



at a glance *Aging and Adult Services in North Carolina*

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Responding Today.... Preparing for Tomorrow...

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The North Carolina Division of Aging and Adult Services



Karen Gottovi

As director of the North Carolina Division of Aging and Adult Services (NC-DAAS) since October 1997, it has been my pleasure to witness and help spearhead important initiatives to respond to the needs of today's seniors and their families and to prepare for the large number of aging baby boomers. As I retire from my position as of March 1st, I look with pride at what we have achieved through our partnerships with many of you. While there are far too many significant efforts to recount, I do want to highlight a few areas that represent well our progress in resource, program and policy development, education and training, and coordination and organizational enhancements.

Early in my tenure with the Division, I had the opportunity to contribute to efforts to improve the safety and well-being of residents of nursing homes and adult care homes in what was referred to as Senate Bill 10. This continues to be an area of great interest and need. Most recently, the General Assembly directed our

Division to work with the many consumer, provider, and regulatory stakeholders to develop a quality improvement program for adult care homes. We are just in the very beginning stages of this important endeavor, which is being led by Suzanne Merrill, chief of our Adult Services Section.

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The addition of Adult Services to the Division in September 2003, was one of the most noteworthy happenings during my tenure. At the time we were among a minority of states to merge aging and adult services—today many more states have adopted this organizational arrangement. It is a blending of expertise, resources, and emphasis that makes great sense as we work to promote the health, safety, independence, and dignity of North Carolina's older and disabled persons and their families and to ready younger generations to enjoy their later years. While we can point to a number of achievements owing to the merger, we can certainly expect even greater progress in realizing Secretary Carmen Hooker Odom's original goal of strengthening policy development, program support, communications, information systems, fiscal management, and monitoring.

Much of our work at the Division over the past five years has been influenced by the Institute of Medicine's development of the Long-Term Care Plan for North Carolina in 2001. In accepting the Institute's recommendations, Secretary Hooker Odom gave our Division primary responsibility for helping the new Office of Long-Term Care and Olmstead implement many of these recommendations, which was an especially onerous task in light of the tight budget times facing counties, the state, and the nation. Still, we were successful on many fronts, including the securing of additional public and private resources. To ease entry into the long-term care system, we were among the first states to secure a federal grant to promote the 'no wrong door' concept of 'seamless' consumer access through the piloting of Aging and Disability Resource Centers (better named 'Connections') in Forsyth and Surry counties.

The grant also helped the Department fund a comprehensive, statewide web-based Information and Referral system—recently named NC CareLink—that should revolutionize how consumers and professionals access information to help them select and manage community resources.

In strengthening the availability of long-term care services and supports, our Division also secured six years of federal funding to reach and assist families caring for persons with Alzheimer's disease. Called Project C.A.R.E. (Caregiver Alternatives to Running on Empty), this program has received national recognition as a 'best practice.' My concern is that it is still a federally funded demonstration in only ten counties—when families across the state have a need for counseling and respite that Project C.A.R.E. provides. Fortunately, some assistance is available also through the Family Caregiver Support Program, which started in 2001 following its creation and funding under the 2000 amendments to the Older Americans Act. Designed to develop multi-faceted systems of support for family caregivers, our 17 Area Agencies on Aging are doing a good job of working with many partners to leverage the limited public resources to assist caregivers. North Carolina has served as a model for many other states in the implementation of our caregiver activities and the provision of caregiver supports. Among the most promising changes is the emerging interest in 'consumer-directed care.' I see this as an obvious progression of our service system even though we still have many hurdles before realizing its potential.

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Consistent with such national concepts and initiatives as 'Rebalancing,' 'Real Choice,' and 'Money Follows the Person,' I am especially pleased that the Department and the General Assembly have supported growth of the State-County Special Assistance In-Home Program. Having started as a demonstration in 1999, SA In-Home—as a cost-effective alternative for those at risk of adult care home placement—is now available in nearly three-quarters of our counties. I look forward to this choice being available to appropriate individuals and their families across North Carolina.

