



# Denver Regional Council of Governments

## Area Plan on Aging

Older Americans Act  
SUA Policy Directive-15-04

State Fiscal Years  
2016-2019  
(July 1, 2015 to June 30, 2019)

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## ***Section I Executive Summary***

The Denver Regional Council of Governments (DRCOG) Area Agency on Aging (AAA) is the largest AAA in the state of Colorado. It serves older adults and people with disabilities in the counties of Adams, Arapahoe, Broomfield, Clear Creek, Denver Douglas, Gilpin and Jefferson. This region includes 47 percent of the state's older population, encompasses more than 4,000 square miles, and is a unique blend of urban, suburban and rural communities, with many nationalities and ethnic groups calling the region home.

AAAs make it possible for older adults and people living with disabilities to “age in place” with dignity by providing a range of services that allow them to live independently in their homes and communities. They also serve people living in the 400-plus nursing homes and assisted living residences in the region. The AAA advocates on behalf of older adults and their families. In this role, the AAA helps ensure that lawmakers and others are aware of the needs of older adults, the benefits of community-based services and the taxpayer cost of failing to address the needs of seniors in the region. As the regional planning entity on aging, the AAA is responsible for identifying the needs of older adults in the region, identifying gaps in services, working with community partners to fill those gaps and funding community-based services in the region.

For more than 40 years, DRCOG has served as the Area Agency on Aging (AAA). In the AAA's early days, DRCOG focused on developing infrastructure for seniors, encouraging organizations to create programs for older adults and funding the construction of senior centers and purchase of equipment for congregate meal sites. Today's critical needs are different. Now we are faced with the fastest-growing aging population in history. By 2030, 1 in 4 people will be over the age of 60. In the 10-year period from 2014 to 2024, the 75+ population will increase by 94 percent and the 90+ population will grow by almost 37 percent. There are many challenges today: keeping pace with increasing demands, investing limited dollars, bringing more resources into the region, creating new partnerships, diversifying funding sources and ensuring high-quality service.

In the next four years, the DRCOG AAA will expand services and reach more people. Services will be targeted to those who are in most need, including elders who are frail, low-income, homebound, living in rural areas, low-income minorities and those at risk of nursing home placement. The DRCOG AAA will implement new programs that help people transition from nursing homes back to the community and serve veterans who want to live independently and direct their own care. The AAA will continue to bring in more resources and expand such core services as transportation, nutrition, in-home support and mental health. Supporting caregivers will be a primary focus. In addition, helping people understand how to age more successfully is a priority, whether it is a local government that wants to make its community more livable for older adults or someone who wants to manage his or her chronic disease better.

The DRCOG AAA's 40 years of experience not only includes serving older adults, but successfully managing multiple contracts with community-based providers. The AAA will expand services by partnering with insurance providers and hospitals in the region. This expansion will allow us to continue to increase options for people, expand access to community-based services and reduce high long-term care costs.

The Area Plan on Aging guides the work of the DRCOG AAA for the next four years. It reflects the needs of our region, highlights our service goals and demonstrates outcomes, strategies and measures that will be used to evaluate progress and the success of our work.

The goals of the DRCOG AAA are to:

- Increase the independence of frail older adults and people with disabilities
- Increase the number of people served
- Address basic needs
- Increase access to community-based services
- Ensure quality of AAA services
- Promote aging readiness

## ***Section II: Public Input***

The DRCOG AAA conducted 17 Community Conversations and talked with 483 people between the dates of Feb. 16, 2015, and May 3, 2015.

In each Community Conversation, the role of the AAA was described, service categories were explained and examples given of services in each category. Participants were then given four adhesive dots and asked to vote for the services they thought were most needed to increase or sustain independence for older people in their community.

<b>Results of Community Conversations</b>		
<b>Priority</b>	<b>Service</b>	<b>Votes</b>
1	Transportation	298
2	In-Home Services	269
3	Home Repair/Chore Services	187
4	Nutrition Services	185
5	Info & Refer/Assist	158
6	Caregiver Support	142
7	Material Aid	129
8	Care Management	122
9	Counseling/Mental Health	113
10	Legal	107
10	Outreach/Public Information	107
11	Ombudsman/Elder Abuse Prevention	98
12	Health Promotion/Education	87
13	Screening and Evaluation	65

Participants were also asked to describe what additional services were needed but not available in their community. The top five needs include:

1. Affordable housing
2. Snow removal
3. One place to go for information

4. Opportunities for community and social engagement
5. Financial assistance

In addition, two focus groups were conducted: one on Transportation and the other on Legal Services. Discussion included how to increase the number of clients served, how to identify and increase service to underserved and unserved populations. Gaps were identified in services and recommendations made to address these gaps.

Transportation recommendations include:

- Combine AAA funds with Federal Transit Administration 5310 and other funds to expand capacity
- Expand the technological capacity, including scheduling software, and Interactive Voice Response technology (IVR). This software allows people to confirm and cancel appointments for rides by placing automated phone calls to clients asking them to confirm their trip
- Expand volunteer programs
- Expand fleet options
- Reduce no show rates – IVR technology can reduce no shows and late cancelations, thereby reducing wait times and transportation costs
- Increase capacity – Areas identified include: Eagle Bend, Commerce City, Broomfield, Deckers, Conifer and Coal Creek Canyon, Gilpin and Clear Creek counties
- Consider more brokering of transportation of service, especially for dialysis trips and in rural areas
- Continue to work with Denver Regional Mobility Access Council (DRMAC) to implement the Transportation Coordination Systems project of DRMAC that involves improving coordination of human services transportation

The legal focus group explored ways to reduce waiting lists and to serve more people. Colorado Legal Services, DRCOG's current legal contractor, estimated that it would take \$25 million to eliminate the waiting list, and address the current demand for legal services. The group identified consumer fraud protection as a big unmet need in the region for older adults. Calls about fraud, debt collection, costly car repairs and utility services have increased significantly in the past four years. The group talked about public programs that created barriers to older adults on limited incomes and they talked about the need for more education about basic legal issues and more coordination among legal services and other community providers.

Legal recommendations include the following.

- Increase the use of paralegals and legal navigators
- Work closely with community case managers because rarely do people have just legal needs when they contact attorneys. Often they have medical or financial needs; often they could benefit from mental health assistance and help with domestic issues.
- Develop legal consumer advocacy programs for seniors
- Work collaboratively on regulatory reform in areas including: Health Care Allowance, SNAP and landlord tenant requirements.
- Increase community information and presentations on basic legal issues.

## ***Section III: Current and Future Programs***

One of the primary responsibilities of the DRCOG AAA is to administer the programs of the Older Americans Act. Contracts with 26 different community-based organizations allow us to provide more than 40 different services in the community, including: transportation, nutrition, information and assistance, adult day, counseling, and dental services. Providers are listed below.

- Adams County Community Development
- Alzheimer's Association
- American Council of the Blind of Colorado
- Arapahoe County Community Resources
- Audio Information Network of Colorado
- Catholic Charities
- Centers for People with Disabilities
- Centura Health LINKS
- City & County of Broomfield
- Colorado Gerontological Society
- Colorado Legal Services
- Douglas County Department of Human Services
- First Ride Transportation
- Health SET
- Jefferson County Mental Health
- Jewish Family Service of Colorado
- Lutheran Family Service
- Senior Hub
- Seniors' Resource Center
- Senior Support Services
- Southwest Improvement Council
- Visiting Nurse Association of Colorado
- Tri-County Health Department
- Volunteers of America

### ***Services Currently being Funded by DRCOG AAA***

#### **ADULT DAY SERVICES**

##### **Seniors' Resource Center**

3227 Chase Street  
Denver, CO 80212  
<http://www.srcaging.org/>  
303-235-6986

##### ***Respite Care Through Adult Day Programs***

Counties Served: Adams, Arapahoe, Clear Creek, Denver, Douglas, Gilpin and Jefferson

Seniors' Resource Center supports family caregivers by providing Adult Day Services through its Adult Day Services sites in Wheat Ridge and Evergreen. The programs are open Monday through Friday and offer a variety of social, artistic and recreational activities in a supportive, caring environment. The participants receive assistance with personal care needs and medication administration, as needed. Breakfast, lunch, and an afternoon snack are provided.

### **The Senior Hub**

10190 Bannock Street, Suite104  
Northglenn, CO 80260  
[www.seniorhub.org](http://www.seniorhub.org)  
303-287-2400

### ***Adult Day Program***

Counties Served: Adams, Arapahoe, Broomfield and Denver

This day program provides a safe, welcoming place for older adults to go during the day, allowing caregivers a break to work or to take time for their own needs. Social interaction and cognitive stimulation are provided via a variety of activities, including daily exercise. A nutritious, hot, hearty, meal is served family style at noon and two snacks are also served daily. Participants include people with Alzheimer's Disease, dementia, chronic illness and/or other problems that may increase their care needs. The Activity Professionals on staff are Certified Nurse Assistants and there is a Registered Nurse who oversees the program weekly.

## **CARE MANAGEMENT**

### **DRCOG Area Agency on Aging**

1290 Broadway, Suite 700  
Denver, CO 80203  
Intake and Referral  
[www.drcog.org](http://www.drcog.org)  
303-480-6700

### ***Geriatric Care Management***

Counties Served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

Experienced case managers offer short-term care coordination to older adults requiring assistance in identifying and making life transitions. Case management activities may include comprehensive needs assessments; presenting care options and resources; coordination of services among providers; connecting with medical, non-medical and mental health professionals and services; applying for and accessing available benefits and supports; consultation with families and temporary monitoring of community supports. This program is designed to help older adults remain active and independent in the community for as long as possible and to provide assistance in planning for the future.

## COUNSELING SERVICES

### **Jefferson Center for Mental Health (Senior Reach Program)**

70 Executive Center  
4851 Independence Street  
Wheat Ridge, CO 80033-6715  
<http://www.jeffersonmentalhealth.org/>  
1-866-217-5808

#### ***Counseling***

Counties Served: Broomfield, Clear Creek, Gilpin and Jefferson

The Senior Reach program provides mental health assessments, depression screenings, education groups, and individual and group counseling to older adults. Senior Reach targets older adults who are isolated and frail, not currently accessing services and in need of mental health services.

## DENTAL SERVICES, HEARING AIDS & EYEGASSES

### **Colorado Gerontological Society**

(Formerly Senior Answers and Services)  
3006 East Colfax Avenue  
Denver, CO 80206  
[www.senioranswers.org](http://www.senioranswers.org)  
303-333-3482

#### ***Dental Services, Hearing Aids, Eyeglasses***

Counties Served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

Partial grants are provided for hearing, vision, and dental services for individuals age 60 and older. Potential recipients should call to request an assessment. Once completed assessments are received, they are processed and grant award letters are sent based on funding availability. Some applicants are placed on a waiting list pending additional funding. Efforts are made to coordinate funding with other insurance, such as Medicare and private health insurance when available.

## HANDYMAN/CHORE SERVICES

### **Arapahoe County Community Resources**

1690 West Littleton Boulevard, Suite 300  
Littleton, CO 80120  
<http://www.co.arapahoe.co.us/index.aspx?NID=348>  
303-738-8089



### ***Chore Services***

County Served: Arapahoe

Services include assisting older adults, age 60 and over, in continuing to live independently in their own homes or apartments by providing assistance with non-routine heavy-duty chores. Some examples of services might be: assistance in cleaning, organizing and de-cluttering an apartment or home; spring or fall yard and patio clean up; washing windows; assisting older adults to pack up for or unpack after a move; as well as working with other human service organizations on safety clean up for consumers.

### **Seniors' Resource Center**

3227 Chase Street

Denver, CO 80212

<http://www.srcaging.org/>

303-235-6941

### ***Handyman and Chore Services***

Counties Served: Adams, Broomfield, Clear Creek, Gilpin and Jefferson

Seniors' Resource Center offers minor home repair and non-routine heavy household chores to ensure older adults can remain in the place they call home as safely and independently as possible. Services are available to residents age 60 and over. Examples of services include, but are not limited to: home safety modifications, such as installing grab bars, raised toilet seats and fixing trip hazards; minor home repairs; assistance with cleaning, organizing and de-cluttering an apartment or home; packing and unpacking from a move; and seasonal yard clean-up.

### **Volunteers of America**

2660 Larimer Street

Denver, CO 80205

<http://www.voacolorado.org/gethelp-denvermetro-clientservices-handyman>

303-297-0408, ext 13331

### ***Safety of Seniors Handyman Program***

Counties Served: Adams, Arapahoe, Clear Creek, Denver, Douglas, Gilpin and Jefferson

The Safety of Seniors Handyman Program focuses on assisting adults, 60 years of age and older, in maintaining safety and independence in the home as it relates to falls and fires. Services include minor repairs and safety modifications, safety assessments, educational materials on fall prevention and fire prevention, and referrals for other services when necessary.

## **HEALTH PROMOTION/EDUCATION**

### **Audio Information Network of Colorado**

1700 55<sup>th</sup> Street, Suite A

Boulder, CO 80301-2702

www.aincolorado.org  
303-786-7777  
1-877-443-2001 outside the metro area

***Audio Services for the Blind, Visually Impaired and Print Disabled***

Counties Served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

The Audio Information Network of Colorado (AINC) provides audio services that help blind, visually impaired and print disabled individuals maintain independence and stay connected to their communities. Programming is broadcast 24 hours a day, seven days a week. Listeners have independent access to nearly 100 Colorado newspapers, grocery discount ads, magazines and other local publications. All publications are read and recorded by volunteers. Listening options include pre-tuned digital receivers that are provided by AINC, telephone or Internet (live streaming or Podcast).

**Centura Health LINKS**

2420 W. 26<sup>th</sup> Avenue, Suite D-450  
Denver, CO 80211  
www.centura.org/Centura-Health-LINKS  
720-321-8850

***Benefits Eligibility Screening and Enrollment Assistance***

Counties Served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

Services include health insurance counseling for seniors, prescription drug assistance, Medicare Part D enrollment assistance and Benefits Checkup Colorado.

**Health SET**

2420 W. 26<sup>th</sup> Avenue, Suite D-460  
Denver, CO 80211  
healthset@centura.org  
720-321-9320

***Health Promotion Clinics and Nurse Care Management Program***

Counties Served: Adams, Denver and Jefferson

Health SET offers skilled and compassionate nurses who provide free and essential health clinics and substantial follow-up services to older adults residing in rent-subsidized apartment buildings. The clinics are held once a month in 20 high-rise residences and each clinic is staffed by registered nurses. At the clinics, nurses conduct health screenings, provide education and assist people in obtaining resources. Between clinics, nurse and staff assist consumers in managing chronic conditions, taking medications correctly and navigating the health care system. Consumers with more complicated needs are referred to the Care Coordination Program where Client Advocates provide in-depth support and act on behalf of clients, make social service interventions and connect clients to the services they need.

## **Southwest Improvement Council**

1000 South Lowell Boulevard  
Denver, CO 80219-3339  
www.swic-denver.org  
303-934-2268

### ***Multicultural Outreach Center***

Counties Served: Adams, Arapahoe, Broomfield, Denver, Douglas and Jefferson

Southwest Improvement Council (SWIC) serves Native American and Hispanic Elders through minority elder outreach workers who provide and follow up on all referrals made for community services with the agency and with each individual elder. Program staff ensure the service has been provided, the client's needs are being met, and the client is satisfied with all aspects of assistance and service.

## **Tri-County Health Department**

6162 South Willow Drive, Suite 100  
Greenwood Village, CO 80111  
A Matter of Balance Project Coordinator  
MatterofBalance.org  
303-220-9200

### ***Maintaining Mobility - Fall Prevention***

Counties Served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

*A Matter of Balance: Managing Concerns about Falls* is a program available in the metro area to help older adults maintain mobility and independence by reducing the fear and risk of falling. The *A Matter of Balance* program consists of eight two-hour sessions with information, group discussions, mutual problem solving, role-plays, physical activity training and assertiveness training. Participants learn about the importance of physical activity in preventing falls; practice exercises to improve strength, coordination and balance; learn how to conduct a home safety evaluation; and learn how to get up and down safely. Please call for class schedule information.

