certain climatic situations. Dare does well with plans but their situation could make solutions for certain fast moving, major hurricane impossible to implement. At present, bridges also must close for safety reasons once winds exceed 45-50 miles per hour which decreases evacuation time.
Energy assistance	X			DSS funds are limited and few other resources exist.
Family caregiver counseling		X		Since Dare Health Department has implemented a

				Family Caregiver Respite Program options for counseling have increased though at present there are not enough options.
Family caregiver training		X		A Regional Family Caregiver Education Conference, Senior Center Programs, Dare Health Dept, and Gem Respite Center programs provide options.
Financial counseling			x	Many options.
Guardianship		X		DSS does a good job with this but guardianship options are limited.

Supportive Services	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Housing and home improvement		x		Housing and home improvement requests are limited.
In-home aide (homemaker)	X			Limited subsidies for this service.
In-home aide (personal care)	X			At the end of March 2008, Dare DSS had expended 83% of the allocated HCCGB funds for in home care. It is anticipated this percentage will increase by the end of fiscal year 2007-08.
Information & assistance		X		Dare County feels they have a strong handle on I&R but a stronger regional system would enhance their abilities.
Job training & placement for older workers			X	Not a high demand.
Legal assistance		X		Adequate access with a local attorney available under HCCGB funding. More subsidized assistance could of course be utilized but this is not reported as a high priority.

Personal & family counseling		X		Resources available.
Respite (in-home, group, and institutional/overnight)		X		One small respite center (6-8 clients) and the Dare Health Department Respite Volunteer Program are available. The Family Caregiver Program provides some subsidized overnight respite services at the county based nursing home and assisted living facilitiy.
Senior companion	X			No agency wishes to take this on.
Transportation-general	X			Serious issue in Dare County. Very limited transportation options. Dare Transit does provide van nutrition, respite care and health transportation. Crowded traffic conditions in Beach-Season and inadequate roads. Refer to comments under 8A Dare County, section 10.
Transportation-medical	X			EMS-Dare Transit limited. Small Hospital on Outer Banks but dependent on departure point out of Dare County transportation to major hospital and many life savingservices can range from 45 minutes to 150 minutes if traffic conditions are optimum.
Volunteer program		X		County Volunteer Recruitment Program no longer exists but volunteerism is relatively high. Always need more.
Other: _____				
Other: _____				
Nutrition	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Congregate nutrition		**X**		Adequate.
Home-delivered meals		**X**		Home Delivered meals volunteers needed to extend

				routes to clients. Frozen meals are offered to eligible clients who are not on an existing Home Delivered Route.
Nutrition counseling	X			Limited availability.
Nutrition education			X	Access to a lot of information via Nutrition Program, Senior Center, Hospital and Dare County Health Department.
Other: _____				
Senior Centers				
			X	Excellent center with a lot of activities.
Health Care				
Dental care		X		Area Agency on Aging Nutrition staff have concern regarding dental health of clients regionally. They are planning to develop an overview of Dare County seniors in regard to dental health and availability with an initial focus on clients.
Health promotion			X	Excellent Outreach via Healthy Carolinians, Hospital, Dare County Health Department, the Community Care Coalition and a host of service providers and private businesses.
Health screening			x	Same options as above.
Home health/Skilled nursing		X		Available.
Hospice		X		Available but no Hospice Center in Region R.
Medication management/counseling		X		Available via pharmacists.
Mental health counseling		X		Available.
Primary Health Care		X		Cost is an issue for poorer seniors.

Health Care (Cont.)	Level of Unmet Needs			Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)
	High	Medium	Low	
Other: _____				
Other: _____				
Residential Care				
Assisted Living/Adult Care Homes		X		1 Assisted Living Facility in Dare (Outer Banks) It is too costly for many of the oldest residents of Dare County.
CAP/DA		X		Available.
Nursing facility care	X			One Nursing Home in Dare (Outer Banks). Cost of Long Term Care is issue regionally.
SA In-Home Option	X			None that Area Agency on 'Aging is aware. A need exists to do regional survey on what services if any are available for in home SA.
Other: _____				
Other: _____				

Describe the process used to complete this exhibit (noting any major documents or methods uniquely used to assess particular services): **See Exhibit 8A. Dare County Health Department also sent in a survey in the midst of the writing of this report thus supplementing information in the completion of this section.**

Exhibit 9a: Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County: GATES

Supportive Services	Level of Unmet Needs	Comments (especially barriers to service provision, e.g., volunteers, reaching those most

	High	Medium	Low	in need, wait list, direct care worker shortage)
Adult day care	X			None exists in county or in less than a 30 to 90 minute commute.
Adult day health care	X			Same as above comment.
Adult placement services	X			Not many options outside one nursing home in-county. That facility has issues regarding care and resident rights as reflected in public NC Division of Health Service Regulation. Neighboring county options are limited and 30 to 90 minutes away.
Benefits counseling	X			Not enough multi-agency staff to access and inform rural residents of available services.
Care management	X			None in county.
Emergency preparedness plans	X			Need for adequate emergency shelter and implementation of special needs registry. In-land location protects this county more than the predominately coastal counties of Region R. Gates County Aging Task Force in conjunction with DSS is pushing forward with the future special needs registry implementation.
Energy assistance	X			Limited funds through Gates County DSS but otherwise no other options for a lot of very poor seniors.
Family caregiver counseling		X		Limited but a lot of clients look for Family Caregiver Specialist (Area Agency on Aging) for Medicare Part D Counseling. Other forms of counseling available but it is limited to specific areas for example Reverse Mortgages.
Family caregiver training			x	Family Caregivers in Gates have actively taken advantage of the Annual Family Caregiver Education Conference (Area Agency on Aging), the long standing (14 years plus) Alzheimer's Support Group, Family Caregiver Specialist Presentations (Area

				Agency on Aging), Family Caregiver Specialist Presentations and outreach materials.
Financial counseling	x			Few options for this service.
Guardianship		X		Gates County DSS is challenged with this.

Supportive Services	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Housing and home improvement	X			Gates County has a tremendous need for Housing and Home Improvement. Staffing challenges the Area Agency on Aging more than funding in meeting Gates County Needs. Community Development Block Grants cannot meet the needs for all seniors in need of assistance. Gates County Aging Task Force which is also the HCCGB planning committee considers substandard housing for seniors a high priority.
In-home aide (homemaker)	X			See next comments.
In-home aide (personal care)	X			Many low income seniors are in serious need of in home house keeping and care services. Lack of subsidies limits what can be done. Chowan Hospital Home Care has 19 HCCGB clients and 20 on a waiting list.
Information & assistance	X			Very rural area is in need of strong regional system of I&R which does not exist at this time. A regional concern.
Job training & placement for older workers			X	Not usually requested.
Legal assistance		X		Limited.
Personal & family counseling	X			Very limited. No Providers for Mental Health, Developmentally Disabled, or Substance Abuse.

				Domestic Violence counseling is available through Albemarle Hopeline.
Respite (in-home, group, and institutional/overnight)	X			Limited, meaningful fully utilized respite care available both subsidized via the Family Caregiver Support Program, HCCGB, and the Alzheimer's Association Eastern NC Chapter as well as through private pay. The County based nursing home over night care and Chowan Hospital Home Care in-home care are the most commonly utilized options.
Senior companion	X			No agency wants to oversee this.
Transportation-general	X			See Gates Exhibit 8A, section 10 and Exhibit 9A. Transportation is limited to Van Transit via Gates Inter-Regional Transit.
Transportation-medical		X		Available via Gates Inter-Agency Transit, a private vendor and EMS.
Volunteer program		X		Limited. Very good Area Agency on Aging Nutrition Program volunteers for Gates County.
Other: _____				
Other: _____				
Nutrition	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Congregate nutrition		X		
Home-delivered meals		X		Clients not on home delivered routes receive frozen meals. More volunteers needed to open new routes.
Nutrition counseling	X			Not available in county.
Nutrition education		X		Provided by Cooperative Extension. Annual training is provided to Congregate Nutrition Site Director.
Other: _____				

Senior Centers				
Health Care				
Dental care	X			Access to dental care particularly for home bound seniors and the low income is a challenge. The Gates County Aging and Adult Services Task Force has identified this as a high priority need.
Health promotion			**X**	Health Promotion provided by multi-agencies and 2 hospitals.
Health screening		**X**		Some Availability.
Home health/Skilled nursing	X			Nearly 12 % of those over 60 in Gates County have Severe Disabilities. There are not enough subsidies to provide needed in home care for those who are unable to pay for this care. Under HCCGB funded in-home care, 19 clients receive care but 20 are on the waiting list.
Hospice			**X**	Available and active in Gates County. In-home hospice care and hospice care at the county based nursing home are available.
Medication management/counseling		**X**		Limited by rural nature of county.
Mental health counseling	X			No Mental Health providers in Gates County.
Primary Health Care	X			Medicaid eligibility reform is needed to raise $240 income limit so more seniors can access care. Limited services in Gates County.
Health Care (Cont.)	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Other: _____				

Other: _____				
Residential Care				
Assisted Living/Adult Care Homes	X			None exist in Gates County.
CAP/DA		**X**		Available but at present, Chowan Hospital staff state it is under-utilized in Gates County. There are slots open for this service and more outreach is needed.
Nursing facility care	X			County based nursing home has had some serious issues regarding care, staffing numbers, and resident rights. (State survey, CAC, Family Council, Omb.)
SA In-Home Option	X			No substance abuse providers in-county.
Other: _____				
Other: _____				

Describe the process used to complete this exhibit (noting any major documents or methods uniquely used to assess particular services): **See Exhibit 8A, Gates County description of process.**

Exhibit 9a: Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County: HYDE

Supportive Services	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Adult day care	X			Not available.
Adult day health care	X			Not available.

Adult placement services		X		Hyde DSS very challenged. County based nursing home is only option and only available to those qualified.
Benefits counseling	X			Limited to clients eligible for services via public agencies.
Care management	X			Not available in county.
Emergency preparedness plans	X			County is extremely vulnerable to storm damage. Few resources to handle major structural damage. Plans are in place.
Energy assistance	X			Except for limited DSS funds there is no relief.
Family caregiver counseling	X			None available.
Family caregiver training	X			Availability limited to Annual Family Caregiver Education Conference in Chowan County. Free to family caregivers, the commute (80-100 minutes) and awareness of event are a challenge. Cost of travel also factors in.
Financial counseling		X		Limited to Bank.
Guardianship		X		Challenge for Hyde DSS

Supportive Services	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Housing and home improvement	X			Need exists but Hyde DSS administered HCCGB funds in years past have not necessarily been utilized.
In-home aide (homemaker)	X			Not enough subsidized care for elderly with severe

				disabilities. HCCGB only utilized for Level II and III.
In-home aide (personal care)	X			See above. HCCGB funded care to 5 clients with 5 person waiting list.
Information & assistance	X			Extremely rural community with limited resources. I&A limited.
Job training & placement for older workers			X	Low interest.
Legal assistance		X		Legal Aid does a good job of supplementing need but still there is need.
Personal & family counseling	X			Not available.
Respite (in-home, group, and institutional/overnight)	X			Not available.
Senior companion	X			No agency willing to administer.
Transportation-general	X			See Exhibit 8a, Section 10, Hyde County.
Transportation-medical	X			Very limted. Voucher system via Hyde DSS and emergency medical transportation. Distances to medical care and emergency rooms are long and can be life threatening.
Volunteer program		**X**		Area Agency on Aging Nutrition Program has outstanding region-wide volunteer program. Service clubs such as Rotary are active. Senior Center Director has strong ties to service clubs and utilizes them for major activities.
Other: _____				
Other: _____				
Nutrition	**Level of Unmet Needs**			**Comments (especially barriers to service**

	High	Medium	Low	provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)
Congregate nutrition		X		Limited participation
Home-delivered meals		X		Some potential clients are not on existing routes. Frozen meals available to them.
Nutrition counseling	X			None.
Nutrition education	X			Very limited. Area Agency on Aging Nutrition staff provide training annually to Nutrition Site Director.
Other: _____				
Senior Centers				
		X		Concern over low number of participants and eventual dissolution of senior center. Area Agency on Aging receives conflicting reports regarding the future use of the senior center building. Excellent senior center director.
Health Care				
Dental care	X			Difficult to access services. Out of county travel required.
Health promotion		X		Some available through Hyde Health Dept. and Senior Center.
Health screening		X		Limited options.
Home health/Skilled nursing	X			Not enough subsidized care available to meet needs of poor, disabled Hyde Seniors.
Hospice		X		Area Agency on Aging has no overview of Hospice in Hyde County.
Medication management/counseling	X			Limited to pharmacy input to customers. Counseling in the purest sense is not available.
Mental health counseling	X			No mental health providers in county.