While we have spent considerable time and effort focused on improving services for the most vulnerable of our seniors, we certainly remain committed to the concept of healthy aging. Our 1999 State Aging Plan introduced the new voluntary certification of Senior Centers of Excellence and Merit. This initiative, along with the establishment of the Ann B. Johnson Institute for Senior Center Management, has elevated the capacity and prestige of senior centers as a vital community resource across the state. Four years later, our 2003 Plan presented the concept of Senior-Friendly Communities—subsequently renamed Livable and Senior-Friendly Communities as we took into account factors evident in such other parallel movements as Smart Growth that pertain to people of all ages. Clearly as we reported in an earlier issue of At a Glance, we must do much, much more at the individual and community levels to promote healthy aging as North Carolinians reportedly rank low in terms of active aging and chronic disease (see www.dbhs.state.nc.us/aging/pub/At_A_Glance_Vol_1.pdf). We must be an important contributor to the Department's efforts to eliminate health disparities among minorities, residents of rural areas, and other groups.

So while we celebrate our many accomplishments, we are also humbled in seeing the many challenges we still face. I am certain that under the leadership of Dennis Streets, who will assume the position of Division Director on March 1st, we can expect the Division and the Aging and Adult Services Network to continue a commitment to quality and innovative services and supports designed to assist a growing and increasing diverse population of seniors and adults with disabilities. As in the past, our success will largely hinge on the strength of our many public and private partnerships.

One of my first realizations when I came to the Division was that we had an important responsibility to support the education and training of our service provider network and our consumer advocates, but I also realized that there was no way we could do it alone. Fortunately we have had many partners, most notably the UNC Center for Aging Research and Educational Services (CARES), the Duke Long Term Care Resources Program and the Institute on Aging at the University of North Carolina, which assumed the arduous and important task of coordinating an annual Conference on Aging. Under the Institute's leadership, this has become a highly effective vehicle for linking practitioners, educators and researchers, and advocates in sharing best practices and examining emerging issues. The Institute has also worked with the Division and the NC Association on Aging to offer regularly the 'Aging Boot Camp,' as a vital orientation for newcomers to the field.

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I also quickly realized that North Carolina is blessed with very effective advocacy and advisory bodies—including the Governor's Advisory Council on Aging and the Senior Tar Heel Legislature. Under such able leaders as Ann Johnson, Mary Odom, Dot Crawford, Ben Douglas, Vernon Dull, Doris Dick, and Lamar Moore, these organizations advanced many significant priorities including support of home and community services, expanded Medicaid coverage, consumer protections, and improved facility care. With their support, the General Assembly appropriated over \$9 million in additional support for the Home and Community Care Block Grant in the late 1990s.

In addition, it did not take me long to see the dedication and expertise of those working in the field of aging and adult services. Each day I marveled at the commitment of my Division staff members, the Area Agencies on Aging, the County Departments of Social Services, and our other local service providers. We rallied and supported each other when we grieved the deaths of such colleagues as Mark Sabula, Reggie Durham, Annette McClure, and Louisa Cox; faced the aftermath of hurricanes; struggled with budget cuts, and managed such critical decisions as the de-designation of the area agency in the former Pee Dee Council of Governments.

Soon after I became Director in 1997, I promised to build on the Division's notable past achievements in creating one of our nation's strongest networks of state and local partners to respond to today's needs while preparing for those of the future. I want to thank our many partners for all that you have done and continue to do in helping us reach our lofty and important goals.



*Sincerely,
Karen E. Gottovi*

Home and Community Care Block Grant—Who Gets Served?

North Carolina's communities and service providers continue to exceed their targets for reaching the socially and economically needy in administering funds under the Home and Community Care Block Grant (HCCBG). Statistics for the most recent fiscal year are shown below.

