

AGENDA
ADVISORY COMMITTEE ON AGING
Friday, August 20, 2021
11:00 p.m. – 1:00 p.m.
Via Webinar

- 1 11:00 Call to Order and Introductions
- 2 11:05 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 11:15 Report of the Chair
- 4 11:20 Report of the AAA Director

CONSENT AGENDA

- 5 11:40 Move to Approve Consent Agenda
 - Minutes of June 18, 2021
(Attachment A)

ACTION ITEMS

- 6 11:45 Election of ACA Officers
(Attachment B)

INFORMATIONAL BRIEFINGS

- 7 12:05 Update on Transportation Voucher and AAA Funded Transportation Programs – Travis Noon
(Attachment C)
- 8 12:25 Update on Transportation Subcommittee – Jayla Sanchez Warren
(Attachment D)
- 9 12:45 County Reports



ADMINISTRATIVE ITEMS

10 **Next Meeting – September 17, 2021**

11 Other Matters by Members

12 1:00 Adjourn

13

Persons in need of auxiliary aids or services, such as interpretation services or assisted listening devices, are asked to contact DRCOG at least 48 hours in advance of the meeting by calling (303) 480-6763.



AAA Acronym Quick List

ACL/AOA	Administration for Community Living/Administration on Aging
ACO	Accountable Care Organization
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center
AHC	Accountable Health Communities
CAC	Citizens Advisory Committee
CASOA	Community Assessment Survey for Older Adults
CCT	Colorado Choice Transitions
CMS	Centers for Medicare and Medicaid Services
COA	Council on Aging
DCOA	Denver Commission on Aging
DORA	Department of Regulatory Agencies
DOLA	Department of Local Affairs
DRMAC	Denver Regional Mobility and Access Council
F&B	Finance and Budget Committee
GIS	Geographic Information System
HB	House Bill
HCPF	Health Care Policy and Financing
HIPAA	Health Insurance Portability and Accountability Act
HTP	Hospital Transformation Project
I&A	Information and Assistance
JBC	Joint Budget Committee
LTC	Long Term Care
MIPPA	Medicare Improvement for Patient and Providers Act
MOU	Memorandum of Understanding
NASUAD	National Association of States United for Aging and Disabilities
OAA	Older Americans Act
PACE	Program of All-Inclusive Care for the Elderly
PHI	Personal Health Information
RFP	Request for Proposal
RFQ	Request for Qualifications
ROD	Record of Decision
RTC	Regional Transitions Committee (Aging)
RTC	Regional Transportation Committee*(Transportation)
SAPGA	Strategic Action Planning Group on Aging
SB	Senate Bill
SHIP	State Health Insurance Assistance Program
SMP	Senior Medicare Patrol
SRC	Seniors' Resource Center
SUA	State Unit on Aging
VDC	Veterans Directed Care
VOA	Volunteers of America

ATTACH A

**ADVISORY COMMITTEE ON AGING
MEETING SUMMARY
Friday, June 18, 2021**

Members Present

Ada Anderson	Douglas County
Anne Gross	Arapahoe County
Barbara Boyer	Arapahoe County
Bob Brocker	At Large Denver
Cary Johnson	Jefferson County
Chris Lynn	Jefferson County
Connie Ward	Jefferson County
Dawn Perez	Adams County
Houston "Tex" Elam	At Large Arapahoe County
Karie Erickson	Douglas County
Perla Gheiler	City and County of Denver
Wynne Shaw	DRCOG Board - Lone Tree

Guests Present

Debbi Haynie, Director Castle Rock Senior Center, Kristine Burrows, Jewish Family Services, Ed Bowditch, DRCOG Lobbyist, Dr. Mark Levine, DRCOG Consultant

DRCOG Staff Present

AJ Diamontopoulos, AHC Manager, Amy Pulley ADRC Manager, Ana Lilia Lahowetz, Case Manager, Cassie Scott, I&A Manager, Cindy Grainger, ADRC Administrative Assistant, Jayla Sanchez-Warren, AAA Division Director, Jennifer Reeves, Veterans & Transitions Manager, Jenny Castle, Resource and Quality Assurance Coordinator, Lydia Dumam, Options Counselor, Malorie Miller, Community Resource Specialist, Mindy Patton, AAA Division Assistant, Sarah Haggerty, Ombudsman, Seema Mallory, Community Resource Specialist, Sara Beth Ford, Program Coordinator, Sharon Day, Program Manager AAA Business Operations, Travis Noon, Senior Program Specialist, Zara Otaifah, AHC Navigator

Karie Erickson Committee Vice Chair – Called the meeting to order at 11:02 a.m.

Public Comment Period (Non-ACA Members)

There was no Public Comment.

Report of the Chair

There was no report from the Chair.

Report of the AAA Director

- Jayla said we were learning about the depth of the food insecurity and how it related to the elder refugee participants.
 - One observation was the nutrition options provided by the AAA like Meals on Wheels, Market Meals and FEMA food boxes aren't appropriate for the elder refugees.
 - Recipients don't know how to use the food provided and they are not used to it, their preference is fresh fruits and vegetables.

- Sarah Beth Ford, Amy Pulley and Jayla have been talking about how to tweak existing partnerships and resources to make them more appropriate. A possible solution would be adapting the VOA Market Meals to include lentils or different kinds of beans to accommodate the different populations.
- Another issue is that some food services they have been using are no longer viable options. They will be looking for different partnerships to remedy this problem as well.
- In a recent COVID meeting Jayla attended with Dr. Diana Tape and Dr. Alexis Burgo from the Health Department the doctors talked about how the definition of an outbreak has changed.
 - The new definition is five or more confirmed or probable cases of COVID within 14 days is considered an outbreak. With one of the cases having a positive molecular amplification or antigen chest test.
 - The state wanted to bring attention to this because there have been meal sites that have needed to close because they had an outbreak either in their kitchen or with clients.
 - The way outbreaks are handled has also changed.
 - If there is one person, they must send them home and anyone else who has been exposed.
 - They should be quarantined unless they have been vaccinated.
 - If they have been vaccinated, they should watch for symptoms. If symptoms develop, they need to be quarantined.
 - If they are asymptomatic according to the doctors, there is no need to quarantine.
 - When there is a full outbreak, more than one individual, the facility needs to close for cleaning.
 - Employees and participants need to be screened if they have been in the facility. There should be increased cleaning and monitoring for two weeks.
 - If any employee shows symptoms, they need to quarantine, this may cause sites to be closed due to staff shortages.
 - There is a strong correlation between areas that have low vaccination rates and higher cases of outbreaks.
 - This has been happening in southeastern areas of the state. Bend, Crowley, Kiowa, Otero, Prowers counties have low vaccination rates.
 - The health department, as well as the State Unit on Aging are predicting outbreaks, especially with the delta variant and might have trouble keeping services opened.
 - The implication on services means service providers will need to keep adapting as things change.
 - There are many conversations regarding vaccinations for people attending congregate meal sites. Possibly asking for proof of vaccination. If not vaccinated providing a grab and go meal.
- Jayla thought there would be a slow increase in service demand but that is not the case.
 - Sharon and Jayla have been meeting with many of the providers to try and understand what it will take to get services started again.
 - For example, Volunteers of America lost 300 volunteers, they are trying to build back their volunteer pool.
 - In addition, they have lost congregate meal sites. Many recreation centers across the metro area have decided they don't want to do a meal site anymore. The Older

Americans Act has strict regulations for the nutrition program. Sites must set up their kitchens to make sure everything is safe and appropriate and must provide food service training for their staff and volunteers.

- There is good news a few meal sites have opened in Idaho Springs
- The Health Department and the State Unit on Aging are saying there might be some closure of services as they go along, especially entering the fall and winter.
- At last report 54 facilities (nursing homes and assisted living) still have active cases of COVID.
 - There have been a few breakthrough cases even though residents are fully vaccinated.
 - Some residents have been hospitalized because of breakthrough cases, with one death.
 - Jayla explained that a facility breakthrough case is when a fully vaccinated resident contracts COVID. Some people are asymptomatic, and others can end up in the hospital and on oxygen.
 - Outbreaks have been coming from staff members not from residents.
 - The nursing home industry is understaffed in many areas. Facilities cannot afford to lose staff because they need help taking care of residents.

Discussion

Dr. Levine said one fortunate thing is that the delta variant, which is common on the Western Slope, has not become a problem in the Metropolitan area. It is something to keep an eye on. Vaccine hesitancy is real, need to focus on countering that message. The more people who get vaccinated, the better off the whole community will be, this should be our focus.

He said the language you use when you encounter someone who is hesitant to be vaccinated should be respectful. Try to inquire on what the basis of their hesitancy might be. If a person can address it then deal with that in a realistic manner. He said a lot of people are relying upon information that is not fact based and helping them to understand trustworthy information will help them to decide and help them to recognize the risk that they are placing on others.

- There is a new round of COVID relief dollars, the American Relief Act (ARPA) funds.
 - Unlike the previous funds require matching at the state and local level.
 - The State Unit on Aging proposed that they use some of the AAA service dollars for next year to pull down these funds.
 - That is challenging because the money is not the same and every service dollar is needed to provide services.
 - Jayla and Rich met with the State Unit on Aging. They wanted to learn what was going on and why to see how they might advocate to influence the state controller's office to avoid using service dollars to match.
 - The match would be about 500,000 dollars that wouldn't be available to area agencies on aging across the state.
 - Cary Johnson added that the service dollars they were talking about have already been designated from proposals that have been approved.

Move to approve consent agenda

Items on the consent agenda included: Summary of the May 21, 2021, meeting.

Karie asked for a motion to approve the consent agenda, Bob Davis made the motion, Wynn Shaw seconded the motion. There was unanimous approval of the consent agenda.