## **Volunteers of America**

2660 Larimer Street  
Denver, Colorado 80205  
www.voacolorado.org  
303-297-0408

### ***Fall Prevention and Nutrition Education***

Counties served: Adams, Arapahoe, Denver, Douglas and Jefferson

The *Healthy Moves for Aging Well Program* is an evidence-based program for homebound older adults. It is designed to increase the activity levels of our highest-risk elders to positively impact their physical and mental health, assist them with balance problems and thereby reduce their risk of falls, enabling them to remain living independently. Participants also receive nutrition education and counseling as needed by a registered dietitian.

## IN-HOME SERVICES

### **Jewish Family Service of Colorado**

3201 South Tamarac Drive

Denver, CO 80231

<http://jewishfamilyservice.org/services/home-based-support-services>

303-597-5000 ext 4601

#### ***Homemaker and Personal Care***

Counties Served: Arapahoe, Denver and Jefferson

Homemaker services include light housekeeping, laundry, linen changing and light meal preparation and grocery shopping for two-three hours every week or every other week (based on need). In addition to ensuring a comfortable and clean environment for the consumer, homemakers offer companionship to isolated homebound older adults.

### **Seniors' Resource Center**

3227 Chase Street

Denver, CO 80212

[www.srcaging.org](http://www.srcaging.org)

303-235-6976

#### ***Homemaker and Personal Care***

Counties Served: Adams, Clear Creek, Denver, Gilpin and Jefferson

In-Home Care Services provides friendly non-medical care to individuals in their own homes. Trained and bonded Personal Care Providers assist with light housekeeping, laundry, bed making, meal preparation, errands and socialization. Personal care services include assistance with bathing, dressing, hair care, ambulation, medication reminders and other unskilled personal care needs, as necessary. All Personal Care Providers complete several hours of training. Thorough background checks are conducted for all care providers and ongoing educational opportunities are provided.

### **Visiting Nurse Association**

390 Grant Street

Denver, CO 80203

<http://vnacolorado.org/home-health-care/>

303-698-6399

#### ***Personal Care and Homemaker In-Home Services***

Counties Served: Adams, Arapahoe, Broomfield, Denver, Douglas and Jefferson (including rural areas)

The Visiting Nurse Association provides in-home supportive services to frail or disabled older adults in the six-county metro area including rural Arapahoe, Adams and Douglas counties. Registered nurses assess clients and supervise services provided by trained Personal Care Workers and Homemakers. Personal Care Workers/Homemakers can assist with bathing, personal care, meal preparation, grocery shopping, laundry, light housekeeping and respite care. The goal of the program is to help older adults

maintain quality of life in their homes. Registered Nurses provide resource referral, medication reviews, safety assessment and assistance with aging issues and advanced directives.

## LEGAL SERVICES

### **Colorado Legal Services**

1905 Sherman Street, Suite 400  
Denver, CO 80203-1181  
[www.coloradolegalservices.org](http://www.coloradolegalservices.org)  
303-837-1321

### ***Senior Citizens Law Center***

Counties Served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

Areas of service include: access to long-term care; access to alternatives to nursing home care; access to Medicaid, Medicare and other public sources of health care; access to adequate income, including Old Age Pension, Social Security Supplemental Security Income and Aid to the Needy Disabled (AND); food stamps; restraining orders in domestic violence cases; and subsidized housing issues. Colorado Legal Services also has an I.D. project to assist individuals applying for public assistance obtain birth certificates and a Colorado driver's license or Colorado I.D. Services provided within these areas include representation in court and at administrative hearings, negotiations with adverse parties and attorneys, advice and counseling, assistance completing forms and applications, preparation of legal documents and education workshops.

Services are also provided in cases involving threats to home ownership including: predatory lending; foreclosure; reverse mortgages; debt relief; collection and bankruptcy; homeowner's association issues; mobile home issues; and other real estate matters.

## NUTRITION SERVICES

### **Volunteers of America**

Nutrition Program  
2660 Larimer Street  
Denver, CO 80205  
Pat Stoehr, Project Manager/Meals on Wheels Program  
[www.voacolorado.org](http://www.voacolorado.org)  
303-297-0408, ext. 13172

### ***Meals on Wheels***

Counties Served: Adams, Arapahoe, Clear Creek, Denver, Douglas, Gilpin and Jefferson

Services include home-delivered meals, information about (and assistance in accessing) other services, outreach to targeted individuals, nutrition education and health/wellness information and programs.

## **Volunteers of America**

Nutrition Program  
2660 Larimer Street  
Denver, CO 80205  
Richard Gall, Project Manager/Dining Center Program  
[www.voacolorado.org](http://www.voacolorado.org)  
303-297-0408 ext 13304

### ***Congregate Dining Centers***

Counties Served: Adams, Arapahoe, Clear Creek, Denver, Douglas, Gilpin and Jefferson

Services include congregate meals, information about (and assistance in accessing) other services, outreach to targeted individuals, nutrition education and health/wellness information and programs.

## **RESPIRE /CAREGIVER SUPPORT SERVICES**

### **Alzheimer's Association**

455 Sherman Street, Suite 500  
Denver, CO 80203  
Cheryl Parrish, Vice President of Program  
[www.alz.org/co](http://www.alz.org/co)  
303-813-1669

### ***Families Caring for People with Alzheimer's Disease***

Counties Served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

The Colorado Chapter supports family caregivers caring for a loved one with Alzheimer's Disease or other form of dementia through an array of support services including caregiver education, care consultation, and over 30 Denver metro area support groups. Locations, dates, and times of monthly classes and support groups can be viewed online at [www.alz.org/co](http://www.alz.org/co) or by calling the 24/7 Telephone Helpline for Information and Support: 1-800-272-3900.

### **Catholic Charities and Community Services**

4045 Pecos Street  
Denver, CO 80211  
Carrie Savage, Kinship Program Coordinator  
[csavage@ccdenvver.org](mailto:csavage@ccdenvver.org)  
[www.CCDenver.org](http://www.CCDenver.org)  
303-742-0823 x2701

Para Espanol llame a Dora 303-742-0823 x2072

### ***Kinship Care***

Counties Served: Adams, Arapahoe, Denver, Douglas and Jefferson

The Kinship Program supports families that are raising relatives' children due to parents' death, drug addiction, incarceration, illness or other circumstances. Services include, but are not limited to, the following: support and educational groups/trainings with children/youth activities in conjunction, case

management, outreach, resource and referral services for caregivers, and special events for caregivers and kinship families.

### **City & County of Broomfield**

Senior Services  
280 Lamar Street  
Broomfield, CO 80020  
[www.broomfield.org/senior/](http://www.broomfield.org/senior/)  
303-464-5529

#### ***Respite Care***

Counties Served: Broomfield

Broomfield Senior Services provides in-home respite for caregivers of Broomfield County residents, 60 years of age and older. Please call for additional information.

### **Lutheran Family Services Rocky Mountains**

363 South Harlan Street, Suite 200  
Denver, CO 80226  
[www.lfsc.org](http://www.lfsc.org)  
303-217-5856

#### ***African American Caregiver Support Program***

Counties Served: Arapahoe and Denver

The African American Caregiver Support Program provides assistance, support groups, counseling, and training to the African American caregiver community. Services are designed for caregivers of frail, older adults, and take into consideration the cultural mores, social norms, family structure and traditional values of the African American community. A respite stipend is also available for program participants, and is paid to a respite provider of their choice.

### **The Senior Hub**

2360 West 90th Avenue  
Federal Heights, CO 80260-6700  
[www.seniorhub.org](http://www.seniorhub.org)  
303-426-4408

#### ***Respite Services***

Counties Served: Adams, Arapahoe, Denver, and Northeast Jefferson

The Senior Hub provides respite care to caregivers of adults over 60 years of age or older. Care providers are screened and trained to provide caregivers a much-needed break. Care providers can give respite for two to six hours – two to three times a week. Services may be subsidized for family caregivers and seniors who qualify.

## SCREENING/EVALUATION SERVICES

### **Senior Support Services**

846 East 18<sup>th</sup> Avenue  
Denver, CO 80218  
[www.seniorsupportservices.org](http://www.seniorsupportservices.org)  
303-832-1622

### ***Care Management Services***

Counties Served: Denver

Senior Support Services (SSS) is a day shelter for hungry and homeless seniors. SSS provides individualized and comprehensive screening and evaluation services to meet the special needs of these destitute seniors. This may include assistance obtaining health insurance, government benefits and affordable housing.

## TRANSPORTATION SERVICES

### **Adams County Community Development**

4430 South Adams County Parkway  
Brighton, CO 80601  
[www.co.adams.co.us](http://www.co.adams.co.us)  
720-523-6210

### ***Adams County A-Lift Community Transit Program***

Counties Served: Adams

Medical/dental, dining center, grocery shopping, adult day and respite services, and local priority transportation is provided, including congregate meal sites or personal trips within five miles of residence. Transportation will be provided weekdays by Seniors' Resource Center. For more information or to schedule a ride, please call 303-235-6972 or visit <http://www.a-lift.org/>.

Medical and dining center transportation services are also provided in *rural* Adams County (*Brighton, Bennett, Strasburg and Watkins*). Transportation will be provided by Via on weekdays on a prescheduled basis by means of a brokered system. For more information or to schedule a ride, please call 303-447-2848.

### **Arapahoe County Community Resources**

1690 West Littleton Boulevard  
Littleton, CO 80120  
<http://www.co.arapahoe.co.us/index.aspx?NID=350>  
303-738-8089  
First Ride Transportation for Seniors  
720-540-5566

### ***Arapahoe County Senior Transportation***

Counties Served: Arapahoe



Transportation services are available for seniors age 60 and over who live in Sheridan, Englewood, Littleton, Centennial and Aurora. Transportation is provided through First Ride Transportation for Seniors and destinations include medical appointments, senior dining centers, grocery stores, food banks, and other local priority needs if space/funding is available.

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

280 Lamar Street  
Broomfield, CO 80020  
[www.broomfield seniors.com](http://www.broomfield seniors.com)  
303-464-5531

#### ***Senior / Disabled Transportation Services***

Counties Served: Broomfield

*Easy Ride* provides transportation services Monday - Friday 8:30 a.m. to 1:30 p.m. for Broomfield seniors for local grocery shopping, medical appointments in and out of Broomfield County and to congregate meals at the Senior Center. Transportation to personal appointments and special events is provided as time and space permit.

### **Douglas County Department of Human Services**

100 Third Street  
Castle Rock, CO 80104  
[www.Douglas.co.us/humanservices/index.htm](http://www.Douglas.co.us/humanservices/index.htm)  
303-814-4374  
First Call Transportation Center: 303-660-7519

#### ***Douglas County Senior Transportation***

Counties Served: Douglas

New transportation clients are encouraged to contact the First Call Center at 303-660-7519 for assistance in accessing the most appropriate provider. Providers include the Castle Rock Senior Center, the Parker Senior Center, To The Rescue, Seniors' Resource Center and Neighbor Network.

Transportation options include trips for any of the following purposes:

- Medical and dental
- Dining center
- Adult day care
- Personal trips

Transportation is provided on a pre-scheduled basis by a broker system.

### **First Ride Transportation for Seniors**

6385 North Broadway  
Denver, CO 80216  
<https://www.arapahoegov.com/index.aspx?NID=350>  
720-540-5566

#### ***City & County of Denver Senior Transportation (FIRST RIDE)***

Counties Served: Arapahoe and Denver

Transportation is provided through First Ride Transportation for Seniors, 60 years and older, to destinations that include medical appointments, senior dining centers, grocery stores, food banks, and other local priority needs if space/funding is available.

### **Seniors' Resource Center**

3227 Chase Street  
Denver, CO 80212  
<http://www.srcaging.org/>  
303-235-6972

### ***Jefferson County Senior Transportation***

Counties Served: Arapahoe, Broomfield, Jefferson and Denver

Medical/dental, dining center, grocery shopping, adult day services and local priority transportation is provided including limited personal trips. Transportation will be provided weekdays by Seniors' Resource Center. For more information or to schedule a ride, please call 303-235-6972 or visit [www.srcaging.org](http://www.srcaging.org)

### **Volunteers of America**

2660 Larimer Street  
Denver, CO 80205  
[www.voacolorado.org](http://www.voacolorado.org)  
303-297-0408

### ***Gilpin and Clear Creek County Senior Transportation Program***

Counties Served: Gilpin and Clear Creek

Volunteers of America provides medical/dental, grocery shopping, dining center, and local priority trips (such as trips to a nursing home, laundromat, cemetery, polling place, etc.). Transportation services will be provided weekdays by Volunteers of America on a prescheduled basis.

### ***The AAA also provides direct services:***

### **Aging and Disability Resource Center**

The ADRC provides both older adults and adults with disabilities streamlined access to long-term services and supports to remain independent in the community. ADRC Information and Assistance and Options Counseling help individuals manage their health issues, remain independent and understand long-term care support and service options.

### **Information and Assistance**

Community Resource Specialists provide information and assistance by phone and email, including referrals to local service providers, guidance to older adults, people with disabilities and their families on community resources, and tips on how to access them.

## **Advocacy**

Advocacy, a cornerstone of the AAA, is mandated under the federal Older Americans Act. The AAA advocates for older adults and their family members individually, and at the regulatory and legislative levels. Advocacy is a regular activity in the AAA; the ombudsmen, options counselors, case managers, and community resource specialists advocate for individual rights, accesses to services and for people to be treated with dignity and respect every day. The AAA partners with other advocacy groups, service providers, older adults and national organizations to protect and increase funding for senior services at the state and federal levels.

## **Options Counseling**

Options Counseling is available to assist adults 18 and over with disabilities and their caregivers. It begins with an in-person interview and strengths-based assessment. Counselors then work with consumers to explore individualized options and resources for long-term services and supports; provide decision-making support; establish a person-directed action plan; and follow up to ensure access to desired service.

## **Network of Care**

Network of Care is a comprehensive community-based website with an easy-to-use Service Directory, a library on more than 40,000 health topics and a secure electronic Personal Health Record.

## **Case Management**

Many older adults in the Denver region require short-term intensive case management to navigate the increasingly complex healthcare and social service network.

DRCOG offers a collaborative case management process that includes assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services. Our purpose is to meet the comprehensive needs of individuals and families through communication and available resources that promote quality cost-effective outcomes.

DRCOG provides short-term (6-12 months) intensive and comprehensive case management for high-risk older adults with complex care needs. The individuals we work with generally do not have a state-funded home and community-based program and cannot afford to pay for private case management. With comparatively small caseloads, we can take the necessary time to identify and secure supportive services for clients that allow them to remain independently within their community of choice. Our assessment and care planning process allows for creative problem-solving, which is necessary to locate alternatives to standard Medicaid services.

Our service planning process starts by investigating natural family and community supports, Older American Act programs, diagnosis-specific foundations, volunteer programs and religious organizations as opposed to simply funneling individuals into the public benefits system. In some cases, we are successful in keeping people entirely out of high-cost Medicaid systems, and in other cases we find low-cost community services to enhance their benefits and limit the number of Medicaid services used.

We provide person-directed case management, with a focus on the quality of life defined by the person. We urge the support of friends, family, and neighbors, as well as professionals. To uphold each client's personal preferences and capabilities, we keep our case manager model loosely defined to

provide a fluid design that makes sense for the person. We respect individual autonomy and self-determination and honor the dignity of acceptable risk. We encourage services in the least restrictive setting in accordance with client preference, and while creating the service plan, we start with non-Medicaid alternatives. Individual rights, strengths, values, and preferences are encouraged, and the person is expected to create, direct and participate in their individualized care plan to the extent that they are able. Finally, we provide fundraising for emergency financial assistance, and community coordination among outside entities; and, seamless service coordination within our AAA community resources and options counseling teams.

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

The Long-Term Care Ombudsman Program is an advocacy program that protects the rights of residents of nursing homes and assisted living residences. Ombudsmen investigate complaints, assist facility staff in solving or mediating problems, provide education about long-term care communities as well as residents' rights and assist consumers in selecting a care community that is appropriate for their care needs.

