



LARIMER COUNTY OFFICE ON AGING

# Area Plan 2020–2023



1501 Blue Spruce Drive  
Fort Collins, CO 80524  
970.498.7750

## **Mission Statement:**

The Larimer County Office on Aging advocates, plans, coordinates and delivers services for older adults, adults living with disabilities and caregivers so they may experience their highest quality of life characterized by empowerment, dignity, health and independence.

## **Guiding Principles/Values**

- We engage and collaborate with internal and external partners in order to find creative solutions to address complex issues.
- We are the trusted source of information for those we serve.
- We engage with marginalized individuals and communities by connecting, breaking down barriers, and creating equity.
- We utilize measurable outcomes to plan, develop, and implement programs and services to meet the needs of the individuals we serve.
- We strive to provide leadership and advocacy to help guide our community to effectively meet the opportunities and challenges of an ever-increasing aging population.

TABLE OF CONTENTS

INTRODUCTION ..... 3

EXECUTIVE SUMMARY ..... 4

PUBLIC INPUT ..... 7

DEMOGRAPHICS .....19

COMMUNITY ASSESSMENT SURVEY OF OLDER ADULTS (CASOA).....23

VOLUNTEERS: CURRENT AND FUTURE PROGRAMS .....26

SERVICES FUNDED BY THE AAA .....29

OMBUDSMAN AND LEGAL SERVICES.....37

OTHER SERVICES .....41

ADDITIONAL SOURCES OF FUNDING .....43

TARGETING AND OUTREACH.....45

INNOVATION AND EXPANSION OF SERVICES.....51

GOALS AND STRATEGIES.....55

FORMS

    Worksheet A: Direct Service Waiver Request.....73

    Worksheet B: Meal Sites .....74

    Worksheet C: Community Focal Points and Senior Centers .....76

    Worksheet D: Regional Advisory Council Membership .....78

    Worksheet E: Statement of Intent/Signature Page.....79

APPENDICES

    Appendix A: Community Conversations Flyer.....81

    Appendix B: Leader Guides.....82

    Appendix C: Prioritization Tool .....90

REFERENCES .....91

PAGE INTENTIONAL LEFT BLANK

## INTRODUCTION

The following document is the Larimer County Office on Aging (LCOA) response to the State Unit on Aging Policy Directive 18-05 to submit an Area Plan for State Fiscal Years 2020-2023 (July 1, 2019 to June 30, 2023). Each Area Agency on Aging in Colorado is required to submit an Area Plan using the instructions and required elements provided from the State Unit on Aging for purposes of uniformity and continuity. The Area Plans will be used to inform the development of the State Plan on Aging for Federal Fiscal Years 2020-2023.

Area Agencies on Aging (AAA) form part of an aging network led by the U.S. Administration on Community Living (ACL) and the Colorado Department of Human Services State Unit on Aging (SUA). AAA's are responsible for providing leadership in identifying gaps and weaknesses in the delivery of services, while fostering expansion of programs for older adults as well as provide direct funding for public and private agencies that provide services for older adults. The Older Americans Act (OAA) authorizes an array of community services, which are funded and coordinated through regional AAA's. Services include nutrition programs, transportation services, in-home services, caregiver support, case management, information and assistance, evidence-based health promotion and education programs, legal assistance, and elder justice.

The designated Area Agency on Aging for Region 2A in Larimer County is the Larimer County Office on Aging. The AAA is located within the Department of Human Services (DHS), under the Governing Board of the Larimer County Board of Commissioners. The LCOA Advisory Council is appointed by the Board of Commissioners and provides additional oversight, input, and direction for the agency. Funding for the AAA is primarily through federal and state funds, allocated by the SUA using an approved funding formula. Larimer County provides the required match for the grant funds.

Throughout this document the terms Larimer County Office on Aging (LCOA), the Office on Aging (OOA) and the Area Agency on Aging (AAA) are used interchangeably.

## EXECUTIVE SUMMARY

*The Larimer County Office on Aging advocates, plans, coordinates and delivers services for older adults, adults living with disabilities and caregivers so they may experience their highest quality of life characterized by empowerment, dignity, health and independence.*

The Larimer County Office on Aging (LCOA) is the designated Area Agency on Aging (AAA) for Larimer County. As the designated Area Agency on Aging for the region, LCOA oversees and administers federal and state funds for the provision of services in our community in accordance with the Older Americans Act (OAA) mandates. The Office on Aging strives daily to carry out its mission so that older adults will experience their highest quality of life as they age in Larimer County.

The Area Plan is an opportunity to highlight the efforts of the Office on Aging in providing programs and services that target persons 60 and older in Larimer County as well as to look to the future and explore areas for innovation and growth that will help meet the needs of an aging demographic.

Larimer County is a vibrant and exciting region, rich in services and opportunities for older adults. Currently it is estimated that individuals age 60 and older comprise 21% of the population and by 2025 that number will increase by 26% with almost one-quarter of the total population of Larimer County being over the age of 60. To meet the needs of a population that is growing older, the Office on Aging must look at local needs and trends and project what changes need to be made to current programs, as well as how LCOA can enhance service delivery through collaborative efforts, innovative new programs, and evaluation of funding priorities.

To plan for the future, the Office on Aging sought input from older adults through Community Conversations that were conducted throughout the region, key stakeholder focus groups, a provider survey, input from staff, the Office on Aging Advisory Council members, key informants, and the results of the Community Assessment Survey of Older Adults (CASOA) generously funded by the NextFifty Foundation.

While there was consensus that the services currently provided by the Office on Aging remain vital and relevant for the well-being of the individuals being served and should not be eliminated, several themes did emerge that will help guide and direct the efforts and focus of the Office on Aging in the next four years.

Themes that emerged include:

- Focus on outreach and marketing with an emphasis in reaching out to rural areas and minority populations;
- Increased use of technology and social media to expand outreach efforts;
- Addressing the issues of social isolation and mental health needs of older adults;
- Expansion of peer-to-peer counseling to include caregiver mentoring;
- Continued efforts to address the transportation needs of older residents especially in rural areas;
- Continued efforts to address frauds and scams as well as elder abuse;
- Expansion of a congregate meal program into Berthoud as well as an investment in enticing the new generation of older adults to utilize meal programs to address nutrition and food insecurity;
- Increased presence of staff and volunteers at locations in the community including senior centers and community centers;
- Increased efforts to engage volunteers including intergenerational activities;
- On-going assessment and evaluation of the Office on Aging business practices, including staffing, technology, location and facilities needed to grow into the future.

As the Office on Aging moves into the next four years, staff are committed to continued support of current programs and the development of innovative new programs and service delivery models to meet the changing needs of the community.

The Office on Aging recognizes that the landscape of aging services and the role of Area Agencies on Aging is evolving as the nation adapts to the demographic shifts of an aging America. Some of these changes include the need to be more closely aligned with the medical community as more emphasis is put on the social determinants of health and the importance of community-based services to the overall well-being of older adults. Other trends in this area include the increased participation in Medicare Advantage Plans and the introduction of the Program of All-Inclusive Care for the Elderly (PACE) which are expected to grow in the region. These trends point to the need to seek partnerships and funding opportunities (potentially outside of public funding) that assure the AAA and community partners are well-positioned to provide and enhance the delivery of community-based services, a key role of AAA's for almost 50 years.

The LCOA will need to be nimble, attentive to, and able to take advantage of funding opportunities at the local, state and national level to assure it is well positioned in its ability to be responsive and continue to meet its mission of providing assistance that allows individuals and their caregivers to thrive and remain as independent as possible in their community of choice.

The Office on Aging recognizes the importance of collaboration and partnerships in providing for a diverse and increasing number of older adults. The LCOA is committed to its on-going support of the Partnership for Age-Friendly Communities in Larimer County (PAFC). The Office on Aging and its staff have been an integral part of the inception and growth of PAFC and remain committed to working with PAFC towards the collective goal of creating a community that is a great place to grow up and grow old.

In addition to the collaborative efforts with PAFC, and our grant funded partners, the Office on Aging will continue to reach out and partner with other organizations that enhance the overall delivery of services to older adults in Larimer County. These include: Columbine Center for Healthy Aging at Colorado State University, Retired Senior Volunteer Program, Dementia Friendly Communities of Northern Colorado, CSU Extension, the North Front Range Metropolitan Planning Organization (NFRMPO), Health Care Policy and Finance, the Alzheimer's Association and many more. It is only through collaboration and partnerships that true change can happen in our community as together we build the infrastructure needed to meet the needs of older adults in Larimer County.

Furthermore, LCOA will continue to provide leadership and work closely with the National Association of Area Agencies on Aging (n4a), the Colorado Association of Area Agencies on Aging (c4a), the Colorado Commission on Aging and the Colorado State Unit on Aging. By working closely with these change agents, the Office on Aging will be able to help guide policies and procedures, enhance services and position itself to take advantage of opportunities for innovation and change within the AAA as well as externally with our partner organizations.

This is an exciting time to be in aging services. There is an increased focus and energy around creating communities and services that meet the needs of a changing demographic both now and into the future. The Office on Aging is committed to building upon its strong network of community partnerships and its leadership role in addressing the needs of older adults. The Larimer County Office on Aging will work steadfastly to carry out the attached Area Plan so that older adults in the region may benefit from a coordinated and efficient aging network.



## PUBLIC INPUT

A key component of an Area Plan is the voice of the community where services are provided. It is the input of older adults, caregivers, providers of aging services, and key stakeholders that help guide funding priorities and activities of the Area Agency on Aging. To that end, the Office on Aging used several opportunities to gather input from older adults, caregivers, providers of services and those who have a vested interest in this population.

Over the course of six weeks, the Larimer County Office on Aging (LCOA) held five Community Conversations (or focus groups) with the general public. (see Appendix A). The meetings, held in Wellington, Loveland, Fort Collins, Estes Park, and Berthoud provided an opportunity for residents to share their thoughts and concerns regarding the provision of services for older adults in Larimer County and provide input into the development of the Area Plan. Meetings ranged in attendance from 5 to 22 with each conversation lasting about an hour.

Three key stakeholder meetings were convened to collect input from other professionals and organizations who have firsthand experience and knowledge about issues that affect older adults in Larimer County. In addition, an online survey was conducted using an email list generated from professional networking organizations. The survey was administered to 250 individuals that included staff and directors of community-based organizations, public and private care managers and home care agencies. There was a 20% response rate to the emailed survey. The stakeholder meetings included the following:

- *The Partnership for Age-Friendly Communities (PAFC)*, a non-profit organization focused on creating an age friendly and livable community with special attention paid to issues of housing, mobility and access, health and wellness, and the culture of aging.
- *Community partners* who receive funding from the Office on Aging to provide services in Larimer County. Those present represented the wide range of services currently funded by LCOA.
- *Office on Aging Advisory Council*, an 18-member council, appointed by the County Commissioners, to advise the Commissioners and the Office on Aging on how to carry out the objectives and intent of the Older Americans Act and any other matters that pertain to plans for older persons living in Larimer County. The Advisory Council includes older adults and professionals who are interested in and have experience with the needs of the population served. In addition to advisory council members present for the planning

meeting, Department of Human Services upper management and county commissioner also participated.

In the key stakeholder meetings, attendance ranged from 10-20 participants with the conversations lasting approximately one hour and fifteen minutes. Important themes emerged during both the community conversations as well as in the key stakeholder meetings.

The Community Conversations and key stakeholders' meetings were facilitated through a partnership with Colorado State University's Center for Public Deliberation and its Director, Professor Martin Carcasson. Graduate student, Savanna Depew worked closely with LCOA staff to create and fine-tune leader guides (see Appendix B) that were used by trained student facilitators to help keep each conversation focused and on-task while allowing participants to share their thoughts and feelings with an impartial party.

## **Community Conversation Themes**

The Community Conversations were convened in senior centers and recreational facilities around the county with a good representation of ages primarily 60 and older. Questions for the conversations ranged from general, open-ended questions about aging in the community to more specific questions about health, nutrition, community engagement, and transportation. While not all questions were discussed at each conversation, several key themes emerged.

Transportation. In all communities, transportation was indicated as the most important or second most important issue facing older adults. Common concerns about transportation included the availability of public transportation, getting to and from bus stops, and weekend/late night service. Focus group participants in Loveland, Estes Park and Wellington shared concerns about traveling between cities and communities. Wellington participants voiced frustration about getting to and from Fort Collins to enjoy amenities located in the city.

Focus group members tied issues of transportation to physical health noting that being able to reach medical specialists was extremely important to them when considering transportation. Throughout the conversations, adequate and available transportation seemed to be the key to navigating other concerns such as social isolation, nutrition, and access to medical care. An Estes Park resident encapsulated this feeling by sharing, "If I can't get to the services I need or a congregate meal, then what's the point? Even, if I can get services brought to my home, I miss the people."

Throughout the conversations, there was often a tension noted between independence, convenience and cost. Participants wished to have more options to get around their community or to other, nearby communities, but were hesitant to use public transportation options. Some cited issues with bus stops being too far away from their starting point or drop-off location, while some mentioned being unfamiliar with how public transportation operates. Several participants voiced frustration with having to wait to be picked up. Participants wished to come and go as they pleased and associated this with independence. One participant noted that, “I used to be able to go whenever. Now, I have to completely arrange my schedule based on my transportation”. Participants wanted on-demand services but were unfamiliar and reticent to use ride sharing apps such as Uber or Lyft. Concerns around not knowing who the driver would be, being able to physically get in and out of the vehicle, and an unfamiliarity with rideshare technology were the main reasons behind not using a rideshare app. In addition, participants noted that being on a fixed income may also be a factor in using rideshare or taxi services as the cost varies depending on the length of the trip.

Physical and Mental Health. While discussing physical and mental health, social isolation was brought up in some way at every Community Conversation. Most participants noted that social isolation was directly tied to other issues discussed including access to services and transportation. Most participants expressed a desire to participate more actively in their community but wondered how they would attend certain events or community meetings without reliable transportation. Participants in Berthoud noted a desire to host congregate meals or movies at the community center in order to alleviate feelings of social isolation and loneliness. At congregate meal sites in Loveland and Wellington, socialization, not nutrition, was the motivating factor to attending the meal sites. While many participants expressed concerns regarding social isolation for themselves or others, a Fort Collins participant noted that she felt more connected in Fort Collins than her previous community in Virginia because of the services and programs offered at the local senior center, further pointing to the on-going importance of these centers as a place for older adults to gather.

Several participants suggested intergenerational programming as a potential strategy to cope with social isolation and aid with small housekeeping activities. Participants in Berthoud mentioned a previously failed effort to connect the senior center participants to high school students. Similarly, a participant from Loveland mentioned hiring younger people to do seasonal chores like raking leaves and snow shoveling. Fort Collins participants thought Colorado State University students might be a place for potential collaboration and suggested working with

older community members as part of their coursework. In Fort Collins, one participant suggested that older community members could rent rooms in their homes to college students at a reduced rate in exchange for help around the house. While this suggestion brought up concerns about safety and security, the suggestion demonstrates the willingness of the participants to explore various solutions and partnerships to alleviate feelings of social isolation.

Preventive health promotion classes and activities were discussed during the community conversations with participants being asked what they liked and what offerings might be lacking. Participants in Fort Collins and Estes Park lauded the preventative and health-focused programming provided at the senior and community center including several classes focused on mobility and strength. Those in Este Park shared that the walking track in the Estes Valley Community Center is a great resource for physical exercise especially during winter months. Those participants in the rural centers of Wellington and Berthoud noted that they would enjoy more informational talks about health including issues such as dementia and Alzheimer's Disease. One participant in Wellington noted that the police department and sheriff's office held monthly conversations about issues in the community. These are well attended and suggested following a similar model for health talks.

Participants across all conversations enjoyed the time spent at their senior center/community centers. Loveland participants noted that the Chilson Senior Center was a great place to chat and connect with other people. However, a volunteer with the center noted that it was difficult to engage new people to attend different events. Similarly, participants in Wellington enjoyed interacting with other people at the senior center, but wished it was easier to get to. In Berthoud, participants echoed comments of appreciation for their space but longed for more city or county support to host additional events. Ultimately, senior centers and community centers seemed to be a key hub for activities and programming, yet barriers like funding and transportation may be hindering their potential success and usage.

Access to Services. Most discussion about access to services was derived from the question about where participants find information about services for older adults. In Wellington, most focus group participants were unaware of what is available for older adults until they or a loved one needed services. Similarly, participants in the other communities seemed to seek out information in a reactive way, rather than being proactive. Participants shared that they did not start learning about services until they needed them usually after a major transition such as moving or a medical incident.

Participants in the Community Conversations were asked to brainstorm new ways to raise awareness about the services offered through the LCOA. In Estes Park, participants suggested partnering with local radio stations and television outlets. In Wellington, participants indicated the need to work more closely with the Wellington Senior Center and suggested visiting the meal site more often. Berthoud participants mentioned potentially sending out postcards with the LCOA phone number on them. Four out of five of the community conversation groups explicitly mentioned tapping into local faith communities to increase knowledge about services for older adults and caregivers. While technology and internet services become more and more common, participants especially in Loveland and Berthoud seemed open to learning how to navigate and operate different technological avenues for support and access. A participant in Loveland suggested passing out information at health and resource fairs. Another participant noted that her children are almost entirely charged with helping her make decisions about her future including housing, legal services, and financial services. She suggested targeting not only the population who would use the services, but also the adult children and caregivers of the older population.

Nutrition. Two of the community conversations were held following a congregate meal. The participants in these focus groups (Wellington and Loveland) noted that they attended the meal site more for socialization purposes than for nutrition. While those at the meal site indicated the quality of food had improved, the participants did not focus on the nutritional value the meal sites can offer. In Fort Collins, a participant noted that there may be a stigma attached to attending a meal site and that many who may benefit from the nutrition as well as the socialization think they are for low-income individuals only. As stated earlier, participants in Berthoud noted the importance of food in bringing individuals together and expressed a desire to explore introducing a meal site in their community.