- Agendas and summaries are posted on the DRCOG website located at <https://drcog.org/calendar> from there 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 Items

Approval of AAA Voucher Contracts

- Sharon Day was seeking approval to renew contracts for the AAA voucher providers for transportation and in home homemaker and personal care services.
 - Contractors for transportation are Hop Skip Drive, and Uber. The AAA is coordinating rides with these providers and anticipate increasing the number of trips.
 - In home voucher - these providers are on the list for renewal starting in July.
 - First Light
 - First Light Lafayette
 - Alpine Home Care

Discussion

Carey Johnson asked Sharon to explain why there was \$500K listed but only allocating \$375K? She explained that \$780K is in the transportation fund to contract with the transportation providers. The voucher program is different, it is not a grant but a vendor contract with Hop Skip Drive and Uber. They do not track the number of rides, rather there is a not to exceed limit on what AAA would spend for those trips. Similarly, this is the same with the in-home providers. The AAA has a special software program that staff use to make sure that they don't exceed the limit regardless of which provider is providing the service. While the vendor isn't tracking how many vouchers are given the AAA tracks this. Unlike with the grants, it is the AAA in house staff that do the intake from the I&A phone line, they do the assessment, and help schedule the rides or issue the vouchers.

Karie asked if there was an average trip cost? Sharon answered the average cost per trip for Hop, Skip, Drive has been \$31 based on numbers through March, for Uber there have only been a very small number of rides, the average cost was \$17. Sharon also mentioned that they purchase RTD bus passes with these vouchers as well, this includes Access-a Ride.

Tex Elam made the motion to approve the contracts, Ada Anderson seconded. The motion was approved unanimously.

Approval of Nymbi Science Contract Renewal for State FY 2021-2022

- Sharon informed the group that the Nymbi contract was a short-term pilot program to roll out their mobile fall prevention app within the DRCOG region with the goal of getting 5,000 enrollees.

- As of the first week of June, they hit the 5,000-client mark.
- Evaluation of client profiles showed where people reside, how many were in rural areas and that most of them are women.
- Nimble is in the process of talking with the state AAAs, as well as the state regarding their program. There has been some interest in the program with the possibility of making a statewide offering.
- In the meantime, the AAA would like to renew the contract with Nymble as details with the state are worked out.
- Nimble is confident they can reach another 5,000 individuals within a six-month period, based on their experience.
- The recommended funding reflects enrollment for those next 5,000 people for six months with an option to renew the contract for up to the same amount for the second half of the year.

Discussion

Connie Ward suggested that the AAA provide data to show how many people are using the app over an extended period. Jayla said she would invite Nathan from Nymble to provide information about the demographics, program success and what advertising was done.

Wynn has been using the app and is feeling more confident. Anne Gross has been using it, too.

Anne had a conversation with Nathan about not being clear in communicating that you don't have to use the app forever. Anne would like Nymble to make that clearer to the user. The benchmark is how much you can sit and stand for a certain period of time. Once the goal is reached you no longer need to use the app but can get out of the house and into a balancing class.

A Spanish version was suggested, Jayla agreed and would like to see them do a Spanish version.

Cary Johnson made the motion to approve renewal of the contract, Ada Anderson seconded. The motion was passed unanimously.

Informational Briefings

Wellness and Community-based Services update

- AD Diamontopoulos presented the update for the Community -based Services task force the committee voted into effect in April
- The Task force has met twice.
 - The group created a problem statement, goals, and potential task force members that AJ will be contacting to join the task force. The timeline to have everything concluded is September of this year.
 - The plan is to have the state meet and explain some of the programs that are impacting community-based organizations. They will use that information to understand where the problem statement comes from, finalize the problem statement, and identify strategies that can move forward into interventions and models for the future.

Discussion

Karie as a member of the task force said it was important that community-based service providers have a unified voice and that their voice not only be heard but listened to. They are hoping that this task force will increase the ability for them to use their voices with the common goal of better services for older residents.

Jayla reminded the group that this task force is in response to hospitals who are already making massive referrals to community-based service providers. Hospitals are receiving payment for referrals, but community service providers are not being paid to provide the services. Providers did not get notification and were not brought to the table to discuss the implications on how the referrals impact them. Something providers struggle with is how to keep up with those referrals without disappointing the older adults that are being referred.

Bob Brocker referred to a previous a meeting where there was talk on this subject of having a cost estimate to identify the additional costs that would be added because of this program. He asked if there was any more done on that topic?

AJ responded yes. In September of 2019, when the hospital transformation program first came up DRCOGs economist Zack Feldman, Cassie Scott and AJ worked on pricing cost. Because there is staff time involved for every referral the cost is \$40 or \$50. In most cases they won't be receiving referrals for just older adults but for all ages which, could be quite costly. They estimated around \$7,000,000 dollars a year.

Jayla said those numbers don't include the cost of the service. The hospital program is geared to reduce health care costs and to improve healthcare outcomes. These costs are what it would be for the AAAs it doesn't factor in what the costs are for the service provider. Hospitals will use the AAAs without understanding how they get their funding and that there is not an infinite amount of dollars. Because DRCOG has the AHC program they could gage that most of the referrals would be for food, transportation, and housing. They haven't done the costs for providing the service.

Karie added that there is the cost that AJ referred to but if providers get 100 referrals a month to their agency, they will be doing all the same tasks without being able to provide the services. This brings additional cost to the AAA to pay them for the additional services. Most providers are at capacity now and already provide over what they are getting paid. If you add hundreds and thousands of more services on top of that, not only is the agency under water, but then the funding subcommittee is wondering, how to begin to fill these larger requests come contract time.

Bob asked if there has been anything put together to create a bill to take to the legislature to ask for the additional money? Is that something that is planned for 2022 session.

AJ said they did pursue the wellness funds to a small degree this year, and there are plans to continue that pursuit in the next legislative session.

AJ also provided the wellness fund update.

- The wellness fund will enable community-based organizations to build up capacity levels.
 - The fund won't do much for paying free units of service that are delivered but can work on efficiencies and capacity so that unit costs stay down comparatively.

- As more of the hospital referrals are sent out, they will need additional funding to pay for units of service. AJ expected to see more of this in 2023 and 2024 when more and more of these referrals are sent.
- Jayla said that the wellness fund was their first thought about how to address the referral issue.
- AJ is on two of the Governor's committees that are developing the wellness fund, he has been advocating and trying to get the word out.
- It is time for community-based service providers to begin helping people on the Governor's committee and the Lieutenant Governor's office understand this is a wonderful idea, but the reality is they will not be able to meet the needs unless there is more money given to service providers.
- AJ reported that the state committees and task forces he is part of on the Social Health Information Exchange (SHIE) and the HTP are excited about the wellness fund.
 - They are starting to incorporate this in their draft plans.
 - The wellness fund is designed for people who need services from all ages to make sure it matches the interests of Medicaid and the Office of Saving People Money on Health Care. From a practical standpoint, the aging network is where most of the need is and where the funds would go.
 - Based on feedback from stakeholders and partners that signed the letter to the Governor regarding the wellness fund it is a viable option for the next three years. While the HTP and the SHIE become fully online, they will have time to build the infrastructure.

Bob asked if the wellness fund was the funding mechanism for the additional costs incurred from the hospital transformation program? AJ said the intent of the fund is not to be controlled by the hospitals or the state. The hospitals or state would participate, but it would be in the community's hands, so decisions would be what is best for the community.

Update on Legislative Session

Ed Bowditch, DRCOG lobbyist provided the update from the 2021 session.

- The legislature has adjourned and is not expected to come back in session until January 12th, 2022.
- The economic news was better than thought last summer, they thought there would be cutbacks in state spending and that they would be losing about 20% of their tax revenues.
 - The state made many reductions, and it turned out they cut too much.
 - General fund revenues never got as bad as originally thought.
 - High income wage earners were largely unaffected by the pandemic, but the service and hospitality industries (the people making less money) were the ones really affected by the pandemic.
- This year the legislature spent time passing the state's first investment in the transportation system in 30 years.
 - There will be a variety of fees that will go up to put more money into transportation, including money into multimodal and other transportation options.
- Adjustments were made to the tax code, eliminating some tax deductions and tax credits

- There was a lot of time spent on law enforcement and criminal justice issues.
- Ed reported that when the session started the governor's office requested the budget be reduced substantially for seniors.
 - The governor's office didn't want to cut state funding for senior services but didn't have a choice.
 - When they put together the budget in September, seniors were to receive \$28,000,000 from a combination of fund sources.
 - The funds most important to the AAA is the state general fund where they were going to cut the budget in half from \$14.8 million down to \$7.3 million.
 - Rich Mauro, Jennifer Cassell and Ed met with JBC members. After meeting the JBC decided not to cut the \$14.8 million funding.
 - There was additional one-time money available.
 - Senator Jesse Danielson, called Rich and said she wanted to get one-time money for senior services.
 - In the last two weeks of the session, she convinced leadership that if they were going to hand out money on a one-time basis, they needed to do something for seniors.
 - Senator Danielson and Rich developed a one-time program that transfers \$15,000,000 of general funds on July 1st to the Department of Human Services to create a grant program.
 - The program is intended to support projects that include community services, infrastructure improvements, health promotion, transportation, home modification, chronic disease management programs, etc.
 - The Department is directed to collaborate with the AAAs to implement the program.
 - Rich and Ed lobbied along with Senator Danielson and the bill was approved in both houses.
- Senate bill 158 is a loan repayment program, that allows geriatric advanced practice providers with geriatric training or experience, to practice and participate in a loan repayment program.
 - They must commit to provide geriatric care to older adults in health professional shortage areas for a specific period of time.
 - \$400,000 dollars has been appropriated, which will allow for five or six geriatric providers to receive loan repayment in underserved areas.
 - Ed said it was important that this bill be passed to provide underserved areas with access to geriatric providers.
 - The Department of Health will run the repayment program.
 - Ed and Rich will be watching to make sure the funding stays from year to year to continue the loan repayment program.

Project Visibility Training

- Sara Beth Ford, Refugee Program Coordinator and Sarah Haggerty, Ombudsman provided a training for Project Visibility. This training is available for nursing homes, assisted living facilities and to providers who would like to educate their staff. For questions regarding training please contact Sara Beth Ford, 303-480-6786 or sford@drcoq.org.

County Reports

Adams County – Dawn Perez

- Adams County is going to in person plus Zoom meetings on July 6th.
- October 16th the Adams County Aging Network (ACAN) will have their conference at the Adams County Waymire Dome
- Their ACAN coordinator is moving on, they are in the process of looking for a new part time coordinator.

