



# **Boulder County Aging Services Division**

## **FOUR-YEAR PLAN**

**For the Use of Federal Funds  
Under the Older Americans Act**

**For the Period  
July 1, 2007 – June 30, 2011**

**Boulder County Aging Services Division  
P.O. Box 471  
Boulder, Colorado 80306**

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## SECTION I: Executive Summary

Residents of Boulder County have articulated a countywide strategic vision that will guide the work of Boulder County Aging Services Division and its community partners:

### **We live in vibrant communities in which we all age well.**

A *vibrant community in which we all age well* is an elder-friendly community. An elder-friendly community builds upon individual, family, and community strengths to:

- Address basic needs
- Promote social and civic engagement
- Optimize physical and mental health and well-being
- Maximize in/dependence and support caregivers

During the period covered by this plan (July 1, 2007 – June 30, 2011) Boulder County Aging Services Division (BCASD) and its community partners will work to create *vibrant communities in which we all age well*. Using the recently published countywide strategic plan for aging well in Boulder County,<sup>1</sup> we will create a strengths-based network of services for older adults and caregivers, one that uses strengths where they are present, and builds strengths where they are needed.

BCASD and the Boulder County Aging Advisory Council (AAC) have adopted the elder-friendly community model<sup>2</sup> as the framework for our strengths-based work. BCASD will broaden our partnerships with people of all ages in order to create *vibrant communities in which we all age well*. We will advocate for public policy that is consistent with the elements of an elder-friendly community, and we will leverage community resources to create *vibrant communities in which we all age well*. We will value individual differences as strengths, and we will focus resources on elders in greatest social and economic need.

BCASD and the AAC wish to thank the Board of County Commissioners for the confidence they have placed in us, and the support they have given us to perform our responsibilities; the staff of the Colorado Department of Human Services, Aging and Adult Services Division, for the encouragement and assistance they have provided during our years as an area agency on aging; the elders of Boulder County for their wisdom and participation in the planning and delivery of services; and our community partners for the creativity and passion they demonstrate in their work with older adults and caregivers.

Together, we will create our future:

### **We live in vibrant communities in which we all age well.**

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<sup>1</sup>Creating Vibrant Communities In Which We All Age Well, the countywide strategic plan for aging well in Boulder County, can be found at: [www.co.boulder.co.us/cs/ag/pdfs/StrategicVisionReport.pdf](http://www.co.boulder.co.us/cs/ag/pdfs/StrategicVisionReport.pdf).

<sup>2</sup> The elder-friendly community model was developed by the Visiting Nurse Service of New York as part of their AdvantAge Initiative (<http://www.vnsny.org/advantage>).

## **SECTION II: COMMUNITY INPUT AND STAKEHOLDER INVOLVEMENT**

Boulder County Aging Services Division and its community partners engaged in a countywide strategic planning process that serves as the basis for this four-year plan. Listed below are the key milestones in that process. The voices of over six hundred older adults, caregivers, service providers, policy makers, and funders were heard during this process.

### May 2004

*Trends in Services for Older Adults in Boulder County 1999 – 2003: Establishing a Strategic Agenda* published (<http://www.co.boulder.co.us/cs/ag/pdfs/agenda99-03.pdf>).

### July 2004

Strategic Visioning Leadership Team (SVLT) formed from the County Directors group.

### Summer 2004

Countywide strengths and needs assessment conducted; 1653 older adults interviewed.

### November 2004

*Status of Older Adults in Boulder County* published.  
(<http://www.co.boulder.co.us/cs/ag/pdfs/Status%20of%20Older%20Adults%20in%20BC.pdf>)

Communities adopt the elder-friendly community model.  
(<http://www.vnsny.org/advantage/indicators.pdf>)

### December 2004

*Strengths and Needs Assessment of Older Adults in Boulder County* released.  
([http://www.co.boulder.co.us/cs/ag/pdfs/Boulder\\_Strengths\\_Needs\\_04.pdf](http://www.co.boulder.co.us/cs/ag/pdfs/Boulder_Strengths_Needs_04.pdf))

### January 2005

The SVLT completed plans for the countywide strategic visioning initiative, *Greeting Our Future*.

### April 2005

Invitations sent to prospective members of the Strategic Visioning Coordinating Team (SVCT).

## June 2005

Fifty SVCT members trained in a positive change process known as Appreciative Inquiry ([www.positivechange.org/appreciative-inquiry.html](http://www.positivechange.org/appreciative-inquiry.html)); appreciative interview topics selected; participants identified.

## July – September 2005

The SVCT completed 157 one-on-one appreciative interviews with elders, caregivers, service providers, mid-life adults, and community members throughout Boulder County.

## August – September 2005

SVCT conducted 23 Community Conversations in Boulder, Lafayette, Louisville, Longmont, Nederland, Allenspark, Lyons, and Niwot. These small group gatherings engaged 307 people in sharing their stories and envisioning *vibrant communities in which we all age well*.

## October 2005

Meaning-Making Meeting held to distill meaning from the 400+ interviews.

Community Summit held on October 27 and 28, 2005; 180 people participated. Outcome: a set of nine design principles to guide the design, development, delivery, funding, and evaluation of aging services in Boulder County.

## January 2006

Seventeen strategic goals established in the elder-friendly community quadrants.

## March – April 2006

Four strategic planning sessions held to develop strategies for creating *vibrant communities in which we all age well*; 160 people participated.

## July 2006

*Creating Vibrant Communities in Which We All Age Well*, the countywide strategic plan, returned to the community.

## September 2006

First Countywide Leadership Council (CLC) meeting held to oversee the implementation of the countywide strategic plan. Public hearing held by the AAC.

## October 2006

Public hearing held by the AAC on the four-year plan and funding priorities.

During the countywide strategic visioning process, and the strategic planning process that followed, we heard over and over again that **access to essential services** is an essential element of an elder-friendly community - access that is seamless, barrier-free, affordable, and welcoming. Access to accurate, comprehensive information about services for older adult and caregivers, and assistance to secure essential services must include increasing the availability and affordability of care coordination services.

We also heard that **mental health services** were essential to aging well, and that funding cuts had severely impacted the delivery of mental health services to older adults and caregivers. Finally, we heard that **affordable, appropriate, and accessible housing** options needed to be increased throughout Boulder County.

The Aging Advisory Council felt that it was essential to address these issues in the four-year plan.

### **SECTION III: DEMOGRAPHY**

The following information, taken directly from the *Strengths and Needs Assessment of Older Adults in Boulder County*, December 2004, influenced the prioritization of services offered under this four-year plan. For more detailed demographic information, see: [www.co.boulder.co.us/cs/ag/pdfs/Boulder\\_Strengths\\_Needs\\_04.pdf](http://www.co.boulder.co.us/cs/ag/pdfs/Boulder_Strengths_Needs_04.pdf).

- In the year 2000 there were 28,661 older adults (persons 60 and over) living within the current Boulder County boundaries. (In 2000 parts of the now City and County of Broomfield were part of Boulder County.)
- Older adults accounted for 11% of Boulder County's total population, representing an increase of 5,056 or 21% from the older adult population in 1990. This rate of increase was slightly greater than the rate of increase for the population under 60, 19.5%.
- Slightly more than one-third (35%) of Boulder County older adults live in the city of Boulder. The next highest concentration is in Longmont (31%).
- The Census Bureau defines a rural area as, essentially, any territory that is not "urban." While most of the land area in Boulder County is rural, the vast majority of the population (91.3%) lives in "urbanized areas," with a concentration of 1,000 or more persons per square mile, or "urban clusters," with a density of at least 500 persons per square mile.

