

# Aging **2015** Well

In Jefferson  
County, Colorado



# Aging Well

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*Presented by:*

**The Jefferson County Human Services Department**  
900 Jefferson County Parkway, Golden, Colorado 80401  
303-271-1388, <http://humanservices.jeffco.us>  
Lynn Johnson, Director  
Fall 2015

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## Message from the Jefferson County Board of Commissioners

The number of people 60 years and older continues to sky rocket in the State of Colorado, as well as in Jefferson County. The greatest anticipated growth is between 2013 and 2020. Jefferson County currently has, and is expected to continue to have, the largest number of seniors of any county in the state. The very old and poor are populations of special concern; women dominating both of those groups. Most older adults would prefer to age in their communities and there is a critical shortage of affordable housing and other services. Communities lack many elements for successful aging and the aging of baby boomers will only make the shortages more severe.

For these reasons and many more, the Jefferson County Board of County Commissioners in 2008 asked the Jefferson County community to come together to proactively address the “tsunami” of seniors. People have been meeting as a large Leadership Committee, as well as in smaller workgroups focused on specific topics. Professionals working in fields such as planning and zoning, housing, transportation, senior nutrition services, libraries, human services, and more have been meeting to address how Jefferson County can be well-prepared by better collaborating and joint planning. The community members formed six workgroups to address the aging issue. The workgroups include:

- Basic Needs
- Caregiving and Supportive Services
- Social & Civic Engagement
- Housing
- Health, Mental Health, Wellness & Prevention
- Transportation – *The Local Coordinating Council for Human Services Transportation serving Jefferson County*

Many individuals are to be thanked for their participation in meetings, researching topics, and writing aspects of this second edition of the Strategic Plan for the Aging Well project. Each workgroup has submitted a report and a strategic plan on its topic which make up the complete report. We hope that you and your organizations will find this information interesting and helpful as you move forward with planning in the coming years.

This report represents the hopes and dreams of Jefferson County’s community in developing a place where residents will want to stay, grow old, give back to the community and be valued by the community. It will be a road map for the county and a model for the rest of the country. We hope that you will follow our developments at <http://jeffco.us/human-services/aging-and-adult-services/aging-well-project/>.

Sincerely,

  
Commissioner, District 1 Libby Szabo

  
Commissioner, District 2 Casey Tighe

  
Commissioner, District 3 Donald Rosier

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## Executive Summary



# Aging Well 2015

## In Jefferson County, Colorado

## Acknowledgements

The Aging Well in Jefferson County Project consists of experts in the aging field, providers and consumers of aging services, and others who meet monthly striving to make Jefferson County the best county in the United States to “grow up.” The project began in August 2008 and continues to the present. This is the second edition of the report guiding the project; the first being a report and short term strategic plan for 2011-2015 as well as a long term strategic plan covering 2016-2030. This report covers 2015-2020. The project has benefited from the participation of many concerned people who took time to attend monthly meetings, contacted numerous aging service organizations and wrote the report and strategic plans.

- Amy Ciezadlo, Mountains Taxi
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- Jacob Browne, Jefferson County Public Library
- Jennifer Martinez, Jefferson County Human Services
- Julie Elkjer, Touching Hearts at Home
- Karen Johnson, Covenant Village of Colorado
- Kelly Roberts, Denver Regional Council of Governments (DRCOG)

The project has a Leadership Committee consisting of the workgroup chairs. Without their dedication and hard work, this report and strategic plan never would have materialized. These hard working individuals researched, wrote, edited and spent countless hours revising the report and strategic plan in addition to facilitating the monthly meetings and planning for the numerous Summits on Aging. The community is greatly indebted to the following workgroup chairs, past and present, along with the agencies they worked for during their chairing time:

- Liz Smith, Jefferson Center for Mental Health
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- Pat Stoehr, Volunteers of America
- Rena Kuberski, Jefferson County Human Services
- Tom Hitpas, Jefferson County Human Services
- Vicki Rodgers, Jefferson Center for Mental Health
- William Kistler, Centura Health LINKS

### Others who contributed to this report:

- Susan Franklin, Project Manager, Jefferson County Human Services
- Patricia Lorence, Editor/Consultant
- Doyle Harrison, Graphic Designer, Jefferson County Planning and Zoning



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# Introduction

## Our Aging Population

It is common knowledge that our communities are rapidly aging. Primarily as a result of medical advances, people are living longer, will be increasingly diverse, more likely to be living at moderate and low incomes, and will need supportive services to remain independent in their communities for as long as possible. The call for community decision makers to “prepare for the graying of society” has been increasingly made throughout the United States. Jefferson County is fortunate that the decision makers, citizens, non-profits, businesses, local government agencies, and others, have actively worked together for more than seven years in the development of this second Strategic Plan for Aging Well. The Jefferson County Aging Well Project is likely to be the focal point for years to come for all who want to collaborate in creating and maintaining a truly age-friendly county.

## Project History

The Executive Director of the Jefferson County Department of Human Services, Lynn Johnson, and key department staff, began discussions in late 2007 to carry out a large-scale planning process to position the county as a place where seniors are well served and to develop a written document. The effort became known as the Jefferson County Aging Well Project with the primary purpose of accurately assessing the needs of the aging population and the availability of resources throughout the county to address those needs.

The Board of County Commissioners agreed to dedicate county resources to the effort and funds were allocated to hire a consultant. Funds were also obtained from the Rose Community Foundation. An internal planning team of staff members of Jefferson County Human Services

developed the framework for the planning effort, which included the formation of a Leadership Committee to oversee and direct the effort. Susan Franklin was appointed and remains the Project Manager for the Aging Well Project.

In the fall of 2008, Jefferson County, Colorado embarked on the strategic planning process for Aging Well. The intent was to bring stakeholders together to collaborate on how best the county could prepare for the projected doubling of the senior population over the coming decades. The Jefferson County Aging Well Project prepared its initial report in 2010. The 2010 report details the formation of the six workgroups: Basic Needs; Caregiving and Supportive Services; Health, Mental Health, Wellness and Prevention; Housing; Social and Civic Engagement and Transportation.

In 2010, each workgroup evaluated the trends, strengths and assets and gaps in Jefferson County relative to their topic area. Also presented were short term and long term strategic plans. This 2015 report presents updated assessments of the community by each workgroup since 2010 along with updates to the strategic plans.

## Layout and Use of this Document

Following this Executive Summary are Sections 3 through 8 that provide the 2015 report for each workgroup. Detailed information on trends, strengths and assets and gaps are presented. Goals, objectives, strategies, outcomes and target dates for the strategic plans are also included.

Readers of this plan are asked to incorporate the information into their lives in whatever way is most suitable to help achieve a truly age-friendly, livable Jefferson County. The developers of this plan invite you to contact them with your ideas, insights, and energy.

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### Vision

Jefferson County: A thriving community for aging well.

### Mission

To develop and implement strategies creating inclusive, livable communities through sustainable partnerships and integrated services.

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# Workgroups

A brief description of the six workgroups is provided below, followed by a tabular summary of the trends, strengths and assets, and gaps identified in the last five years.

## Basic Needs

Basic needs are those essential life elements that are required for a senior's day-to-day living. For purposes of this report, basic needs include accessing information and services, food and nutrition, legal services, public safety, and assistance with finances. Meeting basic needs requires the collaboration and partnership of many organizations, individuals, and funding sources.

## Caregiving & Supportive Services

Caregiving and Supportive Services includes information regarding recipients of care, caregivers, respite care and adult day centers as well as technological support. It encompasses those issues that both care recipients and caregivers deal with on a micro and macro level and offers some ideas of how to overcome those issues.

## Physical Health, Mental Health, Wellness & Prevention

This workgroup addresses the shortage of health care workers given the rate at which the population is aging as well as a shortage of facilities that will accept seniors with behavioral issues. Mental health of seniors is receiving more attention these days although the majority of mental health care is still provided by one's Primary Care Physician. The concept of integrated care amongst a senior's medical team is an issue that must be addressed in the future. Prevention and wellness are key factors in remaining healthy.

## Housing

This workgroup focused on assessing the current and future housing needs for low to moderate income seniors in the county. New housing options, outside of the traditional options of independent, assisted living and skilled nursing homes are evaluated. Tools for Aging in Place, Issues for the County to Consider and Housing Needs for Populations such as gay, lesbian, bisexual and transgender, people with intellectual and developmental disabilities and others is discussed.

## Social & Civic Engagement

Participation in social and community activities is a vital aspect of life for many as they get older, including employment, volunteerism, lifelong learning, and personal associations. Communities that provide diverse and abundant opportunities for such involvement often thrive.

## Local Coordinating Council for Human Services Transportation

This workgroup focused on three areas of transportation – self mobility which includes walking, cycling, or driving; specialized transportation for persons with disabilities or those who need door to door services; and public transportation which includes buses and trains provided by the Regional Transportation District (RTD). This workgroup addresses transportation for seniors, low-income populations and persons with disabilities.

*For more information, please visit the Aging Well in Jefferson County Project under Aging & Adult Services on the Jefferson County Human Services web site: <http://jeffco.us/human-services/aging-and-adult-services/aging-well-project/>*

# Key Workgroup Findings

## Basic Needs

Subcategory	Trends	Strengths and Assets	Gaps
<b>Access to Information and Services</b>	In the next twenty years, information and services for seniors will become integrated. Care systems for mental health, medical care, and social services will include coordinated records and professional care managers.	Jefferson County, many of its non-profits, municipalities and DRCOG's Area Agency on Aging are working to improve access to information for seniors.	Seniors seeking information and services have complex and varied needs. More positions for aging services experts are needed to identify needs and locate services.
<b>Food Assistance</b>	Proper nutrition is the single largest concern for Colorado seniors. From 2011 to 2012, the number of seniors facing the threat of hunger increased from 11.9% to 13.3%.	There are several agencies that provide meals for homebound seniors as well as numerous food banks and congregate dining rooms in Jefferson County.	Funding for food programs has not increased to meet the rising cost of fresh produce, dairy products and fresh meats.
<b>Legal Assistance</b>	The availability of resources for legal services continues to decline while the need for and complexity of legal services continue to rise.	Colorado Legal Services and the First Judicial District Bar Association Legal Assistance Program offer free or low cost legal services to seniors.	There is a waiting list for services at both Colorado Legal Services and the First Judicial District Bar Association Legal Assistance Program. Without a funding increase of at least 10%, more seniors will be without legal assistance.
<b>Public Safety</b>	The Jefferson County District Attorney's Office reports an increase of crimes against at-risk adults from 5 cases in 1991 to 93 cases in 2013. Jefferson County has seen an increase in the number of emergencies and disasters.	Colorado's statute for mandatory reporting of elder abuse went into effect in July 2014. Arvada and Westminster have full time Senior Liaison Officers. Jefferson County provides emergency preparedness resources on their web-sites.	Public safety officials recognize the need for additional Senior Liaison Officers within communities, however, funding is not available for these positions. Additional Adult Protective Services caseworkers and Elder Abuse attorneys are needed. Some seniors may have a false sense of security that first responders will be able to adequately assist them.
<b>Financial Assistance</b>	About 4.7% of those 65 and over in Jefferson County are living in poverty and those over the age of 85 are the fastest growing segment of this group.	In 2011, Colorado launched the Program Eligibility and Application Kit for senior financial assistance. Jefferson County Human Services has a designated office for seniors in need.	More funding is needed to support senior assistance programs. Services should be extended to provide dental, vision and hearing aid benefits.

## Caregiving & Supportive Services

Subcategory	Trends	Strengths and Assets	Gaps
<b>Recipients of Care</b>	<p>Aging in place is the choice among seniors. A home- and community-based range of services for older adults is developing, so they can obtain assistance at home and avoid a nursing home.</p> <p>Homes may no longer fit needs due to lack of basic accessibility features.</p>	<p>Resources for in-home care in Jefferson County include: Medicaid funded non-skilled personal care and homemaker services; private pay agencies for companionship and unskilled care; private agencies that provide both skilled and unskilled care, and private individuals who provide in-home care.</p>	<p>The county needs more affordable in-home care for people who do not meet functional and/or financial eligibility criteria for HCBS Medicaid programs. While this population is often served through Volunteers of America or Seniors' Resource Center, waitlists can be extensive and needs can be urgent.</p>
<b>Caregivers</b>	<p>Demographers anticipate a significant shortage of caregivers; caregivers are rarely paid an adequate living wage with benefits so they can make a living from this type of work; family, friends and neighbors continue to provide the majority of support to their loved ones.</p>	<p>Paid caregivers hired by agencies now receive training, background checks, bonding, insurance, and other formal supports.</p> <p>FMLA continues to be a good option for short-term caregiving.</p> <p>On-line support groups are available to caregivers.</p> <p>Colorado's Elder Abuse law of July 1, 2014 protects both care recipients and caregivers.</p>	<p>Higher Medicaid reimbursements would help to expand the number of quality caregivers.</p> <p>Some homecare companies provide only unskilled healthcare workers.</p> <p>Education and awareness of care management services and how these services can benefit older adult families is lacking.</p> <p>There is a lack of non-diagnosis-specific caregiver support groups.</p>
<b>Respite Care and Adult Day Centers</b>	<p>The need for respite care grows as more elderly require care. Caregivers need a break either by having home care aides come into the home or by placing the care recipient in a long-term care setting for a short-term stay.</p>	<p>A Respite Coalition has developed in the Denver metro area that is based at Easter Seals and provides some funding to providers for respite.</p>	<p>There is a need for more affordable respite facilities.</p> <p>The availability of adult day centers in the southern end of the county and in the foothills is inadequate.</p>
<b>Technological Support</b>	<p>The internet has made it easier to access assistance.</p> <p>Personal emergency response systems, medication monitors, and wander protection systems are reliable and affordable.</p> <p>Telehealth, the use of electronic information to support long-distance clinical health care, is growing in rural areas.</p>	<p>CenturyLink is introducing an Internet Basics Program with discounted high-speed internet service to eligible residents in the CenturyLink service area. Participants must meet the criteria for the federal Lifeline Affordable Telephone Service for low-income users.</p>	<p>Electronic access to information must continue to improve and seniors need to learn to access computers or have care partners do so.</p>