Douglas County - Karie Erickson

- Val Robson retired after 15 years of service.
- Karie is trying to build a kitchen for Douglas County.

Jefferson County - Cary Johnson

- Jefferson County is going to in person meetings in July
- They haven't had a Senior Heroes event where they honor volunteers due to COVID but are looking at an alternative using Zoom. In September they want to recognize those who have worked with older adults during the COVID crisis with a special recognition and certificate.

Other Matters by Members

No other matters were discussed.

Next meeting – **August 20, 2021**

Adjournment

The meeting adjourned at 1:42 p.m.

ATTACH B

To: Chair and Members of the Advisory Committee on Aging
From: Jayla Sanchez-Warren, AAA Director, jswarren@drcog.org

Meeting Date	Agenda Category	Agenda Item #
August 20, 2021	Action	6

SUBJECT

Elect or reaffirm ACA Committee Chair and Vice Chair

PROPOSED ACTION/RECOMMENDATIONS

Reaffirming current officers or nominating and voting of new officers.

ACTION BY OTHERS

NA

SUMMARY

According to the ACA bylaws, the ACA should elect officers from among the members annually. The term of the office for Chair and Vice Chair is one year, from July 1 through June 30. An individual may serve two consecutive years in the same office but only with an affirmative vote of the Committee. Our current Chair and Vice Chair have completed one term, a vote is needed to reaffirm current officers for another one-year term or nominate and vote for new officers.

PREVIOUS DISCUSSIONS/ACTIONS

NA

PROPOSED MOTION

Move to approve current officers for another one-year term or vote for new ACA officers.

ATTACHMENT

NA

ADDITIONAL INFORMATION

If you need additional information please contact Jayla Sanchez-Warren, Director Area Agency on Aging, 303-480-6735 or jswarren@drcog.org.

ATTACH C

To: Chair and Members of the Advisory Committee on Aging

From: Travis Noon, Senior Program Specialist
303-480-6775 or tnoon@drcog.org

Meeting Date	Agenda Category	Agenda Item #
August 20, 2021	Informational Briefing	7

SUBJECT

This item will provide an update on DRCOG's transportation services for older adults and individuals with disabilities.

PROPOSED ACTION/RECOMMENDATIONS

N/A

ACTION BY OTHERS

N/A

SUMMARY

DRCOG currently administers three pots of funding for transportation services for older adults and individuals with disabilities. DRCOG received Older American's Act and state funding for senior services funds to provide for services to older adults to help them age in place. As part of this DRCOG is required to fund transportation services for older adults. In addition, DRCOG is the designated recipient of Federal Transit Administration section 5310 funding for the Denver-Aurora Large Urbanized Area (5310), which provides funding for transit capital, operating, and mobility management projects that benefit older adults and individuals with disabilities. This funding is traditionally used for capital and mobility management projects, and at least 55% of the annual apportionment must be used for this purpose, which leaves little funding available for operating expenses. As part of its 2020-2023 Transportation Improvement Program, DRCOG's Board of Directors set aside \$1 million per year for 4 years for human services transportation (HST). This funding is available for transit projects that benefit vulnerable populations in DRCOG's MPO boundary.

With these funds DRCOG contracts with numerous providers to provide transportation services in the region. In addition, DRCOG contracts with providers for capital improvement projects under the HST and 5310 programs. In addition, DRCOG runs a in-house voucher transportation program utilizing transportation network companies to provide transportation service and provides free RTD tickets to older adults in the region.

The pandemic has hit the transportation services in the region hard, which drastically decreased the number of trips provided to about 30% of what it used to be pre pandemic. However, as conditions in Colorado have improved, the providers have been able to increase services across the region through out the first half of 2021. Providers are continuing to increase capacity to meet the needs in the region. Many providers are having challenges hiring drivers to keep up with the increasing demand. Assuming

conditions remain stable with the pandemic, its likely that throughout the next state fiscal year, the services will continue to increase toward pre-pandemic levels.

PREVIOUS DISCUSSIONS/ACTIONS

N/A

PROPOSED MOTION

N/A

ATTACHMENT

1. AAA Transportation Presentation

ADDITIONAL INFORMATION

If you have further questions please contact Travis Noon, Senior Program Specialist, 303-480-6775, or tnoon@drcog.org.

DRCOG AAA TRANSPORTATION

Travis P. Noon, Senior Program
Specialist

FUNDING



- Older Americans Act/State Funding for Senior Services (OAA/SFSS)
- Federal Transit Administration (FTA) Section 5310 Denver-Aurora
- Human Services Transportation Transportation Improvement Program Set-Aside (HST-TIP Set-Aside)

OLDER AMERICANS ACT



- AAA funding provides funding for services for Older Adults 60+
- Funds transportation operating expenses (Trips)
- Available for the AAA's 8 county region (Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin, Jefferson)

FTA SECTION 5310



- Provides funding for transit Capital, Operating and Mobility Management Projects that benefit older adults and individuals with disabilities
- At least 55% of the annual apportionment must be spent on traditional 5310 projects
- Available for Denver-Aurora Large Urbanized Area

DRCOG HST-TIP SET-ASIDE



- DRCOG Board of Directors set aside \$1 million per year for the 2020-2023 TIP
- Complements OAA/5310 & expands services to other vulnerable populations
- DRCOG, CDOT and RTD Agreed to funding swap to make this funding state FASTER funds
- Available for DRCOG's Metropolitan Planning Organization boundary



THE PROVIDERS



- A Little Help
- City and County of Broomfield
- Boulder County
- City of Lakewood
- DRMAC
- Laradon Hall Society for Exceptional Children and Adults
- Douglas County
- Via Mobility Services
- Volunteers of America
- DRCOG Voucher Program
 - HopSkipDrive, Uber, RTD Tickets

A LITTLE HELP



- Volunteer driver program
- Volunteers can provide rides 7 days per week
- Counties Served: Adams, Arapahoe, Broomfield, Denver, and Jefferson
- Received OAA and HST-TIP funding for services
- HST-TIP grant awarded for capital improvements to their volunteer management software
- DRCOG Reimburses \$16.59 per one-way trip

CITY AND COUNTY OF BROOMFIELD



- Older Americans Act funds their Easy Ride paratransit program
- Serves the City and County of Broomfield
 - Limited medical trips to surrounding areas (Boulder and Lafayette)
- DRCOG Reimburses \$19.19 per one-way trip
- Has received 5310 and HST-TIP for vehicle purchases in the past

BOULDER COUNTY



- Boulder County is ineligible for OAA and 5310 Denver-Aurora funding from DRCOG
- Received HST-TIP funding for Ride Free Lafayette program
- FlexRide Style service in Lafayette, targeted toward low-income and other vulnerable populations, but open to general public
- Contracted to Via Mobility Services
- DRCOG reimburses contract at cost (Average \$27.38 per one-way Trip)
- Also funding a planning grant exploring the costs and benefits of RTD adding another Access-A-Ride certification center

CITY OF LAKEWOOD



- Funding Lakewood Rides program
- Demand response door-through-door paratransit services in the City of Lakewood for older adults and individuals with disabilities
- Receives OAA and 5310 funding for providing trips
- Long time subcontractor of SRC's transportation program
- DRCOG Reimburses \$18.62 per one-way trip

DENVER REGIONAL MOBILITY AND ACCESS COUNCIL



- DRMAC is the regional coordinating council for the Denver area
- DRCOG funds Mobility Management functions of DRMAC with 5310 and HST-TIP funding
- Includes Travel Training, RCC and LCC activities, One-Call/One-Click center, Information and Referral Services
- 5310 COVID Relief funding is being awarded to help expand their travel training program

LARADON HALL SOCIETY



- Laradon is a day program for individuals with intellectual and developmental disabilities (IDD) of all ages
 - Approx. 20% of clients are older adults
 - Serve a hard to serve population
- Provide transportation services to individuals enrolled in their program
- Currently awarded 5310 grants for operating and to replace 4 vehicles

DOUGLAS COUNTY



- DRCOG awards funding to Douglas County who subawards the funding to providers in the area
 - Aging Resources of Douglas County, To The Rescue, Auburn Ventures, Castle Rock Senior Center (OAA, 5310 and HST-TIP)
 - Continuum of Colorado (HST-TIP and 5310)
- DRCOG reimburses Douglas County \$24.21 per one-way trip
 - Average of the cost Douglas County pays to individual providers

VIA MOBILITY SERVICES



- Demand response door-through-door paratransit services in Adams, Arapahoe, Denver and Jefferson County
- Receives OAA, 5310 and HST-TIP funding for trips in the region
- 5310 and HST-TIP funding also awarded for capital software improvements and equipment
- DRCOG Reimburses Via at \$45 per trip for OAA funds

VOLUNTEERS OF AMERICA



- Provides paratransit services in Gilpin and Clear Creek counties
- Historically has been operated by volunteer drivers, but recent decrease in volunteer availability
- DRCOG Reimburses \$19.21 per one-way trip