The Census classified 3,286 or 11.5% of the Boulder County older adults as "rural" in 2000.

Using the Census definition of rural, the proportion of older adults living in rural areas declined with age, from 15.4% of those 60 to 64 years old to 2.6% of those 85 years old and over.

- Because women outlive men, older age groups have higher proportions of women. For all older adults in Boulder County, women outnumbered men by 56.2% to 43.8%. While the proportion of women and men is nearly equal in the 60 to 64 age group, women constitute a substantial majority (72.7%) of persons age 85 and over.
- In the year 2000 there were 1,309 Hispanic or Latino, 149 Black or African American, 496 Asian American, and 84 American Indian and Alaskan Native older adults in Boulder County. These 2,038 minority older adults accounted for about 6.5% of the older adult population in Boulder County.
- The proportion of persons identifying themselves as Hispanic or Latino, African American only, Asian only, or American Indian/Alaskan Native only was higher among persons aged 0-59 compared to those 60 and older.

- Significant numbers of minority older adults are found in each of the four largest cities in Boulder County and in the rest of the county, though the proportion of all older adults ranges from around 5% in the city of Boulder and the rest of the county to 16.5% in Lafayette. About 80% of the minority older adults in Lafayette and Longmont are Hispanic. Hispanics account for around half of all minority older adults in other places in Boulder County.
- The ability to speak and understand English can affect an older adult's access to services. Less than ten percent of Boulder County older adults reported speaking a language other than English at home.

Of these, about 80% indicated that they spoke English either "very well" or "well." Thus, the challenge of linguistic isolation in Boulder County is limited to a relatively small number (less than 400) of older adults who indicated that they spoke English either "not well" or "not at all," representing 1.9% of all older adults.

Of those older adults that did not speak English well a majority (61%) spoke Spanish and 21% spoke an Asian language. Almost half of those who do not speak English well live in Longmont.

- The ability to live in/dependently in the community as people age often depends on whether or not they live alone.

Nearly three out of five (58.1%) of Boulder County older adults lived in family households with either a spouse or some other relative.

Many (10,706), however, lived alone, and older women were more than three times as likely to live alone as older men. The proportion of Boulder County older adults living alone is somewhat higher than elsewhere in the state (32.6% vs. 28.7%). Slightly more than half of older adults living alone were age 75 and older. The proportion living alone did not vary significantly among the larger municipalities in Boulder County.

- In addition, 7.0% of older adults lived in what the Census Bureau classifies as "group quarters," which, for older adults, are mostly nursing facilities.
- The overall homeownership rate for Boulder County older adult households (those where the householder was 60 or over) was 79%. However, the homeownership rate declined with age, dropping from over 80 percent for those 60 to 74 to 77% for those 75 to 84 and 51% for those age 85 and over.
- Boulder County has a highly educated population. Over a third (34%) of Boulder County's older adults held a bachelor's and/or a graduate or professional degree. A smaller proportion (24%) attended college and may have earned an associate

degree. An additional 26% were high school graduates; the remaining 15% did not graduate from high school.

- The proportion with a bachelor's degree or higher varied significantly among the larger cities in the county. Nearly half (49%) of the older adults in the city of Boulder had a bachelor's degree or higher compared with less than 20% in Lafayette and Longmont.
- Many older adults continue to work for pay. At the time of the 2000 Census, 7,100 (25%) older adults in Boulder County were employed. However, the proportion employed dropped sharply with age. Roughly half of young older adults (those 60 to 64) were employed – 63% of men and 41% of women. In each age group a higher proportion of men than women were employed.
- For all age groups, median household income increased with age until it peaked at over \$70,000 for the 45 to 54 age group. It then dropped markedly for each subsequent age group – \$63,717 for the 55 to 64 age group; \$41,472 for the 65 to 74 age group and only \$28,362 for the 75 and over age group.
- Another indicator of economic well-being is the portion of older adults near or below the federally designated poverty level. For 1999 (the income year for the 2000 Census) the poverty threshold for a person 65 or over living alone was \$7,990; for a two-person household with the householder 65 or over it was \$10,075. (Poverty thresholds are adjusted annually to reflect changes in the cost of living. For 2003, the latest year for which thresholds have been set, the comparable figures were \$8,825 and \$11,122.)

In 1999 the incomes of 5.7% of older adults in Boulder County were below the federally designated poverty level. Poverty rates were substantially higher for older women than men and the levels and differentials increased with age. Nearly ten percent of women 75 and over had incomes below the federal poverty level in 1999. While the proportions of older adults below poverty were fairly small, slightly over 1,000 older adults in Boulder County were below the federally designated poverty level.

- Because of the low level of the official poverty level, information on older adults living below three multiples of the federal poverty level – 150%, 175% and 200% – has been included. For comparison, a person 65 or over living alone would exceed the 200% level with an annual income of \$15,980 in 1999 (\$20,150 for two people). (The thresholds for 2003 were \$17,650 and \$22,244, respectively.)

Twelve percent of persons 65 and over had incomes below 150% of poverty and nearly one in five had incomes less than 200% of poverty. The proportions were higher for those 75 and over than for those 65 to 74.

- Four thousand older adults were poor or “near poor” in 1999. Over half of these were age 75 and over.
- Poverty rates were substantially higher for minority adults 65 and over. Whether using the official poverty level or some multiple of it, poverty was nearly twice as prevalent among Hispanic, Black and American Indian older adults as for all older adults in Boulder County. Asian older adults had lower levels of poverty than the other minority groups, but the proportion below 150% of poverty was somewhat higher than for the total population.

### *Disability Status*

The 2000 Census asked two questions that yielded useful information on the prevalence of selected disabilities among older adults. The first asked whether the respondent had a long-lasting condition such as blindness, deafness, a severe vision or hearing impairment or a condition that limits physical activities such as walking or climbing stairs. The second question asked whether the respondent had a “physical, mental or emotional condition lasting six months or more” that caused difficulty “learning, remembering or concentrating,” “dressing, bathing or getting around inside the house,” “going outside the home to shop or visit a doctor’s office” or “working at a job or business.” Responses to these questions determine whether a person is classified as having one or more “sensory,” “physical,” “mental” or “self-care” disabilities.

- The 2000 Census found that nearly 40% of older adults in Boulder County reported one or more of these disabilities. Slightly more than half of these reported two or more disabilities.
- Roughly an equal portion of females and males reported a disability, but females were somewhat more likely than males to report two or more disabilities (21% vs. 17%).

