

Boulder County Area Agency on Aging Region 3B



Area Plan for Older Americans Act and State Funding for Senior Services
SUA Policy Directive 18-05
State Fiscal Years 2024-2027
(July 1, 2023-June 30, 2027)

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SECTION I: EXECUTIVE SUMMARY

The Area Plan is the AAA's primary blueprint of action for the upcoming four-year period. The Executive Summary should incorporate the essential points of the Area Plan.

The Boulder County Area Agency on Aging (BCAAA) Region 3B Area Plan for 2023-2027 indicates the direction of the region for the four-year period July 1, 2023 through June 30, 2027. The number of older adults (60+) in Boulder County will continue to increase for around 30 years, with an anticipated major shift in the number of residents who are 80 and older. Our systems need to continue to evolve to meet the needs of an aging population and paid and unpaid caregivers. As our older adult population continues to grow, so do the subcategories of older adults we serve. These impacts, combined with the high and still increasing cost of living in Boulder County means the strain for those wishing to age in home and community are finding more and higher barriers to do so.

The BCAA commits to addressing the unique needs of underserved populations include low- and middle-income residents, those speaking a language other than English, residents of color, LGBTQ+ older adults, our rural and mountain communities, family and unpaid caregivers of older adults, solo agers, and long-term care residents. The BCAA has a continued commitment to ensure that an adequate proportion of its Federal and state dollars is expended for Priority Services identified in the Policies and Procedures of the Older Americans Act.

With the intent of creating a data-driven planning process to best support those aging and those who support older adults, the BCAA obtained input through the CASOA, Community Conversations, Key Informant Survey, and the State Demography Office. BCAA clearly heard a need to address several priority areas during community engagement, presented in no particular order:

- Transportation
- Housing
- Social Participation
- Emergency Preparedness
- Mental Health Services
- Information and Referral
- Managing Case Complexity
- Nutrition
- Financial Assistance
- Benefits Navigation
- In-Home Services

BCAAA will continue to practice a strengths-based, solutions-focused, and flexible philosophy toward strategic planning and service delivery during the upcoming four-year period. Our flexible and innovative approach to aging services was key to working through the shifting needs of our community through the pandemic. These qualities will be key to drive our mission to support an increasing number of older adults in their homes and community as they age in place. For the BCAA to adequately serve our dramatically increasing and changing population, policies and funding must evolve, with a focus on sustainability and local flexibility to meet the needs stated throughout this plan.

SECTION II: PUBLIC INPUT

The primary foundation of the Area Plan is the voice of the consumer. The aspirations, strengths, and needs of each Area Agency on Aging Region should guide the Area Plan.

The AAA shall conduct at least three public input meetings on the Area Plan to provide an opportunity for older adults, local government officials, key informants, and other interested parties to provide input into the Area Plan. The AAA may conduct more public input meetings as they deem necessary to the development of their Area Plan, and should consider ensuring representation from all geographic areas of their region. The AAA must ensure adequate published notice is extended to increase older adults’ opportunity to participate. AAAs shall retain documentation of each public input meeting (through recorded or written minutes) and a list of participants. The meetings should consider current and future service and support needs of older adults and the issues, challenges, and opportunities facing the region. In this section, the AAA must describe the number, dates, and locations of the public input meetings. Documentation of public meetings may be identified as an attachment to the Area Plan. The AAA should discuss how those attending informed the Area Plan.

Community Conversations

The practice in Boulder County has been to utilize Community Conversations to receive public input for the Area Plan while also gaining public perspectives and concerns to inform the next iteration of the Age Well Boulder County Strategic Plan. The BCAAA worked collaboratively with the Regional Aging Network, consisting of BCAAA staff and our municipal partners, in developing the questions for the Community Conversations. Five BCAAA staff facilitators lead 26 conversations with the community that included a focus on capturing Spanish speakers, geographic regions, and long-term care residents. The voices of long-term care residents are not captured through the CASOA.

Questions included:

- What does aging the way you want to look like?
- What services and supports do you, neighbors, family, and friends receive right now that help you age in home, age in the place you call home, or age in community?
 - What services and supports are not available for folks to age well in our community?
 - What barriers does the community face in accessing services to age well?
- Where do you see ageism in your community?
- What happened for you over the past two plus years of COVID that you would like to keep?
 - What would you like to change?
 - What would you do differently?
- Imagine a future in which you age well. What helped you get there?

List of Community Conversations Held by BCAAA/Region 3B (Boulder County)

TARGET POPULATION	DATE	LOCATION
Erie Residents	Tuesday, Aug. 16	Erie Community Center
Longmont Residents	Thursday, Aug. 18	Longmont Library
Longmont Residents (in Spanish)	Monday, Aug. 22	Longmont Senior Center
Boulder Residents	Tuesday, Aug. 23	Virtual - Zoom
Longmont Residents	Thursday, Aug. 25	Longmont Senior Center
Erie Residents	Thursday, Aug. 25	Erie Community Center
Longmont Residents (in Spanish)	Thursday, Aug. 25	Longmont Senior Center

LGBTQ+ Residents	Thursday, Aug. 25	Lafayette Library
Lafayette Residents	Tuesday, Aug. 30	Lafayette Senior Center
Boulder County Residents	Tuesday, Aug. 30	Virtual – Zoom
Louisville Residents	Thursday, Sept. 1	Louisville Senior Center
Lafayette Residents	Tuesday, Sept. 6	Lafayette Senior Center
Boulder County Residents	Thursday, Sept. 8	Virtual – Zoom
Boulder Residents	Tuesday, Sept. 13	West Age Well Center
Boulder LGBTQ+ Residents	Thursday, Sept. 15	West Age Well Center
Louisville Residents	Thursday, Sept. 15	Louisville Senior Center
Boulder Caregivers	Tuesday, Sept. 20	Virtual – Zoom
Mountain Residents	Thursday, Sept. 22	Nederland Community Center
Assisted Living Residents	Monday, Oct. 3	Frasier Meadows
Skilled Nursing Residents	Monday, Oct. 3	Manor Care
Skilled Nursing Residents	Tuesday, Oct. 4	Life Care
Skilled Nursing Residents	Tuesday, Oct. 4	Mesa Vista
Assisted Living Residents	Wednesday, Oct. 5	Brookdale
Front Range Solo Aging Network	Monday, Oct. 10	Virtual – Zoom
Low-Income Housing Residents	Tuesday, Nov. 15	Villa West – Lafayette
Mountain Residents	Thursday, Feb. 9	Walt Self Senior Housing - Lyons

Minor modifications were made to the set of questions for long-term care residents, based on feedback from our Long-Term Care Ombudsmen. Each conversation was recorded and transcribed later so facilitators could remain present in the conversation. Commonalities across many of the themes heard during our Community Conversations included accessibility, availability, and affordability. The following major themes, in no particular order, were heard at the conversations that inform the Area Plan and the Age Well Boulder County Strategic Plan:

- **Communication and Information:** In every administration of the CASOA and in our Community Conversations the theme that stands out is that folks don’t know about AAA services. One conversation participant shared, *“One of the things that helps me is knowing what resources are available to me. What might be free, what might be paid, and how to qualify for them.”*
- **Transportation:** Access to transportation was discussed as a vital service in all conversations.
 - Mountain residents have a particularly difficult time accessing transportation services.
 - Door-through-door service for non-emergency medical transportation is limited and sometimes difficult to access.
 - Transportation for social opportunities is important for combatting isolation.
 - Transportation is also important for access to groceries, medication, and other shopping needs.
- **Housing:** The need for affordable and accessible housing is universal across Boulder County, the Front Range, and Colorado.
 - *“I belong to a Facebook group of women who live in their cars and there’s more and more of them that are 55, 60, 65, 70. They can’t afford their rents anymore.”*
 - Additional affordable and appropriate housing stock is needed for those with limited and fixed incomes and unhoused older adults. More housing for those at 30% AMI and below is critical to meet the community’s needs.
 - Home modification is necessary for those who want to age in place. Downsizing homes is extremely difficult and often unaffordable in the current housing market.