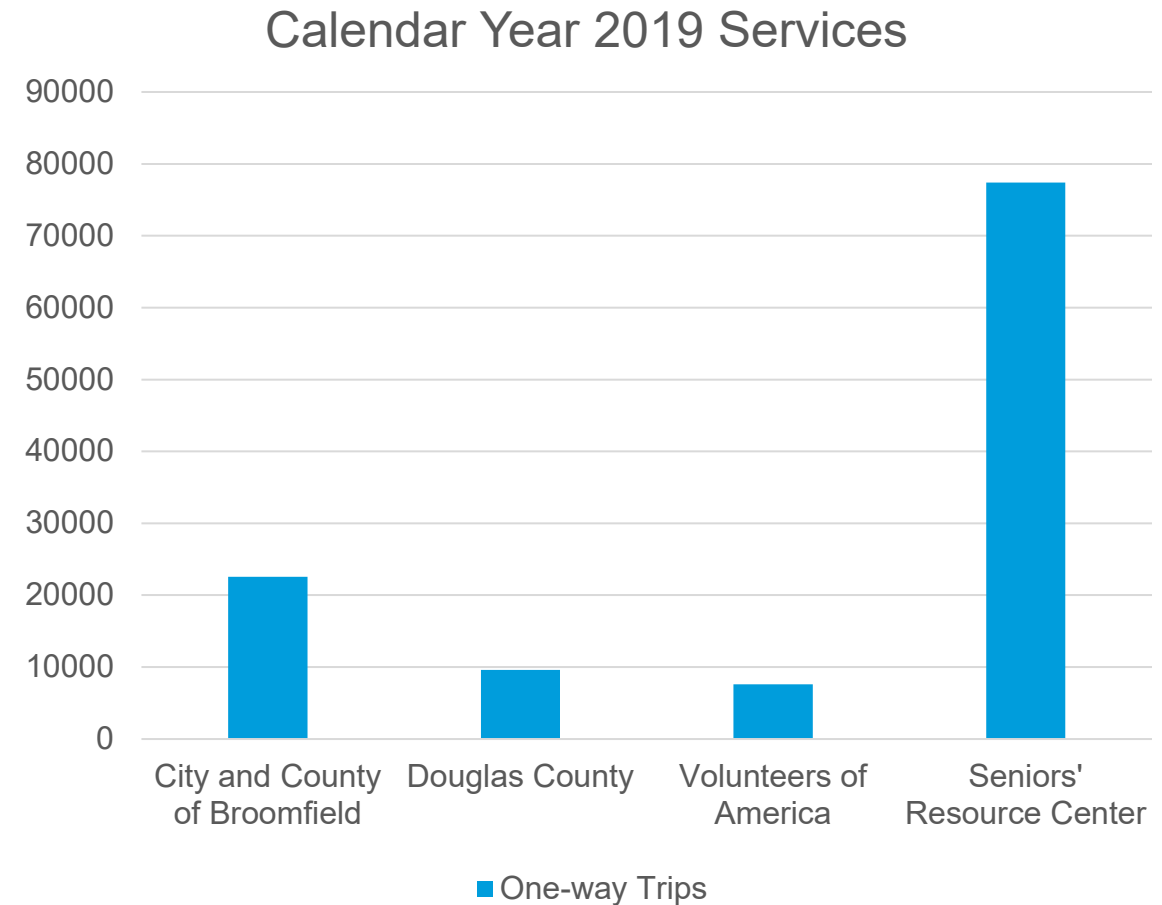
SERVICE UNITS TRENDS



CALENDAR YEAR 2019 SERVICES



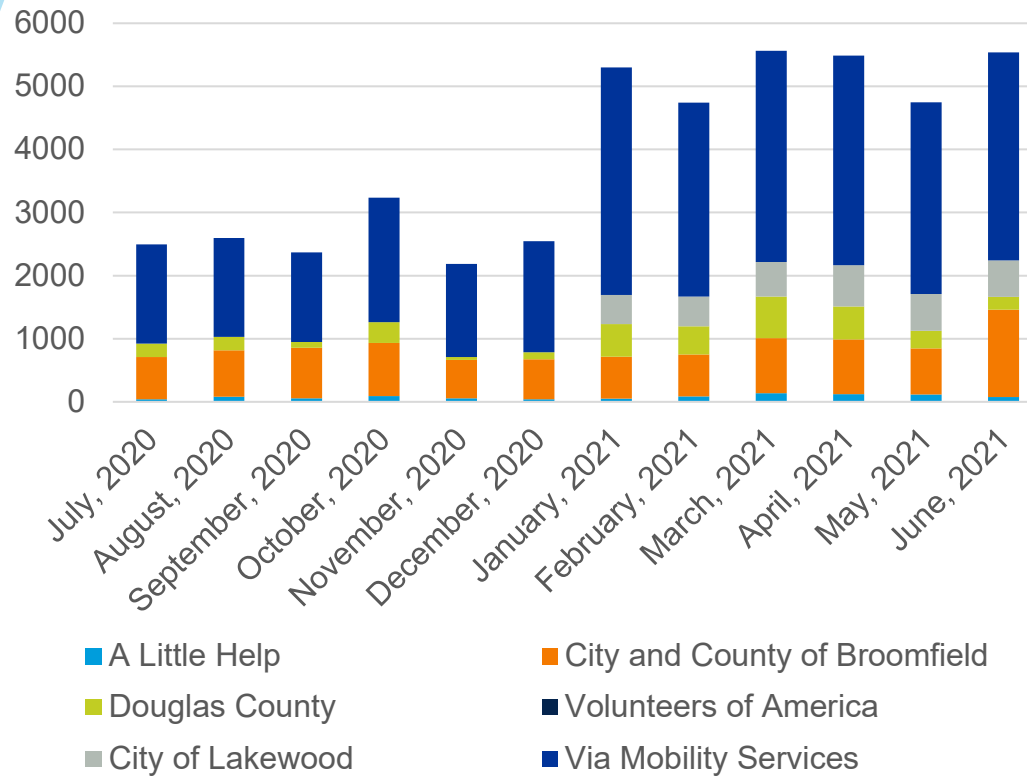
- Total number of one-way trips provided across all providers: 117,181
- Number of unduplicated clients served: 3,899



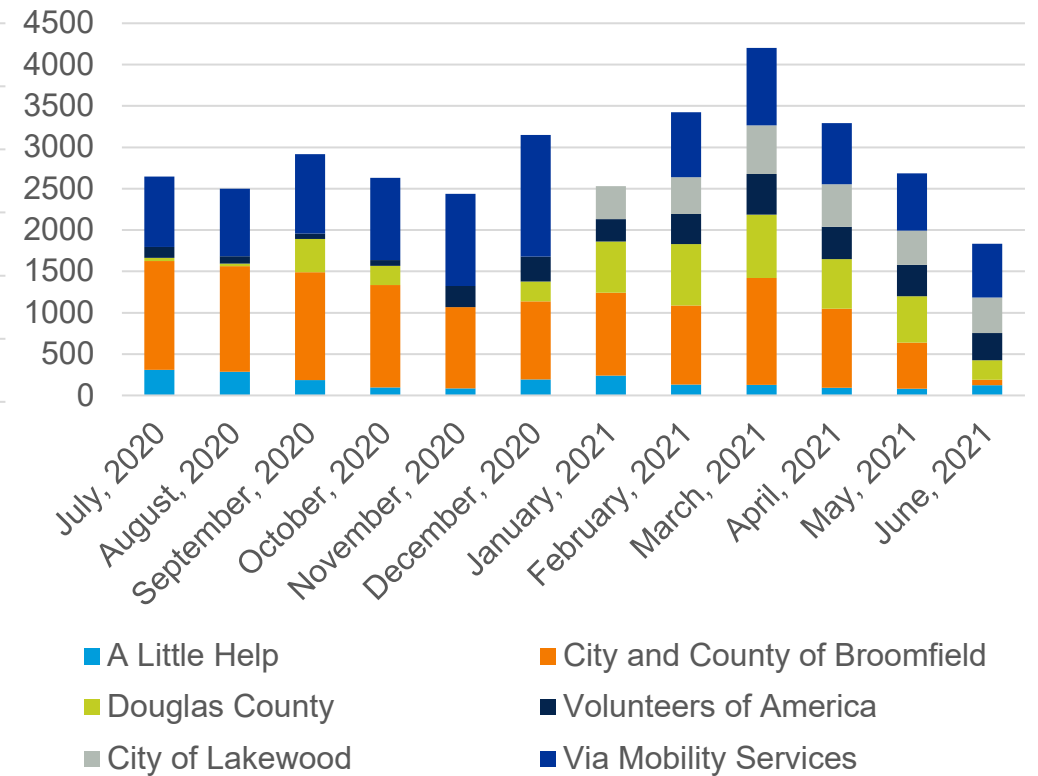
SFY 2021 SERVICES



One-way Trips



COVID Related Services



SFY 2021 SERVICES



- Total one-way trips provided: 46,784
 - July – December 2020: 15,414
 - January – June 2021: 31,370
- Total COVID Related Services: 34,247
- Total units provided: 81,031
- Total Unduplicated Clients: 3,286



DRCOG TRANSPORTATION VOUCHER PROGRAM

BACKGROUND



- Started June 2019
- The following were goals of the program:
 - Reduce the call ahead time for scheduling rides
 - Reduce the overall unit cost for transportation
 - Expand our service area and hours of operation
 - Provide more personal trips
- The providers: HopSkipDrive, Uber, RTD Tickets

HOPSKIPDRIVE

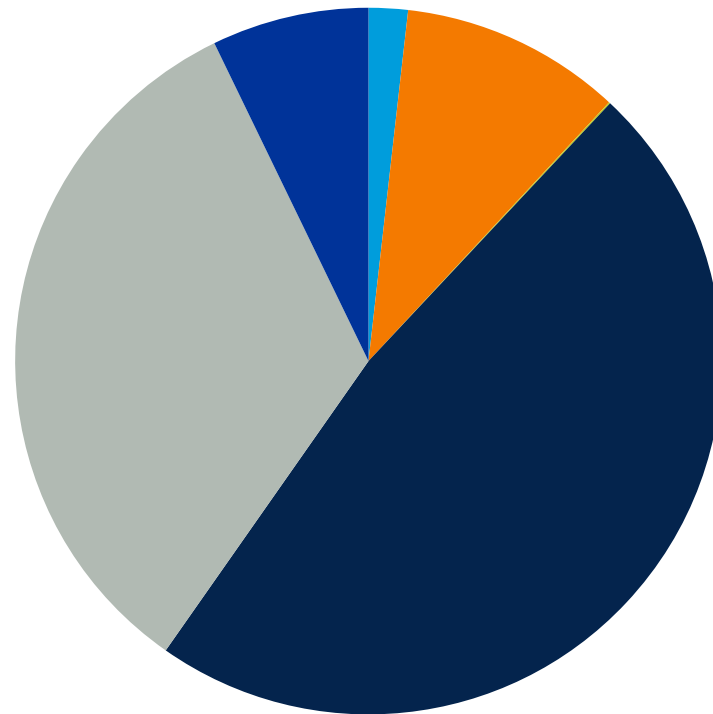


- Will provide assistance beyond typical curb-to-curb service provided by other TNCs
- During the pandemic HopSkipDrive has provided food delivery and assisted with coordinating vaccine events
- Limited to 20 miles one-way
- \$16.64 flat fee for scheduling the ride, \$2.08 per mile
- \$18 flat fee for wait times exceeding 15 minutes
- Average cost per trip SFY21 \$31.22