Primary Health Care	X			Limited to out of county access. Lack of finances or insurance precludes care for many residents.
Health Care (Cont.)	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Other: _____				
Residential Care				
Assisted Living/Adult Care Homes	x			None.
CAP/DA		**X**		Area Agency on Aging has no overview of CAP/DA in Hyde County.
Nursing facility care			**X**	Care issues are sometimes an issue but overall the community feels very fortunate to have a long term care facility with an adequate number of beds for the county.
SA In-Home Option	X			Not available.

Describe the process used to complete this exhibit (noting any major documents or methods uniquely used to assess particular services): **See Hyde County Exhibit 8a Process description. Despite survey distribution to key agencies and county manager/planner only 2 surveys returned.**

Exhibit 9a: Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County: PASQUOTANK

Supportive Services	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Adult day care		X		See Below

Adult day health care		X		Excellent adult day health care in county. Overseen by Albemarle Regional Health Services, quality of care is good. At present, the center is having financial difficulties because most potential clients need subsidized care and such funds are limited
Adult placement services		X		Many long term care options exist but there are no adequate shelters for homeless. Pasquotank Co, DSS is challenged.
Benefits counseling		X		Provided to clients through agencies/organizations as requested.
Care management		X		No comment, inadequate information.
Emergency preparedness plans	X			See exhibit 8a, Pasquotank County Emergency Plans. Good Preparations and Plan. Geographic challenge due to flooding.
Energy assistance	X			Very, very limited.
Family caregiver counseling	X			No counseling available.
Family caregiver training		X		Options for training via Family Caregiver Education Conference and Family Caregiver Specialist presentations.
Financial counseling		X		Many options available. Cost is an issue for senior unable to afford assistance.
Guardianship		X		Clerk of Courts very supportive in process, attorneys available to fill this role as well as DSS.

Supportive Services	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Housing and home improvement	X			See Exhibit 8a. Pasquotank section 3 comments.

In-home aide (homemaker)		X		Many options yet subsidized care is limited.
In-home aide (personal care)		X		Many options yet subsidized care limited. 9 potential clients await HCCGB services.
Information & assistance		X		Not a county expressed need but regional need.
Job training & placement for older workers			X	Under-utilized.
Legal assistance			X	Some subsidized assistance available. Many attorneys available. Several provide volunteer assistance on regular basis. The law firm of Hornthal, Riley, Maland and Ellis is particularly active in assisting poorer citizins in the community. Legal Aid does all it is able in Pasquotank County. The county clerk of courts office is readily available to assist and is extremely timely in guardianship issues.
Personal & family counseling			X	Available through multiple agencies and organizations.
Respite (in-home, group, and institutional/overnight)			X	Adult Day Health Care Center is excellent. 4 Long Term Care Facilities will provide Respite. Family Caregiver Specialist and Aging staff have in presentations to retired teachers, senior center and AARP informed attendees of some financial assistance for Respite via Family Caregiver Support Program.
Senior companion	X			No agency available to oversee this.
Transportation-general	X			See Pasquotank Exhibit 8a, section 10.
Transportation-medical	X			Provided by EMS and ICPTA. EMS will not guarantee medical transit if there is an emergency and no other transportation for stretcher patients is available except through Harrells Transportation, a

				private transit service which is costly. Local medical transit in-county is in excess of $300 round trip.
Volunteer program			X	Not a priority need. No county based volunteer recruitment program available except on an organization by organization basis. The Chamber of Commerce, Albemarle Hospital, the Area Agency on Aging Nutrition Program, United Way and a host of service clubs, agencies and organizations actively promote volunteerism in Pasquotank County. As well, the local cable station provides excellent free volunteer recruitment advertising upon request to all major non-profit and service agencies or programs. Cable advertising is continual for nutrition and seasonal for senior games/ Triple A Conferences. Volunteerism is a high priority among most Pasquotank residents able to assist. It is a strong and defining ethic of the overall community.
Other: _____				
Nutrition	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Congregate nutrition			X	Good service and adequate outreach.
Home-delivered meals		X		Some potential clients in Northern Pasquotank are unable to receive services though congregate meals and meals pick-up or frozen meals are available.
Nutrition counseling		X		The Area Agency on Aging does not have an adequate knowledge on what counseling if any is available.
Nutrition education			X	Many options for education available via Nutrition Program, Cooperative Extension and Albemarle Hospital. Other options are likely available via agencies.

Other: _____				
Senior Centers				
			X	Excellent programs and facility which is well publicized, attended and managed.
Health Care				
Dental care	X			See Exhibit 8a, Pasquotank Section 15.
Health promotion			X	Adequately addressed by Albemarle Regional Health Services, Albemarle Hospital, and multiple agencies, organizations and businesses.
Health screening			X	Many opportunities through Senior Center, Albemarle Hospital and Albemarle Regional Health Services. Other free screenings are provided.
Home health/Skilled nursing	X			Many resources but not enough subsidized care to meet needs. HCCGB funded in-home care has 9 person waiting list.
Hospice		X		Excellent options available but many clients wait to apply for Hospice until the final days of life as reported by Albemarle Regional Health Services/ Hospice.
Medication management/counseling		X		Area Agency on Aging does not have a good overview of this. Local Pharmacists at major pharmacies are very good at working with customers.
Mental health counseling	X			Not enough services and a regional concern that state over-sight of Mental Health will decrease existing services and increase costs of service delivery.
Primary Health Care	X			Excellent options but some seniors lack adequate health insurance. Cost of services is a challenge.
Health Care (Cont.)	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Other: _____				

Residential Care				
Assisted Living/Adult Care Homes		x		Three facilities in county. Adequate beds but some issues with care quality at two facilities.
CAP/DA		X		Available.
Nursing facility care		X		Two major nursing homes in county. One facility has had some notable issues regarding care in the recent past.
SA In-Home Option		X		Area Agency on Aging does not have adequate information to respond.
Other: _____				

Describe the process used to complete this exhibit (noting any major documents or methods uniquely used to assess particular services): **See exhibit 8a, Pasquotank, process description.**

Exhibit 9a: Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County: PERQUIMANS

Supportive Services	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Adult day care		X		See below
Adult day health care		X		2 excellent Adult Day Health Care Centers in both Pasquotank and Chowan Counties that border Perquimans. Reasonable commute and availability of transportation for some clients. Centers struggling because most potential clients need subsidized care

				and such funds are limited. Chowan Life Center closed in July 2008.
Adult placement services		X		Perquimans DSS challenge. In-county nursing and family care homes as well as out of county long term care options within reasonable commute. Placement options are limited to long term care.
Benefits counseling		X		Client by client provision by service agencies as requests are submitted.
Care management	X			Area Agency on Aging is not aware of any care management services in county except as provided through physicians, regional health department and Mental Health. Area Agency on Aging needs more in-depth understanding of what is regionally available.
Emergency preparedness plans	X			See Perquimans Exhibit 8a, section 54.
Energy assistance	X			No options available except via limited DSS funding.
Family caregiver counseling		X		Area Agency on Aging Family Caregiver Specialist is based in Perquimans County. Clients in search of information and assistance from in county and contiguous counties including Pasquotank, Chowan and Gates are apt to drop in seeking counseling and or information. None of the Triple A staff are licensed counselors.
Family caregiver training		X		Major Annual Family Caregiver Education Conference with excellent information is available annually at no cost to family caregivers. Additional opportunities are available through family caregiver specialist presentations in or near Perquimans Co.
Financial counseling		X		Limited but available,
Guardianship		X		A challenge but long term facility beds are available in county or within a 15 to 30 minute radius. Other options are either non-existent or very limited

				requiring out of county or out of region placements.

Supportive Services	Level of Unmet Needs			Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)
	High	Medium	Low	
Housing and home improvement	X			Extremely high demand with limited solutions.
In-home aide (homemaker)	X			Cannot meet the needs of all potential clients because there is not enough subsidies for those unable to private pay.
In-home aide (personal care)	X			See above. Services provided through Chowan Hospital Home Care HCCGB funds serves 10 Perquimans residents with 10 on waiting list. Perquimans DSS has not reported who is awaiting services through their contract.
Information & assistance	X			A regional need to fine tune and catalogue services available.
Job training & placement for older workers			X	Under-utilized.
Legal assistance		X		Some subsidized services available. Adequate number of attorneys.
Personal & family counseling	X			Some available through Albemarle Hopeline (domestic violence). Otherwise limited services.
Respite (in-home, group, and institutional/overnight)			X	Available at local nursing home as well as 2 adult day health care centers in neighboring counties within easy commute. Family Caregiver Support Program has provided financial assistance for care.
Senior companion	x			No agency wants to oversee program.
Transportation-general	X			Refer to Perquimans County Exhibit 8a, section 10.

Transportation-medical	X			Provided by EMS and Inter-County Public Transportation Authority. Seniors with limited incomes who are non-medicaid eligible find stretcher non-emergency transportation difficult or impossible to access.
Volunteer program		X		Active volunteer base in county via Area Agency on Aging Nutrition Program, Senior Center, Senior Games, Churches and Service Organizations.
Other: _____				
Nutrition	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Congregate nutrition			X	Very accessible with pubic subsidized transportation available.
Home-delivered meals		X		Some potential clients are not on existing routes but are eligible for frozen meals via Nutrition Program.
Nutrition counseling		x		Cooperative Extension and 2 hospitals provide programs and information. Area Agency on Aging cannot report the availability of actual counseling services though medical staff address with patients nutritional needs. Albemarle Regional Health Services also provides nutritional suggestions in response to physical conditions and as health promotion.
Nutrition education			X	Adequate options for access. See above comments.
Other: _____				
Senior Centers				
			X	Excellent Senior Center staff but facility size and parking options are too limited for participants and future growth options.
Health Care				

Dental care	X			Need is great as reported by Albemarle Hospital, Albemarle Home Care/Albemarle Regional Health Services, Chowan Hospital and Area Agency on Aging Nutrition staff.
Health promotion			X	Adequate Health Promotion by 2 hospitals in 2 counties contiguous to Perquimans. Cooperative Extension and Senior Center also provide information. Senior Center has annual Health Fair.
Health screening			X	Via Albemarle Regional Health Services, Albemarle Hospital, Chowan Hospital, Health Fairs and Senior Center.
Home health/Skilled nursing	X			Adequate options for care but not enough public funding for seniors unable to pay for care.
Hospice			X	Excellent options for care though as reported by Albemarle Regional Health Services Hospice too many clients do not apply for assistance until the last days or weeks of death. Therefore there is under-utilization of full range of services and often inadequate time to become familiar with patient.
Medication management/counseling			X	Via pharmacists only.
Mental health counseling		X		Not enough services available. Regional concern over impact of potential state oversight of Mental Health.
Primary Health Care	X			Cost is regional issue.
Health Care (Cont.)	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Other: _____				
Residential Care				
Assisted Living/Adult Care Homes		X		Small rest home and family care home in county.

				Other options available within reasonable commute out of county.
CAP/DA		X		Available.
Nursing facility care		X		Major nursing home in county. Quality of care varies over short period of time as reported by CAC and Ombudsman.
SA In-Home Option	X			Not aware of any in home substance abuse treatment options in county.
Other: _____				

Describe the process used to complete this exhibit (noting any major documents or methods uniquely used to assess particular services): **See Perquimans County Exhibit 8a summary of how report was completed.**

Exhibit 9a: Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County: TYRRELL

Supportive Services	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Adult day care	X			None available.
Adult day health care	X			None available.
Adult placement services	X			Tyrrell County DSS does the best they can but no in county options for placement exist.
Benefits counseling	X			Limited to agency responses to clients.
Care management	X			None. No physician in county.

