



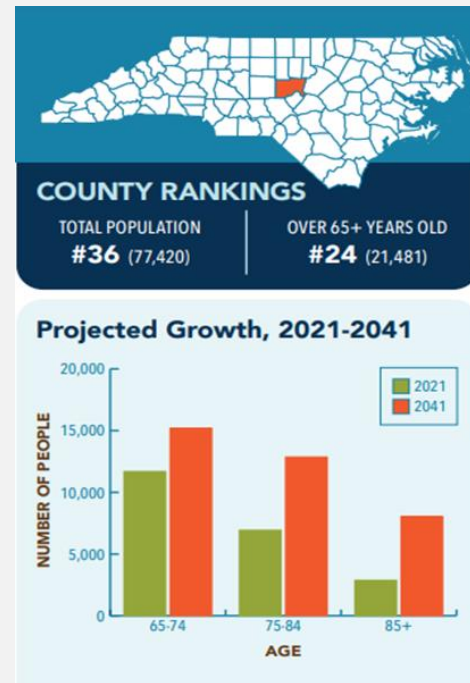
HCCBG PLANNING COMMITTEE MEETING

June 16, 2023

CHATHAM'S AGING POPULATION DATA

Projected Population Change, 2021-2041

Age	2021		2041		% Change 2021-2041
	County #	County %	County #	County %	
Total	77,420		103,729		34%
0-17	13,354	17%	16,625	16%	25%
18-44	21,094	27%	26,182	25%	24%
45-59	15,583	20%	18,018	17%	16%
60+	27,389	35%	42,904	41%	57%
65+	21,481	28%	36,072	35%	68%
85+	2,869	4%	8,033	8%	180%



Sources:

NC Office of State Budget and Management, population projections for Chatham County, 2021 and 2041.

NC State Office of State Budget and Management, Standard Population Estimates, Vintage 2020; Population Projections, Vintage 2040

<https://www.osbm.nc.gov/facts-figures/population-demographics>

RACE AND ETHNICITY, AGE 65 AND OLDER

Race and Ethnicity, Age 65 and Older, 2021

Race/Ethnicity	County %	NC %
White	86%	78%
Black or African American	11%	17%
American Indian	<1%	1%
Asian	2%	2%
Some Other Race	<1%	1%
Two or More Races	1%	1%
Hispanic/Latino	2%	2%
White, Not-Hispanic or Latino	84%	77%

Source:

<https://www.ncdhhs.gov/north-carolina-aging-profiles-2021/pdf/open>

Social and Economic Characteristics of Population, Age 65 and Older, 2021

Characteristics	County %	NC %
100% Poverty	7%	9%
100-199% Poverty	14%	20%
Speak English Less than "Very Well"	2%	2%
Veterans	14%	17%
Living Alone	26%	27%
Less than High School	10%	14%
High School Graduate (Includes Equivalency)	23%	30%
With a Disability	30%	34%
Median Household Income of Householder 65 Years and Over	61,014	45,261
In Labor Force	20%	18%

Older adults **living alone** are at risk of **social isolation, loneliness** and poor health outcomes

Source: American Community Survey 2020-2040, five-year estimates. Table S0103 population 65 and over

