NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF AGING AND ADULT SERVICES

Project C.A.R.E: "Caregiver Alternatives to Running on Empty"

A National Best Practice Model for Respite Care

SUMMARY:

The North Carolina Alzheimer's Demonstration Program, Project C.A.R.E: "Caregiver Alternatives to Running on Empty" uses a family consultant model to provide consumer-directed respite care and comprehensive support to dementia caregivers. ***The goal of the program is to increase quality, access, choice, and use of respite and support services to low-income rural and minority families caring for a person with dementia at home or within a hospital setting.*** Through the integration of dementia-capable services and the development of family-centered and caregiver-focused community care networks, Project C.A.R.E. can help create a seamless, coordinated delivery system that is responsive to the needs, values and preferences of Alzheimer's families.

Project C.A.R.E. is administered through the Division of Aging and Adult Services (DAAS) with expert consultation and technical assistance provided by the Duke Aging Center Family Support Program. Project C.A.R.E. is implemented at the local level through Family Consultants employed by and/or supported through the local Alzheimer's Association. The program is currently based within the Mecklenburg County Department of Social Services and two area offices of the Western Carolina Alzheimer's Chapter. The Mountain Area office in Asheville serves as the project training and data management center for all new and existing program sites and staff.

Project C.A.R.E. employs Family Consultants with expertise in Alzheimer's disease and related disorders. The Consultants visit the homes of referred dementia caregivers in crises and offer timely, individualized assessment, guidance, counseling, support, advocacy, coaching and education. Their aim is to match families with the most appropriate and preferred local respite and community services tailored to their unique situation and needs. Through Project C.A.R.E., dementia caregivers may spend up to $2000 a year toward respite services. Families are able to choose among a full continuum of consumer-directed care options, including adult day services, group respite, private or agency in-home care, and overnight residential respite.

There are currently three pilot sites set up to serve the following fourteen counties: Charlotte (Mecklenburg County), Winston-Salem (Forsyth, Surry, and Stokes); and Asheville (Polk, Henderson, Transylvania, Rutherford, Madison, McDowell, Buncombe, Haywood, Jackson and Swain).

> *"Your support and encouragement was most timely and brought a sense of order into our lives."*
> ~Project C.A.R.E. Client

> *"Getting a break certainly helps me keep a smile on, and makes me a better person to give him the care he needs and deserves."*
> ~Project C.A.R.E. Client

> *"It is wonderful to know she is cared for and safe when I'm at work. We could never have kept (our mother) at home this long without Project C.A.R.E. It has been so very, very helpful to us."*
> ~Project C.A.R.E. Client

NATIONAL RECOGNITION:

- 2005 National Best Practice Model – US Administration on Aging and RTI International
- 2005 National Innovative Program Clearinghouse Award – National Alzheimer's Association
- 2005 National Conference of State Legislators – featured by the National Alzheimer's Association as a national model for home and community-based care coordination
- 2004 Geriatric Best Practice Award – Southeast Regional Geriatric Best Practices Initiative

APPROACH:

Project C.A.R.E. Family Consultants use a family-centered, home-based assessment intervention. In-home assessments are preferred because they are responsive to caregiver time and energy constraints. During the home visits, the Consultant:

- assesses the family care environment;
- identifies the needs and preferences of both the caregiver and the person with dementia;
- facilitates discussion and mutual understanding among family members;
- connects the family with community resources; and
- ensures the provision of quality respite care and support services.

The personalized approach of the Family Consultant fosters family trust, offers individualized caregiving and coping skills, and encourages caregiver self-care. Project C.A.R.E. helps families learn the value of quality dementia-specific respite services and feel empowered to make self-directed, informed decisions about care.

The Project C.A.R.E. model builds upon, enhances and sustains existing home and community-based services by using local providers to deliver respite care while serving as a direct link to the expertise and resources of the Alzheimer's Association. Project C.A.R.E. also connects families to the NC Family Caregiver Support Program, Aging and Disability Resource Connections (ADRC), Hospice and other caregiver-focused initiatives creating a strong network of community support for Alzheimer's families. This comprehensive system of care strengthens the family's capacity to manage the ongoing and diverse challenges inherent in caring for a person with dementia, enabling families to provide care at home longer.