Emergency preparedness plans	X			See Exhibit 8a, Section 54, Tyrrell County.
Energy assistance	X			Except for Tyrrell DSS limited funding no assistance available.
Family caregiver counseling	X			None.
Family caregiver training	X			Regional Family Caregiver Education Conference sponsored by Area Agency on Aging is available to family caregivers free of charge. Tyrrell County residents have limited participation. Other options for training are lacking.
Financial counseling		X		Limited but available.
Guardianship		X		Tyrrell County DSS is challenged with this but meets needs.

Supportive Services	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Housing and home improvement	X			High priority.
In-home aide (homemaker)	X			Not enough subsidized services.
In-home aide (personal care)	X			
Information & assistance	X			Regional need but particularly acute in the very rural counties of Tyrrell and Hyde.
Job training & placement for older workers			X	Under-utilized.

Legal assistance		X		Available with some assistance from Legal Aid of NC.
Personal & family counseling	X			Available in domestic abuse situations. See Section 53 of Exhibit 8a, Tyrrell County.
Respite (in-home, group, and institutional/overnight)	X			None available.
Senior companion	X			No agency willing to administer this.
Transportation-general	X			Please refer to Tyrrell County Exhibit 8a, Section 10. Regional effort and grant in place to assist Tyrrell and Washington Counties with consolidation of existing transit services.
Transportation-medical	X			Extremely limited. Being addressed as part of a study via NEAT-NC and the Area Agency on Aging authored grant that is presently funding a study of transportation in both Tyrrell and Washington Counties.
Volunteer program		**X**		Area Agency on Aging Nutrition Program has strong regional volunteer force which numbers between 750 and 800 at any given time. Volunteers in that program and in other capacities are still needed in most counties including Tyrrell County.
Nutrition	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Congregate nutrition			**X**	Good and accessible.
Home-delivered meals		**X**		Some potential clients cannot be served because volunteers are not available to develop new routes. Frozen meals delivery is available to clients unable to be served otherwise.
Nutrition counseling	X			Not available.

Nutrition education		X		Health Department and Cooperative Extension do provide outreach on this topic. Area Agency on Aging Nutrition Program provides some training.
Other: _____				
Senior Centers				
			X	Under-utilized and not adequately staffed as Director also is the County Transit Director.
Health Care				
Dental care	X			Difficult to access, no in-county dentist.
Health promotion		X		Health promotion via in-county family nurse practitioner, Martin-Tyrrell-Washington Health Dept. and Cooperative Extension.
Health screening		X		Martin-Tyrrell-Washington Health Dept. does screenings.
Home health/Skilled nursing	X			Need for more subsidy funds for seniors unable to access care.
Hospice				Area Agency on Aging needs to assess. Cannot respond.
Medication management/counseling		X		Limited to pharmacists.
Mental health counseling	X			Limited services.
Primary Health Care	X			No physician in Tyrrell County. Family Nurse Practitioner in county.
Health Care (Cont.)	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Other: _____				
Residential Care				

Assisted Living/Adult Care Homes	X			None.
CAP/DA				Area Agency needs to assess.
Nursing facility care	X			None
SA In-Home Option	X			None
Other: _____				

Describe the process used to complete this exhibit (noting any major documents or methods uniquely used to assess particular services): **Please refer to Tyrrell County Exhibit 8a for process description.**

Exhibit 9a: Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County: WASHINGTON

Supportive Services	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Adult day care	X			None exist.
Adult day health care	X			None exist.
Adult placement services		X		Nursing home placement is available but other options must be sought out of county.
Benefits counseling		X		Provided by agencies and organizations to clients as requested.
Care management		X		Physician and hospital care management exists.
Emergency preparedness plans	X			The county has done and adequate job with planning

				but because of high vulnerabily to hurricanes, the regional counties are challenged.
Energy assistance	X			Except for limited DSS funds energy assistance does not exist.
Family caregiver counseling	X			Limited.
Family caregiver training		X		Regional training events available to family caregivers and major Family Caregiver Education Conference held in Region R is available to family caregivers at no cost.
Financial counseling		X		Available at a cost.
Guardianship		X		Washington County DSS does well with this but options are limited.

Supportive Services	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Housing and home improvement	X			Lack of affordable housing is an issue and funds for home repairs are limited.
In-home aide (homemaker)	X			Inadequate subsidies to meet the needs of all who need but cannot purchase assistance.
In-home aide (personal care)	X			See above comment. Under HCCGB funding 11 clients receive services with 19 potential clients on a waiting list.
Information & assistance	X			Regional Need for more global list of resources and services.
Job training & placement for older workers			X	Under-Utilized.
Legal assistance		X		Available with further support from Legal Aid of NC.

Personal & family counseling		X		Limited availability.
Respite (in-home, group, and institutional/overnight)	X			None available.
Senior companion	X			No agency willing to manage this program.
Transportation-general	X			See Exhibit 8a, Washington County, Section 10. Transportation options limited to Public Transit Service. Area Agency on Aging authored grant that is presently financing a study of Tyrrell-Washington County transit needs and the 2 county consolidation of services. This is a NEAT-NC initiative. Refer to all county comments on Transportation.
Transportation-medical	X			**See above comments.**
Volunteer program		**X**		No county cross agency volunteer program. Area Agency on Aging Nutrition Program oversees extremely effective program.
Other: _____				
Other: _____				
Nutrition	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Congregate nutrition			**X**	Very good and very accessible.
Home-delivered meals		**X**		New routes always needed for potential home delivered meals clients. Frozen meals available to these clients.
Nutrition counseling		**X**		As available through county based hospital to meet patient needs.
Nutrition education		**X**		As available through Health Dept., local hospital,

				cooperative extension, and Area Agency on Aging Nutrition Program.
Other: _____				
Senior Centers				
			X	Excellent Senior Center with high participation and wide variety of quality programs. The first of Region R's senior centers to become NC DAAS certified being named a Center of Excellence.
Health Care				
Dental care	X			Regional Concern
Health promotion			X	Provided by Senior Center, Health Dept, Cooperative Extension, and local Hospital.
Health screening			x	Provided by Health Dept., Senior Center, and Local Hospital.
Home health/Skilled nursing		X		Need for more subsidized care.
Hospice		X		Available.
Medication management/counseling		X		Pharmacists provide.
Mental health counseling	X			More services needed.
Primary Health Care		X		Available but cost is barrier for many seniors.
Health Care (Cont.)	**Level of Unmet Needs**			**Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage)**
	High	**Medium**	**Low**	
Other: _____				

Other: _____				
Residential Care				
Assisted Living/Adult Care Homes	X			None.
CAP/DA		X		Utilized. Area Agency on Aging does not have an adequate overview of CAP-DA services in county.
Nursing facility care		X		Major nursing home. Historically over time quality of care has been good. Some concerns over quality of care have been reported recently.
SA In-Home Option	X			In-home treatment is not available.
Other: _____				
Other: _____				

Describe the process used to complete this exhibit (noting any major documents or methods uniquely used to assess particular services): **Please refer to Exhibit 8a, description of process for Washington County.**

Exhibit 9b: Assessment for Developing Comprehensive and Coordinated System—Regional Summary

Category	Priority Concerns	Priority Rating
Example: Supportive Services	***1. 3 counties lack access to adult day services.***	***High***
	2. There are no Benefits Navigator counselors.	
	3. Agencies handling public guardianships are stressed.	
	4. 2,300 senior households lack complete plumbing.	
Supportive Services	1. 6 counties lack access to adult day services. 2. There are no Benefits Counselors in the 10 county region. 3. 10 counties are in need of an online I&R sytem to access service options. 4. 10 counties have public transit limited to van transit and EMS. 5. Area Agency on Aging has not adequately identified minority seniors beyond the African American community.	
Nutrition Services	1. Nutrition staff have identified lack of access to dental care a problem for clients in Region R and there is a need to assess dental care availability across the 10 county region. 2. There is a need for an additional nutrition route in Pasquotank County.	
Senior Centers	1. Gates County lacks a senior center. 2. Hyde County's Mattamuskeet Senior Center is under-utilized threatening its' continued operation after 2011. 3. [redacted] of Region R's Senior Centers are uncertified. 4. The Tyrrell Senior Center Director also serves as transit director and has inadequate staff to carry out full time Senior Center responsibilities.	
Health Care	1. Tyrrell County has no physician and primary medical care requires a commute of 30 to 90 minutes. 2. There is a need in all 10 counties for an assessment of seniors unable to access dental care.	
Residential Care	1. Tyrrell County has no long term care facilities. 2. Camden County has only a 6 bed family care home in operation.	

Exhibit 10: Focal Point Designation

Designated Focal Point Agency	Check if		
Name/Address	**County**	**Multipurpose Senior Center**	**CAP Agency***
Camden County Senior Center PO Box 190, Camden, NC 27921	Camden	Yes	No
Chowan County Senior Center 204 E. Church St., Edenton, NC 27932	Chowan	Yes	No
Currituck County Senior Center PO Box 200, Currituck, NC 27929	Currituck	Yes	No
Thomas A. Baum Senior Center PO Box 1000, Manteo, NC 27954	Dare	Yes	No
Gates County Department of Social Services 122 Main St., PO Box 185, Gatesville, NC 27938	Gates	No	No
Mattamuskeet Senior Center 160 Juniper Rd., Swan Quarter, NC 27885	Hyde	Yes	No
Elizabeth City/Pasquotank County Senior Center 200 E. Ward St., Elizabeth City, NC 27909	Pasquotank	Yes	No
Perquimans County Senior Center 300 Grubb St., Hertford, NC 27944	Perquimans	Yes	No
Tyrrell County Senior Center PO Box 449, Columbia, NC 27925	Tyrrell	Yes	No
Washington County Senior Center 198 NC Hwy. 45 North, Plymouth, NC 27962	Washington	Yes	No

***The list of Community Action Program (CAP) agencies is available from the NC Office of Economic Opportunities webpage (http://www.ncdhhs.gov/oeo/CSBG/csbg06directory.pdf).**

Exhibit 11: Provision of Direct Services Revised November 2010

As specified in Section 306(20)(2)(A) of the Older Americans Act and Section 304 of the AAA Policies and Procedures Manual, Area Agencies shall not provide supportive services, in-home services, or nutrition services directly without State approval. It is the policy of the Division not to approve direct service provisions by AAAs except when no other qualified entity is available or willing to provide services. The following form must be submitted to the Division by June 1st.

1. Name of the Organization: Albemarle Commission Area Agency on Aging Fiscal Year:2010 - 2011

2. Summary of Service Information:

Name of Service	Service Code	Affected Counties	Nature of Request	
			New	Continuation
Congregate Nutrition	180	ALL		yes
Home Delivered Meals	020	ALL		yes
Home Delivered Meals – Supplemental Meals	021	ALL		yes
FCSP – Institutional Respite	842, 843, 844, 845, 846, 847, 848, 849	ALL		yes
FCSP - Supplemental Services	852, 853, 854, 855, 856, 863	ALL		yes
Housing and Home Improvement	140	Gates, Perquimans, Pasquotank		yes
Medication Management	420	ALL		yes
FCSP – Emergency Plan	824	ALL	yes	

By signing below the AAA Director is affirming that affected local interests (e.g., Board of County Commissioners, local HCCBG planning committee) agree with this plan for services.