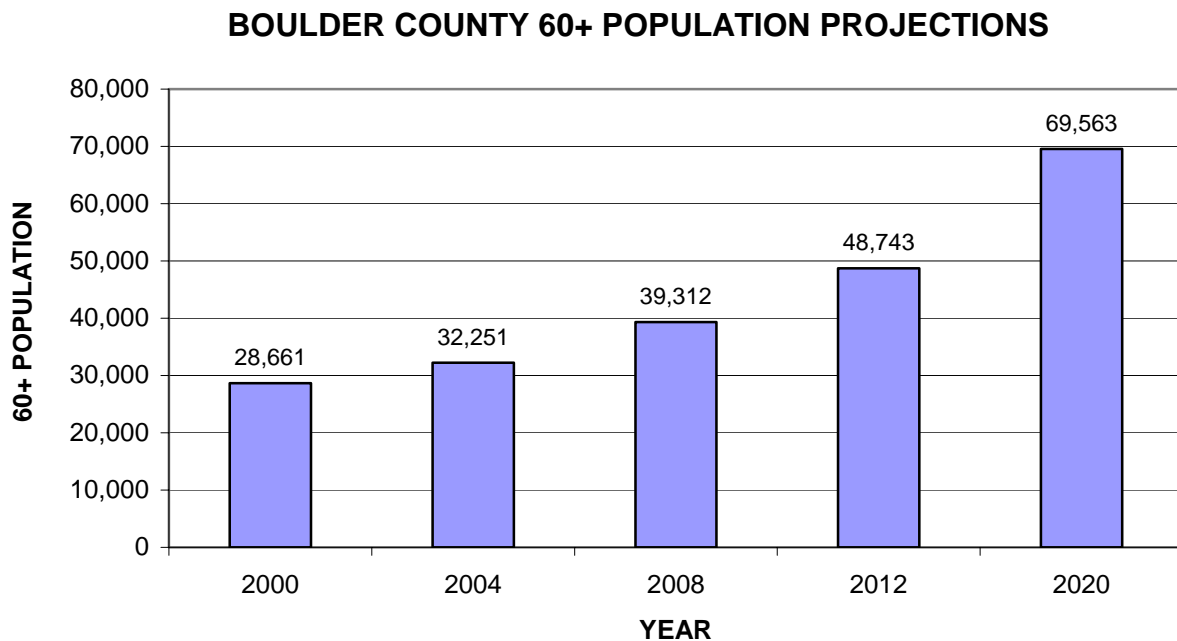
### *Grandparents as Caregivers*

For the first time in the history of the Census, the 2000 Census asked about grandparents who lived with and cared for their grandchildren under the age of 18. The data on grandparents include those of any age, not just grandparents 60 and over.

- In Boulder County there were 2,456 grandparents and 953 (38.8%) were “currently responsible for most of the basic needs” of at least some of the grandchildren with whom they lived. Slightly less than half of these grandparents had been responsible for a grandchild for 3 or more years.
- About half of the Boulder County grandparents responsible for their grandchildren lived in Longmont.

### Future Projections

- According to the Demography Office of the Colorado Department of Local Affairs, Boulder County's older adult population is projected to grow from about 29,000 in 2000 to about 49,000 in 2012, an increase of 70% in just 12 years. By contrast, the remainder of the population (age 0 to 59) is expected to grow by only 10%.
- Among older adults most of the growth is expected to occur in the "young-old" age group (60-74).



(Source: Demography Office, CO Dept. of Local Affairs)

BCASD has had a strong commitment to serving older adults in the rural and mountain areas of Boulder County, low-income older adults, and low-income minority older adults since its inception. BCASD staff provides outreach, information and assistance, and care coordination services in the rural and mountain areas of the county (Allenspark, Lyons, Nederland, and Niwot areas). Two staff members are Spanish-speaking. And, Project HOPE, a program for frail, low-income older adults, has always served a significant number of minority older adults.

## **SECTION IV: TARGETING PROGRAMS**

In developing this four-year plan Boulder County Aging Services Division looked at Census data, population projections, and data from the *Strengths and Needs of Older Adults in Boulder County*, December 2004. We considered the strengths and needs of consumers with greatest social and economic need, low-income older adults, low-income minority older adults, and older adults and caregivers living in the rural and mountain areas of Boulder County. We met with staff members who live and work in the rural and mountain areas of Boulder County; the senior services directors from Boulder, Erie, Lafayette, Longmont, and Louisville; and representatives from the Center for People with Disabilities and People's Clinic. In addition, we engaged over 600 county residents in a countywide strategic planning process. The resulting countywide strategic plan, *Creating Vibrant Communities In Which We All Age Well*, serves as the foundation for this four-year plan.

In preparation for the allocation of federal funds for 2007 – 2011, BCASD released a Request For Proposal (<http://www.co.boulder.co.us/cs/ag/rfp.htm>) on October 19, 2006. Each applicant must describe their plan for targeting individuals in greatest social and economic need. They must also describe the steps they will take to ensure that persons with disabilities can participate in the proposed program/service. Applications must provide service projections for the following categories: low-income older adults, low-income minority older adults, and older adults living in rural/mountain areas of the county.

For successful applicants, projections are reviewed quarterly as part of their Quarterly Performance Report. Actual services provided are compared to projections in a Targeting Analysis prepared by the Grants Accountant. BCASD staff and the committees of the AAC review the Targeting Analysis reports quarterly. If there is a discrepancy between projections and actual performance, technical assistance is offered to the service provider.

BCASD has two Spanish-speaking staff members in the Medicare Ombudsman program. These individuals have been instrumental in the Division's efforts to reach and serve Spanish-dominant older adults and caregivers.

The Division also has two staff members who devote part of their time to developing programs and services for lesbian, gay, bi-sexual, and transgender (LGBT) elders and caregivers. The insights of these staff members into the actions that need to be taken to reach elders and caregivers of diverse cultures have been invaluable to Division staff, volunteers, and grantees.

The Division has staff members who work specifically in the rural and mountain areas of the county – Allenspark, Lyons, Nederland, and Niwot areas. These individuals provide outreach, information and assistance, and care coordination services to frail, low-income older adults in their geographic area.

## **SECTION V: STRENGTHS AND TRENDS FROM A STRENGTHS PERSPECTIVE**

Boulder County Aging Services Division incorporated the strengths perspective into its work with older adults and caregivers more than a decade ago. BCASD's mission reflects our commitment to the strengths perspective – *To promote the health and well-being of older adults by building on individual, family, and community strengths.*

In 1997 BCASD developed a strengths-based model for working with older adults using research and the results of our survey of the strengths and needs of older adults. Building on the work of the Search Institute in Minneapolis, Minnesota, and with permission from Peter Benson, the Institute's founder, we identified twenty-four elder strengths, and organized them into five categories – social supports; participation in activities; health and wellness; personal strengths; and external strengths, such as adequate housing and financial security. **We found that, the more strengths an older adult had, the fewer problems they reported.** In fact, older adults with nineteen or more of the twenty-four strengths reported a *threefold* decrease in problems, such as depression, poor physical health, accidents/falls, and institutionalization when compared to elders with only one to six strengths. We also found that quality of life increased as the number of strengths a person reported increased.

In the summer of 2004 data were collected from older adults across Colorado (8,903 total responses) on their strengths and needs. The total number of strengths possessed by each respondent was calculated. Comparisons were made to see how self-ratings of quality of life and quality of health, as well as self-reports of hospitalization, institutionalization, falls, and living in the community varied with the number of strengths.

