

## **Agenda**

### **Advisory Committee on Aging (ACA)**

**Friday, February 27, 2026**

**11:00 a.m. – 1:15 p.m.**

### **Virtual Meeting**

If you have difficulty using this document's content, please email [mmpatton@drcog.org](mailto:mmpatton@drcog.org) or call 303-480-6723. Please expect a response within 72 hours (three business days). Times listed with each agenda item are approximate. It is requested that all cell phones be silenced during the Advisory Committee on Aging meeting. Persons in need of auxiliary aids or services, such as interpretation services or assisted listening devices, are asked to contact the Denver Regional Council of Governments at least 48 hours in advance of the meeting.

- 1 11:00 a.m. Call to Order and Introductions
- 2 11:05 a.m. Public comment  
Up to 45 minutes is allocated now for public comment and each speaker will be limited to 3 minutes. If there are additional requests from the public to address the Committee, time will be allocated at the end of the meeting to complete public comment.
- 3 11:10 a.m. Report of the Chair – Bob Brocker
- 4 11:20 a.m. Report of the AAA Director – Jayla Sanchez-Warren

### **Consent agenda**

- 5 11:35 a.m. Move to Approve Consent Agenda  
Minutes from January 23, 2026, meeting. (Attachment A)

### **Informational briefings**

- 6 11:40 a.m. Ombudsman program update. – Shannon Gimbel (Attachment B)



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- 7 12:00 p.m. Review of the 2024-2027 Area plan on Aging – Jayla Sanchez-Warren  
(Attachment C)
- 8 12:30 p.m. Presentation A Little Help – Hilary Simmons  
(Attachment D)
- 9 12:50 p.m. DRCOG Board Report
- 10 1:00 p.m. County Reports

### **Administrative items**

**Next meeting March 27, 2026.**

- 11 1:10 p.m. Other Matters by Members
- 12 1:15 p.m. Adjourn

### **Calander of future meetings**

March 27, 2026 – Virtual

April 24, 2026 – **In person**

May 22, 2026 – Virtual

June 26, 2026 – **In person**

July 24, 2026 – Virtual

August 28, 2026 – **In person**

September 25, 2026 – Virtual

October 23, 2026 – **In person**

November 2026 – To be determined

December 2026 – To be determined

January 22, 2027 – Virtual

February 26, 2026 – Virtual

# ATTACH A

**Advisory Committee on Aging (ACA)**  
**Meeting Summary**

Friday, January 23, 2026

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**Members Present**

Ada Anderson	Douglas County
Andrea Suhaka	Arapahoe County
Barbara Boyer	Arapahoe County
Bob Brocker	Denver
Chris Lynn	Jefferson County
Connie Ward	Jefferson County
David Appel	Jefferson County
Dawn Perez	Adams County
Donna Mullins	Jefferson County
Edward Moss	Broomfield County
Greg Kahler	Adams County
Gretchen Lopez	Douglas County
Jim Dale	Jefferson County
Judi Kern	DRCOG Board Louisville
Karie Erickson	Douglas County
Kathy Hensen	DRCOG Board Adams County
Paul Haseman	DRCOG Board Golden
Paula Hillman	Arapahoe County
Phil Cernanec	Arapahoe County
Steve Conklin	DRCOG Board Edgewater
Val Robson	Jefferson County
Wynne Shaw	DRCOG Board-Lone Tree

**Guests Present**

Allison Cutting, Douglas County.

**DRCOG Staff Present**

AJ Diamontopoulos, Senior Management Analyst, Fonda Buckles, Manager Older Americans Act Services, Jayla Sanchez- Warren, AAA Division Director, Kelly Roberts, Community Resource Specialist, Mason Green, Compliance Specialist Grants AAA Business Operations, Mindy Patton, Division Assistant, Rich Mauro, Director Legislative Affairs, Shannon Gimbel, Ombudsman Manager, Travis Noon, Manager AAA Business Operations.

## **Call to Order**

Bob Brocker Committee Chair called the meeting to order at 11:01 a.m.

## **Public Comment Period (Non-ACA Members)**

There was no public comment.

## **Report of the Chair – Bob Brocker**

There was no report of the Chair.

## **Report of the AAA Director – Jayla Sanchez-Warren**

Jayla applied for emergency funding in late November to purchase food cards, DRCOG secured \$75,000 from the state for 1,500 cards. Recipients have been very appreciative, AAA staff have distributed them at eight events so far, with twenty more planned in low-income areas.

