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Agency/Program	$$ Funding	Total # Served	Description/Units
Better Together Transportation			
Transportation	$41,000	1586 168	completed one-way rides with BCSAF (FY26 target: 828) unduplicated riders served (FY26 target: 150)
Program Description	Door-to-door, wheelchair-accessible transportation for older adults and people with disabilities in Buncombe County.		
Comments (Quantity)	During FY26, Better Together Transportation (BTT) provided 1,586 senior rides to 168 senior riders. Since service began in February 2025, BTT has provided 2,230 senior rides, 2,336 total rides, and served at least 233 people. We are grateful for Buncombe County's continued investment, which allows us to deliver this level of impact with a single vehicle and driver.		
Quality and Impact	In BTT's November 2025 Rider Impact Survey of 40 riders, 92% of respondents reported feeling less isolated, and 94% reported an improved overall quality of life. The next survey is scheduled for November 2026. These results reflect BTT's purpose: helping riders sustain relationships, participate in their faith communities, and maintain their independence. Examples include: • A wife continued visiting her husband in a nursing home, preserving the bond of their marriage. • A senior in assisted living visited her boyfriend in hospice and remained beside him at the end of his life. • Older adults regularly attended church, practiced their faith, and remained active in their congregations. • A senior with brain cancer used our rides to continue sharing meals with his wife and daughter during the final months of his life. BTT carried people toward the relationships that gave their lives meaning.		
Blue Ridge Pride Generation Plus			
Generation Plus	$4,665		**FY26 End of Year Report wasn't received**
Program Description	Combating social isolation for LGBTQIA2S+ elders		
Comments (Quantity)	?		
Quality and Impact	?		
Buncombe County Health and Human Services/In-Home Aide Program			
In-Home Aide Program	$249,498 (HCCBG) $13,662 (BCSAF) $263,160 final	7594 360	units of service - hours (HCCBG) (FY26 target: 9608) units of service – hours (BCSAF) (FY26 target: 1363)
Program Description	Home Maintenance and Personal Care		

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Comments (Quantity)	It should be noted that mid-year we had charged 985 units to BCSAF. However, county finance required us to charge as much as we could to HCCBG before using county funding. This is the reason the number of units went down significantly, as billing was adjusted to pull from HCCBG. The end of the fiscal year brought successes and challenges similar to the mid-year report. Part of our limitation with numbers has continued to be staff capacity. Additionally, it is difficult to predict how many of our clients will either go into the hospital or have an aide who isn't able to work the client's fully allotted hours for whatever reason (illness, resignation, etc.). We are thrilled that our new position was approved and we are in the process of hiring. This will allow us to be able to serve the number of clients we are funded for this next fiscal year!			
Quality and Impact	We have been able to staff all APS referrals, assuming the client was a willing participant in the referral and service. This has allowed us to continue to improve safety outcomes for our community and clients. Additionally, clients are consistently pleased with the quality of services they receive and provide this feedback regularly to our social worker. The In-home Aide program continues to allow older adults to age in place with supports, in their familiar surroundings, instead of requiring them to move to facilities. We view this as a success!			
Buncombe County/Mountain Mobility				
Mountain Mobility Medical Transportation	$494,768	22,967 11,239	total units of service units of service (HCCBG)	(FY26 target: 36,274) (FY26 target: 11,239)
Program Description	Mountain Mobility Mountain Mobility Medical Transportation supports trips to medical facilities for medical appointments, dental appointments, dialysis, chemotherapy, radiation, mental health, therapy, rehabilitation, and chiropractic care. Demand-response transportation service involves the transit system scheduling door-to-door trips in response to advance reservation calls from customers or their agents. Standing/subscription trips can also be scheduled for regular, ongoing medical transportation needs (e.g. dialysis, chemotherapy, radiation, rehabilitation, etc.).			
Comments (Quantity)	**Number of Units of Service Provided** Mountain Mobility Medical Transportation units of service provided (one-way trip for one eligible customer) were set at a 2025-26 target of 36,274 units. End of year actual units of service are 22,967 units, which reflects 63% of the total units anticipated to be provided in the 2025-26 year. Mountain Mobility ensures continuing service to clients after funds have been exhausted by use of other grant funds and Buncombe County general funds. The provision of units of service (one-way trips) aligns with Aging Plan Goal 3.2 Increase older adults' access to services and supports. **Number of Units of Service Provided with HCCBG Funding** At mid-year, Mountain Mobility provided 11,239 units of service which represent 100% of total units anticipated to be provided with HCCBG funding.			
Quality and Impact	**Mean Distance Between Preventable Accidents** Mountain Mobility identifies mean distance between NTD preventable accidents as a measure of safety. Mountain Mobility measures mean distance between NTD preventable accidents by assessing the total number of miles traveled during the specified period and dividing that by NTD reportable preventable accidents. The 2025-26 target miles for mean distance between NTD reportable preventable accidents is 200,000 miles. The 2025-26 mid-year actual miles for mean distance between NTD preventable accidents is 275,700 miles (137% of the target). Mountain Mobility uses a variety of safety policies,			