It is important to note that those who receive home-delivered meals and are homebound were not able to attend the focus groups. In the most recent survey of home-delivered meal participants, 97% of respondents indicated that the services received through the home delivered meal programs helped to maintain or improve independence, clearly indicating the importance of nutrition to the well-being of those who are most vulnerable and frail as well as those who may experience feelings of social isolation.

Caregiver Support. Caregiver support was discussed at length at two of the community conversations. A key theme that emerged was the need for programs that offer caregivers a break or respite from their 24 hour/7 days per week caregiving responsibilities. In Estes Park,

two participants noted the need for an adult day program to allow caregivers to work or get some much-needed respite. A participant in Berthoud mentioned the need for counseling services when she was a caregiver and additional support when her loved one passed away.

Overall, those participating were engaged in the process and expressed the desire for on-going discussions on what is needed for an aging population.

## **Key Stakeholder Themes**

As mentioned earlier, three key stakeholder meetings were convened and a provider survey was conducted to collect input from other professionals and organizations that have firsthand knowledge about issues that impact older adults in Larimer County. Each of the stakeholder meetings were broken into three broad topics: appreciation, growth, and innovation. The appreciation section focused on what participants felt the Office on Aging was doing well and should continue to do in the future. The second section of conversation focused on areas where the Office on Aging might look to expand services, funding, or attention in the next four years. Finally, participants were asked about potential innovations or solutions to the areas of need that they identified. Three major themes emerged among the stakeholder groups: mental health and social isolation, transportation, and awareness of services.

Mental Health and Social Isolation. Concerns about social isolation and mental health were present in each stakeholder conversation. Partnership for Age-Friendly Communities (PAFC) participants lamented the lack of support for mental health for all residents of Larimer County, but noted the ways that a lack of mental health services disproportionately affects older adults. Participants noted that cost was a prohibitive factor for older adults needing mental health services. Of those responding to the provider survey, 82% indicated that dealing with loss or depression was a moderate to major issue for the consumers they served in the past 12 months. A participant who works as a psychologist with several older patients noted that the trauma of getting older, losing loved ones, and diminishing personal independence creates a significant need for specific and unique mental health services for this population.

Navigating paperwork, a complicated healthcare system, lack of case managers to assist those with mental illness, costs and access were also highlighted as issues in this area. Concerns of mental health were linked closely to concerns about access to other supportive services especially for more marginalized communities including people of color, people with a lower socioeconomic status, and people who live in rural areas.

Awareness and Access to Services. Similar to the Community Conversations as well as findings in the CASOA, during the various stakeholder focus groups and in the provider survey there was concern about how to improve access to services and information about what services are available.

Respondents to the provider survey overall feel the availability of information about resources for older adults is good (45%) to excellent (39%). On the other hand, these same providers indicate that of those individuals they serve, 63% have a problem with not knowing what services are available. When asked what should command the attention of the Office on Aging, a majority of the respondents to the survey indicated a continued focus on connecting people to services by providing reliable information on community resources, helping older adults navigate services, especially public programs as well as continued outreach and education to physicians and medical providers, as they are often the first-place older adults turn for help.

One focus group participant noted that the LCOA serves a large spectrum of people aged 60 to 105 with an extreme amount of variation of needs. Due to the variance of the population that LCOA is serving, a variety of platforms must be available to assure individuals across the spectrum are able to access information. During the appreciative section of each conversation where it was asked what the LCOA was doing well, several remarks were made about the office's good customer service, willingness to help, and knowledge of available services. However, people who need the services are often unaware that they exist.

Participants voiced concerns about a disconnect between government, non-profits, local media outlets, and the business community when it came to support for aging services. A desire was expressed that all segments of the community need to work together to improve access to the numerous resources available to older adults in Larimer County. There was a frustration around the culture of aging that emerged as groups discussed the support of aging services. PAFC members noted that aging and aging services are not thought of during budgeting and planning processes. One participant noted that, "The moment you start getting gray hair, everyone treats you like you're 95". In one group, several members felt that the Office on Aging itself was "buried" in the county system and not as visible to county residents. Some wondered if more county resources could be put forward to help get information out about the LCOA and aging resources considering the changing demographics in the region.

In both the advisory council and the grantee's conversation, participants suggested placing advertisements for the LCOA in local newsletters and magazines. Other participants suggested advertisements be run on local radio and television stations. Participants in the grantee meeting

noted the multiple websites about aging services that include the County website, Network of Care and the Senior Access Point website. Although they all provide important information on services, there is some overlap and confusion and participants expressed a need to assure coordination (as well as accuracy) of local efforts. One participant suggested venturing into more technology using a chat feature that would allow people seeking assistance to connect without requiring a phone call. However, other participants maintained a need to keep the phone number option available for those who are unfamiliar with or have limited access to technology.

Some participants indicated that educating various key groups on what the LCOA has to offer is an important strategy. Specifically, someone suggested training senior center staff members about the LCOA and the Answers on Aging Resource Guide. Ultimately, none of the current strategies for informing the public are considered ineffective, yet, the consensus pointed to a more aggressive marketing and outreach campaign.

In addition to an increase in public awareness of the LCOA and the services that they can provide, several participants mentioned connecting with underserved communities specifically those in Latinx communities, low-income individuals, and those who live in rural areas. Participants in the advisory council conversation suggested talking to and building partnerships with non-profit groups that may already serve these communities. Participants in the PAFC conversation proposed satellite offices that operated a few hours a week to reach more people in rural communities. A participant in the grantee conversation suggested expanding information provided in different languages, especially Spanish, to better reach the minority population.

Finally, as part of the innovation or brainstorming section of each conversation, several participants across all three meetings suggested increasing awareness among providers about what services are available. Specifically, grantees voiced a desire to learn more about each other beyond quick introductions and basic information. In addition to a desire to better understand the work each agency is doing, participants in the grantee meeting wished for a more comprehensive database that everyone would be able to access in order to expedite and provide seamless transitions from one service to another. The PAFC participants voiced a willingness to advocate for and highlight the work that the LCOA is doing as well as to advocate for additional funding. When thinking about better connecting the LCOA to various communities and organizations, there are several opportunities for partnership and collaboration within and around the county.



Transportation. Transportation continued to be an important topic among the key stakeholder focus groups and provider survey respondents. In the provider survey, respondents indicated that two of the most significant problems for their clients were no longer being able to drive and having safe and affordable transportation. In addition, those surveyed felt that attention to transportation needs to continue to demand the attention of the Office on Aging.

The Office on Aging, the Partnership for Age-Friendly Communities and the County have put significant energy into addressing transportation needs of older adults and those living with disabilities over the past several years (Fehers & Peers, 2017). Based on the Community Conversations, stakeholder focus groups and surveys, there will need to be a continued emphasis in this area.

Participants from the Advisory Council were frustrated with the lack of coverage and availability of paratransit services while others voiced concerns over accessing information related to transportation. One participant shared that it is important to know when, where, and how to use public transportation and encouraged LCOA to work with transportation providers to host more regular travel training. Participants familiar with the work of LCOA regarding transportation expressed support of the one-call/one-click system that is being explored at the county-level. Other participants noted a need for inter-county transportation services to get to other areas in the region for social or medical needs.

Participants in the grantee and PAFC meetings voiced concerns about rural communities who may have no access to transportation and need expanded services and coverage. One PAFC participant noted that there seems to be a tension between availability of resources for all projects including transportation and the expectations of older community members. He noted that, “to my knowledge, the LCOA has a limited and directed budget, so I think they are doing the best they can. However, community members have grown accustomed to a certain level of service and now want more”. Despite these additional suggestions, most feedback on transportation in these conversations mirrored the community conversations with a great deal of consensus on the need for expanded coverage.

## **Caregiver Input**

One group of consumers that often gets overlooked in community focus groups and stakeholder meetings yet who are an integral part of the overall provision of services to older adults are family caregivers. To assure the voice of the caregiver was heard, the Office on Aging Family

Caregiver Support Program Coordinator conducted interviews with participants in two caregiver support groups and with four key informants that work specifically with caregivers.

While those interviewed shared similar thoughts on the need for transportation and one place to call for information on available resources, there were some unique needs and comments from those interviewed. Both caregivers and professionals indicated the importance of respite services and financial assistance to secure respite care. Several individuals mentioned caregiver overload and the challenges in applying for public benefits and having to call numerous places for information. All indicated the need for the medical community to provide more clear information at time of a diagnosis and be better equipped to provide a “warm hand-off” to community supports that help during the caregiving journey.

Caregivers and professionals indicated that education and connections with other caregivers is important and many indicated the desire to help new caregivers navigate the role of caregiving.

## **Staff Input**

Collectively, the staff of the Office on Aging has over 200 years of experience in human services, most of it in the field of aging. The staff provided input into the Area Plan offering their unique perspective based on their day-to-day work in providing services through the Office on Aging. To tap into their collective wisdom, the staff participated in one full day retreat and one-half day retreat to identify what is working, what are the barriers to providing services and what does the office need to focus on in the next four years. While many of the topics and issues discussed were similar to those raised in the focus groups and provider survey, staff were able to offer additional insight into these areas as well as other issues not addressed in the community focus groups.

While all areas of service remain vital to the operations of the Office on Aging, and will continue in the next four-year plan, the following areas were identified by staff as areas for focus in the future.

Social Isolation. Similar to the community conversations, staff recognize the increase in social isolation of older adults and the impact on mental and physical well-being. During this past planning period, a peer-to-peer counseling program was funded, and staff are interested in exploring a peer-to-peer caregiving counseling program and a “friendly visitor” program to begin to address this issue.

Transportation. In considering transportation needs in the community, staff recognize the challenges in coordination between multiple providers and the lack of transportation between

major county hubs, as well as lack of services in rural areas of the county. Staff are supportive of innovation in this area including assurance that current providers have the necessary technology to increase efficiency.

Case Management. In 2018, the agency that the LCOA funded to provide case management service stopped providing the service in this region. While an important service for low income older adults, there is a question on the best model to pursue in addressing case management services in the future. The first year of the plan will look at potential community partners, cost and scope of services to meet the need.

Outreach. Staff recognize the need to raise awareness regarding available resources in the community and how the Office on Aging can help. Staff are committed to exploring on-going efforts and partnerships to address the perception that individuals do not know where to go for information and services. The staff especially recognize the need for increased collaborative efforts to reach out and better serve the minority populations in Larimer County especially the Latinx older adult population and their families. In addition, staff feel that on-going training on cultural competency will be useful in assuring the office can meet the needs of an increasing diverse population. There is also the tension that arises as more people reach out to the office for assistance and the need to look at staff capacity to assure continued high quality of services are offered once individuals reach the Office on Aging.

Housing. On a daily basis, the LCOA Information and Assistance Specialists receive calls requesting information on affordable housing. In addition, transitions from nursing homes back to the community are often delayed due to lack of housing and there is an increase in reports of frail, older adults being discharged from hospitals to homeless shelters due to lack of suitable housing. While the Office on Aging does not have designated funding for housing, this issue impacts many older adults.

In-Home Services. The mission of the LCOA is to provide services that will assist individuals to remain in their own homes. Staff support on-going efforts to fund homemaker and chore vouchers and want to explore the possible expansion of this program to incorporate other services that assist individuals in remaining as independent as possible.

Ombudsman. The Long-Term Care Ombudsman program is excited to have additional staff capacity to address systematic issues in long term care facilities that will enhance the overall care of residents. Areas of focus include offering increased training to staff on specific areas of

care as well as looking at programs related to anti-bullying and the provision of more meaningful activities in long term care facilities.

No Wrong Door. The Larimer County Department of Human Services is part of a pilot project to look at models to streamline access to long term services and supports. The Office on Aging is a partner in this project and remains committed to continuing its efforts in information and assistance, and options counseling to assure easy access to public and private benefits.

Business Practices. There are rapid changes in technology and the use of multiple databases that are often confusing and incompatible. In the next four years, staff acknowledge the need to adapt and focus on implementing processes that will assist in streamlining access to services both internally and externally. In addition, staff noted the need to continually review and modify policies and procedures to assure efficiency and effectiveness.

## **Final Thoughts**

As stated earlier the voice of the public, the Advisory Council and staff is an integral part of putting together a plan for the next four years. Many concurred with the sentiments of one focus group participant who said, “The LCOA is doing awesome work with a limited amount of resources.” Throughout the conversations, community participants, key stakeholders, respondents to the provider survey and staff struggled to prioritize issues or areas for growth because all the issues are interconnected and important to the well-being of older adults in the region.

The conversations allowed community members and staff to feel heard, provided valuable information on community priorities, and illustrated how connected all of these issues are to each other. Transportation, health and wellness, access to services, caregiver support, and nutrition are connected in a myriad of ways. Issues that can arise with aging are complicated and require a multitude of resources and solutions. It is important to continue to solicit feedback and devise ways to listen to community members in order to meet the growing need of an aging population.

## DEMOGRAPHICS

It is no secret that the United States is undergoing a major demographic shift that is reshaping the country, including Colorado and Larimer County. In 2011, in communities across the nation the leading edge of the Baby Boom generation reached age 65. By 2030, more than 70 million Americans will be 65 and older and comprise nearly one in five Americans. (National Association of Area Agencies on Aging (n4a), 2011). The population of older adults, along with the rest of society will encompass the full range of racial, ethnic, cultural, and lifestyle diversity.

Moreover, after 2030, the baby boomers will spill over into the “oldest old” category of those 85 and over, increasing this cohort to nearly 21 million by 2050. As individuals reach this age, they are more likely to need intensive services and supports to maintain their health, independence and quality of life.

Colorado has the third fastest growing population of older adults in the United States. By 2030, Colorado’s population 65+ will be 77% larger than it was in 2015, growing from 719,000 to 1,270,000 (primarily from aging). (Colorado Department of Local Affairs, 2017). [demography.dola.colorado.gov](http://demography.dola.colorado.gov)).

### **Area Agency on Aging (AAA), Region 2A, Larimer County**

In consideration of service provision to an aging population in the region, it is important to first look at the service area covered by Region 2A. The AAA encompasses Larimer County, one of 64 counties in the state of Colorado. The region encompasses 2,631 square miles and a varied geographical terrain with rugged mountains making up the western half and foothills, prairie and agriculture in the east. Interstate 25 bisects Larimer and Weld counties and both counties will continue to be among the fastest growing areas in Colorado with projected annual growth rates of two percent (The Coloradoan, January 25, 2017).

The population of Larimer County (2017) is 343,976 with nearly half of the region’s population (48%) living in Fort Collins, the state’s fourth largest city. Fort Collins is the county seat and home to Colorado State University, which includes a robust and growing focus on aging with the opening of the Columbine Health Systems Center for Healthy Aging.

Loveland and Berthoud in the southern part of the region comprise 24% of the population while the mountain community of Estes Park with a population of 6,762 comprises 2% of the overall population of the region. In the last four years, the largest growth has been in Fort Collins and the largest percentage of growth is in Timnath (118%), a small community just east of I-25.

## Profile of Older Adult’s in Larimer County

The following table provides a profile of adults 60 and older in Larimer County in 2016 as provided by the state demographer’s office (Colorado Department of Local Affairs, 2019).

Population 60+	Population 75+	Poverty 60+	Minority 60+	Rural 60+	Poverty & Minority 60+ <sup>1</sup>	185% of Poverty 60+ <sup>2</sup>	Total Population of Larimer County
71,259	19,676	4,516	4,781	10,304	549	12,528	338,663

In 2016 adults 60 and older comprised 21% of the population. By 2025 that number is expected to increase by approximately 26% with almost one-quarter of the total population of Larimer County being over the age of 60.

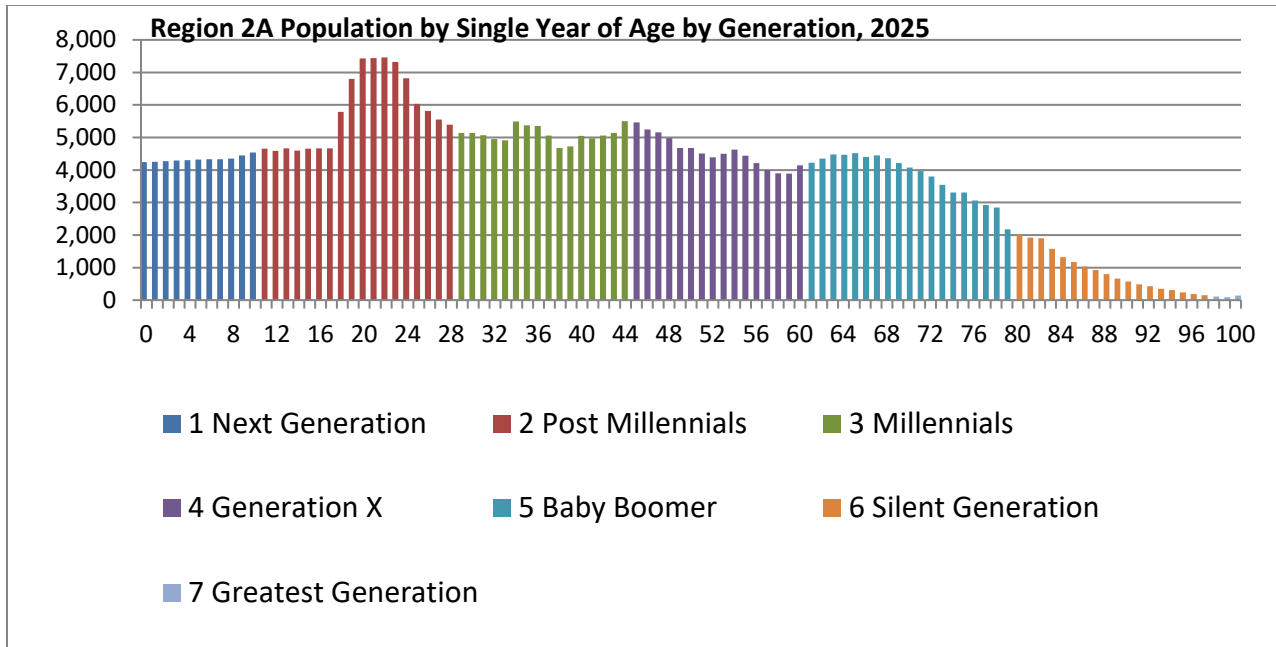
The Baby Boomers have generated a sense of urgency in creating policies that address the impact of an aging population on institutions, infrastructure and service delivery. While there has been an initial spike in older adults the chart below demonstrates how over time the population becomes more evenly distributed across the life span in Larimer County for generations to come.<sup>3</sup> This shift spurs communities to create the infrastructure now that will support our communities to be great places to grow up as well as grow old, allowing individuals to age in community with the supports needed to achieve a high quality of life throughout the lifespan.

