

BOULDER COUNTY AREA AGENCY
ON AGING
REGION 3B AREA PLAN
TITLE III and TITLE VII

*OLDER AMERICANS ACT
STATE FUNDS FOR SENIOR SERVICES*



July 2015-June 2019

*STATE FISCAL YEARS 2016-2019
(July 1, 2015 to June 30, 2019)*

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Language in small print at the beginning of sections of this plan comes from The State Unit on Aging's Policy Directive 15-04 *SFY 2016-2019 Area Plan* Planning Assistance document, herein after referred to as SUA PD 15-04.

SUA PD 15-04: The following sections are to help guide and focus the Area Plans for more uniformity and continuity as a whole. All Area Agencies on Aging (AAAs) shall include the in Section X Area Plan Checklist the page numbers where information is found in the column titled: Page Numbers Where Information is Located. Area Agencies on Aging may incorporate additional information into the area plan beyond the requirements of this Planning Assistance document.

SECTION I: EXECUTIVE SUMMARY

The Area Plan provides the Area Agency on Aging's primary blueprint of action. The Executive Summary incorporates the essential points of the Area Plan.

This Area Plan for Region 3B indicates the direction in which Boulder County Area Agency on Aging (BCAAA) intends to go in the four year period July 1, 2015 through June 30, 2019. In preparation for the plan, BCAA obtained data and input from the community through a scientifically valid survey, eighteen community conversations, key-informant input, and quadrant work group sessions.

The plan includes a description of the current programs provided and funded by the AAA and a discussion of how volunteers add capacity to the strength of the programs by increasing the number of people reached and units of service provided. A discussion of future programs that are planned and being considered indicates new types and modes of service delivery being considered during the four years covered by this plan. The commitment of BCAA and the Aging Advisory Council (AAC) continues to focus on strong support of the core services of the Older Americans Act, including transportation, information and assistance, benefits counseling, legal services, in-home services (homemaker, personal care, and chore), mental health counseling, congregate and home-delivered meals, nutrition counseling, evidence-based health promotion, caregiver support, elder rights and long-term care ombudsman. These core services will remain funding priorities throughout the four years covered by this plan.

In addition, during the four-year period covered by this plan, BCAA and the AAC will be taking a look at some new methods of service delivery that will foster consumer choice and be more responsive to needs of the population. To this end, we will be participating in some pilot projects using vouchers. We will also be involved in some discussion and planning efforts to address concerns we heard in the conversations and surveys, including:

- More flexible transportation options
- Availability and affordability of housing
- Raising awareness about where to access information
- Using technology – especially in communication

And we will be responding to state and federal network initiatives to be more effective in reaching our targeted audience and preparing for long term sustainability:

- Outreach to un-served and underserved

- Building business acumen – identifying alternative funding sources and strategies in order to be able to serve the growing population of older adults

The plan identifies older residents most likely to have a number of needs, including those who are non-white, Hispanic, low-income, and renters. Looking at demographics and population growth, it is noted that there will be over 18,000 adults 75 and over in Boulder County by 2019, the last year covered by this plan.

The area plan includes required outcomes and performance indicators established by the State Unit on Aging that all Area Agencies on Aging will be expected to achieve. These prescribed areas include reaching underserved clients, caregiving, transportation, legal assistance, Ombudsman programs, and nutrition. For Region 3B, Boulder County, outcomes regarding health promotion, reaching specific underserved populations, and the ADRC (Aging and Disability Resources for Colorado) have been added.

The mission of BCAAA is to promote the health and well-being of older adults by building on individual, family, and community strengths. We will continue to highlight this strengths-based orientation during the upcoming four-year period.

In the end, it is all about the desire for all to age well in our region. We will promote the goals of the updated *Age Well Boulder County* strategic plan, which is laid out in quadrants that reflect the necessary components that must be present in a community in order for residents to age well. Highlights of the plan include:

Basic Needs - The goals in this quadrant are fundamental services and areas of security needed for older adults to be able to safely remain in their communities. Goals for addressing basic needs include:

- Affordable, appropriate housing
- Readily available in-home services.
- Food security
- Seamless access to essential services
- Financial resources to meet their basic needs
- Affordable, flexible, and easy to arrange transportation services

Personal Connections and Community Involvement - This quadrant addresses the fact that connectedness is a huge factor in successful aging and highlights the desires for increased neighborliness that were expressed in community hearings. Goals include:

- Everyone in the community feels connected to others.
- People of all ages participate in social, civic, cultural, educational and recreational activities.
- Opportunities exist for meaningful volunteer work.
- Positive images of aging are promoted.

Health and Wellness - This quadrant addresses the overall importance of health and lifestyle in the process of aging well. Goals include:

- Acknowledging that wellness is both a personal and a community priority
- Health and wellness services are affordable, accessible, and readily available
- Wellness includes dying and end of life as a natural part of life

Aging in Community - This quadrant highlights the important role of family caregivers and also begins to address the built environment. Goals include:

- Caregivers are informed, educated, acknowledged, and supported
- Neighborhoods and communities have an age-friendly design

The Area Plan for Region 3B will incorporate examples of how the use of federal and state funds will advance specific goals in the *Age Well* plan. Service providers were asked to identify how their programs would address the plan in their response applications to the RFPs (requests for proposals) that were opened in February of 2014. The *Age Well Boulder County* document can be located at bouldercountyaging.org after June of 2015.



SECTION II: PUBLIC INPUT

SUA PD 15-04: The primary foundation of the Area Plan is the voice of the consumer. The aspirations, strengths, and needs of each Planning and Service Area (PSA) should guide the Area Plan.

The AAA shall conduct at least one public input meeting on the Area Plan to provide an opportunity for older adults, local government officials, key informants, and other interested parties to provide input to the Area Plan. Adequate published notice must be extended to increase older adults' opportunity to participate. AAAs shall retain documentation of each public input meeting (through recorded or written minutes) and a list of participants. The meetings should consider current and future service and support needs of older adults and the issues, challenges, and opportunities facing the Region. Describe the number, dates, and locations of the public input meetings. Documentation of public meetings may be identified as an attachment to the Area Plan. Discuss how those attending informed the Area Plan.

Public input was gathered from a variety of sources during the summer and fall of 2014. Methods of gathering the input included the Community Assessment Survey for Older Adults™ (hereinafter referred to as CASOATM); community conversations; key informant input was gathered through various means including a Survey Monkey survey service providers, input from AAA and SUA staff and Colorado Commission on Aging; and Age Well Boulder County quadrant goals-setting sessions. Listening sessions, discussions, and priority setting took place at meetings of the Boulder County Aging Advisory Council.

CASOA™ Survey

Boulder County Area Agency on Aging authorized National Research Center to conduct the CASOATM survey to provide statistically valid data based on a random sample of the region's population of adults age 60 and over. Our objectives were to identify the strengths and needs of the respondents and the community, to gain understanding about specific behaviors of respondents, and to compare responses with the CASOATM survey of 2010 as well as the strengths and needs surveys previously conducted in 2004 and 1998. The survey results also include reference to findings in other communities across the country. The mail-out/mail-back survey was conducted in July of 2014.

2014 CASOA™ Surveys in Boulder County		
3000 surveys were sent out to older adults (60+) in Boulder County. 922 were returned, for a 31% response rate and a plus or minus 3% margin of error		
Region of County	Number Responding	Percent of Total
Boulder	221	24%
Lafayette	172	19%
Longmont	177	19%
Louisville	190	20.5%
Other	162	17.5%

Community Conversations: As has been our practice, in conjunction with preparing the BCAA Area Plan for 2015-2019, we updated the community strategic plan, *Age Well Boulder County*. The Age Well Committee (comprised of local senior services and BCAA) that had coordinated the process in the past was reconstituted for the review and update of the plan. The Age Well Committee worked with the consulting firm of KezziahWatkins to structure the process, which gathered data for both the Area Plan and *Age Well Boulder County*. The process included focus groups, called community conversations, to gather qualitative input that would enrich and provide depth to the information garnered through the CASOA™ survey. Special acknowledgement goes to the local senior services managers and members of their staff, who along with BCAA staff and advisory council members facilitated and recorded notes at the conversations. A specific format was followed to ensure consistency. Participants were told that input was being gathered for both the strategic plan and for the AAA Area Plan. KezziahWatkins processed the data and prepared the summary report.

Eighteen community conversations were held in late spring and summer of 2014. Twelve were in varied geographic areas of the County and six with targeted groups of people. The discussion with participants in each group was carried out through a structured but comfortable and informal conversation. In addition to the discussion, a written response form was completed by most participants, allowing them to add to the session record with a greater degree of anonymity. Two hundred sixty nine people participated in these conversations.

Community Conversation Schedule – 2014

TARGET POPULATION	LOCATION	TIME	DATE
Lafayette residents	Josephine Commons, Lafayette	9-11 a.m.	5/19/14
Caregivers	Caregiving Symposium, Longmont	10:15-10:50 a.m.	5/22/14
Louisville residents	Louisville Senior Center	12-12:30 p.m.	5/29/14
Longmont residents	Longmont Senior Center	6-8 p.m.	6/2/14
Longmont residents	Longmont Senior Center	4-6 p.m.	6/3/14
Latino/In Spanish	Longmont Senior Center	4-6 p.m.	6/4/14
Louisville residents	Louisville Senior Center	1-3 p.m.	6/5/14
Low-income	Hearthstone, Longmont	2-4 p.m.	6/10/14
Boulder residents	East Boulder Senior Center Ballroom	1-3 p.m.	6/11/14
Low-income	Lydia Morgan, Louisville	1-3 p.m.	6/13/14
Erie residents	Erie Community Center	6-8 p.m.	6/17/14
Louisville residents	Louisville Senior Center	6-8 p.m.	6/18/14

Boulder residents	West Boulder Senior Center Creekside Room	10 a.m. - 12 p.m.	6/19/14
LGBT	Lafayette GO Services Center	1-3 p.m.	6/25/14
Erie residents	Erie Community Center	1-3 p.m.	6/26/14
Boulder residents	Meadows Library, Boulder	5:30-7:30 p.m.	7/15/14
Allenspark area	Community Room, Allenspark Fire Station	12:45 – 2:15 p.m.	7/17/14
Latino/In Spanish	West Boulder Senior Center	2-4 p.m.	7/20/14



Highlights of Findings from Community Conversations

The following bullet points are lifted directly from the Final Community Conversations Report, 2014, compiled by KezziahWatkins:

- “Participants expressed the need for a variety of community housing options suitable for the aging population and for the personal assistance necessary for them to stay in their homes.
- Availability and access to essential services was recognized as a benefit of living in Boulder County. However, participants said there is a need to help people know how to “navigate” the system of programs and services.
- Those participating in the Conversations appear to feel much more secure about their financial situations than they did in 2010 when the last Plan update was conducted.
- There was an expressed need for receiving more information about available services and service providers. There appears to be a disconnect between how people are currently receiving information about services and how they would like to receive it, reflecting a need for increased emphasis on e-mail and direct mail to recipients.

- Transportation is a linchpin issue that determines the aging population’s ability to take advantage of the programs and services offered to them. It also has a significant bearing on the aging population’s ability to stay in their own homes. Concerns consistently mentioned include availability, access to, and cost of public transportation.
- Caregivers involved in the Conversations expressed appreciation for the support they receive from Boulder County.
- However, unmet needs remain, including respite care, stress management, resource information, and transportation.”

Key Informant Input:

Participants in the Create Our Future Together (COFT) conference in November of 2013 were asked to give early input into the planning process at round table discussions during a plenary session. Priority issues identified at the COFT conference discussion included:

- Housing (availability, accessible, affordable, zoning issues, Universal Design)
- Transportation/Mobility (affordable)
- Availability of affordable services to age in place
- Creating livable communities
- Access to affordable health care
- Multi-cultural Sensitivity/Resources

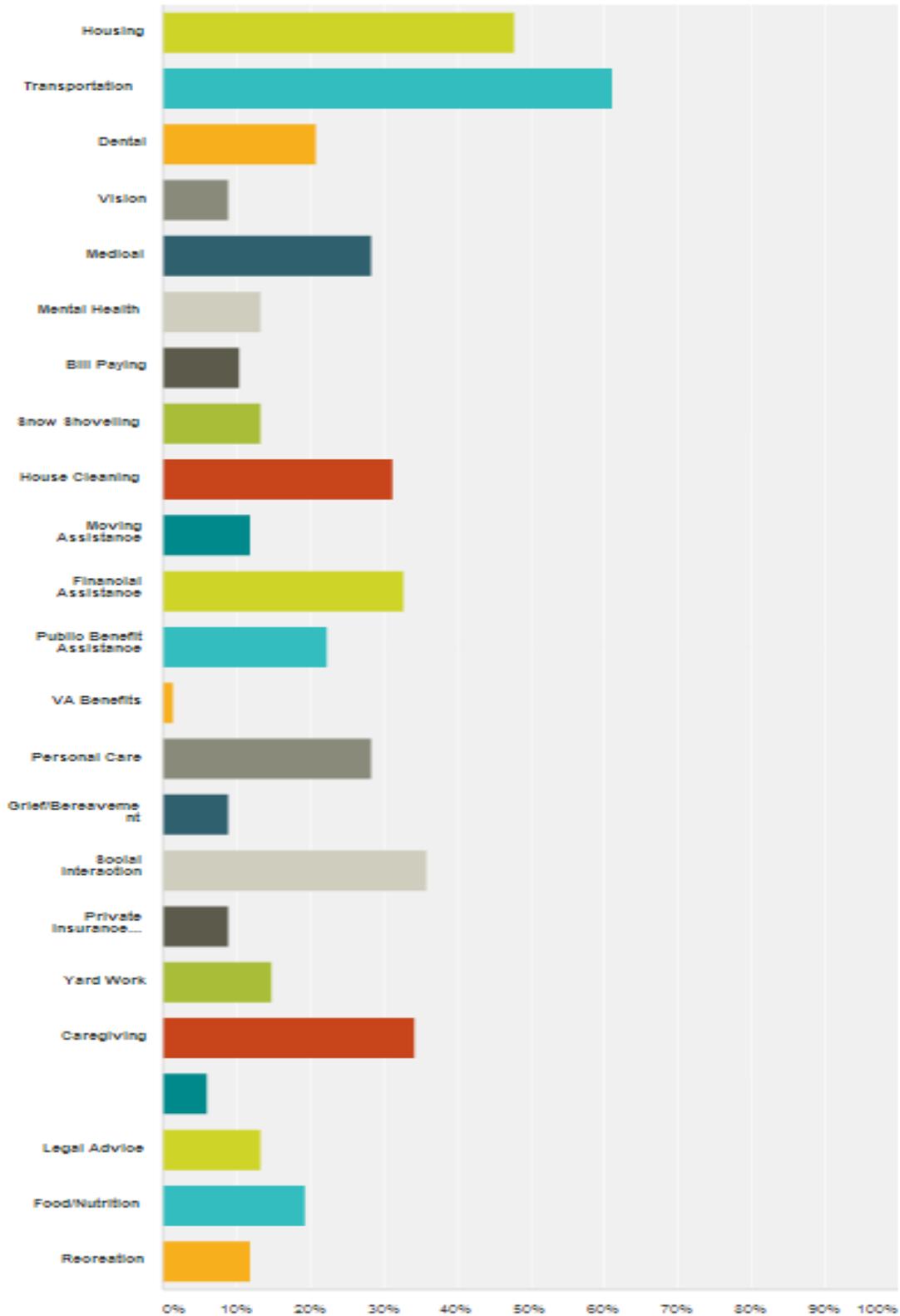
In January of 2014, State Unit on Aging (SUA) staff members and Colorado Commission on Aging (CCOA) members were invited to join the BCAAA at an all-staff meeting. The main agenda item at this meeting was looking ahead to the upcoming four-year planning process and identifying trends and needs. Consistent themes from discussion groups at the meeting included:

- Changing conditions including aging of the population; baby boomers without adequate retirement income, and lack of municipal planning to address changes
- Accessible and affordable housing
- Health care and increasing numbers of people with Alzheimer’s type dementias
- Transportation: options not keeping pace with needs
- Technology: as a means to provide services and as a means to communicate about services
- Increasing number of caregivers

Service providers across the county were provided an opportunity for input through a Survey Monkey in April of 2014. And, the BCAAA staff engaged in a discussion of priorities for the upcoming four years at an all-staff meeting in December of 2014. Summary of Provider Survey Monkey input is shown in charts that follow.