Characteristic	Population Served under HCCBG	NC's Population Aged 60 and Older
Percent Female	72%	58%
Percent Minority	35%	18%
Age 75 and Older	58%	34%
Living Alone	49%	28%
Unable to Manage on Own	72%	12%
At Risk of Malnutrition	66%	Not available
Reporting Low Income (poverty)	48%	13%

The 2005 White House Conference on Aging Sets Priorities

North Carolina's 27 delegates were among the 1,200 invited to the White House Conference on Aging (WHCoA), which was held December 11 to 14, 2005 in Washington, DC. As the fifth WHCoA in history, the purpose of this conference, like its predecessors, was to make recommendations to the President and Congress to help guide national aging policies for the next ten years and beyond. The 2005 WHCoA focused on the aging of today and tomorrow, including 78 million baby boomers who began to turn 60 in January 2006. Below are the top ten resolutions selected from among the 73 presented to the delegates by the WHCoA Policy Committee.

Top Ten Resolutions as Voted by 2005 WHCoA Delegates

1. Reauthorize the Older Americans Act
2. Develop a coordinated, comprehensive long-term care strategy
3. Ensure that older Americans have transportation options
4. Strengthen and improve the Medicaid program
5. Strengthen and improve the Medicare program
6. Support geriatric education and training
7. Promote innovative models of non-institutional long-term care
8. Improve recognition, assessment, and treatment of mental illness among older Americans
9. Attain adequate numbers of health care personnel who are trained in geriatrics
10. Improve state and local based integrated delivery systems to meet the 21st century needs of seniors.

For further information about the WHCoA and the state's efforts in support of it, see www.dhhs.state.nc.us/aging/whcoa/whcoahome.htm.

AARP North Carolina—2006 Legislative Agenda

AARP of North Carolina recently announced its priority issues for the upcoming session of the State legislature:

- ❖ Encourage citizens to take responsibility for their long term care by reinstating the tax credit for the purchase of long-term care insurance;
- ❖ Increase funding for the Home and Community Care Block Grant so as to reduce the waiting list for home and community based services which allow persons to stay
- in their homes; [As of January 15, 2006, the Division had identified 9,867 unmet service needs for home and community-based services.]
- ❖ Reduce the property tax burden on limited-income older and disabled adults by increasing homestead property relief;
- ❖ Increase funding for the NC Housing Trust Fund to provide more housing for limited income families; and

- ❖ Preserve Medicaid eligibility and services for older and disabled adults in North Carolina.

S.A.F.E. Announces New Training to Help Victims of Crime in Long Term Care Settings

S.A.F.E. in Long Term Care is an initiative of the Long Term Care Ombudsman Program within the NC Division of Aging and Adult Services, whose goal is to develop cooperative relationships among agencies charged with protecting individuals in long term care settings. Among the partners of S.A.F.E. (Strategic Alliances for Elders in Long Term Care) are the NC Association of Long Term Care Facilities, the NC Health Care Facilities Association, the NC Association of Area Agencies on Aging, the NC Regional Long Term Care Ombudsman Association, the NC Department of Justice, the NC Justice Academy, and Friends of



Additional information about this training—**Voiceless Victims Investigating Crimes Against the Elderly & Disabled**—can be found in the calendar of events.

Residents in Long Term Care. We are excited to announce one of the first products of this collaboration—a course to be offered through the NC Justice Academy to train patrol officers, investigators, and other law enforcement personnel about the unique situations and challenges that may present themselves when investigating alleged crimes against residents of long term care settings.