Area Agency on Aging Director Date Nov. 15, 2010

Exhibit 12: Provider Monitoring Plan

Effective Date: November 20, 2009

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				08/09	09/10	10/11	11/12	08/09	09/10	10/11	11/12	08/09	09/10	10/11	11/12
010	**Albemarle Commission**														
	Congregate Meals	All Counties in Region R	NCDAAS												
	Home-Delivered Meals	All Counties in Region R	NCDAAS												
	HD NSIP-Only	All Counties in Region R	NCDAAS												
	Title III-D Disease Prevention/Health Promotion	All Counties in Region R	NCDAAS												
	Medication Management	All Counties in Region R	NCDAAS												
	Housing and Home Imp.	Gates	NCDAAS												
	Housing and Home Imp.	Pasquotank	NCDAAS												
	Housing and Home Imp.	Perquimans	NCDAAS												
	FCSP – Institutional Respite	All Counties in Region R	NCDAAS												
	FCSP – Supplemental Services	All Counties in Region R	NCDAAS												
041	**Camden Co. Senior Center**														
	Long Term Obligation	Camden	AAA	**X-Final**											
	Title III-D Disease Prevention/Health Promotion	Camden	AAA	**X**	**X**		**X**								
	Senior Ctr. Outreach *(discontinued)*			**X**											
021	**Chowan County DSS**														
	Housing and Home Imp. *No Longer contracting with Agency*	Chowan	PCR												
025	**Chowan Co. Senior Ctr.**														
	Title III-D Disease Prevention/Health Promotion	Chowan	AAA			**X**									
	Senior Ctr. Outreach *(discontinued)*														

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				08/09	09/10	10/11	11/12	08/09	09/10	10/11	11/12	08/09	09/10	10/11	11/12
024	Chowan Hospital Home Care *(end of contract 2009)*			FINAL				FINAL				FINAL			
	In-Home Aide Level I, II, III	Chowan	AAA	X				X				X			
	In-Home Aide Level II, III	Perquimans	AAA	X				X				X			
	Respite Level II	Chowan	AAA	X				X				X			
	In-Home Aide Level I, II, III	Gates	AAA	X				X				X			
	FCSP In-Home Respite	Chowan	AAA	X				X				X			
	FCSP In-Home Respite	Perquimans	AAA	X				X				X			
	FCSP In-Home Respite	Gates	AAA	X				X				X			
027	Currituck County DSS												X		
	In-Home Aide Level I, II, III	Currituck	PCR			X				X					
	FCSP In-Home Respite	Currituck	AAA						X		X				
	Housing and Home Imp. *(NO longer contracting with Agency for HHI)*	Currituck	PCR												
026	Currituck County Senior Center												X		
	Long-Term Obligation	Currituck	AAA			X	X								
	Title III-D Disease Prevention/Health Promotion	Currituck	AAA			X									
	Senior Center Outreach *(discontinued)*	Currituck	AAA												
	General Transportation	Currituck	AAA	X	X		X	X		X					
019	Day Break												X		
	FCSP ADH Respite*(NO longer contracting with Agency for FCSP)*	Camden, Currituck, Pasq., Perq	AAA	**X-Final**											
	Adult Day Health	Camden	AAA		X				X	X	X				
	Adult Day Health	Chowan	AAA		X				X	X	X				
	Adult Day Health	Currituck	AAA		X				X	X	X				
	Adult Day Health	Pasquotank	AAA		X				X	X	X				
	Adult Day Health	Perquimans	AAA		X				X	X	X				
028	Dare County DSS												X		
	In-Home Aide Level II, III	Dare	PCR			X				X					
	Legal Services	Dare	AAA	X	X			X	X		X				

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A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				08/09	09/10	10/11	11/12	08/09	09/10	10/11	11/12	08/09	09/10	10/11	11/12
017	Elizabeth City/Pasquotank County Senior Center														
	Long-Term Obligation	Pasquotank	AAA	X		X-Final									
	Title III-D Disease Prevention/Health Promotion	Pasquotank	AAA	X			X								
038	Gates County Inter-Regional Transportation System												X		
	General Transportation	Gates	AAA	X	X		X	X	X	X					
	Medical Transportation	Gates	AAA	X	X		X	X	X	X					
044	HealthCare Options of East												X		
	In-Home Aide Level I, II, III	Camden	AAA	X	X		X	X	X	X	X	X			
	In-Home Aide Level II, III	Pasquotank	AAA	X	X		X	X	X	X	X	X			
	In-Home Aide Level I, II, III	Chowan	AAA		X		X		X	X	X				
058	Hydeland Home Care												X		
	In-Home Aide Level II	Hyde	AAA	X	X			X	X	X					
048	Hyde County DSS												X		
	In-Home Aide Level II	Hyde	PCR			X				X					
	Medical Transportation	Hyde	AAA		X		X		X		X				
051	Hyde County Transit											X	X		X
	General Transportation	Hyde	AAA	X	X			X	X	X					
080	Inter-County Public Transportation Authority												X		
	General Transportation	Camden	AAA	X	X			X	X	X					
	General Transportation	Chowan	AAA	X	X			X	X	X					
	General Transportation	Pasquotank	AAA	X	X			X	X	X					
	General Transportation	Perquimans	AAA	X	X			X	X	X					

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				08/09	09/10	10/11	11/12	08/09	09/10	10/11	11/12	08/09	09/10	10/11	11/12
070	Legal Aid of NC - Ahoskie											TBA	X	TBA	TBA
	Legal Services	Camden	AAA	R	L	Q	R	R	L	Q	R				
	Legal Services	Chowan	AAA	R	L	Q	R	R	L	Q	R				
	Legal Services	Currituck	AAA	R	L	Q	R	R	L	Q	R				
	Legal Services	Gates	AAA	R	L	Q	R	R	L	Q	R				
	Legal Services	Pasquotank	AAA	R	L	Q	R	R	L	Q	R				
	Legal Services	Perquimans	AAA	R	L	Q	R	R	L	Q	R				
060	Legal Aid of NC - Greenville											TBA	X	TBA	TBA
	Legal Services	Hyde	AAA	R	Q	R	Q	R	Q	R	Q				
	Legal Services	Tyrrell	AAA	R	Q	R	Q	R	Q	R	Q				
	Legal Services	Washington	AAA	R	Q	R	Q	R	Q	R	Q				
098	Mattamuskeet Senior Center														
	Long-Term Obligation	Hyde	AAA	X		X-Final									
	Title III-D Disease Prevention/Health Promotion	Hyde	AAA	X			X								
075	MTW District Health Department												X		
	In-Home Aide Level II	Tyrrell	AAA	X		X		X		X					
	In-Home Aide Level II	Washington	AAA	X		X		X		X					
072	Perquimans County DSS												X		
	In-Home Aide Level I	Perquimans	PCR	X			X	X			X				
043	Perquimans County Senior Center														
	Long-Term Obligation	Perquimans	AAA	X-Final											
	Title III-D Disease Prevention/Health Promotion	Perquimans	AAA	X			X								
042	Thomas A. Baum Senior Center														
	Title III-D Disease Prevention/Health Promotion	Dare	AAA		X										

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A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				08/09	09/10	10/11	11/12	08/09	09/10	10/11	11/12	08/09	09/10	10/11	11/12
089	Tyrrell County DSS												X		
	In-Home Aide Level I	Tyrrell	PCR	X			X	X			X				
085	Tyrrell County Senior Center												X		
	General Transportation	Tyrrell	AAA	X	X	X		X		X					
	Title III-D Disease Prevention/Health Promotion	Tyrrell	AAA	X	X	X									
094	Washington County Center for Human Services												X		
	In-Home Aide Level II, III	Washington	PCR		X				X						
	Medical Transportation	Washington	AAA	X				X		X					
	General Transportation	Washington	AAA	X		X		X		X					
092	Washington County Senior Center														
	Senior Center Outreach *(discontinued)*	Washington	AAA												
	Title III-D Disease Prevention/Health Promotion	Washington	AAA		X										
050	ResCare HomeCare												X		
	In-Home Level I,II,III	Gates	AAA		X	X			X	X					
	In-Home Level II,III	Perquimans	AAA		X	X			X	X					

*Identifies assessment responsibilities for the Area Agency on Aging (AAA) and the NC Division of Aging and Adult Services (including PCR monitoring of DSSs and DAAS monitoring of direct services).

** Scheduled as needed but at least once every three years;
*** Scheduled as needed but at least every other year;
**** Scheduled as warranted by annual risk evaluations.

All 2009-10 Fiscal Reviews were desk audits

Exhibit 12a: List of Subcontractors **Effective Date:**

Subcontractor Name	Service Provided	Counties Served	Date Last Monitored by Provider and/or AAA	Type of Monitoring		
				Programmatic	Unit Verification	Fiscal
Visiting Angels (Dare County DSS)	042,043,045	Dare	9/1/10	X	X	
Visiting Angels (Currituck County DSS)	041,042,045	Currituck				
HealthCare Options of East, Inc. (Currituck Co. DSS)	041	Currituck				
Interim Health Care (Perquimans County DSS)	041	Perquimans				
Interim Health Care (WCCHS)	042,043,045	Washington				
Inter-County Public Transportation Authority (Currituck Senior Center)	250	Currituck	12/2009	X	X	X
Interim Health Care (Tyrrell County DSS)	041	Tyrrell				

Exhibit 13: Organization Chart of the Single Organizational Unit **Effective Date: July 1, ~~2009~~ 2010**

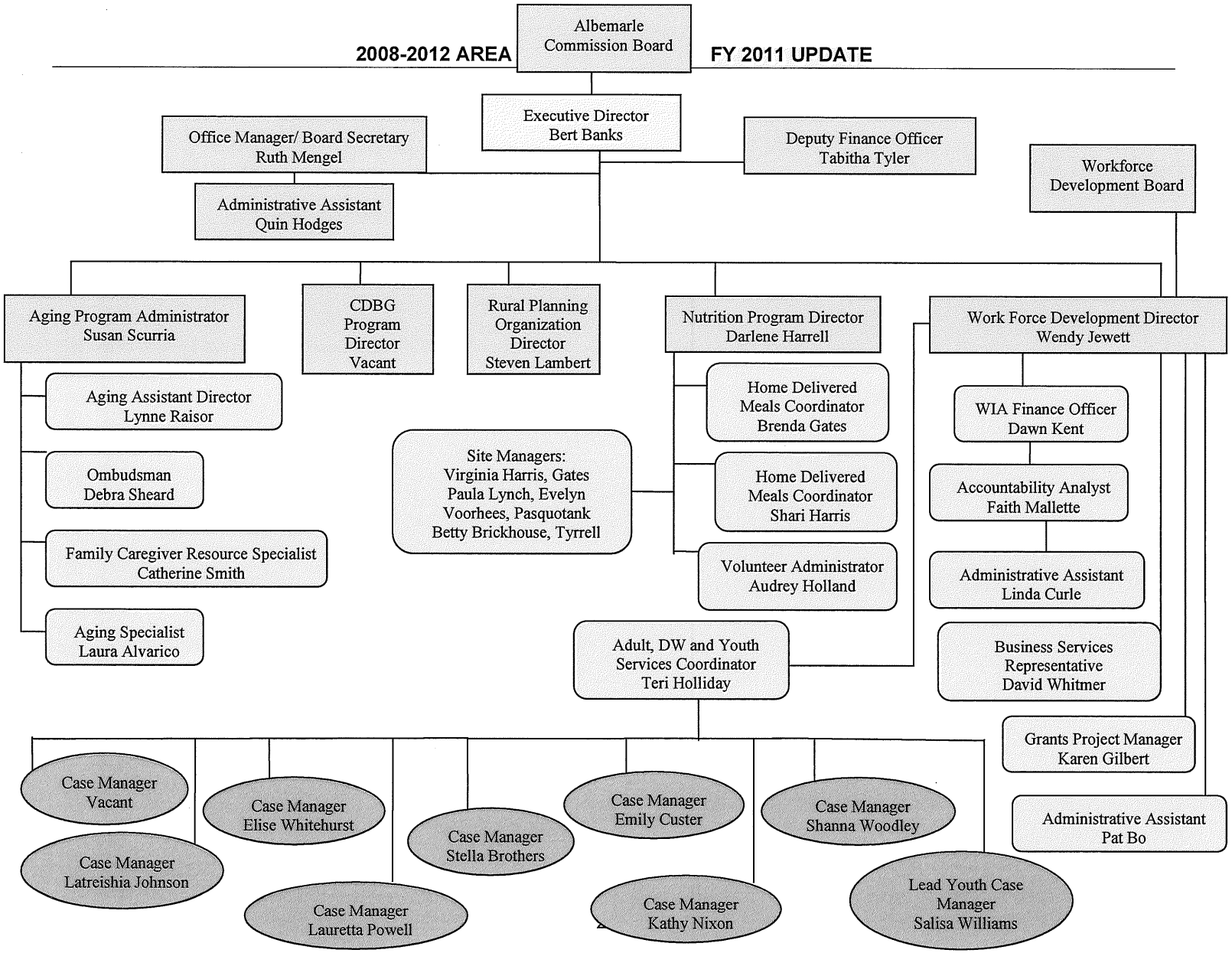
2008-2012 AREA
Albemarle Commission Board
FY 2011 UPDATE
Executive Director Bert Banks
Office Manager/ Board Secretary Ruth Mengel
Administrative Assistant Quin Hodges
Deputy Finance Officer Tabitha Tyler
Workforce Development Board
Aging Program Administrator Susan Scurria
CDBG Program Director Vacant
Rural Planning Organization Director Steven Lambert
Nutrition Program Director Darlene Harrell
Work Force Development Director Wendy Jewett
Aging Assistant Director Lynne Raisor
Ombudsman Debra Sheard
Family Caregiver Resource Specialist Catherine Smith
Aging Specialist Laura Alvarico
Site Managers: Virginia Harris, Gates Paula Lynch, Evelyn Voorhees, Pasquotank Betty Brickhouse, Tyrrell
Home Delivered Meals Coordinator Brenda Gates
Home Delivered Meals Coordinator Shari Harris
Volunteer Administrator Audrey Holland
WIA Finance Officer Dawn Kent
Accountability Analyst Faith Mallette
Administrative Assistant Linda Curle
Business Services Representative David Whitmer
Adult, DW and Youth Services Coordinator Teri Holliday
Grants Project Manager Karen Gilbert
Administrative Assistant Pat Bo
Case Manager Vacant
Case Manager Latreishia Johnson
Case Manager Elise Whitehurst
Case Manager Lauretta Powell
Case Manager Stella Brothers
Case Manager Emily Custer
Case Manager Kathy Nixon
Case Manager Shanna Woodley
Lead Youth Case Manager Salisa Williams