SERVICE UNITS SFY21



Trip Purpose

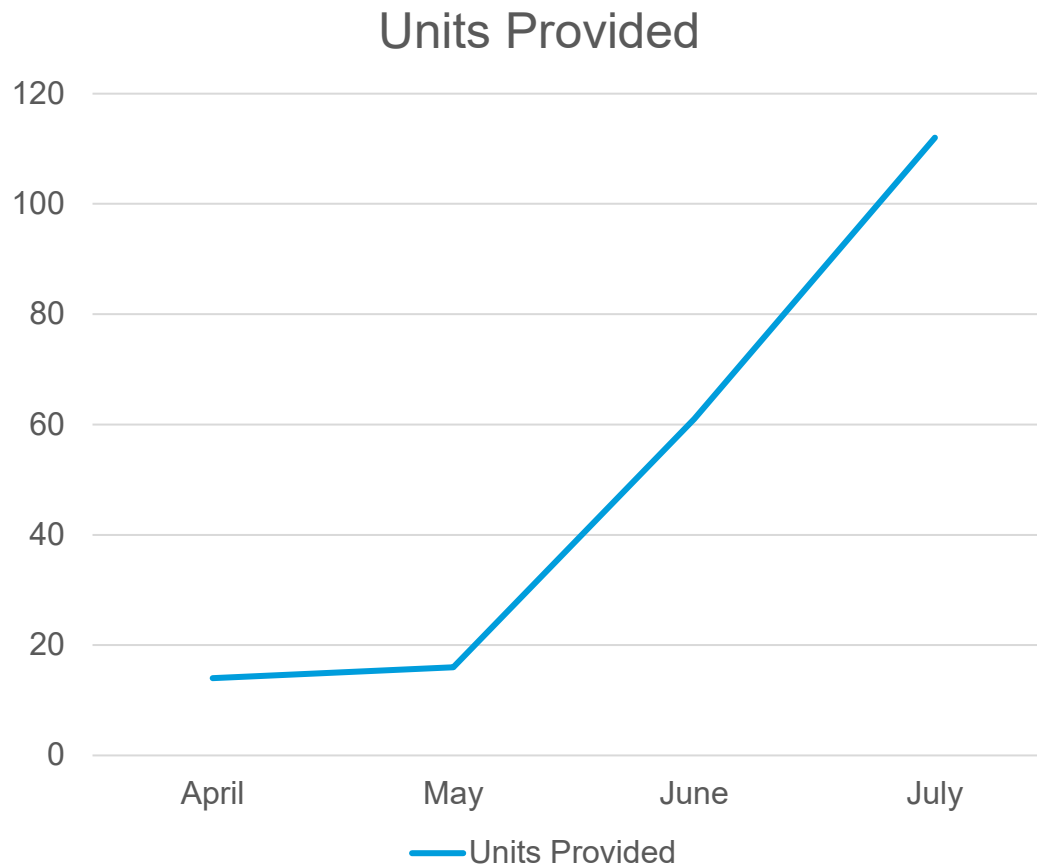


■ Dialysis ■ Grocery ■ Meal Site ■ Medical ■ Personal ■ Not Specified

- 12,570 trips provided
- 231 vaccine trips
- Average 7.7 Miles per trip
- 5% cancellation rate



- Curb-to-curb service
- Currently use Uber Profiles
 - Hook in clients Uber accounts to our Uber Business Account
 - Provides \$150 per month for rides within our region
 - Clients schedule their own rides
 - Limited to UberX and UberX Pet
- Access to Uber Central and Flexible Rides
- Started in April 2021



- 203 trips provided
- Currently 25 individuals enrolled in the program
- \$18.10 average per unit cost
- Average 7.5 miles, 15 minutes

RTD TICKETS



- DRCOG provides free local RTD tickets under its voucher program
- This includes Access-A-Ride, Discount, and Regular priced tickets
 - Limit of 30 tickets per person per month
- Tickets are mailed weekly to clients by ADRC staff.
- Tickets are also distributed by Senior Support Services and Southwest Improvement Council
- Senior Support Services also provides monthly bus passes

RTD TICKETS



- DRCOG pays the full fare for tickets
 - Access-A-Ride: \$5.00
 - Regular: \$2.80
 - Discount: \$1.40
- Reimburse \$1.40 per ticket to SWIC and Senior Support Services and \$57 for monthly passes

RTD TICKETS



- DRCOG:
 - Access-A-Ride Tickets: 4,542
 - Regular Tickets: 2,470
 - Discount Tickets: 4,690
- Senior Support Services:
 - Tickets: 2,400
 - Monthly Passes: 878
- Southwest Improvement Council: 714

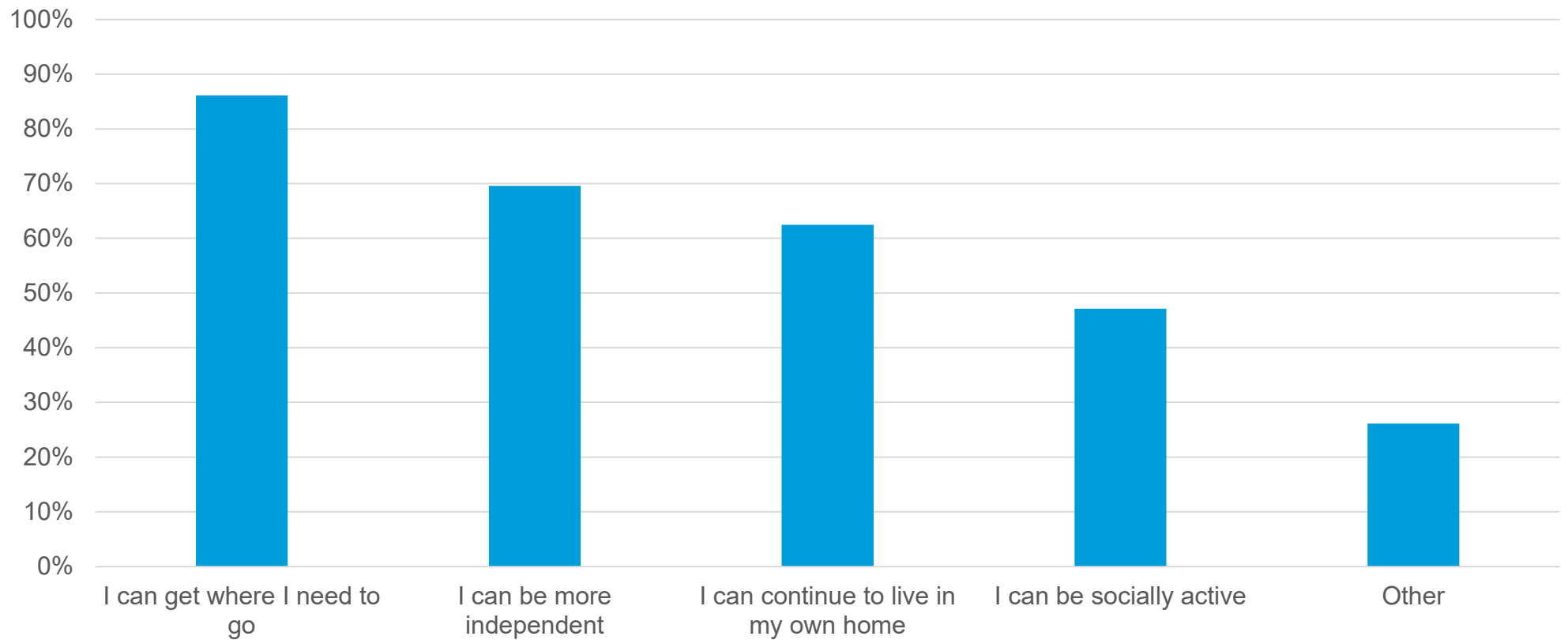


CONSUMER SATISFACTION

CONSUMER SATISFACTION



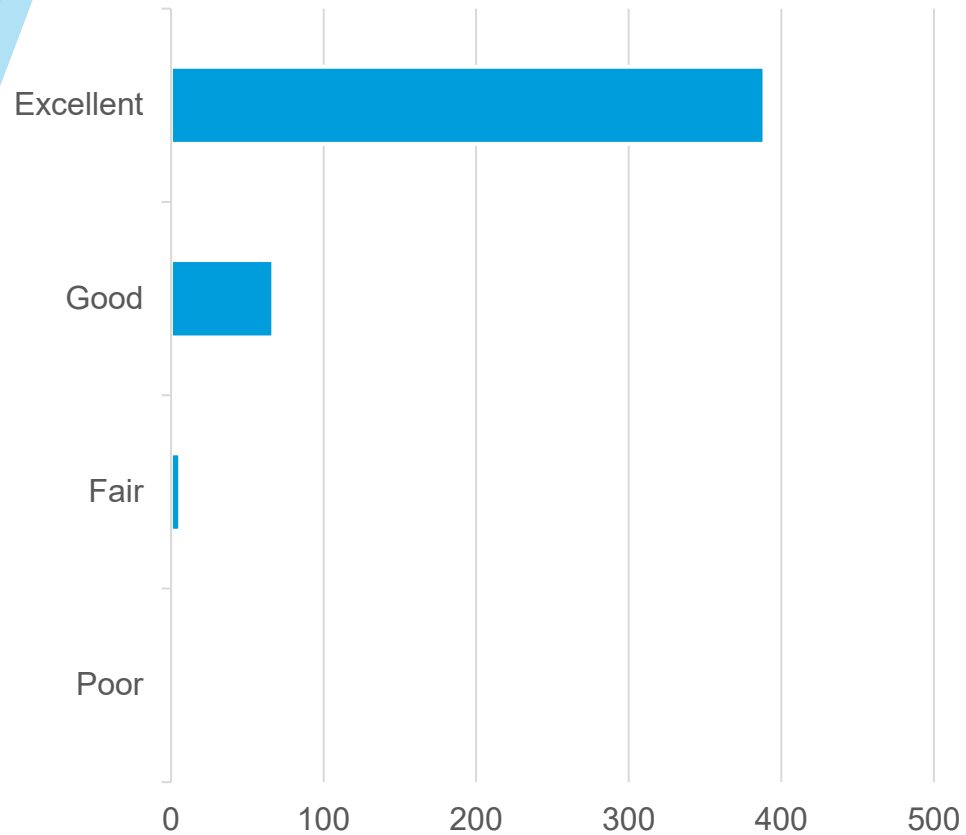
What are some of the ways you benefit from the program?