## **Elder Refugee Program**

In partnership with the Colorado Refugee Service Program, DRCOG's Elder Refugee Program has created a gathering place for refugee elders to decrease social isolation, increase integration experiences and build community connections.

## **Hospital Transitions Program**

This four-week program helps patients with complex care needs receive self management tools, medication review, and management and connections with supportive community services to avoid unnecessary re-hospitalization, meet care needs and improve health.

## **Faith-Based Initiative**

The goal of this program is to support churches and faith-based communities in their work with and outreach to older adults and their family members. Faith-based communities throughout the region have programs to help older adults, and they provide information and assistance, and have programs that visit people who are not able to leave their homes, live in nursing homes or are in the hospital. Some have support groups for caregivers and offer classes for older adults. DRCOG AAA staff support these efforts by providing training to church staff, volunteers and congregation members on a variety of topics including: Network of Care, choosing a care facility, support for caregivers, fall prevention, the ombudsman program and community resources.

## **Boomer Bond**

Boomer Bond prepares the region and local communities for an aging population. The goal is to arm local governments with strategies and tools to support healthy, independent aging, and allow older adults to remain in their homes and communities as long as they wish. This initiative includes a comprehensive resource local governments can use to identify local successes and challenges in supporting healthy and successful aging in their communities. The majority of the assessment focuses on four key areas of livable communities including: housing, mobility, community living and supportive services. Boomer Bond also has an online searchable database of best practices, strategies, and tools local governments can choose to implement to support independent aging.

## **Planning and Evaluation**

DRCOG is currently contracting with the National Research Center to conduct a Community Assessment Survey of Older Adults (CASOA) in all eight counties of the region; survey results will be available in June 2015 and will provide valuable information on the strengths and needs of older adults in our area. In addition, DRCOG is working with the National Council on Aging, National Association of AAAs and United Health Care on the United States Survey on Aging process. Denver is one of the two communities in the nation selected to participate in an extended survey. The results of this survey will be available in November of 2015. DRCOG is also working with The Colorado Latino Age Wave to understand the strengths and needs of older Hispanics and Latinos in our region. We will use the results of the CASOA to develop questions for upcoming Community Conversations and focus groups around the region. The goal of this project is to understand how to better serve this rapidly growing segment of the aging population in our planning and service area. All of this information will be compiled in a report and an amended Area Plan on Aging in January 2016.

## **Volunteer Program**

To supplement DRCOG's information and referral services and increase outreach, the ADRC will continue to grow a new volunteer program introduced in the spring/summer of 2015. Through this program, community members contribute eight hours of volunteer time per month and work alongside the ADRC staff. The volunteers are trained by the Options Counselors and the Community Resource Specialists to explain services over the phone and provide advocacy in accessing benefits. In addition to receiving education about services, callers also find that the emotional support of speaking to a live person is encouragement to stay motivated and feel empowered to seek out solutions to their situations. As the number of calls to the ADRC continue to increase, the volunteer program will allow the ADRC to serve more people. Volunteers also assist the ADRC team by hosting tables at community events and keeping community resources organized for all of the AAA staff. Volunteers are beneficial in a variety of ways including supplementing staff resources and bringing in a variety of backgrounds and expertise to the team. In the first year, the ADRC hopes to add four volunteers to the team; the program has the capacity to "hire" a maximum of 10 volunteers.

## ***In the Next Four Years***

DRCOG will continue to administer the Older Americans Act programs and contract with local service providers in the region. Requests for Proposals (RFPS) were released in December 2014 for the FY 2015-2017 contract period. The proposal will be reviewed, scored by the DRCOG AAA funding subcommittee and recommendations will be made to the DRCOG Administrative Committee of the Board of Directors for its approval. The contract cycle for 2017 though 2019 will start in December of 2016.

## **Veteran-Directed Home and Community-Based Services**

DRCOG will start the Veteran-Directed Home and Community-Based Services (VD-HCBS) Program in the summer of 2015. This program serves veterans of any age who are determined by the Veterans Administration to be at risk of institutional placement. DRCOG's Care Coaches will provide coaching, options counseling and ongoing support to veterans who wish to manage their flexible spending budgets for their own services and care. In this program, the veteran decides what mix of goods and services will best meet his/her needs, and they hire and supervise their own workers, including family and friends, and purchase items or services that will help them live more independently.

## **ADRC Transitions-Related Referrals and Options Counseling Program**

In June of 2015, DRCOG will contract with the State of Colorado Department of Health Care Policy and Financing to operate the ARDC Transitions-Related and Options Counseling program. This program will provide options counseling to residents living in nursing homes and enrolled in Medicaid who wish to live in the community. Options Counseling fosters empowerment of consumers to make informed decisions. DRCOG's ADRC Options Counselors will provide a broad array of information about services in the region, eligibility requirements, and waiting list information to ensure a successful transition. They will connect residents to local Transition Coordination Agencies and Intensive Case Managers to orchestrate their move back into the community.

## **Home Sharing**

In response to the affordable housing shortage in the region, DRCOG will explore the possibility of starting a Home Sharing Program. In this program, a homeowner offers accommodation to a home sharer in exchange for an agreed-upon level of support in the form of financial exchange, assistance with household tasks, or both. There are many benefits of a program like this: shared living makes efficient use of existing housing stock, helps preserve the fabric of the neighborhood and, in certain cases, helps to lessen the need for costly chore/care services and long-term institutional care. A home sharer might be a senior citizen, a person with disabilities, a working professional, someone at-risk of homelessness, a single parent, or simply a person wishing to share his or her life and home with others. For these people, shared housing offers companionship, affordable housing, security, mutual support and much more.

Home Sharing programs can offer a more secure alternative to other roommate options. This program will have staff trained to carefully screen each program applicant through interviewing, background checking, and personal references and able to provide mediation and conflict resolution services to participants.

## **Advocacy**

The AAA will continue its critical advocacy work; we will work on the reauthorization of the federal Older Americans Act and ensure that older Coloradans receive the same rights and access to service as any other older adult in the nation. We will work to clarify the impacts of sequestration on Colorado proposed in the current reauthorization and we will work collaboratively with other AAAs and national organizations to pass the reauthorization of the Older Americans Act. Increasing resources for community services in the Denver region and the state and for those served by the ADRC under 60 will continue to be a priority. Staff will continue monitoring all legislation and regulations impacting older people in our region and will work collaboratively with the Senior Lobby, AARP and other advocacy organizations to improve care and access to services in the region. The DRCOG Ombudsman Program will continue to work with the Colorado State Ombudsman to advocate for people living in nursing homes and assisted living residences and in the regulatory and legislative arenas.

## **Resource Development**

U.S. Department of Health and Human Services Assistant Secretary for Aging Kathy Greenlee and the Administration on Aging/Community Living encourage AAAs to diversify their funding sources. Understanding that it will be difficult for federal funding to keep pace with the demands of a rapidly growing older population, DRCOG worked to increase the resources and services for older adults. In the past three years, DRCOG has worked with other advocacy groups to increase state funds for senior

services by \$12 million. We have expanded our resources by partnering with Medicare in the Community Care Transitions Program (CCTP) program and received funding from Colorado Refugee Services to serve elder refugees. In 2015 and 2016, DRCOG will continue to diversify our funding by contracting with Colorado Department of Health Care Policy and Financing to operate the ADRC Transitions Program, which is designed to help people living in nursing homes move back into homes in the community. We will also partner with the Veterans Administration to provide the Veteran-Directed Home and Community-Based Services Program, which will allow veterans to get the services and community support they determine will help them live best.

DRCOG has been the region's AAA for more than 40 years. We serve seniors by funding community service organizations that provide a variety of assistance that allows people to stay in their communities and live in their homes. We understand the strengths and needs of older adults in our region because we talk to seniors, meet with them regularly, survey and analyze data, and we communicate with service providers and others working with older adults and their families. Our experience, our up-to-date knowledge of strengths and needs, the fact that we and our contracted partners provide more than 40 different services in the region, our commitment to excellent customer service and low-cost service has value. In the next year, DRCOG will work to expand our services into the private market. We will hire a business development position, we will continue the Business Acumen Subcommittee of the Advisory Committee on Aging and we will develop the infrastructure needed to pursue private contracts.

### ***Opportunities through the Affordable Care Act***

DRCOG will take advantage of opportunities through the Affordable Care Act (e.g. Colorado Choice Transitions - Money Follows the Person Program-, Community-Based Care Transition Program, etc.)

The Affordable Care Act provides many opportunities for agencies with health care experience to capitalize on population health opportunities. Additionally, as a Community-Based Organization (CBO), the AAA has the ability to link health care providers with community service organizations.

After the successful completion of the Community Care Transitions Program, the AAA will continue to serve the health care community and leverage our unique skill-set as a CBO. In the next four years we will continue to bridge the divide between the health care providers in our area and the community members we serve in the following areas:

- We will seek out privately funded opportunities so that we may assist seniors as they transition from one health care setting to another.
- We will seek out business opportunities to partner with managed care providers to help achieve the triple aim of: improving the experience of health care, improving the health of populations, and reducing per capita costs of health care.
- We will explore opportunities with Accountable Care Organizations and Patient-Centered Medical Homes.

Currently we are meeting with private payers and aligning the AAA to meet the needs of the private market. We are pursuing this course of action to offer a seamless service structure to our customers and clients.

In the future, we will contract with private payers to assist their patients or members to use health

care more efficiently. We will also provide those private-pay clients with supportive services from our contracted partners. These efforts will enhance our service capacity and help us meet the needs of the expanding aging population in our service area. In addition, the AAA and our contracted partners will realize more financial stability and have the resources to provide services needed, but not yet available.

## **Section IV: Questions**

The Area Plan covers State Fiscal Years 2016-2019 (July 1, 2015 through June 30, 2019.). The Plan shall respond specifically to each of the questions.

1. Describe the un-served and underserved clients in the PSA.

**Answer:** *Maps in Section VI: Demographics show where the oldest populations live, where minority elders are and those areas where the lowest-income seniors reside. The places on the maps where these three populations combine are the most vulnerable. Several areas have been identified as places where DRCOG can increase services or expand the types of services offered in these communities.*

2. How will the following two demographic cohorts – those 75 years old to 84 years old and those 85 years and older – change in the PSA over the time of the Area Plan? What impacts does the AAA project to the budget and service provision because of these demographic changes?

**Answer:** *Older adults represent the fastest-growing segment of the population. In the 10 years between 2014-2024, the older population increases in the following ways:*

- *The demographic cohort 75-79 is the fastest-growing segment of the aging population. It will grow by 94.4 percent.*
- *The 80 to 84 cohort is the third fastest-growing and will increase by 57.1 percent.*
- *The 85 to 89 cohort is number five in the ranking with a growth rate of 29.3 percent.*
- *The 90+ is the fourth fastest-growing segment with 36 percent.*

*This rapid growth will have a significant impact on the DRCOG AAA. There are currently waiting lists in many service areas, and the rapid growth in assisted living residences in the region is challenging the ombudsman program. In addition, there are service needs in the region for which there is no funding source. In the next four years, the AAA must continue to advocate for increased funding at the state and federal level. The AAA will diversify funding sources and bring more resources into the region. The AAA will continue to work with its contracted service providers to increase efficiencies in service delivery and expand service to those in most need. The challenge will come in increasing the essential core programs like nutrition, transportation and in-home service, while trying to implement new programs that will help diversify funding for the AAA.*

3. How will the AAA increase the number of services provided and the number of unduplicated clients over the four years of the Area Plan?

**Answer:** *Increasing the number of unduplicated clients in the region will be a top priority and will be accomplished in a variety of ways. Some of the ways that have been identified are:*



- *Open more meal sites*
- *Decrease no show rates in transportation, which will allow for more trips*
- *Expand caregiver programs*
- *Increase volunteer programs in the region*
- *Target services to areas that have the most vulnerable populations*
- *Develop new programs including:*
  - *ADRC Transitions and Veteran-Directed HCBS*
  - *Expand chore services*

4. What evidence-based health promotion or disease prevention programs does the AAA currently provide and plan to provide during the period of the Area Plan?

**Answer:** *DRCOG currently funds Healthy Moves to Aging Well, Matter of Balance and we provide the Koleman model of coaching. We will continue to fund and provide new and existing evidence-based programming as need and resources permit.*

5. Describe any federal Discretionary Grant Programs in AAA. These may include: Alzheimer’s Disease Support Services Program (ADSSP); Evidence-based Disease and Disability Prevention Programs such as Chronic Disease Self-Management Program (CDSMP); Senior Medicare Patrol (SMP); and programs that support community living.

**Answer:** *DRCOG has a grant with Colorado Refugee Services Program to help older refugees access community-based services, integrate into the community and reduce health care costs.*

6. Specifically, what legal issues are given priority for receiving representation from the Legal Assistance Program during the next four years? How will the AAA ensure that the local Legal Assistance provider is able and willing to provide representation for these issues?

**Answer:**

- *Access to Medicaid, Medicare, and other public sources of public benefits*
- *Access to adequate income including Social Security, Supplemental Security Income, Old Age Pension, Aid to Needy and Disabled and food stamps.*
- *Domestic violence*
- *Subsidized housing issues*
- *Obtaining identification, like birth certificates, military records, or Colorado I.D. needed to access benefits*
- *Threats to homeownership including: predatory lending, foreclosures, mobile home issues and other real estate matters*
- *Consumer advocacy*

7. How will the AAA ensure that legal advice from the local Legal Assistance Provider is able to provide representation for these issues?

**Answer:** *The AAA will only contract with providers that can provide:*

- *representation in court administrative hearings,*
- *negotiations with adverse parties and attorneys,*

- *advice and counseling*
- *assistance completing forms and applications*
- *preparation of legal documents*
- *legal documents*

8. What long-term care issues will the local Ombudsman Program give priority to as a systems advocate during the next four years?

**Answer:** *Assisted Living issues and nursing home regulations including:*

- *ALR regulations and administrator certification and tiered care levels*
- *Revision of Chapter V nursing home regulations.*
- *DRCOG's Ombudsman program will monitor and support the need for regulatory changes to improve the quality of care and life for long-term care residents and advocate for the passage of those changes, including but not limited to:*
  - Working on adding appeal rights for eviction notices for ALR residents.*
  - Areas that would strengthen training and education requirements for Assisted Living Administrators. Educational requirements for front line care staff in both nursing homes and assisted living communities.*
  - Regulations that would hold LTC providers and their owners, including corporations, accountable for the care provided.*

9. In addition to resident council meetings, family council meetings, and trainings to facility staff, what other activities will the local Ombudsman participate in during the next four years to educate the community regarding ombudsman services?