> *"Upon arrival into the home, families are often paralyzed by their experience. I begin, first, by teaching the caregiver how to accept help, practice better self care and make informed care decisions."*
>
> ~Project C.A.R.E. Family Consultant

> *"That one day a week means everything to me. I am a different person— my friends all tell me I am a different person"*
>
> ~Project C.A.R.E. Client

FUNDING:

- Total federal funding (Title IV OAA): $325,000 (1 year grant – ends June 30, 2008)
- Total budget: $433,333 (includes 25% local match)
- Funds for direct respite services: $226,950 (minimum required: 50%)
- Flexible spending cap for respite care: $1500 - $2000 per family [Note: The initial $2500 annual cap was reduced due to reductions in program funds– i.e., recent expansion occurred without any additional funding.]
- *State funding level needed to sustain Project C.A.R.E. after June 2008: $500,000 + local match [*Will cover current program expenses, restore $2500 annual respite cap and allow equal distribution of direct respite care funding across service areas.]

PROGRAM MANAGEMENT:

- NC DAAS State Project Director – Karisa Derence (existing position: in-kind match)
- Western Carolina Alzheimer's Association - 3 Full-time Family Consultants + 1 Family Consultant Supervisor/Outreach Specialist for thirteen counties (currently funded through federal grant)
- Mecklenburg County Department of Social Services – 1 Part-time Family Consultant + 1 Part-time Family Consultant Supervisor/Outreach Specialist (county funded positions)
- Duke Family Support Program - provides consultation and training support to Project C.A.R.E. staff, local providers, referral sources and client families (funded through DAAS Alzheimer's Support Program)
- Four Area Agencies on Aging (Regions A, B, C, I, and F) - Family Caregiver Resource Specialists assist with outreach, training, client referrals, needs assessment and community resource inventories (funded by the NC Family Caregiver Support Program)

**For more information, please contact Karisa Derence at (919) 733-0440 or karisa.derence@ncmail.net*

DAAS SUPPORT OF FAMILY CAREGIVERS

"DAAS will increase the capacity of communities to provide support to family and friends to continue caregiving for older adults at home. Success will be measured by:

- The number of caregivers served (target is to increase by 2% annually)
- The percentage of caregivers served who are caring for someone with dementia
- The percentage of caregivers indicating that services 'helped a lot' in making them a better caregiver
- The percentage of caregivers indicating that services 'definitely' enable them to provide care longer
- Leveraged funds (goal is to grow leveraged funds by 2% annually)
- The number of counties participating and the number of people served by the Special Assistance In-Home Program."

The NC Alzheimer's Demonstration Program, Project C.A.R.E. ("Caregiver Alternatives to Running on Empty") continues to increase the quality, access, choice, and use of respite and support services to low-income rural and minority families caring for a person with dementia at home or within a hospital setting. As a result, Project C.A.R.E. has effectively increased the capacity of targeted communities to provide dementia-specific caregiver support.

- From July 2004 through June 2007, Project C.A.R.E. served over 1300 dementia caregivers. This represents a 54% increase in families served through Project C.A.R.E. when compared to the first three year demonstration grant period (July 2001 – June 2004);
- From July 2004 through June 2007, respite services were provided to client families through 95 local respite care providers. This represents a 51% increase in provider contracts when compared to the first three year demonstration grant period (July 2001 – June 2004);
- Since the program's inception in 2001, the Project C.A.R.E. service area has been expanded from 6 to 14 counties;
- According to recent surveys, 95% of respondents reported that Project C.A.R.E. services helped them with a wide variety of caregiving issues. Approximately 92% of client families reported that Project C.A.R.E. services allowed them to provide care at home longer and 94% rated their satisfaction with the overall program above average or excellent;
- The U.S. Administration on Aging's Alzheimer's Disease Demonstration Grants to States Program is the primary funder of Project C.A.R.E. to date. These federal funds have been leveraged through grants provided by private foundations (i.e., Sisters of Mercy, Kate B. Reynolds, United Way and Centura Bank) as well as supplemental funds provided by local Family Caregiver Support Programs.

Project C.A.R.E. (Caregiver Alternatives to Running on Empty)

Lisa P. Gwyther, MSW, Duke Aging Center Family Support Program
Raleigh, NC February 28, 2008

Representative Farmer-Butterfield, Senator Malone and Commission Members:

I'm Lisa Gwyther, a social worker with the Duke Aging Center. I have worked with people with memory disorders and their families for 30 years as founder and director of Duke's Family Support Program. In addition, I direct education for the Bryan Alzheimer's Disease Research Center at Duke.