## Health, Mental Health, Wellness & Prevention

Subcategory	Trends	Strengths and Assets	Gaps
<b>Health Care Workers</b>	The number of physicians, pharmacists, nurses, mental health providers, social workers, and other health care providers specializing in geriatrics has been falling and will continue to be limited.	There are some group practice organizations in Jefferson County that specialize in physical care for seniors as well as the low-income population on a sliding fee scale.	Planning efforts are needed to increase the number of health care professionals in Jefferson County relative to the expanding senior population for most disciplines.
<b>Physical Health and Health Care Facilities</b>	The most common chronic diseases of the elderly are arthritis, coronary artery disease, diabetes, hypertension, congestive heart failure and cancer. The emphasis is now placed on the individual's responsibility for one's own health through proper nutrition and exercise programs.	The rollout of the Affordable Care Act (ACA) will allow more individuals access to health care and treatment in a more timely manner. According to a Kaiser doctor, the number of new patients in their system has increased and many of these individuals have major chronic health issues.	There is a lack of consolidated information and referral sources in the community for discharge planning. Due to the sheer number of seniors in the future, there will most likely be gaps in home-based and facility-based care for chronic medical conditions, restorative therapies, dementia, hospice and palliative care.
<b>Behavioral Health Services</b>	Access to both behavioral health and physical health in one setting is on the rise. The increase in integrated care will provide increased access to behavioral health services for older adults and is expected to decrease stigma related to these services.	There are several primary providers for outpatient behavioral health services in Jefferson County. In addition there are frequent opportunities for depression and anxiety screens throughout the county, a number of crisis hotlines, and mental health, self-help and substance use support groups that are all available to seniors.	Health professionals and primary care physicians prescribe about 60% of the psychotropic medications for seniors. They could benefit from additional education about existing diagnostic tools and local referral sources to address the underutilization of behavioral health services.
<b>Wellness and Health Prevention</b>	Numerous scientific studies have verified that older adults who maintain their physical and emotional health have less likelihood of chronic conditions and/or early death as they age.	Numerous community based programs, supported mostly through grants, have been initiated nationwide to provide a more holistic, prevention-based approach to health services for the elderly.	The four elements crucial to the success of health promotion programs include awareness, motivation, skill building, and opportunity. However, motivation to begin and adhere to healthy lifestyle changes is a challenge.

# Housing

Subcategory	Trends	Strengths and Assets	Gaps
<b>Senior Housing Options</b>	Accessory dwelling units (ADUs), co-housing and pocket neighborhoods, along with accessible ranch style homes are being developed in the Denver metro area and are seen as good housing options for seniors who want to age in place.	Jefferson County and some of its cities have recently expanded rules and regulations regarding ADUs. Jefferson County is home to one co-housing model called Harmony Village. Ranch style homes allow individuals to age in place and are found throughout the county.	Many people are not aware of ADUs. Currently the cost per square foot of co-housing and pocket neighborhoods is quite high. Many ranch style homes were built between the 1950's and 1970's and are in need of renovation to enable aging in place. Jeffco has no known pocket neighborhoods.
<b>Tools for Aging in Place</b>	There is a trend to keep older adults out of costly institutions. Tools such as home modification, assistive technology, Villages, NORCs and person-centered care are some of those tools.	Home modification, assistive technology, Villages, NORCs and person-centered care are becoming more well-known and acceptable ways to remain in one's home or community.	Both construction professionals and seniors could benefit from education on key home safety features as well as assistive technology and supportive services that help them age in place.
<b>Issues for Jefferson County to Consider</b>	As the supply of developable land in Jefferson County declines, urban infill projects are on the rise. Mixed use urban centers where people of all ages can live, work, shop and recreate are becoming a very attractive lifestyle consideration. Higher density housing in urban centers is in demand.	There are undeveloped areas throughout the county that are not built out and where higher densities and a mix of land uses are encouraged. A Senior Housing Matrix has been developed to analyze costs and benefits of a potential site for senior housing. Jefferson County has a number of ways to fund affordable housing.	Infill development projects can face a number of challenges including the stigma of affordable housing if included in the development. The 2010 construction defects law is cited as one of the reasons for the drop in condominium projects from 16% of new construction to 2%. Inventory is very low for home buyers and there is a shortage of affordable housing in the county.
<b>Housing Needs for Other Populations</b>	33% of people over the age of 65 report a disability, many of which are people with intellectual and/or developmental (I/DD) disabilities. Single females 70+ are a growing group of homeless. Around 7%-10% of the total senior population is gay, lesbian, bisexual and/or transgender (GLBT).	People with I/DD are living longer in our communities. This creates opportunities and challenges. Jefferson County participates in the Point-In-Time count of the homeless annually. The GLBT community is becoming more visible to most providers.	The need for housing for I/DD is becoming severe. The number one reason for homelessness in Jeffco is that housing costs are too high. Little data exists about gay, lesbian, bisexual and transgender (GLBT) elders. There is a lack of GLBT-friendly housing in Jefferson County.

## Social & Civic Engagement

Subcategory	Trends	Strengths and Assets	Gaps
<b>Employment</b>	The population is aging and more people are working longer. By 2020, workers over 55 will account for 25% of the U.S. labor force, compared to 13% in 2000 and 12% in 1990.	A large number of services have been created to help people retrain and transition into different employment, assisting people who must work as well as those who chose to continue working.	People over 55 typically search for a job a third longer than younger people. This is due to many older workers being out of the job search market for some time and the lack of knowledge and the technology for the “new” job search. There are also myths some employers hold about older workers.
<b>Volunteerism</b>	Multiple studies confirm the mental and physical health benefits of volunteering, including a longer life. Older volunteers want to utilize their particular skills and experience to meet real needs in the community.	There are numerous agencies and websites where one may search for a volunteer opportunity in the metro area.  For nearly 30 years Volunteer Connection of Jefferson County has provided networking, referral and educational support for Volunteer Coordinators throughout the county.	One of the biggest gaps identified in Jefferson County is the lack of a central personal volunteer matching service like the Retired Senior Volunteer Program or RSVP. Jefferson County had an RSVP up until 2010. A non-profit willing to embrace such a program is needed.
<b>Lifelong Learning</b>	People seek to enrich their lives with classes and activities to enhance or learn new skills, challenge and stretch their minds, develop and express their creativity, socialize and create a sense of community, and fill the void created from leaving the workforce or changing parenting roles.	Educational resources available to Jefferson County residents include courses at Red Rocks and Arapahoe Community Colleges. Courses are also offered at recreation centers, senior centers, cultural art facilities, faith-based institutions and libraries throughout the county.	Because future seniors will be working more years of their life in either full-time or part-time jobs, a need will exist for classes for seniors both during the day, in the evenings after regular work hours, and on weekends.  More affordable programs are also needed.
<b>Personal Associations and Social &amp; Civic Involvement</b>	Official and unofficial “Third Places” continue to be a draw for seniors to stay connected. These are places other than home or work where seniors can gather and socialize, share information or organize to effect change.	Jefferson County has two Naturally Occurring Retirement Communities and one Village along with many “Third Places” where people gather unofficially for connection. Some of these places are designed to offer organized events for seniors and some are informal.	Few people adequately prepare for the isolation of retirement. This results in lack of information about services the community offers and can have disastrous results.  Many businesses fail to see the value of being a “Third Place.”

## Local Coordinating Council for Human Services Transportation

Subcategory	Trends	Strengths and Assets	Gaps
<b>Self-Mobility</b>	<p>Total Vehicle Miles Traveled/capita dropped about 30% from 2005 to 2011 in the urban areas of Colorado. However, 95% of Jefferson County adults age 60 and older use private vehicles for getting around their communities. Safety concerns for cyclists and pedestrians have increased.</p> <p>“Last Mile” issues are a concern.</p>	<p>Local planners and engineers are working to make trips multimodal.</p> <p>Jefferson County, along with the Denver metro area, has a strong system of bike paths and walking trails.</p> <p>The 2009 Manual on Uniform Traffic Control Devices (MUTCD) added a multitude of requirements to make walking and driving easier and safer for older adults.</p>	<p>The funding gap for needed construction and maintenance to the roadway and bike-ped system continues to widen. Construction is extremely costly and entities compete for Federal dollars for equally important roadway and bike-ped projects.</p> <p>Publicity about the availability of driving improvement programs specifically customized to older adults should increase.</p> <p>Affordability of private vehicles is a problem for some.</p>
<b>Specialized Transportation</b>	<p>Over the past twenty years changes in the law, increased awareness of needs and advancements in technology have resulted in increases in the quality and amount of specialized transportation services.</p>	<p>Jefferson County is fortunate to have the Seniors’ Resource Center (SRC) and Lakewood Rides, who provide specialized transportation to the aging and disabled population.</p> <p>Total Transit provides medical transportation for Medicaid clients.</p>	<p>Despite the exceptional service provided by SRC and Lakewood Rides, there are gaps that prevent them from meeting all trip requests.</p> <p>The ability to collect and analyze data is severely limited.</p> <p>Regulations can discourage collaboration and integration amongst providers.</p>
<b>Public Transportation</b>	<p>Seniors, young people who chose not to own cars, and people with disabilities are increasing the demand for frequent, seamless and convenient public transportation.</p> <p>Public transportation has become increasingly more accessible to people with disabilities.</p>	<p>Jefferson County will enjoy the most service from the FasTracks system, once complete, with three projects serving the county: The W Line, the Gold Line and the U.S. 36 Bus Rapid Transit project.</p> <p>Electronic fare collection has simplified payment and increased usage.</p>	<p>The last mile refers to the trip to or from a person’s home or destination and the bus stop or train station. For older adults and persons with disabilities, walking may not be possible. The means of providing service for the last mile is the single largest gap identified by the Transportation Workgroup.</p>

# Strategic Plans: 2015-2020

The 2015 – 2020 Strategic Plans for each workgroup have been updated from the 2011 – 2015 Strategic Plans. The table below provides each goal followed by the objectives associated with that goal. Details on strategies, key outcomes and target dates are provided in the workgroup sections of this report.

## Basic Needs

Goals	Objective(s)
Long Term Care Facilities in Jefferson County will have Strong Emergency Preparedness and Response Capacity	<ul style="list-style-type: none"> <li>1 - Provide emergency preparedness information and resources to assisted living, nursing home, and home health agencies in Jefferson County</li> <li>2 - Provide emergency preparedness information and resources to senior community members living independently in Jefferson County</li> </ul>
Older Adults in Jefferson County will have Adequate Nutritional Resources to Meet their Needs	<ul style="list-style-type: none"> <li>1 - Increase participation throughout the county in the congregate nutrition program</li> <li>2 - Increase the public's awareness of food assistance resources and unmet nutritional needs among older adults in the county</li> <li>3 - Organize and coordinate the distribution of fresh produce from community gardens to seniors throughout the county</li> <li>4 - Maintain advocacy efforts focused on increasing financial resources to accommodate the growing need for nutritional services</li> </ul>
Older Adults will Receive Adequate Financial Resources to Meet their Basic Needs	<ul style="list-style-type: none"> <li>1 - Increase knowledge among organizations and targeted populations in the community about programs that are available</li> <li>2 - Increase access to application sites for financial assistance</li> <li>3 - Form new partnerships in the community related to accessing financial assistance</li> <li>4 - Identify additional funding sources for providing financial assistance to county residents</li> </ul>
Jefferson County Residents will have Adequate Legal Resources to Meet the Basic Needs for Civil and Criminal Legal Services	<ul style="list-style-type: none"> <li>1 - Secure increased funding for elder rights and elder justice programs for older adults in Jefferson County from national and local sources</li> <li>2 - Increase awareness of issues that have a legal component that affect older adults</li> <li>3 - Provide adequate senior-specific services for those involved in the criminal justice system</li> </ul>

## Caregiving & Supportive Services

Goals	Objectives
Businesses, Community Groups and the Public will be Knowledgeable about Caregiver Issues	<ul style="list-style-type: none"> <li>1 - Expand workgroup representation to include caregivers/prior caregivers, representatives of faith-based communities, Jefferson County employers as well as professionals serving older adults to ensure the workgroup's efforts are relevant to their needs</li> <li>2 - Increase public awareness about caregiving and the need to plan for medical and end-of-life circumstances as a means to help people avoid crisis circumstances</li> <li>3 - Continue outreach to Jefferson County employers and to professionals serving older adults</li> <li>4 - Increase awareness of resources for seniors in rural areas of the county</li> <li>5 - Increase awareness of legislators/policy makers of caregiving needs</li> </ul>
Caregivers will have Adequate Tools to Assist Others	<ul style="list-style-type: none"> <li>1 - Offer, promote and support caregiving resources</li> <li>2 - Provide education on home care services</li> <li>3 - Provide education and resources for respite options</li> <li>4 - Promote community programs/services that provide training, support groups, counseling, best practices and products for aging in place</li> <li>5 - Provide education and resources on care management and financial and medical resources specifically for Medicare and Medicaid</li> </ul>
The Caregiving and Supportive Services Workgroup will Integrate Person-centered Care Principles and Language into Projects and Deliverables	<ul style="list-style-type: none"> <li>1 - Increase Caregiving and Supportive Services Workgroup's members knowledge of person-centered care principles and language</li> <li>2 - Determine how to integrate person-centered care principles into products the Workgroup develops</li> <li>3 - Share results with the other Aging Well workgroups</li> </ul>