**Answer:** *DRCOG's Ombudsman Program will provide education in the following ways:*

- *Local membership organizations (CHCA, CALA, Leading Age) trainings, conferences and presentation to members and community organizations.*
- *Attend and provide education at all eight county APS case review councils.*
- *Denver Forensics collaborative monthly meetings- Educate City DA offices, local police departments, city attorneys, public administrators, environmental health, and other attendees on the Ombudsman program, and how the program's work interfaces with all agencies who attend these meetings.*
- *Stakeholder workgroups with CDPHE/HCPF (Health Care Policy and Finance) to educate on LTCO program, residents' rights, trends and patterns the LTCO has identified*
- *Senior law day*
- *Senior fairs*
- *County council on aging meetings*
- *CMS regional outreach trainings*
- *CMDA meetings*
- *P4P workgroups*
- *HCPF/CDPHE collaborative meetings*
- *ACF (Medicaid homes)/HCPF best practice stakeholder meetings*

- *HCPF Nursing Facilities Advisory meetings*
- *Various town hall meetings*
- *Alzheimer's Association education and outreach- Selecting a Care Community Classes offered to consumers.*
- *The Consumer Voice Leadership Council*
- *National Ombudsman Resource Center Advisory committee- LTCO Advocacy in Residential Care*
- *Mental Health Centers within DRCOG's region*
- *Single Entry Point Agencies in DRCOG's region*
- *Trainings to police/detectives/investigation units specializing in mandatory reporting of at-risk adults.*

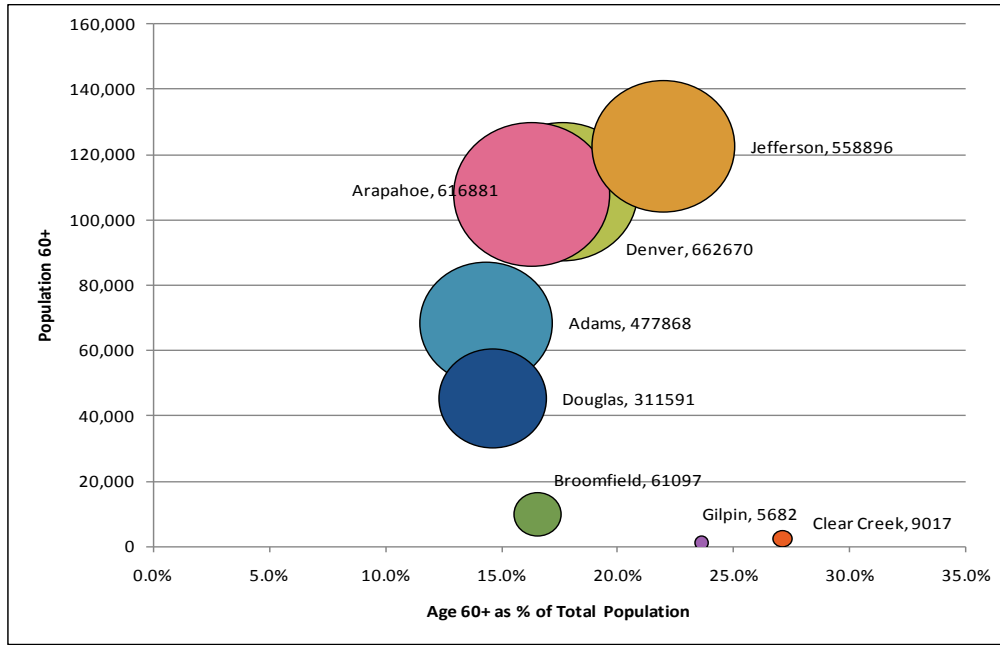
10. What will be the duties of the local lead Ombudsman during the next four years? Will the lead Ombudsman conduct routine facility visit and respond to resident complaints?

**Answer:** *The duties of the lead ombudsman will include but not be limited to the following in the next four years including:*

- *Program management*
- *Supervision and technical assistance of 11 staff ombudsmen*
- *Documentation, reporting and compliance*
- *Facility visitation when needed (staff vacancies, staff illness, increased demand, or facility closures)*
- *Respond to client calls and complaints as needed*
- *Individual and systemic advocacy*
- *Attending community and state meetings*

## Section V: Demographics

# 2014 Population Demographics: Age 60+



\*Source: State of Colorado Demographer

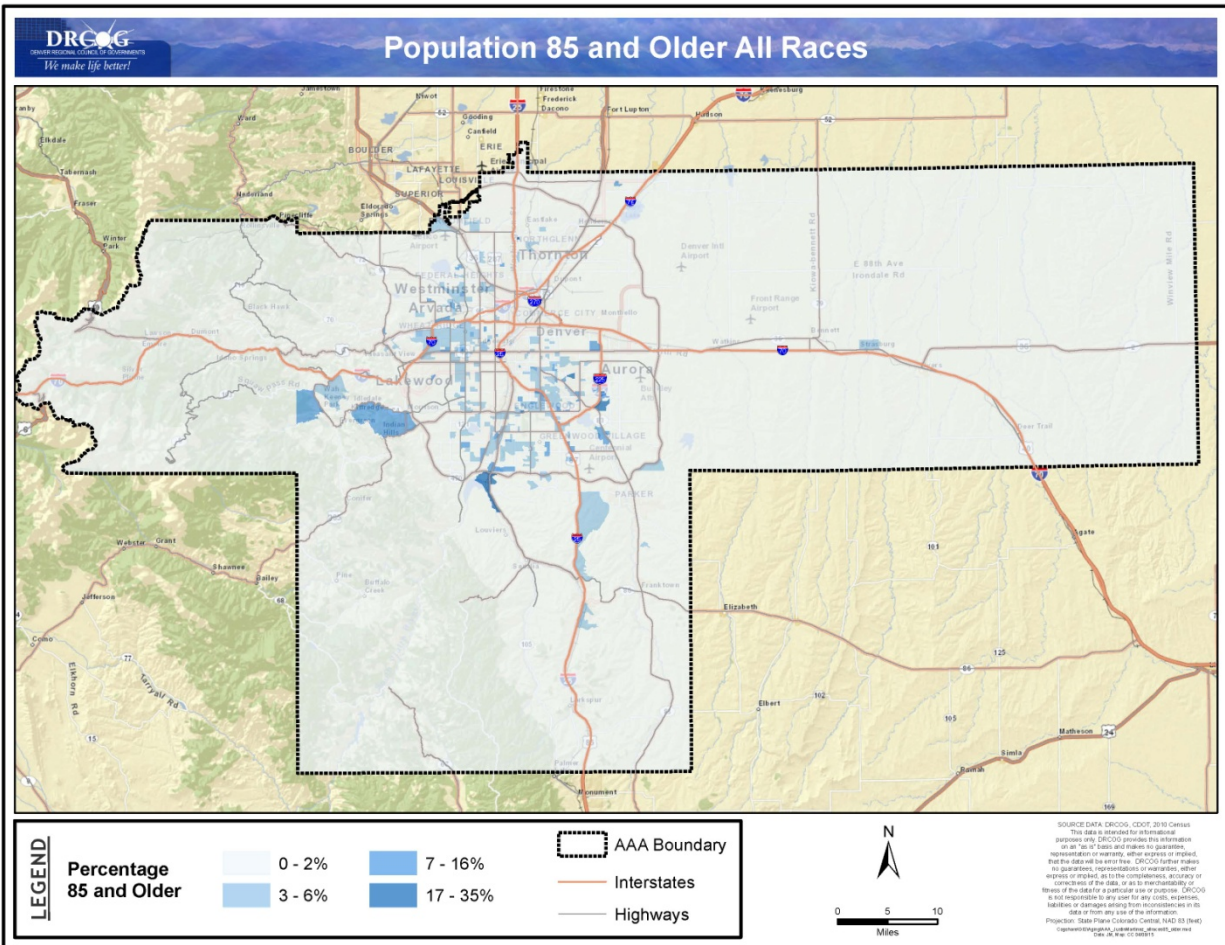


The 60-plus population represents 15-20 percent of the total population in most counties in the DRCOG region. A notable exception is Jefferson County, which has more than 122,000 of its 559,000 residents over the age of 60 (21.9 percent). More than 9 percent of Jefferson County households in this age group earn less than \$15,000 per year. In Clear Creek County, 27.1 percent of residents are over 60 years old, while only 3 percent of those earn less than \$15,000 per year. Among the region's counties, Adams County and Douglas County have the smallest percentage of residents over 60 years old with 14.5 percent of the population over 60.

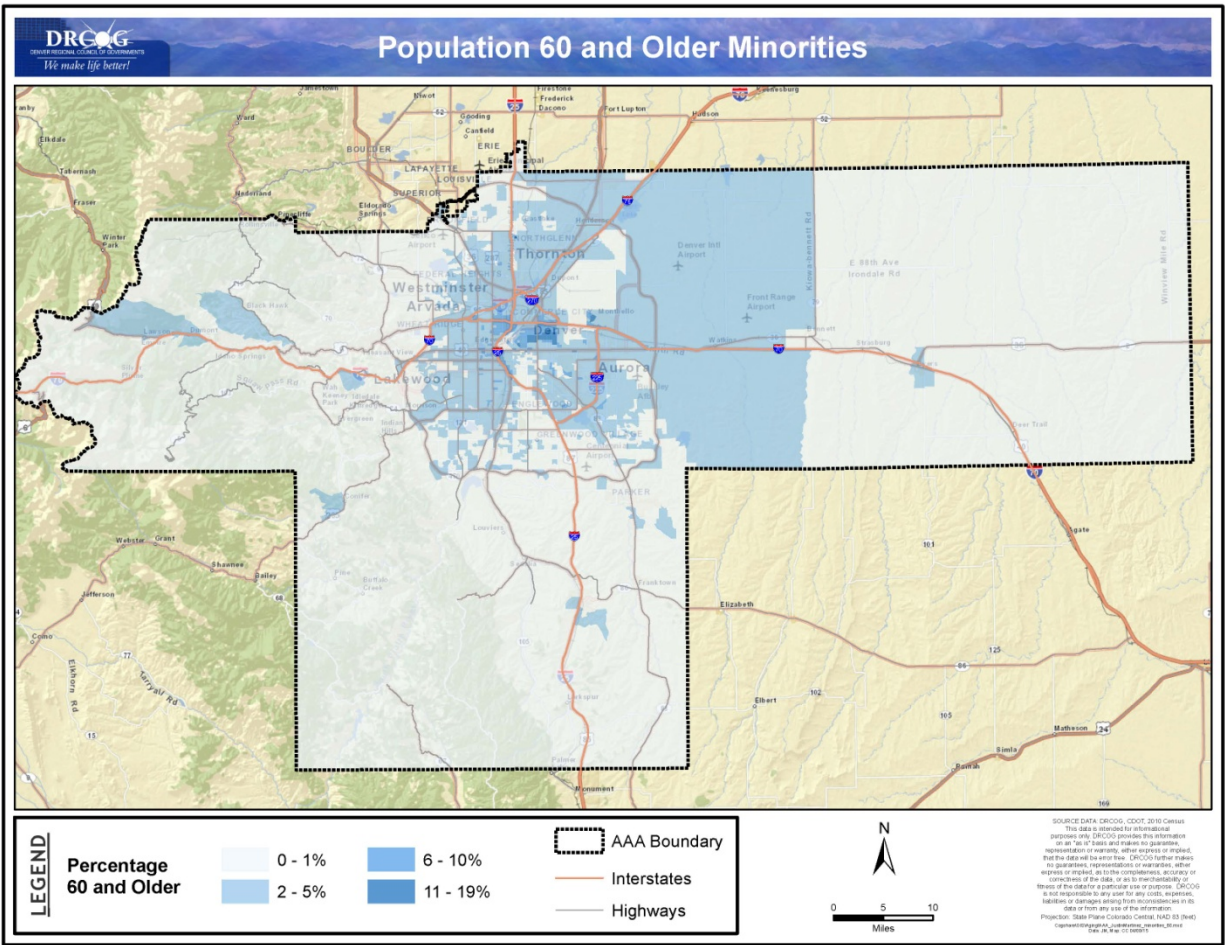
Clear Creek County has the largest share of 60-plus year olds, and the second-highest median income for 60-plus year olds at \$60,000 per year. The average median income for 60-plus year olds in the region is \$48,000. Residents over 60 years of age in Denver County and Adams County have the lowest median income with \$34,000 and \$38,000, respectively.





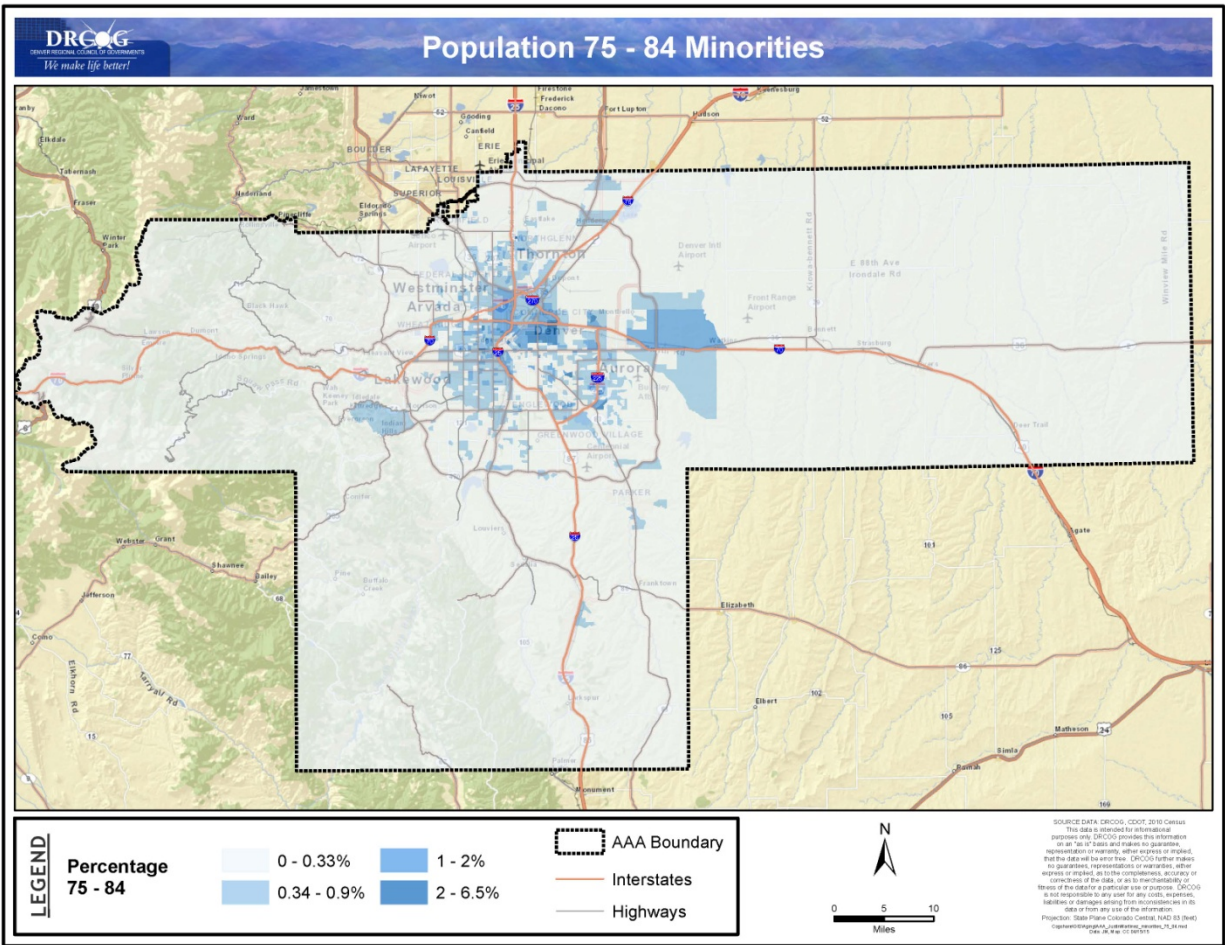


This map shows the geographic distribution of residents of all races 85 years of age and older.