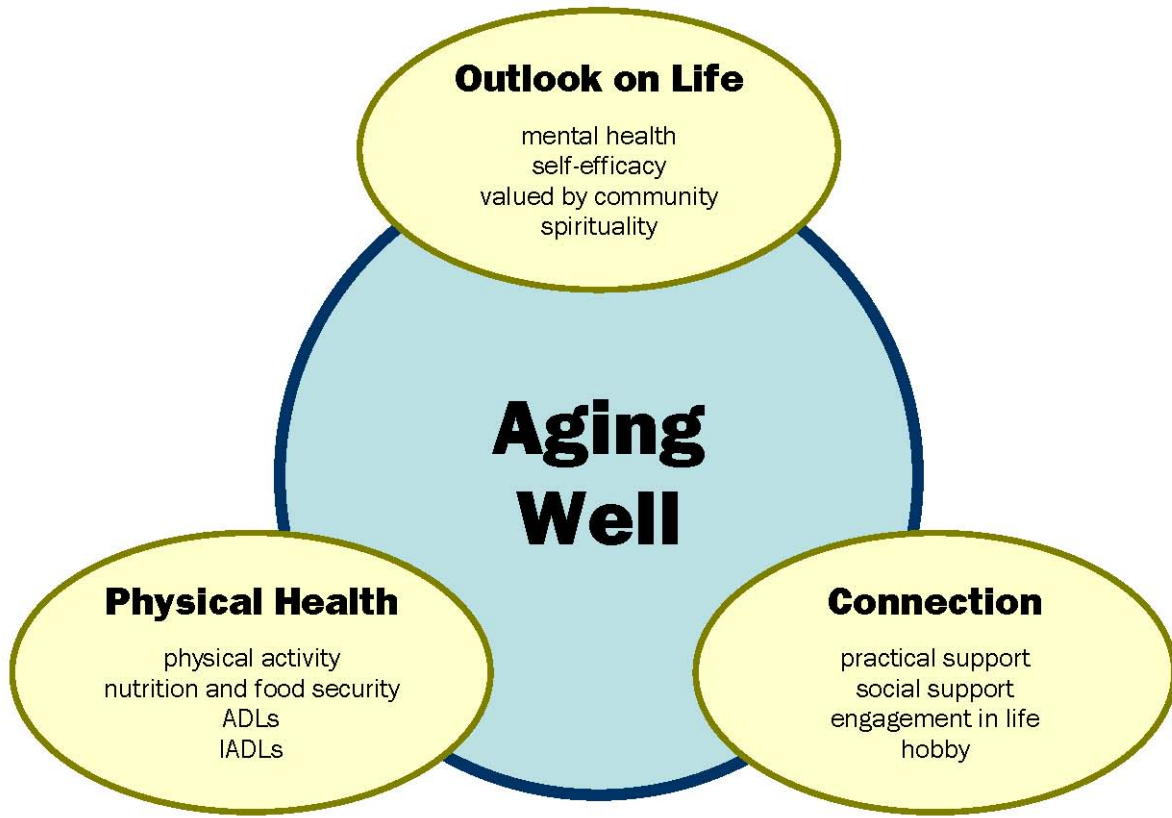
### **Strengths and Aging Well**

The analysis of the survey data identified strengths exhibited by older adults that correlated with aging well – high self-ratings of quality of life and health, the absence of falls or time spent in the hospital or care facilities. The new model of aging well consists of 12 strengths that are grouped into three categories: physical health, outlook on life, and connection to others and the community.

The following information is taken from *Assessment of the Strengths and Needs of Older Adults in Boulder County*, December 2004. For more information on the strengths of older adults in Boulder County, see the full report at:

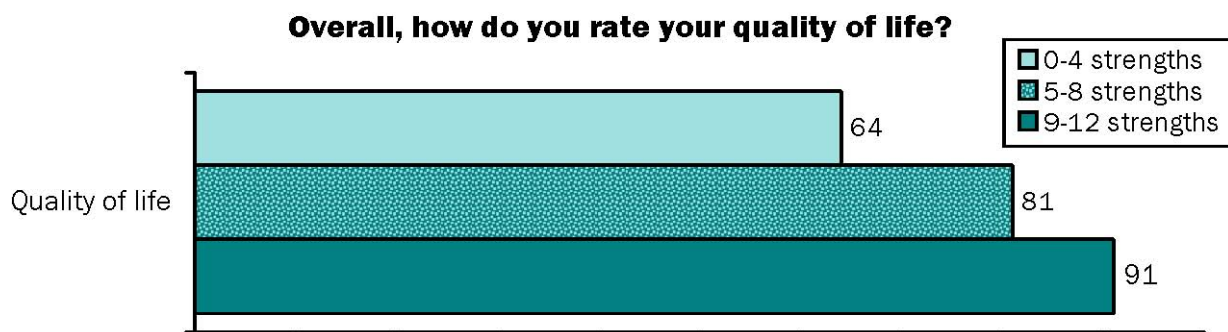
[www.co.boulder.co.us/cs/ag/pdfs/Boulder\\_Strengths\\_Needs\\_04.pdf](http://www.co.boulder.co.us/cs/ag/pdfs/Boulder_Strengths_Needs_04.pdf).

Figure 50: Aging Well



For older adults in Boulder County, possessing a greater number of strengths was related to higher self-ratings of quality of life. Those with four or fewer strengths had an average quality of life rating of 64, while those with nine or more had an average rating of 91 on the 100-point scale.

Figure 51: Quality of Life by Number of Strengths



A similar relationship existed with quality of health. Respondents with more strengths were more likely than those with the fewest strengths to be living in the community. Respondents' rates of hospitalization, institutionalization, and falls were compared by possession of strengths. Those with the fewest strengths were about twice as likely as those with the most strengths to have spent at least one day or more in the last year in a hospital, or to have had at least one serious fall in the previous 12 months. Those with zero to four strengths were about four times as likely to have spent at least one day in a nursing home or a rehabilitation facility in the previous 12 months.

### **Quality of Life Compared by Respondent Characteristics**

Residents of unincorporated Boulder County reported the highest quality of life (88 on the 100-point scale), and Lafayette and Longmont residents had the lowest average rating for quality of life (83).

Respondents who were Hispanic or not white had lower average quality of life ratings (69 and 76, respectively), as did renters (80) and those who live alone (83).

Those with the lowest income, less education, and those who reported having a condition that was limiting physically all gave lower overall quality of life ratings (75, 79 and 75, respectively).

### **Practical and Social Supports**

Respondents were asked the amount of practical and social support they received from different sources. Practical support was defined as "being given a ride somewhere, having someone shop for you, loan you money or do a home repair for you" and social support was defined as "being cared for, loved, listened to and respected."

About four in five respondents said that they received at least "a little" practical support from their families, with 46% saying that they received "a lot" of practical support from family. Twenty-nine percent reported receiving "a lot" of practical support from friends, 17% from neighbors, 16% from a church or spiritual group and 8% from a club or social group. The amount of social support received by older adults was generally higher than the amount of practical support reported. Over two-thirds (71%) said they received "a lot" of social support from family and 53% said they received "a lot" from friends. Neighbors and a church or spiritual group were each cited as providing "a lot" of social support by about one-quarter of respondents. Just 6% said they were receiving "a lot" of social support from a non-profit or community agency.

Additional comparisons of individual strengths by respondent characteristics appear in *Strengths and Needs Assessment of Older Adults in Boulder County*, December 2004 ([http://www.co.boulder.co.us/cs/ag/pdfs/Boulder\\_Strengths\\_Needs\\_04.pdf](http://www.co.boulder.co.us/cs/ag/pdfs/Boulder_Strengths_Needs_04.pdf)).

## **Building on the Strengths of the Boomer Generation**

Seventy-six million people were born in the United States between 1946 and 1964. By sheer force of numbers, this generation will significantly impact the environment in which we plan and deliver aging services. In addition, the norms, values, expectations, and lifestyles of this generation will influence the need for, and use of aging services in the future.

In 2011 the first boomers will turn 65. It is not too soon to begin to anticipate the impact of this event on communities and the services they will be expected to offer. We must begin now to incorporate the strengths of boomers into our service delivery systems, to instill in them the value of volunteerism, and to increase their involvement in all types of community service – both paid and volunteer. Indeed, it will be essential that we increase the number and percent of the next generation of older adults in volunteer work if we are to succeed in creating *vibrant communities in which we all age well*.

In general, the boomer generation will reach old age better educated, healthier, and financially more secure than previous generations. From birth, they have influenced product design and availability. Their expectations regarding customer service and consumer satisfaction will change the way in which aging service providers do business.

Lifestyle choices made by this generation will also influence their need for, and use of, aging services. Individuals who chose to remain single and childless, and married couples without children, may find themselves without the family support that has traditionally been important to elders. Likewise, families with fewer children, divorced families, and single-parent families may encounter a dearth of familial resources. They will need to turn, instead, to the community for support. Others who delayed marriage and childbirth are likely to find themselves "sandwiched" between the need to care for frail, aging parents and young children. In addition, the responsibility to care for aging family members will be more difficult to assign (and assume) in families with one or more stepparents.