During a visit to Clear Creek, Jayla stopped at the Project Support congregate meal site and appeared on the local “Up the Creek” radio program to discuss aging and AAA resources.

The Stride contract, supporting a low-income health clinic with multiple regional locations, has been finalized and will go to the Stride Board for approval.

The Ombudsman Program also completed its evaluation, receiving strong praise from the state ombudsman for Shannon Gimbel’s leadership and statewide advocacy, with no compliance issues identified.

Jayla presented to the Jefferson County Council on Aging, reviewing the AAA’s 2025 accomplishments, service trends, challenges, and priorities. She explained the shift from healthy-aging activities to meeting basic needs, as required by the Older Americans Act, which has meant reducing training and education to direct more funding toward transportation, nutrition, and in-home services. Commissioner Rachel Zenzinger, now serving on the council, will help elevate the needs of older adults in Jefferson County.

When asked about federal funding audits being discussed in Washington, Jayla said there is no current impact on the AAA and DRCOG has passed extensive audits. They

are monitoring potential federal cuts to human services funding in five states, including Colorado. If those cuts occur, the AAA will not lose funding directly but will face increased demand, as people who lose Medicaid coverage often turn to the AAA for help. With waitlists already in place, any cuts would likely lead to a significant rise in calls and service requests.

### **Move to approve consent agenda**

Items on the consent agenda included: December 5, 2025, meeting summary.

Phil Cernanec motioned for approval. Andrea Suhaka seconded the motion; the consent agenda was unanimously approved with the addition of Judi Kern to the attendance list.

Agendas and summaries are posted on the [DRCOG website](#) from the link choose the month and date of the meeting, click on the event. Once clicked, you will find the link to the meeting for that month.

## **Action Item**

### **Discussion of recommended additional funding requests for Fiscal Year**

#### **2026– Travis Noon**

DRCOG received the federal carryover funding in October for \$350,000. A solicitation was sent out to DRCOG current contracted providers. DRCOG received requests from 17 providers for approximately \$1.2 million. All of the recommended fund requests for additional funds were reviewed by the funding subcommittee. The factors that they considered in making the recommendations prioritized basic service needs, as was done with the original funding allocations from the RFP. These were nutrition, transportation, home services, personal care, homemaker and chore services. They also looked at the current contract performance, their current spending on current funding and reviewed the narrative that was supplied by the providers on how they plan to ensure that this funding will be spent by the end of the year. The reasoning behind these questions is the state has said they will hold the AAA to the maximum carryover limit of 10%, which they haven't done in prior years.

Travis asked for a recommendation for approval to the DRCOG Board Finance and Budget Committee. Barbara Boyer motioned and Judi Kern 2<sup>nd</sup> the motion. The motion

was approved with Bob Brocker, Karie Erickson, Ed Moss, and Val Robson abstaining from the vote.

## **Informational Briefings**

### **The challenge of meeting increased demands with less resources. – Jayla Sanchez-Warren**

The sixteen Area Agencies on Aging in Colorado, known collectively as C4A, held a joint meeting in Denver. They attended a legislative caucus at the Department of Human Services, followed by a joint session with the Colorado Commission on Aging. The next day, several legislators joined a legislative breakfast at the Colorado History Museum, where Jayla presented and received strong engagement. She emphasized the growing demand for services, the impact of funding cuts, and the importance of supporting older adults and people with disabilities who are not eligible for Medicaid. She also highlighted the essential community services AAAs fund, including congregate meals, home-delivered meals, transportation, and nutrition programs.

Jayla later shared the same presentation with the Committee, explaining that AAAs are federally mandated under the Older Americans Act and operate within the Colorado Department of Human Services. Colorado has sixteen AAAs, all focused on serving older adults and people with disabilities not covered by Medicaid, funding community services, planning for current and future needs, supporting family caregivers, and advocating for older adults.

She noted that many Front Range AAAs fund community organizations such as Seniors' Resource Center, A Little Help, Project Angel Heart, and Volunteers of America, and that when AAAs receive funding, these partners benefit as well. In contrast, rural AAAs like Trinidad must provide all services directly because no external providers exist.

Jayla mentioned the AAAs' four-year plans and stressed the critical role of family caregivers, explaining that without them the system would be overwhelmed. She then outlined statewide service reductions between FY2023 and FY2025: a 22.9 percent drop in service units, a 15.1 percent decline in clients served, and a 5 percent loss of providers. Cuts resulted in hundreds of thousands fewer transportation rides and meals,

significant reductions in caregiver, homemaker, and chore services, and over 18,000 fewer case management hours due to Medicaid reductions. Waitlists have grown to 2,682 people, many of whom eventually require higher levels of care because they cannot manage daily tasks on their own.

