



Assistance. Advocacy. Answers on Aging.

Boulder County Aging Services Region 3B Area Agency on Aging

AREA PLAN

**For the Period
July 1, 2011 – June 30, 2015**



**Boulder County Aging Services Division
P.O. Box 471
Boulder, Colorado 80306
<http://www.BoulderCountyAging.org>
303.441.3570**

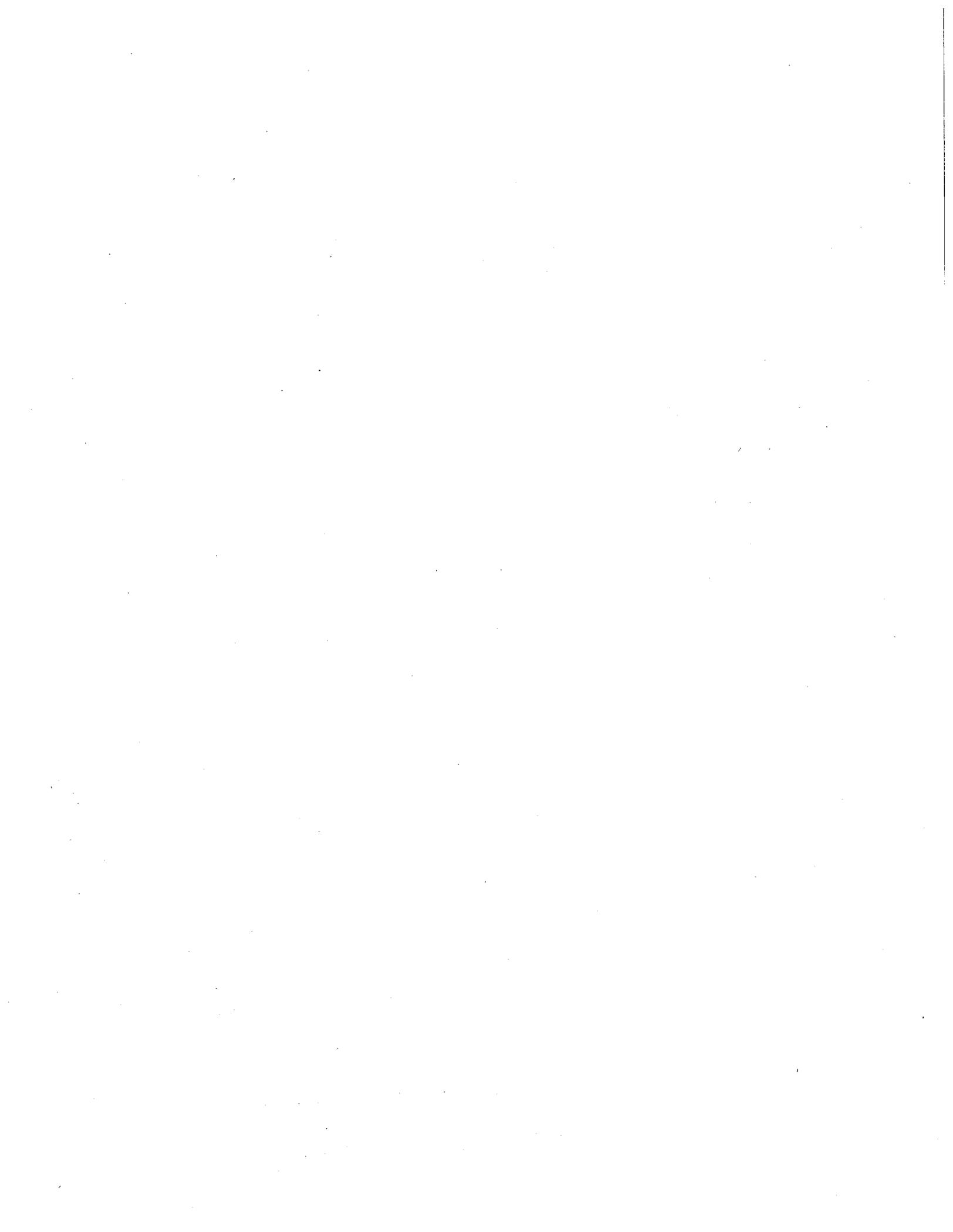


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SECTION I: EXECUTIVE SUMMARY

Boulder County is aging. It is aging faster than many other areas of Colorado, partly because it has had a somewhat younger population. People are choosing to remain in the community and others are moving to the region to retire. Over nine in 10 of respondents to the CASOA™ survey rated their community as an excellent or good place to live and 77% rated their community as an excellent or good place to retire. At the community conversations, we heard that, “There is a strong sense of appreciation among older adults in Boulder County that the access they have to a wide array of services far exceeds that available in other communities.”

When asked where we'd like to be in 2015, the Aging Advisory Council (AAC) said they would like Boulder County to be a leader and innovator in the state. Promoting the Liveable Communities concept through the *Boulder County Age Well* plan was also cited as an opportunity. The AAC would like to have a role in successfully reducing ageism. In 2015 Boulder County will be a place where core services for older adults are secure, there is a high degree of collaboration among service providers, information and access to services is well-known and easy to use, and consumers have direction over their own services.

When Boulder County Aging Services Division staff were asked what the agency should provide/do in next four years, their responses included: continue our existing programs because they are effective in keeping people in their homes, more health promotion/disease prevention, more nursing home diversion programs (in addition to and modeled on Project HOPE), increased use of the strengths perspective in service delivery, better identification of the level of case management, more client-directed services, use more volunteers, and provide more multilingual services.

The strategies for aging well in Boulder County include a multi-prong, collaborative approach. BCASD will continue to fund core services through Older Americans Act (OAA) funds and State Funds for Senior Services (SFSS) with an added emphasis on information and assistance (I&A) and evidence-based programs. The core services of the OAA are key to providing supportive services that will help older adults remain safely in their communities--a safety net if you will. These services will be targeted to those most in need due to economic conditions, language barriers, frailty, and cultural and physical isolation. These services will also help recipients receive services in the least restrictive manner and environments, for example, a homemaker service, a meal, or a ride may be the variable that allows a person to remain in the community.

Services will be offered in a strengths-based manner. Older adults will be active participants in making decisions about their goals and services. Service provision will build on the strengths of the older adult, family, and community rather than dwell on

the deficits. This concept is reinforced with the evidence-based health promotion programs with the participants taking control of their health conditions and setting their own goals. Boulder County Aging Services Division incorporated the strengths perspective into its work with older adults and caregivers in the 1990s. 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.*

As numbers of older adults grow, but funding remains relatively flat, it is important that services not only target those in most need, but also have a wide impact. One way to do achieve this is to expand access to information and assistance. With adequate information, many people can make selections from what's available on their own

As part of the Community Services Department in Boulder County, BCASD also strives to follow the overarching goals set in the Countywide Human Services Strategic Blueprint, *Building Caring and Liveable Communities for All*. A main theme that directs our work is integrated and coordinated delivery of human services.

We will continue to strengthen our collaborative relationships with the local senior services and other CONNECT! partners. (CONNECT! is the ADRC-like organization in Boulder County and described in detail later.) We have developed an information and assistance structure that includes a centralized call-center, referrals among partners, and a web-based resource database. In the next four years CONNECT! will further refine this I&A system, define and actualize the continuum of services from referral to case management, and work on data sharing, and collection of common data for outcome studies.

Boulder County Aging Services Division (BCASD), the AAC, and community partners have set goals and action steps for the next four years through the updated strategic plan, *Age Well Boulder County*. Staff, AAC, and local advisory councils will use the *Age Well Boulder County* strategic plan as a guide in planning and prioritizing their work during the next four years. For example, the AAC will address issues through advocacy efforts and will also plan and host an annual Age Well Conference (called for in the plan) beginning in 2012.

The wider community (through agencies, faith communities, neighborhood associations, etc.) will be invited to continue to take a role in implementing the *Age Well Boulder County* plan at levels and with population groups most relevant and effective to them. BCASD will provide an information clearinghouse for Age Well activities and annual gatherings and celebrations of accomplishments.