Thinking back over the last 12 months, what are the top five requests for direct service assistance you receive from the older adults you serve? (Please check the top five)

Answered: 67 Skipped: 2



Please rate each of the following characteristics as it relates to adults 60 and over in Boulder County

	Excellent	Good	Fair	Poor	Don't Know	Total	Average Rating
Availability of information about resources for older adults	25.00% 17	47.06% 32	20.59% 14	4.41% 3	2.94% 2	68	3.87
Ease of getting to and from various places	6.06% 4	31.82% 21	43.94% 29	16.67% 11	1.52% 1	66	3.24
Advocacy for affordable/quality housing for older adults	3.03% 2	27.27% 18	36.36% 24	21.21% 14	12.12% 8	66	2.88
Responsiveness to reports of self-neglect/elder abuse	17.91% 12	22.39% 15	26.87% 18	4.48% 3	28.36% 19	67	2.97
Responsiveness to crimes against older adults	22.39% 15	25.37% 17	13.43% 9	1.49% 1	37.31% 25	67	2.94

From Service Provider Survey, March 2014

Strategic Plan Quadrant Goal Setting Sessions

The strategic plan is based on the four quadrants of an elder friendly community (originally conceptualized by the Visiting Nurses' Association of New York). In September of 2014, four sessions were held (one for each quadrant area) to set goals and action steps. The quadrant sessions provided important information and guidance for this area plan. The quadrant areas and goals are shown in the chart below.

<p><u>Basic Needs:</u></p> <p><u>Goal 1:</u> Housing is affordable, appropriate, low-maintenance, and accessible.</p> <p><u>Goal 2:</u> Supportive in-home services are credible, affordable, trusted, and readily available.</p> <p><u>Goal 3:</u> Personal, financial, and environmental safety is a community priority.</p> <p><u>Goal 4:</u> Everyone has enough to eat.</p>	<p><u>Personal Connections and Community Involvement:</u></p> <p><u>Goal 8:</u> Everyone in the community feels connected to others.</p> <p><u>Goal 9:</u> People of all ages participate in social, civic, cultural, educational and recreational activities.</p> <p><u>Goal 10:</u> Opportunities exist for meaningful volunteer work.</p> <p><u>Goal 11:</u> Promote positive images of aging.</p>
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<p><u>Goal 5:</u> Access to essential services is seamless, barrier-free, affordable, and welcoming.</p> <p><u>Goal 6:</u> Individuals have the financial resources to meet their basic needs.</p> <p><u>Goal 7:</u> Transportation is affordable, accessible, flexible, reliable, safe, and easy to arrange.</p>	
<p><u>Health and Wellness:</u></p> <p><u>Goal 12:</u> Individuals and the community as a whole acknowledge the importance of all aspects of health and wellness.</p> <p><u>Goal 13:</u> Health and wellness services are affordable, accessible, and readily available.</p> <p><u>Goal 14:</u> Wellness includes dying and end of life as a natural part of life.</p>	<p><u>Aging in Community:</u></p> <p><u>Goal 15:</u> Caregivers are informed, educated, acknowledged, and supported.</p> <p><u>Goal 16:</u> Design age-friendly neighborhoods and communities</p> <p><u>Goal 17:</u> People are informed and motivated to rely on each other and existing systems.</p>

Aging Advisory Council Involvement in Information Gathering and Prioritizing

- **The AAC held input/listening sessions during 2014 representing categories of core services:**
 - Public input session on transportation concerns and trends (March 2014)
 - Public input session on community based services: concerns and trends (April 2014)
 - Public input session – mountain area input to plan update (including mayors from Nederland and Lyons) (June 2014)
 - Public input session on nutrition (October 2014)
- **AAC Members took part in Age Well and Area Plan input**
 - World Café discussion on the Age Well quadrants (August 2014)
 - Ongoing updates on community conversations and quadrant work groups
 - World Café discussion on priorities for services and funding (December 2014)
- **TRC (Technical Review Committee) members participated in prioritizing services and funding amounts in preparation for opening RFPs (January and February 2015)**

What We Learned from these Varied Sources

Not surprisingly there was a lot of consistency among the messages we heard and data gathered through surveys. This indicates prevalence of certain issues and validates the information gathering processes. Priority areas became clear, including transportation, caregiver support, access to information and assistance, chore services, information about benefits such as Medicare, nutrition for targeted audiences, physical and mental health concerns, and in-home services to help people stay in the community. In short, the core services of the Older Americans Act. In addition we heard a lot about the need for affordable, available, accessible housing—not something we fund, but certainly an area for advocacy. Another advocacy issue is around image of aging and respect in the community. We also learned that how outreach is done will make a big difference in people accessing information and services, for example using the primary language of the older adult, when possible, and using mail and email to reach people directly. An interesting thing we heard consistently in the quadrant work groups was the importance of word of mouth and building trust. There was also an expressed desire for more neighborliness.

SECTION III: VOLUNTEERS: CURRENT AND FUTURE PROGRAMS

SUA PD 15-04: The Plan shall list the Older Americans Act/State Funding for Senior Services (OAA/SFSS) programs that are in place as of May 2015 and any additional programs that the AAA is considering implementing during the course of the Area Plan.

Although the title for section III is Volunteers: Current and Future Programs, it appears from the narrative instruction that all programs in place and being considered should be addressed whether or not they utilize volunteers. The underlined headings indicate the content in each segment included under Section III in this area plan.

The following programs are being provided and/or funded by Boulder County Area Agency on Aging in March of 2015

- **ADRC** (Aging and Disability Resources for Colorado) – this is provided as a direct service and is funded through multiple sources including local cash (County general fund and Aging Services Foundation), Title III Part B and SFSS, The Colorado Health Foundation, and CCT grant from Health Care Policy and Financing. Services include:
 - Information and referral, information and assistance, options counseling, and case management
 - Telephone help line, five days a week, answered live
 - Printed resource directory and housing guide
 - Community Care Transitions (CCT) – we completed a contract with Colorado Health Care Policy and Financing (HCPF) in March of 2015 to oversee CCT

and provide options counseling for residents in nursing homes who wish to transition back into the community

- Web-based resource directory – Seniors and People with Disabilities on the BoulderCountyHelp.org site



- **Long-term Care Ombudsman (LTCO)** program – direct service funded by County general fund and Title VII. Services include:
 - Three LTCO staff (2.3 FTE) and six certified volunteers visit all long-term care and assisted living homes in Boulder County, respond to complaints, advocate for residents’ rights, and work on resolution of issues.
 - BCAA database specialist is also a certified LTCO. She enters all volunteer data and stats into Ombudsmanager. (Funded with local cash.)
 - Conduct elder rights education and elder abuse awareness trainings
 - Participate in Elder Justice Coalition (an ongoing outcome of Elder Justice grant from Department of Justice that the AAA obtained and managed for four years)
- **LGBT Outreach and Project Visibility training** – multiple funding sources including local cash and Title III B. Title VII used for resident rights training
 - Project Visibility (cultural competence training regarding lesbian, gay, bisexual, and transgender elders) for staff of long-term care facilities, home health agencies, and other service providers and members of the public. (Note: all Project Visibility trainings offered outside our region are funded through grants and donations through the Aging Services Foundation.)



- Outreach and educational activities for Rainbow Elders, plus annual Lavender Gala (funded by donations from private foundations)
- Currently engaged in developing a web-based training module for CNAs – (funding from private foundations)

- **Nutrition services oversight** – direct service funded by OAA Title III Part C funds
 - Most senior meals served in Boulder County are not funded through OAA. The providers prefer to raise their own funds and not have to follow all the regulations that accompany the Title III Part C meals.
 - Because of this, we have convened a community-based nutrition providers’ council so that all the meal providers have a forum for discussion and shared planning. Food banks also participate in this group.
 - BCAA provides a program manager (.35 FTE) and an hourly dietitian and oversees the following services:
 - Compliance oversight and training of funded meal providers
 - Menu analysis for all Title III meals served in the region
 - Nutrition education – printed education and talks at meal sites
 - Nutrition counseling – through a contract with dietitian. This service has grown a lot in the past year.
- **Medicare counseling**
 - Consumers tell us how valuable getting good information about benefits, including Medicare, is to them. In the CASOA™ survey nearly two in five older adults reported that having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid is problematic. BCAA provides Medicare counseling as a direct service
 - BCAA, through the Medicare Counseling program, serves as the SHIP for Boulder County, so funding is obtained through the Colorado Department of Regulatory Agencies, Division of Insurance, along with OAA/SFSS funds. Operating expenses, including mileage and training, are supported by local cash.
 - In calendar year 2011, the year the first baby boomers turned 65, the Medicare Counseling program saw an increase of 1,100 one-to-one contacts.
 - In addition to one-to-one consultations, the Medicare counseling program also provides Medicare Basics classes throughout the year and held around the county.
 - In an effort to be more efficient and to provide the best service with the fast growing demand for this program, a procedure was implemented whereby interested clients are encouraged to attend a Medicare Basics class before making an appointment for a consultation. In many cases the information from the class proves to be sufficient and the consumer goes on to make their own arrangements. Others also request a consultation.
 - We were also able to add ten hours a week to the staffing for Medicare counseling in 2013. We currently have two staff at 1.75 FTE, and hourly assistance (funded by local cash).

- Medicare counseling is provided in Spanish as well as English.
- BCAA/SHIP has the contract to answer the statewide Spanish line for SHIP.
- BCAA targets service to those most in need by giving priority to dual-eligible clients.
- **Project HOPE** – provided as a direct service; case manager funded by local cash; supportive services for the program participants are funded by OAA Title III Part B and SFSS and local cash (through the Aging Services Foundation)
 - This was originally a HUD-funded program in the early 90s. Due to its success in keeping people in the community, BCAA has kept the program going for over 15 years since the grant ended with multiple sources of funding.
 - Participants are at high risk of nursing home placement. They are assessed for program suitability by the Professional Assessment Committee
 - Participants receive a combination of housing voucher, supportive services, and case management – the combination of which makes it safe and possible for them to remain in the community
 - OAA/SFSS funds are used to purchase transportation and in-home (home-making and personal care) services from funded OAA service providers. The balance of the services is purchased by funds raised through Aging Services Foundation.
- **Caregiver services** – direct service funded with OAA Title III Part E funds and local cash (County general funds and donations and sponsorships through the Aging Services Foundation)
 - BCAA recognizes the vital role played by family caregivers and is committed to supporting their work.
 - In 2007, the estimated economic value of caregivers' unpaid contributions was approximately \$375 billion—that's how much it would cost if that care had to be replaced with paid services. (Family Caregiver Alliance).
 - 70% of people with Alzheimer's disease live at home, where families provide at least 75% of their care. (Family Caregiver Alliance).
 - Over 50% of CASOA respondents (Boulder County residents 60 and over) reported providing care to others
 - 23% reported feeling emotionally burdened by caregiving responsibilities; while 16% reported some financial burden and 15% feeling physically burdened by caregiving. (CASOA 2014)
 - BCAA provides the following services, overseen by the Caregiver Information and Assistance Specialist (.75 FTE):
 - Care Connections newsletter, providing information and inspiration for caregivers through six newsletters a year with over 2,000 readers
 - Evidence-based training classes, including *Powerful Tools for Caregivers* and *National Caregiver Training*.
 - An annual caregiving symposium featuring an extensive resource fair, selection of workshops, and opportunities for consultation with specialists,

“There was high praise for the Caregiving Symposium held in Longmont in May, 2014. There seems to be acknowledgement of a high level of support both for those being cared for and for their caregivers in Boulder County. Caregivers expressed thanks for the support offered through the Symposium as well as from specific support groups and social support from friends.” (Final Community Conversations Report, 2014)

- Information and assistance for caregivers by caregiver I&A specialist who has AIRS certification
- Other educational presentations and support groups for caregivers
- **Respite and Companion Volunteer Program** – totally funded with local cash; no federal or state funds are used
 - The program provides weekly visits by a trained volunteer to frail elders and to provide respite for family caregivers
 - Over 3,600 hours of respite and companion care are provided annually
- **Financial assistance programs** – program oversight covered by local cash and OAA administration funds; direct services to consumers from OAA Title III Parts B and E and SFSS
 - Short-term assistance funds are available to consumers for helping to purchase eyeglasses, hearing aids, first/last month rent or damage deposit, utilities, and other assistance or material aid for which there are no other funding sources.
 - Intake points for this assistance is dispersed across the county (at senior centers and the ADRC) to give access to all residents
 - Intake points also include safety net providers such as Sister Carmen and Emergency Family Assistance to help reach the target audience with the assistance
 - Respite assistance provides cash reimbursement of up to \$500 for caregivers to purchase respite of their choice.
 - BCAAA also contracts with an adult day center that offers a reduced rate if the consumer chooses to purchase adult day services for all or part of their respite
 - In-home voucher administration – BCAAA is conducting a pilot project to try out using vouchers to purchase in-home services (homemaking and personal care) to provide consumer choice and to be more nimble in responding to requests.
 - The pilot project will continue through SFY 16; we will evaluate the effectiveness of the program
 - An SOQ (Solicitation of Qualifications) will be opened in the summer of 2015 to seek additional providers of service for this pilot
 - Intake is through options counselors in the ADRC
 - OAP dental – we have overseen this program funded by Colorado Department of Public Health and Environment (CDPHE) to provide oral health care to older adults who are qualified for OAP. This program ends on June 30, 2015
- **Mandatory Reporting** of elder abuse went into effect in July 2014
 - The BCAAA elder rights manager and volunteer coordinator teamed up to ensure

that all AAA staff and all volunteers who have direct contact with older adults received training on the new law dealing with mandatory reporting of elder abuse that went into effect in Colorado on July 1, 2014.