---

<sup>1</sup> 2016 poverty level for one-person household \$11,770

<sup>2</sup> 185% of 2016 poverty level for one-person household \$21,774

<sup>3</sup> CO State Demographer



While there will continue to be a general increase in the number of adults 60 and older the most dramatic increase will be for those 75+ with an anticipated increase of 56% for this cohort between 2016 and 2025. As individuals age, so do functional disabilities and the need for Long Term Services and Supports (LTSS).

The American Community Survey estimates that of those 75 and older 26% have difficulty with ambulation, 19% have difficulty living independently and 27% have a hearing difficulty. The Alzheimer’s Association estimates that of those age 75-84, 17% have Alzheimer’s dementia while 32% of those 85 and older will develop Alzheimer’s dementia. (Alzheimer’s Association, 2018 Alzheimer’s Disease Facts and Figures. Alzheimer’s Dementia 2018;14(3); 367-429).

These increases in functional and cognitive disabilities will have a direct impact on the type and amount of services needed to keep individual’s independent and to maintain a high quality of life. A focus on those services that help support individuals in their homes at the lowest cost will remain paramount.

The other significant shift in the population of adults 60 and older is the increasing diversity of the population. The Hispanic, Black, Asian and other minority share of the state’s total population will increase from 29% in 2010 to 48% by the year 2050. (Colorado Department of Local Affairs, 2019).

In addition to the increasing diversity of the aging population due to race and ethnicity, there is the recognition of the population of older adults who identify as lesbian, gay, bisexual, or transgender (LGBT) and the unique economic and health disparities faced as they age. While the U.S. census

has not measured how many LGBT individuals live in America, reports estimate that there are currently approximately three million LGBT adults over the age of 50. That number is expected to grow to seven million by 2030. (SAGE Advocacy & Services for LGBT Elders, 2019).

An increase in the diversity of the aging population will have a profound impact on how services are delivered, and the workforce needed to deliver these services. The Office on Aging will continue to reach out with increasing intentionality to assure services are provided in a culturally competent manner to all older adults being served.

As stated earlier, the county, the state and the nation are experiencing a profound demographic shift. It is well-known that the majority of older adults want to remain in their own home or community as they age. The Office on Aging is committed to working with community partners, policy makers and older adults themselves to assure that high quality services are available especially for the most vulnerable in the community.



## COMMUNITY ASSESSMENT SURVEY OF OLDER ADULTS (CASOA)

The CASOA is a statistically valid survey of the strengths and needs of older adults as reported by older adults themselves. The CASOA contains questions related to the life of older residents in the county. Survey participants were asked to rate their overall quality of life, as well as aspects of quality of life in Larimer County. They also evaluated characteristics of the community and gave their perceptions of safety. The questionnaire was used to assess the individual needs of older residents and their reported involvement in the civic and economic life of Larimer County. The full report can be found at:

<https://www.larimer.org/humanservices/aging/ooa>

The CASOA offers useful information for planning and resource allocation as well as areas of focus for advocacy efforts for the future as the AAA continues its work to support the needs of an aging community. Throughout this document, information from the CASOA will be referenced as one of the contributing sources in making decisions on priorities and goals for the next planning period.

The results of the CASOA survey describe Larimer County as a livable community for older adults within six community dimensions:

- Overall Community Quality
- Community and Belonging
- Community Information
- Productive Activities
- Health and Wellness
- Community Design

In each of the dimensions, there are areas of strength. Most of Larimer County older residents give high ratings to the community as a place to live (89%) and services offered to older adults are considered “excellent” or “good” by two-thirds of older residents (65%). Most older adults (83%) plan to remain in Larimer County throughout retirement.

In Larimer County, older residents rated the opportunities to volunteer favorably (86%) and more than one-third participated in volunteer work in the past 12 months. Larimer County older adults remain civically engaged by attending public meetings (35%) and voting in local elections (88%). Older adults in Larimer County continue to rate recreational opportunities as excellent or good (80%) and about 8 in 10 older residents feel they have good fitness opportunities including

exercise classes and paths or trails, etc. (85%). Most older residents rate their physical health as “excellent” or “good” (84%) while fewer participated in healthy activities such as eating fruits and vegetables (43%) and exercising regularly (58%).

An area of interest for this CASOA was in the use of technology among older adults in Larimer County. Conventional wisdom has historically been that older adults do not extensively use the Internet or social media. The findings of the CASOA disprove this and instead indicate that 95% of respondents are “very” or “somewhat comfortable” in accessing the Internet and using email, and over 80% use the Internet for research, finding answers to questions or searching for products and services. As the Larimer County Office on Aging moves into the next four years it will be important to better understand how to use technology to serve consumers.

While 9 in 10 of Larimer County older adults rate their overall quality of life as “excellent” or “good” and give high ratings to the community as a place to live, there was a downward trend in ratings of positivity in all six community dimensions measured. There are many factors that may contribute to this trend. It is important to look at the trends and consider the areas of need as the Office on Aging works towards contributing to a community that is a place to thrive as individuals age.

The most notable areas of need that impact the work of the LCOA and its partners include housing, increased feelings of depression and isolation, availability of information, an increase in being the victim of scams and fraud and the ease of travel by transit. Many of these issues were also prevalent in community conversations, focus groups and a survey done of service providers. Additional concerns include maintaining a home and yard as well as doing heavy or intense housework. While maintaining a home was reported as a need for adults 60 and older, there was a dramatic increase for those 75 and older. As the LCOA strives to assist individuals to remain independent in their home, continuation of these services remains vital.

Only 13% of older residents felt they have good access to affordable quality housing which represents a decline of 20% since 2010. Thirty percent show that they have at least a minor problem with the stress of housing costs. While the LCOA does not directly provide funding for housing, it is important that the AAA remain active in advocacy efforts and discussions as the community works to address these issues.

Older adults responding to the CASOA reported at least “minor” problems with some aspects of their mental health including feeling depressed (34%), experiencing confusion or forgetfulness (32%) and feeling lonely (29%). County residents recently voted to fund an increase in mental

health services. The LCOA staff will work with community partners to assure that the needs of older adults will be addressed and will strive to leverage LCOA funding to develop programs that can work to alleviate depression and isolation in later life.

Since 2010 there has been an increase in the number of older adults reporting that they have at least a minor problem in not knowing what services are available. In addition, 40% report not having adequate information about public programs such as Social Security, Medicare and Medicaid. The issue is most likely multi-faceted, and it will be important to explore the reasons for this downward trend as we work with county and community partners to address how to best keep people informed of available services.

Financial scams targeting older adults have become prevalent across the country. In Larimer County, according to the CASOA, 16% of older adults report being a victim of fraud or a scam. While there has not been a statistically significant change in this figure since 2010, for those impacted this type of crime can be devastating and leave them feeling vulnerable. As these types of crime are on the increase, on-going education and outreach is important and current multi-disciplinary efforts within the LCOA and County should continue.

Mobility and independence are inter-related and having safe and affordable transportation is vital for those who can no longer drive or negotiate public transportation. The CASOA reports that 21 % of older adults have at least a minor problem in accessing available transportation. While this number has remained relatively stable since 2010, it continues to reflect a need in the region that will only grow as the population of older adults increases.

The CASOA is a tool that can assist local governments, community-based organizations, the private sector and other community members in understanding more thoroughly and predict more accurately the services and resources needed to serve an aging population. It is the desire of the Office on Aging for decision makers, policy makers and community-based organizations to have easy access to and utilize the report.

The Office on Aging will promote the CASOA through a press release, posting it on the county website <https://www.larimer.org/humanservices/aging/ooa> and linking community partners to the report through targeted email communication. Additionally, the Office on Aging has purchased a Power Point presentation about the results of the CASOA that can be offered to interested parties.

## VOLUNTEERS: CURRENT AND FUTURE PROGRAMS

Every day 10,000 individuals turn 65. Many of these individuals will continue to work past the age of 65 for a variety of reasons, but there will also be a vast number that when faced with the new opportunities of retirement, will seek out ways to find meaning and purpose in their lives and discover that volunteering enables them to accomplish both goals.

The AAA and its many grant funded programs depend on volunteers to deliver the services that are vital to older adults and their independence. Some examples include the 16,760 hours that volunteers contributed to assure meals were delivered to home-bound older adults through Loveland Berthoud Meals on Wheels; the 17,269 hours that volunteer drivers provided to assure individuals had rides to medical appointments and meal sites through SAINT; or the value of volunteer drivers for RAFT that assured older adults could get to appointments and social engagements from rural Berthoud.

While it is recognized that many organizations depend on volunteers and could not accomplish their stated missions without them, it has become increasingly important to recognize the physical, mental, and emotional benefits volunteering can have for those that volunteer as little as two hours a week. Recently much has been learned about the impact of social isolation in aging and the importance of social engagement. Volunteering can be one way to help address this issue. In the next four years, the Office on Aging will evaluate and enhance its use of volunteers for internal programs and continue to support organizations and entities that promote volunteerism and its health benefits.

One important group of volunteers for the Office on Aging is the Office on Aging Advisory Council. This is a 18-member group of dedicated volunteers, appointed by the Larimer County Board of County Commissioners who advise the Commissioners and the Office on Aging on planning and priorities for the office and serve as community advocates for older adults in Larimer County. The Advisory Council is an active and engaged group that contributes their time to provide outreach, education, advocacy and assist the Office on Aging in monitoring its programs, offering insight and advice. Staff will continue to provide the support and recognition needed to assure that the council remains a strong, diverse and committed body that will assist the Office on Aging in meeting its mission and goals.

The Ombudsman program currently engages three Volunteer Ombudsmen to help meet their role as advocates for persons living in long-term care settings. One of the Ombudsman

volunteers was recently presented with the Lifetime Achievement Award for his 16 years of service, honoring his dedication and commitment to the program. The Ombudsman program will continue to recruit and train new Ombudsmen and provide the technical support they need to perform their duties.

The Office on Aging has been very involved with the development and on-going support of self-directed volunteer teams that drive the engine for the Partnership for Age-Friendly Communities (PAFC). Staff provide facilitation and coordination of priority groups and teams that push forward innovative projects that contribute to an age-friendly community. The self-directed volunteer teams are multi-skilled groups of volunteers that come together to address a community problem or need. The model has been used successfully with the PAFC, and the AAA will support and work with self-directed volunteer teams as the Office on Aging and PAFC continue to collaborate to address community issues.

The Office on Aging recognizes the value of volunteers as well as the role the office plays in bringing up the next generation of students interested in aging services. To this end, the staff have re-dedicated themselves to reaching out to Colorado State University and University of Northern Colorado to recruit and place interns in the Office on Aging to increase capacity and provide training and support to those interested in working in the field of aging.

The Family Caregiver Support Program Coordinator recognizes the need to establish more frequent support to family caregivers enrolled in the respite program through telephone reassurance. The Program Coordinator is committed to developing a program whereby volunteers can be used to reach out and check on caregivers, to provide support, and address issues and concerns that arise in their role as caregivers.

In addition to the internal work of providing reassurance to caregivers, the Program Coordinator for the Family Caregiver Support Program will work closely with community partners to explore and establish a caregiver-to-caregiver mentoring program. Throughout this past year and in conversations with caregivers as part of the planning process, often former caregivers wanted to share their experiences and support individuals new in their caregiving role.

The Office on Aging, through the Family Caregiver Support Program provides support and training for four to five volunteers each year who facilitate the Powerful Tools for Caregivers training. The intent is to offer additional train-the-trainer classes to increase the pool of available volunteers for both Powerful Tools for Caregivers as well as Stress Busting for Family Caregivers programs. In addition, each year, the caregiver program uses many volunteers to

help with Pampering Day for Caregivers and Toast to Caregivers, providing support and encouragement to caregivers in the community.

Through the Senior Tax Work-Off Program the Office on Aging utilizes one to two volunteers each year to provide clerical support and data entry.

As stated earlier, volunteers are a vital part of making sure services and programs thrive. The Office on Aging is committed to providing support to the development and retention of volunteers both in our internal and external programs. The Program Manager currently sits on the Retired Senior Volunteer Program (RSVP) Advisory Committee and will continue to work with RSVP to assure that older adults in Larimer County have the information they need to find meaningful and fulfilling volunteer opportunities.

Overall, the AAA sees an increased role in fostering and supporting volunteers to meet the needs of an aging community. Volunteering has a two-fold benefit. The person or program receiving the service benefits, while the volunteer enjoys the benefits of better health, well-being and giving back to the community.

## SERVICES FUNDED BY THE AAA

The Larimer County Office on Aging with the help of the Advisory Council plan, coordinate, and allocate Older Americans Act (OAA) and State Funding for Senior Services (SFSS) funds for persons 60 years of age and older in Larimer County. Funding is allocated for services delivered directly by the AAA and through a countywide network of AAA-contracted service organizations. Service providers located throughout the region, form the nucleus of a diverse network of agencies serving older adults, persons living with disabilities, caregivers and families and friends of older adults. This local service delivery model allows the Office on Aging to contract for a continuum of integrated services that best serve particular groups of older adults in the County. These network agencies and other community partners are the backbone of service delivery in Larimer County

The OAA, originally enacted in 1965, provides for a range of services and supports that help older adults remain as independent and productive as possible in their own homes and communities. The AAA references Volume 10 Older Americans Act Revised February 1, 2016 for guidance on type of services that are authorized through OAA funding. While eligibility requirements can vary slightly depending on service type, typically individuals 60 years of age and older are eligible for services through OAA and SFSS. Services are offered at no cost on a donation basis.

Federal and State funding for the Office on Aging is based on an allocation formula set by the Colorado Department of Human Services State Unit on Aging. Funding is provided in specific service categories such as nutrition, support services, and caregiver services. Decisions regarding what services to provide, best ways to deliver the service and amount allocated to specific programs are established through community input, community needs, existing community resources, as well as Advisory Council and staff input. The program follows State and County guidelines in procurement and contracting with providers, using a Request for Proposal process. The Office on Aging works closely with its Advisory Council to monitor programs on a regular basis to assure that the services provided are effective, efficient and still required to meet the needs of the identified population.

Over the years, how programs are delivered or modified has often been based on the changing needs of the community and those who use the services. One example is the use of voucher programs. Vouchers for services such as the homemaker, chore and respite, currently in place through the Office on Aging, allow for more choice and flexibility for both the client and the office

in assuring services are provided in a timely and cost-effective manner.

During the four years that an Area Plan is in place, it is common for funding priorities to change based on a number of factors such as increases or decreases in state and federal funding, waitlists that may develop in certain service categories, grant opportunities that may allow the AAA to expand its services or an identified need or change in the region that requires the AAA to reprioritize its services.

It is anticipated that the menu of services currently being funded and delivered by the Office on Aging will remain stable during this Area Plan. Areas for future innovation and/or expansion of services will be more fully discussed in a following section.

The following outlines services funded by the Office on Aging with OAA and SFSS funds in SFY19 (July 1, 2018 to June 30, 2019). Those with an asterisk indicate programs or activities administered directly through the Office on Aging.

## **Access Services/Supportive Services**

Transportation. The Office on Aging funds transportation services for medical appointments and other rides to promote self-sufficiency. Services are available in Berthoud, Fort Collins, Loveland, Wellington and Estes Park

Outreach\*. The Office on Aging through the Aging and Disability Resource Center (ADRC) conducts outreach through the following sources:

- Publication and distribution of 30,000 Answers on Aging Resource Guides
- A web based searchable resource guide, Network of Care LCOA.networkofcare.org
- Monthly column in regional publication
- Community health fairs
- Presentations and forums
- Participation in multiple collaborations and community networking groups
- Publication and updates of housing guides

Information and Assistance\*. The Office on Aging through the Aging and Disability Resource Center provides:

- Certified Information & Assistance Specialists
- Person-Centered Options Counseling
- Application Assistance (Long Term Care Medicaid/Medicare Savings Programs)



In-Home Services\*. Includes assessment and management of vouchers. In-home services include; homemaker, personal care and chore services.

Material Aid\*. Dental vouchers are distributed through a partnership with the Health District of Northern Larimer County.

Adult Day Services

Peer-to-Peer Counseling

## **Elder Rights**

Legal assistance

Long-Term Care Ombudsman\*

## **Nutrition Services**

Home delivered meals

Congregate meals

Nutrition counseling and education

## **Caregiver Support Services**

Assessment and consultation\*

Respite vouchers\*

Caregiver Companion program

Caregiver Counseling

Education\*

Community collaborations\*

Grandparents Raising Grandchildren Program

## **Disease Prevention and Health Promotion**

The following evidence-based health promotion classes are offered with AAA funds:

'N-Balance

Matter of Balance

Chronic Disease Self-Management

Stress Busters Program for Family Caregivers\*

Powerful Tools for Caregivers\*

## **Low-Vision Services**

Assessment

Education

Equipment for older adults with low vision

## **Direct Service Waivers**

Waivers for all AAA programs using OAA/SFSS funds to provide direct services are allowable to permit demonstrations and to promote innovations or improve service delivery providing the waiver will not diminish services already provided. A direct service is identified as any service funded with non-administrative funding to support AAA staff.