- Accessible housing is good for all community members, not just older adults.
- **Social Participation:** Perhaps even more critical because of the pandemic, social participation stood out in the conversations. Social activities are integral to physical and mental health. Virtual opportunities have been welcomed by those who participated in the conversations. We continue to hear ageist remarks about participation along the lines of not participating in activities at older adult and senior centers because, “I’m not old.”
- **Emergency Preparedness:** Repeated devastating emergencies (2013 flood, 2020 Cal-Wood and Lefthand Canyon fires, the Marshall Fire) have left scars on our community. Alongside those who have felt direct impacts in the emergencies that have occurred, many are left wondering how to best prepare when the next one strikes. Evacuation can come with complications for those without reliable transportation and those with health challenges.
- **Negative Impacts of COVID-19:** Many older adults experienced feelings of isolation which were difficult to manage, especially solo agers. For some, these challenges continue as they have lost connections or continue to be fearful of exposure to COVID. Some services were lost during the pandemic and have not been reinstated. Like other issues, the negative impacts of the pandemic are interwoven with other topic areas like ageism. COVID-19 has further exposed the oftentimes pervasive, silent, and harming impacts of ageism. The need to end ageism has perhaps never been more urgent, with COVID-era memes characterizing COVID as a “boomer remover,” and critical care standards that move older adults to the back of the triage line.

Key Informant Survey

The Boulder County Age Well Key Informant Survey (KIS) is conducted every four years to collect feedback from the broader aging network in Boulder County who work with older adults and informal and family caregivers. Our survey was launched via Microsoft Forms on Tuesday, March 7, 2023 and closed on Friday, March 17, 2023. Survey participants were entered into a randomized drawing for one of three \$100 Visa gift cards. The KIS had 28 respondents. Participants were from different sectors serving older adults and caregivers, representing geographical areas across Boulder County. The following major themes were heard through the KIS that inform the Area Plan and Age Well Boulder County Strategic Plan. These are some of the top responses for the following questions:

- Which service(s) did your clients access with the **most frequency** over the last 12 months?
 - Information and Referral/Resource Navigation
 - Financial Assistance (includes housing stability via rent and mortgage payments)
 - Nutrition (Groceries, Prepared Meals, and/or Nutrition Counseling)
- Please choose the service(s) in which demand has **dramatically increased** in the last 12 months.
 - Financial Assistance (includes housing stability via rent and mortgage payments)
 - *This was by far the largest response for this question.*
- Thinking back over the past three years (March 2020 to present), which service(s) did your clients access with the most frequency?
 - Nutrition (Groceries, Prepared Meals, and/or Nutrition Counseling)
 - Financial Assistance (includes housing stability via rent and mortgage payments)
 - Case Management
- The following are the services with the lowest **quality** as rated by service providers related to adults aged 60 and older and their family or unpaid caregivers:
 - Transportation
 - Long-Term Care
 - Employment Assistance

- Homemaker, Chore, and Personal Care Services
- The following are the services with the lowest **availability** as rated by service providers related to adults aged 60 and older and their family or unpaid caregivers:
 - Homemaker, Chore, and Personal Care Services
 - Transportation
 - Adult Day Services
 - Long-Term Care
 - Mental Health Services
 - Respite Assistance
- The following are the services with the highest **demand** as rated by service providers related to adults aged 60 and older and their family or unpaid caregivers:
 - Information and Referral, Resource Navigation
 - Transportation
 - Mental Health Services
 - Benefit Navigation
 - Financial Assistance
 - Homemaker, Chore, and Personal Care Services
- Which caregiving resources are inadequate for the clients you serve?
 - Homemaker, Chore, and/or Personal Care Services (In-Home)
 - Medical In-Home Support
 - Transportation
 - Mental Health Services (outside of a home or long-term care facility)

SECTION III: DEMOGRAPHICS

For the SFYs 2024-2027 Area Plans, the State Demography Office will provide demographic information to the AAAs in coordination and collaboration with the State Unit on Aging (SUA). AAAs may request custom population projections in writing from the SUA by September 30, 2022. The SUA will send the custom requests to the State Demography Office. The information collected will be compiled for each AAA and distributed to them by the SUA.

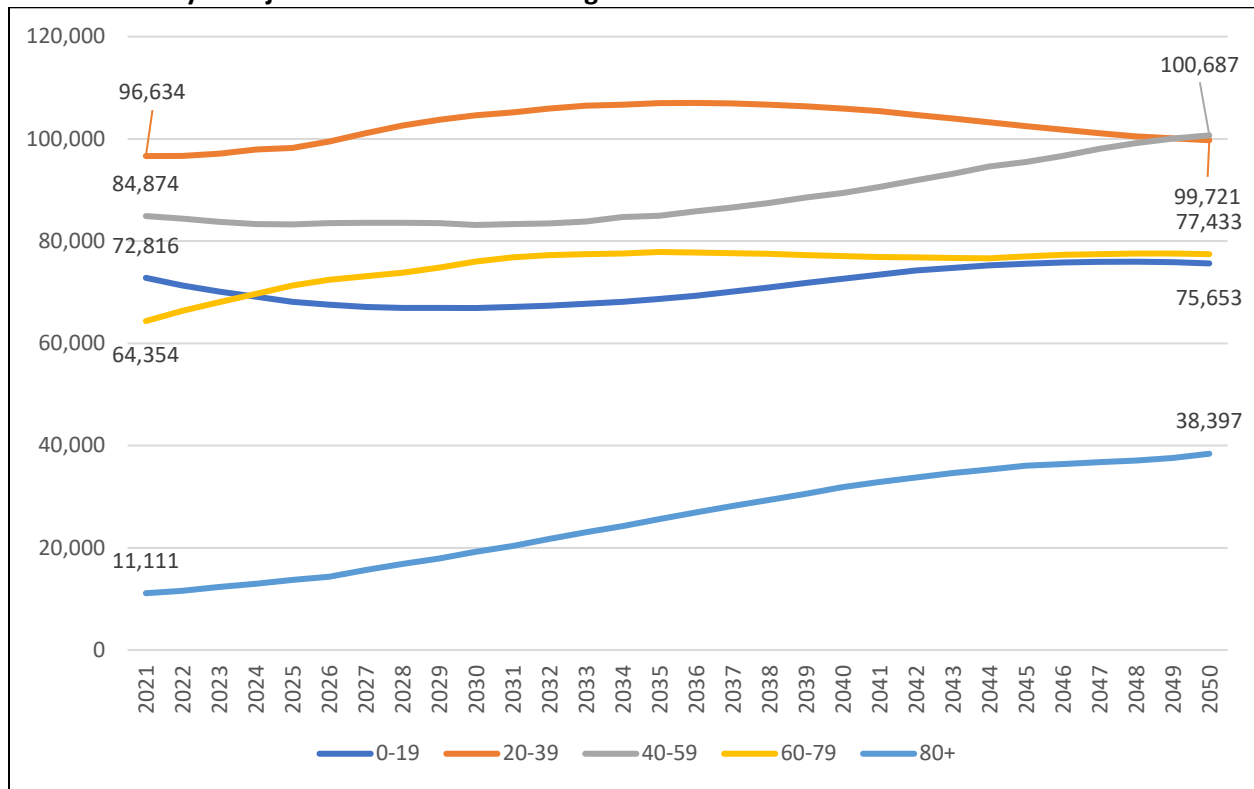
The AAA will include the population projections for the AAA region over the next four years for individuals over 60 in the categories of: low-income, over 75, rural, ethnic minority, and below the poverty level. The AAA will provide an interpretation of how the AAA region is changing in terms of the demographic shifts and what impact these changes may have on the funding levels and services provided by the AAA.

During this area plan, in 2024, the last of the Baby Boomers will be turning 60. We expect to see a transition where the growth in population of our younger older adults (60-74) will slow as the growth of those 75+ will greatly increase. Data from the Colorado State Demography Office shows the population estimate for Region 3B in 2021 was 329,789, with 75,465 of those being 60 and older. This is a 16.2% increase from the population estimate for those 60+ in Region 3B in 2017. In 2017 the 75+ population in Boulder County was 16,404. This figure now stands at 20,042, a 22% increase. Also of note is the projection we shared in the SFY 2019-2023 plan for our 75+ population has nearly been surpassed two years ahead of our estimates. We expect this figure to continue to increase by approximately 46.1% between our 2021 estimates and 2027 projections.