## Health, Mental Health, Wellness & Prevention

Goals	Objective(s)
Seniors will have Timely Access to Reasonably Priced Behavioral and Physical Health Services	<ul style="list-style-type: none"> <li>1 - Develop strategies to support the implementation and sustainability of sliding fee medical/mental health clinics</li> </ul>
Older Residents in Jefferson County will Exhibit Healthy Behaviors	<ul style="list-style-type: none"> <li>1 - Increase seniors' knowledge and utilization of physical health, mental health, and wellness and prevention services</li> <li>2 - Increase physical activity for seniors living in Jefferson County by promoting and establishing health, wellness and prevention activities</li> <li>3 - Increase opportunities for mental illness prevention and early intervention activities</li> <li>4 - Increase health care professionals' knowledge about best practices in health care, mental health, wellness and prevention programs that can affect and help chronic and acute conditions</li> </ul>
Seniors will have Increased Access and Utilization of Mental Health Services	<ul style="list-style-type: none"> <li>1 - Increase seniors' and community's knowledge about the signs and symptoms of mental health distress and how to refer to a professional</li> </ul>
Seniors with Challenging Behaviors will Receive Best Practice Services and Increased Collaborations in Outpatient, Inpatient, Assisted Living Facilities and Nursing Homes	<ul style="list-style-type: none"> <li>1 - Increase best practices related to dementia care and services</li> </ul>
Jefferson County will have Adequate Medical Personnel to Meet the Needs of Seniors	<ul style="list-style-type: none"> <li>1 - Increase awareness among elementary, middle school and high school students about various career options involving geriatrics and healthcare</li> </ul>

## Housing

Goals	Objective(s)
Senior Housing is a Priority for Jefferson County and its Municipalities	1 - Explain/analyze the costs and benefits of developing senior housing options
Housing Options for Seniors are Identified	1 - Complete Housing Options Worksheet (HOW) 2 - Develop consumer-friendly housing options product
Home Accessibility and Safety Rules Apply to All Jefferson County Homes	1 - Identify current requirements for home accessibility and safety 2 - Create new requirements for home accessibility and safety 3 - Seek approval of new requirements for home accessibility and safety 4 - Implement new requirements for home accessibility and safety
Jefferson County Seniors are able to Remain in Their Homes with Adequate Services and Active Participation in Community Life	1 - Adapt current residential housing stock and provide services and resources to accommodate the needs of seniors 2 - Build new housing appropriate for active aging
Local Governments, Homebuilders, Developers, Financial Institutions, Realtors and Consumers Recognize the Benefits of More Senior Housing	1 - Promote Jefferson County, Colorado as an active aging/living in place senior community

## Social & Civic Engagement

Goals	Objective(s)
Older Adults will be Aware of Opportunities to Connect with Others and Enrich their Lives	1 - Increase awareness of opportunities for seniors to connect and enrich their lives
Mature Workers will have Viable Employment Opportunities in Jefferson County	1 - Improve job searching skills of older job seekers 2 - Increase innovative and creative employment opportunities for older adults transitioning to new careers or new lifestyles
Mature Adults in Jefferson County will have a Variety of Meaningful Volunteer Opportunities	1 - Increase support for structured volunteer programs in Jefferson County 2 - Increase volunteer cooperation and placement in Jefferson County
Lifelong Learning Opportunities will Meet the Needs of Adults 60+	1 - Promote the benefits and opportunities of lifelong learning 2 - Increase delivery systems for home-bound or seniors with disabilities to stay engaged with lifelong learning
Older Adults in Jefferson County will be able to Maintain and/or Attain Personal Associations and Engage in Social and Civic Organizations	1 - Increase the number of Jefferson County employers who prepare their employees for retirement beyond medical and financial issues 2 - Increase and improve the number of welcoming social environments where mature adults in Jefferson County can gather and socialize

## Local Coordinating Council for Human Services Transportation

Goals	Objective(s)
Jefferson County will have a Fully Funded and High Functioning Collaboration of Agencies and Organizations Working to Enhance Transportation Options	<ul style="list-style-type: none"> <li>1 - Sustain the Local Coordinating Council serving Jefferson County</li> <li>2 - Support regional coordination and the efforts of the Denver Regional Mobility and Access Council</li> </ul>
The Public is Educated and Informed about Transportation Options/Needs for Older Adults, Persons with Disabilities, and/or Those with Low- Incomes in Jefferson County	<ul style="list-style-type: none"> <li>1 - Increase local government involvement</li> <li>2 - Increase community involvement at the grassroots level</li> </ul>
Jefferson County will have an Affordable, Fully Coordinated and Accessible Community Based Transportation System for Older Adults, Persons with Disabilities, and/or Those with Low- Incomes	<ul style="list-style-type: none"> <li>1 - Address identified transportation and mobility service gaps</li> </ul>
Jefferson County will have an Available, Safe, Efficient, and Connected Transportation System for All Transportation Users	<ul style="list-style-type: none"> <li>1 - Increase understanding of first- and last-mile connection issues and needed improvements</li> <li>2 - Increase awareness of driving improvement programs for seniors</li> <li>3 - Advocate for an increase in available public transportation options</li> </ul>

# Conclusions and Recommendations

## Conclusions

1. The existence and implementation of the Jefferson County Strategic Plan for Aging Well will have positive effects on the quality of life for generations of families for years to come.
2. The timing of conducting this multi-year planning process and developing a broad Strategic Plan for Aging Well was very fortuitous. The county and its human services stakeholders are now in a better position to be proactive having the plan in place as a guidepost to the future.
3. Partnering, collaborating, and being willing to bring resources together will be key to creating communities where aging well is the norm. Jefferson County now has a stronger network of partners who've developed a joint plan together and who have committed to implementing it together.
4. Those working to create livable and vibrant communities throughout Jefferson County can return to the vision and mission of the Aging Well Project when needed. Reflection can confirm whether the direction headed makes sense or whether realignment of priorities or resources is needed. As the economy ebbs and flows in the coming years, the vision and mission statements for this project can serve as a focal point for stakeholders and other interested parties.
5. Many items were deemed priority, reflected in the numerous goals, objectives, and strategies outlined in the 2015-2020 strategic plans contained in this report. Though this is a somewhat daunting challenge, there are now visible and vocal organizational and individual advocates who have stepped forward in developing the plan who have also committed to carrying out the plan priorities together.

6. In essence, this plan reflects the articulation of an explicit agreement that the well-being of residents in their later years will affect all communities and multiple generations of county residents. The strength of late life resources and quality of life for seniors also enhances life for their children, grandchildren and those who care about them.

7. Stakeholders who put this plan together and those who have heard about it to date believe that having this plan in place strengthens the entire system of human services for Jefferson County.

8. As a result of working through this planning process together, agencies will increasingly partner on joint program development using the strengths of each organization. They likely will be more apt to do joint resource development activities such as grant writing and designing innovative initiatives in the coming years.

9. The existence of this Jefferson County Strategic Plan for Aging Well has and will continue to increase awareness among many of what needs to be done to proactively embrace the aging of the population.

10. Finally, the Jefferson County Department of Human Services has willingly and explicitly taken the leadership role around creating a county that has declared it has a sophisticated understanding of the implications of population aging. Many partners have stepped forward to work with the county in this endeavor.

## Recommendations

1. Keep the Jefferson County Aging Well Project going.
  - Allow staff from the various county divisions to continue to participate as workgroup chairs and in other capacities.
  - Have staff at Jefferson County Human Services assigned to this project on an ongoing basis so Lead Agency role will be maintained.
  - Continue Leadership Committee and Workgroup meetings.
  - Recruit new people to join the project as new energy is needed to supplement those who have been at this project for a long period of time.
  - Periodically reconvene stakeholder group comprised of CEOs, Agency/Program Directors, Elected Officials, and Business Leaders to report on accomplishments and discuss partnerships.
2. Make review and updating of the Strategic Plan explicit and do this every 5 years.
  - It may not be possible for all of the priorities and recommendations laid out by all of the workgroups as reflected in the plan document to be fulfilled. However it is necessary to keep reviewing them, discussing them together, and selecting do-able strategies on an ongoing basis.
3. Annually review the progress of the Jefferson County Aging Well Project.
  - Receive and review annual reports from workgroups using prescribed reporting format.
  - Regularly assess overall project direction – is it going where key stakeholders want it to go?
4. Dedicate efforts to publicize this process and the plan throughout Jefferson County as widely as possible.
  - Follow “Publicity” Plan created.
  - Hold annual Summits on Aging where status of Aging Well Plan can be kept before the stakeholders.
  - Provide monthly articles to the 50+ Marketplace News.
  - Obtain speaking engagements.
  - Seek opportunities to publish articles in other local, state and national publications.
5. Seek additional funding for carrying out aspects of the Aging Well Project and Plan.
  - Get Aging Well participants to share grant-writing resources and submit grant proposals together, to work on projects outlined in the plan together, whenever possible.
  - Seek additional funding for future Summits on Aging and for future joint planning.
6. Strengthen key partnerships between Aging Well and other groups.
  - Work with Jefferson County Council on Aging (JCCOA), Latino Age Wave, Commission on Aging, the State Unit on Aging, Retired Americans Coalition, the Strategic Action Planning Group on Aging, Senior Lobby, other city and county aging groups and DRCOG’s Area Agency on Aging to assure ongoing dialogue.

# Ageing Well

2015

In Jefferson  
County, Colorado

## Basic Needs



# Aging Well

In Jefferson County, Colorado

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## Basic Needs

### Acknowledgements

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- Michelle Trejo, Volunteers of America



*Presented by:*

**The Jefferson County Human Services Department**  
900 Jefferson County Parkway, Golden, Colorado 80401  
303-271-1388, <http://humanservices.jeffco.us>  
Lynn Johnson, Director  
2015

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# Introduction

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Basic needs are those essential life elements that are required for a senior's day-to-day living. For purposes of this report, basic needs include accessing information and services, food and nutrition, legal services, public safety, and assistance with finances. Meeting basic needs requires the collaboration and partnership of many organizations, individuals, and funding sources. Jefferson County currently provides many options for its citizens in these service areas, but there is a need for enhancing these services, particularly as the age 60+ population grows.

According to the 2010 Census, 21% of the population in Jefferson County was 60 years or older, and the projection is that by 2020 this population will nearly double. This is due to Jefferson County's large number of baby

boomers who are expected to remain in the county as they age. Jefferson County is expected to be a place for in-migration, resulting from the large number of nursing homes and assisted living facilities located in the county.

This report has been prepared by the Basic Needs Workgroup. For each of the key basic needs topics, it describes the trends, strengths and assets, and gaps, followed by conclusions and recommendations. Ideas are offered for improving the availability of these services for older Jefferson County residents in the coming years.

Terms and definitions used in this report and strategic plan for 2015-2020 follow this report. ♦

# Access to Information and Services

## Trends

People are living longer and are often choosing to stay in their own homes for as long as possible. In order to do so, the older adult will need supportive services. Senior services developed over the past twenty years have been pieced together with systems that are often complicated and difficult to navigate. Home and Community Based Services, such as transportation or adult day services may be appropriate, but are difficult to locate, involve long waiting lists, or have eligibility rules or costs that are difficult to understand. Supportive services are needed due to worsening medical conditions, making access to the required services even more difficult. The trend is to organize resources and assistance in a way that is accessible to older adults through a single entry point system with care management services that help support an older adult who cannot maneuver the current complex system by themselves. Given the recent increase in floods, fires and other disasters in Colorado, having access to information about emergency preparedness is even more critical.

It is predicted that in the next twenty years, there will be an integration of care systems for aging services, such as mental health, medical care, and social services, which will include coordinated records and professional care managers. These coordinated services, along with Information and Assistance forums, can be used by seniors and family members. Despite the increase in internet searches and online resources, many individuals continue to use traditional methods, such as phone books or the Seniors Blue Book.

## Strengths and Assets

There are many aging service agencies committed to providing assistance to seniors in Jefferson County. These agencies are putting limited resources together to help their clientele find needed services. Jefferson County excels in its dedication to helping seniors age in place. The City of Lakewood serves as a great example through its commitment to funding senior services including information and referral, care management, transportation assistance, meal sites, recreational activities, volunteer services, and housing assistance. Other cities within the county, including Wheat Ridge, Arvada and Golden, provide information and referral assistance, and nutrition and wellness programs, through their senior centers.

Jefferson County Human Services is dedicated to providing services and support for aging community members through a staff of committed employees who assist older adults find services. Jefferson County was also instrumental in the formation of the Seniors' Resource Center, an agency whose model was developed around the idea that senior services should be accessible, professional and convenient. Jefferson County has provided financial support to the Seniors' Resource Center for more than thirty-five years. Senior services are accessible at the Seniors' Resource Center through a single entry phone service.

In April 2010, the Denver Regional Council of Governments (DRCOG) Area Agency on Aging launched a new online tool for older adults, caregivers and service providers. Known as Network of Care, the community-based website is designed to put people in touch with the right senior services at the right time. The Network of Care averages approximately 25,000 user sessions each month and the average page view per session is 5.5 with the average length of sessions about 15 minutes. Across the eight county metro region, the Network of Care directory includes about 1,100 providers who serve older adults and people with disabilities. Community Resource Specialists work to keep the database updated and meet with community providers for cross-training purposes. The Community Resource Specialists also provide information and assistance by phone, email, and in-person including referrals to local service providers and tips on how to access them. They receive an average of 300 calls per month.