Waivers to provide direct services were requested by the LCOA on February 14, 2019 at a public hearing for the following:

- Family Caregiver Support Program
- Information & Assistance
- Case Management
- Options Counseling
- Outreach and Education
- Evidence-based programs: *Powerful Tools for Caregivers* and *Stress Busting Program for Family Caregivers*

## **Barriers**

While adequate and consistent funding tied to an increase in the population of older adults as well as inflationary costs is essential to assuring the health and well-being of older adults in the region, lack of increased funding alone is not the only barrier to the delivery of quality services. The following are barriers that have been identified that may impact service delivery and development.

Workforce. The demand for a direct care workforce is expected to increase dramatically in the coming years. Many of the home care agencies that the Office on Aging contracts with have challenges in finding and keeping qualified staff, at times leading to gaps in services. As Colorado ages, a wide variety of caregivers, health care professionals, and other service

workers will be needed to serve the increasing number of older adults. The legislatively established Strategic Action Planning Group on Aging (Strategic Action Planning Group on Aging, 2016) identified having an adequate workforce to meet the needs of older adults in Colorado as one of its primary goals towards its vision of an aging population that thrives.

Coordination. Over the course of several years, the region has seen an increase in the number of for profit and non-profit organizations that serve older adults. While the region is rich in services that can address the needs of an older population, the number of offerings can at times be confusing and overwhelming to individuals seeking assistance, at times contributing to barriers in access. The most recent Community Assessment Survey for Older Adults (CASOA 2018) supports this concern by capturing a continual decline in the number of older adults that feel confident or positive regarding the availability of information about resources.

Infrastructure. Colorado has traditionally been a relatively young state and it has only been recently that the state and the region have experienced the impacts of an aging society. As such, the infrastructure needed to deliver a wide range of services in a cost effective and efficient manner is still in the building process. Many programs would benefit from technical assistance and introduction of coordinated technology and data systems to streamline processes and referrals, assure coordination between programs and payer sources, as well as to track outcomes and effectiveness of programs.

Innovation and Regulation. While the Older Americans Act has been providing critical services to adults 60 and older for over 40 years, at times the regulations and requirements associated with the funding can be prohibitive especially for small, innovative programs. When new regulations are considered or current ones reviewed for the provision of services, it is important to consider the cost of the reporting requirements and other regulatory requirements to the agencies that provide the services especially in rural areas where options are limited. The regulations on the programs, while necessary for the safety of the individuals being served, should not unduly prevent the delivery of services or prevent innovation and creativity in addressing the needs of a changing demographic.

## **Monitoring**

The Larimer County Office on Aging has a grantee review process to monitor performance and adherence to state and federal policies and procedures as well as the scopes of services for contracted providers. The Grantee Management Team consists of the LCOA Program Manager, Program Coordinator, Department Specialist, Program Quality Assurance (QA)

Coordinator and one Human Services Financial Analyst. The review process includes both a programmatic and fiscal evaluation.

Fiscal evaluations are conducted annually by the Financial Analyst with help from the Program QA Coordinator. Fiscal reviews are performed as a desk review, unless previous compliance issues or concerns constitute an on-site review. A fiscal review packet is sent to each provider for completion along with the program evaluation forms. The Financial Analyst reviews the submitted fiscal forms and supporting documentation and makes recommendations regarding any compliance issues or general concerns. In the event of capital expenditure purchases, the Program QA Coordinator will view and execute any necessary assessment during the on-site program evaluation.

Program evaluations are conducted annually by the Program QA Coordinator with input from the rest of the Grantee Management Team. In addition to the fiscal review documents, the following documentation is requested in advance of the on-site visit and includes, a completed Program Evaluation form, Provider Assurance of Volume 10 Compliance form and any applicable service-specific questionnaire(s). Internal voucher programs (caregiver, homemaker/personal care, chore and material aid) go through the same process with some slight modifications. The Program Coordinators for each voucher program, complete the paperwork and are then scheduled to meet with the Grantee Management and Evaluation Committee (a sub-committee of the Office on Aging Advisory Council) for a review of the program. This process allows for on-going assessment of the internal programs and the opportunity to review and update policies and procedures to assure program compliance.

Prior to a provider on-site visit, the Program QA Coordinator reviews all submitted forms and highlights any areas to be addressed at the site review, including issues or suggestions for improvement from the previous year's evaluation or State Unit on Aging audits. On-site visits are conducted with the involvement of Advisory Council members with at least one member of the Grantee Management and Evaluation Committee (GM&E) present to act as team lead and to collect comments and suggestions from the other council members.

Following the site visit, the Program QA Coordinator generates a written summary for each provider utilizing information gathered during the site review process including Advisory Council members' input, the Financial Analyst's review and input from the Grantee Management team. The follow up letter to the grantee acknowledges best practices as well as enumerates any compliance or reporting issues. The Program QA Coordinator tracks compliance issues and suggestions for improvement and follows up with providers as needed.

For new providers, within the first 30 days of contracting, the Program Manager and/or the Program QA Coordinator will hold a conference call or meet in person to educate on the Older Americans Act – Volume 10, the State Unit on Aging Policy and Procedures Manual, how to count units of service, etc. The Financial Analyst and Program QA Coordinator will complete the sub-recipient determination process for each new provider and if necessary complete a risk assessment. Within 90 days of contracting, the Financial Analyst and Program QA Coordinator will conduct an on-site evaluation and annually thereafter unless otherwise approved by the State Unit on Aging.

Throughout the year, the Program Manager and Program QA Coordinator review program performance and address indicators of inadequate or poor performance including such issues as decreased units of service, client complaints, consistent negative client survey feedback, inability to meet contractual requirements regarding expenditures, not getting necessary reports in on time etc. In addition, the Grantee Management and Evaluation Committee (GM&E) review the Office on Aging's unit reports quarterly and provide input and recommendations if there are performance issues or questions.

The Program QA Coordinator, the GM&E committee, and the Program Manager review the monitoring process following the completion of the annual site reviews. Any needed changes or improvements are noted at that time for implementation the following year. At this time LCOA does not anticipate any major changes to its monitoring process.

## **Waitlists**

Waitlists are established and monitored per the State Unit on Aging's Policy and Procedure Manual section 205b. When funds are limited and/or the LCOA or its grant-funded partners are at capacity, all new consumers are screened and if eligibility criteria for applicable program(s) is met, the consumer will be placed on a waitlist.

Prioritization tools are used to determine placement on a waitlist (see Appendix C). Prioritization tools help ensure that Older Americans Act (OAA) targeted populations are a priority and that people in emergency situations where the health, safety, and welfare of the potential client is in jeopardy will be given priority. If an individual is on a waitlist for a 6-month period, that individual is contacted to determine if the service is still needed or desired and will either be removed from the waitlist or reprioritized.

The Office on Aging consistently strives to address waitlist issues quickly as they arise. While in the past there has been a waitlist in the Homemaker Voucher Program, in the most recent fiscal

year, additional funds were allocated for homemaker services and new home care agencies were contracted with to address the wait list. Currently, this program does not have an active wait list.

The Chore Voucher program has experienced a wait list at certain times of the year due to the voucher allocation process. While often a short wait time is experienced by applicants, the program is monitored on an on-going basis for process improvement with attempts to alleviate any period of waiting for those in need of chore services.

This year, the office is attempting to gain a better understanding of the extent of unmet transportation requests through the programs the LCOA funds. There is evidence that there is an increase in the number of unmet rides, but the number and extent of the need is currently under review.

Throughout the year, the Program Manager, Program QA Coordinator and Financial Analyst regularly monitor program expenditures and waitlists. At mid-year, budget adjustments are made, and programs may submit requests for additional funding to help alleviate or address wait lists or expand programs as funds allow.

## OMBUDSMAN AND LEGAL SERVICES

Ombudsman is a Swedish word meaning “one who speaks on behalf of another”. The Office on Aging Ombudsmen protect the rights of individuals living in nursing homes and assisted living residences (Disability Law Colorado, 2016). It is estimated that of those 65 years and older, 70% will need long-term care at some point as they age. For many individuals this may include a brief or long term stay in a facility. In the previous four-year plan, the increase in the number of beds in Larimer County, as well as the complexity of complaints and issues led to a goal of increasing the number of Long-Term Care Ombudsmen to serve the region. The LCOA was successful in reaching this goal and the program now has three full-time Ombudsmen and three volunteer Ombudsmen.

By increasing the number of Ombudsmen, Larimer County will shift some of its work to look at systematic issues and how to support long-term care facilities in Larimer County, effectively changing the focus from reactive to proactive. Each Ombudsman will have more time to reach out and work with facility administration, staff and residents to address issues before they reach a crisis level. The Ombudsmen will continue to support person centered care principles within facilities as they work to address individual and system issues. The Ombudsman program recognizes that education and training in our long-term care facilities is critical to assuring quality care. In the next four years, the Ombudsman program will focus energy with the following activities.

The Ombudsman program will continue to facilitate and promote the Northern Colorado Culture Change Coalition. The coalition which successfully completed a grant entitled “Honoring Meaningful Death” will look to focus on other areas in long term care communities that will enhance and promote person centered care. Areas under consideration include resident-to-resident bullying and issues of intimacy in long-term care settings.

In the Community Assessment Survey of Older Adults (CASOA), at least 16% of older residents in Larimer County reported being a victim of fraud as at least a minor problem. The Lead Ombudsman will actively participate in the Larimer County Fraud and Scams Coalition to assure that residents of long-term care and the community do not fall victim to fraud and abuse. The group, comprised of members of the Larimer County Sherriff’s office, Adult Protection Services, the Better Business Bureau, the District Attorney’s office, and representatives from the Fort Collins and Loveland police departments will work to develop strategies to combat fraud and scams in our communities.

The Larimer County Ombudsman program has two certified trainers for Project Visibility. This project works with facilities to create communities that are informed, sensitive to, and supportive of LGBTQ elders. The Ombudsman program will continue its efforts with facilities to promote and provide training in this area.

The Ombudsman team will continue participation as members of the No Wrong Door Advisory Council, the Colorado Transitions Advisory Council and the Adult Protection Services Team. The Ombudsmen provides insight from the perspective of long-term care communities and their residents.

Meaningful activities are vital to the health and well-being of long-term care residents. The Ombudsman program will participate in the Music and Memory project, the Senior Dog Foster program, and A Heart to Serve, providing direction and support to these initiatives based in long-term care facilities.

Last year, the state legislature passed a wide-sweeping change in the standards and regulations that govern Assisted Living Residents (ALR). As part of the focus for the Ombudsman program, staff will work to bring in training that will support administrators and their staff in meeting the new standards.

The Ombudsman will continue its community training of discharge planners, Colorado State University students in studies that intersect with long-term care, Certified Nursing Assistant (CNA) programs and nursing programs on the role of the Ombudsman in long-term care settings.

Ethical issues are part of everyday life in long-term care. This includes respecting individual rights and privacy in an institutional setting, issues of autonomy, informed consent, conflict resolution and issues related to end-of-life care. A goal for the Ombudsman program is to work with community partners and long-term care staff to develop a community ethics committee, modeled after similar groups in other communities. An ethics committee can provide an opportunity for multidisciplinary dialogue and help guide decision making for complex ethical dilemmas.

In 2010, the Elder Justice Act (EJA) was passed and signed into law to address elder abuse. The EJA seeks to prevent, intervene and prosecute elder abuse, neglect and exploitation. Over the past several years, the Ombudsman team has spearheaded community events to promote elder justice through health fairs and forums including events to recognize World Elder



Abuse Awareness Day (WEAAD). The Ombudsman program will work with internal and external teams to continue WEAAD forums every other year.

Lack of affordable housing has become a significant issue in Larimer County and impacts an aging population. A recent challenge is the issue of discharging homeless, medically frail elders from hospitals and care facilities back into the community. The Lead Ombudsman has set up a work group to discuss this issue. It is anticipated that this group will continue into the next year with a focus on how the shelters, long-term care facilities and the hospitals can work together to assure the safety of some of the most vulnerable residents in the community.

With recent floods and wildfires there is an increased awareness of the importance of planning in the event of emergencies. Larimer County is fortunate to have a robust emergency preparedness office that assists all residents in preparing for emergencies. To assure that long-term care facilities are up to date on their emergency plans, the Ombudsman program will participate in a new planning group for emergency preparedness for long-term care facilities facilitated by the Larimer County Health Department.

## **Legal Assistance**

Older adults are one of the fastest growing segments of the population that need legal assistance. It is estimated that 56% of low-income senior households (age 65 or older) have at least one civil legal problem particularly in the areas of health, income maintenance, and consumer issues (Galvan, 2018). The Older Americans Act (OAA) and the accompanying Administration on Community Living (ACL) Legal Assistance regulations contain mandates for programs that receive OAA Title III-B funding to provide legal assistance to older adults.

The Office on Aging has contracted with Colorado Legal Services to implement the Senior Law Project since July 1, 2016. In order to set priorities for the Senior Law Project, the Office on Aging met with a committee of the Office on Aging Advisory Council, the retiring attorney for the Senior Law Project, Nancy Wallace and referenced guidelines provided by the State Unit on Aging Policy and Procedure Manual. From the discussions in 2015, a set of priorities was established and has continued through contractual agreement with Colorado Legal Services.

Colorado Legal Services submits regular information on assistance provided through the Legal Assistance Program Data report which outlines the types of requests for legal assistance and the number of units of service provided by legal issue. The program data for federal fiscal year 2017 indicates that the following issues were most requested by clients seen by the Senior Law Project provider: Medicaid eligibility; Power of Attorney; housing and consumer issues; and issues with Social Security/Social Security Supplemental Insurance and Medicare.

Based on the requests for legal services as outlined in the report as well as types of requests and inquiries through programs at the Larimer County Office on Aging, the next four-year plan will maintain the current set of priorities for legal assistance.

Public Assistance Benefits. Provide legal assistance and advice in application for and determination of eligibility for public assistance benefits, including but not limited to Long Term Care Medicaid, Medicare Savings Plans, Social Security and Supplemental Security Insurance, Old Age Pension, the Low-Income Energy Assistance Program (LEAP), and Supplemental Nutrition Assistance Program (SNAP). This will include providing advice and information on specifics of Medicaid programs and payment of long-term care, including Medicaid qualifications, Medicaid coverage, spousal protection (Community Spouse Resource Allowance, Monthly Income Protection) and Medicaid Estate Recovery. Assistance will consist of advice, administrative representation, and the possibility of appeal on a limited basis for reductions, termination or denial of public assistance benefits.

Powers of Attorney and Advance Directives. Provide advice regarding General Durable Power of Attorney (POA), Medical Durable Power of Attorney, and Advance Directives. Drafting and preparation of POAs and Advance Directives, as well as the revocation or limitation of POAs and Advance Directives will be provided. Provide legal advice regarding issues of elder abuse, exploitation and neglect while working with appropriate authorities.

Housing and Property Issues. Provide legal advice, brief service and representation as needed on matters related to landlord-tenant relationships and subsidized housing.

Consumer law issues. Provide legal advice and brief service regarding debt collections, breach of contract, garnishments, utility shut offs, and other contract disputes. Services may consist of assisting eligible clients in preparing for self-representation, including, but not limited to, small claims court, objections to garnishments, interrogatories, etc.

To assure that the legal assistance grantee is able and willing to provide representation in the areas described above the Larimer County Office on Aging has a grantee review process to monitor performance and adherence to state and federal policies and procedures as well as scope of services (see **Monitoring** on page 33). During the site review, the team ensures that the legal assistance provider can provide the services as outlined above. In addition, the Program Quality Assurance Coordinator, reviews the submitted legal assistance program data reports and the monthly reimbursement requests to assess for any changes that may warrant a closer look.

## OTHER SERVICES

It is well understood that evidence-based health promotion programs reduce the need for costlier medical interventions. Under the Older Americans Act (OAA) and State Funding for Senior Services (SFSS) all expenditures in this area must be for top tier evidence-based programs as defined by the Administration on Community Living (ACL). As the Office on Aging moves into the next planning period, staff recognize the importance of these programs towards meeting its mission of helping individuals remain independent.

Currently the Office on Aging provides financial and/or staff support for the following evidence-based programs:

Caregiver Support. The Family Caregiver Support Program Coordinator provides coordination and delivery of two evidence-based classes--*Powerful Tools for Caregivers* and the *Stress-Busting Program for Family Caregivers*. Both programs, provide support to family caregivers and assist them in coping with the strain of caring for a loved one. The classes are well-attended and survey results continue to be positive for those who complete the classes. The program coordinator will continue with delivery of both classes in the next planning cycle with the intent of offering at least one or two train-the-trainer sessions for new volunteers.

Fall Prevention. It is estimated that nationwide one in four older adults aged 65 and older fall each year. In 2015 the costs of fall injuries were estimated to be \$50 billion with 75% of the costs shouldered by Medicare and Medicaid. (NCOA Falls Prevention Fact Sheet, 2019) In the most recent Community Assessment Survey of Older Adults (CASOA), 30% of older adults in Larimer County indicated that they had fallen and been injured at least once in the past year. It is with these statistics in mind, that the Office on Aging has been committed to fall prevention services. Most recently the LCOA has provided funding for **Matter of Balance** for the Visually Impaired and **'N Balance** which are both evidence-based fall prevention classes. In addition, the Program Coordinator sits on the Larimer County Fall Prevention Coalition and coordinates with other entities to improve and integrate fall prevention efforts in our communities. In the more urban areas of the county (Loveland and Fort Collins) there tend to be a variety of opportunities to participate in classes with fewer offerings in outlying areas of the region. This will be an area for future development as the Program Coordinator continues to participate in the fall coalition and assists with coordination and delivery of fall prevention opportunities region wide.