Exhibit 14: Organization Chart of the Area Agency on Aging **Effective Date: November 10, 2009**

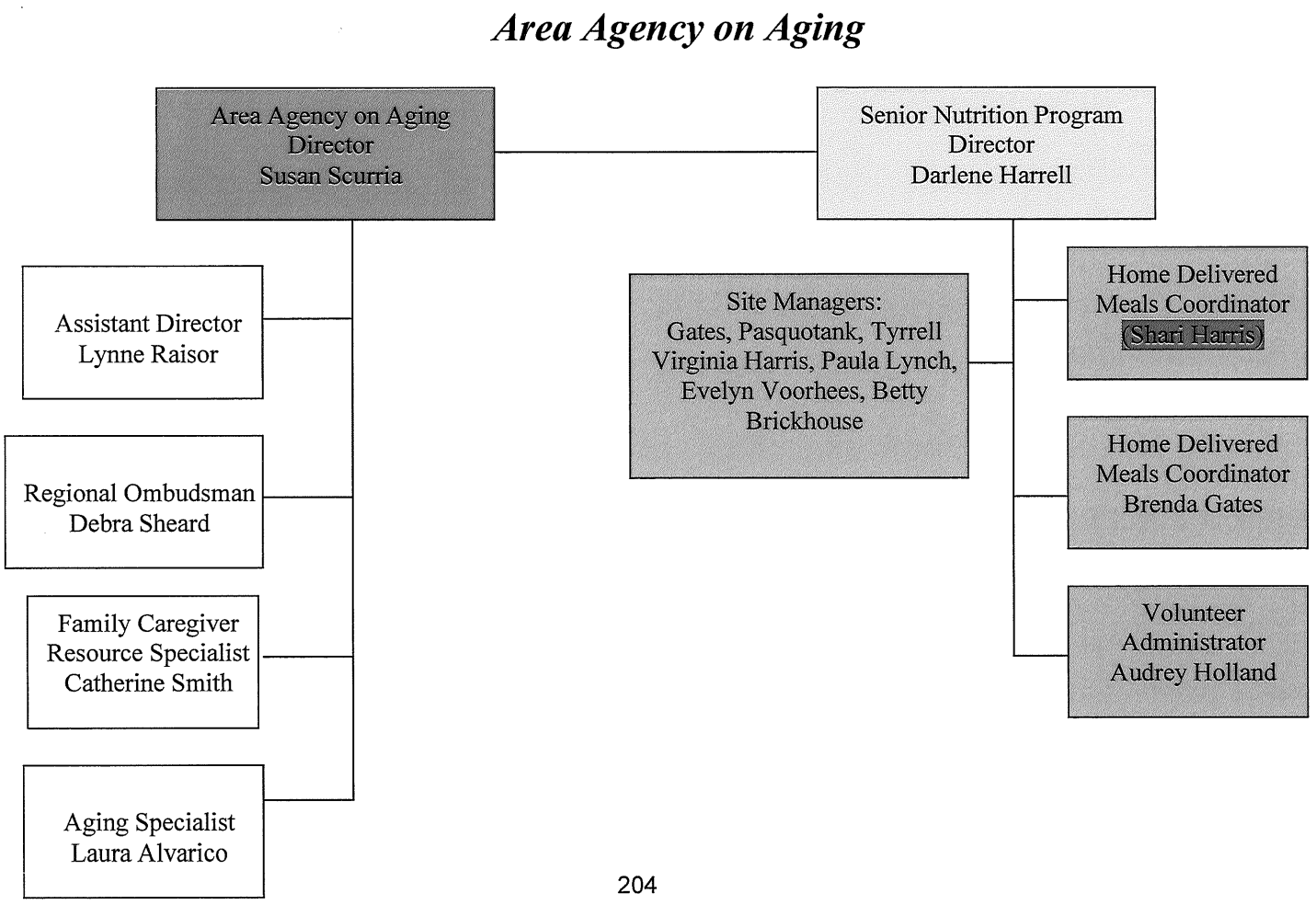

Exhibit 15: AAA Staff List (for preceding State fiscal year)

	Name			Gender M/F	Age Group			Race (See Below)	Position	FTE	Temporary Position*	Dates		
	Last	First	MI		<40	40-59	60+					Hire	Current	Leave
1	Scurria	Susan		F			X	5	Director	1.0		10/04	X	
2	Raisor	Lynne	R	F		X		5	Assistant Director	1.0		1/00	X	
3	Smith	Catherine		F		X		5	FCSP	1.0		8-01	X	
4	Sheard	Debra		F		X		3	Regional Ombudsman	1.0		07/01	X	
5	Alvarico	Laura	E	F	X			5	Aging Specialist	1.0		11/07	X	
6	Harrell	Darlene		F		X		5	Nutrition Program Director	1.0		09/85	X	
7	Ottie	Gibbs		F			X	5	Home Delivered Meals Coordinator	1.0		09/91	X	
8	Gates	Brenda		F	X			5	Home Delivered Meals Coordinator	1.0		4-01	X	
9	Holland	Audrey		F			X	5	Volunteer Administrator	1.0		06-06	X	
10	Harris	Virginia		F			X	3	Nutrition Site Manager	.5		10/88	X	
11	Lynch	Paula		F		X		5	Nutrition Site Manager	.5		11/99	X	
12	Voorhees	Evelyn		F			X	3	Nutrition Site Manager	.5		06/05	X	
13	Brickhouse	Betty		F			X	5	Nutrition Site Manager	.5		02/98	X	

Race/Ethnicity Categories

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

*Temporary position refers to one-time, short-term temporary position rather than ongoing support.

Exhibit 16: Regional Advisory Council Membership and Participation

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

Code#	Name		Gender M/F	County	Position Code(s) (Note all that apply)	Organizational Affiliation(s)
	Last	First				
	VACANT			Camden		
	VACANT			Chowan		
	Miller	Bill	M	Chowan	2,6	
	Brickhouse	Edith	F	Currituck	2,6	
	Brickhouse	Earl	M	Currituck	2,6,4	
	Pitcher	Isabel	F	Dare	2,6	**Recently deceased**
	Rheubottom	Brandi	F	Dare	6,8	
	Grimes	Shirley	F	Gates	2,6,3	
	Smith	L.E.	M	Gates	2,6	
	Norton	Sue	F	Pasquotank	6,8	
	Alien	Jean	F	Pasquotank	2,6 3	
	Barr	Delphine	F	Perquimans	1,2,6,8	
	Griffin	James	M	Perquimans	1, 2, 6,	
	Rhodes	Lucy	F	Tyrrell	2,6	
	Hoggard	Barbara	F	Washington	2,6,8,3	
	Rowson	Robert	M	Washington	1,2,3,6	

Position Code#	Description
#1	Recipient of Older Americans Act service
#2	Person age 60 or older
#3	Non-white person
#4	Person representing Veteran's Affairs
#5	Chairperson of the Council
#6	Resident of rural area
#7	Family caregiver of older person
#8	Service provider
#9	Representative of business community
#10	Local elected official

How many times did the Regional Advisory Council meet during the past full State fiscal year? 4

Exhibit 17: Documentation of Area Agency on Aging Public Hearing

Date: **NO PUBLIC HEARING.**

Place:

Summary of Major Comments:

Exhibit 19: Area Agency Management and Staffing **Effective Date: July 1, 2008**

AREA AGENCY Management and Staffing: Effective use of personnel resources to meet AREA AGENCY objectives

- **AREA AGENCY Director and staff members work together to fulfill AREA AGENCY mission.**
- **AREA AGENCY staff is regarded by stakeholders as knowledgeable in their respective areas.**
- **AREA AGENCY is staffed in positions supported with aging funds to fulfill AREA AGENCY goals and objectives.**

1.

#	LSFC codes	Objective & Strategies	County(ies)	Progress	Next Steps
1	R	*Example:* *By June 2010,100% of AAA staff will be cross-trained to support atleast three functions of the AAA* • *All Staff will attend ARMS train-the-trainer in June 2009* • *Staff will attend and/or present to Regional Advisory Committee* • *Staff in-service on meetings answering and referring Ombudsman phone calls* • *Staff will conduct and participate in at least one "Legislative Luncheon" within the region*	*All*		
1	C,T	By June 2012 all aging program staff will develop some level of proficiency in conversational Spanish. • Purchase the "Rosetta Stone" language learning tool. • Integrate language learning time into existing work schedules	All	We have purchase the "Rossetta Stone" Spanish program. The FCSP specialist and the Aging Specialist have actively utilized the training, learning basic language skills.	All staff except Nutrition staff will utilize the program with a commitment to mastering basic Spanish skills.
2	R	All staff will strive to attend/or present at as many RAC meetings per year as scheduling will allow	All	All staff have routinely given presentations at each RAC meeting.	The staff have consequently taken a leadership role in providing training and information to RAC members. The Aging Specialist as our newest

					staff person will during FY2009 present at least twice.
3	R	All Aging staff will receive Ombudsman program training from the Regional Ombudsman.	All		
4	R	Each month Aging staff will incorporate an Area Plan review into at least one of our established weekly staff meetings.	All	Ongoing as schedules permit.	
5	R	By June 2012 the AAA staff will promote awareness of aging programs, services and community service needs and gaps by developing or strengthening communication with federal, state, and local officials. • Aging staff will develop a concise plan and timeline for establishing a working relationship with key county officials to educate them on AAA function and priorities • Aging staff members will develop a timeframe for introducing ourselves to and establishing a working relationship with a key contact person for each of our state and federal legislators. • Aging staff will make contact with each of the Boards of County Commissioners within the next fiscal year to schedule presentations on AAA functions and priorities.	All	Through committee work and presentations, three staff have developed strong agency partnerships with County Commission Chairs, Managers, and DSS Directors in nine of our counties.	While we have regular contact with leaders in all of our ten counties, we are to committed to fostering stronger ties to state and federal legislators.
6	H	All AAA staff will continue to support the regional Albemarle Senior Games Program through administrative support.	All	Ongoing	
7	R	At least one AAA staff member will attend each STHL meeting each fiscal year.	All	Consistently do so.	