The cost to eliminate the waitlist for one year at the end of FY2024–2025 was \$3.1 million. Jayla explained that when people move into assisted living, nursing homes, or frequent hospital care, they often end up on Medicaid, increasing costs for the state. AAA programs help delay or prevent this shift, saving taxpayer dollars by supporting independence.

She emphasized the need to keep AAA funding stable, so AAAs remain strong partners for healthcare organizations and payers. Their value lies in their broad service network, transportation, meals, and in-home support, and reduced funding weakens their ability to attract additional partnerships. Maintaining core services allows AAAs to leverage other funding sources.

Jayla concluded by noting that AAAs will continue supporting family caregivers, improving data collection for better decision-making, and educating communities and policymakers about the needs of older adults and the importance of the aging network.

## **Legislative Preview – Rich Mauro**

### **Bills**

The overview highlighted five major housing bills, many continuing the legislature’s push to streamline permitting and expand affordable housing. Senate Bill 1 focuses on expanding the housing tax credit and making it easier for counties to use. The House’s first bill, the HOME bill, shifts away from last year’s unsuccessful YIGBY (Yes in God’s back yard) proposal and instead allows nonprofits, affordable housing groups, school districts, higher education institutions, housing authorities, and even transit districts to develop housing on qualifying properties, though it may still face resistance from local governments. Another bill expands tenant rights related to evictions, and House Bills 1065 and 1066 offer financial incentives for affordable housing near transit areas and expand tax exemptions for low-income rental developments.

House Bill 1018 is the only bill specifically affecting aging services. It has not yet been scheduled for a hearing and is expected to undergo significant revisions. As written, it would make anyone discharged from a nursing facility presumptively eligible for Medicaid long-term services and supports, require HCPF to make eligibility determinations, and require county human services departments to set up services. It also includes penalties for counties or nursing facilities if community services are not in place. Early feedback from DRCOG and county staff suggests that while the intent is positive, the bill is confusing, does not reflect county roles, and is likely to face substantial pushback unless it is rewritten.

## Budget

When the legislature passed the long bill last spring to fund the current fiscal year, they had to close a \$1.2 billion gap in a general fund of roughly \$17 billion. After federal legislation passed, the state recalculated its finances and had to return in August for a special session to address an additional \$850 million shortfall. The governor's proposed budget for the next fiscal year now faces at least another \$850 million gap. During early Joint Budget Committee meetings, staff noted that after all the cuts made last year, they expect to be back next November facing yet another billion-dollar deficit for the following budget cycle. This pattern is likely to continue for several years unless something changes significantly, making the near-term fiscal outlook difficult.

Another major issue receiving attention is the future of the Senior and Disabled Veterans Property Tax Exemption, also known as the Homestead Exemption. The governor has proposed selling the state's interest in Pinnacol, the workers' compensation insurer, to raise an estimated \$300 to \$400 million. Part of that revenue would help cover the roughly \$190 million cost of the exemption. However, this proposal failed last year, is already facing strong resistance again, and the Joint Budget Committee is not enthusiastic about it. The governor's position is that without an alternative, the state must find a way to pay for the exemption. If no new funding source is identified, the cost will come directly from the general fund, competing with and potentially overshadowing other priorities and worsening the overall budget problem.

## **DRCOG Board Report**

Steve Conklin reported that the nominating committee has recommended Judy Kern for a seat on DRCOG's executive committee. If the board approves the recommendation in February, she will take on a leadership role. His own term as immediate past chair will end soon, and Jeff Baker will move into that position. Rich Mauro also shared a brief legislative update and noted that there was nothing requiring action from the board.

## **County Reports**

### **Adams County**

Greg Kaler shared that their Spring Resource Fair will take place at the end of April. He also noted strong turnout at their monthly meetings, which consistently draw between thirty and thirty-five participants

### **Arapahoe County**

Barbara Boyer noted that their next meeting is the annual gathering, which typically draws strong participation from older adults. It will serve as the planning session for 2026.

### **City and County of Broomfield**

Ed Moss shared that the City and County of Broomfield's Health and Human Services Department received a grant from the Colorado Attorney General as part of the opioid settlement. Senior Resources of Broomfield, the 501(c)(3) on whose board he serves, received \$10,000 from that grant to support outreach to older adults dealing with mental health or opioid-related concerns.