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	programs, procedures, training, and retraining to develop safe driving habits and reduce the frequency of preventable accidents and thus increase the number of miles traveled without a preventable accident.		
Emberlight: Center for Conscious Living and Dying			
End of Life Care Management	$14,000	461 58 140	units of service (hours): outreach to elders in continuing care communities, low income housing or community events (FY26 target: 450) units of service: workshops, public learning events units of service (hours): direct end-of-life care for individuals and their families (FY26 target: 120 hours)
Program Description	Emberlight provides community outreach to individuals seeking aging and end-of-life services, education, and support. We also provide care for those actively dying.		
Comments (Quantity)	Over the full FY26 contract period, Emberlight provided direct end-of-life care, community outreach and education, and workshops for older adults and their caregivers. We only billed for a fraction of the service that we provided. For example, we offered over Guidance & Support Team (Phone Call and Outreach Tracking, per Jotform): within the FY26 contract period (through June 30, 2026), 64 logged contacts totaling approximately 28.4 hours and reaching 415 individuals. By month: March 15 contacts/~9.0 hours/212 people; April 18 contacts/~7.9 hours/52 people; May 17 contacts/~5.6 hours/39 people; June 14 contacts/~5.9 hours/112 people. Activity types included Potential Resident Intake, Community Education/Awareness events, Resource Connection, EOL Counseling, and Donor/Volunteer outreach. Note: this tracker only began March 9, 2026, so it does not cover July–February of this contract year.		
Quality and Impact	We have been collecting data on the number of attendees at each event. By the end of the grant period, we have impacted 6816 individuals who attended events, film screenings, talks at Continuing Care Residential Communities, low income elder housing, senior centers and more. While it isn't possible to collect impact data on all our events, we do collect feedback on workshops and from our residents and their families about the care they receive. Based on exit feedback at workshops we show the majority score of 8-10 out of 10 related to satisfaction of their participation. That rating is based on several factors – a) having an impact on the rater's knowledge of end-of-life preparation, b) impact on their ability to understand the dying process and resources available, and c) impact on their ability to come to terms with their own inevitable death or the death of a loved one and the grief associated with the dying process.		
Council on Aging of Buncombe County, Inc.			
Congregate Nutrition	$197,911	23,828 317	meals (FY26 target: 22,000) unduplicated clients (FY26 target: 450)
Program Description	Senior Dining and Wellness provides a hot, nutritious meal for people in Buncombe County who are 60+, married to someone 60+, or are a disabled child living with a parent who is 60+. We prioritize clientele who are low income and/or living alone. There are four dining sites. Lakeview Center for Active Aging, Weaverville First Baptist Church, and Grove Street Community Center serve meals, provide activities, and promote socialization five days a week. Linwood Crump Shiloh Community Center provides meals and services three days per week.		
Comments (Quantity)	In FY26, we served 23,828 hot meals to 317 unique clients, across four dining sites. Clients whose income is at or below the poverty level represented 34.7% of diners; 45.7% of clients live alone; 20.8% of clients live alone and have low income. Of the four dining sites, Grove Street Community Center has the highest percentages of clients that have low-income (76.7%),		

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	live alone (69.8%), and that meet both of those criteria (56.1%). Our unserved meal rate was .8%, which is consistent with past years and primarily reflects winter weather cancellations. On average, we served 2,029 meals per month, with the most participation across dining sites in October (2,516) and the lowest in February (1,468). Consumer contributions reached over $19,000. Our longest-living diner, at 103 years old, participated every month this past year at First Baptist Church Weaverville, averaging 11 meals a month!		
Quality and Impact	How do you know? The social connection that this program engenders is as invaluable as the hot, nutritious meal, for many clients. At one of the sites, a married couple was attending the dining program together, however the husband did not want to be there either before or after lunch to participate in activities and socialization. He would simply remain at home, join his wife for lunch, and then return home. We were saddened to learn that she passed away this year, leaving him alone and without his lunch partner. He stopped attending lunch service. However, other participants who knew the couple grew concerned about how he was doing and several of them went to visit him. They spoke with him and encouraged him to return. Thankfully he did, and he started taking part in the activities the Center hosted. He is now quite active there. This example illustrates the power of what the dining program can do for folks: create a community who cares for each other and will reach out when there is a need. In addition to benefiting them socially, clients also report that the program is successfully addressing their nutritional and physical fitness needs. Satisfaction surveys are overwhelmingly positive with 100% of diners recommending the program.		
Information and Assistance	$98,956	6,980	contacts with clients (FY26 target: 10,000)
Program Description	COABC's professional social services staff provide information, resource referrals, and nonclinical care management to Buncombe County residents 60+, caregivers, community members, and service providers. Using a comprehensive, person-centered approach, we help clients access the resources and support they need. Care management includes internal and external referrals, plus follow-up, to ensure clients reach their goals with trusted, reliable information. COABC is the "go-to" resource for aging-focused community programs and assistance, including information on in-home care, housing, transportation, caregiver respite, elder abuse, home repair, advanced care planning, insurance services, and other aging-related resources. We take a "no wrong door" approach to aging in place.		
Comments (Quantity)	COABC Resource Coordinators have logged nearly 7,000 telephone contacts and fielded 106 referrals from UniteUs. Among call-related needs, the most frequently reported categories are aging-in-place resources such as housing repair and retention (23%), family caregiver support (13%), utility assistance (12%), food security (10%), medical supplies and equipment (9%), social and grief support (6%), and legal aid (4%). Of these, 21 referrals for fall-prevention home repair have been completed. Data also show a fourth-quarter increase in calls related to crisis intervention and Adult Protective Services, along with a year-over-year rise in calls requesting food assistance and food subsidies. As noted in the mid-year report, these figures do not represent a complete picture of total volume, due to limitations in our tracking systems and technologies during this period. Our database team identified a reconciliation gap between work performed and data captured internally, and the ARMS figures reflect the internal database as recorded, without adjustment. Under revised DHHS guidelines, an additional 1,908 information and referral calls fielded by our Administrative Coordinator became eligible for inclusion; these were not incorporated into ARMS reporting. Had they been included, reported volume would have more closely approximated the year-end target.		