The broad goals set in the *Age Well Boulder County* plan include:

1. *Housing is affordable, appropriate, and accessible.*
2. *Personal, financial, and environmental safety is a community priority.*
3. *Everyone has enough to eat.*
4. *Access to essential services is seamless, barrier-free, affordable, and welcoming.*
5. *Individuals have the financial resources to meet their basic needs.*
6. *Everyone in the community feels connected to others.*
7. *People of all ages participate in social, civic, cultural, educational, and recreational activities.*
8. *Opportunities exist for meaningful volunteer work.*
9. *Positive images of aging are promoted.*
10. *Wellness is a personal priority.*
11. *Wellness is a community priority.*
12. *Health and wellness services are affordable, accessible, and readily available.*
13. *Wellness includes end of life and dying as a natural part of life.*
14. *A welcoming environment fosters physical activity and participation.*
15. *People are informed and motivated to rely on each other and existing systems.*
16. *Transportation is affordable, accessible, flexible, reliable, safe, and easy to arrange.*
17. *Caregivers are informed, educated, acknowledged, and supported.*

To see a copy of the *Age Well Boulder County* plan,
go to <http://www.allagewell.com>.

The work of the community in implementing the *Age Well* plan coupled with the ongoing work of the aging network will continue to make Boulder County a good place in which to grow old. The services provided and funded by the Older Americans Act and State Funds for Senior Services will help ensure that older adults in most need have the supports they need to age well.

SECTION II: CONTEXT: DEMOGRAPHY, TRENDS, AND INPUT

DEMOGRAPHY

Older adults represent the fastest growing segment of the population. By 2030, the 65+ population is expected to grow to 72 million people, or 20% of our nation's population. At the state level, the 60+ population will account for 24% of Colorado's population by 2030. Boulder County is aging faster than Colorado as a whole. In 2000, the age 60 and over population accounted for a little over 10% of the total county population; by 2030, that number will almost triple. The rapid growth in the number of older people in Boulder County will present new challenges and opportunities to communities.

Boulder County Adults 60+

Year	Number	% of total population
Census 2000	28,661	10.6%
Projected 2010	44,515	14.5%
Projected 2020	77,427	22.5%
Projected 2030	100,807	26.7%

Source: Colorado State Demography Office, July 2009 Population Estimates

The impact of the baby boom really begins to be felt in the 2011-14 period. The older boomers begin to turn 65 in 2011. As noted in the chart below, that pulls the growth rate for the 65-69 year olds over this period to almost 60%! Then we see an additional 10% growth due to those continuing to turn 60 during this time frame. This has implications for future need for services, especially in ten to fifteen years. For this four-year period, the leading edge baby boomers will probably be modest users of services. They will be most likely to need services such as information about Medicare benefits and accessing information for planning purposes. Many are still working and will continue to work.

Age Group	Rate of Growth 2011-2014
60 to 64	10.42%
65 to 69	59.89%
70 to 74	11.60%
75 to 79	6.50%
80 to 84	8.33%
85 +	12.90%

Source: Colorado State Demography Office

The next fastest growth rate is among those 85 and older, the people most likely to use our services. This means that there will be more people needing services such as homemaker support, transportation, and chore services. There will also be more family members engaged in caregiving, thus increasing the need for caregiver support services.

Overall, the increased population of people 60 and over will result in more demand for all services and will put specific pressure on the network's ability to offer information and assistance in finding and accessing services.

TRENDS

The obvious major trend, as noted above is that the population is aging. Further, Boulder County is seen as a good place to grow old—it keeps and attracts older adults. The increased numbers will place demands on the aging network to help people find services and to provide services. Service delivery from many sectors will also be impacted by the aging population, for example in the CASOA™ survey, 84% of the respondents reported using neighborhood parks. Perhaps there will be need for more accessible parking, facilities, etc.

Older adults make an economic contribution to Boulder County. Older adults volunteer, provide informal help to friends and neighbors, and are engaged in caregiving. National Research Center, in the Boulder County CASOA™ Full Report, estimates the value of unpaid contributions to be \$400 million in a 12-month period. This volunteer contribution and the potential additional volunteer time that Baby Boomers will be able to give as they become older adults is a positive trend and a great resource for the community.

Another trend is ever-changing technology. At the beginning of the last four-year plan period, very few older adults were engaged in social networking. Anecdotally older adults now tell us that they use Twitter and are on Facebook. Furthermore, most Baby Boomers use technology frequently—as part of their work, to gather information, and for social contact. Information is delivered in new ways—quicker and more easily broadcast to wide groups. At the same time that we respond to the changing and exciting possibilities offered by technology, the aging network needs to remain cognizant of those who are not “connected” to technology and be certain that we also offer information in a way that is accessible to those without computers, with limited technological skills, with limited English skills, etc.

Another trend in the area of technology is evolving assistive technology. This technology can enhance an individual's self-sufficiency and ability to remain in the community.

Sadly, another trend is societal ageism. This is often manifested in underestimating the ability of older adults and therefore disempowering them. Some older adults feel that their communities lack appreciation for their contributions to the fabric of life; that a stigma even exists toward those who need and receive services to help them age well. Just over half of the CASOA™ survey respondents felt that their voice is not heard in the community. Our charge is to combat ageism and help point out the strengths of older adults and positive impacts of an aging population. The CASOA™ report states that, a

community with a significant number of older adults has lower crime statistics, less money invested in crime fighting, and smaller landfills for unrecoverable resources. And, this doesn't count the volunteer work, the caregiving, the paid work, knowledge, and wisdom that older adults bring to the community.

The state of the economy has an overall impact on older adults. Financial issues were a main concern voiced by conversation participants. Many feel a need to return to work in retirement and about a third of survey respondents reported problems finding employment. Of those still working, 36% indicated that they expected to retire completely at age 75 or older.

The uncertainty of funding impacts planning for the next four years. The need for the legislature to balance the state budget may result in cuts in Older Coloradans Program funds. Other services that older adults receive may be cut thereby increasing the number of people that may need Older Americans Act services.

Another trend will be the changes that come about due to the passage and implementation of the Affordable Care Act—health care reform. The long-range prospects appear to be positive for the aging population. Immediate relief came for Medicare beneficiaries who had reached the “donut hole” in their prescription coverage. Hospital discharge and transition are addressed in the act. This is an area where the aging network could play a role. Oversight for the CLASS Act has been placed in the Administration on Aging. As that plan for long-term care insurance rolls out, the aging network could be involved in providing case management and other services.

PUBLIC INPUT

Public input was gathered from a variety of sources during the spring and summer of 2010. Methods of gathering the input included the Community Assessment Survey for Older Adults™ (hereinafter referred to as CASOA™), community conversations, key informant input, nutrition listening sessions, and quadrant goals setting sessions.

CASOA™ Survey: Boulder County Aging Services authorized National Research Center to conduct the CASOA™ survey to provide statistically valid data based on a random sample of the region's population of adults age 60 and over. Our objectives with the survey were to: identify specific needs of older adults in the community and to identify the strengths and needs of the respondents and the community (and to compare responses with strengths and needs surveys previously conducted in 1998 and 2004). The mail-out/mail-back survey was conducted in May and June of 2010.

CASOA™ surveys in Boulder County

2,949 surveys were sent out to older adults (60+) in Boulder County. 1,252 were returned, for a 43% return rate		
Region of County	Number Responding	Percent of Total
Boulder:	276	22%
Lafayette	228	18%
Longmont	258	21%
Louisville	243	19%
Other	247	20%

Community Conversations: It was decided that in conjunction with the Area Plan for the Area Agency on Aging, it was time to update the community strategic plan, *Creating Vibrant Communities in Which We All Age Well*. The Strategic Planning Leadership Team that had coordinated the process in 2005-06 was reconstituted for the review and update of the plan. The leadership team worked with the consulting firm of KezziahWatkins to design and facilitate the strategic plan update process. The first part of the process was to conduct focus groups, called community conversations, to gather qualitative input that would enrich and provide depth to the information garnered through the CASOA™ survey. The consultants trained aging and senior services staff and volunteers from the Aging Advisory Council and local aging councils to help facilitate and record notes at the conversations to ensure consistency. Participants were told that input was being gathered for both the strategic plan and for the AAA Area Plan.

Twenty-one community conversations were held in July of 2010. Eleven were in varied geographic areas of the County and ten 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. More than 150 people participated in these conversations.