### **Douglas County**

Karie Erickson explained that Aging Resources of Douglas County (ARDC) received county funding to mail out their resource guides, produced in partnership with DRCOG through the ARDC Information and Assistance program. The guide includes only vetted providers that actually serve Douglas County, 58,000 copies were mailed. The response has been tremendous, with residents calling to learn about services, asking how to enroll, and even walking in for help. Karie said the enthusiasm is exciting, though a bit daunting given current funding concerns, but she stressed the importance of making

sure people know what support is available and expressed confidence that they will keep moving forward.

She also announced that the Douglas County Senior Council is formally joining Aging Resources as a collaborative partner. The two groups have worked together for years, and with a new building expected to open this summer, they will have dedicated space for meetings and educational programs. Karie described it as a natural and promising next step.

Gretchen Lopez added that the Senior Council's leadership team is thrilled to join ARDC and work more closely to expand educational programming and strengthen connections to services offered by ARDC and other organizations. She said they are coordinating with Karie to ensure a smooth transition. Gretchen also received the mailed resource guide and praised its quality, noting that they will be discussing the guide and the transition with community members in the coming months.

#### Jefferson County

Jayla recently presented at the Jefferson County Council on Aging (JCCOA) retreat, where the group had a productive discussion about the issues she raised. The council is also working with the Multi-Sector Plan on Aging to explore how to advance its goals, particularly around caregiver support and legislative engagement. That conversation will continue in February as the council determines how its members can contribute most effectively. There is also strong interest in maintaining JCCOA's role as a networking group and a place to learn about organizations and services for older adults in the county, so education will remain a central focus throughout the year.

#### **Other Matters by Members**

**Next meeting – February 27, 2026.**

#### **Adjournment**

The meeting was adjourned at 12:47 p.m.

**ATTACH B**

## **Advisory Committee on Aging Meeting**

**Name of Committee:** Advisory Committee on Aging

Meeting date: February 27th, 2026

Agenda Item #: 6

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### **Long-Term Care Ombudsman Program**

Agenda item type: Informational briefing

#### **Summary**

Update from the Long-Term Care Ombudsman Program regarding current issues, trends, and patterns and review findings from a resident survey of quality of life.

#### **Background**

A report on long-term care, "The Resident Experience", was conducted by our National Office, Consumer Voice, the leading national organization representing consumers on long-term care issues. The report was released in December 2025.

Consumer Voice surveyed residents of long-term care to find out what life is really like for them on a day-to-day basis. [Read the Report.](#)

#### **Action by others**

None

#### **Previous discussions/actions**

None



**Recommendation**

None

**Attachment**

None

**For more information**

If you need additional information, please contact Shannon Gimbel, Regional Ombudsman Manager, Area Agency on Aging at (303) 480-5621 or [Sngimbel@drcog.org](mailto:Sngimbel@drcog.org).

**ATTACH C**

## **Advisory Committee on Aging Meeting**

**Name of Committee:** Advisory Committee on Aging

Meeting date: February 27, 2026

Agenda Item #: 7

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### **Review of the 2024-2027 Area plan on Aging**

Agenda item type: Informational briefing

#### **Summary**

The chair of the Advisory Committee on Aging requested a review of the 2024–2027 Area Plan on Aging, highlighting progress toward its goals and the key accomplishments achieved so far.

#### **Background**

The Older Americans Act requires every Area Agency on Aging to create a four-year Area Plan on Aging that outlines community needs, local priorities, and specific objectives. These plans guide and inform the development of the Colorado State Plan on Aging. The plan's structure and required elements are set by the Administration for Community Living in coordination with the State Unit on Aging.

#### **Action by others**

None

#### **Previous discussions/actions**

The DRCOG Advisory Committee on Aging reviewed and approved the 2024-2027 plan in February of 2023.

#### **Recommendation**

None



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**Attachment**

Overview of 2024-2027 Area Plan on Aging

**For more information**

If you need additional information, please contact Jayla Sanchez-Warren, Director Area Agency on Aging at (720) 375-1738 or [jswarren@drcog.org](mailto:jswarren@drcog.org).