Chronic Disease Self-Management Program (CDSMP). Developed by Stanford University, this program has been proven to help older adults manage their chronic health conditions, improve their quality of life, and lower health care costs. The Office on Aging is partnered with UC Health in Fort Collins to provide funding for CDSMP.

Overall, the Office on Aging remains committed to continuing with and increasing the number of and types of evidence-based health promotion programs for older adults as a way to maintain health and well-being. Based on feedback from grantees and challenges in expending health promotion dollars, staff will look at creative ways to fund the evidence-based programs to increase access to the classes, expand to rural areas, prevent duplication and decrease administrative burden on grantees and staff.

## ADDITIONAL SOURCES OF FUNDING

The funding received through the Older Americans Act (OAA) and State Funding for Senior Services (SFSS) has specific service categories and types of services that can be provided with the dollars granted. Additional grant funding has been secured over the course of several years to enhance the provision of services and meet the needs of the community. Funding streams outside of OOA and SFSS include the following:

No Wrong Door (NWD). An initiative of the Administration on Community Living (ACL), the Centers for Medicare and Medicaid Services (CMS) and the Veterans Health Administration (VHS). The initiative builds upon the work of the Aging and Disability Resource Center (ADRC) to establish a seamless entry point system for all individuals seeking information and access to Long-Term Services and Supports (LTSS), regardless of age, disability, or pay source. In 2017 the Larimer County Department of Human Services was chosen to be one of four pilot sites in Colorado. The Office on Aging is a key partner in this project. The primary role of LCOA/ADRC is to provide Person-Centered Options Counseling to clients, assisting them in making informed decisions about their long-term care options and as needed help them to navigate a complicated maze of public and private services. While funding for this project is expected to end in 2019 or early 2020, the Larimer County NWD pilot remains committed to partnering with the state as it works towards sustainability of the project through other funding opportunities and to continue to build upon an existing framework to create and maintain a more streamlined entry point system for LTSS. The Office on Aging considers the provision of Options Counseling as a key service that assists individuals and caregivers successfully navigate long-term care and is committed to continuing this service. Based on available funding, the parameters and population able to be served may change over the course of this Area Plan.

Medicare Improvements for Patients and Providers (MIPPA). A grant that provides education and assistance to older adults and individuals living with disabilities who may qualify for special assistance through the Medicare Savings Plan (MSP), Low-Income Subsidy Program (LIS) and the Medicare Part D Prescription Drug program as well as assistance in completing long-term care Medicaid applications. It is anticipated that funding for this program will continue through the next fiscal year at a reduced amount.

Transition Services. The LCOA/ADRC has participated in and provided leadership to the Colorado Choice Transitions (CCT) project. The primary goal is to facilitate the transition of Medicaid recipients living in nursing homes to living in the community using Home and

Community Based Services (HCBS). Until recently this program was funded through the federal Money Follows the Person (MFP) Rebalancing Demonstration project. The Office on Aging ADRC has been the local contact agency for this project and provides Options Counseling to nursing home residents who request information and enrollment into the program. Federal funding for this program ended in December 2018 and Colorado passed legislation to sustain transition services after MFP ended. Currently the role of Options Counseling and the ADRC will remain similar to what it has been in the past, and the LCOA/ADRC will continue to provide Options Counseling to those interested in enrolling in the state funded transition project.

Rural Senior Centers. The Board of County Commissioners sets aside funding for small grants to rural senior centers. This money is administered through the Office on Aging using a formula put in place several years ago by the County.

## TARGETING AND OUTREACH

The Larimer County Office on Aging continually strives to improve access and utilization of services by individuals with the greatest social and economic need and address the opportunities and challenges of an aging population.

The following are highlights of the LCOA's successes in working to improve access and utilization of services over the past three years:

- Overall a 19% increase in the number of unduplicated individuals served.
- Of consumers surveyed in 2018, 96% indicated the services received by the Office on Aging or its grantees maintained or improved their independence.
- On average, 7,249 contacts for Information and Assistance are received each year, which reflects a 70% increase in call volume over the course of three years.
- Implementation of the No Wrong Door pilot project. An increase of 123% in the number of individuals receiving Options Counseling as well as enhanced cooperation between key entry points for Long-Term Services and Supports.
- All staff have completed Person-Centered Thinking training with a commitment that all new staff will complete the training within six months of hire.
- Leadership role in addressing rural transportation needs of older adults in Larimer County.
- An increase of 12% in ridership among the transportation providers and a 24% increase in the number of rides provided.
- An 84% increase in the number of hours of legal assistance provided to older adults.
- Increased staffing to three full-time Ombudsmen and three volunteer Ombudsmen to address the 14% increase in long-term care beds in Larimer County and the residents who reside there.
- Implementation of a nutrition counseling program and regular meetings between the nutrition providers in Larimer County to enhance collaboration and creative problem-solving.
- Of caregivers surveyed, 99% report feeling supported by the LCOA National Family Caregiver Support program and have increased feelings of being able to care for their loved one.
- Introduction of the new evidence-based program Stress Busting Program for Family Caregivers.

- Partnership with Dementia Friendly Communities; B Sharp; and Alzheimer's Association to enhance services and quality of life for caregivers and those living with dementia.
- Introduction of a voucher program for delivering homemaker and personal care services. Increased number of persons served by 12% with a 37% increase in the number of hours of homemaker services provided.
- Introduction of a material aid voucher, serving on average 94 older adults with 103 dental care visits a year.
- Introduction of a chore voucher, serving on average older adults with 2,100 hours of chore services a year.
- Funded and supported the creation of a Peer-to-Peer counseling program.
- Creation of an internal position dedicated to Quality Assurance. No compliance issues in 2018 state audit.
- Advisory Council provided support for community education events including a Veterans Forum; Frauds and Scams Forum and a Candidates Forum.
- Partnered with two new organizations to provide vision services for older adults with low vision.
- Provided leadership and support to efforts of the Partnership for Age-Friendly Communities with staff and members of the LCOA Advisory Council participating on the Senior Transportation Coalition, Housing, Culture of Aging and Health and Wellness priority groups as well as the Board of Directors and the Steering Committee.

The Office on Aging will build upon these successes in the next four years as the demand for services grows based upon the demographic changes in our communities. The office will continue to evaluate programs for efficacy and efficiency, look at best practices for delivery of services, and listen to the needs of the consumer and the community as the AAA strives to maintain current programs and introduce new services to meet the need of the community. The AAA recognizes that services for older adults are best achieved when there is collaborative effort that includes providers and the community. Staff will continue its work to reach out and partner with public, private and governmental entities to build upon and enhance services for older adults in Larimer County. This will include renewed efforts to partner with those organizations that serve the most frail and vulnerable in our community.



## Raising Awareness

The Office on Aging works tirelessly to raise awareness about services for older adults in Larimer County. Current activities include: participation in multiple professional networking groups; publication and distribution of a comprehensive resource guide; maintenance and support of an online searchable service directory; presentations to the public and providers; participation in community health and resource fairs; monthly articles in a regional newspaper; a newly designed brochure and a presence on social media.

Even with these activities, the LCOA recognizes that outreach to raise awareness of services is a continual and evolving process. Results from the Community Assessment Survey of Older Adults (CASOA) and comments at the Community Conversations and focus groups, indicate individuals continue to have difficulty accessing information regarding services. There is a need to do more to raise awareness and to reach a broader population especially for those who are isolated and in rural areas of the region.

To that end, the Office on Aging has partnered with CSU Extension and the Partnership for Age-Friendly Communities in the Senior Access Points project. The project goal is to make it easier for older adults and family members to find aging-related resources in Larimer County and increase awareness and access to the Office on Aging. Staff will continue working alongside the project manager for Senior Access Points to assure that key gateway points are identified, and older adults and caregivers have access to information about services and available resources. The project is expected to expand the capacity of the Office on Aging and broaden its ability to outreach throughout the region.

The Office on Aging remains committed to the goals of the No Wrong Door (NWD) initiative that supports State efforts to streamline access to Long-Term Services and Supports (LTSS) for older adults and individuals living with disabilities. To increase awareness, the Larimer County NWD has focused on enhancing collaboration with key community partners. It is recognized that the partners who serve as entry points to LTSS can best help consumers find their way through the maze of complex and fragmented programs by working together to provide pathways for referrals and assistance in getting to the right place at the right time. The Office on Aging, through the Aging and Disability Resource Center (ADRC) will continue its work in this collaboration as a gateway to LTSS options. Through Information and Assistance and Person-Centered Options Counseling, the Office on Aging provides accurate information about the range of LTSS services available and supports informed decision-making that promotes dignity and independence. By being connected to the key entry points and maintaining working

relationships with other LTSS providers, the Office on Aging/ADRC can assure that individuals will get to the right place for assistance and not fall through the cracks of an often confusing bureaucracy.

Access to information and awareness of services will be driven more and more by the use of technology and social media. The CASOA indicates that older adults use the Internet to get the news or weather, use email, texting or video to communicate and to find information on community resources and events. Network of Care, the Office on Aging's online service directory has seen a marked increase in usage over the past four years and the office fully anticipates continued growth. The LCOA staff recognizes the importance of technology and social media in communicating with older adults and their families yet has a limited expertise in this area. As part of increasing awareness, staff will seek out the needed expertise to evaluate and coordinate an increase in our social media presence, while working within the county guidelines. It will be important to also work with the department and county public information office to increase the visibility of the Office on Aging within the county in consideration of the increasing number of older adults in the region.

The LCOA will explore options for improving the Network of Care website and the Answers on Aging Resource Guide to assure that outreach and educational materials are user friendly and provide the information in a manner that is easy for older adults and persons living with disabilities to access and utilize.

While an increased media presence is critical, so too is being present in places where older adults gather and commune. The LCOA will explore opportunities and venues where the LCOA staff members can have a more visible presence in the community including but not limited to local senior centers, community centers and congregate meal sites.

Other areas of focus will include creating standardized presentations and staff competency to respond quickly and efficiently to request for community presentations and training. As one staff member stated, "we need to be Johnny on the spot" when it comes to marketing and outreach, always ready to disseminate information and resources to providers and community members. Developing a mindset and comfort with this will continue to be a focus for all staff.

Our aging population is becoming more diverse in terms of race, ethnicity, culture, identity, disability and socio-economic status. As a result, LCOA will continue to focus on the delivery of services through a culturally competent lens, incorporating best practices and increasing the knowledge of staff in outreaching and serving the community. Developing partnerships with

community organizations that serve minority populations will be vital as we begin working towards increased awareness and access to resources for a diverse older population.

The Office on Aging funds multiple community partners, who together, form an important safety net for older adults in Larimer County. One facet of raising awareness is to assure that those providing services with funding from the Office on Aging are connected and know where to refer clients when someone needs more than what they can offer. The office will continue to bring together its grantees at least three times per year for networking and education to assure that there are close connections and referrals among this group of providers.

As stated earlier, raising awareness of community resources for older adults, adults living with disabilities as well as caregivers is an evolving and continual process. It will be important to track the effectiveness of the efforts of the LCOA and to continually assess and strive for new and creative ways to reach the public regarding available services.

## **Unduplicated Clients**

The Office on Aging is committed to increasing the number of services provided and the number of unduplicated individuals served. While committed to this goal, success is dependent on multiple factors, many outside the span of control of the program.

Increasing the number of unduplicated clients goes hand in hand with increasing awareness of the services available and providing outreach to the community to assure those in need are aware of services and can easily access them. Many of those strategies have been described in the section above.

A factor that is directly correlated to an increase in the number of unduplicated clients and services, is stable and incremental increases in funding. The Office on Aging will work closely with advocates to assure that funding streams remain stable and account for inflationary increases in costs, as well as the increase in the number of persons eligible for services. The office will explore additional funding and opportunities that will enhance the ability of the program and its partners to increase the number of individuals served.

While increasing the number of unduplicated clients is a marker of success, it should be recognized that as demographics change, more of those served will require multiple services to remain independent. The population of those age 75 and older is estimated to increase by 56% between 2016 and 2025. It is commonly recognized that this older cohort includes more women, those with increased frailty and more people in poverty. The CASOA indicates that 69% of those in this age group report having at least a minor problem in doing heavy or intense

housework and 30% has difficulty finding safe and affordable transportation. The CASOA also indicates that 36% of those age 75 or over has experienced a fall in the past year which often leads to other physical and social limitations. As the program looks at these numbers, it is anticipated that those utilizing Office on Aging programs will need more than one service to remain in their homes. This may include transportation, a home-delivered meal, homemaker services and case management. It is important to recognize that serving an increasingly older population will require multiple, wrap-around services to help keep an individual independent in their own home. A focus on unduplicated client numbers may only distract the AAA from addressing the needs of the most frail and vulnerable in our community. Unduplicated client numbers should be only one indicator used to measure success of the AAA in meeting its mission.

## INNOVATION AND EXPANSION OF SERVICES

The AAA network is a network on the move. As the number of individuals eligible for services under the Older Americans Act continues to increase across the nation, it is more important than ever that each AAA, including the Larimer County Office on Aging look to innovation and the development of new partnerships and funding streams that can support the work done each day that assists older adults in our communities.

It is also critical to recognize the solid foundation and history of the AAA and to support the services that have been in place since the inception of the Older Americans Act that promote independence and quality of life. Nutrition, transportation, information and assistance, legal assistance, and supportive services work together through a network of providers brought together by the AAA to assure that the most frail and vulnerable can remain in their own home and community.

As we look to the future it will be important to strike a balance that assures adequate funding and support of the foundational programs of the AAA while also creating room and support for innovative, new programs that will address the needs of a changing demographic and landscape. This includes an investment and support of technology and processes that will increase the ability to communicate and reach out to older adults and their families and deliver services in a cost-effective manner.

During this planning period, the Office on Aging reached out to providers, community members, Advisory Council members, and staff to listen and gather ideas and suggestions on what the office is doing well, and where there might be areas for growth and innovation

Themes that emerged include:

- Focus on outreach and marketing with an emphasis in reaching out to rural areas and minority populations;
- Increased use of technology and social media to expand outreach efforts;
- Address the issues of social isolation and mental health needs of older adults;
- Expansion of peer-to-peer counseling to include caregiver mentoring;
- Continue efforts to address the transportation needs of older residents especially in rural areas;
- Continue efforts to address frauds and scams as well as elder abuse;

- Expansion of congregate meal program into Berthoud as well as an investment in enticing the new generation of older adults to utilize meal programs to address nutrition and food insecurity;
- Increased presence of staff and volunteers at locations in the community including senior centers and community centers;
- Increase efforts to engage volunteers including intergenerational activities;
- On-going assessment and evaluation of the Office on Aging business practices, including staffing, technology, location and facilities needed to grow into the future.

In looking ahead and as part of the planning process, the LCOA developed a series of broad goals and strategies (outlined in the following section) to serve as a framework to help guide the Office on Aging now and into the future.

While the goals and strategies will help guide the work of the Office on Aging, it is also important to recognize that opportunities or threats may arise that could potentially alter the direction or focus of the stated goals. Staff will regularly review the goals and strategies attached to this plan and evaluate for adjustments or changes based on funding, input from clients, input from the Advisory Council and potential funding opportunities and partnerships that may present themselves in the changing landscape of aging services. The Office on Aging will need to remain nimble and prepared to act in the event of issues that may arise that impact the current plan.

As stewards of public money, it is important to measure the **effectiveness, efficiency and outcomes** of the programs being delivered. This is an area of continued focus and growth for the Office on Aging as it works towards increasing capacity to meet the needs of an aging population.

**Outcomes** are the measured level of performance or achievement that occurs because of the activity or services an organization provides. Currently the Office on Aging monitors and tracks outcomes for internal and external programs using the following tools:

- Grantee Monthly Reports
- Units of Service Tracker
- ADRC Monthly and Quarterly Reports (Call Center, SART, etc.)
- Program Surveying (State Unit on Aging and agency surveys)
- Legal Services Quarterly Report (State Unit on Aging and Disability Law Center)
- Ombudsman Visit Compliance Quarterly Report

- Ombudsman Volunteer In-Kind Quarterly Report

The Office on Aging is exploring new methods of monitoring and evaluating programs and will work with the State Unit on Aging to become familiar with and use the enhanced reporting tools that are part of PeerPlace, the state-wide data based for Colorado AAA's. These combined efforts will assist in helping to better determine the effectiveness of programs.

**Effectiveness** can best be described as the degree to which something is successful in producing a desired result and the degree to which a program achieves its goal. Currently the Office on Aging uses the following to help in measuring effectiveness and how well the programs are doing in meeting the stated goals and overall mission of the AAA.

- Qualitative/Anecdotal Feedback. While this type of qualitative measurement is not given weight in measuring program effectiveness it should not be overlooked, particularly unprompted and recurring commentary about a service or program either positive or negative.
- State Unit on Aging Performance Measures. Under the current performance-based contracting, the Office on Aging and its programs participate in a yearly survey with questions specific to the type of service provided. The recurring process is controlled (same time of year, same wording of questions, same methods for disseminating the surveys, etc.) and has been utilized across the state since State Fiscal Year 2016. These measures will be reevaluated, and potentially changed in State Fiscal Year 2021.
- Surveys. This is currently one of the many methods that the Office on Aging uses to help measure program effectiveness. The surveys provide both quantitative and qualitative feedback. Surveys tend to appeal to and engage the polarized groups (the very unsatisfied and the very satisfied), often missing those in the middle. Thus, survey results should be used with other forms of evaluation and assessment.