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	In addition, DHHS deferred options counseling training for COABC Resource Coordinators for the full fiscal year pending the launch of its new Learning Management System. As a result, Resource Coordinators were not able to provide options counseling during this period. For the upcoming fiscal year, data management processes have been streamlined, and our Resource Coordinator completed options counseling certification in July 2026.		
Quality and Impact	COABC's Resource Coordinators respond daily to a wide range of client concerns, often shaped by seasonal or community-wide conditions, and connect clients with appropriate support. Because many clients face transportation barriers, Resource Coordinators frequently serve as the direct means by which support reaches the home — enrolling clients in Operation Heat Relief and delivering fans and air conditioners in summer; delivering donated heaters in winter; procuring and delivering grocery cards during the SNAP suspension in partnership with other nonprofits and clients' support systems; and coordinating with Buncombe County's Senior Angel Tree program for isolated clients during the holidays. This combination of assessment, referral, and direct delivery is reflected in the case of a 70-year-old client, a retired attorney managing a serious condition that limited his mobility. Through a home visit assessment, a Resource Coordinator identified a specific, unaddressed fall risk: as a wheelchair user, he had no reliable means of stabilizing himself if he fell. COABC coordinated the installation of grab bars at key points in his home, directly addressing this risk and measurably increasing his sense of safety and autonomy. Cases like this illustrate the Resource Coordinators' broader function: identifying specific, addressable barriers to independence and ensuring clients receive not only information, but tangible follow-through.		
Eblen Charities			
Stability for Older Adults	$33,000 + $7828 $40,828 final	52	number of households (FY26 target: 45)
Program Description	Assist with aging community (60 plus) when facing housing and utility crisis.		
Comments (Quantity)	The target of unduplicated clients proposed to serve was 45 households at a maximum of $1500 assistance based on the funding amount requested of $50,000 to include a 5% administrative cost. The amount approved was $33,000 to include a 5% administrative cost. Eblen Charities assisted 40 households with an average of $785 per household (not including the 5% administrative cost). 25 households received rental assistance, 13 households received utility assistance, and 2 households received mortgage assistance. There was an additional amount approved May 2026 for $7,828 to be spent before June 30, 2026. Eblen Charities assisted 12 additional households with an average of $621 per household (not including the 5% administrative cost). 1 household received rental assistance, 11 households received utility assistance. Assistance was documented for each household in Charity Tracker.		
Quality and Impact	Clients arrive to meet with a caseworker at their appointment. The case worker reviews income, household size, determines AMI level of income and requests reason for the crisis. As a result for those who received assistance, each household was protected from evictions, foreclosures, and disconnection of utility services or restoration of utility services. Clients expressed		

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	satisfaction with the services received and had gratitude based on the determination of assistance approved with relieving what was a stressful financial situation for each household.		
Jewish Family Services WNC			
Faye's Place Elder Club Group Respite Program	$9,896 + $30,688 $40,584 final	2275 563	group respite attendance days (FY26 target: 2080) group respite attendance days supported by HCCBG (FY26 target: 137)
Program Description	Jewish Family Services of WNC's Faye's Place Elder Club Group Respite offers a structured, non-medical social program designed to support vulnerable seniors who are socially isolated. Participants may have normal cognitive function or experience mild memory, cognitive, or physical impairments. Program eligibility is determined through individual assessments conducted by staff. Activities include arts and crafts, exercise, music, games, and engaging discussions. Each day, participants enjoy a home-cooked vegetarian lunch. The program fosters meaningful friendships among participants while providing much-needed respite for caregivers. Participants and their caregivers also benefit from access to JFS's comprehensive wraparound services, including mental health counseling, case management, a food pantry, and limited financial assistance. The program's goals include improving or maintaining participants' nutrition, physical activity, social engagement, overall quality of life, and mood while also reducing the burden on caregivers. When available, free round-trip transportation is provided, ensuring accessibility for all.		
Comments (Quantity)	**Jewish Family Services of WNC (JFS) is pleased to report that we once again exceeded our 2025–2026 HCCBG target goals for the Faye's Place Elder Club Group Respite Program. Our annual target was 137 units, and we delivered 563 units, as reported in ARMS as of 7/6/26, continuing our long-standing record of surpassing program goals and demonstrating the strong demand for respite services in our community over the past six years.** Demand remained exceptionally high throughout the year, fueled by the ongoing effects of Hurricane Helene and the growing need for socialization, caregiver support, and structured daytime programming for older adults. Faye's Place operated at or near capacity throughout the reporting period, with Tuesday and Wednesday programs consistently full and limited availability on Thursdays. Participants benefited from meaningful social engagement, cognitive stimulation, physical activity, nutritious meals, and emotional support in a safe and welcoming environment. The program also provided much-needed respite for family caregivers, helping reduce stress and caregiver burden while allowing older adults to remain connected to their community. JFS maintained a dedicated staffing structure that included an MSW, a program coordinator, and trained volunteers who provided individualized attention and support to participants. Strong partnerships with healthcare providers, senior service agencies, and community organizations continued to generate referrals and expand awareness of the program.		

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	These outcomes underscore the critical importance of Faye's Place in enhancing quality of life for older adults and supporting caregivers. Continued funding is essential to sustain and expand this highly utilized service as community needs continue to grow.		
Quality and Impact	**Quality** Based on surveys collected in June 2026 • 97% of Faye's Place members have indicated that their quality of life and mood has been improved • 96% of Faye's Place members report that the program met their expectations • 98% of Faye's Place members would recommend the program to others • 94% of clients answered at least well when rating the specific elements of the program. • 96% of caregivers surveyed reported the program lessened their burden. **Impact** Based on surveys collected in June 2026 • 95% of members maintained or improved participation in exercise • 97% of members maintained or improved participation in socialization • 97% of members maintained or improved nutrition and interest in eating lunch • 98% of caregivers reported that Faye's Place provided a positive experience for their senior loved one.		
Healing Solutions Counseling at JFS	$14,844 + $ 9,612 $24,456 final	4819 499	total # of counseling sessions (FY26 target: 2389) number of counseling sessions supported by HCCBG (FY26 target: 303)
Program Description	Healing Solutions Counseling at JFS (HSC) offers mental health services provided by licensed counselors and social workers who assess clients' mental health status and engage them in identifying and achieving therapy goals. The therapist uses person-centered treatment theories and specific techniques when indicated. Client outcomes are enhanced by the JFS continuum of care and access to Case Management, and especially Faye's Place, for behavioral activation to reduce anxiety and depression in older adults. A Clinical Director oversees clinical practices. The therapist may refer clients to a physician or psychiatrist for medication management. Most BCBS, Medicare, and other insurance plans are accepted; sliding-scale fees provide uninsured individuals with access, and grants are available for underinsured individuals. Therapists measure and document individual and aggregate outcomes. Client surveys provide self-reports of quality of life and symptom improvement. The overall goal of HSC is to reduce symptoms and improve quality of life. All services in this report were conducted both in-person and via telehealth.		
Comments (Quantity)	**Jewish Family Services of WNC (JFS) is proud to report that we once again exceeded our HCCBG target goals for mental health counseling services during the 2025–2026 fiscal year. We have maxed out the grant at 303 units while providing 499 units to eligible clients, as reported in ARMS as of 7/6/2026. JFS has surpassed its annual counseling service targets for more than six consecutive years, reflecting both the growing demand for services and our ability to respond effectively.**		