# Overview of 2024-2027 Area Plan on Aging

February ,2026

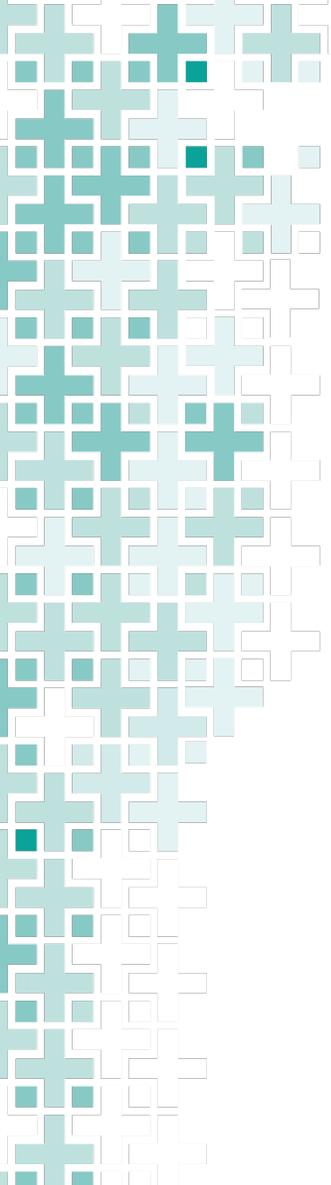
AAA Director Jayla Sanchez-Warren

# Background

- The Older Americans Act requires area agencies on aging to develop a four-year Area Plan on Aging to identify priorities and objectives.
- Area Plans are used to create the Colorado State Plan on Aging.
- The Administration on Community Living and the State Unit on Aging develops the plan's format and questions. The state may require additional questions.

# 2024-2027 Area of Focus

- Community Assessment of Older Adults
- Demographics
- Public Input
  - Community Conversations
  - Key informant session
  - Service Providers
- Assessment and explanation of needs of older adults in the region
- Special topics
  - COVID-19 pandemic response and impact
  - Volunteers
  - Caregivers
  - Impact of isolation
  - Diversity, equity and inclusion



# COVID funding

During the pandemic, the Denver region and the Area Agency on Aging received unprecedented amounts of funding for services. COVID-19 relief funding allowed the agency and its contractors to increase the number of people served by existing services, add new services and helped fund new community-based service providers in the region.

# Funding uncertainty 2024 - 2027

The next four-year funding term finds the Denver region's Area Agency on Aging will confront a time of uncertainty, with high demand for services, a decreased workforce, service gaps and no more relief funding. Responding to the challenges will require innovation, creativity, and diligent fiscal and contractual management



# DRCOG AAA Priorities in the 2024-2027 Area Plan on Aging

# Diversify Funding

- ✓  Leverage partnerships and explore how community-based services improve social determinants of health and address health-related social needs.
- ✓  Seek funding to further DRCOG's work in health-related social needs.
- ✓  Apply for grant funding to support the work of the AAA.

# COVID best practices that would be sustained

- ✓ Mobile fall prevention training and education
- ✓ New ways to distribute food – food boxes, grab and go and food boxes.
- ✓ Support family and informal caregivers – respite care, education, counseling and support groups.
- ✓ Serve as a bridge between community-based organizations, public health, clinical care and health care insurers.

# Build equity and inclusion in the region

- ✓  Outreach to underserved areas, translate materials and provide translation services to increase access and engagement.
- ✓  Provide training on cultural competency, to serve diverse people and support LGBTQ elders.
- ✓  Increase transportation services and remove barriers to transportation.
- ✓  Provide medical diets and offer meals that consider cultural preferences as part of nutrition services.
- ✓  Translate the Aging Mastery Program curriculum into two additional languages and provide annual training.
- ✓  Improve the diversity in the Area Agency on Aging regional advisory committee.

# Plans to address social isolation

- ✓  Provide funding for voice assistant technology.
- ✓  Develop more virtual opportunities.
- ✓  Nutrition voucher program.
- ✓  Revitalize congregate meal programs.
- ✓  Reinstate transportation to meal sites and activities during meals.

# Priority Services for Older Adults

- ✓ **Services that support independence and choice** – transportation, information and assistance, Veterans directed Care, Community Choice, Aging and disability Resource Center, services for visually and hearing challenged.
- ✓ **Services that promote health** – nutrition, fall prevention, mental health.
- ✓ **Services that help people stay in their homes** – In-home, chore, home repair and modification and legal assistance.

# Priority services continued

- ✓ **Services that support caregivers-** respite, evidence-based training and individual counseling, education, information and assistance and nutrition.
- ✓ **Services that support the most vulnerable** – Ombudsman program, PACE ombudsman program, Case Management, elder abuse and fraud prevention, legal assistance.