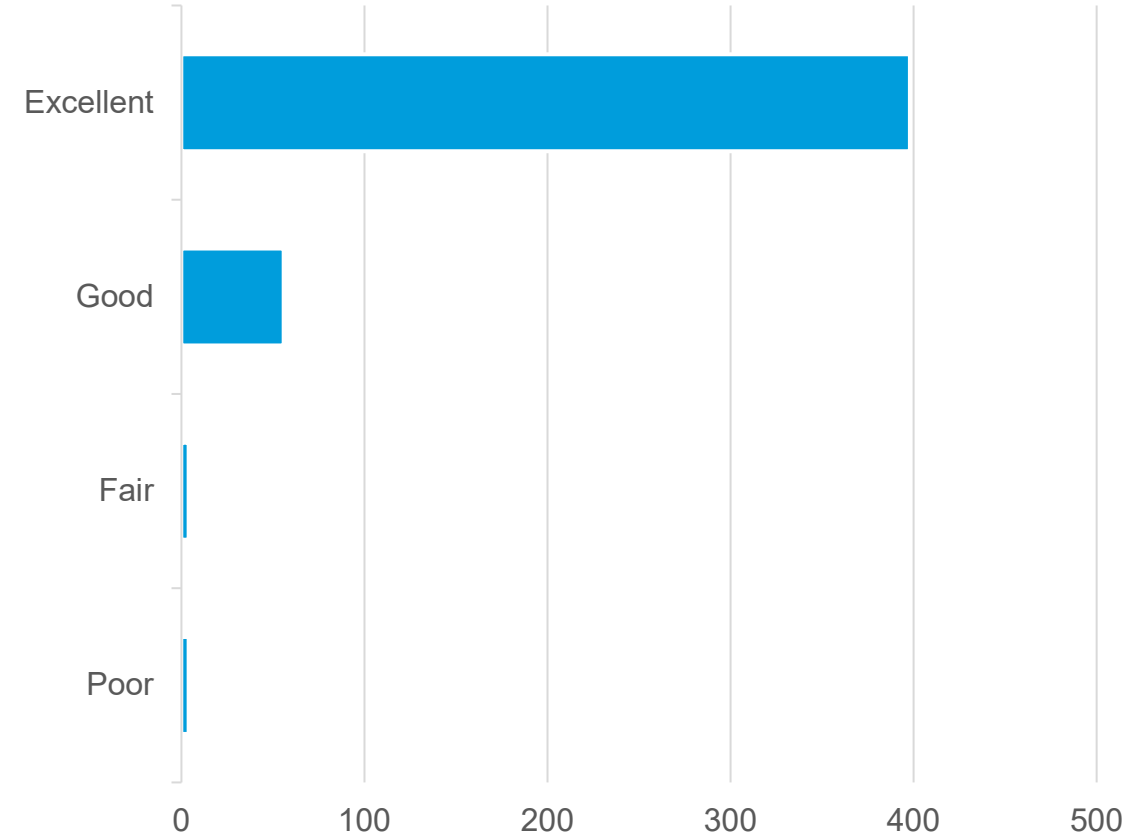
CONSUMER SATISFACTION



Arriving and Departing on Time



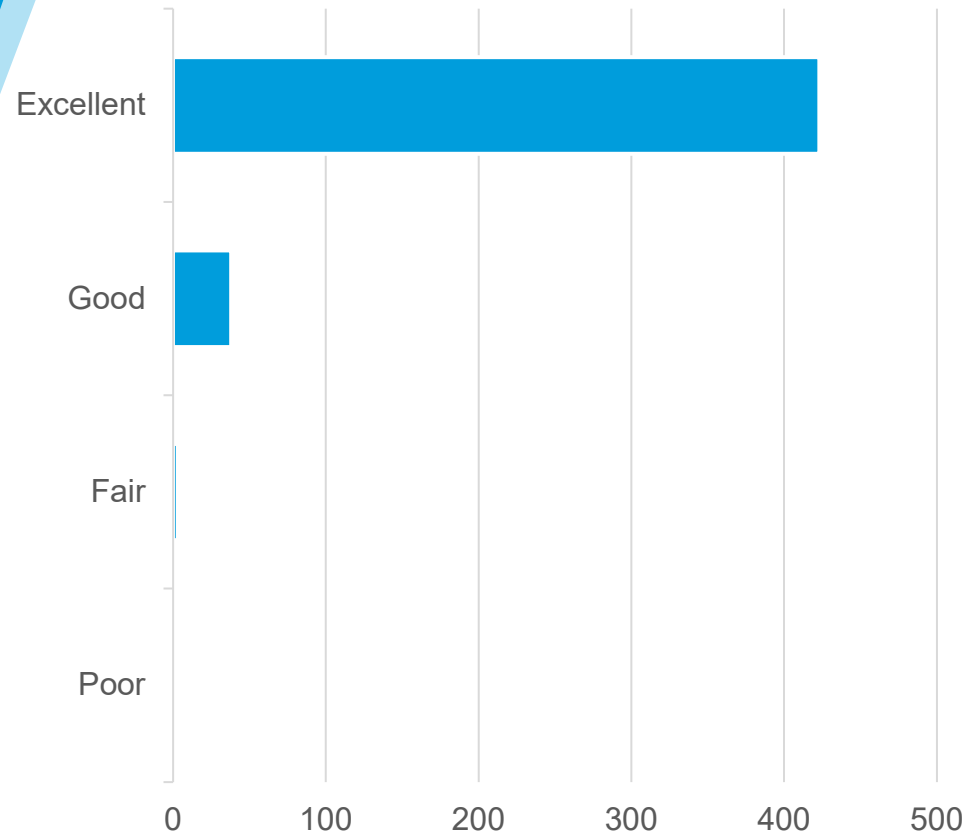
Going to the location I need



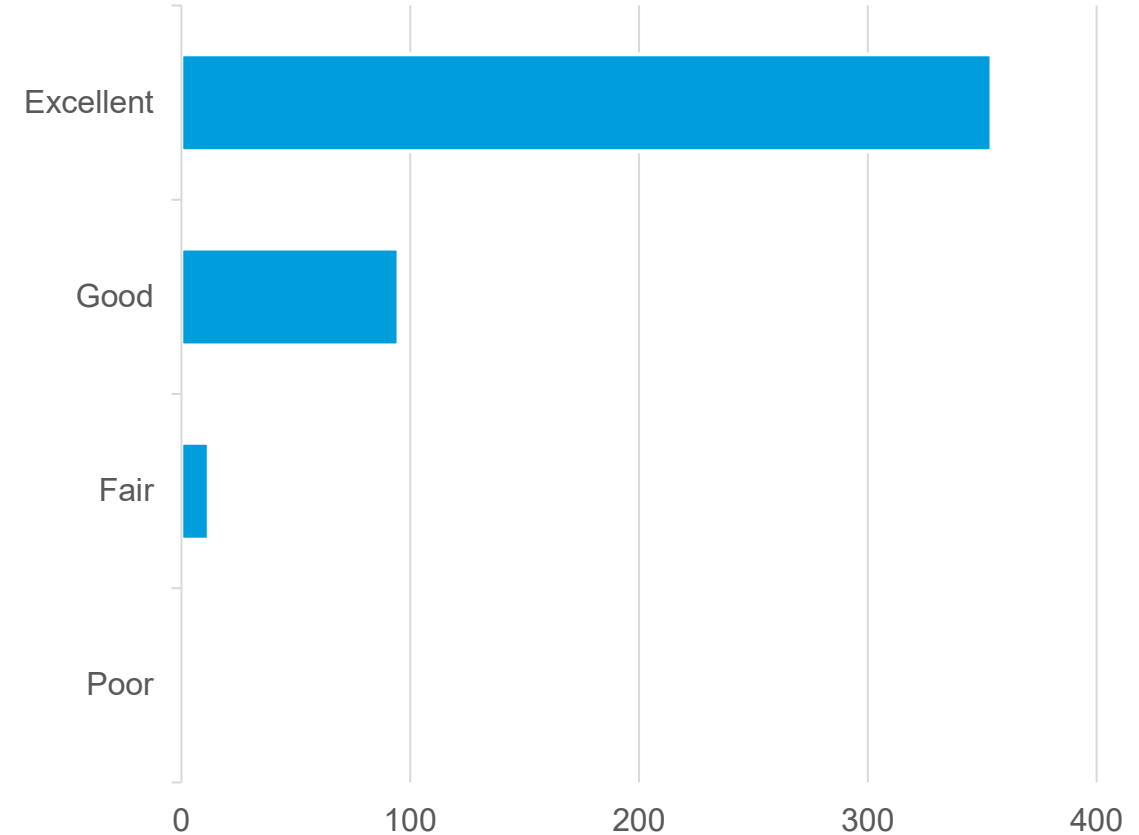
CONSUMER SATISFACTION



Driver Courtesy



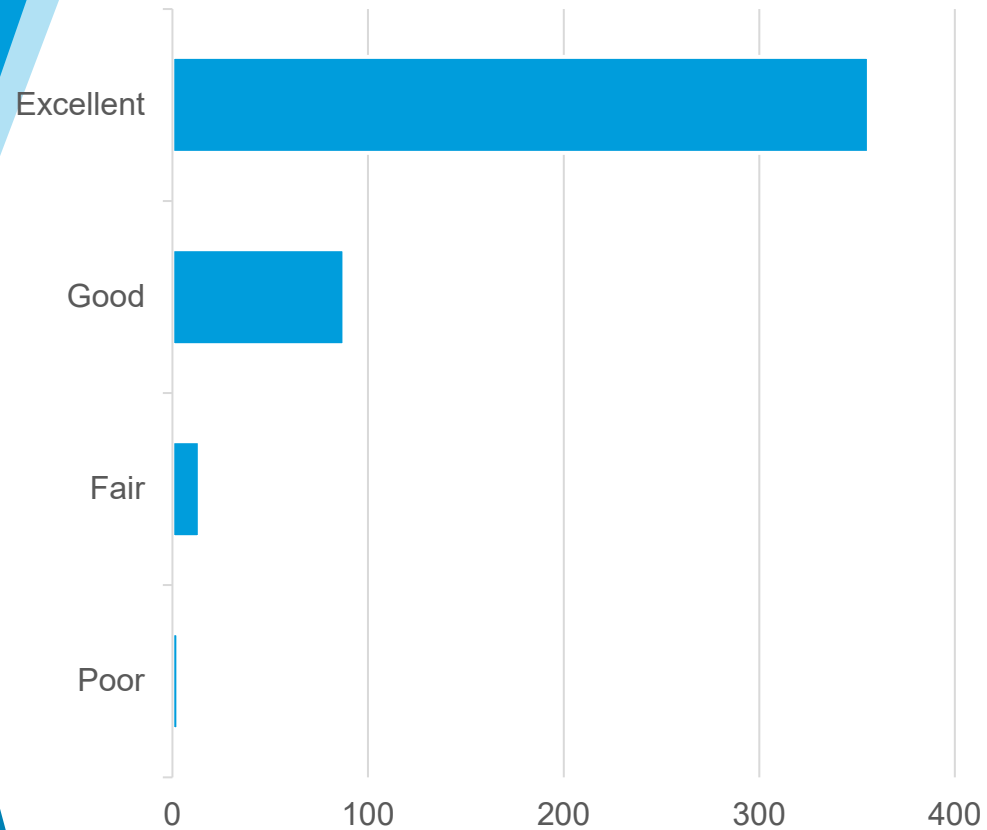
Ease of Getting in/out of Vehicle



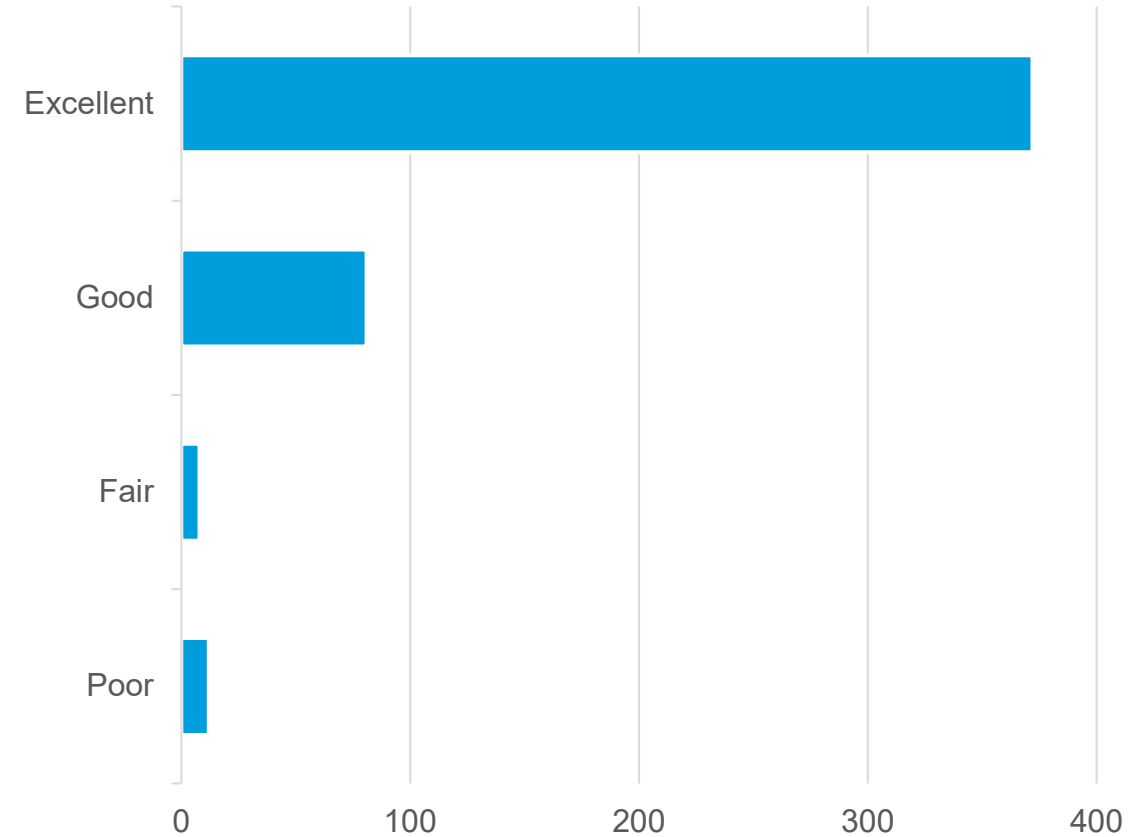
CONSUMER SATISFACTION



Vehicle Comfort



Overall Rating





THANK YOU!
QUESTIONS?

Travis P. Noon
Senior Program Specialist, Administration and Finance
tnoon@drcog.org
303-480-6775

ATTACH D

To: Chair and Members of the Advisory Committee on Aging

From: Jayla Sanchez-Warren, AAA Director, jswarren@drcog.org

Meeting Date	Agenda Category	Agenda Item #
August 20, 2021	Informational Briefing	8

SUBJECT