Community Conversation Schedule - 2010

TARGET POPULATION	LOCATION	TIME	DATE
People who are Homeless	Carriage House	12:30-2:30 pm	7/7
Longmont Residents	Longmont Library	6-8 p.m.	7/7
Latino	Longmont Library	9-11 a.m.	7/8
Family Caregivers	Calvary Bible Church – Boulder	2-4 pm	7/8
Senior Housing Residents	Canyon Pointe - Boulder	1-3 pm	7/9
Latino	Immaculate Conception – Lafayette	6-8 pm	7/13
Boulder Residents	Houston Room	9-11 am	7/14
Boulder Residents	EBSC – Eldorado Room	6-8 pm	7/14
Erie Residents	Erie Community Center	12:45 - 2 pm	7/15
Niwot Residents	Left Hand Grange	9-11 am	7/16
Allenspark Residents	Fire Station – Allenspark	2-4 pm	7/19
Men	Louisville Senior Center	9-11 am	7/20
Faith Community Leaders	Calvary Bible Church – Boulder	2-4 pm	7/20
Veterans	VHVnow! Boulder	5:30-7:30 pm	7/20
Louisville Residents	Louisville Senior Center	10-noon	7/21
Longmont Residents	Longmont Senior Center	9-11 am	7/22
Nederland	Presbyterian Church – Nederland	9-11 am	7/22
Louisville Residents	Louisville Senior Center	6:30-8:30 pm	7/22
Lafayette Residents	Lafayette Senior Center	6-8 pm	7/26
Lafayette Residents	Lafayette Library	9-11 am	7/29
LGBT	Lafayette Library	10:30-noon	7/28

Key Informant Input

The BCASD staff engaged in a discussion of the area plan at their June 2010 quarterly all-staff meeting.

Nutrition Listening Sessions

The countywide Nutrition Providers’ Council hosted seven listening sessions around the County in May, June, and July to gather input about food and nutrition services. Two sessions were conducted in Spanish. Over 150 people participated.

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 August of 2010, four sessions were held to set goals and action steps—one for each quadrant area. The quadrant areas are: basic needs, individual and community involvement, health and wellness, and independence and caregiving. The goals are referenced in the Executive Summary. The community conversations and quadrant sessions provided important information and guidance for this area plan.

SECTION III: TARGETING, PREFERENCE AND PRIORITY

BCASD acknowledges and will follow the following specifications: All adults age 60 and older shall be eligible for services. If resources are not available to serve all eligible older adults who request the services, preference and priority in the delivery of services shall be given to older adults as defined below. The *Older Americans Act* (Section 306 (4) (A) (i) (I)) specifies that Area Agencies on Aging will:

- *(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;*
- *(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and*
- *(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);*

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, 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, older individuals with limited English proficiency, 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, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) 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 proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in subclauses (I) through (VI) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an 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) 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, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

Most Vulnerable Clients

“Although needs were spread across the board [of all survey respondents], residents reporting the largest percent of unresolved needs in Boulder County were more likely to be: older, not white, Hispanic, renters, low income or living alone” (CASOA™, p.9). This list mirrors the most vulnerable clients identified by the AAC and the BCASD staff. The AAC suggested that the most vulnerable clients are those who are low income, homebound, those with disabilities, and those just above income guidelines—the invisible ones. BCASD staff identified vulnerable clients as including: other minorities beyond Latino, veterans, recent hospital discharges, and impoverished women. The numbers of needs and the groups with the most needs among older adults in Boulder County are shown in the table below.

Table 4: Risk Status of Older Population by Sociodemographic Characteristics (CASOA™, p.9)

Risk Status of Older Population by Sociodemographic Characteristics						
Number of items (out of 40) rated as a "moderate" or "major" problem	No problems	1 to 9 problems	10 or more problems	Total	Average number of problems	Number with at least 1 problem in 2010 (N=44,515) ¹
Overall	26%	57%	17%	100%	6	32,872
Female	23%	58%	19%	100%	6	19,029
Male	30%	55%	15%	100%	6	12,995
60 to 74 years	25%	59%	16%	100%	6	21,374
75 to 84 years	31%	53%	16%	100%	6	7,320
85 or over	21%	52%	27%	100%	7	3,483
White	26%	57%	17%	100%	6	30,488
Not white	16%	61%	23%	100%	7	1,862
Hispanic	13%	60%	27%	100%	8	1,470
Not Hispanic	26%	57%	17%	100%	6	30,576
Less than \$25,000	17%	51%	32%	100%	9	8,750
\$25,000 to \$74,999	23%	60%	16%	100%	6	14,182
\$75,000 or more	35%	60%	5%	100%	4	6,907
Rent	23%	54%	23%	100%	8	6,198
Own	26%	58%	16%	100%	6	25,897
Lives alone	21%	57%	21%	100%	7	12,437
Lives with others	29%	57%	15%	100%	6	19,501

PREFERENCE AND PRIORITY

BCASD Staff and the Technical Review Committee (TRC) of the Aging Advisory council carefully reviewed the findings of the CASOA survey and the input gathered at public sessions/conversations. In addition, they reviewed the goals of the *Age Well Boulder County* plan. The TRC also participated in on-site visits with current OAA/SFSS providers in the fall of 2010. They reviewed service projections by providers and compared them to services delivered. They used all this information in setting funding priorities.

After much discussion, it was decided to continue to fund the core services that we had supported the past four years because they seemed to appropriately address the needs expressed in the survey and community conversations and to build on important community strengths. With the economic times being hard and funding for the short and long-run uncertain, it seemed wise to stay the course and invest in proven services.

At the same time in keeping with the trend across the country to form and support Aging and Disability Resource Centers and the increasing need for information access as the aging population grows, resources will be reallocated a bit to put more support into the I&A/ARCH effort. Another opportunity is the evidence-based wellness programming, which nicely addresses concerns expressed about health and staying fit. Evidence-based classes can be delivered in many venues around the county, maximizing the ability to reach target audiences.

The TRC also championed the idea of an emerging needs fund that will be opened via request for proposal (RFP) and funded on a year-by-year basis. This fund will allow for flexibility, innovative ideas, pilot projects, etc. that address emerging needs among the older population. The request for proposal will be open-ended.

The TRC prioritized the services to be provided. Short-term assistance including dental services, mental health services, and home-delivered meals were rated as highest priorities. High priorities include legal services, transportation, Project HOPE supportive services, homemaker and personal care services, congregate meals, and respite assistance. Information and assistance (I&A) outreach and materials, and evidence based health promotion, were rated as medium to high, with chore services, I&A website, LGBT outreach, Medicare counseling, caregiver education and information, and emerging needs as medium priorities. Age Well Conference was given a low priority. Priority will be given to maintaining funding for highest and high priorities. In the event of funding shortages, medium priorities may receive less funding. Low priorities will receive funding only if extra is available and may need to be funded from other sources.

The AAC engaged in discussions throughout the year that focused on services of the Older Americans Act and that contributed to the area plan. These included:

- Public input discussion on reauthorization of OAA – March 2010
- Several AAC members served as facilitators and recorders at the community conversations in July 2010
- Contingency planning discussion groups – AAC meeting, October 2010
- Discussion of Four-Year Area Plan questions – AAC meeting, December 2010
- Homework assignments of reviewing public input data and coming up with outreach ideas, December 2010

Boulder County Aging Services (the AAA) will, at a minimum, meet all required program funding levels. Through a combination of Older Americans Act, State Funds for Senior Services, local cash and in-kind, and program income, BCASD will fund and provide a variety of services that will help adults sixty and over remain in their communities, enhance aging well, and support family caregivers. Please see Attachment C for Waiver Request for those services that the AAA will provide directly.

**The following services will be funded and provided
in Region 3B, Boulder County**

Information & Assistance (I&A)

Information and Assistance becomes increasingly important as the number of older adults increases. All providers of services receiving OAA funds are required to provide I&A as part of their package of services, although not specifically reimbursed for it.

- CONNECT! - BCASD will provide focused Information and Assistance as a direct service in collaboration with local senior services and other partners. In the past four years, great strides were made in Boulder County in the area of I&A. Following the strategic visioning process and launching of the plan, *Creating Vibrant Communities in Which We All Age Well*, in 2006 a committee called *One Call Does It All* was formed. This committee laid the foundation for what became the “any door is the right door” concept and led to the formation of the coalition known as CONNECT!

CONNECT! is made up of BCASD, local senior services, Adult Care Management, Inc (the Single Entry Point), the Center for People with Disabilities (Independent Living Center), RSVP/CareConnect, and BC Housing and Human Services.

- Resource Website - As CONNECT! was formalizing its organization, it became the beneficiary of another effort going on in the County. Boulder County Community Services Department (the parent agency of BCASD) contracted with

Network of Care for web-based resource sites known as BoulderCountyHelp.org. It was launched in March of 2009. One of the four resource databases on this website is *Seniors and People with Disabilities*. It contains over 800 resources, as well as a library and other helpful tools. Support of the website is a medium priority for the TRC.