- The training was called Elder Rights Awareness and six in-person trainings were offered. All staff and 98 volunteers were trained in 2014. They also developed an online training option for volunteers that could not attend in person.
- **Evidence-based health promotion** (provided as a direct service; staff coordinator is funded by local cash; all Title III Part D funds go to the classes)
 - See Question 4 on page 31 for details about the programs offered
 - Briefly we provide: CDSMP, Tomando, A Matter of Balance, Healthy Moves, FallsTalk, and FallScope
 - We also coordinate an annual countywide Falls Prevention week (all funded with local cash)
- **Age Well Boulder County** strategic planning (funded with local cash)
 - *Age Well* committee planned the process and hosted community conversations and quadrant work groups
 - *Age Well* committee assisted with pulling the plan together. The new *Age Well Boulder County* document will be rolled out to the public in June of 2015.
 - *Create Our Future Together* annual conference (a recommended action from the prior *Age Well* plan) for advisory councils, service providers, city planners, and others was held in fall of 2012, 2013 and 2014. Planning is underway for a conference in 2015
- **Emergency planning and preparedness**
 - BCAA has developed plans and annually updates its COOP (Continuity of Operations Plan) including updating information with many service providers.
 - As part of the Community Services (CS) Department, our staff is always ready to respond as called. A number of staff members have specific roles.
 - One of the options counselor supervisors is a lead person for the CS Department emergency planning. This is done in conjunction with Departments of Housing and Human Services and Public Health. This comprehensive plan is based on the national emergency response model and incorporates lessons learned from past events including the Four Mile fire and the devastating flood of 2013.
 - Other specific roles for AAA staff in this bigger plan include staffing the ESF6 role at the Emergency Operations Center, section chiefs, liaison with residential facilities, and lead staff of disaster recovery centers.
 - Options counselors have had an important role (particularly those assigned to the mountain areas) in the long-range recovery.
 - Long-term Care Ombudsman staff (in conjunction with Public Health) work with nursing and assisted living homes in reviewing their emergency plans.
 - During the big flood in September of 2013, LSCO staff called each residence early on to check in with them. Positive feed-back and appreciation was expressed.

- Discussing preparedness with the facilities is an ongoing process.
- LTCO staff and volunteers also supported residents who were displaced due to the floods.
- Three BCAAA staff members will make a presentation on emergency preparedness for AAAs at the annual conference of n4a (National Association of Area Agencies on Aging) in Philadelphia in July of 2015.

Boulder County Area Agency on Aging Funds the Following Programs and Services in the Community through Granted OAA/SFSS Funds:

- **Transportation/transit funded with OAA Title III Part B and SFSS**
 - Via Mobility Services provides rides to medical appointments, nutrition sites, shopping, educational and social destinations across the whole region
 - Via provides four day-long bus trips annually to residents of the rural/mountain regions of Allenspark and Nederland areas (two trips each)
 - Though not funded with OAA/SFSS funding, Via provides a number of other services including mobility training and friends and family reimbursement for rides from more remote locations.
 - Boulder County CareConnect’s Medical Mobility provides accompanied rides to medical appointments and pharmacies, including trips out of the county
 - Medical Mobility is a volunteer driver program. Drivers wait at medical appointment so that the consumer can get a ride home as soon as their appointment ends. Drivers are also willing to stop to pick up prescriptions as part of the return trip.
- **Legal assistance funded with OAA Title III Part B and SFSS**
 - Boulder County Legal Services, a division of Colorado Legal Services, provides legal assistance with an emphasis on issues relating to benefits and consumer financial issues
 - The number of pro-bono attorneys who donate time to BCLS adds capacity to the amount of legal services that can be provided
 - We choose not to fund wills and estate planning as a way to target the legal services to those most in need.
- **In-home services funded with OAA Title III Part B and SFSS**
 - Complete Home Health Care provides homemaking and personal care services, including assessments
 - Allegiance Home Care provides homemaking and personal care services via the pilot voucher system; assessments are done by option counselors in the ADRC
- **Chore services funded with OAA Title III Part B and SFSS**
 - Boulder County CareConnect provides yard busters and ice busters service. Volunteers do yard work including lawn mowing and raking, keeping sidewalks free of fall hazards, etc.
 - In the winter they arrange for sidewalks to be scraped in Boulder and Longmont.

- **Mental health counseling funded with OAA Title III Part B, Part E, and SFSS**
 - Mental Health Partners provides individual and group counseling for older adults (Title III Part B and SFSS)
 - Mental Health Partners provides individual and group counseling for family caregivers (Title III Part E)
 - Many of the services are provided as part of an integrated service model in the federally qualified clinics. Medical providers make a referral to the mental health services, which can be obtained in the same location and often on the same day. It makes the services easier to access and reduces some of the stigma that some consumers might experience in soliciting the services separately. It also provides a good way to target services to older residents who are low-income and low-income minorities. Both therapists providing the services are bilingual.
 - The funded mental health services are also provided in the senior centers.
- **Congregate meals funded with OAA Title III Part C-1**
 - City of Lafayette GO Services serves meals five days a week at the Josephine Commons housing site in Lafayette
 - City of Louisville Senior Services serves meals five days a week at the senior center
 - Nederland Area Seniors serves meals two days a week at the community center
 - Allenspark Lunch Bunch serves a meal one day a week under the oversight of BCAAA since no local agency bid to run this service
- **Home-delivered meals funded with OAA Title III Part C-2**
 - We fund Nederland Area Seniors to provide home-delivered meals in their area.
 - These are the only home-delivered meals we are currently funding
- **Services for older adults who are blind or visually impaired (B/VI) funded with State funds designated for B/VI**
 - This service is a new focus area for our AAA. It started when the legislature authorized funds committed to B/VI services and designated to be run by the AAAs, with funding beginning on July 1, 2014.
 - BCAAA opened an RFP for the services in the summer of 2014 and awarded funds to three providers. This funding provided an opportunity to reach out to a population that we had probably not been reaching adequately before, so we added some SFSS funds to the amount we received for B/VI services, to further expand the impact.
 - CPWD (Center for People with Disabilities) provides assessments/screening and counseling/education to increase the ability of the consumer to thrive in their environment
 - Ensign provides assessments/screening and counseling/education to increase the ability of the consumer to thrive in their environment
 - AINC (Audio Information Network of Colorado) provides radio receivers and reading service for their consumers



Additional Programs that BCAA Will Implement or Consider Implementing and/or Funding During the Course of this Area Plan (2015-2019)

BCAAA will continue to support all the core services of the Older Americans Act that we currently provide and/or fund. The specific ways in which the services are delivered may look different. For example, we are currently engaged in a pilot program to evaluate the effectiveness of using vouchers to deliver homemaking and personal care services. We want to remain open to trying more voucher programs and other methods that will enhance consumer choice; allow us to reach targeted, underserved populations; and help us be more nimble and responsive to consumer needs.

Additional programs and programs with additional emphasis or new delivery methods include:

- **Raising awareness about the ADRC**
 - In the CASOA™ survey, 24% indicated that not knowing what services are available to older adults was a moderate to major problem
 - We will develop a marketing and outreach plan to increase awareness about the ADRC so that older residents, caregivers, and adults with disabilities know how to access information and services in Boulder County.
 - The emphasis will be on marketing the ADRC because it provides an intake to all the services.
 - We will also examine targeted outreach and marketing for specific programs, e.g. evidence-based wellness classes.
 - In addition to the local support, we are committing Title III Part B and SFSS to build a robust ADRC because we are committed to the model. It is a strategy in reaching Goal 5 of the Age Well Boulder County strategic plan: “Access to essential services is seamless, barrier-free, affordable, and welcoming.”
- **Address our business acumen** and look for additional ways to bring in funds, including income generation and insurance reimbursement, to provide for long range sustainability

and allow us to increase services in spite of level federal and state funding in the future.

- **Investigate the use of technology** to expand our ability to do marketing and outreach, as well as staying abreast of trends in service provision using technology.
- **Evidence-based health promotion classes**
 - We will continue to provide: CDSMP, Tomando Control de su Salud, A Matter of Balance in English and Spanish, and Healthy Moves.
 - We will begin a new program, Diabetes Prevention Program, for which we will receive insurance reimbursement. This has been determined to be evidence-based by the CDC.
 - We would also like to do CDSMP-Diabetes, and are open to additional evidence-based programs.
 - See Question 4 on page 31 for more details about evidence based plans
 - The support of these classes addresses Age Well Boulder County Goal 12: *Individuals and the community as a whole acknowledge the importance of all aspects of health and wellness.*
- **Targeted outreach to un-served and underserved consumers**
 - “Language is a significant and overriding issue that impacts almost every aspect of the aging Latino population, according to Latinos who participated in the Community Conversations. The ability to communicate with someone in their own language determines whether Latinos are aware of programs, their ability to register for them, and whether they are willing to participate in them.” (Final Community Conversations Report, 2014)
 - BCAA was a key player in the Promotores project that was funded by a Latino Age Wave grant from Rose Community Foundation. That funding is ending in the fall of 2015. We would like to adopt the **philosophy of Promotores into our work with Latino elders**. This will mean recruiting and training volunteer Promotores to assist with outreach and trust-building. Promotores are bicultural and bilingual (and sometimes are monolingual Spanish speakers) who provide a bridge between formal services and members of the Latino community.
 - We are adding a **Spanish-speaking options counselor** to the ADRC
 - Providers are encouraged to offer services in culturally sensitive ways and to provide Spanish speakers among their staff and/or volunteer pool. This topic is virtually always discussed when TRC members visit with service providers.
 - Continue to offer evidence-based wellness classes and **Medicare counseling in Spanish**
 - We will **continue to fund B/VI services** and work with our ADRC partners who work in the field of disabilities to strengthen our outreach to populations that may be underserved by our programs.
 - We will continue to direct outreach and services to the **rural/mountain areas** of the region. We will look for ways to incentivize service provision in those areas, for example, in the in-home voucher pilot program, we offer a higher

reimbursement rate for services delivered in the mountains; we also fund group rides for rural/mountain communities.

- We will encourage staff training to continue to build skills and competency in working with the broad spectrum of consumers in Boulder County, including people with disabilities, LGBT elders, and people for whom language may be a barrier.
- BCAA will complete the web-based **Project Visibility** training module for CNAs – (funding from private foundations) and during the four years covered by this plan may look into expanding the use of webinars and web-based training to increase cultural competency and welcoming service provision when working with **LGBT elders**.
- **Project HOPE**
 - Project HOPE, the successful program in keeping high-risk older adults in the community, will be continued and evolved. The traditional entry has been linked to Section 8 housing vouchers. With the decline in availability of the vouchers, the Project HOPE case manager has reached out to other frail older adults in subsidized housing. If determined to be good candidates by the PAC, these people are added to the program.
 - Project HOPE, in the four-year period covered by this plan will evolve in the following ways:
 - Section 8 and other renters in subsidized housing who are at risk of nursing home placement will continue to be targeted
 - Homeowners, specifically mobile-home owners, who are at risk of institutional placement will also be targeted
 - Low-income older adults who are at risk, possibly following hospitalization or another crisis, will also be served and may have a short-term tenure until they are stabilized
- **Caregiver support**
 - “As always, there is a need for continuing respite, including overnight respite.” (Final Community Conversations Report, 2014). Therefore, we will increase the amount of funding for respite assistance.
 - Family caregivers face a range of health risks and serious illnesses themselves, even as they are providing care for others. (Family Caregiver Alliance) Thus we will look into enrolling family caregivers in evidence-based disease management classes using OAA Title III Part E funds and SFSS.
 - We will evaluate the feasibility of developing a caregiver mentoring program.
 - We are looking into developing a “caregiver university,” offering a selection of education and training for caregivers.
 - The caregiver services provided by BCAA, in collaboration with our partners in local senior services, advances Goal 15 of the Age Well Boulder County plan: *Caregivers are informed, educated, acknowledged, and supported.*
 - Family caregivers experience high rates of depression, stress and other mental health problems. Caregivers at a community conversation stated that, “the need

for effective stress management is another constant.” Therefore, additional Part E and SFSS funds will go into caregiver mental health individual and group counseling provided by Mental Health Partners.

- **Oral health**

- 33% of respondents reported having tooth or mouth problems (CASOA, 2014)
- The OAP dental program will come to an end in June of 2015.
- We are committed to continuing this important service for older adults and have applied to HCPF for funding through the Low-income Non-Medicaid Dental Program.
- We have been awarded the funds and service will begin in July of 2015. We will utilize the network of dental providers established under the OAP program for this new program. Referrals come broadly from across the aging and human services network in the region.
- At a later time in the four-year period, once we have the HCPF-funded program up and running, we will consider providing dental services with OAA Title III Part B and SFSS for older adults not covered by Medicaid or the Low-Income programs.

- **Services for veterans**

- We are interested in expanding our outreach to veterans to make them more aware of the services provided through the aging network
- We will fund direct services for vets, including mental health counseling and transportation to VA locations and other appointments

- **Nutrition**

- In the CASOA survey, only 9% of respondents indicated that having enough to eat provided at least a minor problem. However, when we look into that deeper, 31% of low-income respondents indicated a problem and 26% of Hispanic respondents.
- We will explore voucher programs and other methods of providing meals to better reach those underserved older adults.
- We are exploring outreach and awareness-raising through farmers markets, including SNAP promotion to help low-income older adults obtain more food.
- We will consider “market basket meals” (as used in DRCOG’s region) or other meal delivery models to address coverage in mountain areas.
- Nederland Area Seniors will add a dinner-time meal once a month (and possibly more) beginning in SFY16. If this is successful, we will encourage them to consider additional meals; they currently serve two days a week.
- We will work with nutrition providers to look at gaps and areas of concern during SFY16. We will open the nutrition RFP for SFY17 utilizing recommendations of the stakeholders and consumers. Members of the AAC will be involved in this nutrition study.
- As we look at the broader nutrition and access to food landscape, we will consider support of grocery shopping services, access to food pantries, and other services

that are not necessarily Title III Part C-funded programs, but which may address our goal.

- These efforts all address Goal 4 in the Age Well Boulder County plan: *Everyone has enough to eat.*
- **Community readiness for population changes** in our region and addressing the image of aging
 - The AAC will address the issue of raising awareness and preparation for the demographic changes caused by the aging population with divisions of county government and other agencies
 - Striving for a positive image of aging will also be addressed by the AAC, addressing Goal 11: *Promote positive images of aging*, of Age Well Boulder County strategic plan.
- **Chore services**
 - A high number of respondents across the board reported that maintaining their yards presented a problem. (CASOA™, 2014)
 - We will increase funding for chore services aimed at yard maintenance year-round: Yard Busters and Ice Busters
 - The funded provider will be asked to expand the service locations, especially for Ice Busters, which is currently focused on two municipalities
 - We are open to funding additional chore services as funding is available.
- **Housing**
 - “Participants expressed the need for two levels of assistance with housing: systemic community support through the provision of a variety of housing options for the County’s aging population and personal assistance with specific housing needs.” (Final Report on Community Conversations, 2014)
 - The AAC has an active Housing Committee. They have become quite knowledgeable on the subject and have worked with all local housing authorities.
 - Their work addresses Age Well Boulder County plan Goal 1: *Housing is affordable, appropriate, low-maintenance, and accessible.*
 - The Housing Committee members will continue to be advocates and will attend city council meetings and other hearings where issues germane to housing for older adults are discussed.
 - The committee has also devoted time to the issues of accessibility, including the concepts of “visitability” and universal design
- **Pilot new ways of delivering and funding services**
 - We will look at options such as vouchers for a number of programs, to see if they will improve consumer choice and program impact
 - We will actively look for insurance reimbursement for provided services, where applicable.
 - We will investigate income producing services, including cost-sharing and fee for service.