Other community strengths and assets include local agencies and affiliates of national organizations that serve special populations in Jefferson County including The Arc - Jefferson, Clear Creek & Gilpin Counties, Developmental Disabilities Resource Center (DDRC) and the Aging & Disabilities Resource Center (ADRC). These agencies offer resources for persons living with disabilities. The Center, an affiliate member of a nationwide organization, houses SAGE (Services and Advocacy for GLBT Elders) that offers programs for Gay, Lesbian, Bisexual & Transgender persons.

Two monthly Jefferson County newspapers, 50 Plus Marketplace News and Prime Time for Seniors, disseminate current information related to senior issues. This workgroup has also created and/or distributed short, informational flyers on the commodities program, medicare savings and the Supplemental Nutrition Assistance Program (SNAP) to keep the senior population informed.



## Gaps

The Community Assessment Survey of Older Adults (CASOA) administered to people over the age of 60 in Jefferson County in 2010 highlighted the need for information and planning. It was rated the second highest need for seniors in the county. Upon further investigation of this area, seniors reported being overwhelmed by all the information and having difficulty sorting through what pertains to them and what does not. They were not aware of the availability of information and services within the county. Keeping resources updated is difficult and time consuming. While updating resources online takes time and effort, it is nearly impossible to frequently update hard copies of resource lists.

An area identified by the Basic Needs Workgroup as currently being underfunded is the assistance portion of the information, referral and assistance services matrix. Seniors seeking services have complex and varied needs. To identify resources to meet these needs, aging services experts are needed for successful service delivery. More positions of this type are needed in agencies who serve seniors.

Continued emphasis on access to information during emergencies and disasters, as well as funding to educate seniors regarding emergency preparedness is needed to respond to gaps in these areas. ♦

# Food Assistance

## Trends

Nutrition is a high priority for older adults. Without proper nutrition, physical, mental, and dental health issues increase. Food costs for home-delivered meals continue to be affected by rising prices of food and the fluctuation of gas prices. According to “The State of Senior Hunger in America 2012: An Annual Report” prepared by The National Foundation to End Senior Hunger (released in May of 2014), 15.3% of seniors in the United States face the threat of hunger. In Colorado, 13.3% of seniors in 2012 faced the threat of hunger, which is a significant increase from 10.9% in 2011. In Jefferson County, home-delivered programs, food banks, food pantries and the commodities program reported a rise in the request for food assistance since 2012. The sheer number of seniors is not the only reason for the increased need for food:

- Medicare benefits have decreased. Seniors are paying more for medical services and medications thus leaving less money for food.
- Some older adults no longer receive benefits from the Supplemental Nutrition Assistance Program (SNAP) or their benefits have decreased. Some older adults no longer qualify for benefits from the commodities program. A greater number of older adults on home-delivered meal programs need assistance with other meals.
- For many older adults, income has not risen, but rent has gone up leaving less income for food.
- Older adults who need hot meals or a specific diet through Project Angel Heart tend to be put on waiting lists.
- Older adults are more aware and concerned about their diet.
- Older adults in need of food assistance often do not take advantage of programs such as the SNAP program or congregate meal sites to assist them in their nutritional needs. Some of them feel that it is too much of a hassle to apply for SNAP and only receive \$15 a month, and for some it is pride that keeps them from asking for the services.

## Strengths and Assets

Jefferson County has a strong volunteer base committed to helping vulnerable older individuals, as well as three non-profit agencies providing meals to home-bound seniors.

Other strengths and assets include:

- Food Bank of the Rockies operates a mobile pantry truck to provide food assistance at six locations in Jefferson County on various days each month. Product is distributed to anyone seeking extra food assistance with no application required.
- Town of Littleton Cares (TLC) Meals on Wheels delivers extra food to their participants who are having difficulty in obtaining food for other meals.
- The Volunteers of America (VOA) Meals on Wheels also deliver extra food. VOA operates four congregate dining centers in Jefferson County (Arvada, Golden, Lakewood and Wheat Ridge). Anyone 60 years of age or older can participate, receiving nutritious meals, access to community resources and positive social interaction. In rural Jefferson County, the Seniors’ Resource Center’s (SRC) Evergreen location distributes VOA’s Market Meals and commodities.
- There are two large food pantries in Jefferson County, one located in Lakewood and the other in Arvada.
- Food banks, pantries and the commodities program have been providing more educational information for their participants, as well as recipes using the items they are taking home. There has been more fresh produce, dairy products and meat available for the participants.
- Arvada Community Food Bank provides food through a commodities program for seniors and a program known as Client Choice, which allows qualifying families and individuals to receive food based on household size. Clients are allowed to select their food, an arrangement that has served as a business model emulated by food banks across the state. This program is more user-friendly, being more sensitive to the clients by lessening the institutional feel and reducing waste. The more common model of clients receiving pre-assembled boxes of food can be wasteful if they receive food they do not like. The Arvada Food Bank also has a mobile pantry available in some areas so that food is easier to receive.
- Many churches throughout the county offer small food pantries and/or congregate meals.

## Gaps

Although food pantries and food banks have forged new partnerships to offer clients fresh produce, dairy products and fresh meats, more food is needed. The cost of these items limits the amount that is available. Other areas for improvement include:

- Funding for food programs has not increased. The commodities program assists 8,600 seniors in the metro area but their funding was cut in 2014. They now have a waiting list of 576 people.
  - Due to the increased need, agencies providing nutritional assistance need to collaborate to find ways to meet the needs, reduce waiting lists and plan for the future needs of a growing population.
  - Foods donated to food banks are often high in salt and carbohydrates. Educating the general community regarding the appropriate types of food for food banks and food pantries is necessary.
  - Transportation to stores, dining centers and food banks or food pantries is insufficient.
  - A program for seniors who only need help in getting their groceries is needed.
- The dining center in Golden is struggling with attendance and the sites in Golden and Arvada are only open one day a week. A survey needs to be conducted in the area to determine the interest of residents to attend a congregate dining center, why they do not attend, and what they would like to see in a congregate dining facility.
  - There are no congregate dining sites or food service facilities south of Alameda Avenue in Jefferson County. Nutrition services between C-470 and the foothills and the mountain canyons are limited. Although there are not many older adults needing meal delivery services in those areas, when a resident does need services, it is a challenge to get the meals delivered. ♦



# Legal Assistance

## Trends

One notable trend in legal assistance is that while the availability of resources for legal services continues to decline, the need for and complexity of legal services continues to rise. It is estimated that legal services will need to be expanded to meet the needs of the aging baby boomer generation.

Another notable trend is an increase in the financial exploitation of older adults. Financial exploitation is the illegal or improper use of another person's funds or property for one's own profit or advantage. The most common form of financial exploitation is the misuse or abuse of a financial power of attorney. Every area of the State of Colorado has reported an increase in the frequency of this form of elder abuse. This matter needs to be addressed both civilly and criminally. Recent changes in Colorado law governing financial powers of attorney have provided clearer guidelines for the principal and the agent as well as enabling certain people to petition a court to review the conduct of an agent. Advance Directives include Medical Durable Powers of Attorney and Financial Powers of Attorney as well as Living Wills and Cardiopulmonary Resuscitation Directives. These documents will become increasingly important planning tools for seniors, but the increasing complexity of these issues may require the assistance of an experienced elder law or probate attorney.

The most common legal needs for seniors include:

- Debt collection.
- Garnishment of exempt income and bank overdraft fees.
- Housing issues such as foreclosures and evictions.
- Unemployment benefits and age discrimination.
- Financial exploitation such as misuse of power of attorney and representative payee positions.
- Guardianships and conservatorships.
- Delays, denials and terminations of public benefits.
- Advance directives.
- Wills and estates.

Combating financial abuse of at-risk elders (age 70 or older) has been addressed by recent changes in Colorado law in 2014 that requires mandatory reporting of elder abuse, financial exploitation and neglect. Financial exploitation of seniors is now a criminal offense. The Jefferson County District Attorney's Office has added a special Economic Crimes Unit to investigate these matters.

## Strengths and Assets

There are two legal resources currently available for seniors in Jefferson County to respond to civil legal matters: (1) Colorado Legal Services (CLS), and (2) the First Judicial District Bar Association Legal Assistance Program. Colorado Legal Services formerly had two offices in Jefferson County, one in downtown Golden, and one located at the Seniors' Resource Center in Wheat Ridge. Both of those offices were closed in the 1980s, due to budget cuts. As a result, all services for Jefferson County seniors are provided through the main Colorado Legal Services office in downtown Denver, which serves seniors in eight counties, including Jefferson. Colorado Legal Services represents seniors with a variety of civil legal matters and refers some cases to pro-bono attorneys through the Metropolitan Volunteer Lawyers and the Student Law Office at the University of Denver.

The First Judicial District Bar Association Legal Assistance Program serves seniors in Jefferson and Gilpin Counties and provides free and low-cost legal information, advice and representation through a 13-attorney referral panel and some pro-bono attorneys. The First Judicial District Bar Association receives referrals from service providers and referrals are screened on the telephone.

Despite extremely limited resources, the two programs mentioned above provided countless hours of quality legal assistance and representation to seniors in Jefferson County. Without the infusion of additional financial support for these programs, however, the county's ability to build upon this program in the future will be significantly compromised. In 2014, the Jefferson County Courthouse began offering free legal clinics, with some directed at the special needs of older adults. Individuals wishing to meet with an elder attorney at no cost may do so on two Fridays a month. There is also a Self-Help Desk at the courthouse to assist with court forms and responses to general questions. This workgroup revised an informational flyer regarding the free legal clinics in Jefferson County so it was more user-friendly for seniors with larger font.

Once a year, there is a Senior Law Day held in Jefferson County with educational programs and an opportunity for a free 15-minute consultation with an elder law attorney.

## Gaps

The largest gap in legal services identified in Jefferson County is the waiting list for services at both Colorado Legal Services and the First Judicial District Bar Association Legal Assistance Program. Although Colorado Legal Services periodically has a moratorium

on new cases due to the demand for services, both programs indicate that they attempt to respond to calls for assistance as soon as possible. Also, when the Older Americans Act Title III funds run out, intake is usually closed. Without an increase in financial resources of at least 10%, more seniors will be without legal assistance. ♦

# Public Safety

## Trends

For the purposes of this report, Public Safety includes crimes against at-risk adults as well as emergency preparedness and response.

The District Attorney's Office reports an increase of crimes against at-risk adults from 5 cases in 1991 to 93 cases in 2013. Working with seniors requires an expertise in being able to recognize unique issues such as capacity, which is an older adult's ability to continue to make legal decisions for themselves, the unwillingness to report crimes (particularly when the older adult suspects that a family member is involved in financially exploiting them), a fear of losing independence due to a change in one's life situation, and a hesitation to interact with law enforcement before a relationship with a Senior Resource Officer has been established.

Jefferson County has also seen an increase in the number of emergencies and disasters, such as fires, floods, and severe weather, which have required community members to either quickly evacuate or to shelter in their homes. During the response to these events, Jefferson County residents have been separated from their support systems, have lost resources, and have had interruptions in critical services. The need to prepare for disasters is crucial, especially for those community members who live in a higher risk area for these types of natural disasters, or who may have more difficulty responding to and recovering from an emergency event.

Other trends include:

- Long held acceptable practices by older adults have now become vulnerabilities. Older adults are trusting and consider a person's word to be a firm and honorable commitment. They believe that leaving the front door open is the sign of a good neighborhood, and that the telephone is a safe and secure device for doing business. Older adults are often embarrassed when they discover that they have become a victim of a scam, believing they should have known better, and may try to keep that information from family members.

- Many older adults, especially the retiring baby boomers are utilizing their computers to stay in touch with the world. Older adults are turning to online dating websites to seek companionship and long-term relationships. Many times, however, their knowledge of computers lags behind their interest in computers, increasing their vulnerability. Some older adults do not realize that using the computer allows anyone with the ability to prey upon them or steal their identity.
- The state of Crimes against Children twenty years ago has many parallels to Elder Abuse crimes today. There is a need for special provisions through the criminal justice and social welfare systems, such as the need for an increase in caseworkers in the Adult Protective Services system, to do welfare checks on older adults and follow up on reports of elder abuse.

## Strengths and Assets

Colorado was one of four states in the United States lacking a Mandatory Reporting of Elder Abuse Statute until 2013. Colorado Statute SB13-111 went into effect on July 1, 2014 and during the following two months, 129 reports of elder abuse were filed in the Jefferson County District Attorney's Office by law enforcement.

Fortunately, the cities of Arvada and Westminster have full-time Senior Liaison Officers. These officers provide vital assistance to their seniors by identifying resources and services required from law enforcement to meet the needs of the older population. The Lakewood Police Department's Senior Visitation Program, staffed by trained volunteers, is a community service for the growing number of elderly residents in Lakewood. The purpose of the program is to check the general welfare of senior individuals, to determine if needs exist and to make proper referrals and follow up if necessary. The District Attorney's Office has encouraged other law enforcement agencies in Jefferson County to designate an officer to handle older adult cases and most major law enforcement agencies have complied.

Jefferson County's District Attorney's Office has committed a full time director to the Communities Against Senior Exploitation (CASE) program. Approximately 900 crime prevention presentations have been provided to date at retirement communities, faith-based senior groups, veterans' groups, and retirement groups. Should a call, visit, e-mail or solicitation occur that raises a question or concern from a senior, a Fraud Hotline is available for seniors. This hotline is located within the District Attorney's Office and is staffed 24 hours a day. At this writing, the hotline has received 60-100 calls each month.