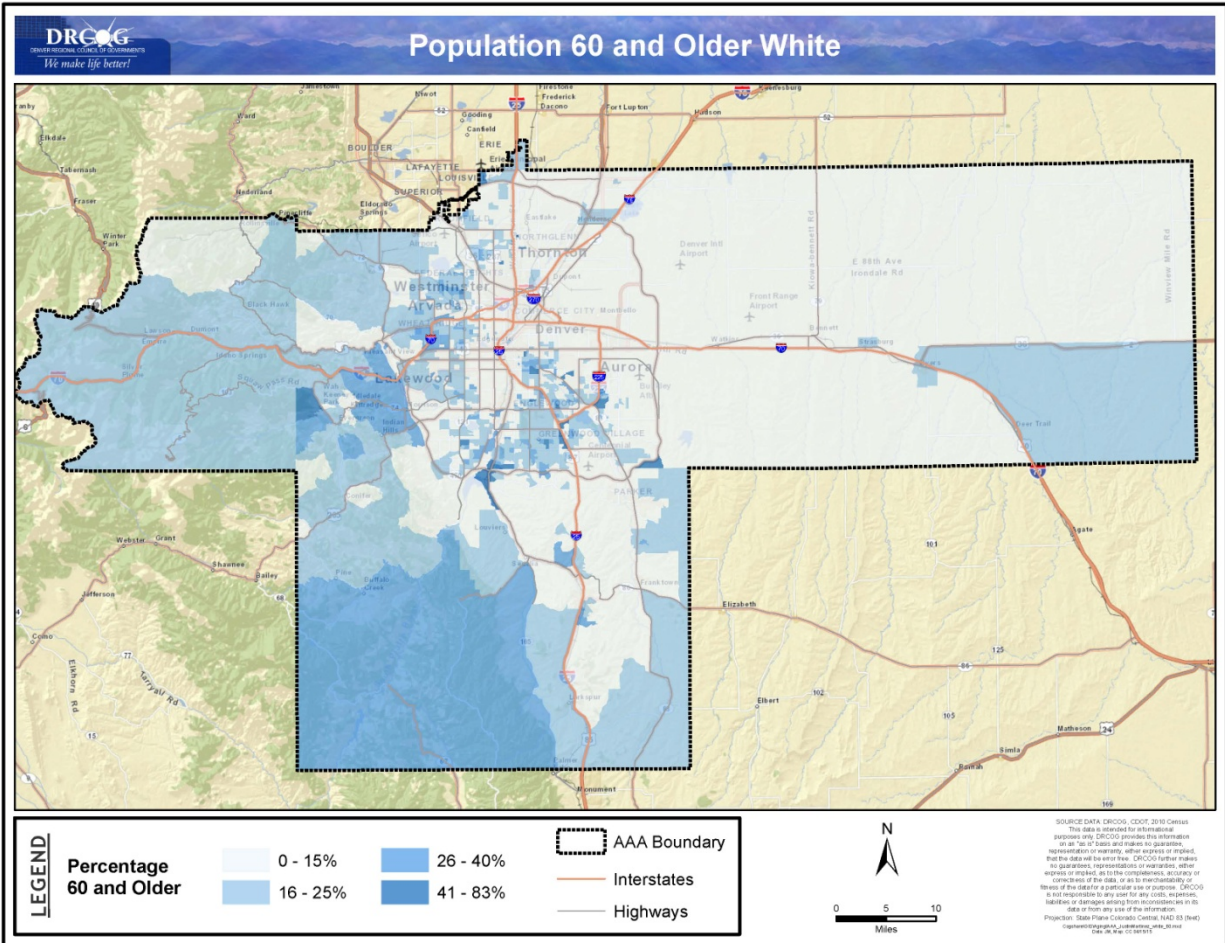
Minority populations include the following races and ethnicities: Black, Hispanic/Latino, Asian, American Indian, and people claiming two or more races. In the AAA region, minority residents over 60 years old are concentrated in East Denver/West Aurora, West Denver, Lakewood, Commerce City and Thornton. The neighborhoods with the highest percentages of minorities over 60 years old include: North Park Hill (north of MLK Blvd), Elyria/Swansea, areas north of City Park. Douglas County and southwest Arapahoe County have the lowest concentration of minorities over 60 years old.





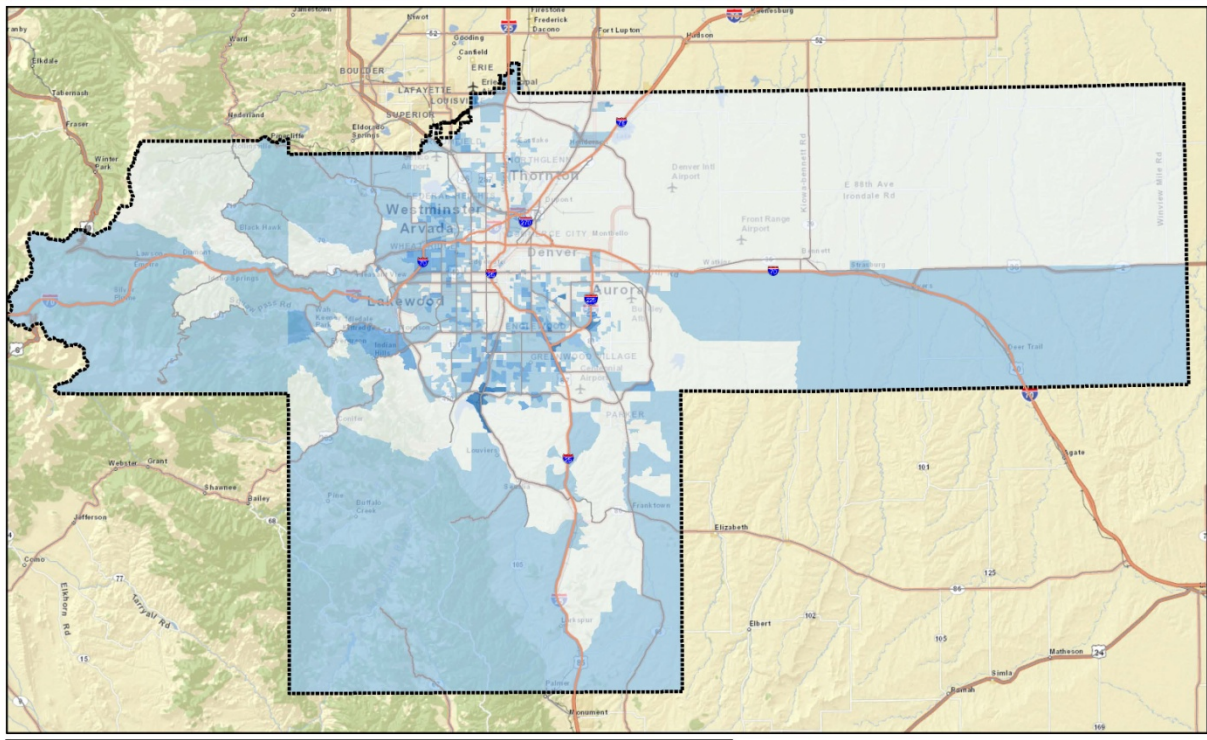
Minorities 75-84 years old are concentrated in most of the same areas as minorities 60 and up. However, there are some pockets of older residents in western Denver neighborhoods, Lakewood, and Federal Heights. Residents in this segment of the population typically have lower income, are less likely to own their home, and are more vulnerable to becoming homeless.

The minority population over 85 years old is considerably smaller than the White Non-Hispanic population over 85 years old. Most of the region's minority residents over 85 years old live in northeast Denver neighborhoods including: North Park Hill, Elyria/Swansea, and East Colfax.

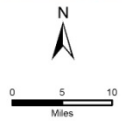


The AAA region’s white non-Hispanic 60+ population is concentrated in Jefferson County and the southern suburbs. Block groups in southwest Arapahoe County typically have a higher median income and a higher rate of home ownership. Areas with relatively few numbers of white non-Hispanics over 60 years old are the same regions that have a higher percentage of minorities and low-income residents.

# Population 75 - 84 White

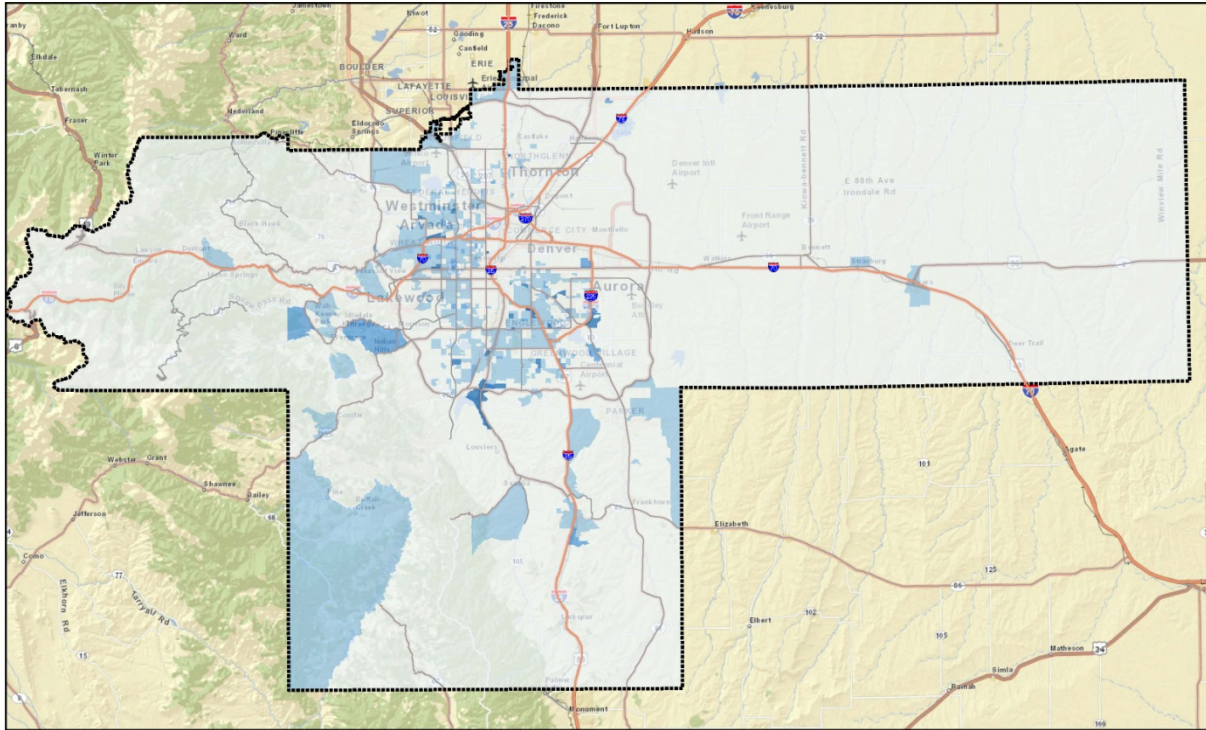


<b>LEGEND</b>	<b>Percentage</b>	<span style="display: inline-block; width: 20px; height: 10px; background-color: #e0f0ff; border: 1px solid black;"></span> 0 - 2%	<span style="display: inline-block; width: 20px; height: 10px; background-color: #0070c0; border: 1px solid black;"></span> 7 - 15%	<span style="border: 2px dashed black; width: 20px; height: 10px;"></span> AAA Boundary
	<b>75 - 84</b>	<span style="display: inline-block; width: 20px; height: 10px; background-color: #4682b4; border: 1px solid black;"></span> 3 - 6%	<span style="display: inline-block; width: 20px; height: 10px; background-color: #0056b3; border: 1px solid black;"></span> 16 - 34%	<span style="border-bottom: 2px solid red; width: 20px; display: inline-block;"></span> Interstates
				<span style="border-bottom: 2px solid orange; width: 20px; display: inline-block;"></span> Highways

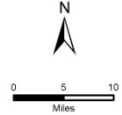


SOURCE DATA: DRCOG, CDOG, 2010 Census  
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 Projection: State Plane Colorado Central, NAD 83 (Dated 10/10/2011)

# Population 85 and Older White

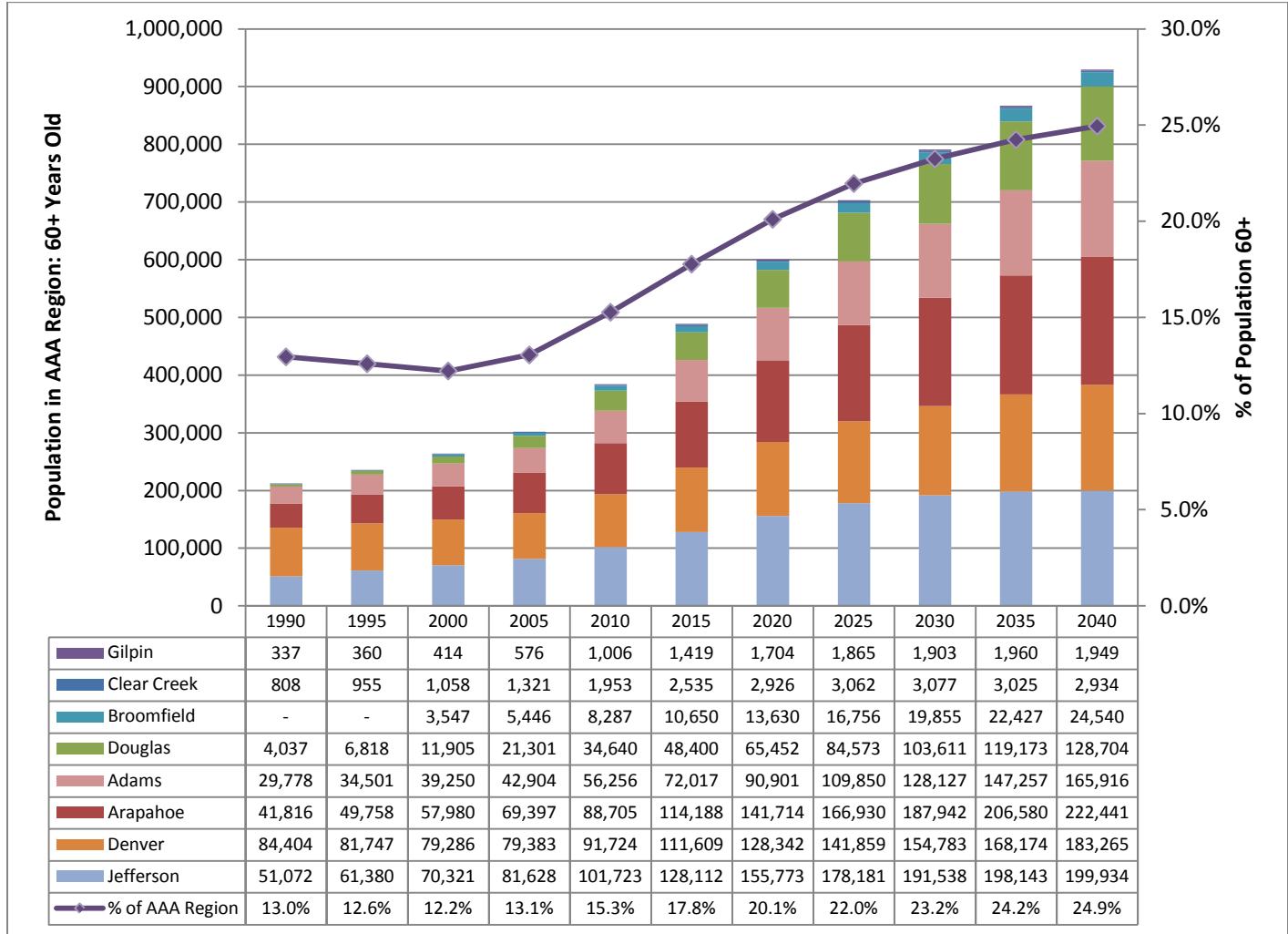


<b>LEGEND</b>	<b>Percentage 85 and Older</b>	0 - 1%	6 - 10%	AAA Boundary Interstates Highways
		2 - 5%	10 - 30%	