- **Mental health**
 - 36% of CASOA™ respondents reported feeling depressed as at least a minor problem
 - We will put increased funding into mental health counseling, including for caregivers (referenced under caregiving above)
 - During the four-year period covered by this plan, we may also explore funding for Senior Reach, a SAMHSA evidence-based program, if funds are available.
- **Transportation**
 - 11% of respondents reported no longer being able to drive. (CASOA, 2014)
 - We heard a lot about transportation/transit in the community conversations. “It is a linchpin issue that determines how successful participating in and taking advantage of other programs can be.” (Final Community Conversations Report, 2014)
 - “Concerns about transportation included availability, access and cost of public transportation.” (Final Community Conversations Report, 2014)
 - “Specific concerns were also expressed about unmet transportation needs in the mountain communities and in Erie.” (Final Community Conversations Report, 2014)
 - 21% of all CASOA™ respondents indicated that having safe and affordable transportation was at least a minor problem. This was lower than the national benchmark through CASOA™ surveys, which is good news for our region.
 - However for low-income respondents that number went up to 45% and for Hispanic respondents it was 40%. (CASOA™)
 - During SFY16, members of the AAC and AAA staff will participate in discussion and planning to address concerns brought up in community conversations. This will be done through the LCC (Local Coordinating Council for transportation services). These discussions will look at gaps, including nights and weekends; service for underserved areas; and ease of access, some of which may be changing perceptions on the part of consumers.
 - During the four-year period covered by this plan, we would be open to investigate additional creative solutions including using cabs, Uber, smart cars, etc.
- **Financial/Money Management**
 - Help with bill paying and basic financial skills were identified by both attendees at community conversations and by key informants as areas of concern.
 - We want to remain open to supporting money management type programs that help consumers who need basic help with their finances.

SUA PD 15-04: The Plan shall describe the AAA's current volunteer program(s) and the total number of volunteers at the time of the writing. The Plan shall describe any projected expansion of the volunteer program(s) during the course of the Area Plan.

Current Volunteer Programs in the AAA and by Funded Providers

Boulder County Area Agency on Aging values the work of volunteers and utilizes their contributions in many of our programs. The following chart represents the effort in March of 2015.

Name of Program	Description of work	Number of volunteers	Number of hours in 2014
Respite and Companion Volunteer Program (Not funded with OAA/SFSS)	Visit older adults to reduce isolation and provide respite for family caregivers	92 (91 ongoing; 1 episodic)	3,688
Evidence-Based Wellness Classes	Coaches for six-week Be Well (Chronic Disease Self-Management) and <i>Tomando</i> to teach tools for dealing with chronic disease; 8-week Matter of Balance classes to help participants reduce their fear of falling and increase activity levels; make in-home visits and phone coaching for Healthy Moves exercise classes, and conduct one-on-one behavioral change sessions for falls prevention (FallsTalk and FallScape)	30 (29 ongoing; 1 episodic)	568
<i>Care Connections</i> Advisory Committee	Input into direction and topics of the newsletter; contributors of articles	4	90
<i>Powerful Tools for Caregivers</i>	Trained volunteers co-lead the courses, which provides family caregivers with tools for improving their self-care and confidence	3	180
Long-Term Care Ombudsman	Certified LTC Ombudsmen volunteers provide advocacy with and for residents of nursing homes and assisted living residences, working to promote and protect the rights of residents	6	1,008
Volunteer Medicare Counselors	Volunteers assist older adults and people with disabilities understand their healthcare options; review and compare Medicare plans; education Medicare beneficiaries about eligibility, enrollment, costs, and benefits; help resolve billing problems and file appeals	15 (10 ongoing; 5 episodic)	584
Create Our Future Together Planning Committee (Not funded with OAA/SFSS)	Miscellaneous tasks to help plan and implement the event; solicit door prizes, greeters, etc.	5	72

LGBT Programs	LGBT Program volunteers facilitate bi-weekly support groups (Trans Older and Coffee Klatch); promote the BCAA and its LGBT Programs at Boulder and Longmont Pridefests; serve as Project Visibility co-trainers; and help run the Lavender Gala.	31 (4 ongoing; 27 episodic)	212
Aging Advisory Council	County Commissioner appointed advisory council for the AAA; also advises the ADRC; Technical Review Committee reviews funding application and participates in oversight; advocacy role in area of housing, funding, and elder rights; participates in planning activities	22	1065
Professional Advisory Committee (PAC)	PAC members include: a geriatric physician, senior care pharmacists, home health care, senior housing, and mental health professionals. They assess participants and make recommendations for Project HOPE	10	66
Total for AAA		218	7,533

Funded providers use volunteers to enhance the quality of their services, increase the number of units of service they can provide, and maximize the impact of their funding. The following chart represents some of the volunteer efforts of funded providers in March of 2015.

Name of Program	Description of Work	Number of Volunteers	Number of Hours in 2014
Boulder County CareConnect* Medical Mobility	Volunteer drivers to medical appointments, including outside of Boulder County	57 active drivers	4,617
Boulder County CareConnect* Yard Busters and Ice Busters	Chore service volunteers who mow lawns, remove tree branches, scrape walks, etc.	YB = 12 IB = 73 Total= 85	YB= 909 . IB= 1196 Total= 2,105
Boulder County Legal Services	Pro bono attorneys	50	62
Boulder County Legal Services	Intake paralegals/interns	9	220
Audio Information Network of Colorado (recipients of State funds for blind and visually impaired older adults)	Readers	15	1,133
AINC	Help with technical issues including those related to recording computers, the Telephone Reader System, and streaming on the website.	2	53
Lafayette GO Services	Nutrition volunteers: all duties, preparing kitchen, serving and cleaning up.	22	4,040
Allenspark Lunch Bunch	Meal site volunteers	2	160

Nederland Area Seniors, Inc.	Meal site volunteers	16	192
Nederland Area Seniors, Inc.	Home-delivered meal volunteers	17	201
Louisville Senior Services	Meal site setup/cleanup; greeter; servers	14	1400

*CareConnect is the local RSVP program and utilizes volunteers for many services. The ones shown in the chart above relate to Older Americans Act and/or State Funds for Senior Services-funded programs.

Expansion of Volunteer Programs during the Course of this Area Plan

In the next four years, BCAAA plans to look at increasing roles and numbers of volunteers to include:

1. Train and oversee more Project Visibility trainers to serve Boulder County service providers
2. Expand our volunteer peer-led LGBT social support groups, perhaps a monthly ‘rainbow elder’ dinner or breakfast
3. Develop an LGBT Leadership Team comprised of four to five volunteers who could support current programs and help define future services (for example, one volunteer could keep up with Coffee Klatch and support their needs, one could help gather info for the Rainbow Elders newsletter, etc.).
4. Create a ‘rainbow elder’ advisory council to provide ongoing program input
5. Pursue the possibility of creating a volunteer base to help consumers build their capacity to stay in the community. An example might be taking notes at the consumer’s doctor appointment.
6. We have participated in the Promotores Project (funded through a Latino Age Wave grant through Rose Community Foundation). That funding is coming to an end and we’d like to continue the good work of the volunteer promotores in outreach to the Latino elder community.
7. Look into recruiting nutrition volunteers to help with community outreach and the nutrition newsletter.
8. Increased program offerings and role of respite and companion volunteers (discussion groups, quarterly in-services, special events).
9. Increased use of short-term or one-time administrative, episodic administrative volunteers when we have special projects.
10. Develop a new advisory committee for the ADRC that will represent a greater variety of community stakeholders. (This function has been played by the AAC; and at least one member of the new committee will be an AAC member.)
11. Encourage funded service providers to continue to use and, where feasible, use additional volunteers to enhance program impacts.

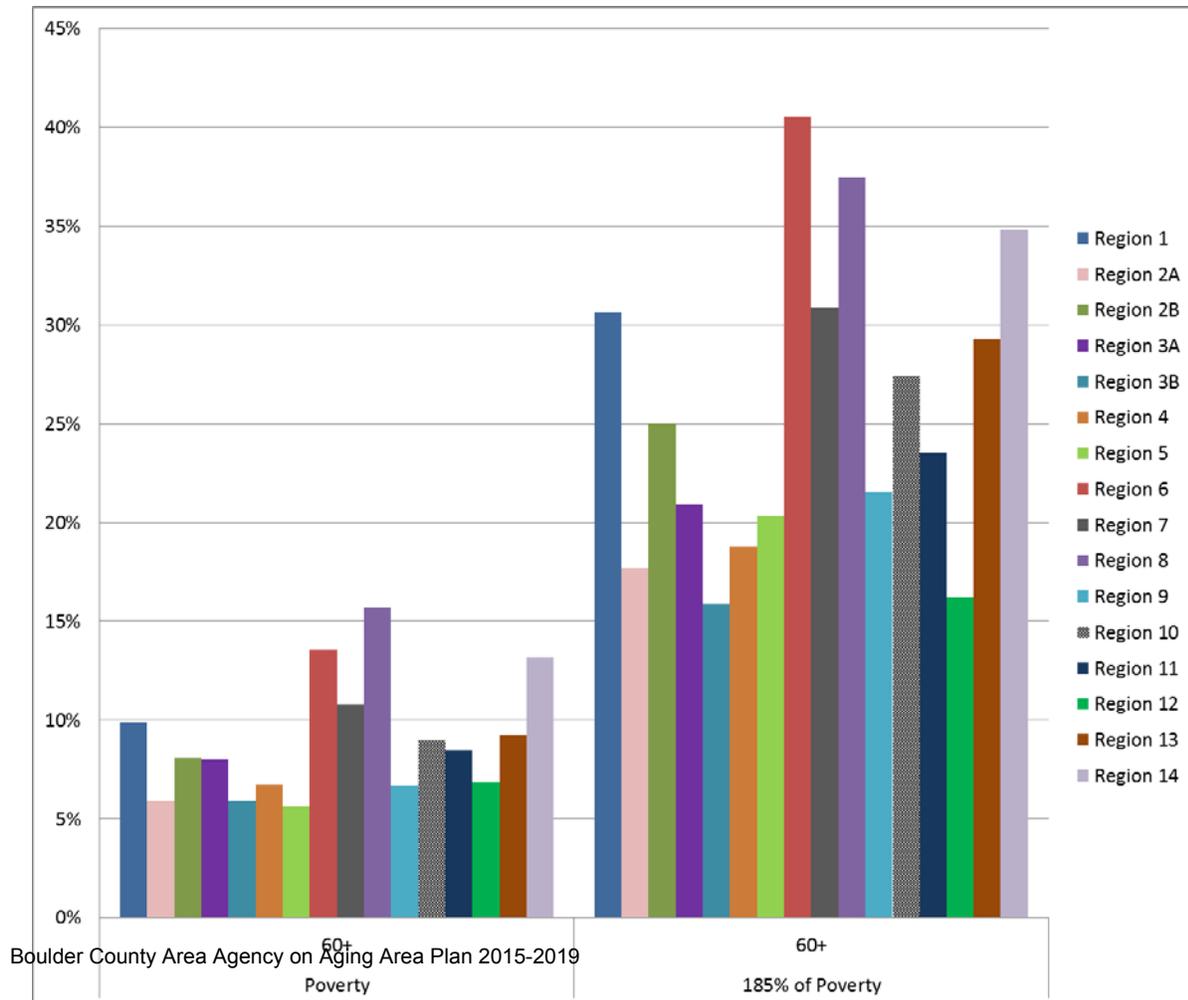
SECTION IV: QUESTIONS

SUA PD 15-04: The Area Plan covers State Fiscal Years 2016-2019 (July 1, 2015 through June 30, 2019.) The Plan shall respond specifically to each of the questions.

- Describe the un-served and underserved clients in the PSA. Please refer to: http://dola.colorado.gov/cms-base/sites/dola.colorado.gov.gis-cms/files/projects/seniorctr/senior_ctr.html

“As people age, many learn to take better care of themselves, to plan for retirement and, generally, to move more deliberately. Aging builds wisdom but can sap resources — physical, emotional and financial. Even those blessed by good luck or those prescient enough to plan comprehensively for the best future may find themselves with unanticipated needs or with physical, emotional or financial strengths that could endure only with help. Some people age better than others and aging well requires certain strengths that are inherent and others that can be supported by assistance from the private sector and government. For Boulder County’s older adults, although needs were spread across the board, **residents reporting the largest percent of unresolved needs in Boulder County were more likely to be not white, Hispanic, report a lower income or rent their homes.**” (2014 Boulder County CASOA™, p. 48)

Poverty and 185% of Poverty Aged 60+ in Colorado AAA Regions
 Source: 2007-2011 American Community Survey of the US Bureau of the Census



Comparing Region 3B (Boulder County) with the other Colorado Area Agency on Aging regions, it is clear that there are fewer older adults living in poverty in our area. However, with an issue such as poverty, it is not really how many people are impacted that is as important as how great the impact is on those who are in poverty. Poverty is hard on everyone, and it is often especially hard to be impoverished in an affluent area. Because the numbers are fewer, the problem can become less recognized. Even with smaller numbers than other areas of the state, we are still looking at some 3,300 older adults who live at or below poverty and over 9,000 who are at 185% of the poverty level or less; and this in a region where the cost of living tends to be higher.

Across the whole region only about 5% of the population over 65 is Hispanic (US Census, 2008-2012 American Community Survey), however about 8% of the older population of Longmont and 14% of the population of Lafayette are Hispanic.

Over one in five Boulder County residents age 65 and older are renters. Renters reported a higher number of unmet needs than the population at large. (Boulder County 2014 Demographic Profile, CASOA)

2. How will the following two demographic cohorts – those 75 years old to 84 years old and those 85 years and older – change in the PSA over the time of the Area Plan? What impacts does the AAA project to the budget and service provision because of these demographic changes?

Age Range	Population 2015	Population 2019	Percentage Increase
75-84	10,503	13,184	25.5%
85+	4,745	5,200	9.6%

Source: Colorado State Demography Office

Obviously the numbers of older adults represented in the demographic cohorts over 75 will grow by a fast rate during the four years covered by this plan. The result will be that in 2019 we will have over 18,000 older adults in Region 3B in the cohorts that are most likely to access our services

Through the CASOA survey we gathered information about older adults age 75 and over. For example, members of this cohort are nearly twice as likely to fall and injure themselves in the home as the overall older adult population. This suggests that targeting recruitment for A Matter of Balance classes toward this cohort makes sense. The causes of falling are complex, so additional areas of service and referral might include chore services such as help with housecleaning and yard and sidewalk maintenance that are important to remove fall hazards, safety assessments for fall hazards, eye glasses or other interventions to improve vision, and

nutrition counseling to be sure that the consumer is getting enough calcium.