The coordinator for CONNECT! is the I&A Program Manager on the staff of BCASD. She also supervises the call center (303-441-1617), which is based at BCASD and serves as the “first call” for CONNECT! partners. BCASD is currently developing a mechanism to get consumer feedback from their experience in calling 1617 (part of best practices for I&A and ADRCs).

The BoulderCountyHelp.org site includes a data collection feature. The I&A specialist who answers the call center phone calls is able to enter basic data and referral information about the call on this secure site. Through MOUs with the CONNECT! partners, data is shared so that, for instance, a resource specialist in the senior center can see the basic information entered on a client before that person was referred to the resource specialist. This helps reduce duplication of effort and makes getting assistance more seamless for the client.

Another strength in the CONNECT! system that benefits consumers is the network of resource specialists (in the city senior centers) and BCASD aging resource consultants (serving the rural and mountain communities). This group of professionals provides I&A and case consultation and their services cover the whole county.

- Outreach about I&A - The work of the CONNECT! partners has been pretty successful. The *Seniors and People with Disabilities* site has averaged over 3900 hits a day since it debuted in 2009. According to the CASOA™ survey, “In Boulder County, about two-thirds of survey respondents reported being ‘somewhat’ or ‘very’ informed about services and activities available to older adults. Further, 65% rated the availability of information about resources for older adults as ‘excellent’ or ‘good.’” During the next four years, CONNECT! will work on outreach and marketing to increase awareness about where to go to get information about services. This addresses Goal 4 of the Age Well plan, “Access to essential services is seamless, barrier-free, affordable, and welcoming.”
- Printed Materials - BCASD will also continue to produce a variety of printed materials, including guides and brochures, to provide I&A to older adults and their caregivers. The agency is preparing a general printed directory of services for those who cannot access the database on the Network of Care site. In partnership with CONNECT!, incorporating current guides into this directory (e.g. Housing Guide, Choosing Help in the Home, Let’s Eat, and

Let's Go) is being considered. The printed materials and associated outreach efforts are a medium-high priority of the TRC.

ARCH

In Colorado, the ADRC (Aging and Disability Resource Center) is known as ARCH (Adult Resources for Care and Help). Boulder County CONNECT! (housed as mentioned at the AAA) plans to become part of the Colorado ARCH network during the next four years. This is to support the state's goal of statewide coverage and to strengthen the work of CONNECT! in providing coordinated, collaborative access to long-term care services in our region.

Outreach Services

- All providers of services that receive OAA and SFSS funds are required to conduct outreach to elders and caregivers in greatest social and economic need to let them know about their services, although they are not specifically reimbursed for that.
- BCASD will conduct outreach to identify elders and caregivers "in greatest social and economic need" through the aging resource consultants serving the Allenspark, Lyons, Nederland, and Niwot areas. BCASD will also conduct outreach for Project HOPE to identify frail elders at risk of institutionalization.
- The AAC has expressed interest in getting more involved in the outreach effort during the 2011-15 period. Some ways they have discussed include outreach at community events, not just senior events, senior column in the newspaper, and outreach to faith communities and service organizations.
- Members of the AAC and local senior advisory councils will be speaking to service clubs and other community groups about the Age Well Boulder County plan. Those engagements will be opportunities to do outreach about available services.

Transportation

Mobility and transportation are at the heart of remaining connected to one's community. Approximately 25% of the Boulder County CASOATM respondents reported that having safe and affordable transportation available was at least a "minor" problem in the 12 months prior to the survey and 13% reported that no longer being able to drive was

problematic. (CASOA™ p.44) Participants in community conversations identified transportation issues as a particular concern in mountain communities, and among people with physical limitations and those with low income.

- BCASD will continue to fund transportation services with OAA/SFSS funds during the 2011-2015 period. Services that will be funded include paratransit services, accompanied rides to medical appointments, rides to medical appointments in the metro Denver area (outside of Boulder County), and other rides, including to educational and cultural events. Transportation is a high priority of the TRC.
- These services address Goal 17 of the Age Well Boulder County plan, “Transportation is affordable, accessible, flexible, reliable, safe, and easy to arrange.”

In-Home Services

Participants in Community Conversations indicated that the ability to remain in their own homes for the rest of their lives was a high priority. As the population ages and more people experience levels of frailty, some assistance with basic activities can make a huge difference in the ability to remain in one’s home in the community.

Respondents to the CASOA™ survey indicated the need for such assistance: 53% reported that doing heavy or intense housework was problematic, 44 % reported maintaining their yard as problematic, and 39% reported maintaining their home presented at least a “minor” problem.

- BCASD will continue to fund personal care and homemaker services with OAA/SFSS funds during the 2011-2015 period. Personal care consists of services such as: bathing, dressing, general personal grooming, feeding and toileting, and must be provided by a certified personal care provider. Homemaking services are non-medical and include: housecleaning, laundry, running errands, and meal preparation. Homemaker and personal care services are a high priority for the TRC.
- This is the only service area where Region 3B has experienced wait lists. This obviously reflects demand in excess of what was funded. When this has happened in the past, BCASD and the TRC have been able to respond with additional funds (notably when new state funds were awarded, with an overall increase to the provider, and also when there are carryover funds, they can be redirected to reduce or eliminate the wait lists.)

- BCASD will fund chore and home modification services with OAA/SFSS funds during the 2011-2015 period. Chore services and home modification include lawn mowing, snow shoveling, and adding grab bars or ramps. Chore services were ranked as a medium priority by the TRC.

Short-term Assistance/Material Aid

Financial issues among older adults in Boulder County are of concern. “[Community] Conversation participants were not asked a question about financial issues, yet participants mentioned financial issues and affordability more often than any other topic except health, and extensive questions about health were posed as topics for discussion. Financial concerns focused on worries about out-living one’s financial assets, the costs of health insurance, transportation services, and other basic needs, means-testing for service assistance, the fiscal impacts of chronic or catastrophic illness . . .” (*Age Well Boulder County Plan Update Summary Report*, KezziahWatkins, p.7)

One in three of the respondents to CASOA™ reported having enough money to meet daily expenses to be problematic. And, 29% indicated that affording the medications they need was a problem. Also of concern was that according to “Department of Housing and Urban Development guidelines for affordable housing, a third of older residents in Boulder County were found to spend too much of their monthly income on housing” (CASOA™, p. 44).

In the past, dental needs have been one of the top reasons that older adults have accessed short-term assistance (STA). In fact, in 2010 over 30% of all STA applications were for dental, compared to 22% in 2009. Oral health is particularly important among the elderly. They are more susceptible to systemic conditions, making them predisposed to developing oral diseases which can directly or indirectly lead to malnutrition, altered communication, further susceptibility to infectious diseases, social withdrawal and diminished quality of life. The CASOA™ survey responses demonstrated needs in this area with 36% of the respondents having tooth or mouth problems and 29% indicating that getting the oral health care they need was problematic.

The second largest STA category in 2010 was rental/housing assistance, comprising 25% of all applications. Sixteen percent of the CASOA™ respondents indicated that having housing to suit their needs was a problem and 39% said that maintaining their home was problematic. As people age and perhaps become more frail, have limited mobility, and/or are concerned about their finances, they may choose to move to more appropriate housing.

- The fact that so many older Boulder County residents were impacted by financial issues reaffirmed BCASD’s commitment to providing Short-Term Assistance for people in need of specific items or services they can’t afford. BCASD plans to

continue this program in the 2011-15 period. Short-term assistance ranked as a highest priority of the TRC.

- Short-term assistance funds will purchase dental services, housing related items, first/last month rent, utilities, eyeglasses, hearing aids, and many other items and assistance.
- Demand for this program has been high. Wait lists have been temporary—maybe a month or so at the end of a fiscal year—and have largely been avoided by funding made available from the Aging Services Foundation (ASF). The ASF board has identified STA as a priority and raises funds to help provide the services.
- During the 2011-15 period BCASD may pilot providing this program on a cash and counseling model.

Legal Assistance Services

Three in ten respondents to CASOA™ survey indicated that dealing with legal issues presented a problem to them.

- Older adults in Boulder County will continue to receive high quality legal services through counseling and education, representation in civil actions or special proceedings, and through help in establishing and maintaining their rights.
- Specific legal services to be provided in the 2011-15 period will include dealing with benefits and entitlements such as health, Medicaid, Medicare, SSI, HCBS, public housing, etc. Legal assistance in obtaining County Court civil protection orders for victims of violence will also be provided as well as negotiation and representation in collection and other consumer actions. Recipients of services under BCASD's Project Hope will receive assistance with wills, living wills, and advance directives.
- BCASD maintains at least the 3% funding requirement for legal services and has been able to match that with a like amount through SFSS funds. The ongoing plan will be to meet the requirement and exceed it as funding is available. Legal services is a high priority of the TRC.