More women are working outside the home; this has important implications for the future of aging services. Because these women are less available to assume traditional caregiving roles at home, they will need a variety of in-home services, as well as eldercare services in the workplace. In addition, the use of service coordinators (care coordinators) is likely to expand as mobility continues to separate the generation needing care from the generation able to provide care.

Aging well must become a personal responsibility, as well as a community priority. Each of us has both an opportunity and a challenge to age well. We must reduce the need for isolated and needs-based programs and services for older adults, and increase the availability of programs and services that use strengths where they are present, and build strengths where they are missing. In this way, we will create *vibrant communities in which we all age well*.

## **Building On the Strengths of Caregivers**

Caregiving has become a common experience for most adults. Indeed, women now spend more years caring for older family members than for their children. While the average caregiver provides eighteen hours of care per week, *intense* caregiving goes on in a quarter of the caregiving homes across the nation – nearly six million caregivers provide 20 or more hours of care per week. As a nation we cannot afford to provide institutional care for the vast numbers of older adults who are currently receiving care from an informal caregiver – family, neighbor, or friend. We must, therefore, inform, educate, acknowledge, and support the informal caregiving network in our communities.

## **Community-Based, Strengths-Based Care**

When asked, people of all ages say that they prefer to receive care at home. In the next 40 years it is expected that the number of people 85+ will quadruple. Since this group generally has a high need for service, there will be a concomitant increase in the need for, and use of, in-home services.

In-home service providers are faced with fewer workers to hire. Inadequate salaries, as well as the difficult nature of the work, result in high turnover. Inadequate training, incomplete background checks, poor supervision, and minimal or non-existent monitoring of the industry itself place the frailest elders at risk of abuse and exploitation.

A recent development that will affect our ability to *age well* in Boulder County (and nationally) is the Medicare crisis. Many physicians in Boulder County do not accept Medicare patients; of those that do, more than half are no longer accepting new Medicare patients. This trend is expected to worsen, with fewer physicians willing to treat Medicare patients and “accept assignment.” Doctors in private practice are closing their doors, due in part to low reimbursement rates for Medicare and Medicaid and complicated coding and billing procedures. Nursing homes and providers of in-home care are also affected by the Medicare crisis. Many will no longer accept Medicare patients due to delays in payment and the inadequacy of reimbursements.

The implications of the health care crisis in our county are far-reaching, with the potential to affect individual, family, and community health and well-being. Combined with the demographics of an aging population, it can be anticipated that there will be more demand for aging services across the spectrum, from long-term care and in-home care to access to respite services for the increasing number of caregivers. By creating *vibrant communities in which we all age well*, we will be creating and supporting service delivery systems that reflect the wishes of those who use them, and incorporate the strengths of individuals, families, and communities.

## **Building on the Strengths of Our Community**

A variety of factors contribute to making Boulder County a *vibrant community in which we all age well*. These factors will influence the way in which aging services are planned, funded, and delivered in our Planning and Service Area (PSA):

- ❖ Broad range of health and human services, but limited mental health resources.
- ❖ Low unemployment (decreasing the availability of informal and family caregivers and paid care providers; increasing the need for eldercare options in the workplace), and a shrinking supply of young workers entering the workforce.
- ❖ A commitment to make aging well a community priority.
- ❖ Immigration of people seeking employment and the lifestyle afforded by the natural beauty of the area; immigration of older persons wishing to be close to family.
- ❖ A variety of housing options for older adults and families, including the first elder co-housing community in the United States. Affordable, appropriate, and accessible housing options are limited, however.
- ❖ Deeply caring rural and mountain communities where access to formal services is limited
- ❖ A willingness to acknowledge and celebrate our in/dependence with one another.
- ❖ A mix of rural and university communities with differing values and lifestyles.
- ❖ Relatively easy access to educational institutions, retraining, and life-long learning opportunities.
- ❖ Strong partnerships between the business community and non-profit organizations.
- ❖ Rapid growth in the number of minority persons and minority elders in Boulder County, and an acknowledgement and celebration of diversity as a community strength.
- ❖ Significant history of collaboration and community partnerships among non-profit service providers.
- ❖ The planned creation of a regional human services plan.

## **SECTION VI: BEST PRACTICES**

Boulder County Aging Services Division has received accolades for many of its programs and its work with older adults and caregivers.

The Division's most important "best practice" lies in the way in which we have incorporated the strengths perspective into our work with individuals, families, and communities. The strengths perspective guides the way in which we work with older adults, caregivers, and the community.

The Division's Medicare Ombudsman program received an award from the National Association of Counties (NACo) and it was named as a "Best Practice" by the Colorado Department of Human Services, Aging and Adult Services Division, during our annual on-site evaluation.

Our Long-Term Care Ombudsman program has also received a NACo award.

Project Visibility, the Division's education and training program about the strengths and needs of lesbian, gay, bi-sexual, and transgender elders, won two awards in 2006 – the first, from the National Association of Counties; the second, from the National Association of Area Agencies on Aging.

BCASD's Caregiver Initiative, which was established in 1993, was noted as a "Best Practice" by the Colorado Department of Human Services, Aging and Adult Services Division, during our annual on-site evaluation.

BCASD seeks to provide the "best in public service" in all that we do. Our outreach to Spanish-dominant older adults and caregivers through the Medicare Ombudsman program and the Caregiver Initiative have been vitally important in our efforts to reach elders in greatest social and economic need. Our long-standing service to the rural and mountain communities of Boulder County is a unique effort to reach and serve older adults and caregivers living in isolated areas of the county.

Project HOPE is another very significant effort to serve low-income and low-income minority older adults in the Boulder County community. Of great importance in this program, is the high percentage of minority elders that we are able to serve.

## **SECTION VII: INITIATIVES**

Boulder County Aging Services Division and its community partners will work to create *vibrant communities in which we all age well*. A *vibrant community in which we all age well* is an elder-friendly community. An elder-friendly community builds upon individual, family, and community strengths to:

- Address basic needs
- Promote social and civic engagement
- Optimize physical and mental health and well-being
- Maximize in/dependence and support caregivers

### **Addresses Basic Needs**

*Are the Basics Covered?*

- Housing is affordable, appropriate, and accessible.
- Neighborhoods are safe and livable.
- Everyone has enough to eat.
- Access to essential services is seamless, barrier-free, affordable, and welcoming - *One Call Does It All!*

### **Promotes Social and Civic Engagement**

*Say "Yes" to Life - Be Involved!*

- Families, neighbors, and friends maintain meaningful connections.
- People of all ages participate together in social, civic, cultural, and recreational activities.
- Opportunities exist for meaningful paid and volunteer work - *Opportunities to give and receive*.
- Aging well is a community priority.
- People celebrate and share common interests - *Common Ground Creates Common Good*.

### **Optimizes Physical and Mental Health and Well-Being**

- Health is a personal and public priority.
- The community promotes healthy behaviors and fosters well-being.
- Wellness services, including health, mental health, and palliative care, are affordable, accessible, and readily available.
- A *Welcoming Environment* fosters physical activity and participation.

### **Maximizes In/dependence and Supports Caregivers**

*Choice = Empowerment*

- We acknowledge and celebrate our in/dependence with one another.
- A comprehensive, coordinated continuum of services supports personal choice and quality of life.
- Transportation is affordable, accessible, flexible, reliable, and safe.
- Caregivers are informed, educated, acknowledged, and supported.