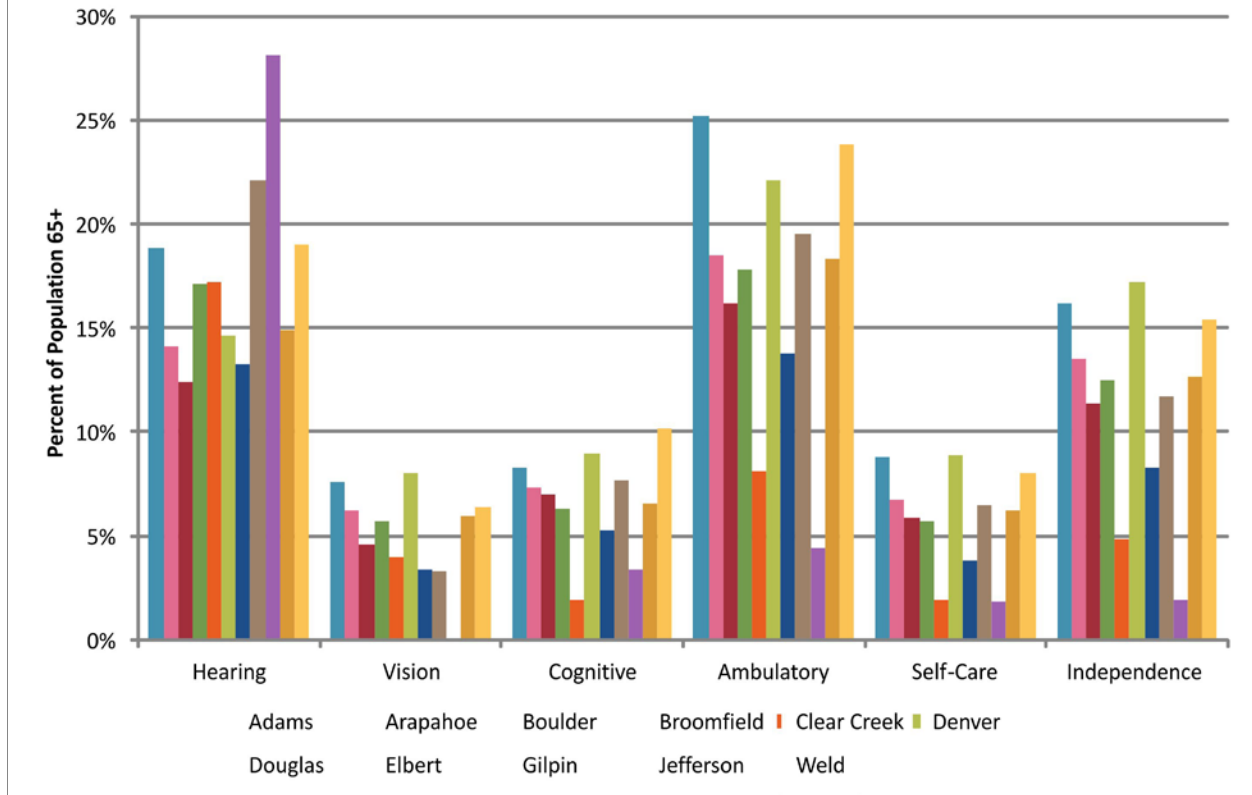


SOURCE DATA: CIBCOG, CENOT, 2010 Census  
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 Projection: State Plane Colorado Central NAD 83 (ft=5280)  
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# Aging Population Forecast

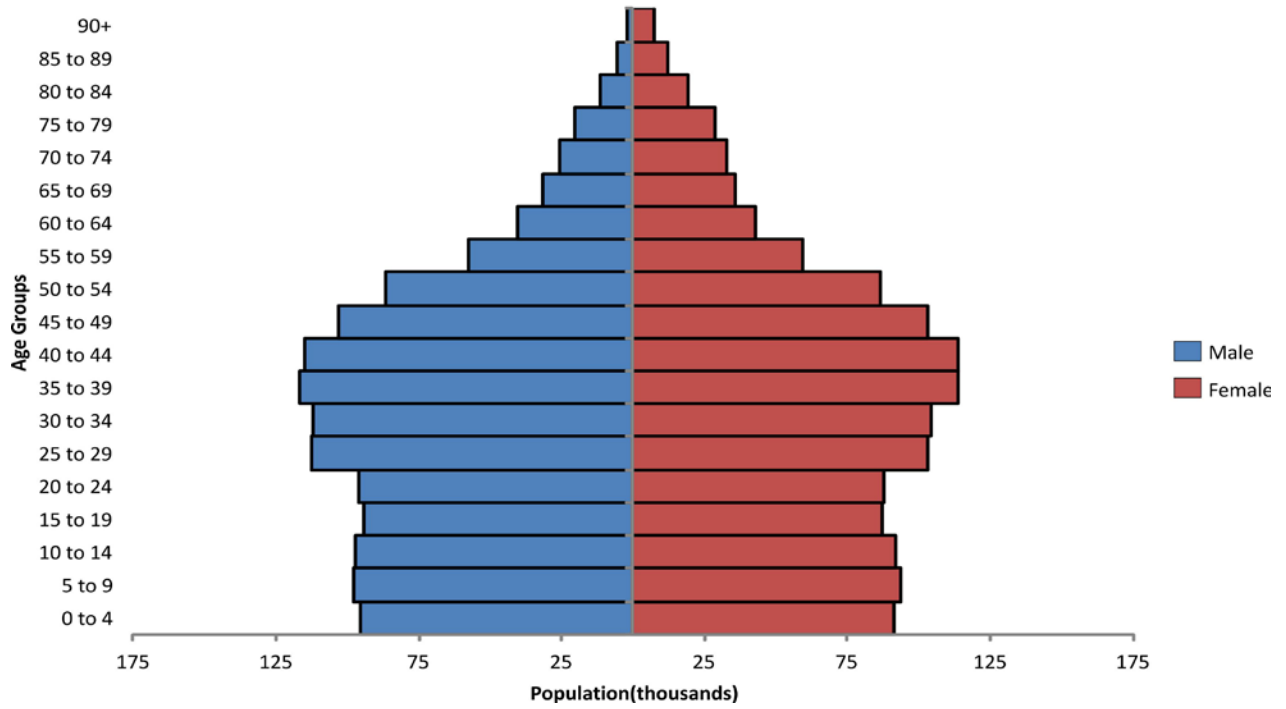


## Disability Rates for Population 65+

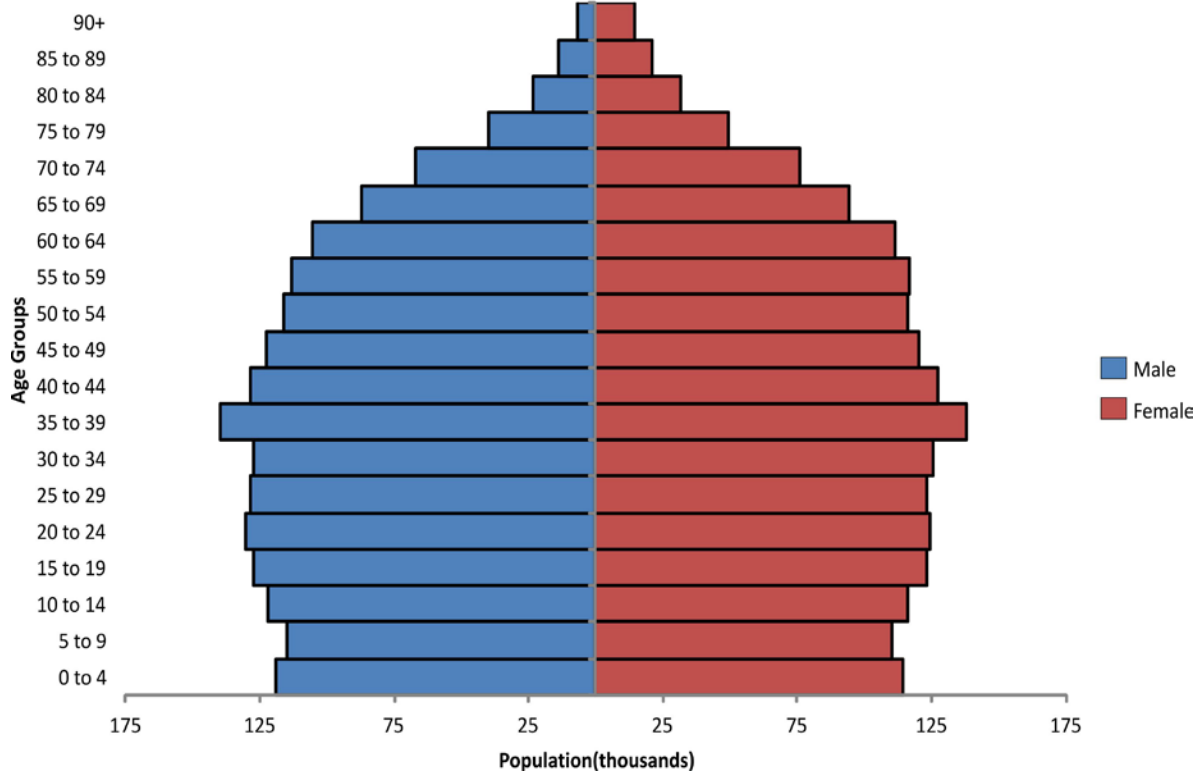


In 2013, hearing and ambulatory disabilities were among the most common for residents over 65 years old. Hearing disabilities in Gilpin County approach 30 percent of the 65-year-old population. On average, 17 percent of the region’s 65-plus population suffered from ambulatory disabilities, 17 percent had a hearing disability, 11 percent had a disability hindering independent living, 7 percent experienced a cognitive disability, 6 percent had a disability that inhibited self-care, and 5 percent had a vision disability. Among all disabilities surveyed by the Census Bureau, Adams County and Weld County had the highest incidences of disabilities among the 65-plus population, with 14 percent of that population experiencing one of the surveyed disabilities. Clear Creek had the lowest incidences of disabilities with 6 percent of the population experiencing a surveyed disability.

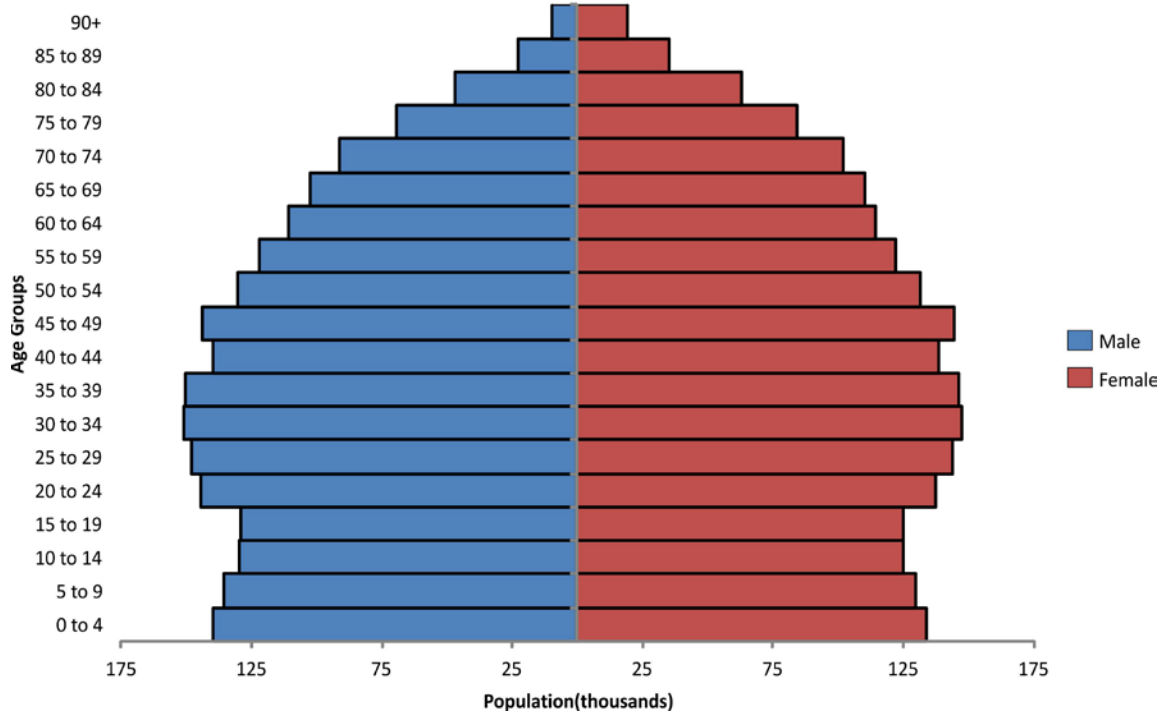
## 2000 Population Pyramid



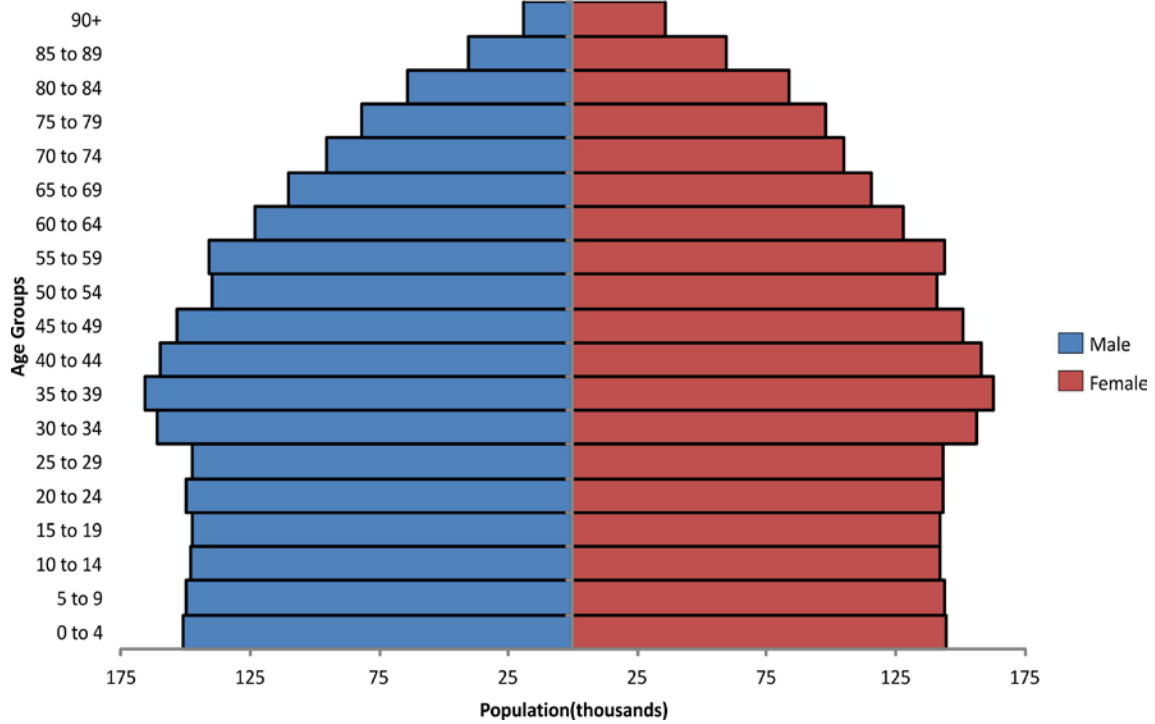
## 2020 Population Pyramid



### 2030 Population Pyramid



### 2040 Population Pyramid





## ***Section VI: Title III/VI Coordination***

This section is not applicable to DRCOG. Our AAA serves Native Americans from many tribes, but we do not have a reservation in our planning and service area (PSA) and we do not receive Title VI dollars.

## ***Section VII: Outcomes, Strategies and Performance Indicators***

### ***Un-served and Underserved***

Outcome:

Increase the number of people served and number of quality services provided through the Older Americans Act and State Funding for Senior Services.

Strategies:

DRCOG will increase the number of people served in the region by:

- Targeting, outreach and provision of service to low-income and low-income minorities as well as individuals with the greatest social need
- Expanding the number of services offered in the region
- Implementing performance-based contracts
- Increasing efficiencies in service delivery
- Expanding volunteer programs
- Targeting services and reaching out to low-income minorities as well as individuals with the greatest economic need.

Performance Indicators:

- Increased numbers of unduplicated clients served:
- 80 percent of consumers identify the services received through OAA/SFSS maintained or improved their independence.

DRCOG will expand service, increase choice and reduce health care cost by implementing the VDHCBS and the ADRC Transitions and we will expand other services offered in the region including:

- We will increase our service to Hispanic elders by implementing Spanish Speaking Case Management: Based on recent data, we believe there is a great need for a case management program that supports the Latino population. Demographics show 22 percent of Latinos, 55-64, lack health coverage, nearly three times as many as non-Hispanic whites. Four percent of Latinos over 65 are uninsured, 10 times the rate of whites (.4 percent) primarily because their immigration status disqualifies them from Medicare. Approximately one-sixth of Latinos, 55-plus, live below the poverty line, nearly double the poverty rate of 55-plus non-Hispanic whites. The 6.2 percent diabetes rate for Latinos compares to 4.9 percent for all Coloradans. However, age-adjusted death for diabetes among Latinos is twice the rate of all Coloradans, and triple the rate of non-Hispanic whites.
- Working with the Denver LGBT Community Center we will develop a lesbian/gay/bisexual/transgender (LGBT) case management program. LGBT elders are four

times less likely to have children, and twice as likely to live alone, yet are five times less likely to access senior services than their heterosexual peers. This lack of support increases the risk of depression, substance abuse, unnecessary institutionalization and premature death. Currently, it is estimated that 1-3 million Americans over 65 are LGBT. As the baby boomers age, this number will reach 3-7 million by 2030.

