

## Impact of the Economic Crisis on Home and Community Care Block Grant Services for Older Adults

The statewide network of Home and Community Care Block Grant (HCCBG) service providers was first surveyed in February 2009 to assess service needs and learn about strategies and issues pertinent to meeting these needs. The Division of Aging and Adult Services (DAAS) has repeatedly resurveyed the network—most recently in February–March 2011. Of the 296 HCCBG providers contacted, 266 responded (90%). The results of this fourth survey suggest the effect of stagnant and, in some cases diminished, funding levels, in light of ongoing demand for HCCBG services. They also reflect anxiety about future funding and the ability to respond to North Carolina’s aging population, as reflected by these comments:

*“We are clueless as to how we can handle our problems to meet all people’s needs.”*

*“All programs appear to be in danger of cuts. There will be a great deal of uncertainty until a budget is adopted by the state.”*

*“More people have a need for emergency services, depleting funds quicker, resulting in more of a need.”*

*“[We] continue to have wait lists in all HCCBG services and budgets are decreasing, allowing no room to serve clients in need.”*

*“Funds are very tight with county budgets; we don’t know what to expect.”*

### Service Needs and Wait Lists Remain a Concern

**13,201: Seniors waiting for services** from any funding source in the last 6 months among responding HCCBG providers who maintain wait or inquiry lists.

**15,400 (rounded): Estimated number of seniors needing home and community services** through HCCBG providers, based on projecting responses to 100%. This represents more than a **22% increase** since spring 2010.

In addition, 59 agencies identified 102 county-level services among them for which they knew there was unmet need but for which they were not keeping wait or inquiry lists.

Nearly three-quarters (74%) of information and assistance (I&A) providers report increased requests for their services, while more than half (53%) say that community resources to which clients can be referred have decreased (up from 49% in spring 2010).

More than 85% of senior centers report increased demand for their programs and services (up from 76% in 2010).

Over the past year, there was an increase of more than 200% in the wait list for medical transportation, and providers of general transportation were significantly more likely this year to reduce the number of trips allowed per client and the number of clients served.

*“We operate ‘bare bones’ now—have no other actions that I can take [to] maintain a viable senior center.”*

*“Depending on the state budget it may be necessary to lay off additional employees and reduce services.”*

*“Small counties like [ours] are deprived of enough funds to sustain the growing population. Expansion of the program lies in the hands of the county in which the funds are not available. If it was not for the generosity of the county we could not serve the individuals that we are now serving. So many are denied needed services because of lack of funding.”*

—HCCBG Service Provider

### About the Home and Community Care Block Grant (HCCBG)

Established in 1992 under NCGS 143B-181.1(a)(11), the HCCBG was devised to provide a “common funding stream” for a comprehensive and coordinated system of home and community-based services and opportunities for older adults. HCCBG services are available to people age 60 and older, although the “average” client is nearly 80 years old, and the program targets individuals who are socially and economically needy.

HCCBG is administered through the NC Division of Aging and Adult Services and the Area Agencies on Aging. It combines federal and state funds with a local match, and it gives county commissioners discretion in budgeting and administering aging funds.

### HCCBG Services at a Glance

- adult day care and day health care
- respite
- information & assistance
- congregate and home-delivered meals
- senior centers
- housing and home repair
- health promotion and disease prevention
- care management
- in-home aide services
- volunteer coordination
- general and medical transportation

Providers often use a variety of funding sources to support these programs.

# The Largest Wait Lists Continue to Stress Two Services Vital to Keeping Seniors in Their Homes: In-Home Aide and Home-Delivered Meals

**In-home aide services and home-delivered meals** accounted for more than three-quarters (78%) of the wait list for services funded entirely or in part with HCCBG funds. In-home aide services accounted for 2,871 waiting (based on 81% of providers reporting) and home-delivered meals for 2,510 (based on 91% reporting). These figures do not include inquiry lists for services provided all or in part with HCCBG funds, amounting to another 1,718 for in-home aide and 1,089 for home-delivered meals.

With this growing unmet demand, providers are continuing efforts to cope. Nearly 3 in 10 providers of in-home aide services and home-delivered meals (29%) have frozen slots (not adding a client when an existing client ends service); another 25% of in-home aide providers expect to do this in the future, as do 22% of home-delivered meals providers. Even for those being served, there are reductions: More than half of in-home aide providers are decreasing hours of service or expect to (34% and 24%, respectively), and nearly two-thirds are capping the amount of service for individual clients or expect to (43% and 20%, respectively).

Providers of these services, which enable people to remain at home, are concerned about not even being able to adequately help those needing *adult protective services*—victims of abuse, neglect and /or exploitation.

## Comments about In-Home Aide Services

*“[We are] placing people on waiting list earlier than before. Limiting number of hours for each client so that we may serve one or two more.”*

*“We have a number needing in-home aide service that cannot be served—sizable enough to triple program.”*

*“[We] may have to cut some people we are currently serving, and most likely will be cutting back on some of the hours that are being provided.”*

## Comments about Home-Delivered Meals

*“We tried to continue service for the ARRA [federal stimulus funded] clients, but due to shortages we had to stop those meals.”*

*“We would like to expand our nutrition program into the rural area of our county, but the lack of funding prevents us from doing so.”*

*“Other than delaying admissions for a few weeks, and cutting back on the actual delivery dates for meals, there is not much else to do other than to close one or two of the smaller routes.”*

## Comment about Adult Protective Services

*“Adult Protective Services referrals go to the top of the list. Even so, we have some of the APS referrals that we have not admitted because the funds are not there to provide the services. We monitor the budget closely to see if we can add a client where some hours may not have been used due to patients being in the hospital, going to MD appointments, etc.”*

Many HCCBG providers tap volunteers to help—adult day services providers were especially more likely to seek and use volunteers this year. However, more than half of providers using them are concerned about both their numbers and the hours they can contribute decreasing. Issues related to their availability are complicating the provision of home-delivered meals, housing/home repair, adult day care, and other HCCBG services, as reflected in their comments.

*“We are dependent on volunteers in almost every program/service we provide. There are challenges associated with recruiting, training, evaluating, rewarding and maintaining volunteers.”*

*“Some of our volunteers are going back to work full-time and are no longer able to volunteer.”*

*“We used to have volunteers who volunteered through their work but this has tapered off, as employees [are] taking on other people’s tasks due to downsizing and therefore not able to volunteer due to time limitations.”*

*“Volunteers have voiced concerns about the rising cost of gasoline...meal routes will be affected.”*

*“County funds that supported mileage reimbursement have dwindled and will go away altogether in FY 12. Volunteers have quit and have been difficult to replace.”*

*“Some of our volunteers are aging into their 80s and 90s making it more challenging for them and us.”*

## Shrinking Resources Represent a Major Challenge

More than two-thirds of providers (68%) who received United Way funds have seen this support decrease (58.5%) or end (10%) over the past three years. Other declining resources include: corporate donations (57%), private donations (55%), consumer contributions (49%), other private sources (38%), municipal government (36%), and county government (27%).