

FACT SHEET

North Carolina Senior Tar Heel Legislature 2019 Legislative Priorities

Increase Funding for HCCBG

The North Carolina Home and Community Care Block Grant (HCCBG) is vital in assuring the availability of cost-effective home and community-based services to the elderly, malnourished, homebound, dependent and those who are socially and economically needy. This older population continues to increase; approximately 10,000 citizens are currently waitlisted for services and 1.2 million more are expected to turn 60 years of age by 2034; This rapidly increasing older adult population will place even greater pressure on an already overburdened service delivery system. **The Senior Tar Heel Legislature requests the General Assembly increase the Home and Community Care Block Grant funding by \$7 million dollars in recurring funds.**

Maintain and Increase Funding for Senior Centers

There are 171 Senior Centers in 97 counties that provide programs and services to enhance the health and wellness of older adults. These services are of significant benefit to help elders remain independent, thus delaying their potential for costlier services or housing options. Senior Center General Purpose money is vital to support critical center operations. To maintain operation, senior centers must leverage resources from a variety of sources that include federal, state, and local governments, special events, participant contributions, grants and volunteer hours. Even with leveraging, funding for senior centers has not been able to meet the needs of the state's increasing aging population who now constitute more than two-thirds of the fifty and over population. **The Senior Tar Heel Legislature requests that the General Assembly maintain the current General Purpose funding and increase this funding by a recurring \$350,000 to continue to meet the vital needs of North Carolina's growing population of older adults.**

Increase funding for Project C.A.R.E.

By mandate of the North Carolina General Assembly, Project C.A.R.E. (Caregiver Alternatives to Running on Empty) was developed by recommendation of a statewide, multi-stakeholder Task Force to address Alzheimer disease and related dementias. Funded by the state through the NC Department of Health and Human Services, Division of Aging and Adult Services, it provides caregiver support, care management, and referrals to available services. It has become a national best practice model for providing respite services to family members who are caring at home for a loved one with Alzheimer's disease or related dementia. More funding is needed to assist the caregivers of the ever-growing older adult population. **The Senior Tar Heel Legislature requests that the General Assembly increase funding for Project C.A.R.E. in 2019-2020 by \$500,000 and in future years increase funding by ten percent annually for expected growth.**

Strengthen and Fund North Carolina's Adult Protective Services Program (APS)

North Carolina's Adult Program Services Program (APS) must be strengthened and funded to respond to the accelerated growth in the State's aging population. APS is a core of services provided to vulnerable and older adults who are at risk of abuse, neglect and exploitation. By 2025, 89 counties in North Carolina are projected to have more people age 60 years of age than 17 years and under. Many of these adults may be at risk of becoming victims of abuse, neglect or exploitation. The number of APS reports is expected to continue to increase as North Carolina's aging population increases. NC General Statute 108A, Article 6, Protection of the Abused, Neglected, or Exploited Disabled Adult Act, mandates county departments of social services provide APS to vulnerable and older adults who have been abused, neglected or exploited. In SFY 2016-2017 county departments of social services received 27,483 APS reports alleging the abuse, neglect or exploitation of vulnerable adults. In SFY 2016-17 counties expended approximately \$23.5 million, 3% state, 79% county, 18% federal, for the provision of APS. Counties are struggling to locate funding to provide these mandated services and are relying on funding from county governments and a decreasing federal Social Services Block Grant that is used to fund many services provided by counties. The need for APS has continued to increase over the years, but the only State funding, \$2 million provided for the provision of APS, was eliminated in the SFY 2010-2012 State Budget. A comprehensive evaluation/review is needed to better reflect the challenges counties currently face in meeting the changing needs of vulnerable and older adults who have been abused, neglected or exploited and are in need protective services. **The Senior Tar Heel Legislature urges the General Assembly recognize and value its vulnerable citizens by making available \$7 million in recurring funds in the State budget to meet the growing need for Adult Protective Services in North Carolina and conduct a comprehensive evaluation/review of these services to ensure this protection is adequate.**

Staff-to-Patient Ratios in Nursing Homes

The positive relationship between nurse staffing levels and the quality of nursing home care has been demonstrated widely and that increasing nurse (RN, LPN, and CNA) staffing levels facilitates enhancement of the outcomes of nursing home care. The federal Nursing Home Reform Act (NHRA), as part of the Omnibus Budget Reconciliation Act (OBRA) of 1987, requires minimum staffing levels for registered nurses (RNs) and licensed practical nurses (LPNs), and a minimum educational training for nurse's aides (NAs), but fails to establish a specific requirement for minimum caregiver/resident ratio or a minimum standard for the number of hours per patient day that a resident should be receiving care. In a nursing home, the CNA is the true point-person when it comes to providing adequate one-on-one care to the resident. The quality of care that facilities provide to their residents is frequently evaluated across three domains including structure (resources used to provide care; e.g., staffing), process (actions used to provide care; e.g., restraints) and outcomes (end results for patients; may be bad outcomes or good outcomes). **The Senior Tar Heel Legislature recommends that the General Assembly enact legislation, which establishes either a mandatory Standardized HPPD (hours per patient daily) or minimum staff-to-patient ratios for direct patient care, including enforcement standards and consequences to ensure quality care in nursing homes in the state of North Carolina, regardless of whether they are a for-profit or non-profit organization.**

INFORMATION ON THE NORTH CAROLINA SENIOR TAR HEEL LEGISLATURE

The North Carolina Senior Tar Heel Legislature was created by the North Carolina General Assembly with the passage of Senate Bill 479 in July of 1993. The Senior Tar Heel Legislature was created to:

- Provide information to senior citizens on the legislative process and matters being considered by the North Carolina General Assembly.
- Promote citizen involvement and advocacy concerning aging issues before the North Carolina General Assembly.
- Assess the legislative needs of older citizens by convening a forum modeled after the North Carolina General Assembly.

Each of the 100 North Carolina counties is entitled to one delegate to the Senior Tar Heel Legislature. Most counties also have an alternate delegate. Delegates and alternates must be age 60 or older. The North Carolina Division of Aging and Adult Services provides staff support for the Senior Tar Heel Legislature in cooperation with the 16 Area Agencies on Aging, which are responsible for conducting the selection of delegates and alternates.

Mary Edwards of the Division of Aging and Adult Services is the principal staff aide and can be contacted at Mary.Edwards@dhhs.nc.gov or 919-855-3437.

We can be found on the web at: <http://www.ncsthl.org/> and on Facebook (North Carolina Senior Tar Heel Legislature).

For more information about the North Carolina Senior Tar Heel Legislature, please contact your county's Delegate or Alternate or the following members:

Speaker

Dwight Cartner
Davidson County
118 Avondale Drive
Lexington, NC 27295

Speaker Pro Tempore

Norma Duncan
Mitchell County
59 Chestnut Street
Spruce Pine, NC 28777

Deputy Speaker Pro Tempore

David Boone
Pasquotank County
901 Cedar Point Circle
Elizabeth City, NC 27909

Secretary

Annette Myers
Granville County
P.O. Box 461
Oxford, NC 27565