- The number one call for assistance that comes in to DRCOG's AAA Information and Assistance line is from seniors needing low-income housing. Some of these individuals are homeless and many are near homelessness when they call. DRCOG will work with the state housing authority, housing service providers and advocates to increase awareness of this crisis and its effect on older adults, advocate for and work collaboratively to find resources for this rapidly growing problem.

In addition, DRCOG will have at least one staff trained and certified in VISPDAT- Vulnerability Index Score Prioritization Decision Assessment Tool. The US Department of Housing and Urban Development (HUD) mandated that the 25 cities across the nation that have the highest percentage of the homeless population (Denver County is one) develop a "coordinated entry system" for "permanent supportive housing." Permanent supportive housing includes wrap-around services (like a case manager, etc.) so that homeless individuals wouldn't have to apply for 50 separate housing programs separately. Instead, the "coordinated entry system" would be one waitlist for all the permanent supportive housing in the city. In Denver, this "coordinated entry system" began in September, and part of its inauguration was this VISPDAT assessment that identifies the most vulnerable individuals and gives them housing priority. For an individual to qualify to take the VISPDAT, they need to have been homeless for 12 months (not consecutively) in the last 36 months. The outcome of the VISPDAT is a score. A 10+ score qualify someone for priority for permanent supportive housing in Denver. A 5-9+ score qualifies someone for "rapid re-housing" in Denver. A 0-4+ score qualify someone for conventional affordable housing in Denver. With VISPDAT trained and certified staff, we can be part of this coordinated effort, better advocates for our clients and communicate in the same language as our housing partners.

- DRCOG will implement performance-based contracts in accordance with the contracting requirements of the State Unit on Aging.
- DRCOG will work with contractors and community partners to expand services for caregivers: We will work with the Latino Age Wave to provide support and funding to increase education, training, support and respite for Latino caregivers. We will also work to expand service to African American caregivers and continue to support grandparents raising grandchildren.
- DRCOG will ensure that customer satisfaction surveys being distributed by all contracted providers ask questions about maintaining and increasing independence.

## ***Caregiver Programs***

Outcome:

Caregivers will feel supported, exhibit greater self-efficacy and have improved access to information and services

Strategies:

*DRCOG will:*

- Expand support groups in low-income areas
- Expand the number of caregiver conferences
- Increase access to evidence-based groups for caregivers
- Develop and/or expand caregiver support for minorities

Performance Indicators:

- Numbers of caregivers served
- 80 percent of clients report in annual surveys that they feel supported by the National Family Caregiver Support Program and express a feeling of greater self-efficacy.

In the next four years, DRCOG will focus on increasing service to spousal caregivers. In a report issued by the United Hospital Fund and the AARP Public Policy Institute, spouses providing caregiving are more likely to try and do it alone than other caregivers. For instance, 84 percent of spousal caregivers received no professional assistance, compared with 65 percent of non-spousal care recipients. Almost half, (58 percent) of spouses, report that they receive no outside help from family, friends or home care aides or other caregivers. In addition, they are on average 10 years older than other caregivers (median age is 64 versus 54). In general, they are poorer, less likely to be employed and less educated than nonspousal caregivers. We will increase our outreach efforts to these individuals and work with our contracted service partners to help educate these caregivers about community services, eligibility, where to go for information and respite services.

Latino caregivers will also be a priority for us in the next four years. We will work with Colorado Latino Age Wave to understand how to best support caregivers in this community including: specialized outreach, training, and respite services.

DRCOG will expand our elder refugee program to serve caregivers. Refugee caregivers face the same challenges as any other caregiver. Increased stress, and physical and financial demands, but refugee caregivers have additional challenges including: language and cultural barriers, limited finances, and not understanding resources and how to access them. We learn what refugee caregivers need and work with our community service providers and partners to meet the needs.

## ***Transportation***

Outcome:

Older adults have transportation available to access health care, maintain social interaction, and reach community and social services.

#### Strategies:

- Expand types of rides available to consumers beyond nutrition and medical rides
- Collaborate with DRCOG-contracted service providers to serve more individuals
- Collaborate with DRCOG-contracted service providers and the Regional Coordinating Council to increase efficiencies in service delivery

#### Performance Indicators:

- Number of registered transportation clients
- 90 percent of transportation clients indicate transportation was available to access necessary services in the community when needed

DRCOG will work with our contracted service providers, the regional transportation coordinating council, DRCOG transportation staff and other interested parties to increase the number people receiving service in the region.

- We will identify those areas that are underserved in the region and develop a plan to expand services in those areas
- Currently DRCOG providers turn down around 300 trips a month. We will analyze the data, develop and implement a plan to reduce these numbers
- We will decrease the no-show rates in the region. Currently the no show rates average 22 percent a month. We will work with our service providers to understand the reasons for these no-show rates and work collaboratively to reduce them
- DRCOG and our partners will look for ways to combine funds like FTA 5310 funding with Older Americans Act and State Funds for Senior Service to build capacity and reduce inefficiencies
- DRCOG will work with transportation providers to change the way we capture and report on trips and individuals served

## ***Legal Assistance***

#### Outcome:

Resources are effectively expended on legal issues faced by those most in need and for which other legal assistance is not available.

#### Strategies:

- Ensure services rendered are dictated by client needs, as articulated in the Priority Services in the Older Americans Act
- Review regulatory reform and policies at the state that are barriers for low-income seniors
- Increase the numbers of people served in the planning service area
- Improve the customer experience.

#### Performance Indicators:

- Numbers of persons who received legal assistance through Title III and SFSS: Legal assistance is a huge need in the region. DRCOG will work to increase the numbers of people needing legal

services by working with our provider to identify what needs can be addressed by using paralegals and legal caseworkers. The number of persons served will continue to be captured in the DRCOG contract management and reimbursement system and in Social Assistance Management System (SAMS)

- Number of service units provided through Title III and SFSS: DRCOG will continue to capture this data through our contract management and reimbursement system and in SAMS
- Number of unduplicated clients that legal assistance could not serve: DRCOG will continue to capture this data through our contract management and reimbursement system and in SAMS
- Number of clients referred to other appropriate agencies or resources: This number is not currently captured in our system, but will be added in July 2015

## ***Ombudsman Program***

### Outcome:

Resources are effectively expended on issues faced by those in most need for which other assistance is not available.

The Ombudsman program has identified, and will continue to identify, areas of Long Term Care (LTC) in need of more immediate advocacy. The landscape of LTC has been changing rapidly, and facilities are now caring for a more vulnerable and frail population than in years past. The growth of Assisted Living Residences (ALRs) in the DRCOG region has presented the need for ombudsman work more than ever. ALRs take a very high acuity of care with limited oversight and rules that govern quality care and quality of life. Those now living in Skilled Nursing Facilities (SNFs) are at hospital-level care, challenging the ombudsmen to have a broader knowledge of clinical outcomes. The increase in numbers of those living with Alzheimer's and dementia in Colorado has shifted the demographic of LTC to not only a very frail population, but a population unable to voice their concerns about poor care, abuse, and neglect, making ombudsman presence crucial.

### Strategies:

- Ombudsmen receive the information, training equipment and support sufficient to allow them to perform the responsibilities and duties of the position to the best of their abilities.
- Ombudsmen meet the federal and state requirements
- Ensure that individual advocacy, systemic change and regulatory reform are priorities in the program

### Performance Indicators:

The Colorado State Unit on Aging requires the following performance indicators be included in this report:

- Number of training sessions attended by certified ombudsman each year: The DRCOG Ombudsman program will track all trainings attended and all certified ombudsmen will meet the minimum requirement of 15 hours of training per year
- Number of certified ombudsman in the region each year: DRCOG currently has 11 full-time ombudsman positions. We will maintain or increase staffing based on available resources and

need in the region and the staffing requirements in the Colorado Ombudsman Policy and Procedure manual

- Number of facilities regularly visited not in response to a complaint: According to the Colorado Ombudsman Policy and Procedure Manual, ombudsmen are required to visit nursing homes monthly and assisted living facilities quarterly. The DRCOG Ombudsman program will meet this requirement
- Number of complaints handled and resolved in a year: The ombudsmen cannot control the number of complaints made on behalf of residents living in facilities; however, complaints made will be investigated in compliance with the Colorado Ombudsman Program Policy and Procedures Manual. Ombudsmen will work to resolve complaints and will complete all required reports on complaint investigations

The work DRCOG's Ombudsman program will be prioritizing in the next four years follows:

- Provide recommendations and direction for changes to ALR regulations and administrator certification and tiered care levels implementation through the Colorado Council on Assisted Living at the Colorado Department of Public Health and Environment (CDPHE)
- Provide recommendations and guidance for regulation revision of Chapter V nursing home regulations. Ombudsmen will specifically focus on areas of Residents' Rights, grievance procedures, and transfer/discharge
- DRCOG's Ombudsman Program will monitor and support the need for regulatory changes to improve the quality of care and life for long-term care residents and advocate for the passage of those changes, including but not limited to:
  - Working on adding appeal rights for eviction notices for ALR residents
  - Areas that would strengthen training and education requirements for Assisted Living Administrators. Educational requirements for front line care staff in both nursing homes and assisted living communities
  - Regulations that would hold LTC providers, owners and corporations accountable for the care they market and provide
- Community transitions will continue to be a trend well into the future. DRCOG's Ombudsman Program, in conjunction with DRCOG's ADRC team, will focus on educating residents and staff of LTC on the rights of residents to explore community-based options in conjunction with the Colorado Choice Transitions (CCT) program. There is a great need in this area for systems advocacy that so often eludes the nursing home portion of LTC. This work would also be reflective of the state's Olmsted Act.

Education is a key component in the work the Ombudsman Program does. Without community knowledge and understanding of what the program does, who the program serves, and how the program interfaces with so many different community and state programs, the Ombudsman Program is unable to reach its full potential of service to consumers/residents/families/community partners. Education and outreach will be a large focus during the next four years. In addition to resident council meetings, family council meetings, and trainings to facility staff, DRCOG's Ombudsman Program will provide education in the following ways:

- Local membership organizations (Colorado Health Care Association, Colorado Assisted Living Association, Leading Age) trainings, conferences and presentation to members and community organizations
- Attend and provide education at all eight county APS case review councils
- Denver Forensics collaborative monthly meetings--Educate city DA offices, local police departments, city attorneys, public administrators, environmental health, and other attendees about the Ombudsman Program, and how the work that is done interfaces with all agencies attending these meetings
- Stakeholder workgroups with CDPHE/HCPF (Health Care Policy and Finance) to educate on the Long-Term Care Ombudsman program, residents rights, trends and patterns the LTCO has identified
- Senior law day
- Senior fairs
- County council on aging meetings
- CMS regional outreach trainings
- CMDA meetings
- P4P workgroups
- HCPF/CDPHE collaborative meetings
- ACF (Medicaid homes)/HCPF best practice stakeholder meetings
- HCPF Nursing Facilities Advisory meetings
- Various town hall meetings
- Alzheimer's Association education and outreach - Selecting a Care Community Classes offered to consumers
- The Consumer Voice Leadership Council
- National Ombudsman Resource Center Advisory committee- LTCO Advocacy in Residential Care
- Mental health centers within DRCOG's region
- Single Entry Point Agencies in DRCOG's region
- Trainings to police/detectives/investigation units specializing in mandatory reporting of at risk adults

## ***Nutrition Programs***

Outcome:

Older adults will access nutrition services, socialization, and community resources to promote independence.

Strategies:

- Expand congregate sites' number of meals per week to at least 5 meals per week
- Expand locations of congregate meal sites to un(der)served areas of high poverty.
- Expand number of home-delivered meals sent per week to recipients to at least five meals per week.
- Initiate or expand use of Market Meals program.

#### Performance Indicators:

- *Number of persons who receive congregate and home delivered services per year:* DRCOG will work with our nutrition provider, Volunteers of America, to increase the number of people receiving in-home and congregate meals in the region as resources permit. We have identified areas where new congregate meal sites are needed and sites that can expand the numbers of meals being served. DRCOG and Volunteers of America will develop a plan for the expansion and steps needed to implement this goal including: site selection, volunteers, equipment and other resources. The home-delivered program currently has a waiting list; our first priority will be to clear the waiting list and then identify ways to expand the program into areas identified as underserved or unserved.
- *90 percent of congregate nutrition program meal clients state obtaining transportation to the meal site was very easy or somewhat easy.* DRCOG will continue to prioritize transportation trips for nutrition and medical services. We will ensure those receiving congregate meals are asked this question on VOA's customer satisfaction survey. DRCOG will continue to work with staff at the congregate meal sites to identify individuals having difficulty getting to meals for whatever reason. DRCOG staff will provide education, information and assistance and options counseling to ensure they get the nutrition they need.
- *90 percent of congregate nutrition program meal clients report that during the past year someone from the Nutrition Program provided information or referred them to places to learn about financial, social, or health services that are available to them or told them how to get help.* DRCOG will ensure that this question is part of the customer satisfaction survey provided to congregate meal clients and that staff at these sites have adequate resources to provide accurate information.
- *90 percent of home-delivered meal clients report that during the past year someone from the Nutrition Program provided information or referred them to places to learn about financial, social, or health services that are available to them or told them how to get the help.* DRCOG will ensure that this question is part of the customer satisfaction survey provided to home-delivered meal clients and that staff at these sites have adequate resources to provide accurate information.
- *90 percent of congregate nutrition program meal clients report they are very satisfied or somewhat satisfied with opportunities to spend time with other people at the meal site:* DRCOG will ensure that this question is asked in the VOA survey. If problems are identified in this survey we will work with VOA to address the concerns.
- *90 percent of congregate nutrition program meal clients report that the nutrition program has helped them to live independently and stay in their own home:* DRCOG will ensure that this question is asked in the VOA survey. If problems are identified in this survey we will work with VOA to address the concerns.
- *90 percent of home-delivered meal program clients report that the nutrition program has helped them to live independently and stay in their own homes.* DRCOG will ensure that this question is asked in the VOA survey. If problems are identified in this survey we will work with VOA to address the concerns.