A brief history of NC's support for families facing Alzheimer's is important.

- **In 1984, with a mandate from the Administration on Aging, the NC Division of Aging and Adult Services recognized and responded to the unmet need for information and support services for families facing Alzheimer's. Subsequently, based on a state appropriation of $200,000, the Division has contracted with Duke and the two state Alzheimer's Association Chapters to offer a unique statewide Duke information clearinghouse and statewide Alzheimer's Association support system currently available to every North Carolinian. Project C.A.R.E. has the potential to strengthen the State's response to any NC family facing AD.**
- **In 1999, Division staff worked with Duke's Family Support Program and Western NC Alzheimer's Association to write a successful Administration on Aging funding proposal for Project C.A.R.E. A two-sided summary of facts about how PC works is in the handout.**

Why Project C.A.R.E.?

- **The key features of this dementia-specific family-centered program are solidly grounded in evidence-based research and the NC experience on how best to provide respite or time outs for families caring for relatives with Alzheimer's or a related disorder. We intentionally designed the Program to be dementia-specific and family-centered based on what we knew it would take to make a meaningful difference in the lives of Alzheimer's families.**
- **Project CARE is dementia-specific because the evidence base exists to provide quality personalized services in ways uniquely suited to the expectable changes in the course of a progressive or degenerative dementia.**
- **Project CARE is family-centered because Alzheimer's affects entire families and the quality and personalization of long term services and supports for the immediate future depends upon supporting this rich but stretched-beyond-capacity care source. Project**

C.A.R.E. is ethical family policy of which any NC community could be proud.

- The Program addresses two immediate public health threats – the increasing numbers of people affected by AD and the known risks to health of family members who provide 80% of all care their relatives with Alzheimer's require over an 8 to 20 yr. course.

Why NC funding for Project C.A.R.E. Now?

Today, we have a pivotal opportunity for a first-ever state legislative investment of $500K to integrate and expand Project C.A.R.E. within NC's Long Term Services and Supports program. $500K is a small amount relative to NC's total public costs for long-term care. Today, we can build on a successful 7 yr federally-funded experience or we can lose a well-developed program and key leveraged partners ready to help us expand this program beyond 14 counties in Western Carolina.

What do you need to know about Alzheimer's (AD) family care?

Caring for someone with AD is different, more stressful and even more complex than family care for other chronic illnesses. Sadly, people with AD are primarily older and more likely to have those other multiple complex chronic conditions, which are only made worse and more costly by confusion and memory loss.

1) Family care is low tech, intense, personal and unrelenting. Families must plan, organize, decide, and initiate everything affecting their relatives while remaining constantly vigilant as the person's behavior and capacities become unreliable and unpredictable. Families become care managers, decision makers, and direct care providers 24/7 for many years of overwhelming uncertainty.
2) We know this type of unrelenting chronic stress has long-term negative health consequences that make these presumably well family caregivers vulnerable to an array of serious chronic conditions. In essence, families as our defacto long-term Alzheimer's care system come to need the same long term services they are providing. Actually, there is direct evidence from CDC studies in NC that 30-40% of current family caregivers for people over 60 in NC are disabled themselves.
3) As Alzheimer's progresses, the person becomes less aware of his/her capacities and needs for help, and less able to understand and follow directions, reasonable explanations or safety precautions. People with Alzheimer's are often resistive to those closest to them, People with AD are also terrified living in a world that no longer makes sense.
4) Families must make decisions and take over despite vehement objections from their impaired relatives and sometimes from well-

meaning family members or friends who just don't understand. All the while these responsible family caregivers feel overwhelmingly sad and lonely watching their loved ones suffer the loss of capacities, identity and control.