8	R	AAA staff will continue to support our 9 regional senior centers as they apply for Certification or Re-Certification.	All	Ongoing. Most recent efforts are focused on Camden County.	Multiple meetings with Senior Center Director to review pertinent documentation.
9	R	Staff will make yearly Area Agency on Aging specific presentations to the Albemarle Commission Board of Delegates	All	To Date Area Agency on Aging has done program presentations at all Albemarle Commission Board of Delegates Meetings via monthly reports included in packets. As well, the Area Agency on Aging has done talks to the Board on the overall operations of the Area Agency Most recent presentations were May 21, 2009 for overall operations and October 15, 2009 for highlighted activivties including Red Bag Program with Elizabeth City State University School of Pharmacy, Family Caregiver Education Conference and MIPPA.	Will continue to present monthly reports and do presentations.
1	E	AAA Assistant Director will complete National	All	The Aging Specialist	

0		Certification for Reverse Mortgage Counseling, and AAA Program Specialist will complete Reverse Mortgage Counseling certification.		is a Certified Reverse Mortgage Counselor. Both the AAA Assistant Director and Aging Specialist have completed the National Certification Class and will be taking the exam in FY 2010.	

LSFC Codes: (P) Physical and Accessible Environment, (E) Economic Security, (H) Healthy Aging, (T) Technology, (S) Safety and Security, Social and Cultural, (A) Access and Choice, (R) Public Accountability and Responsiveness

Exhibit 20: Planning Effective Date: July 1, 2008

Planning: Search for and application of information to set and pursue goals

- **AREA AGENCY articulates a vision of a comprehensive and coordinated system of home and community-based care and services for older adults, their families and caregivers that are consistent with services and care needs of older adults in its region.**
- **AREA AGENCY develop strategies for how its vision will be realized that are consistent with service and care needs of older adults, their families and caregivers in its region.**
- **AREA AGENCY takes a lead role in assisting counties to plan for a comprehensive system of home and community-based care and services.**
- **AREA AGENCY actively solicits consumer and stakeholder (traditional and non-traditional) input in development and review of area and local plans.**
- **AREA AGENCY has a set of goals, objectives and strategies that accurately reflect AREA AGENCY activities which are consistent with the mission of the AREA AGENCY and the needs of the community.**
- **AREA AGENCY effectively uses stakeholder groups and advisory committees in the development and implementation of an area aging plan.**

#	LSFC codes	Objective & Strategies	County(ies)	Progress	Next Steps
1	R	*Example:* *By June 2011, Region H will strengthen the capacity of Smith County HCCBG Advisory Committee process.* • *Meet with Smith County Manager to review HCCBG and local committee role* • *Develop new member orientation handbook and power point* • *Meet with STHL to identify consumers interested in participating on Committee* • *Recruit Committee member to represent Hmong older adults* • *Provide Committee with relevant County data at each quarterly meeting* • *Support Committee in making annual report to County Commissioners*	***Smith***		
1	**R**	By June 2012 the AAA will strengthen the functional ability of each county HCCBG committee. • Help to support and empower each committee to assure that it will also	**All**	Dialogs have begun with potential lead agencies in Gates, Hyde, Perquimans.	Secure lead agencies to replace the AAA.

		serve as a lead County planning entity • Develop a powerpoint education and training presentation to be used for current and incoming committee members which will include flow of funds, service standard requirements, budgetary requirements, responsibilities of DAAS, AAA, board of commissioners, lead agency and the committee itself. • Meet with each County Manager to explain the role of the HCCBG committee and the importance of the member selection process to include senior consumers.			
2	R	Will meet with STHL Delegates and Alternates in conjunction with RAC meetings to discuss local priorities.	All	Begun in 2008-2009 and continuing.	We will continue to consistently include STHL delegates in all RAC meetings.
3	C	Area Agency on Aging staff will identify from multi-organizations and demographics an over view of minority racial and ethnic populations at the same time implementing outreach to the newly identified minority seniors.	All	No action.	By June 30, 2010 staff will meet with local Health Departments and DSS's to identify locations of Hispanic and Vietnamese residents.

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Exhibit 21: Funds Administration and Quality Assurance **Effective Date: July 1, 2008**

Funds Administration & Quality Assurance: The administration of funds and monitoring of services related to Home and Community Care Block Grant and all other funding streams.

- **AREA AGENCY undertakes activities designed to improve the performance of service providers and other significant partners.**
- **AREA AGENCY efficiently manages programs and funds to maximize resources for consumers.**
- **AREA AGENCY conducts scheduled assessments and solicits feedback from consumers receiving services to assure quality.**
- **AREA AGENCY targets resources to meet the needs of special populations identified in the Older Americans Act.**
- **AREA AGENCY keeps stakeholders informed about the requirements of the Home and Community Care Block Grant process and all other funding administered by Area Agency.**

#	LSFC codes	Objective & Strategies	County(ies)	Progress	Next Steps
1	R	*By June 2009, Region H will have atleast four senior center directors improve their understanding of monitoring standards and certification requirements* • *Bring together senior center directors quarterly for professional development opportunities* • *Encourage participation to attend Ann Johnson Institute* • *Consult NC DAAS*	***All***		
1	**R**	The AAA will hold a yearly "Provider Training and Education Workshop "which will include: HCCBG education Funds Administration Monitoring requirements Reimbursement procedures DAAS overview Availability of resources Information brokerage Service standards review (We will solicit the help of DAAS staff)	**All**	2009 accomplished.	Schedule trainings for 2010
2	**P,H.S**	The AAA will make in-home visits of service recipients to determine client satisfaction and appropriate service delivery.	**All**	Multiple home visits were made in 2009 for HHI, IHA, FCSP, and Nutrition.	In 2010 random IHA service home visits will be made.
3	**R**	Will utilize an existing customer satisfaction	**All**		

		survey to identify any strengths in or barriers to adequate service delivery.			
4	R	Will schedule at least one meeting annually with regional senior center Directors/Coordinators to assist them with funding, programming or reimbursement issues.	All	Provided training to individual center Directors in 2009.	Senior Center Director's training and luncheon will take place on Nov. 16, 2009 at the Albemarle Commission.
5	R	Continue to make required assessments of all service providers, as well as to increase our informal contact	All	Ongoing with substantial technical assistance from staff.	
6	R	The Senior Nutrition Program will evaluate the 48 existing home-delivered routes (plus any additional new routes). • Twelve routes will be evaluated each year for the next 4 years.	All	The Nutrition Program has exceeded planned activities.	
7	R, H	The Senior Nutrition Program will ensure the high quality congregate meals service. • Provide annual site manager training each year to include food service and sanitation training • Nutrition staff will perform at least one annual site visit per congregate meal location	All	The Nutrition Program has exceeded planned activities.	

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Exhibit 22: Information Brokerage **Effective Date: July 1, 2008**

Information Brokerage: AREA AGENCY will play a lead role in assisting individuals and communities in becoming aware of and knowledgeable about aging issues and services and programs available to older North Carolinians.

- **AREA AGENCY develops and maintains a system for collecting, organizing and disseminating information.**
- **AREA AGENCY seeks opportunities and responds to requests for educational presentations from older adults, LTC residents, families, civic and religious organizations, county commissioners and others.**
- **AREA AGENCY is responsive to the capacity building/training needs of service providers and other stakeholders.**
- **AREA AGENCY uses various methods to reach its intended audience including all forms of media (audio, visual and written).**
- **AREA AGENCY assists all callers with accurate information in a timely manner.**
- **AREA AGENCY collaborates and participates in information exchange networks.**
- **AREA AGENCY supports the availability of comprehensive and accurate community resource information for older adults, their caregivers and families, including support and promotion of NC careLINK**

#	LSFC codes	Objective & Strategies	County(ies)	Progress	Next Steps
1	A	*By June 2008, Region H will have 100% of HCCBG block grant providers and long-term care facilities in NC careLINK* • *Aging Specialist will enter HCCBG providers data for each county* • *Ombudsman Assistant will enter all long-term care facility information for each county* • *Information will be updated every six months*	***All***		
1	R	AAA will continue to update the AAA brochure, Ombudsman Program brochure and Caregiver Program brochure to reflect changes in available services	**All**	AAA and Ombudsman brochures have been updated.	Caregiver program brochure to be updated.
2	R	Family Caregiver Specialist will take the lead in assuring adequate AAA, provider and senior related resources are included in the NC CareLINK database.	**All**	FCRS has been in regular contact with our two regional hubs and with them has secured a commitment of personalized state training .	Set up training session with hubs, complete memorandum of agreement with both hubs and enter aging related data.
3	R,H	Regional Senior Centers and Nutrition Sites will continue to be utilized as distribution points for printed materials and information	**All**	Centers and Nutrition sites have had multiple programs	Camden, Chowan, Dare, Hyde and Washington county senior centers

		relevant to senior issues.		and training events as well as ongoing activities.	are working with us on planning upcoming MIPPA events. As well, we plan to utilize senior centers and nutrition sites as focal points for MIPPA information and the "Red Bag" project.
4	R	The AAA will increase the number of articles, press releases and PSA's submitted to local media. • Form stronger partnerships with contacts in the local media.	All	Have not given this enough attention.	Plan to utilize press releases for all future seminars, conferences, and MIPPA Relays.
5	R	Continue to strengthen our "in-house" intake and referral system to include better "follow-up" and "closure" of shared client cases.	All	We have developed an intake form. We have also formalized staff specialties which has promoted a multi-staff approach to client service.	This will be ongoing.
6	R	AAA maintains resource documents that include the DAAS Policy and Procedure manual, the Service Standards Manual, the NC HCCBG Procedures Manual for Community Service Providers as well as other documents relevant to aging service programs.	All	Ongoing.	
7	R,T	The AAA will continue to update its' website to include service changes.	All	Ongoing.	
8	R,T	The AAA will continue to empower its' service providers by providing them with the physical tools and education necessary for them to carry out programs themselves.	All	Ongoing.	
9	R	The AAA will continue to provide educational	All	In 2009 we put on a	Will continue to provide

		and informational presentations to other agencies and to the public upon request.		two day major conference partnering with two other organizations, co-sponsored Caregiver Education Conference, co-sponsored two Elder Abuse seminars, and did major presentations across the region on topics including senior games, reverse mortgages, elder abuse, diversity, SMP, "Red Bag" project, Alzheimer's, caregiving and general services. This is one of our major strengths.	our region with this caliber of training opportunities annually. Our agency in known region wide for our educational forums.
10	R	The AAA will enhance and maintain an "in-house" directory of local services and resources which will be the framework for NC CareLink and I&R materials.	All	Staff members have extensive data, but it needs to be collated.	

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Exhibit 23: Program, Resource, and Systems Development **Effective Date: July 1, 2008**

Program, Resource & Systems Development: AREA AGENCY engages in activities that facilitate a system of care through efforts to increase the resources available for older adults, their caregivers, and families.

