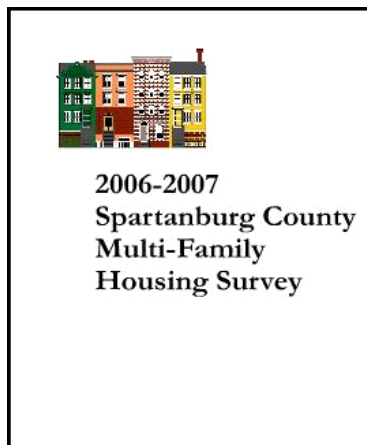


Survey Reveals Continued Growth in Spartanburg's Multi-Family Market

The Council of Governments has completed research and production of the 2006-07 *Spartanburg County Multi-Family Housing Survey*. This unique report contains an inventory and analysis of all known conventional and income-dependent apartment properties with 24 or more units, and townhouse/condominium properties with 15 or more units. Also included is a subcategory for elderly multi-family housing. Information for this publication is obtained from letters and phone calls to apartment managers, property management agencies, and real estate developers.

For the first time in several years, new construction added a significant number of units to the inventory of conventional rental units. Since the 2004 survey, three new developments have added over 750 units to this market. These new properties include Draymont Ridge (Spartanburg), The Haven at Boiling Springs, The Haven at Berry Shoals (Duncan), and a new phase of The Haven at Oak Forest (Spartanburg). Despite this influx of new units into the conventional apartment market, an increase in occupancy among these units was reported in the recent survey. The 2006 conventional occupancy rate was reported to be 91.7 percent, up from an occupancy rate of 89.9 percent reported in 2004. This upturn in unit occupancy revealed a corresponding increase in average rent paid by tenants. One-, two- and three-bedroom units all reported the most significant increases in average rent seen in several years.

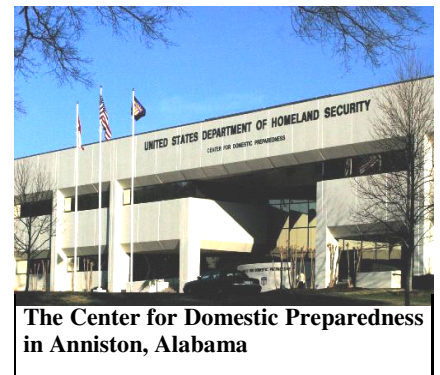


The housing survey also addresses "income dependent" multi-family units. For the purposes of the report, this category includes public and subsidized housing, as well as low-income housing tax credit (LIHTC) units. New construction has added 60 new LIHTC units to this market since 2004 through the completion of a second phase at Country Garden Estates in Moore. One additional LIHTC property was planned at the time of the survey. Upon completion, Summer Place will increase the income-dependent inventory by 53 units. The ongoing demand for this unit type was evidenced by an overall occupancy rate of 96.2 percent, up from the 2004 rate of 94.0 percent.

The 2006 report, which includes a section on owner-occupied townhouse and condominium properties, revealed ongoing construction of this unit type. Since the 2004 report, a total of 115 new townhouse or condominium units have been added to this

(Survey continued on page 2)

Homeland Security Training



The Center for Domestic Preparedness (CDP) provides hands-on specialized training to state and local emergency responders in the management and remediation of Weapons of Mass Destruction (WMD) incidents. Located at the former home of the U.S. Army Chemical School, Fort McClellan, Alabama, the CDP offers numerous courses for the awareness, operations, technician, specialist and command levels of responder. Training, accommodations and travel are free to first responders. For more information and an application, go online to: <http://cdp.dhs.gov> For questions concerning CDP training or WMD Awareness-level training, contact Mike Sell or Joe Newton at ACOG.

CDP Courses Offered:

[WMD Crime Scene Management for Emergency Responders](#)
[Standardized Awareness Authorized Trainer](#)
[Managing Civil Actions in Threat Incidents, Basic](#)
[Managing Civil Actions in Threat Incidents, Advanced](#)

(Training continued on page 2)

Principles of Professional Practice

People are living longer than ever before and this is presenting an ever growing need for end-of-life services. There exists a broad spectrum of thought on what constitutes “quality” in providing these services. In an effort to provide the optimum quality of care to those living longer, there has been a national movement to help create standards or principles by which professional practices might be quantified and evaluated.

Fourteen major societies, including the American Medical Association and the Joint Commission on Accreditation of Health Care Organizations (JCAHO), have created policies that incorporate these principles:

- Respect for the dignity of both patients and caregivers
- Sensitivity to and respect for the patient's and family's wishes
- Use of appropriate measures consistent with patient choices
- Alleviation of pain and other physical symptoms
- Assessment and management of psychological, social and spiritual/religious problems
- Offering continuity. The patient should be able to continue to be cared for by his/her primary care and specialist providers
- Providing access to any therapy, which may realistically be expected to improve the patient's quality of life, including alternative or non-traditional treatments
- Providing access to palliative care and hospice care
- Respecting the patient's right to refuse treatment
- Respecting the physician's professional responsibility to discontinue some treatments, when appropriate, with consideration for both patient and family preferences
- Promote clinical and evidence-based research on providing care at the end of life

Now more than ever, we as consumers must take an active role in learning and applying these principles to the health care providers with whom we trust our loved ones. The process of end-of-life living can be a much smoother one if we are educated and prepared to face it. For more information regarding Hospice and end-of-life care, please feel call the Family Caregiver Support Program advocates located at the Appalachian Council of Governments; phone: (800) 925-4077 or (864) 242-9733.