5) **If families seek help, they find an aging and disability service system designed only for acute short term needs of cooperative independent frail older people. The community-based service system offers one-size-fits-all minimalist services and unrealistically long waiting lists. Services are focused only on the elder (not younger persons who also have memory disorders, and with no consideration of the needs of families trying desperately to help their loved ones remain in a familiar home and community.)**

6) **By the time families look for outside help, respite or a break, they need a whole array of other information and supports. But without timely help, guidance and concrete supports, they are most likely to wait for something to break down, forcing hospitalization and placement decisions without ever learning about or trying to use community supports. This year Project C.A.R.E. is testing a unique partnership with Mission Hospital in Asheville offering respite options that could help hospitalized people with AD return home with the special help they need at a most vulnerable time.**

7) **In NC, there is an ever-larger "no care" zone for Alzheimer's families – these families are rural, poor, minorities, people unfamiliar with and/or ineligible for Medicaid or public social services. At the same time, they lack resources to hire private home help. These are the people who incorrectly assume Medicare will pay for health care and they reasonably but incorrectly assume Alzheimer's is a disease legitimizing care. These are the people who don't call, read or request information from the Alzheimer's Association because they don't know they are dealing with Alzheimer's and they don't know the potential value of the help available. They are isolated by the demands of care, a relative's bizarre behavior and these families are often too overwhelmed and fatigued by juggling Alzheimer's care with other family and work commitments to know where to start.**

8) **There is ample research evidence that the risks of isolated family care increase the likelihood of elder mistreatment or neglect. These families assumed family, church or neighbors would just fill in. These are people who assumed care was just about what doctors and nurses did and not the intimate 24/7 personal care helping with bathing or helping an opposite-sex resistive parent to the toilet.**

9) **Project CARE's prompt in-home guidance from trained and experienced family consultants (not family therapists or case managers with all the scary stigmatizing effects of those words) is simple for families to access and use when they need it. There is no blaming about "why didn't you buy long-term care insurance?"**

10) Project C.A.R.E's family consultant is a member of your community, respectfully standing on your home turf, and offering just the right concrete help (in the form of up to $2000/yr for each family to spend in a way that permits maximum consumer-or-family-direction). This is real family support, without forcing families to give up control or their diverse values and preferences. This family consultant model sets Project C.A.R.E. apart from standard services that offer everyone that survives long waiting lists, a very small amount of the same thing.

11) We know the buck stops with the family – ultimately everything that happens to a person with diminished thinking and memory, is the responsibility of his/her family. Families generally want to honor commitments to each other, but they can't do it alone. The family consultant may help families become aware of options, like adult day services, that they would never have considered because "Mama doesn't like being around all those old sick people". Often, the fresh perspective of the family consultant helps large extended families resolve conflicts about what help is best. Sometimes, what family consultants do best is to mobilize other relatives and friends to further support family care.

12) Now Project C.A.R.E. is integrating their specialized knowledge with NC's emerging network of Aging and Disability Resource Connections, making sure people calling for help anywhere in NC find specialized dementia-capable help on the phone or online.

We have an opportunity in NC to build upon a strong foundation and public/private partnerships to expand this program with minimal state support. NC Foundations are watching the NC legislature, eager to jump on a successful program with a sustainable base in a state appropriation. County agencies and families outside our current 14 county service area are asking for Project C.A.R.E. The Program's consumer-directed base has the right protections and supports to expand the potential work force and to meaningfully educate and support families who prefer to care at home.

NC's Project C.A.R.E. deserved to win those national best practice awards listed on your handout. But now federal agencies, the national Alzheimer's Association and NC foundation leaders are asking, "if NC has such a model program, why is there no state investment?"

We have shown that Project C.A.R.E. changes communities – NC is working toward senior-friendly, livable communities where people can continue to actively participate despite chronic illness or disabilities. Project C.A.R.E is creating public/partnerships and community investments resulting in liveable dementia-friendly and dementia capable communities.

Project C.A.R.E. has even stabilized and enhanced workforce development in home care and adult day centers, particularly in isolated rural non-farm communities where mills and plants have closed and unemployment is high. Well-trained home care aides serving families in African-American Forsyth County neighborhoods are now willing to travel to serve families in rural Surry and Stokes Counties where dementia-capable home care services weren't available.

Project C.A.R.E. Family Consultants have successfully leveraged and coordinated the fragmented service systems to make them work for Alzheimer's families in a way that enriches local service systems now and for future users.

SUMMARY

Project C.A.R.E. is minimalist – a small state investment offers specific, targeted comprehensive, quality support addressing a growing public health threat to family members of all ages. Project C.A.R.E. is not just another aging program – it's a family program with positive economic and social benefits to entire communities. We are all at risk of Alzheimer's or of becoming an Alzheimer's family caregiver – we owe it to families now and in the future, to provide meaningful support while we wait for eventual prevention, delay, treatment or cures for Alzheimer's disease.