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	The need for mental health support remains exceptionally high in the aftermath of Hurricane Helene. While recovery efforts continue, many older adults are still experiencing anxiety, depression, grief, trauma, social isolation, and financial stress related to the storm's long-term impacts. To meet this demand, JFS provided more than 300 counseling sessions per month through a team of licensed mental health professionals offering both in-person and telehealth services. The majority of HCCBG-supported clients were aged 60 and older, many of whom utilized Medicare benefits alongside HCCBG-funded services. We also saw an increase in clients requiring support beyond counseling. JFS was uniquely positioned to provide integrated services, including case management, food assistance, elder care programming, caregiver support, financial assistance, and chaplaincy services. This comprehensive approach helped address the complex needs facing older adults in our community. Strong partnerships with organizations such as AdventHealth, Our Family Doctor, PACE, MAHEC, All Souls Counseling, Black Mountain Counseling Center, and Mountain Aging Partners enhanced care coordination and access to resources. These outcomes demonstrate the continued need for mental health services and the effectiveness of JFS's integrated care model. Continued investment is essential to ensure that vulnerable older adults have access to the support they need to maintain their health, independence, and quality of life.		
Quality and Impact	**Quality** Based on surveys collected in June 2026 • 95% of clients reported that Healing Solutions Counseling met or exceeded expectations • 96% of clients said they would recommend Healing Solutions Counseling at JFS to others • 96% of our overall clients shared that they would not have been able to access services without sliding-scale fees. They would not be able to receive the mental health counseling services they needed on time. **Impact** Based on surveys collected in June 2026 • 96% of clients reported improved quality of life • 94% of clients reported improved mood/reduced depression • 96% of clients reported progress toward a mental health goal • 95% of clients reported achievement of a mental health goal.		
Hominy Baptist Church			
DayStay Social Club	$34,000 + $8,000 $42,000 final	14	clients (FY26 target: 18)
Program Description	A program for senior adults to receive socialization, activities, lunch, and snacks, Tuesday through Friday from 9:30 am – 3:30 pm.		

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Comments (Quantity)	We continue to have 15 clients enrolled for the majority of 2026. We provided respite care for older adults in our community and county. This grant helps us to maintain our staff and keep our extended days and hours (Tuesday – Friday from 9:30 am – 3:30 pm).		
Quality and Impact	DayStay continues to be a safe place for families to bring their loved ones for socialization, activities, nutritious food and snacks in Buncombe County. Families are able to keep their loved ones living at home longer as a result of our program. We continue to strive to serve our community and county with services to assist our senior adults.		
Land of Sky Regional Council Area Agency on Aging			
Community Health Worker Program	$39,583	83 4223 426 76% 23% 2415 23%	events (FY26 target: 85 events) "Neighbor Knocks" visits (FY26 target: 3000 visits) unduplicated clients (FY26 target: 200 unduplicated clients) % of the community receiving food through on-site distribution (FY26 target: 25%) number of the community receiving daily "Neighbor Knock" Services/in-person reassurance check (FY26 target: 8%) participants over all events (FY26 target: 1500) % of participants registering for more than 10 events (FY26 target: 26%)
Program Description	The Community Health Worker (CHW) Program utilizes a community-based model to address the complex needs of high-risk older adults residing in subsidized senior housing. The program's core purpose is to mobilize neighbors to support improved health outcomes, strengthen social connections, and enhance overall well-being. Originally implemented at Asheville Terrace Apartments, the program expanded to include Arrowhead Apartments, CHWs focus on key areas including social connectivity, safety, physical activity, nutrition, and the reduction of social isolation. They play a critical role in mitigating health inequities by addressing barriers such as food insecurity, chronic disease management challenges, transportation limitations, and social disengagement. CHWs provide support at both the individual and community levels. Services include: •Regular food distributions to reduce food insecurity and promote nutritional health •Health education sessions addressing chronic disease prevention, medication management, and wellness •Social and recreational programs are designed to build trust, support peer networks, and foster community cohesion •On-site clinical screenings coordinated with healthcare partners to improve access to preventive care •Home visits for residents requiring additional support, safety checks, or connection to resources. The program remains aligned with Volunteer Development eligibility through its ongoing efforts to empower resident leaders, encourage volunteer participation, and expand community-driven support systems.		
Comments (Quantity)	Throughout FY26, Community Health Workers continued to address food insecurity, health access, and social isolation among older adults residing in subsidized senior housing communities. A total of 83 community-based events were conducted during the year, including 68 food distribution events, 6 health events, 2 health fairs, 1 health group activity, and 5 social engagement activities. These activities provided residents with opportunities to access nutritious food, emergency preparedness supplies, over the counter medications, preventive health services, health education, and meaningful social connection.		