Transportation Subcommittee Update

PROPOSED ACTION/RECOMMENDATIONS

NA

ACTION BY OTHERS

NA

SUMMARY

In February the ACA established the Transportation Subcommittee, this committee has met several times over the past six months. An update will be provided to the ACA of the progress of the subcommittee and discussion of their future plans.

PREVIOUS DISCUSSIONS/ACTIONS

Establishment of ACA Transportation Subcommittee February 19, 2021. May 21, 2021, update and discussion.

PROPOSED MOTION

NA

ATTACHMENT

Providing Transportation Today, Preparing For Tomorrow PowerPoint

ADDITIONAL INFORMATION

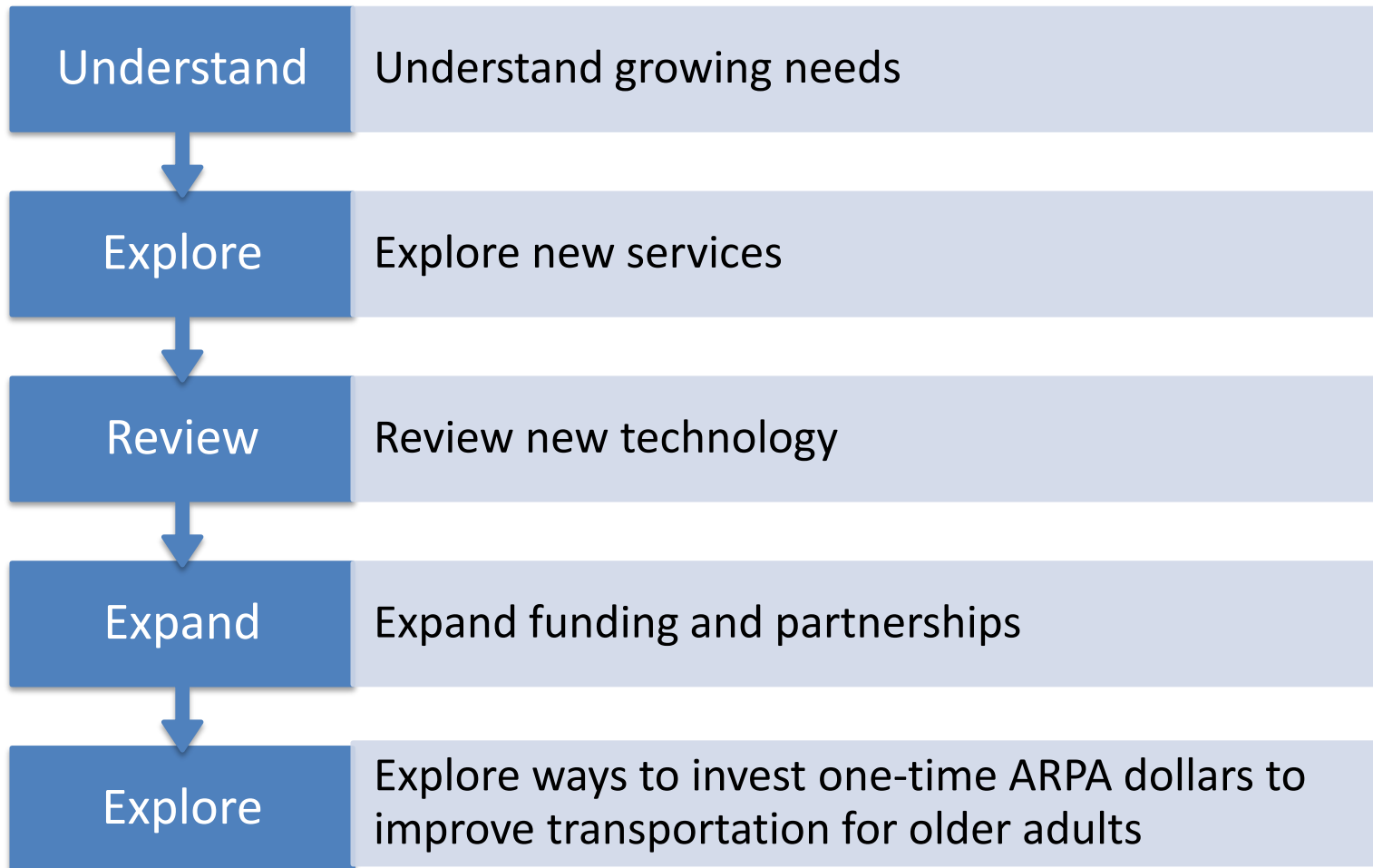
If you need additional information please contact Jayla Sanchez-Warren, Director Area Agency on Aging, 303-480-6735 or jswarren@drcog.org.