# Ombudsman abuse prevention activities

- ✓ Increase and reestablish outreach and education: will provide outreach, education and training to residents, staff, families private and single-entry point case managers, home health agency staff, staffing companies, and elder law organizations on the Long-Term Care Ombudsman program and how to identify and report abuse and neglect in long-term care facilities.
- ✓ Work with DRCOG's Communications and Marketing division to provide focused outreach on the Long-Term Care Ombudsman program and how to identify, prevent and resolve abuse in long-term care facilities.

# How the PACE Ombudsman will address growth

- ✓  Advocate at the state and federal levels for thoughtful growth of new participants and new Program for All-Inclusive Care for the Elderly provider organizations. Explore how growth will be managed to ensure participants receive quality services.
- ✓  Increase partnerships with the Colorado Department of Public Health and Environment as a regulatory arm related to the home health portion of the Program for All-Inclusive Care for the Elderly so area agencies on aging can better leverage the department's oversight to address Program for All-Inclusive Care for the Elderly provider care concerns.
- ✓  Continue to increase outreach to targeted audiences (for example, residents of low-income senior developments with high numbers of people who are Program for All-Inclusive Care for the Elderly participants) via community town halls or other innovative methods.

# Plans related to providing evidence-based health promotion or disease prevention programs.

- ✓ fund evidenced-based programs for fall prevention, health and wellness, and nutrition (Healthy Moves to Aging Well, Community Aging in Place Advancing Better Living for Elders, the Colorado State University Extension Aging Mastery Program and Fresh Conversations.)
- ✓ If resources allow, the Area Agency on Aging will provide evidence-based services to caregivers and will evaluate adopting programs such as the Program to Encourage Active and Rewarding Lives and Powerful Tools for Caregivers.

# How AAA promote services, target populations, expand services

- ✓  Help caregivers access services to reduce stress associated with caregiving.
- ✓  Promote the role and work of the AAA provided presentations about the services of the AAAs.
- ✓  Work with partners in housing, human services and district attorney's office to help them understand the role of the AAA.
- ✓  Engage health care systems, providers and health insurance companies.
- ✓  Work with the CMS and the Coalition to Transform Advanced Care to promote the work of the AAA and insure payment models for health-related social needs.

# How will the AAA improve quality and availability of services

- ✓  Advocate for increased funding for services at the state and federal levels.
- ✓  Effectively convey the needs of older adults and the consequences of underfunding aging services.
- ✓  Bring contracted partners and community advocates together to tell cohesive, compelling stories about the needs of older adults and advocate for ways to increase the effective resources available to help.
- ✓  Work inclusion of area agencies on aging and community-based organizations as paid providers in the new payment models.
- ✓  Work to streamline assessments, reduce administrative burden, and develop innovative ways to comply with regulations.

# Plans to measure the effectiveness and outcomes of programs and services

- ✓ Invest in enhanced data systems – ASPIRE, Grants management software.
- ✓ Increasing training for staff, implement staff performance dashboards, monitor documentation.
- ✓ Analyze and track data and make data informed decisions.
- ✓ Improve contractor support and oversight.

# Additional Priorities

- ✓  Serve veterans- operated the Veterans Directed Care Program.
- ✓  Promote independence by providing community services and supports and contract with HCPF to operate the Transitions Community Services Program.
- ✓  Increase resources for the region's growing older population and people with disabilities. Seek new partnerships and funding to serve people living with disabilities.

**Thank You**

Jayla Sanchez-Warren  
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720-375-1738

**ATTACH D**

## **Advisory Committee on Aging Meeting**

**Name of Committee:** Advisory Committee on Aging

Meeting date: February 27, 2026

Agenda Item #: 8

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### **Presentation A Little Help**

Agenda item type: Informational briefing

#### **Summary**

A staff member from A Little Help will share an overview of their programs, explain how their volunteer network operates, and outline the ways they put DRCOG funding to work in the community.

#### **Background**

A Little Help is a 501(c)(3) nonprofit that supports older adults in living independently while staying connected to the people around them. With the help of volunteers, they build meaningful relationships across generations and strengthen the fabric of local communities.

#### **Action by others**

None

#### **Previous discussions/actions**

None

#### **Recommendation**

None



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**Attachment**

None

**For more information**

If you need additional information, please contact Hilary Simmons, Executive Director, A Little Help at [hilary@alittlehelp.org](mailto:hilary@alittlehelp.org) or [A Little Help Website](#).