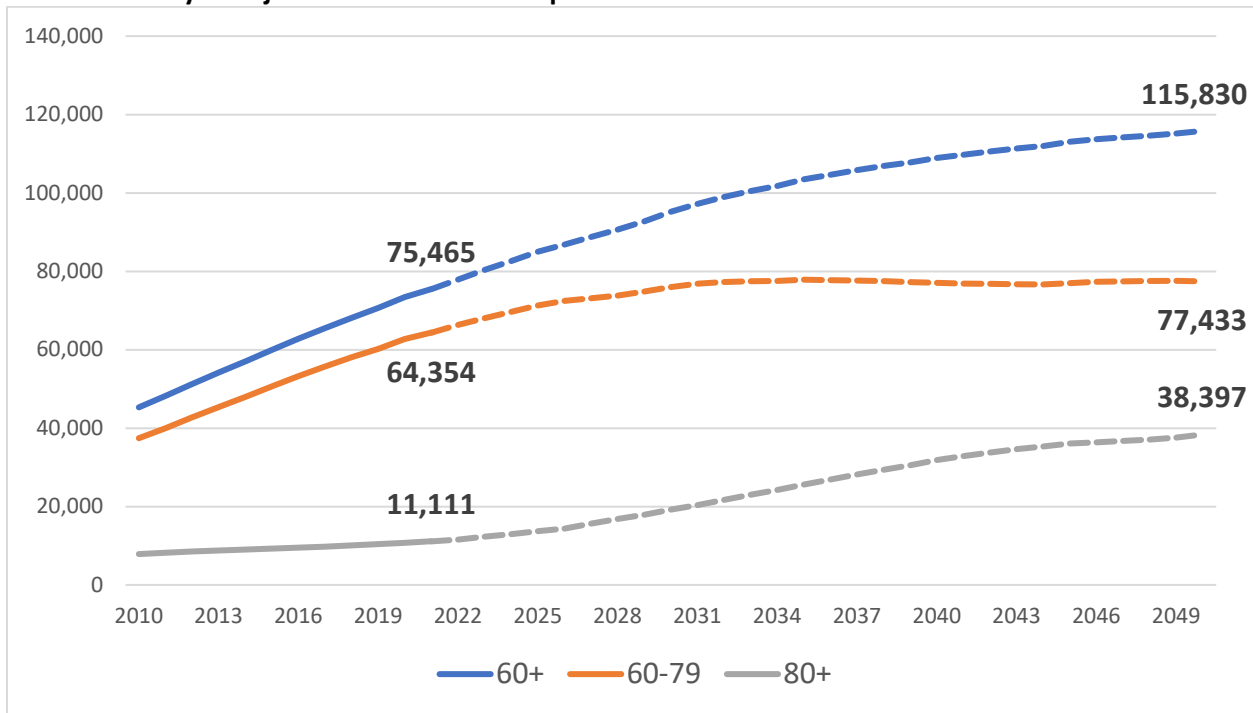
	July 2021		2027 Projections	
	Population	Percentage	Population	Percentage
Total	329,789	NA	340,590	NA
60+	75,465	22.9%	90,647	26.6%
75+	20,042	6.1%	29,273	8.6%
Poverty 60+	5,007	1.5%	6,014	1.8%
Minority 60+	7,310	2.2%	8,781	2.6%
Rural 60+	7,896	2.4%	9,485	2.8%
Poverty & Minority 60+	738	0.2%	886	0.3%
185% of Poverty 60+	11,744	3.6%	14,107	4.1%
Disability 60+	17,051	5.2%	20,481	6%

These projections assume static increases in the growth of each of these populations.

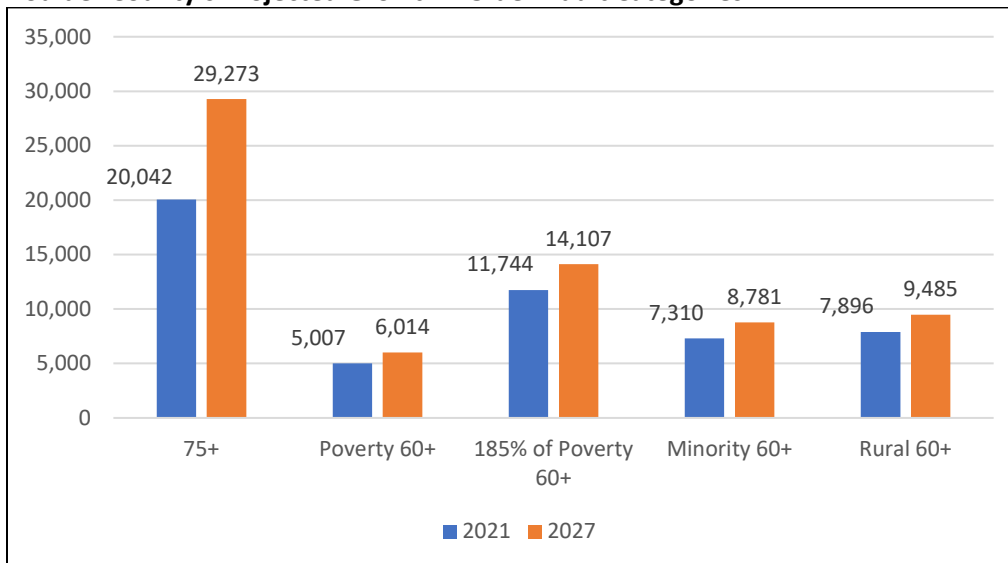
Boulder County's Projected Growth – 20 Year Age Increments



Boulder County's Projected Growth – 60+ Population



Boulder County's Projected Growth – Older Adult Categories



Poverty and Income

The cost of living in Boulder County is high. The federal poverty level (FPL) for a single adult in 2022 is \$13,590 and \$18,310 for two adults. Currently, 4,500 of Boulder County's older adults (60+) are living below 100% FPL. Overall, rates of poverty are higher in people of color in Boulder County. 185 percent of FPL for one adult is \$25,142 and \$33,874 for two adults. Of older adults in Boulder County, 11,744, or 16%, have an income of up to 185 percent of the FPL. This remains unchanged from the last Area Plan. If current trends continue, this number is expected to increase to 14,107 by 2027.

People of Color

The estimate in 2021 shows 7,310 older adults of color in Boulder County, with an expected increase to 8,781, or 2.6% of Boulder County’s older adults, in 2027. Currently, 6.3% of Boulder County’s older adults are of Hispanic or Latino origin, of any race. The following is the current race information on Boulder County’s older adults (65+):

White (includes those who are Hispanic or Latino)	91.2%
<i>White alone, not Hispanic or Latino</i>	88.2%
Black or African American	0.6%
American Indian and Alaska Native	0.4%
Asian	3.2%
Native Hawaiian and Other Pacific Islander	0.1%
Some other race	1.1%
Two or more races	3.5%

Rural and Mountainous Communities

Just over 10% of Boulder County’s older adults live in rural areas. This figure has remained the same since the SFY 2019-2023 Area Plan, meaning the number of older adults living in rural areas of Region 3B has increased with the overall population. The BCAA has a presence in all areas of the county, including in the mountainous western half. With an increase in the number of rural older adults in the community, we continue to find creative solutions to aid those aging in their homes in these hard-to-reach areas.

Older Older Adults

Boulder County is currently home to 20,042 adults 75+. This number is expected to dramatically increase to 29,273 by 2027. In volume as well as growth, we are on the cusp of a dramatic increase in older adults age 75+, many of whom wish to remain in their Boulder County homes and communities for the remaining years of their lives. Meeting this desire of those 75+ in our community will take a dramatic shift in workforce and housing availability, accessibility, and affordability.

