

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 surveyed in February 2009 to assess service needs and learn about providers' strategies and issues pertinent to meeting these needs. The network was resurveyed in September 2009 by the Division of Aging and Adult Services (DAAS) to learn more about the impact of the economic crisis on provision of services. Of the 304 HCCBG providers, 197 responded (64 percent), although rates vary by service. The timing of this second survey may well have affected the results in comparison with what was learned in February, as is suggested by the comments of these two providers.

"This survey is being conducted at the beginning of the fiscal year; therefore answers like number of folks on waiting lists will likely be lower now than later in the year."

"I feel the answers for congregate and home-delivered [meals] are a bit skewed due to the availability of [federal] stimulus funds."

Still, what remains abundantly clear from numerous comments of others is their determination to assist the most vulnerable and their anxiety about the future.

Access to and Intensity of Services Weakens

- Providers are more likely since February to have reduced the number of days that hot meals are delivered.
- As their predominant cost-saving strategy, nearly two-thirds of in-home aide providers (65%), many home-delivered meals providers (61%), and a quarter of congregate meal providers are prioritizing applicants according to their specific need for the service. More than half of in-home aide providers (58%) are reassessing clients to identify those whose services can be reduced or ended, and nearly half (48%) have had to cap the amount of service for individual clients.
- While fewer medical transportation providers (11%) are reducing the number of trips per rider as compared to February, significantly more (20%) anticipate doing this within the next 6 months.
- Nearly a third (29%) of home-delivered meals providers have had to freeze slots, and another 25% may have to do so within the next 6 months. While only 18% report having to discontinue providing holiday or emergency meals, another 33% anticipate doing this within the next 6 months.

"We are always getting requests from dialysis patients who need transportation 2-3 times a week. We try to accommodate these clients as soon as possible. For each dialysis client that we assist, we have to reduce the number of trips allowed per "non-dialysis" clients more and more."

"I have 140+ caregiver clients and have funding to serve about 15 with minimal respite services. We can always use more funding for respite."

"We have stopped serving meals on Fridays—so this reduced the number of staff and meals to stretch the money out to the end of the fiscal year."

"Either the services are important and funded, or not important and not funded. But if the services are not funded, elected officials need to understand the impacts."

—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.

Providers Are Frugal, Stressed, Conscientious, and Innovative in the Face of Dwindling Resources

- ◆ More than 60% of providers receiving support from United Way and private and corporate donations have seen this reduced. For nearly 60%, consumer contributions are down, as is private foundation funding for half. Since February, more providers have had their funding reduced by municipal and county governments.
- ◆ Although the numbers are relatively small, significantly more providers since February have laid off service and administrative staff (9%) and reduced staff benefits (17%). Nearly 1 in 5 (18%) have either cut hours per day or days per week—at least 120 workers have had their full-time positions reduced to part time, and at least 80 have lost their jobs or may in the next 6 months.
- ◆ More than a third of providers (38%) expect to run out of HCCBG funds before the end of the fiscal year, starting as early as September—with two thirds projecting this to happen by the end of April.
- ◆ More than half of the providers using volunteers (56%), regardless of the service, report that volunteers are telling them that they are less able to afford the cost of gas without a mileage reimbursement.
- ◆ The majority (65%) of care management agencies are reportedly counseling families to do more for clients, and reassessing clients to identify those whose services can be reduced or cut.

“We are reviewing every program to make sure it is the most cost effective it can be. [For example,] we have revised our Certified Nursing Assistant assignments to cluster them to reduce the cost of drive time and mileage reimbursements.”

“We are currently assessing budget, income, bills, salary, and other things on a week-to-week basis. We have not dipped into our reserves; however, it will not be long by the look of things.”

Service Needs and Wait Lists Remain Substantial

7,049: Seniors waiting for HCCBG-funded services (as reported by 64% of HCCBG providers)—a decline from what was reported in February, possibly due to the tendency of some providers to add new clients at the beginning of the fiscal year, even if they are unable to sustain them

9,757: Total seniors waiting for services from any funding source (e.g., Family Caregiver Support funds or SSBG) through HCCBG providers (as reported by respondents)

14,000 [rounded]: Estimated number of seniors waiting for home and community services from any funding source through HCCBG providers (based on projecting responses to 100%)

As in February, **the largest wait lists are for HCCBG-funded in-home aide services** (3,207, based on 79% of providers) and **home-delivered meals** (2,084, based on 61% of providers reporting). These services are vital to helping vulnerable seniors remain at home

Two services—housing/home repair and congregate meals—showed an increase in their wait lists since February.

81%: Senior centers reporting increased demand for programs and services

74%: Providers of **information and assistance** reporting that requests have increased; **47%** reporting that community resources to which seniors can be referred have decreased

“Because our goal is to keep clients out of nursing homes, we tend to get [in-home aide] clients whose needs are long term; therefore our turnover rate is slower. Our waiting list will remain long if our funds are not increased.”

“The [home-delivered meal] service needs continue to rise as the services continue to decline due to funding and availability of volunteers.”

HCCBG Services at a Glance

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

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

What Else Are HCCBG Providers Saying?

Service Demand Going Up

- ♦ “Our program has increased services by 20% in three years and paid for those services with private donations. Our waiting list has tripled in the last 18 months. Neither HCCBG nor private donations has kept up with increased demand.”
- ♦ “Need continues to grow, while resources continue to decrease. The need will continue to grow as Baby Boomers age into senior adulthood. Senior Centers and their programs and services assist in keeping the older adult population healthy and active, thereby reducing the strain on tax dollars for nursing homes and medical care.”