CASOA respondents age 75 and over also reported maintaining their homes and yards was a problem in greater numbers than the older population at large. They are 50 percent more likely to have spent time in the hospital and three times more likely to have been in in-patient rehabilitation. Not surprisingly, they were about twice as likely to no longer be able to drive and heavy housework is more of a problem for them than for the older population as a whole. They are about 50 percent more likely to receive assistance everyday than the older adult population as a whole.

So as to not be painting a picture just of higher need, CASOA respondents over 75 were more likely to volunteer than the cohort age 60 to 64 and they were more likely to participate in a club and religious activities than the younger cohort.

Interestingly, the leading-edge Baby Boomers will not begin to turn 75 until 2021, after this planning period is over. This means that the AAA, funded providers, and the whole aging network is facing a rapid increase in demand for services such as transportation, chore assistance, and in-home supports among the older old population, while juggling the needs/demands of the Boomers, many of whom are caregivers even if they are not in need of services for themselves yet.

The population numbers across the board are increasing and after the first year of the plan, it may be likely that our traditional federal and state funding will remain relatively flat. This indicates that AAAs need to be creative in looking for funding sources to be able to continue to serve the burgeoning older population, to look at ways to achieve efficiencies, and to be diligent about targeting services to those most in need.

This scenario supports the promotion of the evidence-based health promotion programs because of their success in people changing behaviors and taking control of their own health.

Support of family caregivers is also critical in providing service to older adults who need assistance. The Family Caregiver Alliance points out that 78% of adults receiving long-term care at home rely exclusively on family and friends to provide assistance. Family caregiving represents a huge cost saving to the health care and long term services and supports systems in this country.

3. How will the AAA increase the number of services provided and the number of unduplicated clients over the four years of the Area Plan?

BCAAA is making a concerted effort to increase the number of units of service that will be provided in SFY16, anticipating additional SFSS funds for that year. Most ongoing providers are receiving additional funds, plus new providers and services have been solicited and will be funded.

If, after SFY16, the amount of funding coming from OAA and SFSS is relatively flat, it will be difficult to increase the number of services and units provided. Funded providers in Region 3B already all provide at least a 25% match and most over-match with local cash and in-kind. It is probably unrealistic to ask them to put in more or reduce unit costs so that more services can be provided.

Because of the growth in the older and oldest old population (the higher users of services), increasing the number of unduplicated clients becomes more problematic. The reason for this is that a primary mission of all AAAs is to help keep people in the community (for both enhanced quality of life reasons and to reduce or delay the use of costlier taxpayer-subsidized programs). In order to accomplish that, as a person becomes more frail, it is prudent to add additional community-based services (the wrap-around concept) to make it more likely that that individual can remain in the community. Multiple services going to one consumer means that fewer consumers overall will be served, yet that allocation of resources may be exactly the wisest use of funds.

Emphasis must be placed on building the business acumen of the AAAs so that we are positioned to bring in additional funding for services from sources such as the Low-Income Non-Medicaid Dental program (HCPF), CCT work (HCPF/Medicaid), ADRC capacity building (The Colorado Health Foundation), and others. In Region 3B, the Aging Services Foundation, through which we bring in funds for our programs, is a most important partner as we move into the future. We need to look at insurance reimbursement for evidence-based health promotion, nutrition counseling, and other services. Opportunities for generating income must also be explored.

We also believe that appropriately determining that more types of service should be captured as registered rather than aggregate will better tell the story of the great work and impact being done with OAA and SFSS dollars.

Health Promotion and Disease Prevention

4. What evidence-based health promotion or disease prevention programs does the AAA currently provide and plan to provide during the period of the Area Plan?

BCAAA currently provides:

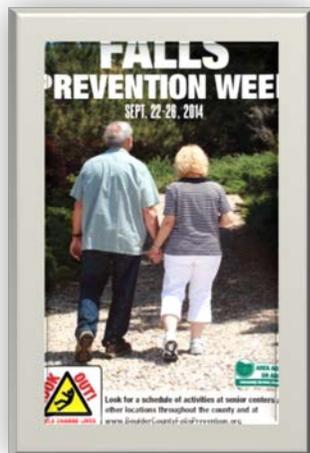
- Chronic Disease Self-Management (CDSMP) also known as Be Well and Healthier Living
- Tomando Control de su Salud (Spanish version of CDSMP)
- A Matter of Balance
- Healthy Moves for home-bound older adults
- FallsTalk and FallScope.
 - (BCAAA was selected by the researcher and developer of FallsTalk and FallScope to be a pilot AAA for these programs)

○ They have been recognized at the highest level of evidence-based criteria.
The BCAAA Wellness Coordinator is funded through County general funds and therefore all Part D funds go directly into provision of evidence-based classes.

During the four-year period covered by this plan, BCAAA will:

- continue to provide CDSMP, Tomando, Matter of Balance, and Healthy Moves
- We may cut back on or eliminate FallsTalk and FallScape due to inability to get needed computer hardware and software from the programs' developer. (This is due to anticipated funding from NIH for development of the programs not coming through.)
- We are also planning to add a diabetes prevention evidence-based program (DPP) to our offerings. We are arranging insurance funding for this program even as this plan is being written.
- We also plan to consider CDSMP-Diabetes and Tomando-Diabetes as part of our offerings.
- We will keep abreast of other evidence-based programs and may decide to pursue additional services during the four years covered by this area plan.
- We will also investigate funding sources that will allow us to offer evidence-based classes to people under age 60 with disabilities and will look at using "E Funds" to offer the classes to family caregivers.

In addition to the evidence-based wellness classes, BCAAA has put together a falls prevention coalition that plans and carries out an annual Falls Prevention Week (noted by the State Unit on Aging as a best practice). This effort involves over 30 partners across Boulder County who work together on the planning and then host events such as screenings, educational talks, kicking off A Matter of Balance classes, exercise demonstrations and classes, resource fairs and other events to raise awareness about the dangers of falls and ways to prevent them. BCAAA will continue this effort throughout the 2015-2019 period. No "D Funds" are used (except for any evidence-based class that might be offered as part of the week) to implement this week-long observance.



5. Describe any federal Discretionary Grant Programs in AAA. These may include: Alzheimer's Disease Support Services Program (ADSSP); Evidence-based Disease and Disability Prevention Programs such as Chronic Disease Self- Management Program (CDSMP); Senior Medicare Patrol (SMP); and programs that support community living.

BCAAA provides evidence-based prevention programs such as CDSMP and A Matter of Balance. See discussion under question #4 for details on evidence-based classes.

6. Describe how the AAA takes advantage of opportunities through the Affordable Care Act (e.g. Colorado Choice Transitions (Money Follows the Person Program), Community-Based Care Transition Program, etc.)

BCAAA has a contract in place with Colorado Health Care Policy and Financing (HCPF) for the Colorado Choice Transitions (CCT), known as Money Follows the Person Program nationally. The contract between HCPF and Boulder County went into effect March 3, 2015. This program, designed to help appropriate nursing home residents transition back into the community; it is administered through the ADRC.

7. Specifically, what legal issues are given priority for receiving representation from the Legal Assistance Program during the next four years? How will the AAA ensure that the local Legal Assistance provider is able and willing to provide representation for these issues?

We are fortunate to have had a very strong legal assistance provider for Region 3B, Boulder County Legal Services (part of Colorado Legal Services). Because they have such a large pool of pro bono attorneys in addition to their staff and interns, they are able to cover a wide range of services. Priority is given to issues related to rights to or denial of benefits (e.g. Medicaid, housing, disability, etc.) and also to financial issues such as bankruptcy and credit card debt collection. We will be adding an additional provider of legal services in SFY16.

The BCAA will include specific areas in the scope of work of our contracts with the legal services providers. Service areas we will reimburse include: Supplemental Security Income, Social Security Disability Income, Old Age Pension, Home Care Allowance, Home and Community Based Services, Temporary Assistance to Needy Families, Aid to the Needy and Disabled, Supplemental Nutrition Assistance Program, bankruptcy, eligibility and denials of Medicaid, Medicare Part D, County Court civil protection orders for victims of violence, consumer collection matters, and citizenship and immigration. Many issues related to housing are covered: evictions and foreclosures, loss of primary residence, rental/landlord disputes, public housing, and repossessions.

8. How will the AAA ensure that legal advice from the local Legal Assistance Provider is able to provide representation for these issues?

BCAAA ensures that the legal assistance providers are representing older adults in our region and that the identified issues are being represented through review of monthly stats and open communication with the providers. Legal assistance providers will be asked to track the specific areas of representation indicating type of legal service provided using the chart supplied by Colorado Legal Assistance Developer. The pro bono coordinator and managing attorneys report to the Aging Advisory Council (AAC) in person at least once each year. They are also visited as part of the AAA annual onsite evaluation by staff and TRC (Technical Review Committee of the AAC).

9. What long-term care issues will the local Ombudsman Program give priority to as a systems advocate during the next four years?

BCAAA Long-Term Care Ombudsman program will give priority to the following issues:

- **Mandatory reporting of elder abuse:** the LTCO program will continue to talk with facility staff about their timely reporting to law enforcement or APS, as the age of the resident warrants. Ombudsmen will keep track of reported systemic difficulties they hear about in the homes, e.g. response of law enforcement.
 - **Staffing** – continue to focus the homes’ attention on the experiences and complaints of residents who wait a long while for services, for example, or who receive inappropriate services, and not accept that the home is staffed “appropriately” by regulation.
 - **Discharges** – Ombudsmen will monitor discharges, e.g. are business offices timely in recognizing growing non-payment amounts? LTCO will monitor discharges or threats of discharging residents to homeless shelters.
 - **Mental health services-** Ombudsmen will track systemic barriers to residents seeking mental health supportive services, such as:
 - Providers sending out mental health professional to nursing home residents instead of insisting that residents come to their offices
 - Mental Health Partners agency: how their new programs such as Project Edge and the Community Crisis Connection programs serve residents of care homes
 - Also how the residents with co-existing conditions of mental illness and dementia are treated.
10. In addition to resident council meetings, family council meetings, and trainings to facility staff, what other activities will the local Ombudsman participate in during the next four years to educate the community regarding ombudsman services?
- Members of interdisciplinary **Elder Justice Coalition training team**
 - Both staff Ombudsmen will continue to participate on this key training team which trains law enforcement officers on elder abuse

- The team composition is: Deputy DA, detective, Adult Protective Services, advocates from domestic violence and sexual assault response agencies, and the Ombudsmen.
 - The LTCO covers topics such as: explanation of how a nursing home or assisted living home operates – structure and regulatory context, what the common record keeping tools are such as the Medication Administration Record, weight logs, the individual care plans, the physician orders; also roles of various staff positions, and how a LTCO may be of some potential help in an investigation only with resident’s permission.
 - **Adult Protection Review Team:** the Lead Ombudsman will continue to be a member of this team, representing the LTCO program and the interests of residents of long-term care and assisted living facilities.
 - **Emergency preparedness:** Ombudsmen will continue to facilitate the homes’ link to local emergency preparedness experts
 - Also help plan and publicize trainings for the homes given by the Boulder County Public Health and city of Longmont Emergency Preparedness coordinators
 - LTCO will continue to encourage homes give realistic thought to evacuation plans and to access the local experts available for plan review and improvements.
 - **Social Media:** Ombudsmen will explore how to utilize AAA Facebook postings to publicize the LTCO program.
 - **Public education session(s)** on long term care and Ombudsman services: Ombudsmen will annually present information on the program to the AAA Aging Advisory Council and to local municipal aging advisory councils and/or senior centers, and other groups.
11. What will be the duties of the local lead Ombudsman during the next four years? Will the lead Ombudsman conduct routine facility visit and respond to resident complaints?
- **Overall supervision and management:**
 - The Lead LTCO meets twice a month individually with each staff LTCO, meets once a month with both staff Ombudsmen together, and once a month with all Ombudsmen, both staff and volunteers, at the monthly training meeting.
 - The Lead LTCO helps to identify and track systemic issues and works with the LTCO team to address them and hopefully to resolve them at least partially.
 - **Adult Protection Review Team-** continue participation on this team of agencies and interested parties appointed by the Boulder County Board of County Commissioners to perform case review of both APS and community cases that are particularly challenging; the Lead LTCO provides information and perspective on and about nursing/assisted living homes; no information about residents is provided unless there is specific resident consent.
 - **Elder Justice Coalition-** continue participation on this coalition of representative

agencies across the county focused on strengthening agency partnerships to achieve a coordinated, consistent response to elder abuse. This Coalition does not do case review; it is focused on effecting broad, systemic change.

- **Elder and Vulnerable Adult Fatality Review Team**
 - This team is convened by the Office of the District Attorney and the Coroner's Office to review the following:
 - Concerns on complex deaths of elders and vulnerable adults
 - Assess community and local agency response, and
 - Identify system failings and improve upon these systems
 - The review process is intended to improve our coordinated response to problems. This process is entirely separate from any criminal or civil investigation or proceedings.
 - The LTCO provides a perspective on nursing and assisted living homes and information as appropriate and allowable.
- **Routine facility visits-** currently the Lead LTCO does not have responsibility for routine care home visits. The 36 homes are split between two staff LTCOs; plus the six volunteer LTCOs provide additional coverage in nine of the homes. The Lead LTCO provides back-up coverage in the homes as needed. If more care homes continue to open in our region it may be advantageous for the Lead LTCO to have responsibility for routine visits and respond to complaints. We believe it essential that a lead LTCO have experience in functioning as an Ombudsman in the homes.

SECTION V: DEMOGRAPHICS

SUA PD 15-04: Area Agencies on Aging are required to review the changes in population over the four years of the Area Plan for only two cohorts of older adults. These are (1) the population between the ages of 75 and 84 years old and (2) the population of older adults age 85 and up (85+). Using the State Demographer's Website to the Population by Age and Gender https://dola.colorado.gov/demog_webapps/pagCategory.jsf, identify how the population in these two groups will change in the PSA in the next four years. All regions (except for 2A, 2B, 3A, and 3B) may select their region from the top drop down and *user selected age groups* from the second drop down menu. Regions 2A, 2B, 3A, and 3B will need to select their county.

“In 2012 there were 45,194 older adults (persons 60 and over) living in Boulder County. These older adults accounted for 15% of Boulder County's total population. About one-third of the AAA's older adults reside in Boulder and a similar amount also reside in Longmont. About 8% of older adults reside in Lafayette and 7% in Louisville.

- Because women outlive men, older age groups have higher proportions of women. In the 60 to 64 age group, women and men constituted the same percentage of the population (17%). In the 75+ age group, the female population remained at 17% while the male population declined to 11%.

- The majority of older adults in Boulder County are white (96%) or not Hispanic (95%). Louisville houses the largest proportions of older residents who are not white (8%) while Lafayette houses the largest proportion of the Hispanic population (14%).
- About 81% of the older residents in Boulder County live at least at the 200% poverty level. Compared to the nation and Colorado, fewer residents (6%) in Boulder County are below the 100% poverty level.
- The median income of older adults in Boulder County’s service area is about \$49,242, compared to \$40,308 for the state of Colorado and \$36,181 for the entire nation.”