Characteristics of Boulder County’s Overall Population and Population 60+

	Overall Population	Population 60+
Living Alone	29.5%	41.5%
Bachelor’s Degree or Higher	62.9%	59.3%
Veterans	5%	12.2%
Living with a Disability	8.4%	21.2%
Not in the Labor Force	31.9%	63.8%
Homeowner	62.7%	80.1%
<i>Housing Cost-Burdened</i>	21.5%	24.2%
Renter	37.3%	19.9%
<i>Housing Cost-Burdened</i>	54.7%	60.6%

[U.S. Census Table S0102. Population 60 Years and Over in the United States, Boulder County, CO.](#)

SECTION IV: COMMUNITY ASSESSMENT SURVEY OF OLDER ADULTS (CASOA)

In SFY 2022-23, the Colorado Area Agency on Aging Association (C4A) is contracting with a vendor to complete a Community Assessment Survey of Older Adults (CASOA) throughout Colorado. The Area Plan shall provide a summary of the results of the CASOA for the AAA region. The summary shall include: an identification of strengths of the community; identification of areas of need; how the AAA used the

CASOA to inform the Area Plan; and how the information collected from the CASOA will be disseminated across the AAA region.

The Colorado Association of Area Agencies on Aging (c4a) contracted with National Research Center at Polco to conduct CASOA surveys of adults aged 60 and older across the state of Colorado during the summer of 2022. The project was funded through SB21-290 legislative monies. BCAAA has conducted the CASOA every four years, beginning in 2010 making this the fourth administration of the survey for Region 3B.

For the 2022 administration of Boulder County's CASOA, 1,537 residents completed the survey. Of the total surveys received, 772 were completed using the hard copy surveys, 705 were submitted online, and an additional 60 surveys were completed through the open participation survey. The margin of error for the BCAAA survey is no greater than +/- 2.55 percentage points around any given percent reported for all probability survey respondents (1,477). The 2022 Boulder County CASOA Report is available at boco.org/BCAAARports. Past CASOA reports and additional BCAAA reports can also be found at this site.

Strengths of the Community

Boulder County's older adults enjoy their community and want to age here. Nine in ten older adults in Boulder County reported their community as a place to live as "excellent or good" in 2022. Most (three in four) say they are "somewhat or very likely" to remain in the community throughout retirement.

Three in four (78%) of folks rate the overall feeling of safety in their community as "excellent or good." Even higher, 85% rated the overall quality of the natural environment in their community as "excellent or good." Similarly, Boulder County's older adults are content with the quality of parks and recreation opportunities (82%), overall health and wellness opportunities in our community (72%), and overall opportunities for education, culture, and the arts (68%).

Boulder County's older adults are connected virtually. Nearly all (93%) of Boulder County's older adults report having high-speed internet/broadband at home. Only 3% of our older adults report not being connected to email at least a few times a week.

Areas of Need

Access to Information & Impacts of Ageism

Oftentimes clients, both older adults and caregivers, come to the BCAAA in a crisis. The percentage of Boulder County's older adults who shared that not knowing what services are available to older adults in their community is at least a minor problem rose from the 2018 to 2022 administration of the CASOA, from 50% to 59%. With three in four (75%) older adults in Boulder County planning to remain in their community throughout their retirement, it is critical that awareness of the services available to assist with aging in the community is high across age groups.

Ageism may have an impact on utilization of services. Just over half (56%) of Boulder County's older adults say that valuing older residents in their community is "excellent or good." Two-thirds (66%) of older adults rated overall services provided to older adults in their community as "excellent or good." Just over half (54%) rated availability of information about resources for older adults as "excellent or good." About one in four (28%) of Boulder County's older adults report using a senior center in their community in the past 12 months. Our Senior and Age Well Centers across Boulder County are physical hubs for resources, information, and assistance.

High Cost of Living

A higher percentage of Boulder County's older adults said having enough money to meet daily expenses is "at least a minor problem," increasing from 28% in 2018 to 38% in 2022. While 89% of older adults said having enough food to eat is "not a problem," 47% said the availability of affordable, quality food is "fair or poor." The latter increased by 11 points, from 36%, in the 2018 administration of the CASOA. One-quarter (25%) of our 60+ population reported affording the medications they need as at least a minor problem.

Housing & Housing Supports

We want to recognize the interplay of the next three topic areas and acknowledge that each issue stands on its own. A tight and expensive housing and rental market contributes to Boulder County's residents being unable to move to accessible housing that suits their needs, which can contribute to an increased risk for falls and need for modification.

- *Housing:* Consistent with community surveys administered to residents of all ages across Boulder County, older adults reported issues with housing. Nine in ten respondents said the availability of affordable, quality housing is "fair or poor." Further, 85% said the availability of accessible housing is "fair or poor."
- *In-home Assistance, Upkeep, and Modifications:* One area that was a 21-point increase from 2018 to 2022 was those reporting maintaining their home as "at least a minor problem," increasing from 35% to 56%. With the crunch of a difficult housing market, both for owners and renters, many people have chosen to make their current home meet their needs through home modification and decluttering.
- *Falls:* One-third (33%) of Boulder County's older adults reported they have fallen and injured themselves at least once in the past year. This figure is up from 26% in 2018.

Transportation

One-third of Boulder County's older adults said having safe and affordable transportation available is "at least a minor problem" in 2022. This is an increase of 17 points from the 2018 administration.

Mental and Behavioral Health and Isolation

While 85% of Boulder County's older adults reported their overall mental health/emotional wellbeing as "excellent or good," 42% said feeling depressed is "at least a minor problem." The latter figure increased nine points, from 33%, since 2018. The pandemic likely had a large impact on this figure combined with 63% of folks reporting that availability of quality mental health care is "fair or poor." Over one-third (37%) of Boulder County's older adults said feeling lonely or isolated is "at least a minor problem," which is consistent with responses in 2018.

Disseminating the CASOA

Results of the CASOA will be distributed in the second quarter of 2023 alongside our Community Conversations analysis, findings of the Key Informant Survey, and secondary research. The information will be distributed through the Age Well Boulder County Data Report and accompanying presentations and framed in the AARP/WHO Domains of Livability. In the Sept. 2019 iteration of the [Data Report](#), the unique needs of six subpopulations of Boulder County's older adults were highlighted as well.

SECTION V: VOLUNTEERS – CURRENT AND FUTURE PROGRAMS

The Area Plan shall describe the AAA’s current volunteer program(s) and the total number of volunteers at the time of the writing. The Area Plan shall describe any projected changes to the volunteer program(s) during the course of the Area Plan.

Volunteers play an integral role in BCAA’s programming, services, and advocacy activities. The following chart represents the scale and scope of BCAA’s volunteer activities across the organization for 2022:

Name of Program	Description	Volunteers in 2022	Volunteer Hours in 2022
Respite and Companion Volunteer Program (RCVP)	The Respite & Companion Volunteer Program addresses isolation and offers social connection to older adults living alone or with a family caregiver. Volunteers are matched with an individual and visit two hours weekly to provide activity-based companionship. For those with caregivers, it also provides a break for the caregiver.	46	668
Long-Term Care Ombudsman	LTC Ombudsman volunteers work as support and advocate for residents in assisted livings and nursing homes in Boulder County. They are well versed in the regulations that apply to LTC, uphold resident rights and offer education and training for residents, families and staff. Our volunteer LTC ombudspeople are dedicated to supporting residents of LTC and maintain regular presence in their LTC homes, the maintain rigorous education on all things LTC in their work to support residents of LTC and their families.	7	375
Medicare Counseling Program	SHIP-certified volunteers assist older adults and people with disabilities understand their healthcare options; review and compare Medicare plans; educate Medicare beneficiaries about eligibility, enrollment, costs, and benefits; and help resolve billing problems and file appeals. Volunteers also empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse, as well as provide general administrative support.	15	1,072
Rainbow Connections	Our Rainbow Connection volunteer program provides connection and community to LGBTQ+ older adults who are experiencing social isolation.	5	177

LGBTQ+ Advisory Committee	Rainbow Elders community members provide advisory capacity to our BCAAA LGBTQ+ program specialist through service on our LGBTQ+ Advisory Committee.	5	38
Evidence-Based Wellness Classes	Our volunteers are trained in evidence-based classes and assist the Wellness Services Coordinator by leading classes and helping with outreach.	4	20
Aging Advisory Council (AAC)	The AAC serves in advisory capacity to the AAA. The AAC helps in the administration and planning of Older Americans Act programs by gathering information and ideas that help to coordinate the delivery of services and by responding effectively to the strengths and needs of older adults in Boulder County.	22	924
Nutrition Programs	Volunteers help with the daily tasks at the meal-sites, visiting with older adults at the site, and outreach to the community.	4	250
Total for BCAAA		108	3,524

In the next four years, the BCAAA will:

- Rebuild RCVP, which fills a need expressed by the community through our engagement process. RCVP took a large hit in the number of volunteers in the first few months of the pandemic. The number of volunteers, care recipients, and hours of service dramatically decreased.
- Continue to build supports for retention of volunteers through our Volunteer Manager development as well as setting opportunities for volunteers to come together in support of each other at volunteer appreciation events.
- Work with BCAAA staff, county staff, and community partners to ensure our volunteer recruitment efforts are inclusive, that our volunteers are reflective of the diversity of our community and address the diverse needs of our region.