Karen Gottovi Retires and Dennis Streets is Appointed as New Director

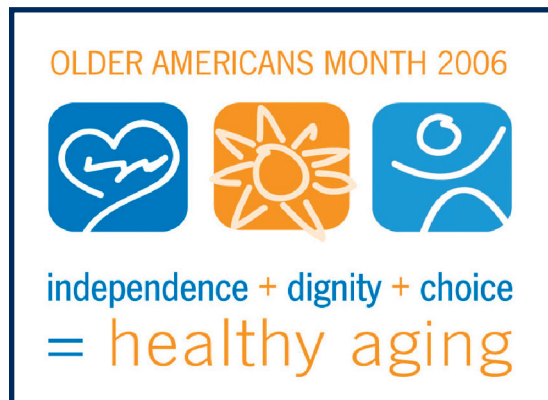
In announcing the retirement of Karen Gottovi and the appointment of Dennis Streets as Director of the Division of Aging and Adult Services, Secretary Carmen Hooker Odom

remarked that “Karen has been an outstanding division director and an asset to DHHS through her leadership and dedication to North Carolina’s older adults.” Secretary Hooker

Odom welcomed Dennis as someone who has spent his career working in the field of aging and adult services—in government, the private sector, and the university system.

U.S. Administration on Aging Announces Theme for Older Americans Month

“Independence + Dignity + Choice = Healthy Aging” is the 2006 theme for Older Americans Month which occurs in May. When Older Americans Month was established in 1963, only 17 million living Americans had reached their 65th birthdays. About a third of older Americans lived in poverty and there were few programs to meet their needs. Interest in older Americans and their concerns was growing, however. In April of 1963, President John F. Kennedy’s meeting with the National Council of Senior Citizens served as a prelude to designating May



as “Senior Citizens Month.” Thanks to President Jimmy Carter’s 1980 designation, what was once called Senior Citizens Month, is now called

“Older Americans Month,” and has become a tradition.

As of 2006, an estimated 920,000 North Carolinians are age 65 and older—by 2030, this number will grow to more than 2.1 million. For more information about Older Americans Month see www.aoa.gov/press/oam/oam.asp.

Upcoming Events

March

8th: *Governor's Advisory Council on Aging Meeting*, in Raleigh. For more information, contact Mary Edwards at the Division, (919) 733-3983 or Mary.Edwards@ncmail.net.

21th—22nd: *Senior Tar Heel Legislature Meeting*, in Raleigh. For more information, contact Mary Edwards at the Division, (919) 733-3983 or Mary.Edwards@ncmail.net.

April

18th—20th: *Voiceless Victims: Investigating Crimes Against the Elderly & Disabled*, in Salemburg (Sampson County). See article about this training initiative. For more information, contact Kathryn Lanier at the Division, (919) 733-8395 or Kathryn.Lanier@ncmail.net.

26th—28th: *NC Association on Aging (NCAoA) Annual Training Conference*, Blockade Runner Beach Resort & Conference Center in Wrightsville Beach. For more information, contact Mark Hensley at the Division, (919) 733-8390 or Mark.Hensley@ncmail.net.

27th—28th: *The Twentieth Annual Joseph & Kathleen Bryan Alzheimer's Disease Research Center Conference*, Durham Marriott at the Civic Center, Durham. For more information, contact Karisa Derence at the Division, (919) 733-0440 or Karisa.Derence@ncmail.net.

May

23rd—25th: *Voiceless Victims: Investigating Crimes Against the Elderly & Disabled*, in Edneyville (Henderson County). See article above.

at a glance

Editorial Board: Dennis Streets, Karen Gottovi, Debbie Brantley, Suzanne Merrill, and Lori Walston

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Department of Health and Human Services • Carmen Hooker Odom, Secretary
N.C. Division of Aging and Adult Services • Karen Gottovi, Director
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June

20th—22nd: *Voiceless Victims: Investigating Crimes Against the Elderly & Disabled*, in Salemburg (Sampson County). See article above.

October

25th—27th: *The 5th Annual North Carolina Conference on Aging*, Sheraton Imperial Hotel & Convention Center, Research Triangle Park. For more information, contact Bill Lamb at the UNC Institute on Aging, (919) 966-9444 or visit the Conference website at www.aging.unc.edu/nccoal/index.html.