BCASD will focus particular attention and resources on two of the strategic goals:

Goal 4: Access to essential services is seamless, barrier-free, affordable, and welcoming – *One Call Does It All!*

Goal 11: Wellness services, including health, mental health, and palliative care, are affordable, accessible, and readily available.

(The AAC wishes to place special emphasis on **mental health** services.)

We have formed the Countywide Leadership Council (CLC) in collaboration with our community partners to oversee the implementation of the countywide strategic plan ([www.allagewell.com](http://www.allagewell.com)).

The Division will need additional resources in order to effectively implement the four-year plan. We will allocate additional resources to building our accounting and grants management capacity, and our capacity to provide information and assistance.

BCASD has a Medicare Ombudsman program with two half-time, grant-funded staff members (one of whom is Spanish-speaking), two hourly workers (one of whom is Spanish-speaking), and volunteers. Prior to, and during, the Medicare Part D enrollment period, educational presentations were made at senior centers and low-income senior housing sites throughout the county. Division's staff was trained to assist the Medicare Ombudsmen to provide one-one-one assistance to older adults and caregivers. We will request federal funding to continue this important service.

BCASD's Caregiver Initiative is a key component of Goal 17: Caregivers are informed, educated, acknowledged, and supported. We will request federal funding to continue this important initiative.

Likewise, BCASD is in a unique position to coordinate nutrition and wellness services among the communities and service providers in Boulder County. We will request federal funding to continue to provide this important service.

BCASD coordinates a countywide Short-Term Assistance program that provides material aid and respite assistance to older adults and caregivers throughout the county. Older adults receiving adult protective services are one of the targets for these resources. We will request federal funding to continue to provide this important service.

BCASD will also request federal funding for supportive services for Project HOPE, and funding for our advocacy services.

BCASD will maintain its preparedness to respond in partnership with other national, state, and local agencies following the chain of command established by Boulder City/County Office of Emergency Management. BCASD updated its Emergency Response Manual in January 2006.

## **SECTION VIII: SERVICES AND PRIORITIZATION**

In preparation for the allocation of resources under this four-year plan, BCASD staff and the AAC reviewed the strengths and expressed needs of older adults in our region as identified in the *Strengths and Needs of Older Adults in Boulder County*, December 2004. We reviewed all of the information from the countywide strategic visioning process, and we engage 160 people in four strategic planning sessions. We examined current utilization of services; listened to input from the public at two public hearings; reviewed wait lists for existing services; and interviewed key community leaders regarding the strengths and needs in our community.

The following is a summary of the data on the needs of older adults taken directly from the *Strengths and Needs of Older Adults in Boulder County*, December 2004 ([http://www.co.boulder.co.us/cs/ag/pdfs/Boulder\\_Strengths\\_Needs\\_04.pdf](http://www.co.boulder.co.us/cs/ag/pdfs/Boulder_Strengths_Needs_04.pdf)).

- Physical health was cited as the most problematic category for survey respondents, with 43% saying that their physical health had been at least a “minor” problem in the previous 12-month period. Next most commonly cited were affording necessary medications (25% of respondents), financial problems (23%) and depression (21%). Nearly one in five older adults said that they had at least a “minor” problem with performing everyday activities or with feeling lonely, sad, or isolated.
- Additional problems included getting necessary health care (14% of respondents having at least a “minor” problem); having too few activities or feeling bored (13%), and providing care for another person (12%).
- No more than one in ten respondents reported experiencing a problem with dealing with legal issues (10% of respondents), being financially exploited (10%), having inadequate transportation (9%), having housing suited to their needs (5%), being a victim of crime (4%), having enough food to eat (2%) or being physically or emotionally abused (3%).
- For both men and women, problems with physical health, loneliness, and everyday activities increased with age.
- Hispanic respondents had a higher incidence of most problems, as did those who were not white.
- Renters rated a majority of the potential problems as being more problematic for them than did homeowners.
- Older adults living alone and persons with less education experienced more problems.
- Having lower income or having a condition that was limiting physically yielded among the highest incidences of problems.

## **Services To Be Provided During The Four-Year Plan**

This section describes the programs and services that Boulder County Aging Services Division will provide either directly or through sub-grantees during the time period covered by this area plan.

### **Information and Assistance**

- a. BCASD will focus particular attention and resources on Goal 4 of the countywide strategic plan: Access to essential services is seamless, barrier-free, affordable, and welcoming – *One Call Does It All!*
- b. Boulder County will continue to support the community care coordinators that provide information, assistance, and care coordination in the rural and mountain areas of Boulder County (Allenspark, Lyons, Nederland, and Niwot areas). Their priority is to serve elders and caregivers in greatest social and economic need. The Boulder County General Fund supports these positions.
- c. BCASD has two half-time Medicare Ombudsmen, two Medicare Ombudsmen who work hourly, and Medicare Ombudsman volunteers. One of the half-time staff, and one of the hourly staff are Spanish-speaking. They provide information and assistance and education and counseling about Medicare to elders and caregivers. These efforts will be maintained, if federal grant funds are made available for this purpose.
- d. Boulder County Housing Authority provides funding for a half-time Housing Site Care Coordinator to provide information, assistance, and care coordination to low-income older adults at County-owned low-income senior housing sites using BCASD staff.
- e. The Project HOPE Coordinator provides information, assistance, and care coordination to the frail, low-income elders participating in Project HOPE.
- f. BCASD has designated the five senior centers (Boulder, Erie, Lafayette, Louisville, and Longmont) and the four community resource centers (Allenspark, Lyons, Nederland, and Niwot) as focal points for information and assistance for older adults and caregivers. The Client Services Coordinator facilitates bi-monthly meetings of staff from these organizations (known as the Eldercare Network). She also coordinates training, technical assistance, and clinical consultation for Eldercare Network staff to ensure the quality and consistency of the information and assistance that is provided throughout the county.
- g. BCASD has an Information and Assistance Program Coordinator who develops information resources (packets, brochures, housing guides, etc.) for distribution through the Eldercare Network (staff from the city senior services divisions and the BCASD community care coordinators).

- h. BCASD will make information available to elders, caregivers, and the public by publishing *Care Connections*, a newsletter for caregivers; preparing, updating, and distributing information handouts and resource booklets through the Eldercare Network; and participating in resource fairs.
- i. BCASD will assign a Person of the Day (POD) to provide information and assistance to persons calling the Division. Callers will be encouraged to contact their local resource specialist or community care coordinator for more information about, and assistance to secure, needed services.
- j. BCASD will require all grantees to provide information and assistance.

### **Outreach Services**

- a. BCASD will coordinate outreach efforts with the city senior services divisions (Boulder, Erie, Lafayette, Louisville, and Longmont).
- b. BCASD will conduct outreach to identify elders and caregivers "in greatest social and economic need" through the community care coordinators in the Allenspark, Lyons, Nederland, and Niwot areas. BCASD will also conduct outreach for Project HOPE to identify frail elders in need of rental housing and supportive services.
- c. BCASD will conduct outreach to elders, caregivers, and the public through community presentations, and articles in newsletters and newspapers.
- d. BCASD will require all grantees to conduct outreach to elders and caregivers in greatest social and economic need.

### **Transportation Services**

- a. BCASD will fund one or more service providers to provide transportation to elders "in greatest social and economic need."
- b. BCASD will coordinate the supportive services component of Project HOPE with the Boulder County Housing Authority and local service providers to expand available transportation options available to Project HOPE participants.

### **In-Home Services**

- a. BCASD will fund one or more service providers to provide in-home services to older adults "in greatest social and economic need." BCASD will also fund supportive services for Project HOPE participants.
- b. BCASD will publish and distribute a home health care directory.

- c. BCASD will foster collaboration between in-home service providers through the Countywide Leadership Council.