SECTION VI: COVID-19/PANDEMIC RESPONSE

How has the pandemic impacted social isolation and loneliness in the Region? What is your AAA and Region doing to address this?

We do not have causal data regarding the impact of the pandemic on social isolation and loneliness. We did see an increase in services and needs as listed below.

- Louisville – social and socially distanced events during Grab&Go lunches
- BCAAA Healthy Aging - social wellness chats and open house (Boulder County LEARNS platform)
- Longmont Senior Center- re-opened quickly and remained open
- Majority of providers pivoted to offer online social connection opportunities =
- Advertised virtual social connection opportunities through Aging Well in Boulder County Newsletter
- Distributed flyers to homebound residents through our meal delivery partners regarding Mental Health Partners services, they are our regional behavioral health provider
- BCAAA collaboration with Mental Health Partners - offered two virtual trainings around social isolation and unique behavioral health needs

- BCAA staff participated in radio shows with Latino Chamber – also included vaccine and resource info
- BCAA programs pivoted to virtual platforms: Medicare Basics, Medicare Counseling, Nutrition Counseling, Fresh Conversations, Diabetes Prevention Program, LGBTQ+ Programs, and Project Visibility training
- Anti-ageism trainings conducted by BCAA staff centering pandemic impact on older adults
- Respite and Companion Volunteer Program (RCVP) shifted to phone outdoor visits
- BCAA Elder abuse trainings online for all staff, volunteers, and subcontractors
- Boulder Daily Camera began a weekly article highlighting resources for caregivers and older adults in Boulder County, increasing visibility that continues today
- BCAA Age Well and Caregiver Education Series transitioned to online options for clients and professionals
- Caregiving Corner added to our newsletter
- Allocated additional resources to financial assistance budgets

What changes in service delivery have been implemented during the pandemic that have been identified as a best practice that will continue?

- Virtual call center
- Virtual programming (Medicare Basics, Fresh Conversations, Conversaciones de Frescas)
- Virtual one-on-one Medicare Counseling
- Collaboration with Boulder County Public Health regarding vaccination, mental health needs and emergency preparedness
- Connect With Tech Program – Chromebook distribution implementation and technology education
- Addressing food insecurity through innovation
 - Grab-n-go meals
 - Home-delivered meals
 - Drop shipment meals
 - Community supported agriculture (CSA)
- Increase in financial assistance – amounts, types, and overall number
 - Items that had been delayed – dental, home repairs
- Caregiver supports for care recipients moving out of facilities back with family
- Communications
 - Partnerships with organizations for outreach (Assessor’s Office including BCAA information on voter reminder postcards distributions)
 - Increased communications in Spanish
 - Increased number of newsletter distributions
 - Increased number of Facebook posts
- Reassurance calls through funded providers

What strategies has the AAA used to retain staff and volunteers to ensure well-being during the pandemic?

Under the Boulder County structure BCAA has been able to engage in retention activities for staff through employee policies including:

- Acknowledgement of employees through time off-
 - COVID paid time off

- County Commissioners provided additional paid recognition days off beyond the standard benefits package
- Boulder County has remained flexible regarding hybrid work options and allows teams to assess their public service needs and plan accordingly
- Wellness resources and fun at work
 - There is further support to assist employees with their wellness through the County wellness program that offers additional supports to maintain a healthy work life balance and wellness supports and strategies
 - The BCAAA also has a longstanding FISH staff committee which focus is to engage in fun activities and to support engagement beyond the everyday work duties
- Acknowledgement and support of volunteers
 - Held an outdoor volunteer appreciation picnic in Aug. 2022
 - Sent care items and small gifts to volunteers throughout the first three years of the pandemic
 - Equipped with technology tools and education
 - Shipped supplies to volunteers
 - Boulder County's IT Department worked one-on-one with volunteers

How was the AAA able to use the current and previous stimulus funding to respond to community needs?

Stimulus funds were initially used to provide direct services that met immediate community needs, through new contracts with meal providers and restaurants, and to increase internal Community Living team and community partner Material Aid budgets. We adapted accordingly based on presenting needs which changed throughout the pandemic. They were also used to supplement grantee contracts to shift and expand service delivery methods in response to the pandemic, such as a friendly calling program implemented by a chore provider and delivery of groceries and prescriptions by transportation providers.

BCAAA used stimulus funds to support longstanding community providers as they navigated changes in the funding landscape, emerging client needs, as well as operational and workforce challenges. Important to note, as stimulus funds are “one-time monies” BCAAA wanted to exercise due diligence in investing in current providers to support them adapting and remaining in business during the pandemic and in collaboration determine how best to bolster and support sustainable options while also assisting new initiatives needed to support older adults in the changing environment.

Are there any services and/or service locations that have been permanently stopped or closed as a result of the pandemic.

Only one funded provider program permanently closed and ceased services during the pandemic, one of two Adult Day Care agencies that we contracted with – CareLink. Their lease was not renewed during the pandemic, and they were unable to find a new location. One grantee, Center for People with Disabilities, closed their in-home services program, which was not funded with OAA/SFSS. While not directly funded by BCAAA, it is notable that three Assisted Living facilities have closed completely with in the last year, and one decertified their Medicaid beds. Additional skilled nursing facilities closed units due to low census and staffing. The BCAAA has experienced a significant capacity reduction through our in-home service providers which has limited both the number of new clients who can be served as well as the number of hours available to current clients.

Just as pandemic response proved to be complex and complicated, so too are the ongoing economic factors that impact our community, service providers, and residents.

SECTION VII: EQUITY

Describe plans and include objectives and the measures (data elements and sources) that you will use to demonstrate your progress towards building equity and inclusion in your region. Examples may include, but are not limited to:

- *Determining services needed and effectiveness of programs, policies, and services for older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;*
- *Engagement in outreach with older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;*
- *Impacting social determinants of health of older individuals;*
- *Ensuring meals can be adjusted for cultural considerations and preferences and providing medically tailored meals to the maximum extent practicable;*
- *Preparing, publishing, and disseminating educational materials dealing with the health and economic welfare of older individuals;*
- *Supporting cultural experiences, activities, and services, including in the arts;*
- *Serving older adults living with HIV/AIDS; and*
- *Supporting participant-directed/person-centered planning for older adults and their caregivers across the spectrum of LTSS, including home, community, and Ombudsman services.*

Boulder County Government Racial Equity Work

The [Boulder County Board of County Commissioners 2023 Legislative Agenda](#) opens with the following, “Boulder County supports the creation and adoption of fully inclusive, anti-racist, and multicultural policies. As a government institution, it is the moral responsibility of the county and its employees to interrupt institutional racism which manifests through racist policy, practices, and behaviors. Boulder County supports policy to reverse systematic discrimination by race, ethnicity, gender, physical and intellectual ability, mental health status, sexual orientation, gender expression, class, country of origin, income, and other protected classes. We recognize the rights of Native American nations and individuals and support policy brought forward by Native Americans to address past and current injustices.”