(Boulder County 2014 Demographic Profile CASOA, p. 2)

See Question 2 in Section IV above for some specific observations about the cohort of adults 75 and over in Boulder County. An additional item noted in the excerpt from CASOA survey shared in this section, is that there are quite a few more women in the oldest cohort as in the older adult population as a whole. Since we know that women in this cohort have lower income and less retirement and pension benefits to rely on, it is likely that more of the oldest residents will be more financially vulnerable and therefore more likely to need some assistance provided by the Older Americans Act.

The following discussion deals with an overview of demographics of the whole population age 60 and over in Boulder County. As we plan for the next four years, knowing that the oldest groups will be heavy users of the services provided with Older Americans Act and SFSS, we also need to be aware of the needs of the younger older adults and the needs that that large group will have when they become the oldest cohort.

Age Group	Rate of Growth 2015-2019
60 to 64	10.08%
65 to 69	17.84%
70 to 74	37.03%
75 to 79	30.63%
80 to 84	18.09%
85 +	9.59%

Source: Colorado State Demography Office

Looking at demographics in a broad sense the population shift reflecting a growing older population in the United States and in many areas of the world is unprecedented. It will have impacts on service provision, government services, health care, and pretty much all aspects of society. The advent of the Baby Boomers becoming older adults is definitely a major factor. And, as is demonstrated by the data about those 75 and older, the rate of increase among older old adults, those most likely to be using our services, is rapid.

The aging of the population is not a short-term situation. The oldest Boomers began to turn 60 in 2006. In BCAAA we became quite aware of the beginning of the age wave in 2011 when those same Boomers began turning 65 with a huge increase in our one-to-one contacts between Medicare counselors and new Medicare beneficiaries. The following chart suggests that the 21st century is a *Century of Aging!*

<p>First Baby Boomers turned 65 in 2011</p>	
 <p>Last Boomers will turn 65 in 2029</p>	
<p>Last Boomers will turn 85 in 2049</p>	
 <p>The oldest Millennials (the largest of any age cohort) will begin turning 67 in 2049</p>	
<p>The youngest Millennials will turn 85 in 2088</p>	

Millennials are projected to outnumber Baby Boomers beginning in 2015 as the largest living cohort in the United States. That generation will continue to grow due to immigrants in that age group, while Boomers rate of death will surpass new immigrants in their age cohort. (Pew Research Center, Fact Tank, January 2015)

SECTION VI: TITLE III / VI COORDINATION – N/A for Region 3B

SUA PD 15-04: Regions providing both Title III and Title VI nutrition programs shall describe the coordination of the programs in the Area Plan. Describe plans to coordinate Title III programs with Title VI Native American programs and pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits of the Area Agency on Aging and specify ways in which Area Agency intends to implement the activities. If the AAA does not provide both programs, simply mark N/A (not applicable) in the section.

Region 3B (Boulder County) does not receive any Title VI funding.

SECTION VII: OUTCOMES, STRATEGIES, AND PERFORMANCE INDICATORS

SUA PD 15-04: **The outcomes and performance indicators listed below are a required component of the Area Plan with no change in language.** Suggested strategies for achieving the designated goals are listed. AAAs may include additional outcomes, strategies, and/or performance indicators. The others, not listed as required, include suggestions from the AAAs during the strategy planning sessions. In areas that identify survey language as a component of the indicator, the SUA will provide the language to be incorporated into the survey.

A. UNSERVED AND UNDERSERVED

Un-served and Underserved Outcome

Increase the number of people served and number of quality services provided through the Older Americans Act and State Funding for Senior Services.

Un-served and Underserved Strategies

- Targeting, outreach, and provision of service to low-income and low-income minorities as well as individuals with greatest social need (e.g. living alone).
 - BC AAA will address this strategy through using a “promotores” model for outreach to un-served and underserved low-income minority Latino elders. Trained bilingual, bicultural volunteers will outreach to members of the older Latino community, building trust and introducing them to the aging network and the services and programs available.
 - A Spanish-speaking Options Counselor will be added to the ADRC shortly, most likely before the new funding period begins. His presence will increase our visibility as culturally responsive service provider and our ability to outreach to Latino elders
 - Continue B/VI services and outreach to reach a previously underserved population
 - BCAA will extend outreach about Healthy Moves, an evidence-based program aimed at homebound people, many of whom live alone.
- Expand volunteer programs
 - One of the chief benefits of volunteers is that you can fill in skills, knowledge, and contacts for outreach that may not be present in the staff. For example, it is a good way to add the ability to deliver service in more languages.
- Increase efficiencies
 - The Area Agency on Aging is a division of Boulder County Community Services Department. One of the initiatives of our department is solutions focused

management training for all staff. One of the desired outcomes of this is increased effectiveness and productivity, as time spent on tackling and retackling problems becomes focused instead on solutions.

Un-served and Underserved Performance Indicators

Performance Indicator 1: Increased number of unduplicated clients in Region 3B

Performance Indicator 2: 80% of consumers identify the services received through OAA/SFSS maintain or improve their independence.

B. CAREGIVER PROGRAMS

Caregiver Program Outcome

Because of support received through the OAA/SFSS Caregiver Services, caregivers will feel supported, exhibit greater self-efficacy, and have improved access to information and services.

Caregiver Program Strategies

- Continue annual caregiving symposium
- Develop a menu of educational choices for caregivers using a caregiver university model.
- Increase information available through newsletters and other forms of media.
- Region 3B will investigate enrolling caregivers in evidence-based wellness classes. (For example, CDSMP classes are open to caregivers of individuals with chronic health conditions and can be paid for with Title III-E funding.)
 - BCAA will continue to offer evidence-based caregiver training Powerful Tools for Caregivers and National Caregiver Training.
- Investigate increasing the number of respite vouchers or the amount paid by the voucher available for caregivers in conjunction with Aging Services Foundation, as we would need additional funds to do this.
- Suggested strategy in plan template: Arrange respite so caregivers can participate in events, support groups, etc. BCAA already does this.
- Evaluate the feasibility of developing a caregiver mentoring program.
- Suggested strategy: Create a Caregiver Information and Assistance Specialist position. BCAA has done this. Our caregiver coordinator is a member of the ADRC team and has AIRS certification.
- System issue: work with the SUA to consider having a category of caregiver services based on IADL limitation of the care recipients in addition to the current requirement of ADL limitations or presence of dementia, in order to get caregivers into the system of accessing information, getting support, and learning skills that will increase the likelihood that they will be able to continue caregiving longer and without so much burn-out.

Caregiver Program Performance Indicators

Performance Indicator 3: Number of caregivers served.

Performance Indicator 4: 80% of NFCSP clients report in annual surveys that they feel supported by the NFCSP and express feelings of greater self-efficacy.

C. TRANSPORTATION PROGRAMS

Transportation Program Outcome

Older adults have transportation available to access health care, maintain social interaction, and reach community and social services.

Transportation Program Strategies

- Initiate or expand volunteer transportation services.
 - BCAA funds Medical Mobility, a volunteer driver program that provides rides to medical appointments and to pharmacies. This service also provides rides across county lines, so older adults can get to appointments across the metro area.
 - Via is looking into using volunteers to provide rides at non-traditional times and to more fully utilize their fleet of vehicles, thereby providing more service
 - Veterans Helping Veterans Now (VHVN) also uses volunteer drivers to take vets to VA and other appointments
- Suggested strategy in plan template: Expand types of rides available to consumers beyond nutrition and medical.
 - BCAA already funds rides for all types of purposes at the choice of the older adult. This allows people to remain connected to the community and participate more fully in life.
- Suggested strategy in plan template: Require providers receiving transportation funds to be active in Regional Coordinating Councils.
 - Transportation providers and the Area Agency on Aging are already involved in the Local Coordinating Council (LCC).
 - The Age Well Committee plans to work closely with the LCC to address transportation issues as they relate to older adults. Goal 7: Transportation is affordable, accessible, flexible, reliable, safe, and easy to arrange.
 - During 2015-16, members of the Aging Advisory Council will also be involved in the LCC as plans relating to transportation for older adults are addressed
 - Issues that we want to address, as identified in the Age Well Boulder County strategic plan include:
 - A seamless, countywide system of transportation services that:
 - A network of public, fixed-route, paratransit, volunteer, private, and other alternative services within and between major population centers
 - Expanded trips that cross county lines, have evening/night availability, and adequately serve the rural/mountain areas;

- Recognizes and supports the special needs of riders;
- Encourages individuals to use alternative modes of transportation (including bicycle, car and ride sharing, scooters, and public transit options) that provide access to transportation without the burdens of vehicle or bicycle ownership;
- Prepares for the increasing numbers of older transit users;
- A comprehensive review of all transportation resources, systems and unmet needs and identify possible solutions (based on best practices) that can be funded sustainably.

Transportation Program Performance Indicators

Performance Indicator 5: 90% of transportation clients indicate transportation was available to access necessary services in the community when needed.

Performance Indicator 6: Number of registered transportation clients and rides provided.
 BCAAA has increased the amount of funds for transportation services during the past four years, using new State funds. We are anticipating that the unit reimbursement rate will be higher during this four-year period due to increased costs the providers are experiencing in providing the service (gas, salaries, insurance, etc.).
 Without additional new funds, it will be difficult to continue to increase the number of clients and rides during the balance of the four-year period.

D. LEGAL ASSISTANCE PROGRAMS

Legal Assistance Outcome: Resources are effectively expended on legal issues faced by those most in need and for which other legal assistance is not available.

Legal Assistance Strategies:

- Services rendered are dictated by client needs, as articulated in the Priority Services in the Older Americans Act.
- Require greater specificity in the contract regarding the types of cases handled by each local service provider (by October 1, 2016).
- Utilize mechanisms available to resolve the client’s problem, including willingness to negotiate or to bring to court or to an ALJ Hearing.
- Promote adherence to Statewide Standards for Title IIIB Legal Assistance in Colorado.

Legal Assistance Performance Indicators

Performance Indicator 7: Number of persons who receive legal assistance through Title III

and SFSS.

- Performance Indicator 8:** Number of service units provided through Title III and SFSS.
- Performance Indicator 9:** Number of unduplicated clients that legal assistance could not serve.
- Performance Indicator 10:** Number of clients referred to other appropriate agencies or resources.

E. OMBUDSMAN PROGRAMS

Ombudsman Program Outcome: Resources are effectively expended on issues faced by those most in need and for which other assistance is not available.

Ombudsman Strategy

- Ombudsmen receive the information and training sufficient to allow them to perform the responsibilities and duties of the position.
 - LTCOs in Boulder County will participate in local monthly meetings/trainings, state trainings, Colorado Culture Change Accord, and national Consumer Voice,
- Each AAA assures Ombudsman Program has legal representation when needed by the local legal assistance program.
- New web-based training developed by the BCAA Project Visibility for CNAs will be debuted.

Ombudsman Performance Indicators

- Performance Indicator 11:** Number of training sessions attended by certified Ombudsman each year.
- Performance Indicator 12:** Number of certified ombudsman in region each year.
- Performance Indicator 13:** Number of facilities regularly visited not in response to a complaint.
- Performance Indicator 14:** Number of complaints handled and resolved per year.
- Performance Indicator 15:** Number of Ombudsman consultations.

F. NUTRITION PROGRAMS

Nutrition Program Outcome

Older adults will access nutrition services, socialization, and community resources to promote independence.

Nutrition Program Strategies – BCAA may engage in the following strategies during the four-year planning period.

- BCAA will work with nutrition providers across the County during SFY 2016 to

evaluate consumers' needs for meal sites and home-delivered meals. Working with the TRC of the Aging Advisory Council, we will open nutrition RFPs early in 2016 and solicit providers to respond to the expressed needs of older adults across the county.

- We will investigate the efficacy of expanded locations of congregate meal sites in locations in underserved areas of high poverty.
- Initiate or expand use of Market Meals program or other home-delivered program for the mountain areas of the region.
- Investigate exposure of farmers' markets and SNAP enrollment to older adults
- Work with the Nederland meal program as they try out adding an evening meal (beginning with once a month).
- Give consideration to serving a second or third meal to older adults identified through nutrition screening to be at nutritional risk and/or socially or economically in need.

Nutrition Program Performance Indicators

Performance Indicator 16: Number of persons who receive congregate and home delivered services per year.

Performance Indicator 17: 90% of congregate nutrition program meal clients state obtaining transportation to the meal site was very easy or somewhat easy.

Performance Indicator 18: 90% of congregate nutrition program meal clients report that during the past year someone from the Nutrition Program provided information or referred them to places to learn about financial, social, or health services that are available to them or told them how to get the help.

Performance Indicator 20: 90% of home delivered meal clients report that during the past year someone from the Nutrition Program provided information or referred them to places to learn about financial, social, or health services that are available to them or told them how to get the help.

Performance Indicator 21: 90% of congregate nutrition program meal clients report they are very satisfied or somewhat satisfied with opportunities to spend time with other people at the meal site.

Performance Indicator 22: 90% of congregate nutrition program meal clients report that the nutrition program has helped them to live independently and stay in their own home.

Performance Indicator 23: 90% of home delivered meal program clients report that the nutrition program has helped them to live independently and stay in their own home.

In addition to the Outcomes and Performance Measures required as part of this plan by the SUA (reflected above), BCAAA will also measure the following programs during the four-year period covered by this plan.

G. DISEASE PREVENTION/HEALTH PROMOTION PROGRAMS

Health Promotion Program Outcome

Independent living and delaying the need for more intensive/costly services will be advanced through participation in evidence-based classes.

Health Promotion Program Performance Indicators

Performance Indicator 24: 90% of evidence-based wellness class participants report learning information they are using.

Performance Indicator 25: The number of older adult participants who successfully complete, AAA-sponsored, evidenced-based falls prevention classes.

Performance Indicator 26: The number of older adult participants who successfully complete, AAA-sponsored, evidenced-based pre-diabetes classes.

H. REACHING UNDERSERVED POPULATIONS – Additional Indicators

Reaching Underserved Outcome

Increase the number of Latino elders and older adults who are blind or who have visual impairment that are reached and served by programs through the Older Americans Act, State Funding for Senior Services, and B/VI state funds administered by AAAs.

Reaching Underserved Performance Indicators

Performance Indicator 27: The number of older Latinos who are reached through Promotoras program.

Performance Indicator 28: Unduplicated older Latinos who are served by programs through the Older Americans Act and State Funding for Senior Services.

Performance Indicator 29: Unduplicated older adults who are blind or visually impaired served by programs through the Older Americans Act, State Funding for Senior Services, and State Funds for Blind and Visually Impaired Seniors.

I. ADRC (AGING AND DISABILITY RESOURCES FOR COLORADO)

ADRC Impact Outcome

Increase the number of clients being served by the ADRC and continue to build capacity of the ADRC staff.

ADRC Impact Performance Indicators

Performance Indicator 30: 95% of callers to Help Line will report that the information they received was helpful.

Performance Indicator 31: Number of staff trainings that improve outreach and service to address the wide range of strengths and needs of older adults and adults with disabilities.