### **Legal Assistance Services**

- a. Title III funds will be used to contract with one or more service providers to provide individual legal services to older adults.
- b. BCASD will disseminate information from the Legal Services Developer through the Eldercare Network and other service providers.

### **Disease Prevention and Health Promotion Services**

- a. BCASD will provide, or contract for the provision of, evidence-based disease prevention and health promotion services in Boulder County in the priority areas identified in the countywide strategic plan.
- b. BCASD will fund the Medicare Ombudsman program, in part, through federal funds for disease prevention and health promotion. BCASD will secure additional funds for the Medicare Ombudsman program by serving as the SHIP for Boulder County.
- c. BCASD will provide, or contract for the provision of, medication management services throughout Boulder County.
- d. BCASD will work with the Countywide Leadership Council to identify and fill gaps in wellness services.

### **Nutrition Services**

- a. BCASD will fund one or more service providers to provide congregate and home-delivered meals and nutrition screening in areas of Boulder County where these services are not available.
- b. BCASD will coordinate nutrition services with the other nutrition providers in Boulder County – Boulder Meals on Wheels, Longmont Meals on Wheels, Lyons Golden Gang, and East Boulder County Meals on Wheels, etc.
- c. BCASD will provide training, technical assistance, monitoring, and oversight of the nutrition services offered by its grantees.
- d. BCASD will provide nutrition education and counseling for its grantees and the community in collaboration with other nutrition providers.

- e. BCASD community care coordinators will conduct outreach in the Allenspark, Lyons, Nederland, and Niwot areas for nutrition programs operating in those areas.
- f. NOTE: Longmont Meals on Wheels, Boulder Meals on Wheels, and the Golden Gang (Lyons) offer congregate and home-delivered meals in their respective communities. East Boulder County Meals on Wheels offers home-delivered meals in eastern Boulder County. BCASD will collaborate with these and other nutrition services providers (Community Food Share, Eldershare, etc.) through sponsorship and facilitation of the Nutrition Providers' Council.

### **Advocacy, Coordination, and Program Development**

The Assistant Division Manager for BCASD will oversee program development and service coordination to ensure that all BCASD programs and services are coordinated with programs offered by others in the community.

- a. BCASD will continue to coordinate and expand the Respite Care Volunteer Program in collaboration with the community focal points throughout Boulder County.
- b. The AAC has established a Public Policy Advocacy Committee (PPAC). BCASD hires a Community Programs Specialist – Advocacy to work with the PPAC, local senior advisory committees, the AAC, and statewide senior advocacy organizations.
- c. BCASD will coordinate the development and implementation of caregiver and respite services countywide.
- d. BCASD will include in its contracts with all grantees a provision that they work collaboratively with one another, make referrals to one another, etc.
- e. BCASD will coordinate the delivery of short-term assistance, including services for individuals participating in Adult Protective Services, and in-home and institutional respite services.
- f. BCASD will facilitate the Countywide Leadership Council that has been formed to oversee the implementation of the countywide strategic plan.

### **Other Optional Support Service**

- a. BCASD will work closely with the 50+ Senior Employment Program to ensure that elders who want employment, training, and placement are served.
- b. BCASD will work collaboratively with Boulder County Housing Authority to ensure continued funding for rental housing vouchers, care coordination, and supportive services for Project HOPE participants.

## **National Family Caregivers Support Program (NFCSP)**

BCASD has housed the Caregiver Initiative since 1993. Responsibility for this program rests with the Caregiver Initiative Coordinator, but implementation is the shared responsibility of the Community Programs Team.

During 2001 BCASD worked with the city senior services divisions to identify the best way to implement the National Family Caregiver Support Program. At their recommendation we took a request to the Aging Advisory Council and the Board of County Commissioners to coordinate a countywide program from our office.

- a. Information to Caregivers: Caregivers receive information about community resources, training sessions, education events, and other services via monthly newsletters from the city senior services divisions and the bi-monthly publication of *Care Connections* by BCASD. Community care coordinators (BCASD staff in Allenspark, Lyons, Nederland, and Lafayette); resources specialists at the senior centers in Boulder, Lafayette, Longmont, and Louisville; all Title III grantees; and other BCASD staff members provide information and assistance to caregivers and the general public. Public education programs and speaking engagements are arranged by senior center and BCASD staff to inform individuals and groups about the strengths and needs of caregivers, available resources, and the benefits of services, such as adult day care, to both the participants and the caregivers.
- b. Assistance to Caregivers to Gain Access to Services: Caregivers receive assistance to gain access to services from the community care coordinators (BCASD staff in Allenspark, Lyons, Nederland, and Lafayette); resources specialists at the senior centers in Boulder, Lafayette, Longmont, and Louisville; and other BCASD staff members. Outreach, advocacy, and follow-up are part of the responsibilities of all of these individuals.
- c. Counseling to Caregivers: Individual counseling is provided by the Caregiver Initiative Coordinator, Respite Services Coordinator, Medicare Ombudsman, and community care coordinators and resource specialists. Support groups are offered throughout the county, sponsored by a variety of agencies and organizations. BCASD sponsors a support group for lesbian, gay, bi-sexual, and transgender (LGBT) older adults and caregivers.
- c. Respite Care for Caregivers: BCASD will fund one or more entities to provide adult day care services during the grant period.
- d. Supplemental Services: (Limited to 20%) We will continue the Short-Term Assistance program that includes vouchers for caregivers. Under this program, staff from the Eldercare Network and adult protection workers may authorize the use of a voucher to assist a caregiver in a variety of ways. The caregiver uses the voucher to purchase whatever service is most critical to his/her ability to continue to be a caregiver as identified in their care plan.

- e. Grandparenting Program (Limited to 10%) BCASD will continue to collaborate with Weld County AAA to update and publish a booklet on grandparent's rights. We will also continue to fund several grandparent information groups in the county.

### **Vulnerable Elder Rights Activities and Programs**

- a. BCASD will participate on the Boulder County Adult Protection Review Team.
- b. The supervisor of the Adult Protection Unit will serve on the AAC.
- c. The Elder Rights Coordinator will plan and provide elder abuse information, education, and training to volunteers, AAC members, service providers, Title III grantees, law enforcement officers, etc. These activities will be planned and delivered in close collaboration with Adult Protective Services and the Adult Protection Review Team.
- d. The Eldercare Network (resource specialists from city senior services, staff from Boulder County Housing Authority, and the BCASD community care coordinators) receives information about, and makes referrals to, the Adult Protection Unit.
- e. The long-term care ombudsmen make referrals to, and receive referrals from, adult protection staff.

### **Ombudsman Services:**

- a. BCASD will provide long-term care ombudsman services in Boulder County. Funds to support the Long-Term Care Ombudsman Program are provided from the Boulder County General Fund, except for a small amount of Title VII funds that are available for this purpose. The leader of the Elder Rights Team will serve as the Lead Ombudsman.
- b. BCASD will recruit, train, and supervise ombudsman volunteers, including at least one Spanish-speaking volunteer.

### **Mental Health Services:**

The AAC has expressed a strong interest in improving access to mental health services for older adults and caregivers. BCASD will collaborate with the Eldercare Network, the Mental Health Center Serving Boulder and Broomfield Counties, and Senior Reach to create and sustain a continuum of information, education, care coordination, and mental health services that achieves Goal 12: Wellness services, including health, mental health, and palliative care, are affordable, accessible, and readily available.