Boulder County’s Office of Racial Equity (ORE) leads the county’s racial equity and Courageous Conversations About Race trainings as well as “Racial Equity Mondays” where staff from across the county come together to center race in conversation. Beyond ORE, racial equity groups committed to action exist across departments, within departments, and at the BCAA. The BCAA’s Culturally & Linguistically Appropriate Services (CLAS) group was formed in 2017. CLAS centers its work around four main goals:

- Provide culturally and linguistically appropriate information and services to all members of the community;
- Along with other levels of county government, CLAS uses the Racial Equity Impact Assessment Tool to determine burdens and benefits of programmatic decisions;
- Ensure all members of the community have an opportunity to participate and/or receive necessary services and resources available to them; and
- Provide information and training to BCAA staff, volunteers, and broader community.

Grants Administration

Grants Administration is an area we've purposefully overlaid racial equity work. BCAAA recognizes that grants administration impacts both the providers and business owners delivering services, and those directly receiving services. The Racial Equity Impact Assessment Tool has proven to be easy to use and an effective way to identify opportunities to prioritize Justice, Equity, Diversity, and Inclusion (JEDI) in grants management and administration. The Tool questions identify who is benefited and who is burdened by policies and/or processes.

We have used this approach in both our survey distribution and requests for proposals. As each Request for Proposal (RFP) was drafted, we considered how language and scoring might benefit or burden respondents and sought out the advice and perspective of staff with expertise and experience. The Aging Advisory Council (AAC) Technical Review committee identified JEDI as a scoring category for all RFPs and recommended translation of RFPs into Spanish. Each survey we send out is translated into Spanish and we use multiple mechanisms to collect information, including email and physical mail.

Thus far, our work has been about increasing access. As we move forward, we have more work to do to include more JEDI practices within our own work and to work with providers to increase their own JEDI practices and training opportunities.

Equity in Outreach and Service

The BCAAA ensures equity in service through our hiring practices, training of employees and volunteers, and through the language we use internally and through our publications. We further prioritize equity in our outreach for services to OAA target populations and through advocacy for higher wages for staff providing direct care to older adults. Examples include:

- **Serving Spanish Speakers** – As of this writing, the BCAAA employs four full-time staff who are bilingual/bicultural. Further, we have contracts with additional individuals and companies who help us serve Spanish speakers. Beyond the work within the BCAAA, Boulder County Government has contracts with companies for translation, transcription, and simultaneous interpretation to increase our reach.
- **LGBTQ+ Programs** – We have been serving our LGBTQ+ residents since 2000 in a variety of ways – social opportunities, companion volunteer program, communications, Pride events, and our annual Lavender Gala. Our Project Visibility documentary has been viewed with accompanying training across the country since 2004. The documentary was updated from 2022-2023 and the accompanying training will be refreshed and include a broader outreach through partners organizations, including the Alzheimer's Association.
- **Older Adults Living with HIV/AIDS** – Individual teams within the BCAAA serve older adults living with HIV/AIDS through Medicare counseling and partnerships with Out Boulder County and Boulder County Aids Project. Our LGBTQ+ Program Specialist drives outreach to these individuals.
- **Anti-Ageism Work** – BCAAA is an anti-ageist organization. We show this through our work, the language we use, and the programming we provide. We drive anti-ageism in the community through training and advocacy. We have a strong partnership with Changing the Narrative and have been broadly promoting our joint film, Antidotes for Ageism.
- **Those Living with Dementia** – We recognize that the number of dementia diagnoses will continue to increase well into the future. We work with the dementia-friendly advocates of Boulder County to discuss barriers to dementia diagnoses, ways to improve service and social support to those living with dementia and their caregivers, and advocate for memory care needs with the recognition that they will be increasing.

- **Community Members Living with Disabilities** – The BCAAA has expanded our outreach with entities skilled in training our staff, our advisory council, and the broader community in being anti-ableist. We have changed the way we talk about living with disabilities over the years and we have partnered with Administration for Community Living, Center for People with Disabilities, and the Intellectual and Developmental Disability staff at Boulder County Housing and Human Services. This is all to serve as an anti-ableist organization, support older adults living with disabilities, and better serve parents of adult children living with disabilities.
- **Paid Workforce** – For the most part, pay for the workforce who directly serve clients in their homes and in long-term care do not match the high cost of living in Boulder County. Many of the staff in these front-line positions in our community are BIPOC. BCAAA will continue to advocate for higher wages for staff providing direct care to older adults and provide technical assistance to entities looking to navigate the contracts process with the county.
- **Rural & Unincorporated Residents** – Broadly, those living in rural and unincorporated areas of Boulder County are not as geographically close to needed services. This can include limited access to social activities to combat isolation. Housing in western Boulder County has become prohibitively expensive for many owners and renters, making aging in the place they call home unattainable. For over 20 years, the BCAAA has dedicated to Resource Specialists to serve older adults and caregivers in our mountain communities, connected those with needed resources to stay in the communities they know and don't want to leave.

SECTION VIII: QUESTIONS

The Area Plan covers SFYs 2024-2027 (July 1, 2023 through June 30, 2027.) The Area Plan shall respond specifically to each of the following questions.

Services

- *What service/services are the highest priority in the Region and why are these services prioritized?*

The BCAAA is frequently in the position of responding to various community and stakeholder needs, as well as pivoting in emergency situations. We are dedicated to reviewing community needs and gaps, as well as supporting service providers and partners, both public and private. Economic impacts of the past four years have had a disproportionate impact on previously planned priorities and outreach efforts. We approach strategic planning with one eye to current needs, and another to anticipated shifts in service and population needs.

One area of specific focus on highest priority services needs was through our RFP and contracting process. High priority services were determined by the Technical Review Committee (TRC) in advance of Requests for Proposals (RFPs) after reviewing CASOA report data, service delivery, and client survey information. Also considering the Community Conversations themes, the TRC participated in development of scoring criteria and consideration of individual priorities within services (see table below). Services identified as a priority will have independent RFPs, rather than being bundled with other grant funded services.

Weighted scoring criteria and the identification of individual service priorities will provide the TRC a framework to consider how proposals do or do not meet priorities. If more funding is requested than available, the scoring criteria will help guide award and funding decisions.

Criteria	Description	Score	Weight
Target Populations	Target populations identified in the Older Americans Act, identified below-	1-10	40%
<i>Greatest Economic Need</i>	Income at or below the federal poverty level		
<i>Greatest Social Need</i>	<ul style="list-style-type: none"> Physical and mental differences in abilities Language Barriers Cultural, social, or geographic isolation 		
<i>BIPOC</i>	Black, Indigenous, People of Color		
<i>Frail</i>	<ul style="list-style-type: none"> Differences or changes in abilities that impact activities of daily living 		
<i>Rural</i>	<ul style="list-style-type: none"> Includes mountain and unincorporated areas of Boulder Cnty. Area not defined as urban by the State Demographer's Office 		
Service Priorities	Meeting or providing individual service priorities as identified in the service specifications	1-10	30%
Justice, Equity, Diversity, and Inclusion (JEDI)	<ul style="list-style-type: none"> JEDI training made available to staff Diverse and inclusive Staff/Board that prioritize representative recruiting Language in the proposal is framed to be inclusive, anti-ageist, anti-racist, and anti-ablest 	1-10	10%
Grant Management Experience and Capacity	<ul style="list-style-type: none"> Experience managing federal and/or state grants Appropriate and qualified staff/leadership Fiscal and operational capacity, sustainability Ability to meet compliance obligations Ability to meet service specifications and grant requirements Ability to provide cash and/or in-kind match Ability to provide clients information and referrals to other community services 	1-10	10%
Overall Quality of Proposal	<ul style="list-style-type: none"> Service explained as happens on ground Demonstrates need/service demand through data Appropriate and relevant costs Proposal includes SMART (Specific, Measurable, Attainable, Relevant, and Timely) program/service Goals and Objectives Proposal includes performance measures (how progress towards Goals and Objectives will be measured) 	1-10	10%
Total Possible Score		100%	

The Technical Review Committee (TRC) of the Boulder County Aging Advisory Council determined following high priority services for FY24 RFPs:

- **Nutrition Services** – Congregate and Home Delivered Meals, Nutrition Counseling and Education
- **Transportation and Assisted Transportation**
- **Housing Navigation Assistance** – Case Management, Information & Assistance
- **Home Maintenance Support Services** – Chore, housework, and cleaning

BCAAA will also open RFPs in the following service areas:

- **Caregiver Services** – Counseling, Respite, Support Groups, Training, Screening/Evaluation, and Case Management
- **Financial Assistance** – Material Aid
- **Community Based Services** – Case Management, Counseling, Education, Information & Assistance, Legal Assistance, Reassurance, Public Information
- *What is the workforce and volunteer capacity in the Region relative to the need?*

Capacity continues to be an issue across industries and services due to high cost of living and workforce shortages across Boulder County and the Front Range. Boulder County's in-home and long-term care providers are particularly strained by the current incompatibility of cost of living in the area and pay for this workforce. Independent contractors have expressed issues with taking on liability to provide these desperately needed services to Boulder County's older adults. There is a continued need for additional bilingual/bicultural staff for the BCAA and the broader aging network as the number of Spanish speaking older adults and caregivers increase in our community. The workforce is further impacted as a community and continues to be impacted by the pandemic and the related challenges on the economic, community and social level therefore impacting the workforce in dramatic ways.