CHARACTERISTICS OF ADULTS 65 AND OLDER

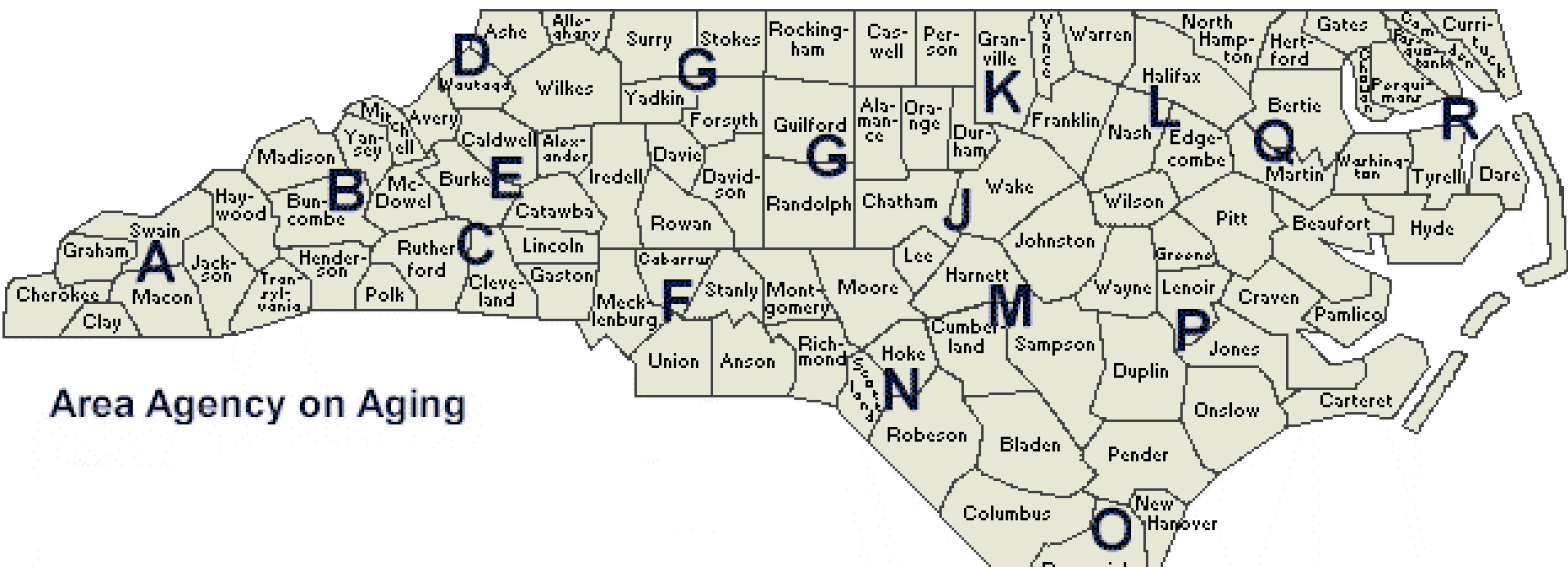
**OLDER AMERICANS ACT
JULY 14, 1965**

Broad national policy objectives
on aging

Grants to states for community
planning & services—
nationwide aging infrastructure

States required to develop a
“comprehensive and
coordinated service system” in
partnership with AAAs (1973)





Area Agency on Aging

AREA AGENCIES ON AGING

Located in the regional Councils of Government. AAAs have functions in five basic areas:

- (1) advocacy; (2) planning; (3) program and resource development; (4) information brokerage; and (5) funds administration and quality assurance.

Comprehensive systems of services include:

- **Access services** - such as transportation, outreach, and assessment;
- **Community services** - such as congregate meals, education, legal services and counseling, elder abuse services, and senior center programs;
- **In-home services** - such as home health, in-home aide, and home-delivered meals.

CHATHAM COUNTY AGING SERVICES

We promote and support independent living and the physical and mental wellness of persons aged 60+ and their families through a wide range of services. Special emphasis is given to reaching the *socially and economically* needy, and in particular, those ineligible for Medicaid but who cannot afford to pay for services themselves.

- Latest independent audit and TJCOG monitoring = no deficiencies
- 82% of our expenditures are for program services
- One of 8 grantees in US chosen for Helping Homebound Heroes Program for Veterans (our 3rd round of this grant)
- Both senior centers are currently recognized by the North Carolina Division of Aging and Adult Services as “Centers of Excellence”



**AGING SERVICES AND
THE ELDERLY OF
CHATHAM COUNTY**

- Aging Services agrees to meet the needs of elderly in Chatham by promoting independent living, supporting family caregiving, enhancing physical and mental wellness, and coordinating community, financial and volunteer resources.
- Aging Services agrees to serve as the local Designated Lead for the State's HCCBG and administer HCCBG services under the funding plan recommended by the citizen advisory committee and approved by the County Board of Commissioners.
- Aging Services is expected to collaborate with other health and human services agencies.
- Aging Services must maintain satisfactory HCCBG reviews conducted by the Triangle J Area Agency on Aging.

Growing older can be
lonely and challenging...

So we offer services,
programs and volunteer
opportunities....

So that seniors feel
more secure and live
more fulfilling lives.