The Jefferson County District Attorney's Office became the first District Attorney's Office in the State of Colorado to start a dedicated Elder Abuse Crimes Unit. This unit has a Senior Chief Deputy District Attorney who provides oversight, a dedicated Elder Abuse prosecutor who only prosecutes elder abuse crimes, a dedicated elder abuse investigator, a half-time elder abuse Victim Witness Specialist, and a half-time Forensic Financial Investigative Specialist. This unit is plowing new ground and providing new models for other District Attorney's Offices in prosecuting crimes against older adults.

In 2007, a Jefferson County TRIAD group, consisting of representation from the criminal justice system, seniors, and senior-service providers, was formed to promote senior safety. Monthly meetings create a forum for representatives to discuss safety issues and receive safety training relevant to seniors. TRIAD's 911 Cell Phone program has provided 1,600 emergency use cell phones to seniors at no charge.

Jefferson County is working to evaluate and develop strategies that include emergency preparedness for seniors. Emergency preparedness and response includes the resources of emergency management, public health, emergency response teams, law enforcement, and community members. Essential elements of emergency preparedness include how to plan for emergencies and disasters, how to receive and provide critical information during a crisis, how to evacuate and interpret evacuation notifications, and how to locate safe shelter during an emergency.

Both Jefferson County Public Health (JCPH) and the Jefferson County Office of Emergency Management provide emergency preparedness and response resources on their websites and links for people with unique planning considerations, including seniors and people with disabilities. They also distribute information and resources regarding emergency preparedness and response through health and safety fairs, community events and direct distribution. (See Appendix B for websites).

Jefferson County Public Health continues to work with the aging community to prepare for emergencies, including supporting a project of this workgroup which involved the distribution of emergency supplies and information to a group of at-risk and older community members in the county. Jefferson County Public Health also hosts the Foothills Healthcare Coalition which provides information and collaboration opportunities for healthcare providers and facilities in Jefferson County, including hospitals, long term care, nursing, and home health agencies.

In an emergency, quick access to critical information such as address, medical conditions, disabilities, allergies, or medications can save lives. Smart911 is a free service in Jefferson County which delivers this information automatically to dispatchers, enabling responders to be more successful with access to critical health and logistical information before arriving at the scene of an emergency.

The Jefferson County Sheriff's Department has established the Ready, Set, Go! Initiative to provide guidance to community members regarding evacuation during emergencies. This initiative outlines three preparedness and response levels: Level 1: Be Ready; Level 2: Leave Soon; and Level 3: Leave Immediately. These evacuation levels provide guidelines for community members during emergency evacuation.

In Jefferson County, the CodeRED emergency notification system enables the Jefferson County Sheriff's emergency response system to call citizens to warn them of danger. The system can simultaneously call, text, or email multiple phones, including those for the hearing impaired, within a designated area to deliver warnings and critical safety instructions. (See Appendix B for information on registering for CodeRED).

Jefferson County partners with the Mile High Red Cross for emergency sheltering. Red Cross shelters provide resources for community members to access information and supplies, receive first aid, shelter in a safe location, and register with the Red Cross Safe and Well system for locating family members.



## Gaps

Public Safety officials recognize the need for additional Senior Liaison Officers within communities. However, funding is typically not available for these positions, and they are often the first positions cut in budget crises because they are perceived as non-essential. Many more caseworkers are needed for Adult Protective Services to keep up with the need for welfare checks on seniors and to handle the cases that already exist. Finally, the case load of the Elder Abuse prosecutor, in the District Attorney's Elder Abuse Unit, already far exceeds that of other District Court prosecutors. An additional Elder Abuse prosecutor is needed.

There is a need for additional information and resources for seniors to prepare for, respond to, and recover from emergencies and disasters. Some seniors may have a limited understanding of the risks and hazards in their area or have a false sense of security that first responders will be able to adequately assist them. Helping those with disabilities related to mobility, vision, hearing, or other needs, can make planning and response activities more challenging. ◆

# Financial Assistance

## Trends

About 4.7% of those 65 and over in Jefferson County are living in poverty. Some 18.5% are at or below 200% of the poverty guidelines. Those over the age of 85 represent the fastest growing segment of the population. On average, baby boomers spend approximately \$1,456 in out of pocket medical expenses each year. Health care costs account for 10% of household budgets for those 50-64 and 20% for those over the age of 85. Nearly one-third of baby boomers have less than \$25,000 in savings. Other past and future trends related to financial assistance are:

- An increase in the cost of living.
- A lack of financial resources for housing, food, legal services, clothing, transportation, and physical and mental health care.
- The stigma attached to low-income seniors and seniors who are no longer working.
- The higher value placed on productive individuals.
- Diminishing government funds and the national debt threaten solvency of public benefits.
- Seniors' stoicism and the modesty of their demands.
- The Internet as a tool for economic empowerment and more seniors accessing on-line applications for human services programs.
- An increase in assistance needed by the family caregivers of elderly persons.
- An increase in incidents of financial exploitation of seniors by caregivers and family members.
- Seniors remaining active in the workforce to meet their economic needs.
- The growing need for affordable services for seniors.

## Strengths and Assets

Jefferson County has a strong base of non-profit organizations, government agencies, and faith-based groups who are passionate about assisting seniors. Jefferson County Human Services has a designated office for seniors. They also have the Single Entry Point (SEP) unit in close proximity to the financial eligibility unit, which fosters a more cooperative and collaborative partnership when providing services to clients.

In 2011, the state launched the Colorado Program Eligibility and Application Kit (PEAK) Phase II. The PEAK website offers online services for Coloradans to check eligibility and apply for assistance programs such as Medicaid and the Supplemental Nutrition Assistance Program (SNAP).

In late 2012, the National Council on Aging began a pilot project supported by The Atlantic Philanthropies in three geographic areas of the country, one of which was Colorado. In 2013, the Colorado Coalition for Senior Economic Security was formed, covering the metro Denver area including Jefferson County. This group has over 120 partner agencies that serve the senior population. They are looking at barriers seniors face when accessing benefits including language, outreach messaging and cumbersome regulations and policies that stand in the way of seniors accessing and maintaining benefits.

In 2013, Governor Hickenlooper signed SB127 to increase the Older Coloradans Cash Fund from \$8 million to \$10 million statewide. Coupled with a 2012 statewide allocation of \$2 million from the General Fund for senior services, Colorado had an extra \$4 million available in 2014 for home-delivered meals, transportation, homemaking and chores, and dental, vision, and hearing treatments.

Seniors who receive items through SNAP are unable to purchase things such as toilet paper, paper towels, adult diapers, etc. This workgroup surveyed a low-income apartment complex in Lakewood and asked residents what items they would like to receive if those items were available at no cost. One of the items that the workgroup did not foresee on the list was greeting cards. Seniors reported that buying greeting cards for birthdays, graduations, etc. was expensive. One of the workgroup members sought out a person who was getting rid of thousands of greeting cards. This workgroup distributed the cards to very grateful residents in the low-income apartment complex.



## Gaps

Following are the identified gaps related to financial assistance:

- Lack of funding available that supports senior programs.
- An increasing number of individuals who are isolated or unaware of available programs including veteran benefits, veteran medical programs, and other VA services.
- The isolation of the elderly because families are less cohesive and not providing help.
- Lack of community awareness of the needs and concerns of seniors.
- The need for more appropriate referrals and coordination of services.
- Lack of awareness of financial assistance by populations such as the homeless.
- The need for interpreters for individuals who do not have English language skills.
- The limited number of trained staff members who assist clients in the community who are unable to come to the main Human Services office.
- The need for an increase in the number of physicians accepting Medicaid and Medicare.
- Limited services available to seniors in the area of dental, vision and hearing aid benefits. ♦

## Conclusions and Recommendations

As is evident from the above report, meeting the basic needs of older adults in Jefferson County will continue to be a challenge due in part to limited funding and the increasing number of older adults needing assistance in the coming years. Fortunately, the existing resources and assets within Jefferson County provide a substantial base on which to build.

Collaboration of interested parties and among agencies in the following areas is needed to provide Basic Needs to Jefferson County seniors:

- Research best practices from other geographic areas on how they organize and fund consistent and professional Information, Referral and Assistance Programs.
- Participate with DRCOG in continuing to develop the Network of Care website to provide metro wide information and assistance.
- Find ways to deliver Meals on Wheels and pantry boxes in a cost-effective manner.
- Form an association of interested individuals who specialize in information and referral, and care management and care navigation, for consistency and timeliness of resources and general support for staff.
- Develop a comprehensive care plan and a complete nutrition program that includes nutrition counseling and education, healthy aging programs for both congregate meal clients and homebound clients, as well as nutritional education and counseling for family members.
- Develop collaborations with faith based and school programs for grocery shopping services for the elderly.
- Continue to use websites, attend national conferences, and talk with other nutrition providers to explore possible solutions for services needed in the county.
- Find more funding for legal assistance for Colorado Legal Services and the First Judicial District Bar Association Legal Assistance Program.
- Develop Senior Liaison Officers in all local law enforcement agencies in Jefferson County.
- Hire more employees for the Department of Human Services and other agencies that serve seniors.
- Create more care navigator positions to assist seniors in completing applications.
- Create community awareness programs about available services for seniors.
- Establish more off-site locations such as libraries, senior centers and grocery stores that provide information for senior services and other public assistance. ♦

# Appendices

## Appendix A: Terms and Definitions Used in Report

### Adult Day Services

An adult day care center, also commonly known as adult day services, is a non-residential facility that supports the health, nutritional, social support, and daily living needs of adults in professionally staffed, group settings.

### Advance Directives

Any directive, either oral or in writing, made in advance of losing decisional capacity by an individual regarding his or her health care treatment wishes. Written advance directives may include living wills, health care treatment directives, durable powers of attorney for health care and/or cardiopulmonary resuscitation directives.

### Agent

See Power of Attorney

### At-Risk Adult

Defined in Colorado Statute as “an individual eighteen years of age or older who is susceptible to mistreatment or self-neglect because the individual is unable to perform or obtain services necessary for the individual’s health, safety, or welfare or lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the individual’s person or affairs.” Adults who might meet the definition of an at-risk adult include adults in unsafe situations who have developmental disabilities, acquired brain injuries, major mental illnesses, or neurological or cognitive deficits. Older adults who are frail and unable to perform typical activities of daily living and who are in unsafe situations may also meet the definition of an at-risk adult.

### Cardiopulmonary Resuscitation Directives

A CPR (Cardio Pulmonary Resuscitation) Directive allows you, your agent, guardian, or proxy to refuse resuscitation. CPR is an attempt to revive someone whose heart and/or breathing has stopped by using special drugs and/or machines or firmly pressing the chest.

### Care Management

Care managers work with older adults, people with disabilities and their supporters to achieve the goals determined by the individuals. Care managers conduct in-depth assessments, develop care plans and recommendations, coordinate services, act as liaisons to health care providers and insurers, and continuously monitor services to ensure that the individual’s goals are met. They are knowledgeable about the wide array of resources available. In addition, care managers work closely with family caregivers to identify other community supports such as adult day centers, homemaker services and more, to provide respite, reduce stress, and help to make the caregiving process as positive as possible.

### Civil Action

The law that applies to private rights as opposed to the law that applies to criminal matters. Legal action brought to enforce, redress or protect private rights. All proceedings except criminal proceedings.

### Commodities

Agricultural food distributed to eligible entities and individuals through the Nutrition Services Incentive Program and the Food Assistance Programs of the Colorado Department of Human Services. In Jefferson County, this program is managed by Food Bank of the Rockies.

### Congregate Dining Center

The provision of a meal that meets 1/3 of daily nutrient requirements for someone aged 60 or over or at a nutrition site, senior center or some other congregate setting.

### Conservator

A person appointed by a court to administer the property of another person who is determined by a court to be “in need of protection” because he or she is unable to manage his or her own property and business affairs and is unable to effectively receive or evaluate information or both or to make or communicate decisions, even with the use of appropriate and reasonably available technical assistance and is in danger of having his or her property being wasted or dissipated unless management is provided.

### Conservatorship Proceeding

This is a judicial proceeding in which an order for the appointment of a Conservator is sought or has been issued.

### Criminal Action

A legal action brought by the state against an individual or group of individuals for violating state criminal laws.

### Elder Abuse

The physical, sexual, or emotional abuse of an elderly person, usually one who is disabled or frail.

**Elder Attorney**

An attorney who practices elder law.

**Elder Law**

A legal term coined to cover an area of legal practice that places an emphasis on those issues that affect the aging population.

**Emergency Preparedness**

The creation of plans through which communities reduce vulnerability to hazards and cope with disasters.

**Estate**

One's property, both real and personal, vested and contingent, especially as disposed of in a will.

**Financial Assistance**

Programs that help persons secure help with their finances. Examples include counseling on financial management, prescription drug programs, Social Security benefits, food stamps, energy assistance, and more.

**Financial Exploitation**

While the definition of financial exploitation varies among the states, the one most commonly cited is illegal or improper use of an elder's or incapacitated adult's resources for profit or gain.

**Financial Power of Attorney**

A financial power of attorney is a document whereby one person ("principal") authorizes another individual or entity ("agent") to act on his or her behalf in financial affairs. (See Power of Attorney).

**Food Assistance**

Meals or food items that are available for pick up or distribution to seniors who are experiencing high food insecurities which may be related to financial needs or lack of food resources. The resources for these meals or food items may include, but are not limited to, Meals on Wheels, Congregate Dining Centers, food banks or food pantries.

**Food Banks**

A central point of collection where donors can drop off food and other goods. Food banks then redistribute these products to smaller agencies that service clients directly.

**Food Pantry**

A public or private non-profit organization that distributes food to low-income and unemployed households to relieve situations of emergency and distress. These foods not only include food from USDA, but also food that has been donated.