**PROVIDING TRANSPORTATION TODAY
PREPARING FOR TOMORROW**

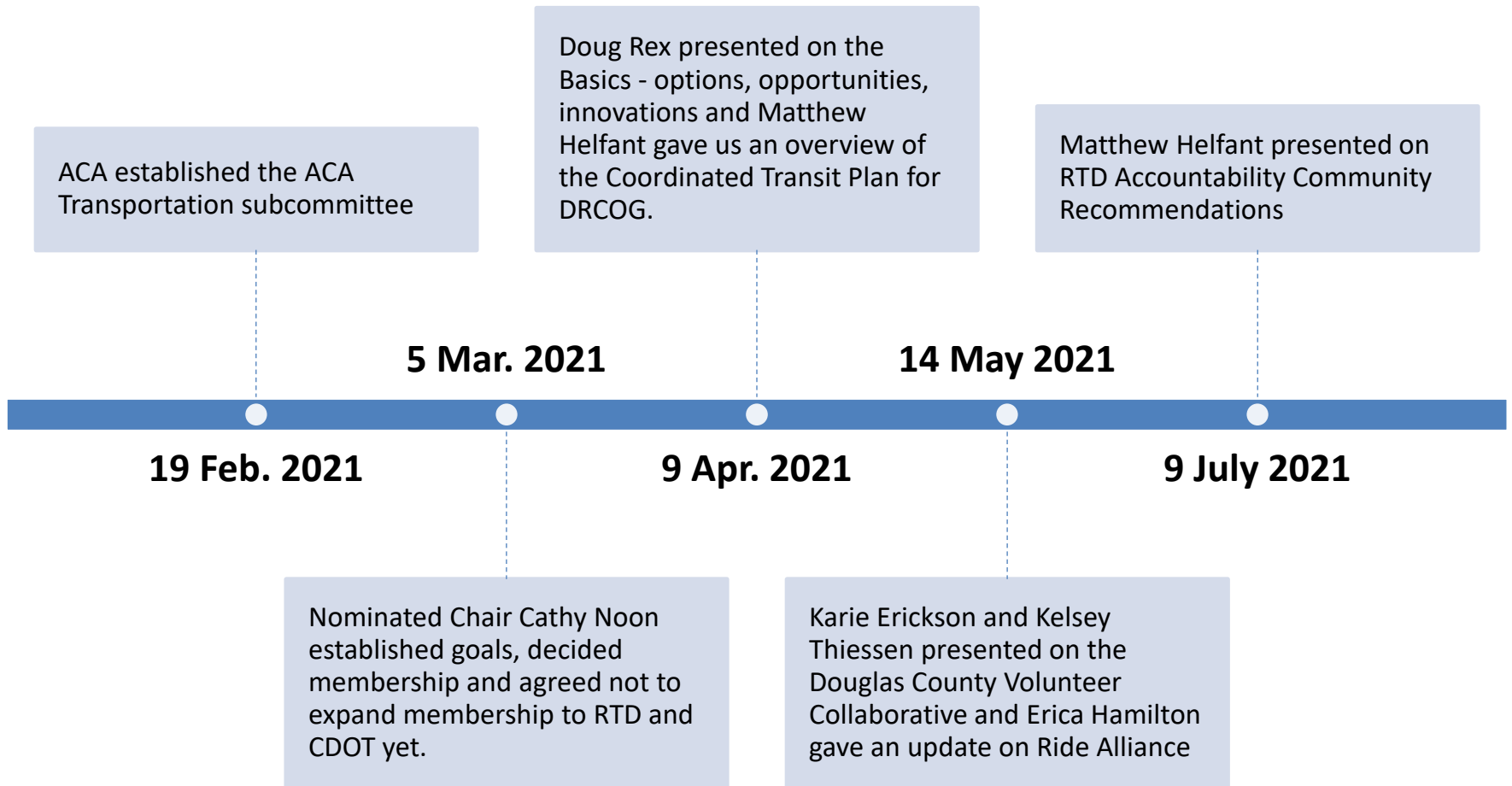


Purpose of the ACA Transportation Sub-Committee





Where we have been





AAA Transportation Service

Positive News

- Provided transportation service throughout the pandemic.
- AAA was able to provide different funding to sustain providers.
- Stood up new transportation provider during the pandemic going from SRC to Via.
- Trips are increasing
- High satisfaction rates for DRCOG transportation service
- Increased funding from COVID relief packages

Challenges

- Difficulty finding drivers professional and volunteers
- Catalytic converters being stolen off vehicles reducing fleet availability
- Numbers of riders have not reached pre-pandemic levels and are now declining a bit.
- Providers hit hard by pandemic and preparing for another downturn.



Preparing for the future



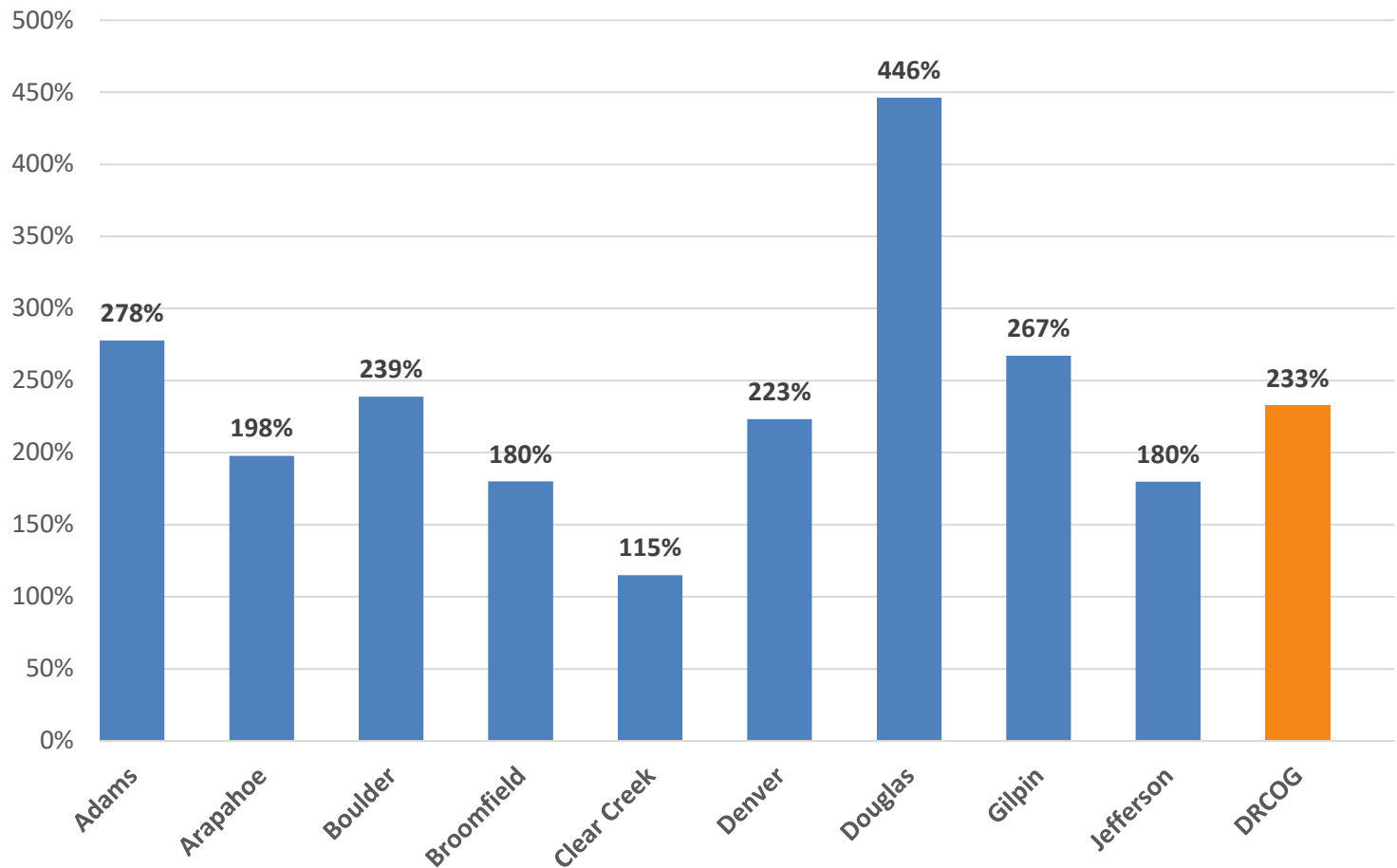


Leading five-year cohort growth

Five-year cohort	Percent change (2015-2040)	Rank
75 to 79	257%	1
90-plus	219%	2
85 to 89	205%	3
80 to 84	204%	4
70 to 74	88%	5
65 to 69	40%	6



75-plus Population Forecasted Percent Growth (2016-2050)





What will be the challenges in the future

- More older adults will need assistance getting places
- Increased numbers of people with disabilities
- Expanded transportation options will be needed
- More mobility options will be needed
- Uncertain funding for assisted transportation and mobility
- A larger region to serve
- Need for more service providers
- Increased need for ride coordination services ...





My ideas for next steps

In the next 2 years

- Understand current service challenges and underserved areas.
- Identify infrastructure needs.
- Explore opportunities for one-time ARPA and SB290 and other COVID relief funding
- Identify potential partners for service expansion and infrastructure needs.
- Recommend funding of projects and services to ACA and DRCOG Finance and Budget.





Planning for three to five years

- Develop a comprehensive mobility/transportation plan for older adults.
- Create a comprehensive list of infrastructure projects and identify possible funding sources and partners.
- Develop an advocacy strategy to increase funding for transportation services for older adults in the AAA and from other funding streams.







Thank you!

QUESTIONS?

Jayla Sanchez-Warren
Director, Area Agency on Aging
jswarren@drcog.org
303-480-6735