- **AREA AGENCY plays a lead role in identifying the need for infrastructure development and adjustments for a comprehensive aging and long-term care system.**
- **AREA AGENCY looks for creative ways to meet the needs of older adults, their caregivers, and families**
- **AREA AGENCY undertakes activities designed to promote new or expanded opportunities/partnerships to benefit older adults, their caregivers, and families.**
- **When AREA AGENCY is providing a direct service or is directing the administration of a program, then that program will strive to be a model for consumer involvement, effectiveness and efficiency.**
- **AREA AGENCY enables service providers to maintain or increase the number of people served.**

#	LSFC codes	Objective & Strategies	County(ies)	Progress	Next Steps
1	S	*By June 2010, Smith County will have a Special Medical Needs Registry for atleast 80% of older adults which is updated every six months.* • *Gather stakeholders identified in the 2007 Smith County Aging Plan* • *Identify grants and other resources to fund ½ position* • *Apply for at least 2 grants*	***Smith***		
1	H,R,E	The AAA will continue to partner with the Senior Medicare Patrol program through the DOI to educate the public about Medicare Fraud and Abuse.	**All**	Continues. Ongoing SMP grants have shaped our efforts in this arena. We have successfully utilized grant monies to carry out the vision of SHIIP.	December 2,3, and 4 we have two MIPPA Relays and will provide staff support at another MIPPA event. We have also tagged onto a county health fair in January 2010 and are scheduling events related to MIPPA in all our ten counties.
2	H,R	AAA will seek to secure additional funding to support the Albemarle Senior Games program	**All**	We have secured regular funding commitments from most of our ten counties, private	Will continue.

				businesses and individuals.	
3	R	The AAA will work with counties to fill all vacant positions on the STHL and the RAC	All		
4	S,R	The AAA will continue to search for additional partnerships that will support the Housing and Home Improvement program and expand the use of funding.	All	For years we have been active members of the Gates County Housing Committee. We also merge HCCBG and FCSP monies to expand funding ability. As well Chowan Baptist Association provided labor for building projects.	
5	R,E	The AAA will expand its' Reverse Mortgage Counseling efforts through the certification of an additional staff member.	All	Completed	Both counselors are now pursuing National Certification for inclusion on the Roster.
6	H,	The Senior Nutrition Program will utilize the home-delivered meals client base to conduct a dental needs survey throughout the region. They will utilize existing demographics compiled by Healthy Carolinians, AARP, Health Departments, East Carolina University, and Elizabeth City State University to assess dental health care needs in our region, current resources and deficiencies.	All	Inactive at this time.	No definitive decision on how we will proceed however we will put plans in place for completion in 2011.
7	H	The Senior Nutrition Program will seek to increase its current base of 765 active volunteers. • Volunteer procurement through advertising, presentations, public	All	Completed. Current volunteers total 832.	

		relations • Volunteer trainings for 5 counties per year • The Nutrition staff will provide six presentations annually on the nutrition program • Participate at least twice annually in health fairs and/or other community exhibit opportunities			
8	S	The Senior Nutrition Program will implement a regional telephone reassurance program for the home-delivered meals clients by June 2012. • Utilize the Title V Senior Employment Program workers	All	Inactive at this time.	AAA Director will meet with the Nutrition Director to discuss the feasibility of this plan.(by February 2010).
9	H	The Senior Nutrition Program will add one home-delivered meal route in Pasquotank county. • Secure volunteers for the route through expanded recruiting efforts.	Pasquotank	Not approved by County Commissioners.	Route will not be added.
10	H, S, R	The Senior Nutrition Program will expand and/or enhance its home-delivered meals service. • Provide frozen meals to clients on the home-delivered waiting list • Provide nutrition supplement (such as Ensure) to home-delivered and frozen meal clients as appropriate. • Provide pet food and storage containers as needed to home-delivered meals clients with companion animals • Provide home-delivered meals clients with emergency kits every other year • In the aftermath of a disaster the	All	Yes. Nutrition secured Grant to support pet food program. Other special supports continue and were fine-tuned.	Ongoing enhancements of these services.

		Nutrition staff will coordinate efforts to make contact with each home-delivered meals client • Ensure that home-delivered meals clients are included on county special medical needs registries as appropriate			

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Exhibit 24: Advocacy Effective Date: July 1, 2008

Advocacy: AREA AGENCY assures that the individual and collective interests of older adults, their caregivers and families, and individuals with disabilities will be safeguarded and recognized.

AREA AGENCY sets an example of effective advocacy by monitoring, evaluating and commenting in a timely manner on changes to law, policies, programs and significant trends which affect older adults, their caregivers and families, and individuals with disabilities.

- **AREA AGENCY empowers older adults, their caregivers and families, Senior Tar Heel Delegates/Alternates, volunteers and service providers to become active "advocates."**
- **AREA AGENCY promotes activities designed to foster new or expanded opportunities for older adults, their caregivers and families and individuals with disabilities.**
- **AREA AGENCY maintains and supports an elder rights system that has as its cornerstone the Ombudsman program.**
- **AREA AGENCY assists stakeholders with resolving concerns, complaints, and problems in a timely manner.**
- **AREA AGENCY maximizes advocacy efforts by combining efforts with other advocacy organizations.**
- **AREA AGENCY solicits public input regarding the needs of older adults, their caregivers and families, and individuals with disabilities to inform advocacy and planning efforts.**

#	LSFC codes	Objective & Strategies	County(ies)	Progress	Next Steps
1	R	*By June 2009, Smith County will have both a delegate and alternate participating in STHL.* • *Solicit suggestions for current RAC members, providers and county commissioners* • *Advertise opening in Senior Times* • *Conduct New Member Orientation*	***Smith***		
1	R	The AAA will continue to provide transportation as needed for the STHL delegates and alternates to attend their scheduled meetings.	**All**	*Ongoing and consistent.*	Will continue policy of providing transportation if needed.
2	H	Albemarle Senior Games Ambassadors will continue to recruit and encourage participation in senior games.	**All**	Senior Games ambassadors and Board have maintained high profile and promote games in parades, via fund-raising, and through public presentations.	The Albemarle Senior Games are incredible. We will continue to maintain the same level of stellar coordination and special programming related to the games.
3	R	The AAA will hold quarterly meetings with the	**All**	The Aging Advisory	The RAC is extremely

		Aging Advisory Council to review the Area Plan and discuss emerging issues affecting seniors.		Council was heavily involved in the drafting of the Area Plan. The RAC met June 1, 2009 to review our plan and changes were implemented. The RAC met September 21, 2009 to finalize plan. The RAC will discuss the plan again on Nov. 16 to discuss the plan.	vocal and active in shaping our plan. They are insistent that some county data be updated to reflect special challenges in Region R. They will continue to take a leadership role in the drafting and updates of our Area Plan.
4	R	The AAA will continue to advocate for a full service senior center in Gates County.	**Gates**	Substantial efforts have been expended by the Gates Aging Issues Committee which is co-chaired by three county leaders and the Area Agency on Aging Director. As well, a bill is repeatedly forwarded for legislative approval of a two million dollar state allocation for start-up.	The group and Representative Mobley continue their efforts and will do so until their efforts are successful.
5	R	The AAA will provide printed materials and information for the RAC to utilize within their respective counties.	**All**	Ongoing	Ongoing

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Exhibit 25: Additional Regional and County Initiatives ***(optional)*** **Effective Date: July 1, 2008**

#	LSFC codes	Objective & Strategies	County(ies)	Progress	Next Steps
1	A	Will continue to be an active team member on NEAT-NC (transit)	*All*	*NEAT-NC is not active at this time*	
2	P/E/H /S/C	Will continue to co-chair Gates County Aging Task Force	*Gates*	*ongoing*	ongoing
3	P/E/H /S/C	A staff person will continue to attend the Dare County Community Coordinating Council meetings	Dare	sporadic	Efforts will be made to have more regular attendance in fiscal year 2010 and beyond.
4	P, E, H, S, C	The Ombudsman for Long Term Care will continue as an active member of the Dare County Elder Abuse Task Force	Dare	Has been a key active member since the group's inception.	Will continue to regularly attend meetings.
5	P, E, H, S, C	Staff will continue to participate in Dare County Seniors' Initiative	Dare	In 2009 staff helped plan kick off event.	Will continue to be on mailing list and will attend major events hosted by the group.
6	H	Staff will continue to serve on the Chowan CAP-DA Advisory Board	Chowan	We ceased to serve on that Board in 2009	No efforts will be made to secure slot on advisory board though it was a good experience. Other Board and Advisory Board Positions have been filled by staff including the Board of Directors for Albemarle Hopeline, Inter-County
7	A,	Staff will continue to serve on the Inter-County Public Transportation Authority Advisory Board	Camden Chowan Currituck	Staff continues to serve on the ICPTA Advisory Board	

			Pasquotank Perquimans		
8	**S**	The AAA Director will continue to serve on the Albemarle Hopeline Board of Directors	**Camden, Chowan, Currituck Gates Pasquotank Perquimans**	**The AAA Director continues to serve on the Albemarle Hopeline Board of Directors.**	
9	**H**	The FCRS will continue to serve on the Northeastern NC Coalition for End of Life Care	**Camden, Chowan, Currituck, Pasquotank Perquimans**	**The FCRS continues to serve on the Northeastern NC Coalition for End of Life Care.**	

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Exhibit 26: Long-Term Care Ombudsman Action Plan

#	LSFC codes	Objectives & Strategies	County(ies)	Progress	Next Steps
1	R	Utilize broad based strategy development for heightening sensitivity to and appropriate responsiveness to long term care residents	All		
		• Develop and support a mechanism for quick dissemination of information for use by individuals and groups interested in aging issues including the internet • Utilize effective elder statesmen, scientists, authors, artists, actors and others whose profiles will diminish negative stereotypes • Maintain visible presence in all Long Term Care facilities to ensure the intent of Resident's Rights • Promote community involvement with long term care facilities and serve as liaison between residents, residents families, facility personnel, and facility administration	All	Continue to increase list serve capabilities and using CAC members and other volunteers to publicize events and educate communities. Have partnered with local health care agencies and local judicial system. Also utilized nationally known speakers and personalities such as Dr. Georgia Anetzberger and Paul Greenwood to conduct community education events. Have met with County Commissioner on 2 occasions Conducted Resident's Rights presentation with total of 63 families present and will continue to	Expand partnerships and utilize local and outside region personalities to increase outreach capabilities Continue to increased ties in Hyde County Will meet with Pasquotank Co. Commissioner's Chair to address and enhance long term care advocacy. Will work with Pasquotank Co. Family Council to promote long term care issues. Will continue working with Dare Elder Abuse Collaborative

				provide in-services as needed. Have worked closely with Gates Co. Commissioners' Chairs, Family Council, and Gates Co. Aging Task Force. Formed partnership with 21 area churches in Gates working with church ambassadors to promote long term care advocacy. Is key active member of Dare Elder Abuse Collaborative	
2	R	Ensure intent of Resident's Bill of Rights	All		
		• Provide training and technical assistance to the community advisory committee members • Successfully resolve complaints received from LTC residents, family members, and others • Maintain visible presence in all long term care facilities • Educate Regional Advisory Council, Senior Tar Heel Delegates and others • Conduct outreach activities to make long term care residents,	All	Have done all. 3/19/10 – Partnered with Pasquotank Co. Albemarle Hopeline to provide Joint Elder Abuse Seminar entitled: Elder Abuse: Multi-System Approach with 85 in attendance. 10/15/2010 – WEAAD Conference was held at NC Cooperative Extension	Continue on-going community education events to provide training for long term care facilities and community at large. Joint Elder Abuse Seminar plans in progress slated for March 25, 2010 2011 WEAAD conference planning in progress for June 15, 2010

		their families, faculty, and staff aware of resident's rights • Work closely with local, state, and other advocacy groups • Provide information to the general public on long term care issues • Provide community-wide Cultural Competence training to promote person-centered care to enhance quality care		Office in Currituck Co; 99 persons attended. 10/25-28, 2010 – Completed Fall Collaboration of Professionals Conference. 160 participants benefited from this conference.	October 2012 Bi-Annual Fall Collaboration planning in progress
3		Utilize statistical data and legislative advocacy to enhance quality of care and quality of life for long term care residents	In lieu of statistical data, materials are forwarded from the state and Aging Director and are utilized accordingly.	Enhanced advocacy by use of data from state and Aging Director	Will continue use of state data and will continue regular attending meetings with Region R Senior Tarheel Delegates. Will continue serving as the Senior Tarheel Delegates contact on long term care issues.
		• Report regularly to the office of State Ombudsman about data collected and about activities of the Regional Ombudsman • Identify trends and significant problems in region utilizing documented case records of complaints made by or on behalf of individuals residing in long term care facilities • Collect data about the number and types of complaints handled • Work with long term care facilities to resolve of common concern	All	Done	Will continue to act as reflective of needs

		• Work with AARP and other advocacy groups to advocate for change			

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Exhibit 27: Prevention of Elder Abuse, Neglect, and Exploitation Action Plan