Resource: Today's Caregiver Magazine, Connie Ford, RN, MPA.

(Training continued from page 1)

[dents, Protester Devices](#)
[WMD Technical Emergency Response Training](#)

[WMD Hands-On Training](#)
[WMD Respiratory Protection Program for Emergency Responders](#)
[WMD Law Enforcement Protective Measures, Train-the-Trainer](#)
[WMD Law Enforcement Response Actions](#)
[Instructor Training Certification](#)

[WMD Emergency Medical Services Training](#)
[WMD Basic Agricultural Emergency Responder Training](#)
[WMD HazMat Evidence Collection](#)
[WMD Hazardous Material Technician Training](#)
[WMD Emergency Responder Hazardous Materials Technician Training](#)

[Introduction to Incident Command System](#)
[ICS for Single Resources and Initial Action Incidents](#)
[Intermediate ICS for Expanding Incidents](#)
[Advanced ICS, Command and General Staff - Complex Incidents](#)
[Managing Civil Actions in Threat Incidents, Command](#)
[Command and WMD Response](#)
[WMD Incident Command Training](#)

ARC Awards Grants for Economic Development and Health Care Projects

The Appalachian Regional Commission (ARC) recently awarded two grants to enhance economic development and health care for residents in northern Greenville County.

The City of Travelers Rest will benefit from a \$350,000 grant to undertake a \$1.1 million project to construct 8,000 feet of sewer line and a new pump station to meet EPA standards and provide for growth and development along U.S. Highway 25. This development is expected to result in the creation of 200 new jobs and \$18 million in private sector investment.

New Horizons Family Health Services, in cooperation with Greenville County and the Greenville County Redevelopment Authority, is the beneficiary of a \$120,000 ARC grant to construct a new 6,500 square foot health care facility in the Slater community to replace an existing 3,500 SF building that is structurally unsound. The \$700,000 facility will allow New Horizons to expand services and increase access to affordable medical care, behavior health services, and prescription drugs. The clinic is expected to conduct over 12,000 medical visits from at least 5,000 people annually.

(Survey continued from page 1)

inventory. Another 230 units were either under construction or planned at the time of the survey. Low interest rates, along with the tax benefit of home ownership, have encouraged growth in this market.

The COG produces this one-of-a-kind survey biennially for Spartanburg and Anderson Counties, and annually for Greenville County. The report is available for purchase in both digital and printed format. For more information, or to purchase a copy of this publication, visit our web site at <http://www.scacog.org/is/onlinepubs/Catalog.htm>, or contact the Information Services Department at 864-242-9733.

Incumbent Worker Training — A Funding Source Many Companies Aren't Aware Of

Companies that are looking to improve productivity and skills of some, or even all, of their employees may feel there isn't an easy, economical answer. But many will be pleasantly surprised to find that they may be eligible to receive funding to help provide training—through a painless process.

Through the Workforce Investment Act of 1998, the S. C. Workforce Investment Board provides Incumbent Worker Training (IWT) funds to local Workforce Boards such as WorkLink. IWT funds are used for upgrading skills of existing workers through training provided or arranged by their employer. In the Anderson, Oconee and Pickens areas, IWT funds are awarded to businesses that complete an application based on competitive procurement.

Changing industry trends require more training

Through these IWT grants, businesses have a new tool to help meet the costs of changing skill requirements caused by shifting industry needs such as:

- New technology
- Retooling, new product lines
- New organizational structuring

Timken Company recently benefited from the IWT Grant Program, in that it enabled them to provide additional training for existing associates and new hires. "This training enhanced our employees' prior knowledge and strengthened their manufacturing skills so they are better prepared for the changes in technology, as well as new product designs," said Michael Banister, Training Analyst, Timken US Corporation. "The application and process of the IWT program was standardized and easy to follow," added Bannister.

Since program year 2002, we have spent \$659,834 on 1,473 employees. The next application process will



be starting in the spring of 2007. Employers are encouraged to join our mailing list to receive information.

Applying for funding is simple

There are a few criteria of note. First, priority will be given to businesses that have not received an IWT award during the current or prior program year. Second, employers must provide a matching contribution to the training project that shall not be less than: 1) 10% of the training costs for businesses with 50 or fewer employees; 2) 15% of the training costs for businesses with more than 50 employees, but fewer than 100 employees; or 3) 25% of the training costs for businesses with 100 or more employees. Third, The Pendleton District Workforce Investment Board reserves the option to partially fund any application.