Clients Becoming More Vulnerable

- ♦ “We are seeing a trend of people with more serious situations and diagnoses seeking this service.”
- ♦ “Our waiting list grows on a daily basis. Clients do not have funds for private duty and must rely on government programs. Clients on our waiting list are very fragile and sick. Hospitals send them home. The Medicare benefit for home health agencies only lasts 2 months and many need ongoing care. Many are cared for by elderly spouses. Some are suffering neglect in their homes.”
- ♦ “We have had a few [Medicaid] At-Risk Clients who were receiving an additional hour of In-Home Aide services to assure their safety and well being. However, we have had to reduce their hours back and have had to assure that their [family] caregivers followed up on additional care needed. We also do not add new clients when services end for existing clients. [All of this] seems to have increased the number of Adult Protective Services reports that we have received on some of our more vulnerable clients.”
- ♦ “[We] just can’t replace anyone who stops [home-delivered] services with someone from the waiting list which means that more people may need to be placed out of the home to assure their health and nutritional well being.”

Ability to Respond Going Down

- ♦ “We are utilizing local resources such as fundraisers and partnering with churches for grants to expand or maintain services. We are trying to maintain a positive attitude. However, the cost of doing business continues to rise and we are expected to do more with less. This has an impact on the frail elderly we serve and impacts our ability to recruit and retain competent employees.”
- ♦ “We have clients who have gotten laid off and are over 60 wanting to come and participate in Senior activities and meals but we can’t afford to feed them.”
- ♦ “In my county, the HCCBG funds have been flat for at least 6 or 7 years. With salaries, cost of food, and especially gas prices increasing, this has put quite a strain on our HCCBG budget. In my agency, we try to fill the gaps with congregate/home-delivered with profits from a thrift store; however, we have had 2 less than profitable years and the gap has become so wide that it is impossible.”
- ♦ “Our budget for HCCBG addresses one third of the need. Over the last five years the increased cost of providing the service (hourly reimbursement for In-Home Aides) and our allocations have decreased resulting in our ability to serve only about half of the clients we served over five years ago.”
- ♦ “We had access to some county discretionary money that is no long available to us. The faith based organization has had an increase in the number of requests for all populations and so less is available to help seniors (and all others).”
- ♦ “[Our] agency utilized other community resources (The Salvation Army, Catholic Charities, Red Cross, and local churches) in times past, but are unable to utilize them now, because of lack of resources within these establishments.”
- ♦ “[We] anticipate less funding from all resources. Many services have been cut back already and will continue to be cut back.”

- ◆ “We are not sure about our United Way funds this year. Things are looking very bad, and they give us \$100,000 a year. So we are holding our breath.”
- ◆ “We need to supplement the HCCBG funding with \$825,000 in private donations just to serve the number of people we serve today [with home-delivered meals]. It will take approximately an additional \$300,000 to eliminate the waiting list that we have today.”
- ◆ “We hope the stimulus money will allow us to serve those on the waiting list. Unfortunately this is a one-time solution. Our local United Way discontinued all funding for the Congregate Nutrition program this year.”
- ◆ “We have had 1½ positions lost in the last 9 months. We are down to one full-time position at the Senior Center.... running the center using volunteers and 2 half-time Urban League workers.”
- ◆ “We have had to reduce respite hours across the board and reassess all of our clients to see if their needs can be met in other ways. We have 25 folks on our inquiry list who have requested services, but we are closed. We would have more, but we cap our list at 25.”
- ◆ “We have replaced 2 hot meals with 2 frozen meals each week.”
- ◆ “We are closing all sites every other Friday and limited the number of [congregate] meals served. We also are no longer ordering meals for those under 60 who otherwise qualify for meals due to disabilities and living arrangements.”
- ◆ “[We have] combined staff positions so that fewer staff have multiple roles and areas of responsibility.”
- ◆ “Both full-time [Senior Center] staff members have taken a 16% reduction in salary [this fiscal year].”
- ◆ “We have many people now bringing a sandwich or other lunch with them. They come to eat with others and enjoy the socializing. All participants are aware of the budgetary limitations and have made efforts to assure the meals are going to those with the greatest need.”

Tough Decisions Being Made

- ◆ “Each year we see more demand for the HCCBG funds. We have seen our funding stay flat when demand for services has increased dramatically. Due to funding limitations, we have had to reduce staff and may be forced to reduce staff further.”
- ◆ “Hard times require hard decisions and we need to all be working together to find solutions to help as many seniors as possible with their most basic needs.”
- ◆ “The foundation grant which helped our Senior Center get started last year cannot fund us this year. Other private grants we have researched say they are only funding crisis agencies this year. No one will provide operating costs. We are 3 months into the new year, and this is becoming a serious matter.”
- ◆ “It is time to really assess the effectiveness of each program and cut or eliminate those that are not critical in order to shift funding to more critical priorities. There needs to be honest and open dialogue about this. We can no longer be everything to everybody, rather we should serve only the most critical needs in our communities. ...The question is, which one[s] do you cut?”

Searching for Creative and Effective Solutions

- ◆ “[We are] develop[ing] a travel training program . . . to train those older adults who are physically and mentally capable of riding a fixed route to take advantage of that more cost-effective service.”
- ◆ “Still just a concept . . . we may explore using bus passes for those eligible and able to use public transportation.”
- ◆ “[We are] implementing new technology to improve efficiency allowing us to transport more people with the same amount of resources.”
- ◆ “We are working with a Minister to develop a volunteer program with local churches where adults in need can utilize volunteers for errands and transportation. This could eventually help to reduce hours needed for In-Home Aide Service.”