OVERVIEW OF HOME AND COMMUNITY CARE BLOCK GRANT (HCCBG)

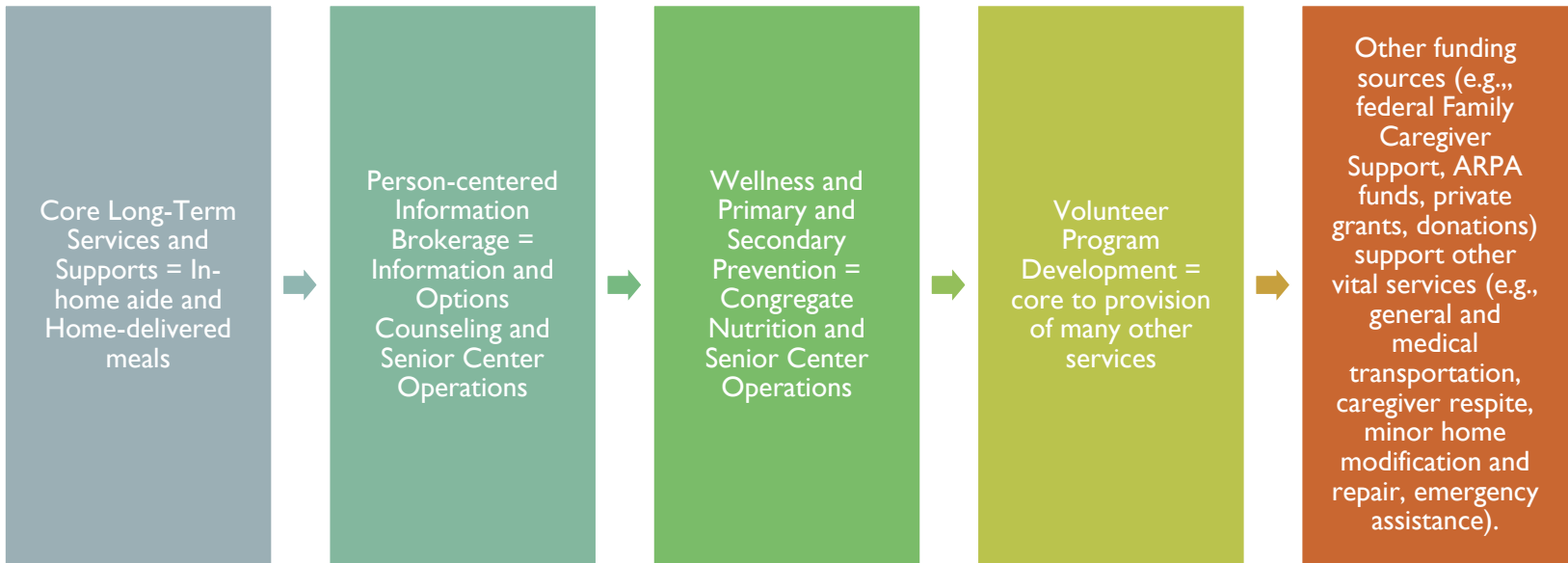
- General Assembly established HCCBG in July 1992
- Combined federal Older Americans Act, Social Services Block Grant (SSBG) in support of respite, and relevant State Appropriations
- Gave counties greater discretion and authority in determining services, service levels, and providers
- Counties choose among 17 eligible services
- Focus on supporting frail elderly at home, improving physical & mental health, assisting with access to services & information, providing family caregiver relief, and helping seniors remain active



Development of the County Funding Plan

County Board of Commissioners' responsibilities for the planning, coordination, and implementation of the county funding plan:

- Designation of an agency or office within the county with lead responsibility for planning and coordination of the county funding plan. **The designation can be for more than one (1) year. The length of designation is at the discretion of the board of commissioners.**
- Appointment of a committee to serve as a Block Grant Advisory Committee to the lead agency for planning and coordination in the development of the county funding plan. **The length committee members' appointment is determined by the board of commissioners.** The Division strongly recommends that older adults comprise no less than 1/3 of Advisory Committee membership.
- Ensuring that the county funding plan is in compliance with budgetary instructions provided by the Division of Aging and Adult Services.
- Submission of the recommended county funding plan to the area agency on aging and entering into a grant agreement with the Area Agency on Aging.



CHATHAM'S HCCBG SERVICE SELECTION— RATIONALE

The provision of a home delivered meal that provides 1/3 of the Recommended Daily Dietary Allowance to a home-bound older adult.

In-Home Aide

The provision of paraprofessional services which assist functionally impaired older adults and/or their families with essential home management, personal care and/or supervision necessary to enable the older adult to remain at home as long as possible.