**Guardian**

A person appointed by a court to make decisions on behalf of another person who is determined by a court to be "incapacitated" and unable to effectively receive or evaluate information or both or make or communicate decisions to such an extent that the incapacitated person lacks the ability to satisfy essential requirements for his or her physical health, safety, or self-care, even with appropriate and reasonably available technological assistance.

**Guardianship Proceeding**

A judicial proceeding in which an order for the appointment of a Guardian is sought or has been issued. (See Guardian).

**Home and Community Based Services**

Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community. These programs serve a variety of targeted populations, such as people with mental illnesses, intellectual or developmental disabilities, and/or physical disabilities.

**Information and Referral/Assistance Services (I&R/A)**

Provision of assistance and linkages to available services and resources.

**Legal Advice**

An informed opinion provided by an attorney or other person acting under the supervision of an attorney that suggests possible courses of legal action that may be taken to remedy an identified legal problem or clarification of rights under the law.

**Legal Assistance**

Includes legal advice, counseling, and representation provided by an attorney or other person acting under the supervision of an attorney.

**Legal Representation**

A level of direct legal assistance provided by an attorney or other person acting under the supervision of an attorney to a client that surpasses advice and referral provided to achieve a solution to a legal problem; it encompasses research, negotiation, preparation of legal documents, correspondence, appearance at administrative hearings or in courts of law, and legal appeals.

**Legal Services**

The provision of legal assistance, counseling and/or representation provided to clients by an attorney or other person acting under the supervision of an attorney.

**Living Wills**

Advance health care directives, also known as living wills, advance directives, or advance decisions, are instructions given by individuals specifying what actions should be taken for their health in the event that they are no longer able to make decisions due to illness or incapacity.

**Market Meals**

A box of 10 frozen meals and a basket with fresh fruits and vegetables, milk, cereal, loaf of bread and non-perishable foods received monthly. The program is designed to be a more efficient and cost-effective method of delivering food to homebound seniors who are able to prepare some foods.

**Medicaid**

The United States health program for eligible U.S. citizens and resident aliens, including low-income adults and their children, and people with certain disabilities. All 50 states have different versions of a Medicaid program.

**Medical Durable Power of Attorney**

A legal document that allows an individual to appoint someone else to make medical or health care decisions, in the event the individual becomes unable to make and/or communicate such decisions personally. A document that gives another person legal authority to act on one's behalf. (See Power of Attorney).

**Medicare**

A social insurance program administered by the United States government, providing health insurance coverage to people who are aged 65 and over, or who meet other special criteria. Medicare operates as a single-payer health care system.

**Neglect**

Elder neglect, failure to fulfill a caretaking obligation can be intentional or unintentional, based on factors such as ignorance or denial that an elderly person needs as much care as he or she does.

**Pantry Box**

A collection of donated, shelf stable foods that is assembled by Volunteers of America and distributed to Meals on Wheels clients who need help with additional food.

**Power of Attorney**

A legal document by which one person (called the "principal") authorizes another person (called the "agent") to make decisions for him or her, in the event of future incapacity. These decisions may be about legal or business matters (a financial power of attorney) or about care and treatment matters (a medical power of attorney). Both types of powers of attorney may be called "durable." This means that the power of attorney is not terminated by the incapacity of the person granting that authority to another.

**Principal**

See Power of Attorney

**Probate Attorney**

An attorney who assists in the legal process of administering the estate of a deceased person, resolving all claims and distributing the deceased person's property under a will.

**Public Safety**

Involves the prevention of and protection from events that could endanger the safety of the general public from significant danger, injury/harm, or damage, such as crimes or disasters (natural or man-made).

**Single Entry Point**

A system that enables consumers to access long term and supportive services through one agency or organization. These organizations manage access to one or more funding sources and perform a range of activities that may include information and assistance, preliminary screening or triage, nursing facility preadmission screening, assessment of functional capacity and service needs, eligibility determination, care planning, service authorization, and reassessment.

**Will**

A legal declaration by which a person, the testator, names one or more persons to manage his or her estate and provides for the distribution of his or her property at death.

## APPENDIX B: Websites Offering Emergency Management Services

Jefferson County Public Health, <http://jeffco.us/public-health> Office of Emergency Management, <http://jeffco.us/sheriff/emergencies/emergency-management>

The Jefferson County Office of Emergency Management includes information regarding emergency planning for people with disabilities in their Emergency Preparedness Guide. The guide can be downloaded at <http://jeffco.us/sheriff/documents/emergencies-documents/emergency-preparedness-guide/>

Jefferson County Public Health hosts the Foothills Healthcare Coalition ([www.foothillshealthcarecoalition.com](http://www.foothillshealthcarecoalition.com)) which provides information and collaboration opportunities for healthcare providers and facilities in Jefferson County, including hospitals, long term care, nursing, and home health agencies.

To register for CodeRed visit:

<http://jeffco.us/sheriff/emergencies/code-red/> ◆

# Strategic Plan: 2015-2020

## GOAL 1 – Long Term Care Facilities in Jefferson County will have Strong Emergency Preparedness and Response Capacity

### OBJECTIVE 1 - Provide emergency preparedness information and resources to assisted living, nursing home, and home health agencies in Jefferson County

Strategies	Key Outcomes	Target Completion Date
1. Provide emergency preparedness and response resources to the staff and residents in assisted living, nursing home, and home health agencies in Jefferson County	Increased emergency preparedness, response, and recovery capacity for the staff and residents in long-term care agencies	May 2016 and Ongoing
2. Provide Emergency Operations Plan resources and templates to assisted living, nursing home, and home health agencies in Jefferson County	More effective Emergency Operations Plan development in long-term care agencies	September 2016 and Ongoing
3. Provide individual and family preparedness resources and templates to the staff and residents in assisted living, nursing home, and home health agencies in Jefferson County	Increased emergency response capacity for both individual community members, as well as the staff of long term care agencies, with a goal of reducing staff absenteeism in assisted living, nursing home, and home health agencies during emergencies and disasters	October 2016 and Ongoing
4. Collaborate with partner agencies to provide emergency preparedness and response information and training to assisted living, nursing home, and home health agencies in Jefferson County through health fairs, conferences, and community events	Increased emergency preparedness, response, and recovery capacity for the staff and residents in long-term care agencies	September 2015 and Ongoing

### OBJECTIVE 2 - Provide emergency preparedness information and resources to senior community members living independently in Jefferson County

Strategies	Key Outcomes	Target Completion Date
1. Through agencies and programs serving these populations, distribute emergency preparedness and response resources to senior community members living independently	Increased emergency response and recovery capacity for senior community members in Jefferson County	June 2016 and Ongoing
2. Collaborate with partner agencies to provide emergency preparedness and response information and training to senior community members living independently in Jefferson County through health fairs, conferences, and community events	Increased emergency response and recovery capacity for senior community members in Jefferson County	September 2015 and Ongoing

## GOAL 2 - Older Adults in Jefferson County will have Adequate Nutritional Resources to Meet their Needs

### OBJECTIVE 1 - Increase participation throughout the county in the congregate nutrition program

Strategies	Key Outcomes	Target Completion Date
1. Explore successful models in other markets	Newer models are explored to determine if they would be more attractive options	December 2016
2. Distribute the Congregate Dining Center flyers from Volunteers of America (VOA)	Awareness and participation increases	May 2016

### OBJECTIVE 2 - Increase the public's awareness of food assistance resources and unmet nutritional needs among older adults in the county

Strategies	Key Outcomes	Target Completion Date
1. Encourage all food resources to submit their information to the DRCOG Network of Care Website and the Hunger Free Hot Line	Relevant entities will be included on area websites for seniors and their caregivers to access	May 2016
2. Develop stories for publicity through the local media	There will be greater awareness amongst the general population of the need for food for seniors and the wait list for food resources will be 3 months or less	March 2016 and ongoing

### OBJECTIVE 3 - Organize and coordinate the distribution of fresh produce from community gardens to seniors throughout the county

Strategies	Key Outcomes	Target Completion Date
1. Contact municipalities, the faith community, and other non-profit organizations in the county to identify active garden sites	List of active garden sites will be developed	December 2016
2. Meet with potential partners to discuss and determine funding needs, if any, and communication and distribution venues of food to seniors	Partners agree upon and document parameters of project that includes distribution to seniors	June 2017

<b>OBJECTIVE 4 - Maintain advocacy efforts focused on increasing financial resources to accommodate the growing need for nutritional services</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Promote the annual VOA legislative lunches to inform representatives and senators about senior nutritional needs	Legislators understand strengths and gaps in senior nutrition resources	Ongoing
2. Participate w/ DRCOG Lobbyist and CO Senior Lobbyist in writing stories distributed to legislators at the state capitol	Four stories with pictures of Jefferson County Meals on Wheels participants presented to DRCOG and Colorado Senior Lobbyist each year to increase awareness	September 2016 and ongoing
3. Invite Mayors, State Representatives, the Governor, and the County Commissioners to deliver meals or serve in one of the congregate meal sites on National Mayor for Meals Day (last week in March)	Invitations sent and commitment to participate by 50% of elected officials in delivering meals or serving in dining center	January 2016 and ongoing
4. Establish an email campaign for governor and state, county and city officials regarding good nutrition, especially for seniors	Senior nutrition issues will continually be in front of elected officials serving the county and they will understand them when relevant policies/votes come up	June 2017 and ongoing

## **GOAL 3 – Older Adults will Receive Adequate Financial Resources to Meet their Basic Needs**

<b>OBJECTIVE 1 - Increase knowledge among organizations and targeted populations in the community about programs that are available</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Research resources (newspapers, local advertising) to help spread the message	The best venue to reach target population is identified	May 2016 and ongoing
2. Run ad in all local publications bi-monthly	The message is fresh in the eyes of target population	October 2015 and ongoing

<b>OBJECTIVE 2 - Increase access to application sites for financial assistance</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Continue to use current application sites: Human Services (2) and CAA (Certified Application Assistance)	Needed services are provided	May 2016
2. Increase number of CAA sites in populated areas	More areas where target population lives have access to sites	June 2016 and ongoing

<b>OBJECTIVE 3 - Form new partnerships in the community related to accessing financial assistance</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Contact and follow up with potential partners (mailings, phone calls and visits)	More partners in referral network will be established	Feb. 2016
2. Seek other partner agencies	A county-level interactive referral network that makes use of DRCOG's Network of Care is available	April 2016 and ongoing

<b>OBJECTIVE 4 - Identify additional funding sources for providing financial assistance to county residents</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Lobby for seed money to have a staff grant writer	Jefferson County Human Services staff on hand to do grant writing as needed	September 2016
2. Seek out grants and write proposals pertinent to financial/medical assistance that targets populations in need	A financial base to help fund mailings, staff to enter application data, fill out forms, etc. is in place	January 2017 and ongoing

## GOAL 4 - Jefferson County Residents will have Adequate Legal Resources to Meet the Basic Needs for Civil and Criminal Legal Services

### OBJECTIVE 1 - Secure increased funding for elder rights and elder justice programs for older adults in Jefferson County from national and local sources

Strategies	Key Outcomes	Target Completion Date
1. Research funding opportunities under The Elder Justice Act of 2009 (S.795) (signed into law on March 23, 2010)	Additional funding for collaborative efforts to address elder abuse and financial exploitation will be accessed	January 2018
2. Secure increased funding from federal, State of Colorado and local agencies for legal services for older adults in Jefferson County	Additional resources for the provision of legal services for older adults in Jefferson County will be obtained	September 2018
3. Investigate possibilities for securing increased funding from federal Older Americans Act programs	Additional resources for the provision of legal services for older adults in Jefferson County will be accessed	December 2018
4. Investigate possibilities for securing increased funding from local agencies	Additional legal services for older adults in Jefferson County will be provided and wait lists for legal services will be eliminated	June 2019

### OBJECTIVE 2 - Increase awareness of issues that have a legal component that affect older adults

Strategies	Key Outcomes	Target Completion Date
1. Initiate community education programs and seminars for older adults that highlight legal issues that affect them, such as financial exploitation, identity theft, end-of-life issues, financing long-term care and accessing public benefits	A better educated population of older adults in Jefferson County that is aware of its legal rights, remedies and responsibilities	June 2016 and ongoing
2. Promote Jefferson County Senior Law Day, including connecting interested individuals with the Steering Committee	Support for "Senior Law Day"	June 2016 and ongoing

### OBJECTIVE 3 - Provide adequate senior-specific services for those involved in the criminal justice system

Strategies	Key Outcomes	Target Completion Date
1. Maintain the accuracy of the Aging Well "Free Legal Clinics" publication	Increased awareness of legal resources available for low- or no-cost	Ongoing
2. Monitor the progress of the State Strategic Action Planning Group on Aging	Basic Needs workgroup will stay abreast of what is happening on the State level	January 2016 and ongoing
3. Research free legal services available to senior residents	People will be more knowledgeable of free legal services in the county	January 2017
4. Market the free legal services to seniors	Seniors will be more knowledgeable about free legal services	June 2017

# Ageing Well

2015  
In Jefferson  
County, Colorado

## Caregiving & Supportive Services



# Aging Well

In Jefferson County, Colorado

## Caregiving & Supportive Services

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Dave Rodgers, Jefferson County Human Services  
Susan Franklin, Project Manager of Aging Well, Jefferson County Human Services



*Presented by:*

**The Jefferson County Human Services Department**  
900 Jefferson County Parkway, Golden, Colorado 80401  
303-271-1388, <http://humanservices.jeffco.us>  
Lynn Johnson, Director  
2015

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# Introduction

By 2030 older adults will number 132 million nationally, a 70% jump from 2000, based on a study compiled by the Harvard Joint Center for Housing Studies and the AARP Foundation. The number of older adults in Jefferson County is doubling and Jefferson County continues to have the largest number of seniors in the state. People are living longer but as they age many need supportive services and care. Only with the availability of affordable supportive services for both care recipients and their caregivers, can age-friendly communities be developed and maintained. Services such as affordable housing options, education and support for caregivers, low-cost options for home maintenance and repairs, and community based services such as in-home care, adult day centers, and respite options add elements to the community that become increasingly important as the number of older people grows.