For more information—
www.worklinkweb.com or 864.646.1827.

HISTORICAL FACTS:

Anderson County is named for Revolutionary War leader Robert Anderson. It was created in 1826 when the Pendleton District was divided. The City of Anderson is the courthouse seat. It has several historic districts and a strong cultural base. Anderson is known as "the Electric City" for pioneering long-distance power transmission.

Pendleton, in Anderson County now, was too near the edge of the new county to be the courthouse seat. It is on the National Register of Historic Places, one of the largest historic districts in the nation. Belton is named for railroad pioneer Belton O'Neal. Honea Path is a Cherokee name -- 'Honea' means 'Path'. The town of Piedmont is named after the geographic province. It has a rich heritage in textiles. Pelzer is named for textile pioneer Francis Pelzer.

Central Recommends Comprehensive Plan Update

The Town of Central Planning Commission is set to approve the update of their comprehensive plan at their October meeting. While the current plan had served the Town's needs well, the first review since the Town adopted the plan in 1998 was needed to address key developments and changing trends that will affect Central in next ten years. The planning process has been facilitated by the Appalachian Council of Governments.



The Planning Commission's focus was on issues surrounding new student housing developments, revitalizing the town center and the recent Maverick Crossing development at U.S. 123, among others. Each of these issues will have a significant impact on growth in Central, and the Town is using the planning process to assess the challenges they will face. The Planning Commission worked to identify issues the Town needs to address to ensure that growth is beneficial and does not have a negative impact on its quality of life. This includes protecting existing neighborhoods, addressing transportation needs, preserving and promoting the character of the town center, and providing adequate services to all residents of the community. The recommendations from the Comprehensive Plan will be used to update ordinances and prioritize Town work and planning activities for the next ten years.

The Ombudsman Corner

The Rights of Family Councils in Nursing Homes

The 1987 Nursing Home Reform Act guarantees the families of nursing home residents a number of important rights to enhance a loved one's nursing home experience and improve facility-wide services and conditions. Key among these rights is the right to form and hold regular and private meetings of an organized group called a *Family Council*.

Facilities certified for Medicare and Medicaid must provide a meeting space, cooperate with the council's activities, and respond to the group's concerns. Nursing facilities must appoint a staff advisor or liaison to the family council, but staff and administrators have access to council meetings only by invitation. While the federal law specifically references "families" of residents, close friends of residents can and should be encouraged to play an active role in the family councils, too.

Specifically, the federal law (42 CFR sec.483.15©; Public Law 100-203, Social Security Act) includes the following requirements on family councils:

- A resident's family has the right to meet in the facility with the families of other residents in the facility.
- The facility must provide a family group with a private space, if one exists.
- Staff or visitors may attend meetings at the group's invitation.
- The facility must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings.
- When a family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.

If you are interested in forming a family council in a nursing home,

please contact the *National Citizen's Coalition for Nursing Home Reform* at 202-332-2275 for more information, or your *local ombudsman* office. You can also contact the *Advocacy Center for Long-Term Care* at 612-854-7304, or *Friends and Relatives of Institutionalized Aged* at 212-732-4455, for valuable information on the formation of family councils.

Information gathered from <http://nursinghomeaction.org> from the NCCNHR website.

From your Local Ombudsman: Nancy Hawkins, Jamie Guay, Rhonda Monroe, Celia Clark, Jessica Arnone and Sandy Dunagan; phone: 864-242-9733.

COG Staff Support Susan G. Komen Breast Cancer Foundation

In support of a Susan G. Komen Foundation national fund raising event, Friday, October 13th was "Passionately Pink for the Cure Day" at the Council of Governments. In addition to wearing pink to show support for breast cancer victims and survivors, 27 COG staff members also raised \$172, which was donated to the Komen Foundation. The Foundation's mission is to support innovative research and community outreach programs. It is fighting to eradicate breast cancer as a life threatening disease by funding research grants and supporting education, screening and treatment projects in communities around the world. Special thanks is given to Mia Fuller for organizing this event.



Medicare Prescription Drug Annual Enrollment — November 15— December 31

The Medicare prescription drug annual enrollment on November 15 – December 31 provides ONE OPPORTUNITY to join, switch or drop a plan. Enrolling in a new plan automatically disenrolls in the old plan, and coverage is effective January 1.

Information on drug plans became available in October. Review your current plan coverage and any changes for the new year. You do not need to do anything to remain with your current plan.

To select a plan, answer the following questions:

- Does the plan cover all of your medicines?
- Are there restrictions on certain drugs?
- What is the cost of the plan (Premium, Is there a deductible)?
- Is this a Medicare Advantage Plan or stand alone plan? Know the difference between Original Medicare and a Medicare Advantage Plan.

Resources to help select a plan are:

- www.medicare.gov
- 1-800-MEDICARE
- Office on Aging - (800) 868-9095
- Appalachian Area Agency on Aging - (864) 242-9733



VIEWPOINT

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