Boulder County Legal Services under the supervision of Joel Hayes, Esq., has been the provider of legal services purchased with OAA and SFSS funds for older adults in Boulder County. It is a division of Colorado Legal Services.

Long-term Care Ombudsman Services

- Long-Term Care Ombudsman services will continue to be a direct service provided by BCASD in the 2011-15 period. FTE time was added to the LTC Ombudsman program in 2009 and again in 2010 to address the increasing complexity of the cases that the Ombudsman handle.
- In addition to the two staff Ombudsman and the lead ombudsman, we also have 10 trained and certified volunteers. There is a monthly in-service meeting of volunteers with staff ombudsman. The LTCO program is highly valued by Boulder County with the bulk of the staff salary being funded by local cash (Boulder County general fund).
- BCASD LTC Ombudsman participate in resident councils, facilitate training for facility staff, conduct consultations and complaint investigations, and do community education. Staff and volunteer ombudsman participate in required certification training. LTCO staff meet periodically with Boulder County Legal Services to maintain open communication.
- The LGBT outreach and Project Visibility training staff members are part of the elder rights team, so there is close collaboration for promoting the Project Visibility trainings for facility staff.

The Elder Justice Project (special project funded by a Department of Justice grant) is located on the elder rights team also. This project has increased collaboration between aging/senior service providers, APS, domestic violence and sex assault agencies, DA's office, law enforcement, and the courts to increase reporting, investigation, and prosecution of elder abuse and sex assault against older adults.

Generally, older residents reported feeling safe in Boulder County (via CASOA survey). A relatively small proportion of seniors in Boulder County reported problems with crime or abuse in the 12 months prior to the survey. Nonetheless, these crimes can have serious consequences for older residents. 8% of respondents reported being a victim of a crime, 9% reported being a victim of fraud or scam, and 5% reported being physically or emotionally abused. "It should be understood that the percent of the population that experiences a problem is not a measure of how difficult a problem is to endure for the people who share it" (CASOA™, p.7). It is important to consider both the prevalence of the issue and its importance to people experiencing it.

The DOJ grant will end during the 2011-15 period. It is our plan to continue to support the collaborative efforts of the project through the elder rights team, using Title VII funds, to ensure that elder abuse is investigated and prosecuted.

Janet Ibanez, MSW, is the elder rights program manager and a staff member of BCASD. She serves as our lead ombudsman and is also a member of the Adult Protection Review Team. Having the Ombudsman, Project Visibility, and Elder Justice programs on the same team along with the good working relationships with APS, Legal Services, DA's office, etc. leads to good integration of programs that protect the rights of older adults in Boulder County. Also, a staff member of Adult Protective Services serves on the Boulder County AAC.

BCASD will let the public know about legal and Ombudsman services by providing informative programs about the services at mealsites, civic organizations, and faith communities. Staff and AAC members can include information about these services when speaking to groups. Information can be posted at sites where target clients will be likely to see them (e.g. low-income housing sites and clinics) and included on local public access television stations. The wider provider network will be informed about these services at meetings like Folks in Aging and Interagency Network. Both services are listed on BoulderCountyHelp.org.

LGBT Outreach and Project Visibility

- BCASD will continue to do outreach to LGBT (lesbian, gay, bisexual, transgender) elders, provide educational meetings about specific topics, such as benefits, and support social activities. These are funded through local cash, largely grants raised through the Aging Services Foundation.
- BCASD will continue to provide Project Visibility trainings for staff at residential facilities, other service providers, faith communities, and decision makers. Most funding for Project Visibility is local cash (grants received by the ASF) and some OAA funds. Other community presentations and trainings that raise awareness about issues of LGBT elders will also be sponsored.
- BCASD will continue to publish Silver Lining, a resource guide of LGBT-friendly service providers.

Project HOPE

Project HOPE is a program provided directly by BCASD that helps keep frail, low-income elders in their homes through a combination of a Section 8 housing voucher, case management, and supportive services. Because the population served includes some of the most at-risk and medically vulnerable elders in Boulder County, rental assistance for these elders is not enough. They also need supportive services because frailty impairs their ability to live independently – and safely – in the community. Housing vouchers are furnished by

BC Housing and Human Services Department, supportive services are purchased with Older Americans Act funds and funds raised by the Aging Services Foundation, and case management is provided by BCASD (with a staff member funded by BC general fund).

The case manager works with each participant to identify their strengths and desires, and to help them see that accepting some help actually assists them to remain in the home – not leave it. Working from a strengths perspective, the case manager also assists each older adult to recognize and build on his/her individual strengths. This leads to an increase in ability to be self-sufficient and draw on resources available, both internal to the individual and external in the community.

- BCASD will continue to fund supportive services including transportation, homemaking and personal care, with OAA/SFSS funds. Project HOPE supportive services is a high priority of the TRC.

Medicare Counseling/Benefits Counseling

Nearly two in five older adults reported having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid to be problematic. (CASOATM, p.31). A little over half of the respondents indicated they didn't know what services were available, and at the nutrition listening sessions, many participants indicated that they didn't understand the eligibility requirements for public programs.

- BCASD will continue to provide Medicare counseling as a direct service and OAA/SFSS funds will be awarded to this program. The Medicare Ombudsman program serves as the SHIP for Boulder County, so additional funding is obtained through the Colorado Division of Insurance. This is a medium priority for the TRC.
- The Medicare Ombudsman program also provides New to Medicare classes and the Senior Medicare Patrol (to reduce fraud in Medicare).
- As the population ages it is anticipated that demand for this service will increase. BCASD will address the increased demand by expanding the use of volunteers and older adults enrolled in the senior tax work off program to provide help, particularly during Part D enrollment. It is unclear what impact health care reform will have on this program in terms of demands for staff/consultation time.
- BCASD targets service to those most in need by giving priority to dual-eligible clients first. Medicare counseling is provided in Spanish as well as English.

Advocacy

- Employment Issues – Nearly a third of the CASOA™ respondents reported problems finding work in retirement and a quarter rated employment opportunities as poor. The AAC, in response to findings in the CASOA™ survey and community conversations, is concerned about the issue of employment opportunities for older adults. During the next 4 years they will address this concern as an active advocacy issue, including meeting with Workforce Boulder County.
- OAA - The AAC hosted a public input discussion on the reauthorization of the Older Americans Act in April of 2010. They will continue to be involved in the reauthorization as an advocacy issue, as well as to support the efforts of n4a to get increased funding for OAA services.
- Older Coloradans Program/State Funds for Senior Services – BCASD will continue to prepare legislative flyers on behalf of the Older Americans Coalition (OAC) to be distributed to members of the legislature during the session. AAC members will respond to appropriate requests for citizen advocacy initiated by OAC and Colorado Senior Lobby. BCASD will continue to encourage participation by Boulder County older adults in Senior Day at the Capitol.
- Housing - People at the community conversations indicated a need for affordable housing, and housing designed for older adults as issues. Housing will be an area of advocacy discussion for the AAC.
- The AAC has expressed an interest in training local advocates to talk to city councils, zoning boards, Board of County Commissioners, etc.
- BCASD will continue to work with the Board of Commissioners public policy staff in getting items onto the legislative agenda and requesting action at appropriate times. Their work as advocates on behalf of aging issues is truly appreciated. Legislative agenda items include increased funding for OAA and SFSS, Elder Justice Act, and Livable Communities.

Nutrition Services

Six percent of the respondents to the CASOA™ survey indicated that having enough food to eat was at least a minor problem. This is up from 2% in the 2004 Strengths and Needs Survey, but about the same as the 1998 survey (which was 5%). It is important to note that no respondents listed this as a major problem. These positive statistics probably reflect the excellent coverage across the county with meal and food programs. They also seem to suggest that overall an adequate amount of resources are going into senior nutrition. However, it becomes more of a concern when we see that 17% of low-income

respondents said having enough to eat was at least a minor problem. This suggests that attention needs to be given to targeting and getting nutrition services to low-income elders.

Another area that came up is maintaining a healthy diet; 34% of CASOA™ respondents indicated that was a problem. This was reinforced by input at the nutrition listening sessions where people expressed interest in more access to fruits, vegetables, and other healthy foods in general. There was also an interest in cooking classes and recipes.