Recruitment and retention of volunteers has been positive for the BCAA, especially our Long-Term Care Ombudsman and Medicare volunteers. In the Boulder County government structure, we have lost the lead volunteer coordinator, which has pushed more of this work to BCAA staff.

- *What is your current process for monitoring providers and what plans do you have to update it and improve over the next 4 years?*

The BCAA conducts annual on-site evaluations each fall/winter led by our Contracts and Compliance Coordinator and Division Accountant. Grantees complete an evaluation form and provide requested documentation prior to the onsite visit. We appreciate State Unit on Aging efforts to align state and local evaluations to reduce evaluation burden. We look forward to exploring ways that we can continue to increase provider knowledge while decreasing administrative burden.

- *What services currently have a waitlist? What is the process for monitoring the waitlist and how are individuals prioritized to receive services?*

BCAAA does not typically have waitlists for services. More often the case is an inability to serve a client due to lack of provider capacity. When necessary, the waitlist determines priority and preferences based on OAA target populations: those in the greatest economic need, greatest social need, Biracial Indigenous People of Color (BIPOC) frail, and rural. The higher the priority scoring number, the higher

the client is weighted on the list. The Community Living Participant Information Assessment (PIA) form captures the criteria for priority scoring, including:

- Above/below Federal Poverty Level
- Language preference
- Race/Ethnicity information
- ADLs/IADLs assessment criteria
- Cognitive Impairment (further review as may be necessary)
- Zip Code (rural vs. urban)

Ombudsman and Legal Assistance

- *What long-term care issues would you like the State Ombudsman to give priority to as a systems advocate during the next four years?*
 - Staffing/workforce issues by participating in stakeholder engagement with government agencies and community meetings.
 - Advocate for increase funds to hire more surveyors, to meet demand and provide timely complaint investigation. Increased need for surveyors for timely complaint investigation processes by following legislation introduced to increase funds to hire more surveyors.
 - Work with Colorado Department of Public Health and Environment to identify educational opportunities regarding resident's rights and violations of those rights; participate and provide input into SB22-154 and amending regulations to increase protections for residents.
 - Abuse and Neglect – address increasing reports of abuse and neglect through the Elder Justice Act project to increase awareness, education, and information to legislators regarding the concern of abuse and neglect in nursing homes and assisted livings.
 - Lobby for more funding to increase long-term care ombudsman program visibility and advocacy for residents.
- *In addition to resident council meetings, family council meetings, and presentations to the community, what other activities will the local Ombudsman participate in during the next four years to educate the community regarding long-term care ombudsman services?*
 - Produce materials for and provide guidance to LTC residents and families about the regulations that govern assisted living and nursing homes and how to navigate day-to-day care planning and operations.
 - Educate the broader community about long-term care navigation and utilization through our Long-Term Care 101 series.
 - Collaborate with other AAA programs to connect services that are provided in the community (i.e. in-home, Veterans, LGBTQ+) and in LTC.
 - Provide training and education to residents and facility staff about resident rights, quality of care, relationships in LTC, and abuse in later life
 - Ombudsman will provide advocacy around long-term care as a form of housing alongside BCAAA staff and the county's Policy Analysts, as well as the number of LTC beds needed in Boulder County to meet demand.
- *How will the AAA prioritize legal assistance in the form of advice or representation from the Legal Assistance Program during the next four years for cases related to cases identified in the Older Americans Act, including income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination?*

Historically, BCAA has contracted with up to three legal service providers to ensure that not only Older Americans Act (OAA) prioritized case categories were served, but also topics of local relevance for older adult residents of Boulder County. In addition to addressing local case priorities such as resident rights in manufactured home communities, and post-decree cases, contracting with multiple providers has expanded geographic access to Legal Assistance across the county.

FY24-27 Requests for Proposals included OAA priority cases as a weighted priority for Legal Assistance. We hope to continue to partner with multiple legal assistance providers into the future.

- *What challenges does the AAA anticipate to ensuring that the local Legal Assistance provider is able and willing to provide representation for these issues and how will the AAA address these challenges?*

In Boulder County we have been fortunate to have contracts with three legal assistance providers which increases our ability to provide these services in our community. The primary challenge going into FY24-27 will be funding. While anticipated, reducing budgets is always difficult. As with many other services, the Legal Assistance budget may have to be reduced and tough decisions about providers and funding levels will have to be made.

- *PACE Ombudsman (if applicable): For the local PACE Ombudsman programs that have a PACE organization in your area, what are your ideas to address the growth?*

N/A

Other Services

- *What are the AAA's plans related to providing evidence-based health promotion or disease prevention programs?*

BCAAA uses D dollars to fund the Community Aging in Place Advancing Better Living for Elders (CAPABLE) program through the Colorado Visiting Nurses Association. This has been very successful with a very specific population who is willing and able to participate and meets criteria.

In addition to the CAPABLE evidence based program, BCAA offers a variety of other evidence-based programs that are actualized through Boulder County General Funds and other private grants. Examples include Chronic Disease Self Management, Matter of Balance, and National Diabetes Prevention Program.

- *In addition to funding received through the Older Americans Act (OAA) and State Funding for Senior Services (SFSS), what other funds are received by the AAA to provide services for older adults (e.g. Senior Health Insurance Assistance, Colorado Choice Transitions, etc.)?*
 - Boulder County General Funds
 - Federal Financial Participation (FFP)
 - Colorado Choice Transitions (CCT)
 - Colorado Department of Regulatory Affairs (CDORA) - Senior Health Insurance Program (SHIP)
 - Medicare Improvements for Patients and Providers Act (MIPPA)
 - Aging Services Foundation (ASF)
 - Frasier- Frasier Community Resources Fund

- Justice Coalition for Abuse in Later Life (JCALL) - Department of Justice, Office of Violence Against Women
- Intermountain Healthcare - Healthy Aging (project-based)
- NextFifty Initiative- Project Visibility (project-based)

Targeting and Outreach

- *What are some successes the AAA has used that improved access and utilization of services by individuals who are at greatest social and or economic need?*
 - BCAAA expands access for those in greatest social and economic need by partnering with municipalities and community-based service providers that work directly with older adults and caregivers in Boulder County.
 - Increased flexibility due to emergency waivers increased the number of providers willing to accept OAA/SFSS, increasing both access and utilization on a one-time basis
 - Mom’s Meals has been critical to expand food access to the mountain communities
 - Increased visibility with other county entities due to participation in emergency response efforts, such as the 2021 Marshall Fire and wind event
 - Community Services Department level engagement on services available in Spanish
 - Increased translation and transcreation resources through the county office of racial equity
- *What strategies will the AAA use to raise awareness of the services provided over the four years of the Area Plan to target populations?*

BCAAA will utilize multiple strategies to raise awareness of services provided. Over the past three years, largely because of the pandemic and cross-department collaborations many more community-based organizations, agencies, and individuals have become aware of the BCAAA and the services we provide. Additional opportunities and strategies include:

- Boulder County equity work
- Priority in purchasing process for 2023 as outlined above
- Increase and expand communications – partnerships with other agencies
- Collaboration with new and expanding county agencies and municipalities such as Boulder County Co-Responders and behavioral health services
- Social media efforts with Public Health, such as inclement heat and cold emergencies
- Medicare Counselor is state-wide counselor for Spanish speakers
- Medicare Basics provided in Spanish
- BCAAA presence and information available at rural meal sites
- Work with Boulder County Public Health to establish vaccination sites at the rural meal sites
- Present Strategic Plan to Boulder County Leadership

Innovation and Expansion of Services

- *What type of innovations is the AAA planning to try during the next four years to improve the quality and availability of services provided or funded by the AAA?*

Boulder County has a long history of innovation and collaboration, to maximize resources, reduce duplication and increase access. This includes evaluation of service quality and outcomes, advocacy for increased funding, and community education about available resources.