ACRONYMS

AAA	Area Agency on Aging
AAC	Aging Advisory Council
ADRC	Aging and Disability Resources for Colorado
AHEC	Area Health Education Center (
AIRS	Alliance of Information and Referral Systems
ASF	Aging Services Foundation
BCAAA	Boulder County Area Agency on Aging
BCLS	Boulder County Legal Services
B/VI	Blind and Visually Impaired
CASOA	Community Assessment Survey of Older Adults
CDC	Centers for Disease Control and Prevention
CDPHE	Colorado Department of Public Health and Environment
COAW	Coalition for Older Adult Wellness
COOP	Continuity of Operations Plan
HCPF	Health Care Policy and Financing
HIPAA	Health Insurance Portability and Accountability Act
I&A	Information and assistance
LGBT	Lesbian, gay, bisexual, transgender
LTCO	Long Term Care Ombudsman
n4a	National Association of Area Agencies on Aging
OAA	Older Americans Act
OAP	Old Age Pension
OCP	Older Coloradans Program
SFSS	State Funds for Senior Services
SAMHSA	Substance Abuse and Mental Health Services Administration
SHIP	State Health Insurance Assistance Program
SNAP	Supplemental Nutrition Assistance Program
SOQ	Solicitation for Qualifications
SUA	State Unit on Aging
TRC	Technical Review Committee (subcommittee of AAC that makes funding recommendations and assists AAA with oversight of funded providers)

Sources

Age Well Boulder County, A Plan to Create Vibrant Communities, published by Boulder County Area Agency on Aging, 2015. (Report can be accessed at: www.bouldercountyaging.org after June 0f 2015)

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Boulder County, CO, **2014 Geographic Subgroup Comparisons**, CASOA™, National Research Center (Report can be accessed at: www.BoulderCountyAging.org.)

Boulder County Service Provider Survey, March 2014

Community Assessment Survey for Older Adults™ (CASOA™), Boulder County, CO, 2014, Full Report, National Research Center. (Report can be accessed at: www.BoulderCountyAging.org.)

Colorado State Demography Office

Family Caregiver Alliance National Policy Statement, 2015, <https://www.caregiver.org/>

Final Community Conversations Report, (Boulder County Conversations), KezziahWatkins, 2014 (Report can be accessed at: www.BoulderCountyAging.org.)

Pew Research Center, Fact Tank, January 2015

SECTION VIII: FORMS (All Attachments Follow the Area Plan; Descriptions of Attachments Follow)

SUA PD 15-04: The forms required in the Area Plans are included as separate attachments. All attachments are required to be completed with the exception of *Attachment A: Direct Service Waiver Request*. Only AAAs requesting waivers need to submit Attachment A.

Attachment A: Direct Service Waiver Request

Only AAAs providing services directly will submit this form. Waivers for all OAA/SFSS Programs, including those for priority services, are allowable to permit demonstrations and to promote innovations or improve service delivery providing the waiver will not diminish services already provided. A direct service is identified for any service funded with non-administrative funding.

Before requesting a waiver, the AAA shall conduct a public hearing. The AAA shall notify all interested parties in the area of the public hearing and furnish the interested parties with the opportunity to testify. The AAA shall prepare a record of the public hearing and shall furnish the record of the public hearing with the request for a waiver to the SUA when the Area Plan is submitted.

DIRECT SERVICE WAIVER REQUEST

We hereby request approval of a Waiver to provide the direct services listed below.

1. Coordination for Short-Term Financial and Respite Assistance and Vouchers (Funded by Local Cash)
(See pp. 15-16 and 22 {oral health} of Area Plan)
2. ADRC Management, Options Counselors, Website and Printed Resources (See pp. 11 and 20 of Area Plan)
3. Supportive Services for Project HOPE (See pp. 14 and 21 of Area Plan)
4. Medicare Counseling (State funds added to SHIP funds to provide the service) (See p.13 of Area Plan)
5. Nutrition Oversight and Nutrition Education (See pp. 13 and 23 of Area Plan)
6. Allenspark Congregate Lunch Program (See p.18 of Area Plan)
7. Evidence-Based Wellness Classes (Staff salary provided by County General Fund)
(See pp. 16, 20, 32-33 of Area Plan)
8. Caregiver Program - I&A, Education, Training, and Newsletter (See pp.14-15, and 22 of Area Plan)
9. Long-Term Care Ombudsman Program (Largely funded by Local Cash) (see pp.12 and 35-37 of Area Plan)
10. LGBTOutreach/Project Visibility Training (Largely funded by outside donations through ASF)
(See pp.12 and 21 of Area Plan)
11. Promotores - Latino Elder Outreach (See pp. 20-21
of Area Plan)

Please attach documents describing the direct service to be provided including organizational structure and planned methods of program services delivery.

See waiver request details on pages 52-55 of the area plan.

PLEASE NOTE: If the Waiver Request is incomplete, this may result in a delay of the approval of the Area Plan.

DIRECT SERVICES WAIVER REQUEST – BCAA REGION 3B

Description of the direct service to be provided by the Area Agency on Aging.

Boulder County Agency on Aging requests waivers for administration and management of the following programs funded in whole or in part by OAA and SFSS funds:

Coordination for Short-Term Financial and Respite Assistance and Vouchers

- The services and material aid provided by these funds goes directly to eligible consumers. Funding for these services is from OAA Title III Part B and Part E, SFSS, and local cash (Aging Services Foundation).
- Intake points for Short-Term and Respite Assistance includes partners outside the agency to promote geographic coverage and access for diverse populations. These include local senior centers, safety net agencies (such as Sister Carmen), and legal services. (See program description on page 15 of this plan.)
- Vouchers for in-home services of homemaker and personal care began as a pilot project late in SFY 15 and will continue during SFY 2016. Intake is through options counselors in the ADRC; service providers are vetted through an SOQ process. Outcomes will be evaluated and determination of continuation will be reviewed by TRC and BOCC. If successful, the program will continue through the balance of the four-year period covered by this plan.
- The administration and coordination of these programs is largely funded by local cash and some OAA/SFSS administration funds.
- See program description on pages 15, 16, and 22 (oral health) of this plan.

ADRC Management, Options Counselors, Website and Printed Resources

- The housing of the ADRC in the AAA is in response to the federal initiative calling for seamless access to long-term services and supports and the encouragement by ACL and SUA for the AAAs to develop and nurture the ADRCs
- Three options counselors are funded by local cash; program assistant is funded by a private grant, two options counselors and program manager are funded by a combination of funds from OAA Title III Part B and SFSS and local cash.
- See program description on pages 11 and 20 of this plan.

Supportive Services for Project HOPE

- Supportive services such as transportation and in-home services are provided to residents who are at risk of nursing home placement using OAA Title III B funds. Additional services are purchased through funds raised by the Aging Services Foundation.
- For the period of this area plan, BCAA would like to pilot a project as part of Project HOPE that would address older residents who are at risk and who with proper case management and availability of supportive services for a period of time can be stabilized and be able to continue living in the community.
- Case management for this program is funded by local cash.
- See program description on pages 14 and 21 of this plan.

Medicare Counseling

- One-to-one consultation and assistance with Medicare benefits
- Targeted outreach to older adults who receive both Medicare and Medicaid to assist them with accessing their benefits and any extra help to which they are entitled
- Medicare Basics classes held monthly and in locations across the region to help Medicare beneficiaries, especially those who are approaching enrollment for the first time, understand the application process, the benefits to which they are entitled, etc.
- One Medicare counselor is bilingual (Spanish/English)
- State funds are added to SHIP funds to provide the service. Hourly assistance is provided by County general fund; and volunteers also provide consultation.
- See program description on page 13 of this plan.

Nutrition Oversight and Nutrition Education

- Program monitoring, compliance, and training
- Nutrition education
- Future: pilot programs including testing of nutrition vouchers and responding to the needs of the region for funding of both congregate and/or home-delivered meals
- Future: look at home-delivered options for the mountain areas, which might include the Market Basket program developed by DRCOG AAA and/or national meal services e.g. Mom's Meals.
- See program description on pages 13 and 23 of this plan.

Allenspark Lunch Bunch (Congregate Meals Program)

- Residents of the Allenspark area have expressed desire to continue the lunch program and continue to participate in good numbers, however, when nutrition RFP was opened no agency bid to provide service for this area. Therefore, the AAA oversees this program, with good involvement of local residents as volunteers.
- See program description on page 18 of this plan.

Evidence-Based Wellness Classes

- Classes provided by BCAA and funded by OAA Title III Part D funds meet the criteria established by ACL for evidence-based programs.
- Since the total amount of Part D funding for Region 3B is relatively small, we believe it is most effective to keep these funds in-house. They represent a small amount of funds to put out in a contract and then to provide the oversight.
- We can maximize the use of these funds internally since we provide the staff person to oversee the wellness program through local cash match (County general fund). All Part D funds go directly to classes for the participants. Volunteer coaches add immeasurably to the program capacity
- Having the wellness coordinator on the staff and funded by non-Part D funds, also allows her to invest time in a broader reach regarding falls prevention
- We have been successful in the past in tapping into additional funding sources through COAW and AHEC to pay part of the program costs. We will continue to look for such

opportunities and plan to add the Diabetes Prevention Program, funded by insurance, to our course offerings in 2015.

- We are also interested in identifying funding that will allow us to enroll adults with disabilities under age 60 in the evidence-based classes
- See program description on pages 16, 20, 32-33 of this plan.

Caregiver Program - I&A, Education, Training, and Newsletter

- BCAA supported caregivers since before the National Family Caregiver Support Program was added to the OAA.
- Our practice before and since we have received NFCSP funding has been to work closely with our partners in the local senior services on a shared approach to supporting family caregivers. It was determined to be most effective and efficient to house the programs (Care Connections newsletter, Respite and Companion Volunteer Program, Caregiving Symposium, respite assistance, etc.) in the AAA. The local senior services as well as the ADRC serve as entry point for the services. They do caregiver and care recipient assessments (via CIAs) and refer to AAA for services.
- Local cash (County general fund and Aging Services Foundation) make up a significant portion of the caregiver program budget
- Some Part E funds are also awarded to an external agency to provide mental health individual and group counseling to family caregivers
- See program description on pages 14, 15, and 22 of this plan.

Long-Term Care Ombudsman (LTCO) Program

- As has been our practice for the whole time we have been an area agency on aging, the LTCO program is housed in the AAA. This is the typical arrangement across the state of Colorado. It is absolutely the correct place for this program.
- Boulder County has long been committed to the concept and had nursing home monitors on the staff of Public Health before the OAA mandate for LTCO.
- The County's commitment to this important service and protection of rights of long-term care facility residents continues in that the program is largely funded by local cash. All but two hours a week of the staff ombudsman time is provided by County general funds. Those two hours are paid by OAA Title VII LTCO funds.
- See program description on pages 12 and 35-37 of this plan.

LGBT Outreach/Project Visibility Training

- BCAA will continue to support Project Visibility training and outreach to LGBT elders with OAA/SFSS funds, including Title VII funds for training long-term care facility staff. Funding also comes from local cash (grants and donations through Aging Services Foundation and County general fund).
- During the four years covered by this plan, we will expand use of web-based and webinar training, although that will be funded almost entirely by ASF funds.
- See program description on pages 12 and 21(last bullet first section) of this plan.

Promotores - Latino Elder Outreach

- BCAA participated in the Promotores Project in Boulder County funded by a Latino Age Wave grant from Rose Community Foundation.
- We will incorporate the concept of that program by establishing promotores volunteers in the work we do particularly through the Medicare counseling and options counseling to build our cultural competency in identifying unreached and under-served Latino elders
- OAA/SFSS funds will be used to pay for some volunteer coordination and training for the promotores.
- See program description on page 20-21 of this plan.

Attachment B: Meal Sites

This form provides information about each Title III congregate meal site and home delivered meal provider.

Meal Site Name/Address (Column B): If available, list the contact name, street address, phone number, email address, and fax number of each meal site in the PSA.

Which Program(s) Operate Out of This Site? (Columns C and D): Please list the C1 and C2 programs that operate out of the site.

Is the site a central or commissary kitchen? (Columns E and F): Please indicate “yes” or “no.”

Which meal is served / delivered each day? (Columns G, H, and I) Check the site(s), which serve one or more than one complete meal per day. Each meal served must provide at least one-third of the current Recommended Daily Allowance (RDA), Dietary Reference Intakes (DRI), and the United States Department of Agriculture (USDA) Dietary Guidelines for older adults. If more than one meal per day is served, a minimum of 66 2/3% of the RDA, DRI, and USDA Dietary Guidelines must be provided for two meals and a minimum of 100% of the RDA, DRI, and USDA Dietary Guidelines must be provided for three meals. The second and third meals must be served at another mealtime. Note: Providers may only serve a second or third meal if this has been included in the Overview of Services section of the Area Plan.

Number of Days of the Week C1 Meals are Served: List the number of days of the week each meal site serves meals using C1 and/or state funds.

Number of Days of the Week C2 Meals are Delivered: List the number of days of the week each meal site delivers meals using C1 and/or state funds.

Nutrition Program Meal Sites (Congregate & Home Delivered Meal Programs) As of May 2015

	SITE NAME/ADDRESS MEAL SITE COORDINATOR PHONE/FAX/EMAIL ADDRESS	WHICH PROGRAM(S) OPERATE OUT OF THIS SITE?		IS THIS SITE A CENTRAL OR COMMISSARY KITCHEN?		ARE MEALS PREPARED ON SITE?		IF MEALS ARE NOT PREPARED ON SITE WHERE ARE THEY TRANSPORTED FROM?	WHICH MEAL IS SERVED/DELIVERED EACH DAY?			DAYS OF THE WEEK C-1 MEALS ARE SERVED	DAYS OF THE WEEK C-2 MEALS ARE DELIVERED
		C-1	C-2	YES	NO	YES	NO		BREAKFAST	LUNCH	DINNER		
1.	Lafayette Josepine Commons, 455 N. Burlington Ave., Lafayette, CO 80026 Operated by City of Lafayette GO Services Vern Swanagon, Manager, GO Services phone 303-665-9052 fax 303-604-6130 vern.swanagon@cityoflafayette.com	X			X		X	Word of Mouth Catering 5741 Arapahoe Avenue, Boulder, CO 80303 phone 303-443-0839		X		Mon - Fri	NA
2.	Louisville Louisville Brooks Café, 900 W. Appia Way, Louisville, CO 80027 Operated by City of Louisville Senior Center Kathy Martin, Manager phone 303-335- 4903 fax 303-335-4959 kathym@louisvilleco.gov	X			X			Word of Mouth Catering 5741 Arapahoe Avenue, Boulder, CO 80303 phone 303-443-0839		X		Mon - Fri	NA
3.	Nederland Nederland Community Center, 750 Hwy 72 North, Nederland, CO 80466 Operated by Nederland Area Seniors Serene Karplus, Meal Site Coordinator phone 303-258-0799 fax 303-258-0799 nederlandareaseniors@gmail.com	X	X		X	X				X		Mon & Wed	Mon & Wed
4.	Allenspark Highlands Presbytererian Camp, PO Box 66, Allenspark, CO 80510 Operated by BCAA	X		X		X				X		Thurs	NA

SITE NAME/ADDRESS MEAL SITE COORDINATOR PHONE/FAX/EMAIL ADDRESS	WHICH PROGRAM(S) OPERATE OUT OF THIS SITE?		IS THIS SITE A CENTRAL OR COMMISSARY KITCHEN?		ARE MEALS PREPARED ON SITE?		IF MEALS ARE NOT PREPARED ON SITE WHERE ARE THEY TRANSPORTED FROM?	WHICH MEAL IS SERVED/DELIVERED EACH DAY?			DAYS OF THE WEEK C-1 MEALS ARE SERVED	DAYS OF THE WEEK C-2 MEALS ARE DELIVERED
	C-1	C-2	YES	NO	YES	NO		BREAKFAST	LUNCH	DINNER		
Teresa DeAnni, Healthy Aging Programs Manager phone 303-441-4995 fax 303-441-1582												
Maria Shupe, Executive Director Highlands phone 303-747-2888 fax 303- 747-28895												
tdeanni@bouldercounty.org												
maria@highlandscamp.org												
5.												