#	LSFC codes	Objectives & Strategies	County(ies)	Progress	Next Steps
1	R	To increase awareness of abuse, neglect, and potential abuse in any setting where people are dependent upon others for assistance • Produce brochures, handouts, public service announcements and other media outlets to reach community at large • Identify characteristics of individuals/families that impact responses to abuse through trainings, seminars • Collaborate with local domestic violence organizations to educate health care organizations, law enforcement, local departments of social services, emergency management, and general community to conduct Annual Elder Abuse Joint Seminar • Develop coalitions to address adult abuse in long term care settings and community	All	Ongoing as reflected in other sections of this report. To reiterate: Continue partnership with Albemarle Hopeline in doing annual Elder Abuse Seminar held at Albemarle Hospital. Bi-Annual 4-day conference "Fall Collaboration of Professionals": Domestic Abuse with track devoted to Elder Abuse with inclusion of Long Term Care. Co-Sponsored with Judicial District Attorney's Office and Albemarle Hopeline (Center dedicated to decreasing abuse).	Have scheduled June 2011 WEAAD Event.
2	R	By 2012, utilize, understand and collate existing demographics to develop abuse trends across region to reduce abuse, neglect, and exploitation in Region R	All	Will enhance abilities to effectively utilize materials received from State and AAA Director.	On-going

3	C	To equip long term care staff with appropriate conflict intervention strategies so abuse can be avoided	All	Support local Alzheimer's and Dementia issues via Agency training forums including the Family Caregiver Education Conference which Ombudsman supports with in-kind efforts. Work with Dare Elder Abuse Collaborative, Gates County Task Force, Gates Family Council, church ambassadors, as well as other groups	On-going On-going
		• Conduct Resident Rights and Abuse/Neglect in-service trainings with long term care facilities quarterly • Utilize videos that emphasize workshop strategies to cope with challenging residents • Coordinate with Caregiver Resource Specialist to sponsor Annual Caregiver Conference		Provide in-services at least three times annually but these are supplemented by training forums that include long term care staff from across the region.	On-going
4		To reduce incidences of abuse, thus improving quality of life for both the person and the caregiver	All	Efforts are covered in all sections of Ombudsman Plan and are continuous.	On-going
		• Educate consumers at all levels including long term care settings, adult day care, personal care homes and home care • Work with local dept. of social service to identify signs of	All	Accomplished and ongoing attracting broad based audience of: Alzheimer's Family Caregiver; multiple long term care in-service trainings; Faith-Based	Use of statistics will be enhanced with maintenance of computer files with legislative updates. All of these will be included in future trainings.

		abuse • Gather regional and state statistics to determine severity of problem and resources needed to promote reduction		initiatives; and other trainings previously listed.	

LSFC Codes: (P) Physical and Accessible Environment, (E) Economic Security, (H) Healthy Aging, (T) Technology, (S) Safety and Security, (C) Social and Cultural, (A) Access and Choice, (R) Public Accountability and Responsiveness

Exhibit 28a: Family Caregiver Support Program: Partnerships

In order to create and maintain a multifaceted system of support, the FCSP shall collaborate with traditional and non-traditional partners to add resources and enhance existing resources.

#	LSFC codes	Objective & Strategies	County(ies)	Progress	Next Steps
1	R	*Example:* *By June 2008, FCSP Specialist will collaborate with 2 area providers/agencies/organizations to plan and implement 2 educational opportunities for family caregivers.* *1. Contact partners* *2. Form a MOU* *3. Increase future collaboration with new community partners* *4. Build capacity of partnerships through education*	***All***		
	H, S, C, A, R	By June 2010 the FCSP will offer or participate in at least 12 educational opportunities for caregivers through collaboration with at least 4 providers/agencies/organizations. 1. Identify topics of interest to caregivers. 2. Work with partners to provide classes/ workshops/conferences for caregivers 3. Participate in health and information fairs. 4. Evaluate results of activity. 5. Explore additional areas for partnership.	**All**	**In FY 2009 the FCRS completed 12 activities. The established goal was 4 activities.** FY 2010 – Exceeded stated goal by completing 19 activities.	**For FY 2010 the FCRS will set the goal at 12 activities.** For FY 2011the FCRS will set the goal at 20 activities – 2 per county.
	H, S, C, A, R	By June 2010 the FCSP will provide training and information for at least 6 providers/agencies/organizations/groups about caregivers needs and issues. 1. Notify providers/agencies/ organizations/groups about FCSP	**All**	**In FY 2009 the FCRS completed 6 activities. The established goal was 4 activities.** FY 2010 – Exceeded	**In FY 2010 the FCRS will set the goal at 6 activities.** For FY 2011 the FCRS

		Specialist's availability as a speaker. 2. Schedule and plan training dates 3. Evaluate results of training 4. Explore additional areas for partnership.		the stated goal by completing 9 activities.	will set the goal for 10 activities.
		By June 2010 the FCRS will participate with the AAA, and/or DAAS or other organization to attend at least 5 training or professional meetings or conferences.	All	In FY 2010 The FCRS participated in 20 trainings, professional; meetings and/or conferences.	In FY 2011 the FCRS will continue to attend events as they are available.

LSFC Codes: (P) Physical and Accessible Environment, (E) Economic Security, (H) Healthy Aging, (T) Technology, (S) Safety and Security, (C) Social and Cultural, (A) Access and Choice, (R) Public Accountability and Responsiveness

Exhibit 28b: Family Caregiver Support Program: Information and Assistance

All caregivers will have easy access to information on assistance, services, and supports regardless of barriers.

#	LSFC codes	Objective & Strategies	County(ies)	Progress	Next Steps
1	A	*Example:* *By June 2008, the FCSP Specialist will have the region's lead agencies evaluate the information that needs to be included in NC careLINK.* *1. Bring the partners together for a planning meeting* *2. Demo and train on NC careLINK* *3. Develop MOU's between AAA and lead agencies* *4. Lead agencies review information in NC careLINK*	*All*		
	T, A, R	By June 2010 the FCSP will collaborate with the Region R NC CareLink hubs to assure caregiver information and assistance resources are online. 1. Contact regional hubs 2. Request access and/or training in use of the CareLink system. 3. Submit caregiver resource data to CareLink hub.	**All**	**Contact has been made with both CareLink hubs serving Region R.** FY 2010 – The FCRS participated in a conference call with Andy Raby and the hub directors in our region, and has spoken with each hub about the AAA's support of and participation in the development of CareLink. The FCRS has requested and received a model	**Partnership will be pursued in FY 2010** **1. Schedule face-to-face meetings with hub directors.** **2. Establish partnership MOU** FY 2011 – CareLink development has stalled at this time. We will reassess and continue as soon as possible.

				MOU and other documents related to CareLink.	
	A	Through June 2010 the FCSP will provide case specific information to family and professional caregivers and providers/ agencies/organizations. 1. Answer/return calls and e-mails from caregivers and others for I&A. 2. Provide caregivers with information and referral to providers/agencies as appropriate. 3. Maintain and distribute printed materials related to caregiving topics and issues as appropriate.	All	FY 2010 progress reported in ARMS	
	R	Through June 2010 the FCSP will collaborate with the AAA staff to accomplish common goals and provide support for agency events and outreach. 1. Attend AAA staff and planning meetings for awareness and assistance with agency activities and projects. 2. Attend local AAC and STHL meetings to report on FCSP activity and to get feedback from committees. 3. Assist with projects and events which benefit the AAA and the FCSP.	All	FY 2010 – The FCRS is SHIIP trained and helps to carry out regional SMP activities in support of the AAA grant from the NCDOI, and provided community education and programs through the MIPPA grant. Other activities in support of the AAA include: • Red Bag Medication Management • RAAC and	

				senior center director meetings • Senior Games • Evidence Based Program training (AFEP this year) • Staff support for elder abuse conferences and workshops • Assistance as requested with Area Plan Updates, AAA self-assessment, etc.	

LSFC Codes: (P) Physical and Accessible Environment, (E) Economic Security, (H) Healthy Aging, (T) Technology, (S) Safety and Security, (C) Social and Cultural, (A) Access and Choice, (R) Public Accountability and Responsiveness

Exhibit 28c: Family Caregiver Support Program: Caregiver Needs/Services
FCSP will assure that caregivers' various needs will be sufficiently met through a range of services.

#	LSFC codes	Objective & Strategies	County(ies)	Progress	Next Steps
1	A	*Example:* *By June 2008, identify appropriate agencies in each county* *1. Conduct a needs assessment* *2. Collaborate with key partners to involve them in a public awareness campaign* *3. Promote existing services*	*All*		
	A	By June 2010 the FCSP will expend a total of $17,761 on caregiver respite and supplemental services through direct service waivers and contracts with local service providers. 1. Renew contracts with existing service providers. 2. Update direct service waivers. 3. Provide training and technical assistance on individual and group basis as necessary. 4. Monitor providers for compliance based on Exhibit 12 schedule. 5. Make providers/agencies/ organizations aware of the Supplemental services fund 6. Take referrals and process requests as they are received.	**All**	FY 2010 – Non-unit reimbursements for FCSP direct services as of June 2010 (before final adjustments in ARMS) $13,596. Contracted services were $1081.	FY 2011 – The FCSP will not contract with other agencies for services, but will handle all services directly. This is more efficient for the AAA and more flexible for the caregivers to work with individuals on a case-by-case basis as they request help.
	A, R	By June 2010 conduct an assessment of caregiver needs in at least one county in region R. 1. Identify and review existing caregiver/community needs	**One county in Region R – to be determined**	FY 2010 – no progress to report	FY 2010 – work with Dare county agencies to determine caregiver needs.

		assessment tools. 2. Choose assessment tool to be used in Region R. 3. Work with agencies/providers/ organizations to distribute and collect caregiver needs assessments in a county 4. Analyze data			

LSFC Codes: (P) Physical and Accessible Environment, (E) Economic Security, (H) Healthy Aging, (T) Technology, (S) Safety and Security, (C) Social and Cultural, (A) Access and Choice, (R) Public Accountability and Responsiveness

Exhibit 28d: Family Caregiver Support Program: Quality of Caregiver Supports

FCSP will provide quality services in a timely and responsive manner that meet customer satisfaction requirements.

#	LSFC codes	Objective & Strategies	County(ies)	Progress	Next Steps
1	R	*Example:* *By June 2008, conduct a satisfaction survey* *1. Design survey tool in partnership with local university* *2. Select sample group and conduct survey every six months* *3. Evaluate data and disseminate to stakeholders and policy makers*	*All*		
	R	By June 2010 the FCSP will use currently available information to determine client satisfaction with FCSP services. 1. Follow-up with clients served to ensure that identified issues were resolved and to provide additional assistance as required. 2. Request and review results of satisfaction surveys completed by providers 3. Use evaluations from educational programs to guide improvement in content and delivery of programs.	**All**	FY 2010 – no progress to report	FY 2011 – follow up with all 2010 clients by the end of August.

LSFC Codes: (P) Physical and Accessible Environment, (E) Economic Security, (H) Healthy Aging, (T) Technology, (S) Safety and Security, (C) Social and Cultural, (A) Access and Choice, (R) Public Accountability and Responsiveness

Exhibit 28e: Family Caregiver Support Program: Diversity

FCSP will develop programs that meet the multifaceted needs of diverse caregiver populations.

#	LSFC codes	Objective & Strategies	County(ies)	Progress	Next Steps
1	A	*Example:* *By June 2008, contact at least 2 Latino American churches to educate them about community resources for the Latino population* *1. Educate key partners* *2. Identify partners* *3. Collaborate with stakeholders to build capacity*	*All*		
	C, A	By June 2010 the FCSP will collaborate with at least 2 senior centers to support them as a focal point for caregiver information in their respective counties. 1. Provide senior centers with caregiver diversity training using modules developed by the NC-FCSP. 2. Utilize the "Cultural Diversity" videotape in the AAA resource library for training. 3. Provide each center with information resources.	**Two counties in Region R – to be determined**	FY 2010 - No progress to report.	FY 2011 – show Cultural Diversity videotape at an upcoming senior center directors meeting.