Project C.A.R.E. (Caregiver Alternatives to Running on Empty)

Charles H. Dickens, Speaker, North Carolina Senior Tar Heel Legislature

Raleigh, February 28, 2008

Representative Farmer-Butterfield, Senator Malone, and Commission Members:

I am Charles Dickens, the Speaker of the North Carolina Senior Tar Heel Legislature. Thank you for having this panel on Project C.A.R.E. (Caregiver Alternatives to Running on Empty).

As you know, the North Carolina Senior Tar Heel Legislature has made Project C.A.R.E. one of five legislative priorities for 2008. We recommend that the General Assembly provide $500,000 in recurring funds to sustain Project C.A.R.E., a program which currently serves 14 North Carolina counties. This is a matter of great urgency because federal funding for current program sites is scheduled to end June 30, 2008. We also urge that Project C.A.R.E. be extended to other counties.

A brief look at some key facts provides a useful framework for discussing this program.

- **The population of the United States is increasing and growing older.**
- **The oldest of the Baby Boomers are now in their sixties, and we expect a surge in demand for aging services in coming years.**
- **Until medical science finds ways to prevent or cure Alzheimer's and related dementias, the number of persons suffering from these diseases will grow as the population of older adults increases.**
- **About 45 percent of those who live to be 85 years old will be afflicted with various dementias, mainly Alzheimer's disease.**
- **North Carolina currently has an estimated 150,000 older adults with Alzheimer's disease, a figure expected to rise to 294,000 by 2030. These estimates do not include all types of dementia nor those individuals with early onset Alzheimer's, a form of the disease that strikes middle aged and even younger adults.**
- **As the number of people with dementia increases so does the number of caregivers, thereby driving up the demand for caregiver support, usually referred to as respite care services.**
- **Family caregivers of those with Alzheimer's experience higher risks of illness and death, particularly older spouses. One study found that strained spouse caregivers for people with Alzheimer's disease had a 63 percent greater risk of dying than persons of the same age and gender who were not Alzheimer's caregivers.**

Relatively few family members have the training that might help prepare them for the role of caring for to a loved one afflicted with dementia. The question that stares us in the face then is this: How can we help family caregivers of persons afflicted with Alzheimer's and related dementias? To help us answer this question, let's first look at issues that are specific to dementia caregiving.

- **The enormous personal burden on caregivers includes emotional strain and grieving, unexpected financial drain, social isolation as the demands of caregiving increase, and the caregivers' own health problems, particularly if they themselves are elderly.**
- **Caregivers have unique needs because of the complexity of the disease process. Dementia diseases may follow an unpredictable course. The caregiver must deal with constantly changing needs, and the level of care changes as the disease runs its course.**
- **Persons afflicted with Alzheimer's and related dementias may live for years, and caregivers face years and even decades of providing care. Persons afflicted with these dementias eventually lose the ability to understand and communicate, may exhibit unusual behaviors, wander, and may even threaten their own or the caregiver's safety.**
- **Caregivers need respite care and dementia-specific support services.**

Our best current option to help family caregivers is Project C.A.R.E. This program provides information, referral, consultation and linkage to caregivers of persons afflicted with Alzheimer's disease. Eligible families receive financial support to help pay for respite services. By helping families keep loved ones with Alzheimer's and related dementias in the home longer, less time is required for any institutional care.

The main focus of Project C.A.R.E. is to serve families who are in the greatest economic need and are unable to pay for respite on their own. Most Project C.A.R.E. recipients are just above Medicaid eligibility or on a waiting list for Medicaid or other public funds. Those who can afford to pay for respite care services generally fall into the "consultation only" category. Caregivers at all economic levels find the consultation, referral, information, and linkage services to be very important resources.

There are two important features of Project C.A.R.E. that I shall address. First, there is the help caregivers get to maintain their mental and physical health and the knowledge and skills they gain to help them deal with the person for whom they are caring. Most families prefer to keep their loved ones at home as long as possible. The result is a higher quality of life for both persons with dementia and their families. When caregivers receive Project C.A.R.E. services, it makes a real difference in their lives. This point is made in an article that appeared in the February 21 edition of the *Smoky Mountain Times* telling the story of Ardis Thomas, a courageous wife who, for 18 years, has been caring for her husband Dempsey at home as Alzheimer's disease steadily steals him away. She tells what a difference Project C.A.R.E. is making in her life. It is good to have

this kind of news about a caregiver. Too often we read sadder stories about caregivers who break under the unrelenting strain, kill the person they are caring for and then commit suicide. There should be little argument with the fact that caregivers need help to prevent burnout. Project C.A.R.E. provides that help.