Attachment C: Community Focal Points and Senior Centers

This form provides information on the name and location of senior centers and focal points within each region.

Name/Address/ Phone Number: (Column A) - List the name, address, city, zip code, and telephone number of each senior center and/or focal point facility within the PSA.

Focal Points: (Column B) Check the box if the facility is a Focal Point (the term "focal point" means a facility established to encourage the maximum co-location and coordination of services for older individuals.)

Senior Centers: (Column C) Check the box if the facility is a Senior Center. (the term "Senior Center" means a facility for the organization and provision of a broad spectrum of services, which shall include, but not be limited to, provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals. A facility can be both a focal point and senior center. If that is the case, please check both boxes.

Title III-B: (Column D) Check the box if the facility is funded through Title III-B. Indicate if the facility is a senior center and a recipient of Title III B funds for Senior Center Operations. Do not check if the Senior Center is a congregate nutrition site and only receiving Title III C Nutrition funds.

COMMUNITY FOCAL POINTS AND SENIOR CENTERS

LIST ALL FOCAL POINTS AND SENIOR CENTERS INCLUDING NUTRITION SITES IF IT IS A FOCAL POINT

CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER CONTACT EMAIL	CHECK IF FACILITY IS:			CHECK IF LOCATION SERVES:	
	A FOCAL POINT	A SENIOR CENTER	FUNDED THROUGH TITLE III-B	PREDOMINANTLY LOW INCOME ELDERLY	PREDOMINANTLY LOW-INCOME MINORITY ELDERLY
1. Allenspark Community Hall Hwy 7 Allenspark, CO 80510 Linda Eller, 303-747-0470 ellerado@juno.com	X				
2. Boulder Senior Centers 909 Arapahoe and 5660 Sioux Drive Boulder, CO 80302 Betty Kilsdonk, 303-441-4365 KilsdonkB@bouldercolorado.gov	X	X			
3. Lafayette GO Services 103 South Iowa Lafayette, CO 80026 Vern Swanagon, 303-661-1497 vern.swanagon@cityoflafayette.com	X	X			
4. Louisville Senior Center 900 Via Appia Louisville, CO 80027 Katie Beasley, 303-666-7400 KatieB@louisvilleCO.gov	X	X			
5. Longmont Senior Center 910 Longs Peak Ave Longmont, CO 80501 Michele Waite, 303-651-8411 michele.waite@ci.longmont.co.us	X	X			
6. Lyons Senior Housing Bloomfield Place & Walter Self Housing Lyons, CO 80540 303-823-6771 lyonsgoldengang@aol.com (Lyons Golden Gang)				X	
7. Nederland Community Center Nederland, CO 80466 Serene Karplus 303-258-0799 nederlandareaseniors@gmail.com	X				
Boulder County Aging Area Plan 2015-2019					

COMMUNITY FOCAL POINTS AND SENIOR CENTERS

LIST ALL FOCAL POINTS AND SENIOR CENTERS INCLUDING NUTRITION SITES IF IT IS A FOCAL POINT

CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER CONTACT EMAIL	CHECK IF FACILITY IS:			CHECK IF LOCATION SERVES:	
	A FOCAL POINT	A SENIOR CENTER	FUNDED THROUGH TITLE III-B	PREDOMINANTLY LOW INCOME ELDERLY	PREDOMINANTLY LOW-INCOME MINORITY ELDERLY
8.	Erie Community Center	X	X		
	450 Powers Street				
	Erie, CO 80516				
	Cindy Hickman, 303-926-2795				
	_chickman@erieco.gov				

Attachment D: Regional Advisory Council Membership

List all persons presently serving as members of the AAA’s Regional Advisory Council. In the Organizational Affiliation column, note whether this advisory council member represents older persons, the general public, provider organizations, health care provider organizations, local elected officials, county councils on aging, county commissioners, etc. For multiple PSA, note which county, town, or PSA the appropriate advisory council member is representing. Check the appropriate column if a member is low-income, minority, 60 years of age or older, and/or disabled.

REGIONAL ADVISORY COUNCIL MEMBERSHIP

List all persons presently serving as members of your Aging Advisory Council (appointed by the Boulder County Board of Commissioners).

NAME	ORGANIZATION AFFILIATION
Sue Broidy	Member-at-Large
Carolyn Drews	Member-at-Large
Linnea Carter	Allenspark Senior Advisory Committee
Dennis “Denny” Dalpez	Nederland Area Seniors
Margarita Delgado	Member-at-Large
Maureen Denig	Longmont Senior Advisory Board
Tonia Elliott	Boulder County Adult Protection Services
Pat Feeser	Member-at-Large
Thomas Genovese	Lafayette Advisory Board
Niki Hayden	Member-at-Large
Kellie Hudson	Member-at-Large
Diane Knudsen	Member-at-Large
Sue Kunz	Member-at-Large
Anita Meriwether	Member-at-Large
Janice Michon	Member-at-Large
Arthur Okner	Member-at-Large
Alexander “Sandy” Stewart	Member-at-Large
Cathy Summer	Member-at-Large
Ellen Taxman	Member-at-Large
Mary Ann Triplett	Member-at-Large
Ruth Waukau	Member-at-Large
Susan Zapata	Member-at-Large

Please indicate on the chart below how many members are low income, minority, or over 60

LOW-INCOME	MINORITY	60 +
Unknown	2	14

Attachment E: Statement of Intent/Signature Page

This is the transmittal form for the Area Plan. The notification of grant award will not be issued until the required signatures are received. Signatures of the Area Agency on Aging Director, Area Agency on Aging Advisory Council Chair, and Governing Board of the Area Agency on Aging Chair are required.

STATEMENT OF INTENT

The Area Plan

Is hereby submitted for

AREA AGENCY ON AGING (AAA) NAME

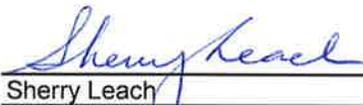
**3B Boulder County
REGION**

For the period July 1, 2015 through June 30, 2019

This Area Plan includes all assurances plans under provisions of the Older Americans Act during the period identified. The Area Agency on Aging identified above shall assume full responsibility to develop and administer the Area Plan in accordance with the requirements of the Older Americans Act and related State regulations and policy. In accepting this authority, the Area Agency on Aging assumes responsibility to promote the development of a comprehensive and coordinated system of community services and to serve as the advocate and focal point for older persons in the planning and service area.

The four-year area plan has been developed in accordance with the rules and regulations specified under the Older American's Act and Staff Manual Volume 10, and is hereby submitted to the Colorado Department of Human Services, Division of Aging and Adult Services for review and approval.

SIGNATURES:



Sherry Leach
Director,
Area Agency on Aging

5-5-15

DATE



Ellen Taxman
Co-Chairperson,
Area Agency on Aging Advisory
Council

5/1/15

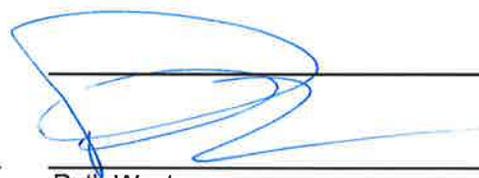
DATE



Chairperson,
Boulder County Board of
Commissioners
(Governing Board of the Area Agency
on Aging) **Deb Gardner**

5/5/15

DATE



Ruth Waukau
Co-Chairperson,
Area Agency on Aging Advisory
Council

5/1/15

DATE

SECTION IX: AREA PLAN IMPLEMENTATION

SUMMARY OF OUTCOMES PERFORMANCE INDICATORS

	9/30/16	9/30/17	9/30/18	9/30/19
OUTCOME ONE UNSERVED AND UNDERSERVED: Increase the number of people served and number of quality services provided through the Older Americans Act and State Funding for Senior Services.				
Performance Indicator 1: Increased number of unduplicated clients in State.				
Performance Indicator 2: 80% of consumers identify the services received through OAA/SFSS maintain or improve their independence.				
OUTCOME TWO CAREGIVERS: Because of support received through the OAA/SFSS Caregiver Services, caregivers will feel supported, exhibit greater self-efficacy, and have improved access to information and services.				
Performance Indicator 3: Number of caregivers served.				
Performance Indicator 4: 80% of NFCSP clients report in annual surveys that they feel supported by the NFCSP and express feelings of greater self-efficacy.				
Performance Indicator 5: 90% of transportation clients indicate transportation was available to access necessary services in the community when needed.				
OUTCOME THREE TRANSPORTATION: Older adults have transportation available to access health care, maintain social interaction, and reach community and social services.				
Performance Indicator 5: 90% of transportation clients indicate transportation was available to access necessary services in the community when needed.				
Performance Indicator 6: Number of registered transportation clients and number of rides provided.				
OUTCOME FOUR LEGAL ASSISTANCE PROGRAMS: Resources are effectively expended on legal issues faced by those most in need and for which other legal assistance is not available.				
PERFORMANCE INDICATOR 7: Number of persons who receive legal assistance through				

	9/30/16	9/30/17	9/30/18	9/30/19
Older Americans Act and State Funding for Senior Services.				
PERFORMANCE INDICATOR 8: Number of service units provided.				
PERFORMANCE INDICATOR 9: Number of clients referred to other appropriate agencies or resources.				
OUTCOME FIVE OMBUDSMAN PROGRAM: Resources are effectively expended on issues faced by those most in need and for which other assistance is not available.				
PERFORMANCE INDICATOR 10: Number of training sessions attended by certified ombudsmen each year.				
PERFORMANCE INDICATOR 11: Number of certified ombudsmen in state.				
PERFORMANCE INDICATOR 12: Number of facilities regularly visited not in response to a complaint.				
PERFORMANCE INDICATOR 13: Number of complaints handled and resolved per year.				
PERFORMANCE INDICATOR 14: Number of ombudsman consultations.				
OUTCOME SIX NUTRITION: Older adults will access nutrition services, socialization, and community resources to promote independence.				
PERFORMANCE INDICATOR 16: Number of persons who receive congregate and home delivered meal services.				
Performance Indicator 17: 90% of congregate nutrition program meal clients state obtaining transportation to the meal site was very easy or somewhat easy.				
Performance Indicator 18: 90% of congregate nutrition program meal clients report that during the past year someone from the Nutrition Program provided information or referred them to places to learn about financial, social, or health services that are available to them or told them how to get the help.				
Performance Indicator 19: 90% of home delivered meal clients report that during the past year someone from the Nutrition Program provided information or referred them to places to learn				

	9/30/16	9/30/17	9/30/18	9/30/19
about financial, social, or health services that are available to them or told them how to get the help.				
Performance Indicator 20: 90% of congregate nutrition program meal clients report they are very satisfied or somewhat satisfied with opportunities to spend time with other people at the meal site.				
Performance Indicator 21: 90% of congregate nutrition program meal clients report that the nutrition program has helped them to live independently and stay in their own home.				
Performance Indicator 22: 90% of home delivered meal program clients report that the nutrition program has helped them to live independently and stay in their own home.				
OUTCOME SEVEN DISEASE PREVENTION/HEALTH PROMOTION: Independent living and delaying the need for more intensive/costly services will be advanced through participation in evidence-based classes.				
PERFORMANCE INDICATOR 23: 90% of evidence-based wellness class participants report learning information they are using.				
PERFORMANCE INDICATOR 24: The number of older adult participants who successfully complete, AAA-sponsored, evidenced-based falls prevention classes.				
Performance Indicator 25: The number of older adult participants who successfully complete, AAA-sponsored, evidenced-based pre-diabetes classes.				
OUTCOME EIGHT UNDERSERVED: Increase the number of Latino elders and older adults who are blind or who have visual impairment that are reached and served by programs through the Older Americans Act, State Funding for Senior Services, and B/VI state funds administered by AAAs.				
PERFORMANCE INDICATOR 26: The number of older Latinos who are reached through Promotoras program				
PERFORMANCE INDICATOR 27: The unduplicated number of older Latinos who are served by programs through the Older Americans Act and State Funding for Senior Services.				
PERFORMANCE INDICATOR 28: The number of older adults who are blind or visually impaired who receive services through BCAA				

	9/30/16	9/30/17	9/30/18	9/30/19
OUTCOME NINE ADRC IMPACT: Increase the number of clients being served by the ADRC and continue to build capacity of the ADRC staff				
PERFORMANCE INDICATOR 29: The number of Options Counseling client sessions				
PERFORMANCE INDICATOR 30: Number of staff trainings that improve outreach and service to address the wide range of strengths and needs of older adults and adults with disabilities				

SECTION X: AREA PLAN CHECKLIST

<u>Section</u>	<u>Section Contains Information and Approved</u>	<u>Y/N</u>	<u>Page Numbers Where Information is Located.</u>	<u>Section to be Revised</u>
<u>Executive Summary</u>	Incorporate essential points. Describe outcomes and strategies.	Y	p.1	
<u>Public Input</u>	Describe number, dates, and locations of the Public Input Meetings. Discuss how public input informed Area Plan.	Y	p.4	
<u>Volunteers, Current/Future Programs</u>	List programs in place as of July 1, 2015. List additional programs the AAA is considering implementing.	Y	p.12	
<u>Nine Questions</u>	Each question answered?	Y	p.16	
<u>Demographics</u>	Review the changes in population for two cohorts: of 75 and 84 years old and age 85 and up. Comment on how increases in these two cohorts may affect budgeting and planning of services.	Y	p.38	
<u>Title III/VI Coordination</u>	Regions that provide both Title III and Title VI nutrition programs shall describe the coordination of the programs.	NA	p.40	
<u>Forms</u>	<ul style="list-style-type: none"> • Attachment A? Only AAAs requesting waivers will submit this form. • Attachment B? • Attachment C? • Attachment D? • Attachment E? 	Y	A. p. 50 B. p. 55 C. p, 58 D. p.62 E. p.64	
<u>Area Plan Implementation</u>	Implementation form properly filled out. (Please remember, implementation of the Area Plan will be reviewed during program evaluations by SUA staff.)	Y	p. 65	

SUA PD 15-04:: Please submit one signed electronic copy of the Area Plan to the State Unit on Aging by **Monday (sic: Friday), May 8, 2015** to Todd.Swanson@state.co.us. Should you have any questions regarding the Area Plan, please contact Todd Swanson by phone at 303-519-9992 or 303-866-2651 or by email at Todd.Swanson@state.co.us.