BCAAA will continue to build on the positive outcomes of the pandemic, including continuing online and virtual options for services, as well as partnering with other County departments and city offices to collaborate on an ongoing basis, rather than just during emergency response.

BCAAA plans to address increasingly complex case presentations through a multi-disciplinary approach to resources and supports.

Additional ideas to explore include:

- JCALL-expand education and awareness for partner agencies through dedicated webpage
 - Mobile resource truck in community to include food, material items, information, access to BCAAA programs
 - Expand training opportunities for providers and other relevant partners
 - Updates and training opportunities for Project Visibility
 - Explore additional evidence-based wellness program including Healthy Heart Ambassador, Healthy IDEAS, Safe Medication Management, and homebound exercise programs.
- *What plans do you have to measure the effectiveness, efficiency, and outcomes of your programs and services?*

BCAAA intends to fully utilize the reporting and analysis opportunities that have been made available through the State Unit Data System (SUDS). Business Results staff members are developing a monthly report for internal program managers individualized for each team's services, reporting requirements, and program goals. A similar report will be shared with grantees and subcontractors regarding contract performance, rates of service delivery among OAA target populations, and stated program or service goals. It is our intention that providing service delivery and contract performance data, we can more intentionally engage programs and providers around performance measures and encourage efforts that result in more effective service delivery for older adults and caregivers throughout Boulder County.

SECTION IX: TITLE III / VI COORDINATION

Regions that have both Title III and Title VI nutrition programs shall describe the coordination of the programs in the Area Plan. Describe plans to coordinate Title III programs with the Title VI Native American programs and pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits of the AAA and specify ways in which AAA intends to implement the activities. If the AAA does not provide both programs, simply mark N/A (not applicable) in the section.

N/A

SECTION X: ADDITIONAL PRIORITIES IDENTIFIED BY THE AAA (OPTIONAL)

Outside of the many priorities listed above, we and our partners are interested in furthering action in the following areas:

- *Disaster Preparedness/Planning* – Boulder County has faced many disasters over the past 10 years, including a major flood (2013), Cal-Wood and Lefthand Canyon Fires (2020), and the Marshall Fire (2021-2022). A changing climate alongside a changing demographic means a need for greater partnership with our emergency response and disaster partners to ensure the community is ready for what may come.

- *Tech and Innovation* – Movement in tech and innovation can assist in addressing many needs including support for solo agers, filling gaps in workforce shortages, and keeping older adults and caregivers connected with supports through their lives.
- *Case Complexity/Management & Strengthened Referrals* – Our partners, inside and out of the aging world, are all sharing that complexity in cases has dramatically increased since March 2020. This paired with a difficult to navigate system means needs are not being met. As we have continued to do throughout our inception, we will continue to strengthen our network of services and connection to services for older adults and caregivers.
- *Age Well Boulder County Data Report and Strategic Plan* – These documents will be released in 2023. As the Boulder County convener of planning for aging, the BCAAA assesses, strategizes, and collaborates with community partners to plan for the community as we all age. The BCAAA will continue to serve as a hub for data, communications, advocacy, information, and resource navigation for our community. BCAAA continues to follow the domain framework of AARP’s age-friendly/livable communities program:
 - Domain 1: Outdoor Spaces and Buildings
 - Domain 2: Transportation
 - Domain 3: Housing
 - Domain 4: Social Participation
 - Domain 5: Respect and Social Inclusion
 - Domain 6: Civic Participation and Employment
 - Domain 7: Communication and Information
 - Domain 8: Community and Health Services

SECTION XI: FORMS

The forms required in the Area Plans will be completed in Google Sheets. All forms are required to be completed with the exception of Attachment A: Direct Service Waiver Request. Only AAAs requesting waivers need to submit Attachment A.

Worksheet A: Direct Service Waiver Request

Only AAAs providing services directly will submit this form. Waivers for all OAA/SFSS programs are allowable to permit demonstrations and to promote innovations or improve service delivery providing the waiver will not diminish services already provided. A direct service is identified for any service funded with non-administrative funding to support AAA staff. The Long-Term Care Ombudsman Program does not need to be identified as a direct service.

Link to Area Plan Forms: [REGION 3B SUA PD 22-05 Area Plan Forms SFY 2023-2027](#)

Before requesting a waiver, the AAA shall conduct a public hearing. The AAA shall notify all interested parties in the area of the public hearing and furnish the interested parties with the opportunity to testify. The AAA shall prepare a record of the public hearing and shall furnish the record of the public hearing with the request for a waiver to the SUA when the Area Plan is submitted.

***Direct Service Waiver Request shall be attached to the Area Plan submission.**

Worksheet B: Nutrition Services

This form provides information about each OAA/SFSS congregate meal site and home delivered meal provider.

Congregate Meal Site/Grab-N-Go Site Name/Address (Column B): *List the contact name, street address, phone number, email address, and fax number of each meal site in the AAA region.*

Which Program(s) Operate Out of This Site? (Columns C and D): *Identify if the site provides Congregate, Grab-N-Go, Drop-Shipped, and/or Home Delivered Meal programs.*

Are meals prepared on-site? (Column E): *Answer ‘Yes’ or ‘No’.*

Which meal is served / delivered each day? (Columns G, H, and I) *Check the site(s), which serve one or more than one completed meal per day. If additional meals are charged to OAA or SFSS, each meal served must provide at least one-third of the current Recommended Daily Allowance (RDA), Dietary Reference Intakes (DRI), and the United States Department of Agriculture (USDA) Dietary Guidelines for older adults (66^{2/3} for two meals, 100% for three meals).*

Number of Days of the Week Congregate Meals and/or Grab-N-Go Meals are Served: (Column J) *List the number of days of the week each meal site serves meals using C1 and/or state funds.*

Worksheet C: Community Focal Points and Senior Centers

This form provides information on the name and location of senior centers and focal points within each region.

Contact Information: (Column A) – *List the name, address, city, zip code, and telephone number of each senior center and/or focal point facility within the AAA Region.*

Focal Point (Column C) *Check the box if the facility is a Focal Point (the term “focal point” means a facility established to encourage the maximum co-location and coordination of services for older individuals.)*

Senior Center: (Column D) *Check the box if the facility is a Senior Center. (the term (“Senior Center” means a facility for the organization and provision of a broad spectrum of services, which shall include, but not be limited to, provision of health including mental health, social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.) A facility can be both a focal point and senior center. If that is the case, please check both boxes.*

Funded by Title III-B and/or SFSS: (Column E) *Check the box if the facility is funded through Title III-B or SFSS. Indicate if the facility is a senior center and a recipient of Title III B or SFSS funds for Senior Center Operations. Do not check if the Senior Center is a congregate nutrition site and only receiving Nutrition funds from OAA or SFSS.*

Worksheet D: Regional Advisory Council Membership

List all persons presently serving as members of the AAA’s Regional Advisory Council. In the Organizational Affiliation column, note whether this advisory council member represents older persons, the general public, provider organizations, health care provider organizations, local elected officials, county councils on aging, county commissioners, etc. For multiple county AAA regions, note which county or town the appropriate advisory council member is representing. Provide the total number of members who are low-income, minority, and/or 60 years of age or older on row 60.