# Section VIII: Forms and Attachments

## Attachment A: Direct Service Waiver in Process

## Attachment B: Meal Sites for Area Plan on Aging

REGION: 3A

PROGRAM: Volunteers of America

Nutrition Program Meal Sites (Congregate & Home Delivered Meal Programs) As of May 2015

	SITE NAME/ADDRESS MEAL SITE COORDINATOR PHONE/FAX/EMAIL ADDRESS	WHICH PROGRAM(S) OPERATE OUT OF THIS SITE?		IS THIS SITE A CENTRAL OR COMMISSARY KITCHEN?		ARE MEALS PREPARED ON SITE?		IF MEALS ARE NOT PREPARED ON SITE WHERE ARE THEY TRANSPORTED FROM?	WHICH MEAL IS SERVED/DELIVERED EACH DAY?			DAYS OF THE WEEK C-1 MEALS ARE SERVED	DAYS OF THE WEEK C-2 MEALS ARE DELIVERED
		C-1	C-2	YES	NO	YES	NO		BREAKFAST	LUNCH	DINNER		
1.	Volunteers of America	X	X	X		X				X		Monday - Friday	Monday - Saturday
	Meals on Wheels / Dining Centers												
	2660 Larimer Street												
	Denver, Colorado 80205												
	303.297.0408												
2.	Fax:720.264.3306												
	<a href="http://www.voacolorado.org">www.voacolorado.org</a>												
	Shalom Cares		X	X		X				X			Monday - Friday
	Kosher Meals on Wheels												
	14800 E. Belleview Drive												
3.	Aurora, Colorado 80015												
	303.400.2229												
	Fax 303.699.4300												
	Ira Indich - Mashgiach												
	Gilpin County Senior Services	X	X	X		X				X			Monday - Friday
4.	2960 Dory Hill Road Ste.100												
	Black Hawk, Colorado 80422												
	303.582.5444												
	Fax: 303.582.5798												
	Mary Ellen Makosky - Coordinator												
5.	Project Support / Clear Creek County	X	X	X		X				X			Monday - Friday
	1402 Miner Street												Friday
	P.O. Box 1231												Friday
	Idaho Springs, Colorado 80452												
	303-567-2382												
6.	Fax: 303.567.1311												
	Cindy Sterner - Coordinator												
	Arvada / Mile High Vineyard	X			X	X		VOA		X			Wednesday
	5445 Olde Wadsworth Blvd.							2620 Larimer Street					
	Arvada, Colorado 80002							Denver, CO 80205					
7.	720.300.3707												
	Virginia Weickum - Coordinator												
	Lani Simmons - Agency contact												

	SITE NAME/ADDRESS MEAL SITE COORDINATOR PHONE/FAX/EMAIL ADDRESS	WHICH PROGRAM(S) OPERATE OUT OF THIS SITE?		IS THIS SITE A CENTRAL OR COMMISSARY KITCHEN?		ARE MEALS PREPARED ON SITE?		IF MEALS ARE NOT PREPARED ON SITE WHERE ARE THEY TRANSPORTED FROM?	WHICH MEAL IS SERVED/DELIVERED EACH DAY?			DAYS OF THE WEEK C-1 MEALS ARE SERVED	DAYS OF THE WEEK C-2 MEALS ARE DELIVERED
		C-1	C-2	YES	NO	YES	NO		BREAKFAST	LUNCH	DINNER		
6.	Aurora Center for Active Adults	X	X		X		X	VOA		X		Monday -	Monday -
	30 Del Mar Circle							2620 Larimer Street				Thursday	Friday
	Aurora, Colorado 80011							Denver, CO 80205					
	303.739.7949												
	Fax: 303.739.7953												
	John Bengston - Coordinator												
	Patty Hicks - Director												
7.	Barnum Recreation Center	X			X		X	VOA		X		Thursday	
	360 Hooker Street							2620 Larimer Street					
	Denver, Colorado 80219							Denver, CO 80205					
	303.937.4655												
		Betty Sanchez - Coordinator											
	Tim Hutchens - Coordinator												
8.	Eagle View Adult Center	X			X		X	VOA		X		Monday -	
	1150 Prairie Center Parkway							2620 Larimer Street				Thursday	
	Brighton, Colorado 80601							Denver, CO 80205					
	303.655.2075												
	Fax: 303.655.2081												
	Eleanor Maestas - Coordinator												
	Sue Corbett - Director												
9.	Castle Rock Senior Center	X	X		X		X	VOA		X		Tuesday	Monday-
	2323 North Woodlands Blvd.							2620 Larimer Street				Thursday	Friday
	Castle Rock, Colorado 80104							Denver, CO 80205				Friday	
	303.688.9498												
	Fax: 303.814.1035												
	Debbi Haynie - Manager												
	Tina Whitby - Coordinator												
10.	Cathedral Plaza Apartments	X			X		X	VOA		X		Monday -	
	1575 Pennsylvania Street							2620 Larimer Street				Friday	
	Denver, Colorado 80203							Denver, CO 80205					
	303.837.1424												
	Fax: 303.837.1424												
	Archie Holtz - Coordinator												
	Cindy Musso - Manager												
11.	College View Center	X			X		X	VOA		X		Thursday	
	2525 South Decatur Street							2620 Larimer Street					
	Denver, Colorado 80219							Denver, CO 80205					
	303.350.5565												
	Cathy Troute - Coordinator												

	SITE NAME/ADDRESS MEAL SITE COORDINATOR PHONE/FAX/EMAIL ADDRESS	WHICH PROGRAM(S) OPERATE OUT OF THIS SITE?		IS THIS SITE A CENTRAL OR COMMISSARY KITCHEN?		ARE MEALS PREPARED ON SITE?		IF MEALS ARE NOT PREPARED ON SITE WHERE ARE THEY TRANSPORTED FROM?	WHICH MEAL IS SERVED/DELIVERED EACH DAY?			DAYS OF THE WEEK C-1 MEALS ARE SERVED	DAYS OF THE WEEK C-2 MEALS ARE DELIVERED
		C-1	C-2	YES	NO	YES	NO		BREAKFAST	LUNCH	DINNER		
12	Curtis Park II / VOA Center 2877 Lawrence Street Denver, Colorado 80205 303.295.2165 Fax: 303.298.8169 Tamela Dabney - Coordinator	X			X		X	VOA 2620 Larimer Street Denver, CO 80205		X		Friday	
13	Denver Inner City Parish 1212 Mariposa Denver, Colorado 80204 303.629.0636, ext.230 Allyson Sawtell - Coordinator	X			X		X	VOA 2620 Larimer Street Denver, CO 80205		X		Wednesday - Friday	
14	Malley Recreation Center 3380 South Lincoln Street Englewood, Colorado 80113 303.762.2660 Fax: 303.762.2669 Nancy Dickeson - Coordinator Shelly Fritzpelle - Agency contact	X			X		X	VOA 2620 Larimer Street Denver, CO 80205		X		Monday - Friday	
15	Georgetown Community Center 6th and Argentine Street Georgetown, Colorado 80444 303.567.2382 Fax: 303.567.1311 Cindy Sterner - Coordinator Bill Macy - Host Agency contact	X			X		X	Project Support 1402 Miner St. Idaho Springs CO 80452		X		Wednesday	
16	Gilpin County Senior Services 2960 Dory Hill Road Ste.100 Black Hawk, Colorado 80422 303.582.5444 Fax: 303.582.5798 Mary Ellen Makosky - Coordinator <a href="mailto:GilpinSeniors@co.gilpin.co.us">GilpinSeniors@co.gilpin.co.us</a>	X	X		X		X	Gilpin County Justice Center		X		Monday Wednesday Friday	Monday- Friday

	SITE NAME/ADDRESS MEAL SITE COORDINATOR PHONE/FAX/EMAIL ADDRESS	WHICH PROGRAM(S) OPERATE OUT OF THIS SITE?		IS THIS SITE A CENTRAL OR COMMISSARY KITCHEN?		ARE MEALS PREPARED ON SITE?		IF MEALS ARE NOT PREPARED ON SITE WHERE ARE THEY TRANSPORTED FROM?	WHICH MEAL IS SERVED/DELIVERED EACH DAY?			DAYS OF THE WEEK C-1 MEALS ARE SERVED	DAYS OF THE WEEK C-2 MEALS ARE DELIVERED
		C-1	C-2	YES	NO	YES	NO		BREAKFAST	LUNCH	DINNER		
17.	First Presbyterian Church/Golden 17707 West 16th Avenue  Golden, Colorado 80401 303.279.7450 Irene Obermeyer - Coordinator	X			X		X	VOA 2620 Larimer Street  Denver, CO 80205		X		Wednesday	
18.	Project Support Senior Center 1402 Miner Street P.O. 1231 Idaho Springs, Colorado 80452 303.567.2382 Fax: 303.567.1311 Cindy Sterner - Coordinator Bill Macy - Agency Contact	X	X		X		X	Project Support 1402 Miner St Idaho Springs Colorado		X		Monday- Friday	Monday- Friday
19.	Jewish Community Center Kosher Dining Center 350 South Dahlia Street Denver, Colorado 80246 303.316.6359 Fax: 303.320.0042 Lillian Shaw - Coordinator	X			X		X	Shalom Cares 14800 E. Belleview Drive Aurora CO 80015		X		Monday- Friday	
20.	La Alma Recreation Center 1325 West 11th Avenue  Denver, Colorado 80204 303.572.4790 Fax: 303.572.4660 Dennis Weber - Coordinator	X			X		X	VOA 2620 Larimer Street  Denver, CO 80205		X		Monday Tuesday	
21.	Clements Community Center 1580 Yarrow Street  Lakewood, Colorado 80214 303.987.4833 Fax: 303.987.4841 Jean Engstrom - Coordinator Dawn Sluder - Host Agency contact	X			X		X	VOA 2620 Larimer Street  Denver, CO 80205		X		Monday Thursday 1st Friday	

SITE NAME/ADDRESS MEAL SITE COORDINATOR PHONE/FAX/EMAIL ADDRESS	WHICH PROGRAM(S) OPERATE OUT OF THIS SITE?		IS THIS SITE A CENTRAL OR COMMISSARY KITCHEN?		ARE MEALS PREPARED ON SITE?		IF MEALS ARE NOT PREPARED ON SITE WHERE ARE THEY TRANSPORTED FROM?	WHICH MEAL IS SERVED/DELIVERED EACH DAY?			DAYS OF THE WEEK C-1 MEALS ARE SERVED	DAYS OF THE WEEK C-2 MEALS ARE DELIVERED
	C-1	C-2	YES	NO	YES	NO		BREAKFAST	LUNCH	DINNER		
22. Maltese Cross Manor Apartments 1590 Yates Street Denver, Colorado 80204 303.629.5138 Emma Haines - Coordinator Rob Haugen - Host Agency contact	X			X		X	VOA 2620 Larimer Street Denver, CO 80205		X		Monday- Friday	
23. Metro Village Apartments 1523 Quitman Street Denver, Colorado 80204 303.572.7716 Fax: 303.623.6208 John Lennox - Coordinator Desiree Little - Host Agency contact	X			X		X	VOA 2620 Larimer Street Denver, CO 80205		X		Monday- Friday	
24. Montbello Recreation Center 15555 East 53rd Avenue Denver, Colorado 80239 720.865.0580 Fax: 720.865.0581 Fred Gordon - Coordinator Oliver Van - Host Agency contact	X			X		X	VOA 2620 Larimer Street Denver, CO 80205		X		Tuesday Thursday	
25. Montbello Manor Apartments 4355 Carson Street Denver, Colorado 80239 720.374.4955 Fax: 720.374.4952 Erin Pickford - Coordinator Sheila Cody - Agency contact	X			X		X	VOA 2620 Larimer Street Denver, CO 80205		X		Thursday	
26. Mulroy Senior Center 3550 West 13th Avenue Denver, Colorado 80204 303.892.1540 Fax: 303.892.1420 Margarita Ceballos - Coordinator Kerry Blacker - Host Agency contact	X			X		X	VOA 2620 Larimer Street Denver, CO 80205		X		Monday- Thursday	
27. Senior Support Services	X			X		X	VOA		X		Monday -	

Nutrition Program Meal Sites (Congregate & Home Delivered Meal Programs) As of May 2015

	SITE NAME/ADDRESS MEAL SITE COORDINATOR PHONE/FAX/EMAIL ADDRESS	WHICH PROGRAM(S) OPERATE OUT OF THIS SITE?		IS THIS SITE A CENTRAL OR COMMISSARY KITCHEN?		ARE MEALS PREPARED ON SITE?		IF MEALS ARE NOT PREPARED ON SITE WHERE ARE THEY TRANSPORTED FROM?	WHICH MEAL IS SERVED/DELIVERED EACH DAY?			DAYS OF THE WEEK C-1 MEALS ARE SERVED	DAYS OF THE WEEK C-2 MEALS ARE DELIVERED
		C-1	C-2	YES	NO	YES	NO		BREAKFAST	LUNCH	DINNER		
28.	Sunset Park Senior Center	X			X		X	VOA		X		Monday -	
	1865 Larimer Street							2620 Larimer St.				Friday	
	Denver, Colorado 80202							Denver, CO 80205					
	303.297.0230												
	Fax: 303.295.3901												
	Connie Leake - Coordinator Torey Dixon - Agency contact												
29.	Sunset Towers Apartments	X			X		X	VOA		X		Monday -	
	1925 Larimer Street							2620 Larimer St.				Friday	
	Denver, Colorado 80202							Denver, CO 80205					
	303.292.2065												
	Fax: 303.295.3768												
	Tony Graziano - Coordinator Alyce Pierre - Agency contact												
30.	Thomas Bean Towers Apartments	X			X		X	VOA		X		Monday -	
	2350 Cleveland Place							2620 Larimer Street				Friday	
	Denver, Colorado 80205							Denver, CO 80205					
	720.956.3846												
	Melvin Anderson - Coordinator Sonjia Nash - Host Agency contact												
31.	Westminster Commons Apartments	X			X		X	VOA		X		Tuesday	
	3180 West 76th Avenue							2620 Larimer Street				Thursday	
	Westminster, Colorado 80030							Denver, CO 80205				Friday	
	303.428.2786												
	Hope Mullen - Coordinator Shannon Dickey - Agency contact												
32.	Westwood Community Center	X			X		X	VOA		X		Monday -	
	Southwest Improvement Council							2620 Larimer Street				Friday	
	1000 South Lowell							Denver, CO 80205					
	Denver, Colorado 80219-3339												
	303.934.2181 Fax: 303.934.0035												
	Jan Marie Belle - Host Agency contact												

**Attachment C: Community Focal Points and Senior Centers**

REGION: 3A

**COMMUNITY FOCAL POINTS AND SENIOR CENTERS**

LIST ALL FOCAL POINTS AND SENIOR CENTERS INCLUDING NUTRITION SITES IF IT IS A FOCAL POINT

CENTER NAME ZIP CODE CONTACT	PHONE NUMBER EMAIL	ADDRESS, CITY,	CHECK IF FACILITY IS:			CHECK IF LOCATION SERVES:	
			A FOCAL POINT	A SENIOR CENTER	FUNDED THROUGH TITLE III-B	PREDOMINANTLY LOW INCOME ELDERLY	PREDOMINANTLY LOW-INCOME MINORITY ELDERLY
1. Apex Community Center 6842 Wadsworth Blvd, Arvada, CO 80003 (303)425-9583			X	x			
2. Aurora Center for Active Adults 30 Del Mar Circle, Aurora, CO 80012 (303) 739-7950			X				
3. Athmar Recreation Center 2680 W Mexicao Ave Denver, CO 801219 (303)937-4600			X	X		X	
4. Barnum Senior Center 360 Hooker Street Denver, CO 80219 (303) 937-4655			X	X		X	X
5. Brighton Senior Center 575 Bush St. Brighton, CO 80601 (303) 655-2075			X	X			
6. Broomfield Senior Center 280 Lamar Street Broomfield CO 80020 (303) 464-5526			X	X	X		
7. Castle Rock Senior Center 2323 Woodlands Blvd Castle Rock, CO 80014 (303) 688-9498			X	X	X		
8. Catholic Charities Denver 4045 Pecos Street Denver, CO 80211 (303) 742-0828			X		X	X	X

**Attachment D: Regional Advisory Council Membership**

REGION: 3A

**REGIONAL ADVISORY COUNCIL MEMBERSHIP**

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

NAME	ORGANIZATION AFFILIATION
Janet Romaine	Clear Creek County - County Council on Aging (CCOA)
Dawn Perez	Adams County -CCOA
Steve Watson	Douglas County - CCOA
Randy Penn	Mayor of Englewood
Cathy Noon	Mayor of Centennial - Arapahoe CCOA
Phil Cernanec	Mayor of Littleton
John O'brien	Mayor of Lyons
Bob Davis	Broomfield CCOA
Tex Elam	Community member - teansportation expert
Amanda Gregg	Office on Aging
Douglas Bowen	Arapahoe CCOA
Bob Lanky	Jefferson CCOA
Muriel Arvay	Denver CCOA
Sharon Perea	Gilpin CCOA
Vivan Stovall	Denver Retired Federal Workers, Senior Lobby
Jean Richards	Denver CCOA
Donna Mullins	Jefferson CCOA
Cary Johnson	Jefferson CCOA
Karrie Erickson	Douglas County - CCOA
Kay Johnson	Gilpin CCOA
Fabyan Watrous	Gilpin CCOA
Maxine Seyforth	Adams County -CCOA





# Denver Regional Council of Governments Area Plan on Aging

Older Americans Act  
SUA Policy Directive-15-04