The second major feature I want to discuss is the way Project C.A.R.E. can affect public expenditures for the care of persons afflicted with Alzheimer's and related dementias. The program enables caregivers to keep their loved ones at home as long as possible. As a result, there are substantial savings in public funds because of the shorter time that persons afflicted with Alzheimer's and related dementias will spend in any institutional care.

Public financing of institutional care is a complex topic. These costs are specific to each individual and vary depending on level of care that has to be provided and the kind of institution providing the care. As the disease progresses, the level of care may change, the kind of institution may change, and the cost of providing the necessary care may change.

Although there is no single number that describes the savings in public funds that result from delaying institutionalization for one year, I believe that the minimum savings are remarkable. Using current North Carolina rates for assistance, it costs a minimum of $23,000 per individual per year to provide institutional care for an Alzheimer's patient in an Adult Care Home Special Care Unit. Many of these individuals require a higher level of care. The most recent data from Jackson County, for example, show public costs going as high as $52,000 per individual per year.

Project C.A.R.E. must continue to operate if it is to keep providing services for caregivers and if the public purse is to continue to benefit from reduced costs for institutional care. If the General Assembly acts this spring to provide the $500,000 required to sustain Project C.A.R.E., we shall be able to move to the next question: <u>How do we bring the benefits of Project C.A.R.E. to the all counties in North Carolina, particularly those in eastern North Carolina?</u>

I have no wish to be tiresome, but I must repeat that the future of Project C.A.R.E. is in doubt. Federal grant funding for this program ends June 30, 2008. Action by the General Assembly is urgently needed after it convenes on May 13. If federal funding is not replaced by state support, over 500 families will lose critically important support and respite services, as will all those families who might have been served in the future. Hopes of expanding Project C.A.R.E. to other counties will fade away.

If the General Assembly does provide $500,000 in annual recurring funds, Project C.A.R.E. will be able to do the following:

- **Sustain services in the 14 counties currently being served.**
- **Restore the annual family spending cap on respite care services to the original $2,500.**
- **Pursue federal funding and private foundation grants for program expansion.**

- **Use expansion funding to establish new program sites in eastern North Carolina and the upper Piedmont.**

- **Move toward statewide implementation.**

Based on the experience we have gained in the 14 counties with Project C.A.R.E., we have gained valuable insights that will help us expand the program.

- **We know that the expansion must be done in stages to maintain the quality of services and level of program fidelity.**

- **We know that the largest expense, as it should be, will be the funding for direct respite care services for caregivers.**

- **We know that once Project C.A.R.E. becomes established within a community the demand for respite care will increase. A very important reason for the increase in demand is that families begin telling their stories of how Project C.A.R.E. helped them. Then other families in need are emboldened to reach out for help.**

- **We have every reason to expect delays in the time institutional care must begin. According to recent survey data, "approximately 92% of client families report that Project C.A.R.E. services allowed them to provide care at home longer." Another survey found that families that did not receive respite support were more likely to have placed their loved one in a long term care facility.**

Project C.A.R.E. has many supporters, including several key organizations have declared it to be among their top legislative priorities. In addition to the Senior Tar Heel Legislature, they are the North Carolina Association on Aging, the North Carolina AARP, the North Carolina Adult Day Services Association, and the Governor's Advisory Council on Aging.

I shall conclude my remarks with a brief account of the Regional Forums for Project C.A.R.E. that the Senior Tar Heel Legislature is sponsoring. We have a statutory duty to inform older adults about matters before the General Assembly. At these Regional Forums we shall explain the Project C.A.R.E. approach and hear from caregivers about their experiences before and after becoming program participants. Community partnering and respite provider perspectives will be highlighted. Members of the General Assembly will be invited to attend and will be offered the opportunity to speak. The first Regional Forum is scheduled for March 11 in Haywood County. Discussions and planning activities have begun for forums in Forsyth County, Mecklenburg County, Rutherford County, and Wake County. Other locations, particularly in Eastern North Carolina, are being explored.

Thank you for the opportunity to speak today.