Note that Boulder Meals on Wheels and Longmont Meals on Wheels provide most congregate and home-delivered meals that are served in Boulder County. These two non-profits choose not to receive any OAA funds. Thus the OAA-funded meals cover the other parts of the County not served by these providers.

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. The TRC encourages nutrition providers to look for ways to collaborate and integrate service delivery to increase efficiency. Home-delivered meals are a highest priority of the TRC and congregate meals are a high priority of the TRC. The list below indicates providers that served meals during all or part of the past four years.

- Congregate Meals: Lafayette Senior Services and Louisville Senior Services each serve five meals a week in their respective senior centers. The senior center location reinforces the “more than a meal” concept as those who come to meals can easily access information and assistance from the staff resource specialist, as well as being exposed to the educational, cultural, and recreational offerings of the senior center. Congregate Meals: Nederland Area Seniors (NAS), Inc., provides a congregate meal two days a week at the local community center. NAS is a non-profit made up of and governed by older adults themselves. Opportunities offered along with the meals include speakers, nail clinics, cultural and social activities, including many intergenerational opportunities.
- Congregate Meals: The Allenspark Lunch Bunch was begun with ARRA funds and continues with OAA funds and robust program-income and in-kind support of the local folks. Allenspark is an unincorporated mountain community with a high concentration of older adults. Lunch is served once a week and is accompanied by a variety of program offerings. This site is administered by BCASD, while the other congregate sites are administered by the local senior services or nonprofit.
- Home-delivered meals: NAS delivers meals to homebound clients in the Nederland area. Hot meals are delivered twice a week (corresponding with the congregate meal) and frozen meals are delivered for the other three days.
- Home-delivered meals: Meals have been delivered to homebound clients five days a week in the Superior, Louisville, Lafayette, and Erie areas by East Boulder County Meals on Wheels, a nonprofit organization.

- Menu Analysis, Nutrition Education, and Nutrition Counseling: BCASD will provide nutrition education and counseling, by registered dietitians (RDs), for its grantees and the community in collaboration with other nutrition providers. BCASD will also oversee menu planning; nutrient analysis; safety and other nutrition compliance.
- Diabetes Education and Support: BCASD will continue to offer diabetes support groups in Lafayette and Louisville, led by an RD who is a Certified Diabetes Educator. As funds are available in the next four years, groups may be offered in other parts of the county. This service is a medium priority of the TRC.
- Nutrition providers council – BCASD will continue to work with the countywide group to coordinate planning around nutrition services.
- During the 2011-15 period BCASD would like to be open to exploring additional possibilities in the area of nutrition, including:
 - Explore feasibility and implementation of addressing special diets
 - During the next four years, BCASD will explore increased outreach to older adults eligible for SNAP (Supplemental Nutrition Assistance Program, formerly food stamps).
 - Research and be open to possibility of cash and counseling nutrition service for low-income elders who don't have enough to eat. This addresses Goal 3 of the Age Well plan, "Everyone has enough to eat."
 - As funds are available, nutrition providers may serve a second or third meal to older adults identified through nutrition screening to be at nutritional risk and/or socially or economically in need.
 - Home delivered meals, including a services such as Mom's Meals, may be made available to older adults who are geographically isolated when a congregate site is not reasonably available (or available daily) as an alternative. This strategy addresses those who are geographically isolated, cannot afford meals, and/or at nutritional risk.
 - If funds are available, in addition to older adults home delivered meals may be made available to:
 - Homebound, disabled dependents under sixty (60) years of age, residing with a homebound or geographically isolated older adult; or
 - Individuals providing volunteer services in the home delivered meal program.

Mental Health

Mental Health is an important component of aging well. Comment upon comment in the Community Conversations reflected the understanding among older adults that attitude is

as much a key to aging with grace and dignity as is physical health. Slightly more than one in four people in the CASOA™ survey reported feeling lonely, sad, or isolated. Of particular concern is that 36% of respondents reported feeling depressed. (This represents a statistically significant more negative response in 2010 than in either of the two Strengths and Needs surveys in 1998 and 2004.) Mental health services are a highest priority for the TRC.

The respondents were divided on the topic of affordable mental health services. About half of the respondents rated the availability of affordable quality mental health care as excellent or good, while the other half rated it as poor or fair.

- BCASD will fund mental health services in the 2011-15 period. Services will include individual counseling as well as group counseling. Services will be provided to adults 60 and over and also to family caregivers of older adults.

Evidence-Based Health Promotion Programs

The importance of personal health came up over and over in Community Conversations as a necessary component of aging well. Eighty percent of the respondents on the CASOA™ survey rated their overall physical health as “excellent” or “good,” however, four out of ten reported physical health had presented a “moderate” or “major” problem in the past year. While 90% rated fitness opportunities (including exercise classes and paths or trails, etc.) as “excellent” or “good” in Boulder County, 50% indicated that staying physically fit is at least a minor problem for them.

Concerning is that the reports of incidence of falling is up from the 2004 Strengths and Needs survey, but at that time the question also asked if the fall had resulted in a doctor visit, whereas the 2010 CASOA™ survey asked if you had fallen and hurt yourself—so that may explain the difference. Nonetheless, over 3 in 10 respondents reported that they had fallen and been injured at least once during the past year; 46% of those over 85 reporting falling; and 51% of those from low-income households.

BCASD and the Aging Advisory Council are committed to continuing to provide evidence-based health promotion programs due to their proven effectiveness. Boulder County general fund covers the salary of the wellness specialist, who is trained in all the evidence-based programs currently offered. In addition, a second staff person has become a Matter of Balance trainer and we have hired two hourly Be Well trainers/coaches to provide the classes and sustain the program. Volunteer coaches were recruited and trained in 2010 providing a good pool of coaches as we enter the 2011-15 period. In addition to the staff salary that is provided through local cash, funding will come from Title III Parts D and C (and possibly Part B and SSFS), as well as support from outside grant opportunities, the Aging Services Foundation, and program income.

BCASD currently provides the following evidence-based health promotion programs and will continue to provide them as a direct service in the next four years. Evidence-based programs are a medium-high priority of the TRC.

- Chronic Disease Self-Management (CDSMP), also known as Healthier Living and Be Well, in English and Spanish (*Tomando Control de su Salud*). The agency is currently participating in a grant from Colorado Department of Public Health for the Be Well classes. Under this arrangement, our staff trainers have become authorized to do the fidelity checks.
- Matter of Balance in English and Spanish. BCASD has participated with the Colorado Association of Area Agencies on Aging and the State Unit on Aging in the Matter of Balance. Two BCASD staff (both bilingual) are trained as trainers. They have recruited and trained a number of volunteer coaches.
- These evidence-based classes are successful because the participants take responsibility for their health and set their own goals, addressing Goal 10 of the Age Well Boulder County plan, “Wellness is a personal priority.”

BCASD is planning to provide the following additional evidence-based health promotion programs in the future:

- Diabetes Self-Management. The BCASD Wellness Specialist has been trained in the CDSMP Diabetes courses, in both English and Spanish. Volunteers have also received this training.
- BCASD’s goal is to be open to additional evidence-based opportunities that can be offered in our region.

BCASD will provide or fund the following additional wellness activities:

- Safe medication use education throughout Boulder County.
- Annual *Sabroso y Saludable* diabetes awareness and education event in collaboration with community partners including Salud Family Clinics, Longmont YMCA, El Comite, City of Longmont, BC Public Health, and Longmont United Hospital
- Wellness calendars and Wellness Matters publication
- BCASD will work with partners in supporting screening, wellness fairs, etc., as appropriate. Increased collaboration with Public Health, in particular, is a goal during the 2011-15 period.

Caregiver Services – National Family Caregiver Support Program (NFCSP)

Caregivers are essential to the health care system in the United States. Across the country, 80% of all care provided in the community is done by family (or volunteer) caregivers (National Family Caregiver Association). Family caregivers are also essential to helping many frail older adults stay in the community and avoid institutionalization. It

is because of their important role that BCASD has provided a variety of caregiver services for many years and will continue to do so in the 2011-15 period.

In Boulder County 56% of the CASOA™ survey respondents reported providing care to others and spent an average of 15 hours per week doing so (CASOA™, page 28). Older caregivers in Boulder County most commonly care for other older adults. While most caregivers typically describe their caregiving experiences positively, there is no doubt that caregiving can be stressful. In the CASOA™ survey, 24% reported caregiving responsibilities that presented at least a minor problem.

BCASD will provide the following caregiver services as a direct service in the 2011-15 period.