**Home-Delivered Meals
[Meals-on-Wheels]**

SERVICE DEFINITIONS

SERVICE DEFINITIONS

Senior Center Operations

Operation of a multipurpose senior center includes the provision of a broad spectrum of services and activities for older adults. The primary objectives of a multipurpose senior center include: the centralized provision of services which address the special needs of older adults; opportunities for older adults to become more involved in the community; and the prevention of loneliness and premature institutionalization by promoting personal independence and wellness.

Congregate Nutrition

A service which assists older adults, their families and others acting on behalf of older adults, in their efforts to acquire information about programs and services and to assist older persons with obtaining appropriate services to meet their needs. Options Counseling provides guidance to individuals as they make informed choices about long-term services and supports.

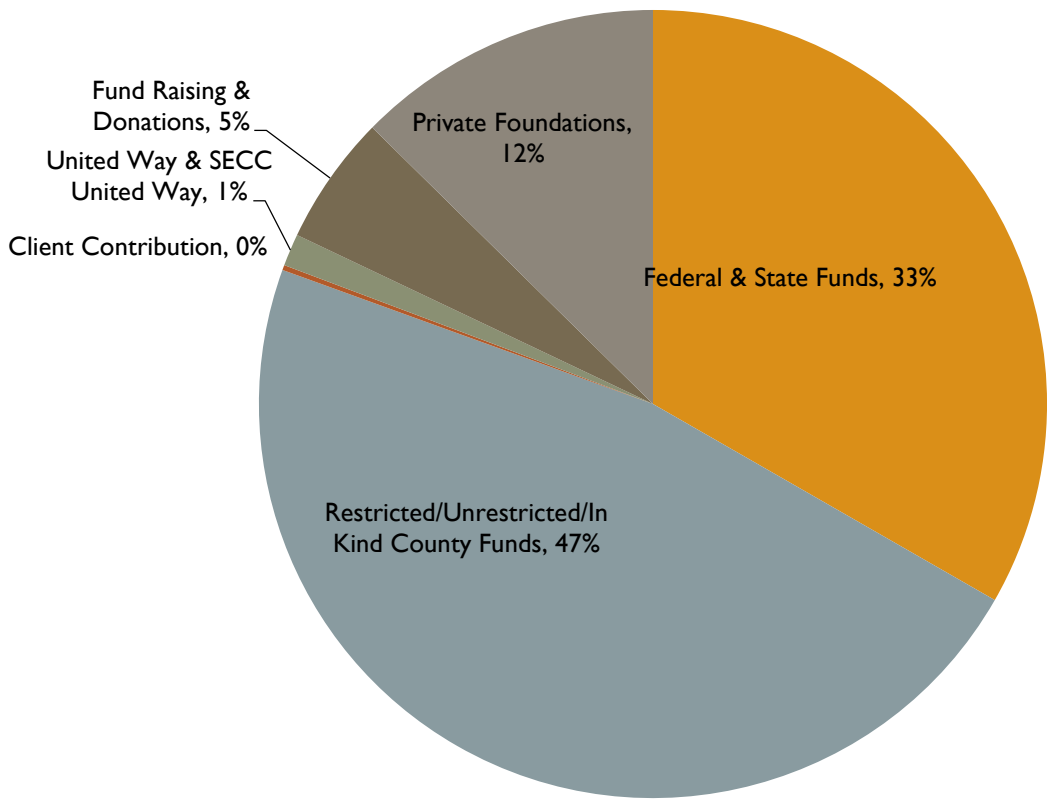
Volunteer Program Development

The development of a systematic process of utilizing volunteers of all ages to support community services for older adults.

SERVICE PRIORITIES

Once community service providers have determined that individuals meet the eligibility criteria for a given service as specified in the service standard, individuals must be served in the following priority order:

1. Older adults for whom the need for Adult Protective Services has been substantiated by the local department of social services and the service is needed as part of the adult protective service plan.
2. Older adults who are at risk of abuse, neglect, and/or exploitation.
3. Older adults with extensive impairments in activities of daily living (ADL's), or instrumental activities of daily living (IADL's), who are at risk of placement or substitute care.
"ADL's" include: eating, dressing, bathing, toileting, bowel and bladder control, transfers, ambulation and communication (ability to express needs to others e.g. speech, written word, signing, gestures, communication devices).
"IADL's" include: meal preparation, medication intake, cleaning, money management, phone use, laundering, reading, writing, shopping and going to necessary activities.
4. Older adults with extensive ADL or IADL impairments.
5. Older adults with less extensive (1-2) ADL or IADL impairments.
6. Well Older Adults.