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	Food security remained a primary focus of the program, with 1,531 participant registrations recorded at food distribution events across both housing communities. Additional programming generated strong community engagement, contributing to a total of 2,415 participant registrations during the fiscal year. Community Health Workers also maintained an extensive outreach effort through the Neighbor Knock program, completing 4,223 in-person visits to residents. These visits provided reassurance checks, wellness support, resource navigation, and opportunities to identify emerging needs before they became crises. The program continues to serve as a vital strategy for reducing isolation, increasing access to services, and strengthening community connectedness among older adults.		
Quality and Impact	Food distribution services remained one of the program's most utilized interventions, reaching an estimated 76% of residents within the communities served. Consistent participation throughout the year indicates that residents continue to rely upon and benefit from access to nutritious food and supportive community resources. The Neighbor Knock initiative continued to be an effective strategy for resident outreach and support, reaching approximately 23% of the community through individualized visits and wellness checks. Through these interactions, Community Health Workers were able to identify health concerns, connect residents with needed resources, and provide ongoing social support that contributes to improved well-being and reduced isolation. Program participation remained strong throughout the fiscal year, with 2,415 registrations recorded across all events and activities. Attendance at food distributions, health fairs, health education activities, and social programs demonstrates that residents view these services as accessible, relevant, and beneficial. Continued repeat participation by many residents suggests that the programming is fostering trust, strengthening social networks, and supporting healthier, more connected communities. Overall, the program exceeded participation targets and successfully advanced its goals of increasing food security, improving access to health-related resources, and enhancing quality of life for older adults residing in subsidized housing.		
Land of Sky Regional Council Area Agency on Aging			
Senior Companion Program	$19,792	4253 7	units of service (FY26 target: 2600) number of volunteers (FY26 target: 7)
Program Description	Volunteers to support aging in place		
Comments (Quantity)	The volunteer is the identified client for this grant. Volunteers continue to provide quality check ins, transportation, and companionship for 14 older adults.		
Quality and Impact	The best example of the work these volunteers did and continue to do is found in a story that one of our volunteers shared in her Volunteer Impact survey of 2026. She worked with a 97 woman who lived by herself, had no family and no support system. Our volunteer visited her every day, made sure she had a meal, lite cleaned the home, read her mail, sorted the bills, set her up with online banking, created a bonded friendship and became her connection to the outside world. The Volunteer would call her daily. One day the woman did not answer her phone, so the volunteer made an extra trip to see what was going on. The woman had fallen and broken her hip. EMS was called and she had emergency surgery. Once placed in a rehabilitative care facility she passed three days later due to a blood clot. Our volunteer grieved this loss. AND yet, the volunteer is so thankful that she was part of this woman’s life. The wisdom she gained, the life lived and being present to remember her after		

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	she was gone. That is the PURPOSE that is rooted in the program. Our volunteer felt her purpose, her reason to be and her belief that her impact was and is performative. The Senior Companion Program allows older adults to live their lives as they wish, aging in place and in community. Our volunteers support them in their life journey by being the helping hand, the soft encouragement, and the organization to allow folks to be where they want to be. The flip side of this shows the Senior Companion's gain in the relationships they create in their volunteering. They find purpose, a reason to get up in the morning and to "get out of the house and be a part of the world". (Says one volunteer) Both the older adults we serve and the volunteers are much better off because of the support we receive and the work that we do for each other and our community.		
Meals on Wheels of Asheville & Buncombe County			
Home Delivered Meals	$173,172 + $ 47,864 $221,036 final	25,000 42,134 171,700 228 1205	meals served (HCCBG funded) (FY26 target: 25,000) meals served which included HCCBG funded meals (above) and weekend meals total meals served via the entire program unduplicated clients (HCCBG funded) (FY26 target: 180) total unduplicated clients served via the entire program
Program Description	MOWABC provides hot, nutritious meals to homebound seniors to alleviate food insecurity and isolation while helping these seniors remain independent.		
Comments (Quantity)	Meals on Wheels of Asheville and Buncombe County remains a high-volume, cost-effective provider of home-delivered meals for our homebound senior neighbors. This fiscal year, our program delivered a total of **171,700 nutritious meals**—an increase of **25,272 meals (17.3%)** over the **146,428 meals** served the previous year. Of those 171,700 meals, **25,000 were made possible through Home and Community Care Block Grant (HCCBG) funding**, We currently deliver approximately 700 meals each weekday through 50 delivery routes across Buncombe County. The need for our services continues to grow as more seniors seek the support they need to remain safe, healthy, and independent in their own homes. In response to the increased demand following Hurricane Helene, we expanded our program by adding six new meal delivery routes, helping reduce wait times and reaching more seniors in need. Even with this significant expansion, demand continues to outpace available resources. At the time of this report, approximately 50 seniors remain on our waiting list, underscoring the ongoing and growing need for home-delivered meals in our community.		
Quality and Impact	Annual client survey results are below: • 97% enjoy the meals • **90% feel less isolated because of the weekday visits/meal delivery** • 100% enjoy the volunteers who deliver • 99% would recommend the program to others in need In addition to survey data, recent qualitative feedback from seniors and family members highlights the broader impact of our home-delivered meal program on food security, safety, and social connection.		