- Information and Education for Caregivers: Caregivers will receive:
 - Informative and encouraging articles and information on local resources and events via the bi-monthly newsletter *Care Connections* published by BCASD
 - Educational events – including, but not limited to, the annual Caregiving Symposium and Resource Fair
 - Access to the Caregiver Library - books and other materials on caregiving issues
 - Caregiver training - four seven-week courses of the National Caregiver Training Program, which helps family caregivers acquire critical hands-on skills for caring for elder loved ones at home, are offered each year. Taught by a registered nurse, the training includes skills practice, take-home materials, and an excellent reference book.
 - During the 2011-15 period, we will explore offering additional evidence-based caregiver training, such as Powerful Tools for Caregivers.
 - Monthly newspaper column on caregiving and publicity about caregiver services.
 - Public education programs and speaking engagements are arranged by BCASD and senior center staff to inform individuals and groups about the strengths and needs of caregivers, available resources, and the benefits of services.
 - Caregiver staff members reach out to family caregivers through newspaper articles, brochures, website, faith communities, and employers, to let them know about the services that are available for their support.
 - The activities of this service address Goal 18 of the Age Well Boulder County plan, “Caregivers are informed, educated acknowledged, and supported.” Information and education for caregivers is a medium priority for the TRC.

- Assistance to Caregivers to Gain Access to Services: The BCASD caregiving staff and aging resource consultants (Allenspark, Lyons, Nederland, and Niwot) and the resource specialists (senior centers) provide I & A to family caregivers by phone and in person, helping them determine their needs for help and directing them to appropriate local resources.
- Counseling to Caregivers: BCASD caregiver staff, aging resource consultants, and resource specialists provide individual consultation to family caregivers. Support groups at local senior centers will receive financial support. The mental health provider will provide individual and group counseling to caregivers (see Mental Health section).
- Respite Care for Caregivers: Respite assistance is provided through the Respite Assistance Program (RAP). This is a voucher or cash and counseling type service. The caregiver may choose to have respite services provided by a relative, a friend, or a professional provider. Services may be provided in the care recipient's home, at an adult day program, or in a long-term care facility for short-term respite. Like all the caregiver services, this program thrives due to its collaborative nature. Intake for RAP is done through local resource specialists (at the senior centers) or aging resource consultants (BCASD staff serving rural and mountain communities). A BCASD staff member funded by local cash provides oversight for this program. Respite assistance is a high priority of the TRC.
 - BCASD also has a Respite and Companion Volunteer program that is funded totally with local cash/Boulder County human services funds. The program coordinator is on the staff of BCASD and recruits, trains, matches, and supervises some 140 volunteers. Volunteers are matched with a frail elder, commit to visiting for a couple of hours every week, and provide the caregiver with a break.
 - On-site respite is offered for all caregiver events sponsored by BCASD.
- Supplemental Services: (Limited to 20%) BCASD is interested in possibly using NFCSP funds for this purpose in the 2011-15 period. Currently caregivers can access the Short-Term Assistance program (described earlier) for supplemental services.
- Grandparents Raising Grandchildren Program: (Limited to 10%) BCASD will continue to update and publish a booklet on grandparents' legal rights. We will also fund several grandparent information groups in the county and work with BC Housing and Human Services in promoting kinship events and education.

Emerging Needs

During the 2011 – 2015 period, the TRC will open funding annually for a program or service that addresses an emerging need, helps keep older adults in their communities,

and/or advances the *Age Well Boulder County* plan. The emerging needs funds may be used for pilot projects or existing programs. As with other funded services, the emerging needs project needs to target those eligible older adults of greatest social and economic need, with particular attention to low-income older adults, monolingual non-English-speaking older adults, and older adults residing in rural areas. Emerging needs funds are a medium priority of the TRC and will be awarded for one year only as funding is available.

Emergency Preparedness

The Four Mile Canyon Fire in 2010 raised the awareness of BCASD about the importance of emergency preparedness. The emergency coordinator for BCASD will continue to play an important role in the MACS (Multi-Agency Coordinating System) for general emergency preparedness and continue working with Public Health on developing plans for addressing special needs in shelters.

Coordination, Program Development and Other Services/Issues

- During the 2011-15 period BCASD and Community Services Department will explore expanded data sharing. This may include bringing the senior services into a shared enterprise with BCASD for use of ETO. ETO stands for Efforts to Outcomes and it is the software used to track services and see their outcome impact. Another area we would like to achieve is compatibility with the State of Colorado systems so that data do not have to be entered into both ETO and SAMS.
- CONNECT! will continue to work on the continuum of access to information and services from referral through case management and work on options for identifying and providing the best access that resources will allow. Short-term and medium term case consultation will be part of the discussion.
- BCASD will provide coordination of the Age Well Boulder County strategic plan implementation through upkeep of a shared website, communication about actions and events through the Age Well newsletter, working with the AAC and local advisory councils, and hosting annual meeting(s) related to the effort. This is funded through local cash.
- BCASD will continue to provide case management to mountain/rural communities and Project HOPE participants. This is funded through local cash.
- BCASD will continue to support n4a's Livable Communities initiative through the Age Well Boulder County strategic plan.

- BCASD will continue to support n4a's concept of 2020 through programs and staff activities: person-centered access to information and assistance, evidence-based wellness programs, and nursing home diversion

New Initiatives/Projects

BCASD is open to exploring the following new initiatives, if funding is available, and it is determined that instituting the initiative will reinforce our general goals of keeping older adults in the community, creating a community in which all age well, and supporting family caregivers.

- Cash and Counseling – increase the use of this model for a variety of services to enhance consumer choice, with the added value of consultation about services
- Pursue the options of cost-sharing and other means to plan/provide for long-term sustainability and to address service provision to a growing population
- An annual Age Well Conference is Goal 11.D of the Age Well Boulder County plan. The AAC has agreed to take this on as one of their contributions to the implementation of the plan. It did rank as a low priority for funding by the TRC and will be supported only if funds are available and after higher priorities are met, and/or through obtaining financial sponsorships.
- Increase the use of volunteers across the network, especially older volunteers, tapping into one of the strengths of an aging population.
- Responding as appropriate to the Affordable Care Act (health care reform) and looking for opportunities that would be where the strengths of the aging network would be beneficial.
- Pursue addressing hospital transition through appropriate combination of case consultation and supportive services.
- In partnership with Aging Services Foundation, look for additional funding for dental, short-term, and medium-term supportive services.
- Boulder County AAC would like to hold an assistive technology resource fair and conference. This could be in conjunction with a Caregiving Symposium or a track at the Age Well Conference.

TARGETING

All recipients of OAA/SFSS funds are required to use outreach efforts that will identify individuals eligible to receive their services with special emphasis on older individuals residing in rural areas; those with greatest economic need (with particular attention to low-income minority individuals); those with greatest social need; those with severe disabilities; those with limited English proficiency; those with Alzheimer's disease and related disorders and their caregivers; and those at risk of institutional placement. BCASD will encourage and ensure targeting through a variety of methods, including, but not limited to the following:

- All providers are required to target their services to those most in need. The AAC asks about their efforts and successes in targeting services when the providers speak at AAC meetings and the BCASD staff and TRC specifically address this issue at program on-site visits.
- Evidence-based wellness classes will be held at low-income housing sites. While three in ten respondents to the CASOA™ survey in Boulder County reported falling and injuring themselves in the past 12 months (a concerning number in its own right), among low-income respondents 51% reported falling and being injured. This strategy not only targets low-income older adults, it also gets the classes to many people who live alone and who rent, both characteristics of older adults who are more likely to be at risk.
- Through the AAC and the Nutrition Providers Council, we will strategize about how to reach those low-income people who indicated (via CASOA™) having enough to eat as problematic, addressing Goal 3 of the Age Well plan, "Everyone has enough to eat."
- BCASD and Nutrition Providers Council will strategize on increasing Latino participation in meal programs across the county.
- Mental Health Partners conducts counseling in clinics thereby reaching low-income clients. The therapist is bilingual and serves many older Latinos and their caregivers, and because of the setting reaches low-income minority elders.
- BCASD has three designated bilingual staff positions that will continue in the 2011-15 period—the wellness specialist, Medicare consultant, and I&A program assistant.
- Evidence-based classes are offered in Spanish as well as English. Medicare counseling and Part D enrollment assistance are offered in Spanish and English.