The Office on Aging staff led by the Program Quality Assurance Coordinator will research and evaluate new program-specific methodologies for measuring effectiveness, utilizing information already gathered or reported on. An example of this would be to extract nutrition assessment data out of PeerPlace, and monitor percentage of clients experiencing maintained or improved levels of nutritional risk. The Office on Aging will turn to Colorado State University and its expertise to identify students or interns that can assist staff in these efforts.

**Efficiency** is often subjective and is difficult to find meaningful ways to measure. When considering efficiency in technical terms, it can be thought of as the ratio of useful work performed within a defined process to the total effort expended. When considering efficiency, an internal, agency priority will be process improvements. While many current operational processes are working, it is important to revisit them periodically and ask, “how can we make this function better?” The first step is to analyze current procedures, understand a process and set realistic improvement objectives. The following will be considered in process improvement:

- What in the process is broken?
- Are there existing pain points or areas with vocalized complaints?
- Which steps in the process create roadblocks?
- Which steps require the most time to complete?
- Which steps cause the most delays?
- Are there any steps that cause costs/resources to go up?
- Are there any steps that cause quality to go down?
- What risks are there in the current process?

The State Unit on Aging conducts a yearly site review of the Office on Aging and through this review, areas for improvement including changes in how services are delivered including areas that may impact efficiency are highlighted for attention.

As stated earlier, as stewards of public funding, the Office on Aging is committed to assuring that the services provided are meeting the needs of the community in a transparent and cost-effective manner.



**GOALS AND STRATEGIES**

**Goal 1: Expand awareness of and access to available services and supports for older adults, adults living with disabilities, their families and caregivers in Larimer County.**

The AAA will build upon its strong network of community partnerships to inform older adults, persons living with disabilities, their families and caregivers of existing and new long-term care resources. Access to unbiased, accurate information is critical in assuring individuals and families are able to make informed decisions about current and future care needs. The AAA is committed to maintaining and strengthening the Aging and Disability Resource Center and its partnership with the No Wrong Door project, as the entry to providing consumers with an information system that is accessible by phone, the Internet, and in person to assist individuals and their families in locating supportive services. The AAA will expand its outreach efforts to linguistically and geographically isolated populations, socially isolated older adults and the frail elderly by working with community partners that can assist in connecting with at-risk groups.

**Strategies:**

1.0 Maintain a strong focus on providing non-biased accurate information and assistance.	Maintain a workforce that is knowledgeable and AIRS certified as Information & Referral Specialists through the ADRC/NWD. Assure adequate phone coverage and “real-time” answering of phone line with minimal wait times. Screen for benefits and assist callers in accessing needed resources.
	Maintain production of and distribution of Answers on Aging Resource Guide. Conduct an analysis of resource guide content and distribution to assure greatest efficacy and use of guide throughout the community (2020).
	Maintain comprehensive, web-based interactive online resource directory. Conduct an analysis of Network of Care, soliciting community input to assure usability and accessibility. Make changes as indicated from input.

	Broaden the use of broadcast, print, social media and other technological advances to increase awareness of LCOA and community resources.
1.1 Provide navigation and assistance to persons seeking long term services and supports.	Support and maintain Person-Centered Options Counseling for those seeking an in-depth understanding and guidance of long-term services and supports and how to access them including those who wish to transition from long-term care settings.
	Support efforts by the State of Colorado to secure on-going funding for NWD/ADRC program with federal match money through the use of Random Moment Time Study.
	Provide application assistance for Medicare Savings Programs and Long Term Care Medicaid for homebound older adults not connected to another case management system.
1.2 Conduct outreach activities to geographically and socially isolated and minority populations.	Actively collaborate with Senior Access Points in partnership with CSU Extension, and the Partnership for Age Friendly Communities to conduct outreach to rural communities and those who are socially isolated to increase awareness and access to information on available community resources.
	Cultivate relationships with community organizations that work with minority populations to assist with outreach and access to resources.
	Explore the use of “cultural brokers” to facilitate linking minority communities to LCOA and access to available services including homemaker, personal care, chore, caregiver support and respite.
	Increase outreach to faith communities.
1.3 Conduct outreach and educational activities to increase community awareness of resources and topics pertinent to an aging population.	In partnership with Office on Aging Advisory Council provide community outreach events on topics identified as important to the well-being of older adults.
	Conduct informational sessions at congregate meal sites to inform members of available resources and other topics identified by meal site participants.
	Maintain leadership roles in professional and education network groups.
	Staff will develop and conduct presentations in the community, seeking venues and opportunities where older adults and family caregivers gather including the faith community.

<p>1.4 Increase collaboration with health care providers to assure timely and appropriate access to community resources that impact overall health and well-being.</p>	<p>Identify key personnel and staff at primary medical entry points. Provide information on LCOA to promote referrals. Assure coordination and collaboration with Senior Access Points to prevent confusion and duplication of efforts.</p>
	<p>Maintain up to date and timely information on changing landscape of medical providers and Medicare Advantage plans in order to proactively introduce LCOA services and explore potential partnerships. Stay abreast of initiatives and opportunities to expand services in Larimer County through statewide partnerships with AAA network.</p>
	<p>Strengthen partnership with Columbine Health Systems Center for Healthy Aging at Colorado State University as an emerging key entry point for older adults seeking information and health care.</p>

**Goal 2: Serve as advocates for older adults in the community and for those living in long-term care facilities providing public support for systems changes that will support and protect older adults against abuse, neglect and financial exploitation.**

The AAA will support The Long Term Care Ombudsman Program and the Senior Law Project as essential programs that work to protect the rights of older adults in Larimer County. The Long Term Care Ombudsmen, will continue to identify and resolve complaints on behalf of individual residents in long-term care facilities while also advocating to pursue systematic changes that can positively impact the lives of residents in long-term care. The Senior Law Project provides legal assistance that protects older persons against direct challenges to their independence and financial security. The AAA will work to assure that the most frail and vulnerable older adults have access to advocates that help to maintain their safety and dignity.

**Strategies:**

<p>2.0 Maintain current level of staffing in Ombudsman program.</p>	<p>Maintain a workforce that is knowledgeable and certified as Ombudsmen.</p> <ul style="list-style-type: none"> <li>• Ensure at least 15 hours of yearly training for on-going certification of Ombudsmen.</li> <li>• Consistently meet state requirements for visits to facilities and resident council attendance.</li> <li>• Perform thorough investigations of concerns and allegations.</li> <li>• Be available for staff consultation and knowledgeable of options, providing creative solutions to complex situations.</li> <li>• Conduct evaluation of Ombudsman program to address training and program gaps.</li> </ul>
<p>2.1 Provide education and training to facilities, staff and the general public to increase knowledge and quality of care.</p>	<p>Address training needs of Assisted Living Facilities based on changes in regulations.</p>
	<p>Provide education to general public, discharge planners and medical practices to increase awareness of the role of Ombudsmen in long-term care.</p>
	<p>Continue Project Visibility Training to address the care of LGBT residents.</p>

<p>2.2 Promote culture change initiatives that create meaningful changes to policy in long-term care and lead to a higher quality of life for residents.</p>	<p>Facilitate monthly meeting of Northern Colorado Culture Change Coalition to plan and implement culture change programs in local facilities.</p> <ul style="list-style-type: none"> <li>• Expand participation in coalition.</li> <li>• Explore new culture change programs including “A Heart to Serve” and Senior Dog Adoption to promote more meaningful activities in long-term care settings.</li> <li>• Continue collaborative efforts with Music and Memory program to increase number of certified buildings in Larimer County.</li> </ul>
<p>2.3 Ensure elder justice and inclusivity.</p>	<p>Facilitate and serve on collaborative groups designed to explore and strategize around elder justice and inclusivity issues to include:</p> <ul style="list-style-type: none"> <li>• Increase awareness of fraud and scams and prevent victimization of older adults.</li> <li>• Coordinate World Elder Abuse Awareness Day and other elder abuse initiatives/trainings.</li> <li>• Serve on multidisciplinary Task Force (MDT) with local District Attorney, police and Adult Protection Services to refine investigation work and increase prosecution for elder abuse in facilities.</li> <li>• Serve on Adult Protection team meetings.</li> <li>• Maintain leadership and training for Project Visibility—LGBTQ sensitivity and awareness training.</li> </ul> <p>Distribute information on fraud and scams through grantees including clients enrolled in nutrition and supportive services.</p>
<p>2.4 Explore ethical issues in long-term care through collaboration.</p>	<p>Create and maintain a community ethics committee to work through complex cases and creative solutions to care issues in long-term care.</p>
<p>2.5 Create homeless transitional care options.</p>	<p>Partner with homeless care professionals, medical and skilled nursing providers to assess community need for transitional care services for elders who are experiencing homelessness or near homelessness.</p>

<p>2.6 Support emergency preparedness in long-term care facilities.</p>	<p>Serve on collaborative committee between Larimer and Weld counties to assess community resources and ways to fill gaps in emergency plans. The Ombudsman team will use this information to encourage long-term care facilities to implement their own emergency plan for a variety of situations.</p>
---	--

**Goal 3: Enable older adults to remain in their own homes or less restrictive environment of their choice, ensuring a high quality of life for as long as possible through the provision of home and community-based services.**

The AAA will continue to fund supportive services such as homemaker, personal care, chore, transportation, nutrition, counseling, adult day programs, and case management that work together to provide older adults the services necessary to remain as independent as possible in the community of their choice. As individuals age and experience increased physical challenges, supportive services are critical in assuring overall well-being and quality of life. The AAA will work with multiple partners and organizations to assure that supportive services are coordinated and adequately funded to meet the need of a growing older adult demographic.

**Strategies:**

<p>3.1 Strengthen formalized partnerships with organizations in No Wrong Door project.</p>	<p>Provide leadership in coordination of regular meetings with internal partners to problem-solve and coordinate seamless access to supportive services for LCOA clients.</p>
	<p>Maintain understanding of the Regional Accountable Entity (RAE) to assist clients and avoid duplication of services.</p>
	<p>Strengthen partnership and referral process with Veterans Services to better assist veterans and their families with information and access.</p>
	<p>Strengthen partnership with Summitstone Health Partners to support and advocate for increase in mental health services for older adults.</p>
	<p>Support on-going efforts to provide cross-training for staff of key entry points to support easy access for clients as they move through the long-term care system.</p>

3.2 Maintain In-Home Services for eligible older adults.	Assess for and adjust services to meet the needs of individual clients using a person-centered thinking approach.
	Monitor spending and client caseload to determine need for expansion including increase in the number of home care agencies.
	Provide adequate oversight and monitoring of in-home agencies to assure quality services are provided to enrolled clients.
	Maintain continual monitoring and evaluation of program procedures and guidelines to allow for adjustments.
3.3 Maintain Chore Voucher for eligible adults.	Assess needs and adjust program accordingly as funding permits.
3.4 Provide Material Aid for eligible adults.	Assess current material aid program to determine extent of need and any modifications that may be beneficial.
	Explore short-term assistance voucher model for material aid.
	As needed, reallocate funding to better meet needs of older adults in the community, establishing standardized policies and procedures, to equitably distribute funding.
3.5 Provide short term care management.	Establish work group to explore the extent and type of need for short term no-cost case management.
	Explore effective, sustainable models to meet identified need.
	To the extent funding is available, establish a line item to fund short-term case management in the region.



**Goal 4: Involve and engage older adults as a valuable resource in the community.**

The Office on Aging recognizes the valuable contribution of older adults in Larimer County and will work to engage with the community to identify ways for older adults to be physically and mentally healthy and active and connected to others throughout the county as well as enhance supportive services that address social isolation. The AAA will continue its work to support programs and initiatives that promote healthy aging, increased volunteer and work opportunities, intergenerational activities and an active engaged lifestyle.

**Strategies:**

4.1 Develop and support programming to address social isolation among older adults.	The LCOA staff with the help of community partners will research best practices for addressing social isolation and loneliness among older adults.
	Create a proposal and provide funding for implementation of a “friendly visitor” program that is deemed feasible and has support of community partners.
4.2 Increase participation of older adults in health promotion and disease prevention opportunities in Larimer County.	Evaluate current service spending model and adjust as needed to increase number of providers and participants.
	Assess current evidence-based programs and introduce additional programs to meet needs of community including the Aging Mastery Program.
	Assess locations of current evidence-based classes and with help of community partners expand into rural areas of the region.
4.3 Maintain a strong volunteer Ombudsman program to increase capacity and meet the need of residents in long-term care settings.	Maintain 3-5 certified volunteer Ombudsmen who are trained to address issues in assigned facilities.
	Offer bi-monthly training, case consultation and technical support to volunteers.

4.4 Establish policies and procedures to fully engage volunteers in Office on Aging programs and increase capacity.	Develop volunteer policies and procedures including job descriptions, on-boarding and training for all new volunteers.
	Engage with Volunteers of America Retired Seniors Volunteer Program (RSVP) to recruit and support volunteers.
	Engage with CSU and UNC to establish referral process and recruitment of student interns to assist with special projects and on-going programs.
4.5 Acknowledge contribution of volunteers through recognition activities and events.	Explore and implement ways to appreciate and retain volunteers through assessment of volunteer needs and expectations for their work.
	Conduct a yearly volunteer appreciation event for LCOA volunteers.
	Recognize community volunteerism through annual recognition at Older Americans Month sponsored by Advisory Council.

**Goal 5: Promote the general health and well-being of older adults through nutrition services that target individuals in the greatest social and economic need.**

The AAA recognizes the importance of sound nutrition for all older adults and will work to assure nutritiously sound meals are provided to those who need them. The Office on Aging will continue to support and provide coordination of nutrition services in order to reduce hunger and food insecurity, promote socialization and delay the onset of adverse health conditions.

**Strategies:**

5.1 Promote expansion of congregate meal sites in underserved areas.	Support and assist in establishment of a congregate meal site in Berthoud.
	Assess location of current congregate meal sites, number of days open, and attendance to determine need for changes or alterations in program for increased access to congregate meal program.
5.2 Increase number of participants in congregate meal program.	Explore and support increased programming to congregate meal sites that support social engagement.
	Utilize congregate meal sites to offer a variety of healthy activities and education.
	Explore and encourage opportunities for intergenerational programming at congregate meal sites.
5.3 Increase coordination and collaboration between nutrition providers.	Continue to facilitate and actively participate in quarterly meetings between nutrition providers in region.
	Explore areas for coordination that lead to potential cost savings and sharing of resources.
5.4 Provide enhanced nutrition education and counseling to improve overall health of clients.	Support nutrition education events at congregate meal sites including “Shopping and Cooking for One or Two”.
	Explore creative ways to offer nutrition classes to homebound clients through technology.
	Support nutrition counseling to assist clients with understanding recognizing and utilizing opportunities to improve nutritional wellbeing.
	Distribute health and wellness information to homebound clients and congregate meal participants through informational fliers and hand-outs.

	Provide information and applications on SNAP and Food Bank to expand options and reliable access to nutritious foods and to prevent food insecurity.
5.5 Provide meals for geographically isolated older adults.	Assess need for expansion of meal program to rural areas of region.
	Review feasible options for delivering meals in geographically isolated areas based on assessment of need.

**Goal 6: Assure access to health care and opportunities for social engagement through a coordinated, transportation system for older adults that fosters independence and increased quality of life.**

The Office on Aging will build upon its work to address the transportation needs of older adults living throughout Larimer County through its ongoing participation in the Senior Transportation Coalition, the Partnership for Age Friendly Communities, and county initiatives that are working together to address the transportation needs of older adults. It is recognized that safe, affordable, and accessible transportation is a foundation to remaining independent, active and engaged and is a critical component of an age-friendly community.

**Strategies:**

<p>6.1 Support an integrated transportation system for older adults.</p>	<p>Maintain leadership role in addressing transportation needs for older adults, by actively participating on current and future projects designed to create an integrated system open to innovations and opportunities that arise.</p> <p>Support travel training activities to encourage use of public transportation.</p>
<p>6.2 Provide funding to key partners throughout region to provide transportation to older adults using a variety of service models.</p>	<p>Facilitate coordination between transportation providers to increase access for older adults crossing designated services areas.</p> <p>Monitor for efficiency of service delivery and unit rates to assure meeting needs of riders.</p> <p>Monitor ability of providers to meet needs in service area and advocate for expansion of services.</p>
<p>6.3 Introduce an innovative system that allows for easy access to multiple ride options.</p>	<p>Work with partners throughout the region to introduce a One Call/One Click System.</p>

**Goal 7: Caregivers will feel supported, exhibit greater self-efficacy, and have improved access to information and services.**

The Office on Aging celebrates and recognizes the importance of family caregivers in the delivery of needed care to those who cannot care for themselves. The AAA is committed to assuring that family caregivers will be provided with the practical help, support and information they need to continue caring for a loved one. The AAA will work to reduce the day-to-day stress and financial distress of caregiving through respite services, support of adult day care, provision of classes and events to educate and celebrate caregivers, and through collaboration with others to develop programs countywide that support caregivers.

**Strategies:**

7.1 Provide easy access to caregiver-directed, family-centered, and flexible respite assistance.	Maintain the LCOA Family Caregiver Support Program Respite Voucher Program at an amount that is most relevant in decreasing caregiver burden.
	Maintain support of funding for adult day and companion programs for family caregivers and care recipients.
	Explore respite option models for grandparents raising grandchildren through the partnership with Larimer County Alliance for Grandfamilies (LCAG).
7.2 Information is provided to caregivers about available services and guidance on effective use and access of relevant services and support.	Provide FCSP caregiver consultations that result in caregivers feeling supported and confident in their role as a caregiver.
	Maintain support to grandparents raising grandchildren through individual navigation of relevant services and supports.
	Explore a telephone reassurance program to provide adequate follow-up to ensure services are utilized and caregivers continue to feel supported.