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	One client, who requested to remain anonymous, shared the following when asked about the Meals on Wheels delivery program: *"My income is very low. I am trying to keep my house and manage my groceries. This was a family home, and I want to keep it. I cannot drive or go to the store. Now, I forget things on the stove, so I cannot cook safely. There are lots of things I forget. The meals that come to me are balanced meals that I can heat up in the microwave. I also get to see someone every Tuesday morning. Bryan is a breath of fresh air during the visit.* *…and the cat food is an awesome addition. That is so expensive, but now I don't have to worry about it. They are my support animals, and I can feed them now."* We also received the following note from a client's granddaughter after we reached out to place her grandmother on a delivery route: *"I just wanted to reach out to say thank you for the quick response and for assisting my grandmother. She expressed a lot of relief and appreciation after receiving the phone call this morning. Like many others, this past year has been very difficult for our family. I have been unable to assist my grandmother the way she needs due to having to move an hour and a half away. I am actively working on a place for her to move in with me, and in the meantime your assistance provides a lot of relief to both of us. Thank you for all you do!"* Together, these responses reflect the critical role Meals on Wheels plays in supporting older adults' nutrition, safety, independence, and emotional well-being, while also providing peace of mind to family caregivers.		
MemoryCare			
Caregiver Support	$60,000 + $10,000 $70,000 final	279 93	total number of individuals served (FY26 target: 237) units of service provided with BCSAF funds (FY26 target: 79)
Program Description	Dementia care management for low-income individuals 60 and older living in Buncombe County and have cognitive disorder, and counseling, education and resource support services for their family caregivers.		
Comments (Quantity)	MemoryCare's unit of service is defined as a low-income person with dementia (PWD) who is 60 or older living in Buncombe County and their Caregiver(s)/family who are enrolled in our dementia care management program. During this 12-month period, there averaged 3 caregivers for every PWD enrolled. Ninety-three(93) units of service were provided with *supplemental county funds* reaching 279 individuals (93 PWDs and 279 caregivers). This represents an increase from the original target. Due to additional funding provided, MemoryCare was able to increase the number units of services provided and provide an additional 14 units of service to those with need.		
Quality and Impact	MemoryCare is successfully supporting enrolled families with tailored comprehensive care planning. Each plan addresses diagnostic outcomes, prognosis, and staging. This includes cognitive and ADL functional level; decision-making capacity, mood, behavior, medication, safety, nutrition, and financial – legal issues topics. End of life care planning; caregiver stress and health needs are also addressed. Needed resources are provided with guidance and support from specialty trained providers and care managers as to how best utilize the resources.		

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	Thank you for supporting community members by ensuring that they have access to the critical services and support needed to address the challenges related to dementia and cognitive impairment. MemoryCare is grateful for the dedication of Buncombe County and the Aging Services team to make this opportunity possible.		
Mountain Aging Partners			
Adult Day Care	$81,857 final	160 98%	unduplicated Adult Day Care clients (FY26 target: 236) % of participants satisfied with overall program (FY26 target: 90%)
Program Description	The Adult Day Care program offers a safe, engaging space for older adults, providing socialization, cognitive stimulation, and respite for caregivers.		
Comments (Quantity)	Adult Day Services continue to provide meaningful opportunities for social engagement, connections, and caregiver support. In FY26, the program served 160 unduplicated participants, with 98% of participants reporting satisfaction with their overall experience. Participant feedback reflects the program's ability to foster meaningful connection and engagement, with 97% having reported satisfaction with program activities and social connection.		
Quality and Impact	Through a safe, structured, and supportive environment, Adult Day services continue to reduce social isolation, promote emotional well-being, and maintain participants' independence. The program also provides essential caregiver, support, demonstrating that these services are a vital resource in promoting successful aging in place while enhancing quality of life for both participants and their families.		
Day Health	$114,982 final	160 100%	unduplicated clients (FY26 target: 236) % of caregivers likely to recommend Adult Day to others (FY26 target: 80%)
Program Description	The Adult Day Health program provides a structured, medically supervised environment in which older adults with disabilities receive health monitoring, personal care, and social engagement to support their well-being and independence.		
Comments (Quantity)	Adult Day Health continues to provide meaningful support to older adults and their caregivers. In FY 2025-26, the program served 160 unduplicated participants, providing access to skilled care, health monitoring, social engagement, and supportive services that promote independence and stability.		
Quality and Impact	Caregiver surveys demonstrated strong satisfaction, with 100% of respondents reporting they would recommend MAP's Adult Day Health program to others. Feedback reflects the program's positive impact in reducing caregiver stress, increasing confidence in care, and supporting older adults in remaining safely at home and in their communities.		
Transportation	$59,495 final (HCCBG)	18 75%	unduplicated transportation clients (FY26 target: 30) % stabilized care and living situation (FY26 target: 50%)
Program Description	Transportation services ensure that older adults do not face barriers in accessing essential adult day programs, allowing them to receive services that support social connection, as well as their caregivers by allowing them to age in place.		
Comments (Quantity)	In FY26, 18 unduplicated participants were provided, making significant progress towards the annual targets. Service delivery continued to be impacted by route availability and scheduling limitations with Mountain Mobility. The transportation program continued to operate at a financial deficit due to reimbursement rates that do not fully cover the cost of providing the service.		