- The CONNECT! I&A call center (located at BCASD) has three phone lines: English, Spanish, and TTY.
- Lafayette Senior Services, one of the congregate nutrition site providers, work actively with the city's Latino Advisory Board to outreach to Latino elders about the senior meal program.
- During the 2011-15 period, BCASD will explore additional sites for classes, trainings, and other events that by their nature increase outreach and targeting to specific groups. These include, but are not limited to, additional low-income and affordable housing sites, the Second Baptist Church (largely African-American), churches with large Spanish-speaking populations, places where veterans gather, Carriage House homeless day shelter, and basic needs organizations such as Emergency Family Assistance, OUR Center, and Sister Carmen.
- An annual Spanish edition of *Care Connections* (newsletter for caregivers) is distributed to 50 sites.
- BCASD has an active LGBT (lesbian, gay, bisexual, and transgender) outreach program. Project Visibility, the award winning training for facilities and other providers, was founded by BCASD and the training continues. The Project Visibility video was updated in 2010 to add a transgender elder and her story to the message.
- In 2010, BCASD hosted a training conference, *Aging from a Transgender Perspective*, for service providers and others in the community. More trainings of this type will be presented by BCASD.
- Providers of services with OAA/SFSS funds are encouraged to take Project Visibility training.
- BCASD has aging resource consultants assigned to the mountain/rural areas of the county: Nederland area, Allenspark area, Lyons, and Niwot
- Complete Home Health Care recently began providing service in the Nederland area.
- Special Transit has service available every weekday in Eldorado Springs, provides services around town in Nederland and Lyons one day a week, service to Boulder from Nederland monthly and to Longmont from Lyons weekly, and on demand service to Estes Park for small groups of riders from the Allenspark area.

- Special Transit's Friends and Family Mileage Reimbursement Program is available to all residents in Boulder County, including the rural mountain communities. Individuals are able to use this program to go to any destination, including the Denver Metro area (medical appointments only for those trips), seven days per week at any time when Special Transit service is not available for the trip.
- There is specific outreach by the caregiver services staff to the mountain areas. Examples include the Mountain Caregiver Luncheon, respite assistance, and the Respite and Companion Volunteer Program.
- Evidence-based classes have been offered in Nederland and Lyons. They will be offered in other rural areas in the future. An exercise group in Allenspark is supported by the wellness program.
- *Sabroso y Saludable* is targeted to Latino elders and their families. It is friendly to monolingual Spanish speakers because all presentations are in both English and Spanish. The event is to raise awareness about diabetes and educate about healthy choices. It is targeted to Latino elders because they have disproportionately high rates of diabetes.
- All participants in Project HOPE are at risk for institutional placement. The program keeps them in the community. Project HOPE is targeted to Section 8 renters and those in subsidized housing sites and has consistently had a higher proportion of ethnic minorities than the population at large. All participants are low-income.
- The Respite and Companion Volunteer Program provides respite breaks for caregivers. At the same time it addresses isolation for the care recipients whose interaction with the community has often become limited. Being able to get out also reduces the isolation of the caregiver.
- Assistive Listening devices were purchased for all senior centers in the County to help provide access to services and programs for those with hearing loss.

BCASD's Area Plan for 2011-2015 was presented at a public hearing during the AAC meeting on January 13, 2011. The AAC voted to approve the plan on January 13, 2011. The Boulder County Board of Commissioners voted to approve and sign the plan on January 18, 2011.

Acronyms

AAA	Area Agency on Aging
ASF	Aging Services Foundation
BC	Boulder County
BCASD	Boulder County Aging Services (Region 3B AAA)
ETO	Efforts to Outcomes software
I&A	Information and assistance
LGBT	Lesbian, gay, bisexual, transgender
MOU	Memorandum of Understanding
n4a	National Association of Area Agencies on Aging
OAA	Older Americans Act
SFSS	State Funds for Senior Services

Sources

Community Assessment Survey for Older Adults™ (CASOA™), Boulder County, CO, 2010, Full Report, National Research Center. (Report can be accessed at: www.BoulderCountyAging.org, select Area Agency on Aging Link)

Age Well Boulder County Plan Update, Summary Report, October 2010, Kezziah Watkins. (Report can be accessed at: www.BoulderCountyAging.org, select Area Agency on Aging Link)

Colorado State Demography Office

National Family Caregiver Association, *Family Caregivers and Caregiving Families*, 2001.

Age Well Boulder County, A Plan to Create Vibrant Communities, published by Boulder County Aging Services, 2010. (Report can be accessed at: www.allagewell.com)

SECTION IV: FORMS

- **Attachment A: Direct Service Waiver Request**
- **Attachment B: Meal Sites**
- **Attachment C: Community Focal Points and Senior Centers**
- **Attachment D: Regional Advisory Council Membership**
- **Attachment E: Statement of Intent/Signature Page**

DIRECT SERVICE WAIVER REQUEST

We hereby request approval of a Waiver to provide the direct services listed below.
(Service descriptions can be found in the Area Plan at the page numbers noted below)

1. Medicare Counseling (see page 24)
2. Nutrition Counseling, Education, and Program Oversight (see pages 25-27)
3. Supportive Services for Project HOPE (see pages 23-24)
4. Evidence-Based Health Promotion & Wellness Programming (see pages 28-29)
5. Caregiver Information, Education, and Support (see pages 29-31)
6. Information & Assistance and CONNECT! Coordination, Website, Materials (see pages 16-17)
7. Coordination for Short-Term and Respite Assistance (Funded by Local Cash) (see pp.20-21, 31)
8. Long-Term Care Ombudsman Program (Largely funded by Local Cash) (see pages 22-23)
9. LGBT/Project Visibility (Largely funded by outside donations through ASF) (see page 23)

Please attach documents describing the direct service to be provided including organizational structure and planned methods of program services delivery. **See details of service delivery in Section 3 of Area Plan under Services To Be Provided.**

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

s (Congregate & Home Delivered Meal Programs) As of December 2010

1.	SITE NAME/ADDRESS MEAL SITE COORDINATOR PHONE/FAX/EMAIL ADDRESS	WHICH PROGRAM(S) OPERATE OUT OF		IS THIS SITE A CENTRAL OR COMMIS		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		
	Lafayette Senior Center 103 South Iowa Lafayette, CO 80026	X					X			X		5	
	Mary Lester and Lori Wolf 303-665-9052 maryl@cityoflafayette.com loriw@cityoflafayette.com												
	Louisville Senior Center 900 W Via Appia Louisville, CO 80027 303-335-4914	X					X			X		5	
	Katie Beasley and Angie Ferguson KatieB@louisvilleco.gov brookscate@louisvilleco.gov												
	Nederland Community Center PO Box 188 Nederland, CO 80466	X	X			X				X		2	5
	Serene Karplus 303-238-0799 nas@nednet.net												
	Highlands Presbyterian Camp PO Box 66 Allenspark, CO 80510					X				X		1	
	Stuart Hilgenberg 303-747-2888 x 231 food@highlandscamp.org												
	East Boulder County Meals on Wheels 1255 Centaur Village Drive Lafayette, CO 80026 Melinda Hall 303-665-0566 mel_hall275@msn.com		X			X				X			5

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 Center 909 Arapahoe Boulder, CO 80302 Sandy Hollingsworth, 303-441-3148 hollingsworths@bouldercolorado.gov		X			
3. Lafayette Senior Center 103 South Iowa Lafayette, CO 80026 Mary Lester, 303-665-9052 maryl@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 Mary Lou Wallace, 303-823-6771 (Lyons Golden Gang)				X	
7. Nederland Community Center Nederland, CO 80466 Serene Karplus 303-258-0799 nas@nednet.net	X				

STATEMENT OF INTENT

The Area Plan

Is hereby submitted for

**BOULDER COUNTY AGING SERVICES DIVISION
AREA AGENCY ON AGING (AAA) NAME**

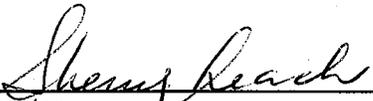
3B
REGION

For the period July 1, 2011 through June 30, 2015

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.

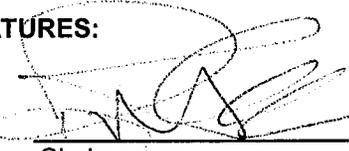
The four-year area plan has been developed in accordance with the rules and regulations specified under the Older American's Act and Staff Manual Volume 10, and is hereby submitted to the Colorado Department of Human Services, Division of Aging and Adult Services for review and approval.

SIGNATURES:



Director, Sherry Leach
Area Agency on Aging

1-18-2011
DATE



Chairperson, Ruth Waukau
Area Agency on Aging
Advisory Council

1/28/11
DATE



Chairperson,
Governing Board of the
Area Agency on Aging

1/18/2011
DATE

Ben Pearlman