Revenue
\$3,215,004

HCCBG SERVICES

CHATHAM'S HCCBG SERVICES IN SFY 2022-23 AND PROPOSED FOR SFY 2023-24

Adult Day Care	Health Screening	Mental Health Counseling
Adult Day Health Care	Home-Delivered Meals	Senior Center Operations
Care Management	Housing & Home Improvement	Senior Companion
Congregate Nutrition	Information and Options Counseling	Skilled Home (Health) Care
Group Respite	In-Home Aide (levels I, II, III, IV)	Transportation
Health Promotion & Disease Prevention	Institutional Respite Care	Volunteer Program Development

SFY 2023 HCCBG Funding

SFY 2023-2024 County Funding for Home and Community Care Block Grant (HCCBG)

COUNTY/REGION	IFF Formula	IFF FORMULA	County BASE	Adjustment for Hold Harmless	Subtotal HCCBG	SFY 2024 HCCBG 4/3/2023	SFY 2023 HCCBG	Comparison 2023 vs 2024 4/3/2023	SFY 2024 HCCBG	Variance 2024 vs 2023	Local Match Needed	Total Allocation Plus Local Match
CHATHAM	6.28%	574,609	60,000	3,000	637,609	656,698	688,170	95.43%	656,698	104.79%	72,966	729,664
DURHAM	15.19%	1,389,125	60,000		1,449,125	1,572,243	1,488,518	105.62%	1,572,243	94.67%	174,694	1,746,936
JOHNSTON	13.28%	1,214,563	60,000	-3,000	1,271,563	1,329,757	1,209,356	109.96%	1,329,757	90.95%	147,751	1,477,507
LEE	4.43%	404,605	60,000		464,605	464,605	457,015	101.66%	464,605	98.37%	51,623	516,227
MOORE	8.49%	776,232	60,000		836,232	878,301	841,902	104.32%	878,301	95.86%	97,589	975,890
ORANGE	7.78%	710,906	60,000		770,906	796,029	756,786	105.19%	796,029	95.07%	88,448	884,477
WAKE	44.55%	4,072,873	60,000		4,132,873	4,446,247	4,314,358	103.06%	4,446,247	97.03%	494,027	4,940,275
REGION J	100%	9,142,912	420,000	0	9,562,912	10,143,879	9,756,104	103.97%	10,143,879	96.18%	1,127,098	11,270,977
		0.7392										

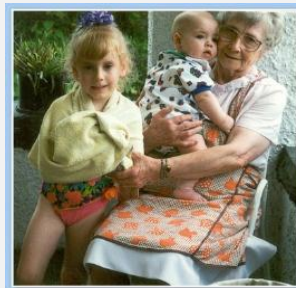
SERVICE	FY 21-22	FY 22-23	FY 23-24
Senior Center Operations	\$160,761	\$120,761	\$120,500
Cong Nutrition	\$95,000	\$135,496	\$95,000
HD Meals	\$116,218	\$116,218	\$120,000
Info & Options Counseling	\$69,891	-	-
In-Home Aide (II/III)	\$147,587	\$295,695	\$308,198
IIIB	\$20,300	\$10,000	\$5,000
Vol Development	\$47,917	\$10,000	\$8,000
Total	\$657,674	\$688,170	\$656,698

REVIEW OF PROPOSED COUNTY FUNDING PLAN

YOUR ACTIONS REQUESTED....

- ❑ Review and recommend proposed County Funding Plan for the Home and Community Care Block Grant for Fiscal Year July 1, 2023, through June 30, 2024
- ❑ Recommend use of any additional HCCBG funds (federal and/or state) received this year
- ❑ Aging Services suggests applying any increased HCCBG funding to Senior Center Operations first as needed, followed by Nutrition programs (Congregate and Home-delivered depending on trend), and then In-Home Aide and Information/Options Counseling respectively.

WE KEEP IN MIND
THAT MANY DEPEND
ON US...



Life's most persistent and urgent
question is—"What are you doing for
others?"

—Rev. Martin Luther King, Jr.