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Quality and Impact	Transportation services remained a vital component of Adult Day participation by ensuring older adults could consistently access structured care and supportive services. Throughout the year, transportation reduced barriers to participation, allowing individuals to remain socially engaged, receive needed supervision and support, and continue living safely in their homes. Although caregiver survey data specific to the performance measures was not collected during the reporting period, program observations and ongoing communication with caregivers consistently demonstrated that transportation services enabled families to maintain employment, attend to personal responsibilities, and reduce caregiver stress. Reliable transportation continues to be a key factor in preventing social isolation, supporting health and well-being, reducing the risk of hospitalizations, and delaying premature long-term care placement.		
Transportation	$33,000 (BCSAF)	8 75%	unduplicated transportation clients (FY26 target: 15) % stabilized care and living situation (FY26 target: 50%)
Program Description	Transportation services ensure that older adults do not face barriers in accessing essential adult day programs, allowing them to receive services that support social connection, as well as their caregivers by allowing them to age in place.		
Comments (Quantity)	Transportation services enabled 8 older adults to access Adult Day programming despite living in rural areas and facing cognitive, physical, and transportation barriers. Reliable transportation reduced isolation, supported participant's health and independence, and helped them remain safely in their homes and communities.		
Quality and Impact	Surveys found that 96% of caregivers reported reduced stress after enrolling their loved one in Adult Day, demonstrating that dependable transportation and access to services strengthen caregivers' ability to continue providing care at home while providing quality of life for both caregivers and participants.		
Mountain Area Health Education Center (MAHEC)			
Home-Based Primary Care (HBPC) Program	$32,954.48 final	185	home assessments (FY26 goal: 160)
Program Description	Serve homebound or mobility-limited older adults at high risk of requiring long-term care placement or other high-cost healthcare services. Serve individuals 60 years old or older and identified by external agencies such as the Buncombe County Department of Social Services. Criteria for referrals include those who need continuity in a primary care provider, patients who would benefit from the supportive services provided by the interdisciplinary team, or those in need of yearly FL2 services that require face-to-face visits. Individuals referred to the program do not need to be patients of MAHEC at the time of referral; however, they need to become patients of MAHEC to enroll in the program. MAHEC subcontracts with InSIGHTful Rehab (IR) for occupational therapy. InSIGHTful Rehab is responsible for employing 0.18 FTE of an Occupational Therapist who provides occupational assessments to evaluate clients' function and needs. In addition, the occupational therapist completes home safety assessments and recommends modifications to ensure homes are accessible for patients.		
Comments (Quantity)	Though we had delays in our subcontracting process, and our OT provider did not start assessments until September 2025, by the end of June we exceeded our original goal of 160 OT assessments. From September 2025-June 2026, MAHEC contracted with InSIGHTful Rehab OT Services provided by Sandra Winner. During that time, Winner completed 185 unique patient		

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	assessments. From September 2025-June 2026, these 185 individuals received the OT assessment at no cost, helping them to assess home safety and modifications to continue to stay in the home.		
Quality and Impact	In addition to providing full primary care services to a population who would otherwise not be receiving them, one hundred percent of program participants engage in a structured conversation to identify their health outcome goals and care preferences. These goals are reviewed, refined, and updated continuously over the course of subsequent visits. Many of our patients identify functional goals as their highest priority, and our interdisciplinary team is uniquely well positioned to support their achievement. A key contributor to this success is the inclusion of an occupational therapist with expertise in assessing home environments and addressing functional barriers within the home. By combining a patient centered approach that places individual goals at the forefront of care with a high-functioning interdisciplinary team equipped to address barriers to goal attainment, we are able to support patient success; defined as helping individuals achieve the goals that matter most to them. Data we have collected on program participants suggest significantly less healthcare system utilization and cost, meaning fewer avoidable hospitalizations and ER visits for participants, as well as lower costs for them and our communities.		
Mountain Housing Opportunities			
Emergency Home Repair	$49,478	175 13	total number of unduplicated clients (FY26 target: 140) unduplicated clients (HCCBG) (FY26 target: 25)
Program Description	The primary goal of the Essential Home Repair Program is to reduce imminent threats to life, health, safety and mobility/accessibility in homes owned and occupied by low and very low income "special needs" persons living in Buncombe County. For the HCCBG funding program, clients must be a minimum of 60 years old. Other than age, there are no restrictions for clients using HCCBG funding for repairs.		
Comments (Quantity)	The Essential Home Repair Program is not based on a unit of service. The cost of service is based on the actual cost of the repair which may include administrative, material, and contractor costs. As of June 18, 2026, 13 households were served through HCCBG funding. The cost of repairs increased and households needed larger repairs. A breakdown of the types of repairs we completed included Accessibility: 3; Carpentry: 2; Plumbing: 6; Roof: 1; and Electrical: 1.		
Quality and Impact	Each client is given a satisfaction survey for the repairs performed. From these surveys, clients have reported the repairs have eliminated the most severe threats to life, health, safety and mobility/accessibility and have improved their overall wellbeing.		
On Track Financial Education & Counseling			
Silver Dollars Financial Capabilities for Older Adults	$30,000	359 455.15	number of unduplicated clients (FY26 target: 300) units of service (hours) (FY26 target: 415)
Program Description	Financial literacy services that support the financial well-being of older adults (60+) in Buncombe County.		
Comments (Quantity)	By the end of Fiscal Year 2026, we exceeded our goals for both unduplicated individuals served and service hours provided. The difference in the metrics from the mid-year report and the year-end report show the impact of our free tax preparation program. While our counseling and education services also tend to pick up in the beginning of the calendar year, older adults in Buncombe County overwhelmingly take advantage of and benefit from our VITA program. We are honored to continue providing these services for Buncombe County's older adults.		
Quality and Impact	We provide all our clients with the opportunity to share anonymous feedback on our services to help us evaluate the effectiveness of our programming. In FY2026, 94% of our counseling clients reported having learned skills that will help them		