7.3 Promote a robust caregiver support system to address role captivity and social isolation.	Develop a Caregiver-to-Caregiver Mentoring Program in collaboration with community partners.
	Partner with Dementia Friendly Communities of Northern Colorado to help ensure ongoing support and options for care partners including Memory Cafes'; B Sharp; and Life Enrichment.
	Maintain active participation and support to Grandfamily Coalition to enhance services to grandparents raising grandchildren.
	Maintain special events for caregivers including Caregiver Pampering Day and Toast to Caregivers. Continue to solicit community support and funding.
	Maintain support of low-cost caregiver counseling services and awareness and promotion of caregiver support groups.
7.4 Promote caregiver training and classes which will lead to enhanced self-care, greater self-efficacy and increase in knowledge and skills.	Offer 8-10 evidence-based caregiver classes to include Powerful Tools for Caregivers (PTC) and Stress-Busting Program for Family Caregivers (SB) throughout the county each year.
	Conduct PTC and SB class leader trainings to ensure an adequate number of trained facilitators are available to offer planned number of classes.
	Explore expansion of PTC classes into the workplace including county, city and CSU.
7.5 Maintain commitment to community awareness-raising, advocacy, outreach and education to promote the special needs and interests of family caregivers.	Provide coordination and collaboration with key service providers and other community-based organizations to promote, lead, and offer presentations, educational classes and workshops.
	Participate in the National Association of Area Agencies on Aging (n4a) campaign to promote and provide information on long-distance caregiving.
	Partner with Dementia Friendly Communities to include information on the LCOA Family Caregiver Support Program in packets to medical providers.
	Explore and support the Colorado Caregiver Awareness Campaign to increase awareness of caregiver services across the state.

**Goal 8: Strengthen the AAA’s capacity to assess, plan for, and respond to the increasing needs of Larimer County’s senior population.**

The AAA recognizes the need to continually innovate and respond to the growing and changing needs of those aging in our community. The Office on Aging is committed to be a leader in building collaborative efforts to advocate and coordinate services that allow older adults to remain living in the community. The AAA will focus on continual process improvement for internal programs and provide oversight and monitoring of programs to assure efficiency and efficacy in the services provided. The Office on Aging will continue its work with the Partnership for Age Friendly Communities, providing leadership and support to initiatives that will work towards a community that is a good place to grow up and to grow old.

**Strategies:**

8.1 Provide on-going leadership in coordination of efforts to promote and develop programs for older adults in the region.	Maintain and support an engaged and active Advisory Council that represents the diversity of the region and can speak to the needs of older adults in the region.
	Maintain leadership role in national, state and local collaborations and networks including Colorado Association of Area Agencies on Aging (c4a), National Association of Area Agencies on Aging (n4a), APAC, and State Unit on Aging work groups to assure the LCOA is actively engaged in decision making and initiatives that build upon and fund the efforts of creating a community supportive of older adults.
8.2 Provide on-going leadership and support for the Partnership for Age-Friendly Communities.	Maintain leadership role on Board of Directors and Steering Committee to assure direction and activities align with and are in coordination with the Office on Aging.
	Support initiatives and goals of PAFC towards the creation of an age friendly community.
	Support statewide initiatives towards the creation of an age friendly state.
	Engage staff as indicated and available in priority groups to assist with and development of new and innovative projects that support the AAA and PAFC.



8.3 Provide on-going support to grant-funded service providers to assist in expanding current programs and coordination of services among providers.	Conduct grantee meetings at least three times per year to provide updates to grant-funded partners and strengthen communication on programs and streamline cross-referrals.
	Regularly update and inform grant-funded service providers of proposed regulatory changes and provide opportunity for input.
	Provide assistance and support to grant-funded service providers through regular telephone and email contact, assuring issues are addressed proactively.
	Provide information and support regarding potential funding opportunities to assist in expansion of programs.
8.4 Develop and enhance data tracking systems and reports to analyze trends in service delivery for internal and external programs.	Actively participate in c4a and State Unit on Aging collaborative efforts for streamlined and effective technology solutions for purposes of accurately gathering and reporting data.
	Develop high-level dashboard reporting tool to be utilized in the LCOA program reviews, advocacy, public presentations and literature.
	Explore new, program-specific methodologies and metrics for measuring program effectiveness.
8.5 Conduct program evaluation to measure outcomes and determine program effectiveness and efficiency.	Conduct regular review of internal, operational processes to assure efficient and effective service delivery.
	Complete and submit all required monthly reports to grantors as required by contract.
	Work with State Unit on Aging and c4a technology committee to access and utilize reporting capabilities of PeerPlace.
	Work with staff and external grantees to assure clean and accurate data entry.
	Assessment and evaluation of the Office on Aging business practices, to include staffing, location, funding streams and facilities needed to grow into the future.
	Explore use of CSU students to assist with program evaluation and improving ability to measure impact of programs.

**FORMS**

## **DIRECT SERVICE WAIVER REQUEST**

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

1. Family Caregiver Support Program
2. Information & Assistance
3. Case Management
4. Options Counseling
5. Outreach and Education
6. Evidence-Based Programs: *Powerful Tools for Caregivers* and *Stress Busting Program for Family Caregivers*

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

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

## Nutrition Program Meal Sites (Congregate &amp; Home Delivered Meal Programs) As of March 2019

	SITE NAME/ADDRESS MEAL SITE COORDINATOR PHONE/FAX/EMAIL ADDRESS	WHICH PROGRAM(S) OPERATE OUT OF THIS SITE?		ARE MEALS PREPARED ON SITE?  YES/NO	WHICH MEAL IS SERVED/DELIVERED EACH DAY? (CHECK ALL THAT APPLY)			DAYS OF THE WEEK C-1 MEALS ARE SERVED	WHAT TIME ARE C 1 MEALS SERVED? (I.E. 11:00AM, ETC)	DAYS OF THE WEEK C-2 MEALS ARE DELIVERED
		C-1	C-2		BREAKFAST	LUNCH	DINNER			
1.	Meals on Wheels of Loveland and Berthoud		X	Yes		X			5	
	437 N. Garfield Ave.									
	Loveland, CO 80537									
	Jeffrey Pomranka									
	(970) 661-0311									
	(970) 661-0316 FAX <a href="mailto:Jeffrey@lovelandmealsonwheels.org">Jeffrey@lovelandmealsonwheels.org</a>									
2.	Volunteers of America		X	No		X			5	
	405 Canyon Ave.									
	Fort Collins, CO 80521									
	Carrie Olenick									
	(970) 472-9630									
	(970) 472-8393 FAX <a href="mailto:colenick@voacolorado.org">colenick@voacolorado.org</a>									
3.	Bellvue Senior Center	X		No		X	1	12:00PM		
	2929 N. County Rd 23									
	Bellvue, CO 80512									
	Jill Liken									
	(970) 472-9630									
	(970) 472-8393 FAX <a href="mailto:jliken@voacolorado.org">jliken@voacolorado.org</a>									
4.	Chilson Senior Center	X		No		X	4	12:00PM		
	700 E. 4th Street									
	Loveland, CO 80537									
	Jill Liken									
	(970) 472-9630									
	(970) 472-8393 FAX <a href="mailto:jliken@voacolorado.org">jliken@voacolorado.org</a>									
5.	Fort Collins Senior Center	X		No		X	4	12:00PM		
	1200 Raintree Drive									
	Fort Collins, CO 80526									
	Jill Liken									
	(970) 472-9630									
	(970) 472-8393 FAX <a href="mailto:jliken@voacolorado.org">jliken@voacolorado.org</a>									

	SITE NAME/ADDRESS MEAL SITE COORDINATOR PHONE/FAX/EMAIL ADDRESS	WHICH PROGRAM(S) OPERATE OUT OF THIS SITE?		ARE MEALS PREPARED ON SITE?  YES/NO	WHICH MEAL IS SERVED/DELIVERED EACH DAY? (CHECK ALL THAT APPLY)			DAYS OF THE WEEK C-1 MEALS ARE SERVED	WHAT TIME ARE C 1 MEALS SERVED? (I.E. 11:00AM, ETC)	DAYS OF THE WEEK C-2 MEALS ARE DELIVERED
		C-1	C-2		BREAKFAST	LUNCH	DINNER			
6.	Northside Aztlan Community Center	X		No		X		2	12:00PM	
	112 E Willow Street									
	Fort Collins, CO 80524									
	Jill Liken									
	(970) 472-9630									
	(970) 472-8393 FAX jliken@voacolorado.org									
7.	Oakbrook I Apartments	X		No		X		1	12:00PM	
	3200 Stanford Road									
	Fort Collins, CO 80525									
	Jill Liken									
	(970) 472-9630									
	(970) 472-8393 FAX jliken@voacolorado.org									
8.	Oakbrook II Apartments	X		No		X		3	12:00PM	
	3300 Stanford Road									
	Fort Collins, CO 80525									
	Jill Liken									
	(970) 472-9630									
	(970) 472-8393 FAX jliken@voacolorado.org									
9.	Silverleaf II Apartments	X		No		X		2	12:00PM	
	2000 Maple Drive									
	Loveland, CO 80538									
	Jill Liken									
	(970) 472-9630									
Wellington Senior Center	X		No		X		3	12:00PM		
	3800 Wilson Avenue									
10.	Wellington, CO 80549									
	Jill Liken									
	(970) 472-9630									

## 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:		
	A FOCAL POINT	A SENIOR CENTER	FUNDED THROUGH TITLE III-B or SFSS
1. Bellvue Senior Center		X	
P.O. Box 254			
Bellvue, CO 80512			
(970) 482-0406			
Marilyn Moody			
N/A			
2. Berthoud Senior Center		X	
248 Welch Avenue			
Berthoud, CO 80513			
(970) 532-2730			
Elnora McCloughan			
bacc105@aol.com			
3. Chilson Senior Center		X	
700 E. 4th Street			
Loveland, CO 80537			
(970) 962-2783			
Gina DeBell			
Gina.DeBell@cityofloveland.org			
4. Estes Valley Community Center	X		
660 Community Drive			
Estes Park, CO 80517			
(970) 586-8191			
Mary David			
mary@evrpd.com			
4. Estes Park Senior Citizens Center		X	
1820 S. St. Vrain			
Estes Park, CO 80517			
(970) 581-2195			
Don McFarlane			
dmcfarl@gmail.com			
5. Fort Collins Senior Center		X	
1200 Raintree Drive			
Fort Collins, CO 80526			
(970) 221-6644			
Katie Stieber			
kstieber@fcgov.com			

## 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:		
		A FOCAL POINT	A SENIOR CENTER	FUNDED THROUGH TITLE III-B or SFSS
6.	Northside Aztlan Center	X		
	112 Willow Street			
	Fort Collins, CO 80524			
	(970) 221-6655			
	Aaron Harris			
	aharris@fcgov.com			
7.	Oakbrook I	X		
	3200 Stanford Road			
	Fort Collins, CO 80525			
	(970) 226-5060			
	Wendie Robinson			
	wrobinson@mjhousingandservices.com			
8.	Oakbrook II	X		
	3300 Standord Road			
	Fort Collins, CO 80525			
	(970) 223-1356			
	Brittany Barella			
	oakbrook2sc@nhe-inc.com			
9.	Silver Leaf II	X		
	2000 Maple Drive			
	Loveland, CO 80538			
	(970) 667-3232			
	Jan Kennedy			
	N/A			
10.	Wellington Senior Center		X	Yes
	3800 Wilson Avenue			
	Wellington, CO 80549			
	(970) 586-7402			
	Dorothy McClure			
	wellingtonseniorcenter@gmail.com			

## REGIONAL ADVISORY COUNCIL MEMBERSHIP

List all persons presently serving as members of your Regional Advisory Council.

NAME	ORGANIZATION AFFILIATION
Jay Adams	Citizen Volunteer
Crystal Bloemen	Citizen Volunteer
Elaine Boni	Citizen Volunteer
David Born	Citizen Volunteer
Sharon Courtney	Citizen Volunteer
Myles Crane	Citizen Volunteer
Ferri Erickson	Citizen Volunteer
Bonnie Glass	Citizen Volunteer
Kirsten Hartman	Case Management Services
Roy Lilley	Citizen Volunteer
Margaret Long	Citizen Volunteer
Ellen Pihlstrom	University of Colorado Health
Gregg Seebolm	Citizen Volunteer
Jody Shaddock-McNally	Citizen Volunteer
Punkie Whitely	Citizen Volunteer
Kristy Wygmans	Hospice
Sharon Zamora	Citizen Volunteer

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

LOW-INCOME	MINORITY	60 +
1	3	14



**STATEMENT OF INTENT**

**The Area Plan**

**Is hereby submitted for**

**LARIMER COUNTY AREA AGENCY ON AGING**

**2A**  
**REGION**

**For the period July 1, 2019 through June 30, 2023**

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 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, Lynda Meyer  
Area Agency on Aging

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Chairperson, Sharon Courtney  
Area Agency on Aging  
Advisory Council

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Chairperson,  
Governing Board of the  
Area Agency on Aging

\_\_\_\_\_  
DATE

**APPENDICES**

## LARIMER COUNTY OFFICE ON AGING

# COMMUNITY CONVERSATIONS



Aging is a reality, but how should that reality look? How will your community age? How should it? Join us to discuss these questions and more at our Community Conversations hosted by the Larimer County Office on Aging. These dynamic conversations will allow you to share your vision of the future, concerns, and suggestions about making Larimer County a great place to grow up and grow old. All thoughts shared will go into the development of the Office on Aging's Four Year Plan. Let your voice be heard!

<b>Wed</b>	<b>October 3</b>	<b>1:00-2:00pm</b>	<b>Wellington Senior Center</b>
<b>Mon</b>	<b>October 15</b>	<b>1:00-2:00pm</b>	<b>Chilson Senior Center, Loveland</b>
<b>Wed</b>	<b>October 24</b>	<b>3:00-4:00pm</b>	<b>Fort Collins Senior Center</b>
<b>Wed</b>	<b>October 31</b>	<b>10:00-11:00am</b>	<b>Estes Valley Community Center</b>
<b>Wed</b>	<b>November 7</b>	<b>9:00-10:00am</b>	<b>Berthoud Senior Center</b>

**To register, call: (970) 498-7792**

*Refreshments will be served.*



## Appendix B: Leader Guides

### Questions for Community Conversations

#### Introduction:

1. Take a minute to think about your own personal aging. Over the next 5 to 10 to 15 years what assistance do you anticipate needing if you want to remain in your own home or maintain a high level of independence as you grow older?
2. Now, let's extend our thinking to those who may not be in the room. Think about a neighbor or relative who is older. Over the next 5 years, what assistance do you anticipate those folks needing to remain in their homes or community of their choosing?
3. Let's imagine a scenario: A friend or neighbor reaches out to you and is looking for assistance with issues around aging like legal services (drafting wills, power of attorney, etc.), transportation, or long-term care services in preparation for growing older. Where would you go for information?
  - a. What has your experience been with finding information on services?
4. Larimer County Office on Aging is committed to providing and coordinating services that can help older adults experience the highest quality of life characterized by empowerment, dignity, health, and independence. What barriers remain for older adults to access this assistance?
  - a. Probe: We know from experience that often individuals do not reach out for help. What would make you more likely to reach out and look for assistance?
5. Aging involves every aspect of life. Within our four-year plan, we focus on five key issue areas transportation, nutrition, physical and mental health, caregiver support, and access to services (including household assistance, legal services, and long term care services). If you were to rank these issues from 1 to 5 (1 being most important; 5 being least important), then how would you rank them?
  - a. Allow participants to rank on paper before asking them to share.
  - b. Why have you ranked them like you did?
  - c. Are there other areas that we did not ask about it that are important to you?
6. With an idea of these issue areas, we will try to move through each one and discuss them in more detail. Transportation is a major issue for Larimer County Office on Aging and is especially consequential for aging communities. According to the National Institute on Aging, folks are outliving their ability to drive by 10 years. With this in mind, how can we improve public transportation or transportation services to better serve the aging population?
  - a. Probe: How many folks at the table use transportation services?
    - i. Are you happy with these services? What may be improved upon?
    - ii. If you do not use transportation services, what would make you more inclined to use them?
    - iii. Would you be able or willing to pay something for reliable transportation?
7. Along with transportation, physical health is a major concern for older adults. What are your top physical health concerns?
  - a. In terms of physical activity, how do you maintain healthy levels of activity?
    - i. Have you ever attended fitness classes hosted by your community? Why or why not?
  - b. Have you ever sought out preventive health care (health screenings, flu shots, educational workshops)?
    - i. How was your experience?

- ii. If you have never attended preventive care or fitness classes, what would motivate you to attend?
8. What services/assistance are most important to maintaining your home? Examples of service might include: house cleaning, yard work, snow shoveling, home improvements etc.
9. Many of us have been cast in the role of caregiver in our lives either for our loved ones and/or neighbors. As you think about yourself or others who may be providing informal care for a loved one or neighbor, what are the top 3 things needed to support caregivers at the beginning as well as when the responsibilities increase and intensify?
  - a. What resources or support, do you think a caregiver needs to be successful?
  - b. When giving care to folks who have Alzheimer's/Dementia, do caregivers need other tools to be successful? What might those tools or support look like?
10. How connected do you feel to your peers?
  - a. What activities (volunteering, working with a religious community, book clubs, etc.) do you participate in that make you feel connected to your community?
  - b. How do you find out about community events or events for older adults?
11. As you age, does it feel more difficult to stay engaged in activities? Are you aware of people who experience difficulty in staying connected to peers?
  - a. What might help ease the difficulty with maintaining social connections?
12. One of the focus of the Older Americans Act is maintaining nutrition for older adults. Currently the Office on Aging provides funding for X# of meal sites across the county. Have you ever attended a meal site? If not, why not?
  - a. Probe: We have seen a continued decline in participants. What are your thoughts about this program and ways it can be improved?
13. How do you envision technology supporting you as you age? What types of technology do you see yourself taking advantage of in order to age well?
14. What are your experiences with aging or being an older adult in our community? Do you feel like you belong in the community? Do you feel respected or like your thoughts and opinions are solicited and heard?
  - a. How might we better listen to older members of our community?
15. On a scale from 1 to 5 (1 being extremely poor; 5 being excellent), how would you rate your community as a place to retire?
  - a. What would make your community move closer to a 5?