People are also living much longer with debilitating conditions due to improved medical care. However, they often need significant assistance as they age and their condition worsens. Individuals are likely to exhaust their financial reserves paying for these services. Otherwise, increased care needs must be met by family members or professional care providers either in their home or in a facility. In this case, care recipients and caregivers are thrust into a crisis situation: caregivers are unable to find the time for training; care recipients and caregivers experience high levels of physical and emotional stress; many caregivers are working full-time and also caring for their families; caregivers have difficulty navigating the fragmented systems of health and long-term care services.

Many caregivers do not self-identify as a caregiver. They see what they are doing as just a way to help someone else. They do not see the toll it takes on them personally and the need for training and support. The growth of partnerships between Jefferson County and the faith-based community demonstrates the dedication of county residents to assist with caregiving. These relationships have led to an increase in service and attention from volunteers in the community. Jefferson County also supports the vision for community-based long-term services that the federal Centers for Medicaid and Medicare Services (CMS) are urging states and providers to support. This system will create a sustainable, long-term support system that people with disabilities and chronic conditions can utilize. They will have choice, control and access to a full array of quality services that assure optimal outcomes, such as independence, health and quality of life. To achieve this, programs will be person-driven, inclusive, effective and accountable, sustainable and efficient, coordinated and transparent, and culturally competent.

This report has been prepared by the Caregiving & Supportive Services Workgroup and addresses Recipients of Care, Caregivers, Respite Care and Adult Day Centers and Technological Support. Trends, strengths and assets and gaps are provided for each topic area.

Terms and definitions and strategic plan for 2015-2020 follow this report. ◆

# Recipients of Care

## Trends

This section focuses on the recipient of care and addresses In-home Care, Aging in Place, Financial and Medical Resources and the concept of Person-Centeredness. Professional in-home care services include medical, non-medical, meal preparation, personal care and homemaker services.

Aging in place is the choice among seniors. A home- and community-based range of services for older adults is developing, so older persons can obtain assistance at home and avoid a nursing home. However, homes may no longer fit needs because much of the nation's housing stock lacks basic accessibility features such as no-step entries, extra-wide doorways, lever-style door and faucet handles. Some seniors do not have the funds to make these modifications to their homes though resources exist to address accessibility modifications, minor home repairs and weatherization. Brothers Redevelopment and other service agencies have moved into this market. Assistance is often available through the faith-based community who offer minor home maintenance and yard work, usually in the spring and fall.

Those who can age in place often want to continue driving their own cars especially in auto-dependent suburban and rural locations. They find that public and other alternate transportation is insufficient and not easily or affordably accessed. Thus there is more dependence on family, friends and others when driving one's own car is no longer an option.

Older people fear nursing homes and many do not realize that there are many different housing options across the country. As seniors discover different housing options, the need for nursing home beds may decline, enabling people to remain in their community. Many people with low incomes are enrolled in nursing home diversion programs like Medicaid's Home and Community Based Services (HCBS). Enrollment numbers in HCBS continue to grow in Jefferson County.

Fortunately, services are increasingly available for people with resources to pay for them and Medicaid recipients can often find services. However, people who have a low-income but don't qualify for Medicaid are often left without options. Many families lack financial resources to pay out of pocket for professional in-home care. Long-term care insurance is available for people who plan well ahead but it is increasingly challenging to get if a person has any medical conditions. Governmental budgets have been very tight in recent years which has



led to cuts to providers and reduced services for older people. However, as the budget outlook strengthens, lobbyists need to advocate for increased resource allocations for older people.

Person-centeredness is an emerging trend that affords older people, people with disabilities and/or chronic illness the opportunity to decide where and with whom they live, to have control over the services they receive and who provides the services, to work and earn money, and to include friends and supports to help them participate in community life. The concept encourages inclusion and supports people to live where they want to live with access to a full array of quality services and supports in the community. Person-centered terminology is evolving as care focuses increasingly on respect for each individual. With these changes, caregiving terminology is moving from speaking of "caregivers and care recipients," to referring to both as "care partners." Partnering implies that the recipient is an important part of the care team.

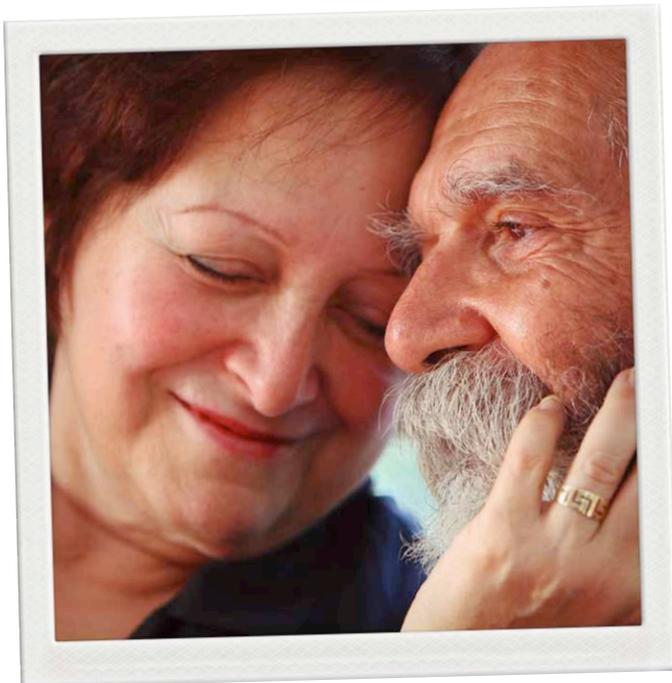
Coupled with person-centered principles are recognizing the needs of the Gay, Lesbian, Bisexual and Transgender, (GLBT) population, the Intellectual and Developmental Disabilities (I/DD) population, the Latino, Black and other cultural/ethnic groups, as well as the homeless population. The trend is not to treat everyone the same but to individualize services especially for those populations that may not fit into mainstream services and have not had individualized services in the past.

## Strengths and Assets

There are a number of resources for in-home care in Jefferson County including HCBS-Certified agencies that provide non-skilled personal care and homemaker services, private pay agencies for companionship and unskilled care, private agencies that provide both skilled and unskilled care, and private individuals who provide in-home care. Chore Services such as deep cleaning of one's home can be obtained through the Seniors' Resource Center (SRC) funded by a DRCOG grant.

Another assist is the Guardianship Alliance. The Guardianship Alliance tries to meet the need for volunteer guardians for older people who do not have family or friends to help them make decisions.

There are many services to help one age in place in Jefferson County and avoid nursing homes. Among them are: neighbors helping neighbors; neighborhood associations that have volunteers to help older neighbors in their communities; Columbine Community Village in south Jefferson County (villages are based on a model that creates a community of support and social interaction for older adults in their own homes); Jewish Family Services received a 3-year grant to establish a Naturally Occurring Retirement Community (NORC) in Wheat Ridge in 2013 (NORCs are similar to Villages in that they provide older people with resources, assistance and social interaction) modeled after their successful NORC in Edgewater; InnovAge's PACE (Program of All-Inclusive Care for the Elderly) model provides a comprehensive, Medicaid-funded option for people staying in their own home or that of a family member. It is an all-inclusive, coordinated senior care and support plan that includes



healthcare, in-home services and social opportunities through a day program. Seniors' Resource Center (SRC) is a non-profit well known in Jefferson County for providing in-home care, transportation, an adult day center and more. Lutheran Family Services and Catholic Charities are also available to help seniors age in place.

Colorado's State Legislature increased funding for senior services such as home care and transportation in 2013. The Veterans' Administration provides Aid and Attendance services to qualified veterans and their spouses and has opened a clinic in Jefferson County.

Another strength is that the person-centered concepts and language are slowly being introduced in various agencies and facilities. Programs such as the Latino Age Wave and Black Grandparent groups are starting to address issues facing persons of color and The Center in downtown Denver has a very active program for older GLBT persons.

## Gaps

The county needs more affordable in-home care (primarily homemakers) for people who do not meet functional and/or financial eligibility criteria for HCBS Medicaid programs, or people who are waiting for HCBS Medicaid to be processed. While this population is often served through Volunteers of America or Seniors' Resource Center, waitlists can be extensive and needs can be urgent. Even for non-urgent services such as SRC's Chore Services Program, wait lists are long. For those not eligible for HCBS, finding a caregiver can be difficult because there is no Jefferson County or state registry listing professional caregivers, their skills, and what they charge. Finally, agencies typically offer medical or non-medical services but not both. The difference between the two can often times be confusing and the tasks performed by each are very specific. Billing for services is difficult and the client is put in the middle; they may need something when one type of professional is present but not able to access it due to it not being the "right" type of professional. It is hoped that this system of care will be addressed and rectified so that older people can get the right service at the right time.

As much as older persons want to age in place, there are many obstacles, including:

- Families are often scattered geographically so assistance from family members is not always an option. Family caregivers are not always available or caregiving is not feasible due to work demands. Siblings, grandchildren, extended family members and neighbors are all being stretched and more individuals are turning to the private market, when they can.

- Care recipients should work from a checklist of issues to consider when hiring a caregiver. Background checks of both criminal and financial issues to reduce risks are critical. Financial exploitation is growing so a trend is to license all adults planning to work as professional, paid caregivers. Through Consumer Directed Attendant Services (CDASS), people can now hire their own caregivers but there is little to no oversight. Checks and balances are needed to prevent fraud and abuse. California and some other states require that professional caregivers be fingerprinted and have criminal background checks to be included on a registry of providers.
- There are fewer services in outlying areas such as the south part of the county and the foothills for care recipients. People living in these areas often need to travel further for services. Greater travel distances also require agencies to find and pay staff who are willing to travel to outlying areas.
- There is a lack of affordable housing. While a number of multi-unit, independent, affordable housing options have been developed, the waiting list for those units is hundreds long. Affordable housing options of all types are needed in Jefferson County.
- Consolidated advice is lacking for reputable, private-pay home maintenance and repair providers. A directory or links to directories that are known to list reputable service providers is needed. It could be available on DRCOG's Network of Care website and could be printed or orally communicated by anyone with access to the internet.
- There are waiting lists for yard work and grant funded in-home care (e.g. Older Americans Act Title III Programs provide funding for various services through non-profits). Duration of wait varies, but is typically several weeks or months.
- There are waitlists for Seniors' Resource Center's Handy Man Program, Rebuilding Together, and SunPower. The wait time varies, but home maintenance, repair and weatherization services are usually handled within a reasonable amount of time.
- Volunteer-based and sliding scale home maintenance services for snow removal, yard work, and tree limb removal are needed.
- Colorado does not have a "Ward of the State" statute to assist older people in need of a guardian. More volunteer guardians are needed to make decisions for those who can't make decisions for themselves and have no one to speak for them.
- There is an increased number of elder orphans who have outlived their natural supports and children. These older adults desire to remain in their communities, but have limited support systems and no informal care manager.
- There is a growing inequality and disparity of income in the United States and in Jefferson County. Most people over the age of 65 have Medicare and some have Medicaid, a program based on means. There is a lot of confusion regarding what each covers and how to navigate the system so that medical expenses are covered.
- Many organizations have not begun to implement person-centered concepts and language even though people needing care would certainly benefit. This includes bringing these concepts into the many cultural/ethnic populations that are not comfortable addressing issues outside their own cultural group. ♦

# Caregivers

## Trends

This section focuses on the caregiver and addresses Caregiver Issues, Workplace Issues, Care Management and Support and Counseling and Education for caregivers.

There are many issues facing caregivers, both family members and professionals, with the most significant being:

- Demographers anticipate a significant shortage of caregivers.
- Caregivers are rarely paid an adequate living wage with benefits so they can make a living from this type of work.
- Friends and neighbors continue to provide the majority of support to their loved ones, however they are rarely trained or insured. Family members are often called upon to provide caregiving but they lose income and the ability to adequately fund their own older years. According to AARP, family caregivers who leave the workforce to care for a parent lose, on average, nearly \$304,000 in wages and benefits over their lifetime. Family members can benefit from the Family Medical Leave Act but this is limited to a few months.

Caregivers also face serious issues related to the workplace, as follows:

- Individual caregivers struggle because of inadequate pay, lack of health insurance, and scheduling issues. A caregiver loses hours and income when their care partner cancels a scheduled visit. This presents prob-

lems for caregivers who are trying to use caregiving as their primary source of income.

- Quality caregivers often move into other professions due to the uncertainty of a steady salary. Agencies that employ caregivers continue to struggle to break even financially. Colorado's Medicaid System has begun to recognize this problem. Unless the public stands behind the need for greater funding, the ability to obtain quality caregivers will continue to be difficult.
- The workplace is increasingly impacted as more working people become caregivers. Adult children of elders find it challenging to find a work/caregiving balance. Caregivers seek employer support through education and the Family Medical Leave Act (FMLA) when they need to do what is best for both their loved ones and themselves.
- Employers are beginning to recognize the needs of their caregiving employees that did not occur decades ago. Some are beginning to provide support such as caregiving classes and time off to attend to the care of an elderly person.

There has been a slow but gradual increase in the public's awareness of care management as a service that helps individuals remain in the community longer. Care managers help assess, coordinate and provide crisis intervention to help families make decisions for the short- and long-term. It is a viable service for caregivers and care recipients; often times providing education and support to both. The number of care managers and agencies doing this type of work is increasing and resources are becoming better publicized. Systems will become better integrated and expenditures for care management will hopefully become more easily justifiable through insurance companies.