## **SECTION IX: ASSURANCES**

### *OLDER AMERICANS ACT, AS AMENDED IN 2000*

#### Sec. 305(a)- (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan.

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

#### Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning

and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

(4)(A)(ii) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will--

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);  
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);  
(IV) older individuals with severe disabilities;  
(V) older individuals with limited English-speaking ability; and  
(VI) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);  
and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

(4)(C) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

## **SECTION X; FORMS**

### **DIRECT SERVICE WAIVER REQUEST**

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

1. Counseling and Education through our Medicare Ombudsman Program.
2. Nutrition Education and Counseling using one of the Registered Dietitians in our Wellness Program.
3. Supportive Services (Homemaker, Personal Care, Transportation, Congregate Meals, Home-Delivered Meals) for participants in Project HOPE.
4. Health Promotion and Medication Management through our Wellness Program.
5. Caregiver Information, Education, and Support through our Caregiver Initiative.

The following information describes the direct services to be provided by the area agency on aging, including organizational structure and planned methods of program and service delivery.

1. Counseling and Education through our Medicare Ombudsman Program.

BCASD devotes 1.0 FTE plus hourly staff and volunteers to the Medicare Ombudsman Program. The FTE position is split between Alice Ierley and Bertha McShea, a Spanish-speaking member of our staff. Phil Hernandez works hourly as a Medicare Ombudsman throughout the year; and Euvaldo Valdez, a former full-time Spanish-speaking staff member, works hourly during peak Medicare Part D enrollment periods. In addition, we have recruited and trained other BCASD staff members, volunteers, and Senior Tax Workers to assist Medicare beneficiaries during peak enrollment periods.

The Medicare Ombudsman Program is part of the Direct Services Team co-lead by Pat Critchfield and Janet Ibanez. The Medicare Ombudsmen make educational presentations and provide one-on-one counseling for Medicare beneficiaries. Medicare education and counseling will continue during the 2007 - 2011 plan period, if on-going funding can be secured for the program.

The Medicare Ombudsmen hold regular office hours at local senior centers, do home visits, and provide educational presentations throughout the county, with special attention to selecting sites where older adults in greatest social and economic need can be reached. They will continue their individual and group outreach, attending resource fairs and local cultural and community events. We have been very successful in reaching Spanish-dominant elders and caregivers in this program.

BCASD operates this program in close collaboration with the five city senior services divisions in Boulder County (Boulder, Erie, Lafayette, Longmont, and Louisville). They have indicated their desire for this program to continue to be offered at the county level rather than on a community-by-community basis. We believe that education and counseling services can be planned, organized, advertised, and offered more effectively, especially to Spanish-dominant elders and families, through BCASD.

2. Nutrition Education and Counseling using one of the Registered Dietitians in our Wellness Program.

When BCASD issued a Request for Proposal (RFP) for nutrition services in 1998 for the period 1999 - 2002, we received no applications. Thus, BCASD operated meal sites in Louisville, Lafayette, and Nederland in close collaboration with the local senior services organizations in those communities. Congregate and home-delivered meals were, and are, being provided in other areas of the county by city senior services divisions and local non-profit organizations.

During the four-year period from 1999 - 2002, we worked hard to increase capacity in local senior services organizations in hopes that they would step forward to provide nutrition services locally. In 2002, when we issued an RFP for nutrition services, we received proposals from the city of Lafayette, city of Louisville, and Nederland Area Seniors, Inc. These proposals were accepted and contracts are currently in place for the provision of congregate meals and nutrition screening in those communities. The contract with Nederland Area Seniors, Inc. includes home-delivered meals, since there is no other home-delivered meal provider in that area.

Nutrition services are part of the Division's Wellness Program. Teresa De Anni, Wellness Services Coordinator, is part of our Community Programs Team lead by Sherry Leach. During the 2007 – 2011 plan period the Finance and Grants Management Team will monitor performance of all grantees, including nutrition service providers, and ensure compliance with all applicable federal, state, and local regulations. Oversight responsibility will be shared with the Aging Advisory Council and its committees.

BCASD hires two registered dietitians on an hourly basis to plan and review menus, coordinate and deliver nutrition education, and provide nutrition counseling. They will also provide consultation, training, and technical assistance to nutrition service providers, as part of our Wellness Program.

We work collaboratively with the other nutrition services providers in Boulder County to offer nutrition screening, nutrition education, and nutrition counseling.

3. Supportive Services (Homemaker, Personal Care, Transportation, Congregate Meals, and Home-Delivered Meals) for participants in Project HOPE.

For the past twelve years BCASD has operated Project HOPE in collaboration with the Boulder County Housing Authority (BCHA). BCHA provides Section 8 rental vouchers to eligible older adults, and BCASD coordinates the supportive services that participants need to remain safely at home and in the community. Federal dollars are used to purchase supportive services. Aging Services Foundation also raises funds for supportive services.

4. Health Promotion and Medication Management through our Wellness Program.

BCASD established its Wellness Program in 2002. Teresa De Anni, our Wellness Services Coordinator, developed the program in close collaboration with the Nutrition and Wellness Committee of the Aging Advisory Council and wellness staff from the city senior services divisions. During the 2007 – 2011 plan period Teresa will work with members of the Countywide Leadership Council to explore unmet needs, identify areas for collaborative programming, and seek funding for wellness activities. She will use the funds available for medication management to continue to provide medication management workshops throughout the county. These workshops are offered in close coordination with the local senior advisory council in each community.

The Wellness Program is part of the Community Programs Team.

5. Caregiver information, education, and support through our Caregiver Initiative.

BCASD has housed the Caregiver Initiative since 1993. The Caregiver Initiative Coordinator is Emily Cooper, who works half time. She is part of the Community Programs Team.

During 2001 BCASD worked with the city senior services divisions to identify the best way to implement the National Family Caregiver Support Program. At their recommendation we took a request to the Aging Advisory Council and the Board of County Commissioners to coordinate a countywide program from our office. We will continue to work collaboratively with the city senior services divisions to plan and provide services to caregivers.

- a. Information to Caregivers: Caregivers receive information about community resources, training sessions, education events, and other services via newsletters from the city senior services divisions and the bi-monthly publication of *Care Connections* by BCASD. Community care coordinators (BCASD staff in the Allenspark, Lyons, Nederland, and Niwot areas); resources specialists at the city senior services divisions in Boulder, Lafayette, Longmont, and Louisville; all Title III grantees; and other BCASD staff members provide information and assistance to caregivers and the general public. Educational programs and speaking engagements inform individuals and groups about the strengths and

needs of caregivers, available resources, and the benefits of services such as adult day care to both the participants and the caregivers.

- b. Assistance to Caregivers to Gain Access to Services: Caregivers receive assistance to gain access to services from the community care coordinators (BCASD staff in Allenspark, Lyons, Nederland, and Niwot areas); resources specialists from city senior services in Boulder, Lafayette, Longmont, and Louisville; all Title III grantees; and other BCASD staff members. Outreach, advocacy, and follow-up are part of the responsibilities of all of these individuals.
- c. Counseling to Caregivers: The Caregiver Initiative Coordinator and the Respite Services Coordinator provide individual counseling to caregivers. Support groups are offered throughout the county, sponsored by a variety of agencies and organizations. BCASD sponsors a support group for lesbian, gay, bi-sexual, and transgender (LGBT) elders and caregivers.
- d. Respite Care for Caregivers: No federal funds are used for Boulder County's Respite Care Volunteer Program.
- e. Supplemental Services (Limited to 20%): We will continue to offer the Short-Term Assistance program, including respite vouchers. The caregiver uses the voucher to purchase whatever service is most critical to his/her ability to continue to be a caregiver as identified in their care plan.
- f. Grandparenting Program (Limited to 10%): We will continue to collaborate with Weld County AAA to update and publish a booklet on grandparent's rights. We will also continue to fund several grandparent information groups in the county.