## Office on Aging Advisory Council Facilitator Guide

**Date: November 8**

**Time: 1:30 - 3:30**

**Arrival Time: 1:00**

**Location: 2573 Midpoint Dr., Room 124**

### **Purpose**

The Larimer County Office on Aging will be soliciting feedback on a variety of issues affecting the aging community (transportation, housing, healthcare, and social isolation) to develop their 4-year plan. These meetings will be held with various stakeholder groups including the Partnership for Age Friendly Communities (PAFC), grantees who receive funding from the Office on Aging, and the advisory council for the Office on Aging. Members of the advisory council are engaged participants with a wealth of information.

## Materials

- Facilitation Guide
- Pens/Paper for participants who may want them

## Introduction

### Big Picture Overview

1. 1:35 - 1:45 Overview of the Development of the 4 Year Plan (Lynda)
2. 1:45-1:50 - Overview of process (Savanna)
3. 1:50-2:00 Clicker Questions (Savanna)

### Topic 1: Initial Reactions

1. 2:00-2:15 Discussion about initial reactions to the Community Assessment Survey for Older Adults (CASOA)

### Topic 2: Community Design and Land Use

1. 2:00-2:20 Discussion about possible recommendations for improving community design and land use including transportation and housing

### Topic 3: Community Information

1. 2:20-2:40 Discussion about possible recommendations and barriers for improving community information.

### Topic 4: Health and Wellness

1. 2:40-3:00 Discussion about possible recommendations and barriers for improving community health and wellness.

## Facilitation

### Section 1: Initial Reactions

#### 2:00 - 2:15 - 15 minutes

**Purpose:** To give the group a chance to share some overall impressions of the Communities Assessment Survey for Older Adults that do not fit into our other pre-selected issue areas.

#### Facilitator Questions:

- Might do a round of personal stakes to find out why people are here. Prompt them to think outside of their role with the advisory council.
- What findings or information stood out most to you in the CASOA report?

### Section 2: Community Design and Land Use

*Definition: Community design and land use refers to housing variety and availability, ease of travel by car, foot, and bus, and access to daily needs.*

#### 2:15 - 2:35 - 20 minutes

**Purpose:** To understand and discuss how community design and land use in Larimer County affects older adults including how current design may affect movement and participation.

#### Facilitator Questions:

- What barriers exist for the aging community to move and participate freely around Larimer County ?
- Ratings about variety of affordable quality housing have been declining since 2010. While we acknowledge this is an important issue for older adults, LCOA's role in decisions about affordable housing on the county level are limited. Instead, what services/assistance are most important to older adults in maintaining their homes and allowing them to age in place? Examples of service might include: house cleaning, yard work, snow shoveling, home improvements etc.
  - Throughout conversations held with community members, transportation was discussed as a major issue facing older adults. What issues with transportation disproportionately affect older adults?

- How do we lower the barriers to accessing transportation for older adults?
- If LCOA was to continue doing one thing around issues of community and development and land use, what should it be and why?

## Section 3: Community Information

### 2:35 - 2:55 - 20 minutes

**Purpose:** To understand and discuss how the LCOA can make people who need services provided by the office more aware of what services are provided and making sure older adults and their family members feel heard.

#### Facilitator Questions:

- How do you think most people find out about services for older adults in Larimer County?
- We have held several conversations in the community and have heard feedback that people do not know what services are available until they need them. Are there ways that the LCOA could provide information about their services in more proactive ways?
- What barriers exist for older adults accessing information about aging services?
  - Use of technology
  - Navigating websites
  - Making sense of the resource guide or knowing where to get it

## Section 4: Health and Wellness

### 2:55 - 3:15 - 20 minutes

**Purpose:** To understand and discuss how Larimer County Office on Aging can improve health and wellness including access to preventive and mental health care for older adults.

#### Facilitator Questions:

- Nutrition - Under the Older Americans Act, the Office on Aging is required to provide nutrition services through home delivered meals and congregate meal sites. How might these programs be changed to better serve older adults?
  - How can we provide
  - In recent years, we have seen a decline in attendance to congregate meal sites. Do you have ideas for improvements to the meals/meal sites?
- Within the CASOA report, we have seen a decline in perceived availability of preventive health services (health screenings, flu shots, fall prevention classes, etc.). Do you feel like these services are readily available in our community and easy to find? How do you think we could improve knowledge of and participation in preventative health programs?
  - How might we partner with other organizations to increase availability of preventive health services?
- From 2014 to 2018, older adults surveyed for the CASOA reported an increased concern about feeling depressed, lonely, and bored. How might we address these problems?
- Throughout our community conversations, we have heard concerns from older adults about feeling connected to their community. How do individuals find out about community events for older adults?
  - Are there enough opportunities for older adults to connect to one another and/or the larger community?
  - What barriers to connecting exist for older adults? How might we overcome these?
  - How might we listen to the voices of older adults better or more effectively?

**Transition:** Thank participants and remind them that their comments will inform the 4-year plan for the LCOA. Ask them to write down any other thoughts that they had or contact Lynda directly to provide additional comments or suggestions.

We should have approximately 20 people. How would you like the room set-up? If possible, we would like 4 tables with 7 chairs at each (5 for participants, two for facilitator and note taker).

Clicker questions:

What is your age bracket?

1. Under 35
2. 35 - 50
3. 50 - 65
4. Over 65

How long have you been involved with the Office on Aging Advisory Council?

1. Less than a year
2. 1-2 years
3. 3-5 years
4. More than 5 years

Based on the CASOA and the knowledge you have of aging services in Larimer County, rank the following areas in terms of importance to older adults.

(Pick your top 2 in order)

1. Transportation
2. Physical and Mental Health
3. Nutrition
4. Caregiver Support
5. Access to Services (household assistance, legal assistance, long term care services, case management etc.)

How do you find out about community events for older adults in Fort Collins and/or Larimer County?

1. Newspapers
2. Social Media/the Internet
3. Word of mouth/Friends
4. Senior Centers
5. Other, not listed

If Larimer County Office on Aging were to have additional funding, rank the most important to least important areas to focus program growth.

1. Rural Transportation
2. Case Management for Low-Income Seniors
3. Rural Meal programs
4. Friendly Visitor Program
5. Increase Caregiver Support Services (staff; programs; respite grants).



## Grantee Facilitator Guide

**Date: October 26th**

**Time: 1:30PM**

**Arrival Time: 1:00PM**

**Location: 2573 Midpoint Drive, meeting room 124**

### Purpose

The Larimer County Office on Aging will be soliciting feedback on a variety of issues affecting the aging community (transportation, housing, healthcare, and social isolation) to develop their 4-year plan. These meetings will be held with various stakeholder groups including the Partnership for Age Friendly Communities (PAFC), grantees who receive funding from the Office on Aging, and the advisory council for the Office on Aging. Grantees have meeting with the Office on Aging regularly to discuss necessary issues and updates on their service.

### Materials

- Facilitation Guide
- Review of funding
- Pens/Paper for participants who may want them

### Introduction

#### Big Picture Overview

Topic 1: Appreciation

1. 1:30-1:50 Discussion on what LCOA does well

Topic 2: Improvements and gaps in service

2. 1:50 - 2:10 Discussion on what LCOA can improve on

Topic 3: Innovation

3. 2:10- 2:30 Brainstorm about new ideas that grantees may have

### Facilitation

#### Section 1: Appreciation

**1:45 - 2:05 - 20 minutes**

**Purpose:** To understand what the Larimer County Office on Aging (LCOA) is doing well including providing services, transportation, and nutrition.

#### Facilitator Questions:

- What does the LCOA do well?
- Thinking about the past 4-5 years, have programs/services improved? How?
- If LCOA was to continue doing one thing, what should it be and why?

#### Section 2: Improvements and Gaps

**2:05 - 2:25 - 20 minutes**

**Purpose:** To understand what Larimer County Office on Aging (LCOA) could be doing better and potential gaps in service that the LCOA should be aware of.

#### Facilitator Questions:

- What is the largest problem facing the aging community in Larimer County?
  - How could the LCOA help with these issues?
- What barriers still exist for people to utilize LCOA resources?
- How do clients find out about your services?
  - Are there ways that LCOA can help with this?
- Thinking about the people you serve, what are the most frequent concerns you hear?

- I know many of you use volunteers in your organizations. How has recruiting and retaining volunteers been going? Are you noticing any key trends?

## Section 3: Innovation

**2:25 - 2:45 - 20 minutes**

**Purpose:** Brainstorm ideas on innovative ideas about assisting their clients and discuss potential barriers to innovation.

### Facilitator Questions:

- What ideas or changes do you have about improving service to older community members?  
*Tip: It might be helpful to give participants a few moments to write down their ideas and then report out.*
- What obstacles exist to implement the ideas that you all have suggested?
- How can the Office on Aging (or other entities) help to overcome or avoid these obstacles to implement your ideas?

*Possible tradeoff: Lack of funding for new ideas.*

- *What would you reduce funding for in order to implement this new idea?*

**Transition:** Thank participants and remind them that their comments will inform the 4-year plan for the LCOA. Ask them to write down any other thoughts that they had and note that Lynda will be around for any more questions.

## PAFC Facilitator Guide

**Date: October 26th**

**Time: 9:00AM**

**Arrival Time: 8:45AM**

**Location: McKenzie Place, 4750 Pleasant Oak Drive**

### Purpose

Previously, the CPD has partnered with several organizations including the PAFC and Office on Aging to discuss issues on aging including community readiness for the increase of older community members. In fact, the Partnership for Age Friendly Communities was actually inspired by a deliberative event hosted by the CPD.

The Larimer County Office on Aging will be soliciting feedback on a variety of issues affecting the aging community (transportation, housing, healthcare, and social isolation) to develop their 4-year plan. These meetings will be held with various stakeholder groups including the Partnership for Age Friendly Communities (PAFC), grantees who receive funding from the Office on Aging, and the advisory council for the Office on Aging as well as older adults in the community.

### Materials

- Facilitation Guide
- Copy of slides from introduction
- Pens/Paper for participants who may want them
- Post-surveys

### Introduction

#### Big Picture Overview

1. 9:00- 9:10: LCOA Introduction is this when funding the Older Americans Act is discussed?

Topic 1: Appreciation

2. 9:15-9:30 Discussion on what LCOA does well

Topic 2: Improvements

3. 9:30-9:45 Discussion on what LCOA can improve on

## Topic 3: Partnership

4. 9:45- 10:00 Brainstorm about the LCOA and PAFC relationship

### Facilitation

#### Section 1: Appreciation

**9:15 - 9:30 - 15 minutes**

**Purpose:** To understand what the Larimer County Office on Aging (LCOA) is doing well including providing services, transportation, and nutrition.

#### Facilitator Questions:

- What does the LCOA do well?
- Thinking about the past 4-5 years, have programs/services improved? How? (they may not have this perspective)
- If LCOA was to continue doing one thing, what should it be and why?

#### Section 2: Improvements

**9:30 - 9:45 - 15 minutes**

**Purpose:** To understand what Larimer County Office on Aging (LCOA) could be doing better and potential gaps in service that the LCOA should be aware of.

#### Facilitator Questions:

- What is the largest problem facing the aging community in Larimer County?
  - How could the LCOA help with these issues?
- What barriers still exist for people to utilize LCOA resources?

#### Section 3: Partnership

**9:45 - 10:00 - 15 minutes**

**Purpose:** Brainstorm ideas on how the LCOA might help the Partnership for Aging Friendly Communities (PAFC) achieve its goals.

#### Facilitator Questions:

- How can the LCOA help the partnership achieve its goals?
  - What PAFC goal (housing, health and wellness, culture on aging, and mobility/access) would benefit most from the support of the LCOA?
  - What could that help look like?
- How can the partnership help the LCOA?
- What other organizations (volunteers, CSU, or other programs) could collaborate with the LCOA and PAFC?

**Transition:** Thank participants and remind them that their comments will inform the 4-year plan for the LCOA. Ask them to complete the post-survey and note that Lynda will be around for any more questions.

Appendix C: Prioritization Tool

**LCOA CLIENT PRIORITIZATION WORKSHEET**

**Client Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

Updated 11/18

<u>INCOME</u>	
<u>Single</u>	<u>Married</u>
\$1,012 or less _____	25 points \$1,372 or less _____
\$1,013-\$1,265 _____	20 points \$1,373-\$1,715 _____
\$1,266-\$1,871 _____	15 points \$1,716-\$2,538 _____
\$1,872 or more _____	10 points \$2,539 or more _____

<u>RACE/ETHNIC BACKGROUND</u>	25 points
Low Income _____ Race _____ Ethnicity _____ (Must be low-income <b>and</b> identify as a minority in order to receive 25 points)	

<u>ADLS/IADLS</u>	5 points each/maximum 25 point total
# ADLS _____ #IADLS _____	TOTAL SCORE: _____

<u>FRAIL/DISABLED</u>	25 points
Frail: Yes _____ No _____ Disabled: Yes _____ No _____ Frail = 2 ADL'S OR MORE Disabled = Cognitive or mental impairment that requires substantial supervision.	

<u>PRIORITIZATION CALCULATION</u>	
Income: _____ pts.	In-Homes Services Voucher must have
Race/Ethnicity: _____ pts.	a min. of 2 IADLS
ADLS/IADLS: _____ pts.	(and 2 ADLs for personal care)
Frail/Disabled: _____ pts.	Chore Voucher must have a physical limitation Respite Voucher must have 2 ADLs
<b>TOTAL</b> _____ pts.	APPROVED yes _____ no _____

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

- Colorado Department of Local Affairs.* (2017). Retrieved from Publications and Presentations-Population Trends, Growth, Impact, Change: [file:///H:/Partnership%20for%20Age%20Friendly%20Comm/Changing%20the%20Narrative/Colorado%20Overview%20\(2\).pdf](file:///H:/Partnership%20for%20Age%20Friendly%20Comm/Changing%20the%20Narrative/Colorado%20Overview%20(2).pdf)
- Colorado Department of Local Affairs.* (2019). Retrieved from Resources for the Colorado Area Agencies on Aging: <https://demography.dola.colorado.gov/AAA-2018/>
- Colorado Department of Local Affairs.* (2019). Retrieved from Resources for the Colorado Area Agencies on Aging: <https://demography.dola.colorado.gov/demography/AAA-2018/>
- Colorado Department of Local Affairs.* (2019). Retrieved from Race and Hispanic Origin Forecasts: <https://demography.dola.colorado.gov/population/race-hispanic-origin/#race-and-hispanic-origin>
- Disability Law Colorado. (2016). *Disability Law Colorado*. Retrieved from Colorado Long-Term Care Ombudsman: <https://disabilitylawco.org/colorado-long-term-care-ombudsman>
- Fehers & Peers. (2017). *Larimer County Senior Transportation Needs Assessment*. Denver, CO: Fehers & Peers.
- Galvan, S. (2018, August). *National Center on Law & Elder Rights*. Retrieved from The Older Americans Act in Action: Building & Cultivating Your Elder Law Program: <https://ncler.acl.gov/Files/OAA-in-Action-Building-Cultivating-Your-Elder-Law.aspx>
- National Association of Area Agencies on Aging (n4a). (2011). *The Maturing of America Communities Moving Forward for an Aging Population*. Washington, DC: n4a.
- NCOA Falls Prevention Fact Sheet. (2019, January). *National Council on Aging*. Retrieved from [www.ncoa.org/wp-content/uploads/Falls-Prevention-Fact-Sheet-2018pdf](http://www.ncoa.org/wp-content/uploads/Falls-Prevention-Fact-Sheet-2018pdf).
- SAGE Advocacy & Services for LGBT Elders.* (2019). Retrieved from [www.sageusa.org](http://www.sageusa.org): [www.sageusa.org/your-rights-resources/lgbt-aging](http://www.sageusa.org/your-rights-resources/lgbt-aging)
- Strategic Action Planning Group on Aging.* (2016, November). Retrieved from Strategic Action Planning Group on Aging : <https://www.colorado.gov/agingstrategy>

## **Larimer County Office on Aging Staff**

**Lynda Meyer, Program Manager**

**Tina Corrigan-Hugo, Department Specialist**

**Shelbie Engelking, Assistant Ombudsman**

**Amber Franzel, Lead Ombudsman**

**Katy Mason, Program Coordinator**

**Lynette McGowan, Family Caregiver Support Program Coordinator**

**Stephanie Morris, Quality Assurance Program Coordinator**

**Suzanne Murray, ADRC Case Manager**

**Elizabeth Piesman, Assistant Ombudsman**

**Linda Rumney, ADRC Program Coordinator**

**Wendy Schleppy, ADRC Case Manager**

**Carol Seest, ADRC Case Manager**

**Tori Wimmer, ADRC Case Manager**



## **Larimer County Office on Aging Advisory Council**

**Jay Adams**

**Crystal Bloemen**

**Eliane Boni**

**David Born**

**Sharon Courtney**

**Myles Crane**

**Ferri Erickson**

**Bonnie Glass**

**Kirsten Hartman**

**Roy Lilley**

**Margaret Long**

**Ellen Pihlstrom**

**Gregg Seebohm**

**Jody Shaddock-McNally**

**Katie Stieber**

**Punkie Whitely**

**Kristy Wygmans**

**Sharon Zamora**



1501 Blue Spruce Drive  
Fort Collins, CO 80524  
970.498.7750