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	improve their money and/or housing situation, while 92% of our education clients reported making progress toward their financial our housing goals as a result of information learned during a workshop. During our 2026 tax preparation season (filing for 2025 taxes), our tax preparation volunteers filed 645 tax returns online for residents of Western North Carolina. Of those tax returns filed, 35% were for older adults in Buncombe County. We are grateful to Buncombe County Aging Services for providing funding for this vital work. Here's a snapshot of how this program is making a difference for older adults in Buncombe County: "*I am so grateful to OnTrack for an outstanding job under impossible circumstances surrounding the effort to secure one of my tax forms. Thank you to all the good employees and volunteers*!"		
Pisgah Legal Services			
Elder Law Program	$14,844	226 69	total units of service provided (FY26 target: 87) total number of unduplicated clients served (FY26 target: 35)
Program Description	Free legal services for seniors.		
Comments (Quantity)	Pisgah Legal Services has been providing free civil legal services in Buncombe County for decades and is a trusted source for seniors in need of legal help. Requests for services exceeds the units provided with HCCBG funding. In July 2025 we helped 69 senior clients in Buncombe County with 226 hours (units) of legal services that were eligible for HCCBG funding. We fully expended the 87 HCCBG units in the first month of the grant. The above numbers are the full units from July covered by HCCBG and other funding.		
Quality and Impact	Of the 69 cases reported, 61 have achieved at least one legal outcome recorded by the end of the grant period. Notably, Pisgah Legal helped 25 senior clients prevent or delay evictions, 5 seniors prevent or delay foreclosures, 15 seniors protect essential property, and 26 seniors to secure FEMA and other disaster assistance payments to aid in their recovery from Hurricane Helene. Pisgah Legal has been able to help seniors like Charles*. Charles' wife Nora* has advanced dementia and is living in a skilled nursing facility. The couple had never prepared Power of Attorney documents nor added Charles's name to Nora's savings accounts. Struggling to make the mortgage payments and unable to refinance without Nora's signature, Charles contacted Pisgah Legal Services for help. Over the course of seven months, attorney Casey Steen discussed options with Charles, guided him to secure proper medical records, and successfully represented Charles in court to obtain guardianship. Now with the ability to make financial decisions, Casey referred Charles to community partner OnTrack to help manage his limited income and best care for himself and Nora. * Names changed to protect client privacy.		
UNETE			
Mi Vida Program, Latino Elders Club	$9,142 final	18 15	sessions /units predetermined by the granted funds (FY26 target: 18) participants per session (FY26 target: 15)
Program Description	Mi Vida is a weekly wellness program for Latino elders combining physical activity, health education, and cultural connection. It promotes healthy aging, emotional support, and community building.		

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Comments (Quantity)	The program began in February, which is why there were no sessions or participants to report in the Mid-Year Report. The program operated from February through June. Attendance was lower during the first few sessions because many participants faced transportation challenges getting to the meeting location. Initially, they relied on family members to pick them up after the sessions, which ended around 7:00 p.m. As the program progressed, participants built relationships and began supporting one another by organizing carpools and sharing rides. This growing sense of community helped improve attendance and significantly reduced transportation barriers over time. From February through June 2026, UNETE successfully completed **18 Healthy Aging group sessions** at the UNETE location, meeting 100% of the grant target. The program served a total of **223 participant visits** (average attendance of approximately **12 participants per session**) with attendance reaching the target of 15 participants by the end of the grant period. Programming included culturally responsive health education, physical activity, healthy meals, cognitive stimulation, and social engagement. Participants benefited from **12 guest speakers and one community organization**, covering topics such as diabetes prevention, dementia, healthy aging, osteoporosis, emotional wellness, memory, fall prevention, nutrition, and physical activity. Each session also incorporated wellness activities including walking, yoga, brain exercises, memory games, goal-setting activities, bingo, dominoes, and relaxation exercises which complemented the educational content and promoted healthy aging in a supportive community environment.		
Quality and Impact	The program consistently provided comprehensive, culturally responsive programming that combined evidence-based health education with opportunities for physical activity, nutritious meals, and peer support. Sessions were led by qualified guest presenters, healthcare professionals, and community partners, including representatives from the YMCA, WNC Health Network, NC Counts Coalition, and experts in nutrition, psychology, and healthy aging. Participants actively engaged in discussions, interactive activities, and wellness exercises, creating a supportive environment that encouraged learning, social connection, and healthy lifestyle behaviors. Feedback and observations throughout the program indicated high participation and sustained engagement, with many participants sharing personal experiences and applying the information to their daily lives. Participants increased their knowledge of healthy aging, chronic disease prevention, nutrition, emotional wellness, fall prevention, memory health, and physical activity. They learned practical strategies for improving quality of life, maintaining independence, managing stress, and supporting cognitive health. Regular walking, yoga, stretching, and interactive games promoted physical activity while strengthening social connections and reducing isolation. Goal-setting activities empowered participants to identify personal wellness goals, and discussions fostered mutual support among peers. Overall, participants reported meaningful engagement, increased confidence in managing their health, and greater connection to community resources that support healthy aging.		
Working Wheels			
Vehicle Repair Program	$41,000 final	23	number of Vehicle Repair Program participants (FY26 target: 20*)
Program Description	Alongside partners, Working Wheels provided deeply discounted vehicle repairs to Buncombe County residents 60+ years who were unable to afford necessary maintenance and/or repairs on their vehicles. This program prevented our aging community from experiencing car-less episodes.		

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Comments (Quantity)	The average cost of repairs across cases was $1,224.54. The average length of days from intake to case closure was 16, an almost 50% decrease from the previous year. We received referrals to this program from current partners, as well as HUDVASH, an organization that is part of the U.S. Veterans Administration. The support from this grant has led to an official partnership with HUDVASH and has strengthened our partnership with the Buncombe County Veterans Treatment Court. This program will help support our service to the 60+ community. The asterisk on the 20 above denotes that we started with 16 as the beginning target number, however 4 more units were given to us in Q3, allowing for 20 units to be the total goal number. In total, we completed 23, 3 more repair cases than the updated goal.
Quality and Impact	We survey program participants after cases close to measure program satisfaction and program impact. 94% of program participants from 1 July 2025 to 30 June 2026 rated their experience in the vehicle repair program a 5 out of 5. Below are several quotes from 60+ participants: "*I am able to get to various healthcare appointments. I have numerous doctors. Using Lyft/Uber would be financially impossible on my very limited income*." -Lisa "*Can now drive safely to and from work*" -Roy "*I am able to get to many health appointments which would interfere greatly with physical therapy, mental health, cardiac, numerous changes in my life. Life without transportation is very hard and costlier every day! It is also quite demoralizing. Walking long distances or standing ,even standing has been a concern and I continue to work on it. It was a God send to this 75 yr old vet*." -Robert