Support groups, counseling and education enable caregivers to recognize the need for self-care and stress management. Through these means, caregivers also benefit from the opportunity to meet with other caregivers to share their stories and exchange resources. These services help caregivers, who otherwise may feel overwhelmed by their caregiving responsibilities, take care of themselves and balance those tasks with other responsibilities in their lives. Based on the use of these services, emotional support is the most highly valued. Individual counseling from professionals may be of benefit to caregivers and recommendations can be found through insurance companies, care providers or an internet search of online directories (Psychology Today, Network Therapy, etc.).



## Strengths and Assets

Colorado's Elder Abuse law of July 1, 2014 helps to protect both care recipients and caregivers. The legislation increased funding to the county's Adult Protection Unit through the Jefferson County Department of Human Services. Care facilities, home care placement agencies and caregivers, whether in a paid or unpaid position, are required to report suspected abuse, neglect and exploitation of people over the age of 70.

Other strengths and assets regarding caregivers are:

- Paid caregivers hired by agencies now receive training, background checks, bonding, insurance, and other formal supports.
- About 200 Jefferson County employers were mailed information to increase their sensitivity to the needs of caregiving employees (Appendix B). Jefferson County employees have been surveyed on their needs for caregiver support and quarterly classes are underway on a variety of topics. The Caregiving and Supportive Services Workgroup developed a list of public speakers available to speak on a wide variety of topics and provided the list to employers and the community in general (Appendix C).
- FMLA continues to be a good option for short-term caregiving.
- Some diagnosis-specific caregiver support groups exist in Jefferson County. Other support groups for caregivers are located in the Denver metro area but transportation may be an issue for some. Organizations such as the Multiple Sclerosis Society and the Parkinson's and Alzheimer's Associations offer low/no cost programs for the caregiving public, including education, support groups, and counseling.
- Internet-based resources such as on-line support group discussions are available to caregivers.
- Care managers serve all of Jefferson County.

## Gaps

The following list of gaps addresses caregiver issues:

- Professional caregivers need to earn a living wage with benefits.
- Higher Medicaid reimbursements would help to expand the number of quality caregivers.
- Not all homecare companies provide care from skilled healthcare providers, such as nurses, certified nursing aides (CNAs), physical therapists, occupational therapists, speech therapists and social workers.
- More workplaces need to be sensitive to the needs of caregiving employees and provide them education, FMLA, and other supports so they can continue to be successful in the workforce.
- Affordable care management is needed to assist older people and caregivers with accessing and obtaining available resources in the community. This includes assistance with tasks such as making telephone calls, filling out applications and developing a natural support network.
- Education and awareness of care management services and how these services can benefit older adult families is lacking.
- There is a lack of non-diagnosis specific caregiver support groups and counseling. ♦

# Respite Care and Adult Day Centers

## Trends

Respite care and adult centers are two means of providing caregivers relief from the stress of managing the care of a loved one. Respite care gives caregivers a break either by having home care aides come into the home or by placing the care recipient in a long-term care setting for a short-term stay. Both ways of providing respite care are becoming more accepted and needed. An increasing number of adult children care for their parents, and since many of these adult children work and have families of their own, they have a significant need for affordable, accessible respite care. It is often difficult for families to locate and access respite care services.

Adult day programs provide socialization, assistance with personal care, and safety oversight for elders who have difficulty functioning alone. These types of services have evolved over the years and are becoming similar to the activities and requirements offered in childcare settings. Most adult day center programs have expanded their hours to accommodate working caregivers. There has been an increase in the number of day programs that serve a specific culture (e.g., Russian) or diagnostic population (e.g., developmentally disabled). Although the number of seniors has increased, the number of day center programs has not increased proportionately.

Funding sources for respite care and adult day centers will be a challenge in the future. If Medicaid funding is reduced, it is possible that some adult day programs will close. Medicaid funding usually does not cover the entire cost for a day of adult care. Adequate Medicaid reimbursement levels are a critical component of successful adult day center budgeting. The future availability and cost of assisted living residences and nursing homes also influences the use and need for adult day programs. If assisted living residential placements become less available to the private pay market, there likely will be an increase in the demand for adult day services. ♦

## Strengths and Assets

A Respite Coalition has developed in the Denver metro area that is based at Easter Seals and provides some funding to providers for respite.

There are numerous adult day programs listed on the Colorado Department of Public Health and Environment's website as certified to receive HCBS–EBD (Elderly, Blind and Disabled) funds through the Medicaid waiver program.

Several assisted care or nursing facilities currently provide respite care on a space available basis for Jefferson County residents.

## Gaps

There is a need for more affordable respite facilities and for other facilities to have designated beds for respite care. While many facilities offer respite, most of the time it is based on availability and many facilities would prefer a minimum length of stay that exceeds the duration of the actual need.

Allocations through the Older Americans Act and state funding support some seniors at day programs but dollar amounts are limited and connected to a funding cycle. These funds are allocated for certain calendar periods and require continual renewal periods.

There is a lack of education in regard to how both facility- and home-based respite can benefit family members.

There is inadequate availability of adult day centers in the southern end of the county and in the foothill areas.

Most programs of the Developmental Disabilities Resource Center (DDRC) are not open on Fridays, which presents a problem for working caregivers of adults with developmental disabilities.

# Technological Support

## Trends

As with many areas of life today, technology has been integrated into caregiving in beneficial ways to assist with the care of seniors. Technology has made it easier to access assistance through the internet. Personal emergency response systems, medication monitors, and wander protection (GPS) systems are available, reliable, and affordable. Interest is growing in Smart Homes with sensors to monitor activities. A Smart Home is a building, usually a new one, which is constructed with special structured wiring, equipment and devices to enable occupants to remotely control or program an array of automated home electronic devices by entering a command. They are living laboratories designed to test technologies that may then be moved out to individual or family homes, so that individuals with intellectual and developmental disabilities and seniors may remain in more independent and natural settings versus more costly and segregated settings.

Telehealth options are growing in rural areas especially where doctors are not readily available. Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

Reliance on the internet can cause issues for some of today's seniors who are not computer literate. For example, the recent transition by Social Security to online-only benefit applications requires some seniors to obtain assistance from friends or family members.

## Strengths and Assets

CenturyLink is introducing an Internet Basics Program with discounted high-speed internet service to eligible residents in the CenturyLink service area. Participants must meet the criteria for the federal Lifeline Affordable Telephone Service for low-income users. This will enable more low-income seniors to access the internet.

Telehealth brings more medical services to people in rural areas as well as information to all users.

Electronic monitoring companies serve all of Jefferson County and can provide caregivers with a sense of security that their loved one is safe.

## Gaps

Electronic access to information must continue to improve and seniors will either need to learn to use computers or have care partners do so. Seniors must also have others assist them especially when there is a technology glitch so that information is not shared with others and their personal information is protected. ♦

# Conclusions and Recommendations

During the 10-year period of 2003 to 2013 Colorado ranked third in having the highest percentage increase of their population over the age of 65. It therefore follows that there will be a continuing large increase in the need for Caregiving and Supportive Services throughout the state. Due to the fact that the general population is living longer, many Baby Boomers that are just coming into retirement are experiencing both their own aging needs as well as the needs of their aged parents.

Caregiving and Supportive Services is a dynamic subject. Because it does not only affect the person needing care, the workgroup evaluated several different topics that are affected by, or affect how the care is provided. Care can take place in many different places, from the aging person's home, to respite care locations, or skilled nursing facilities and many places in between. Providers may be family, neighbors, or outside agencies. Family caregivers and the care recipient often have concerns about their employer's understanding of a caregivers' need for time off. In reviewing the caregiving needs of the county, the benefits of planning versus crisis management are clear.

While there are clear gaps within our county for each of the topics assessed, Jefferson County has many programs and services or partners to provide the services to age in place and to support the care recipient and the caregiver. DRCOG's Network of Care, Jefferson Center for Mental Health, the Alzheimer's Association, Seniors' Resource Center, Jefferson County Human Services, Care Management Providers, Faith Communities, the Institute on Aging, AARP, and facilities like Jefferson County libraries and city-based senior centers are resources that help those over 60 years of age stay engaged.

This workgroup continues to advocate, support and promote the services available in Jefferson County and nearby areas. Providing education, training, and tools to recipients of care and caregivers is key to optimizing the care of the county's elderly.

The workgroup's goals for the upcoming years relate to educating the public and providing links to tools that can support the increasing need for Caregiving and Supportive Services. ♦



# Appendices

## Appendix A: Terms and Definitions Used in Report

### Adult Day Centers

Adult day centers provide an opportunity for the family caregiver to have a place where their loved one can go while the caregiver is working or taking a break to run errands or get some rest. Participants in the adult day center program may be seniors or adults with disabilities who cannot stay home alone. The programs are usually open Monday-Friday and offer a wide variety of activities which provide social and physical stimulation. The programs usually offer breakfast, lunch and an afternoon snack. Funding sources include private payment, VA benefits, Community Centered Boards, Medicaid through the HCBS waiver, and scholarships. Programs accepting Medicaid are surveyed by the State Health Department on an annual basis.

### Affordable Housing

Used in this report to mean for low to moderate income residents but not necessarily financed by government loans. Can involve a variety of funding sources including tax credits.

### Age-Friendly Communities

An age-friendly community is a community where the policies, services and structures related to the physical and social environment are designed to help seniors “age actively.” In other words, the community is set up to help seniors live safely, enjoy good health and stay involved.

### Aging in Place

Living where you have lived for years, not typically in a health care environment or nursing home, using products, services and conveniences which allow you to remain living at home as your circumstances change. You continue to live in the home of your choice safely and independently as you get older.

### Aid and Attendance

The VA’s Aid and Attendance Pension provides benefits for veterans and surviving spouses who require the regular attendance of another person to assist in eating, bathing, dressing and undressing or taking care of the needs of nature. It also includes care for individuals who are blind or a patient in a nursing home because of mental or physical incapacity. Assisted care in an assisting living facility also qualifies.

### Assisted Living Facility

Assisted Living Facilities are designed for seniors who are no longer able to live on their own safely but do not require the high level of care provided in a nursing home. Assistance with medications, activities of daily living, meals and housekeeping are routinely provided. Staff is available 24 hours per day for additional safety. Social activities and scheduled transportation are also available in most communities.

### Care Facilities

In most western countries, elderly care facilities are residential family care homes, assisted living facilities, nursing homes, and Continuing Care Retirement Communities (CCRCs).

### Care Management/ Case Manager/Care Navigator

Care management can be accomplished on an intensive, broad, or less intensive, specific basis. A professional assists an individual with issues such as, but not limited to: referral and information, filling out forms/applications, advocacy, counseling, and education. Someone who provides care management is a care manager, also referred to as a care navigator or case manager with some variations as to exact responsibilities.

### Caregiving

The act of providing care, either medical or non-medically based.

### Community Centered Boards (CCBs)

Private, non-profit organizations designated in Colorado statute as the single entry point into the long-term service and support system for persons with developmental disabilities (DD) in a county or region. CCBs are responsible for intake, eligibility determination, service plan development, arrangement for services, delivery of services (either directly and/or through purchase), and monitoring.

### Consumer Directed Attendant Support Services (CDASS)

CDASS allows Medicaid clients and families to direct and manage the long-term care services and supports they need to live at home. The client or family directs and manages the attendants who provide personal care, homemaker and health maintenance services, rather than working through an agency. Through CDASS the client and family are empowered to hire, train and manage attendants of their choice to best fit their unique needs. CDASS is available in the following Home and Community Based (HCBS) waivers: Elderly, Blind and Disabled (EBD), Community Mental Health Supports (CMHS), and Spinal Cord Injury (SCI).

### **Cultural Competency**

Culture involves a number of elements, including personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to ethnic, racial, religious, geographic, or social groups. For the provider of health information or health care, these elements influence beliefs and belief systems surrounding health, healing, wellness, illness, disease, and delivery of health services. The concept of cultural competency has a positive effect on patient care delivery by enabling providers to deliver services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients.

### **Developmental Disabilities Resource Center (DDRC)**

Developmental Disabilities Resource Center is the Community Centered Board for Jefferson County, Colorado.

### **Denver Regional Council of Governments (DRCOG)**

Denver Regional Council of Governments is the Area Agency on Aging receiving federal and state funding to be dispersed to help meet the needs of seniors. These funds are distributed to eight counties in the metro area which includes Jefferson County.

### **Elder Abuse**

The physical, sexual, or emotional abuse of an elderly person, usually one who is disabled, frail or over the age of 70 (in Colorado).

### **Elder Orphan**

An elderly person who has no family or whose family cannot or will not provide care.

### **Electronic Monitoring/Personal Emergency Response Systems**

Electronic systems are designed to monitor or assist the individual with needs while the caregiver is away. The most common applications of monitoring technology involve emergency responder notification and reminders of medication doses that are due.

### **Family Medical Leave Act (FMLA)**

FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

### **Financial Eligibility**

Assessment of a person's available income and assets to determine if he or she meets Medicaid eligibility requirements.

### **Financial Exploitation**

Occurs when a person misuses or takes the assets of a vulnerable adult for their own personal benefit. This frequently occurs without the explicit knowledge or consent of a senior or disabled adult, depriving them of vital financial resources for their personal needs.

### **Functional Eligibility**

Assessment of a person's care needs to determine if he or she meets Medicaid eligibility requirements for payment of long-term care services. The assessment may include a person's ability to perform Activities of Daily Living or the need for skilled care.

### **Guardian**

A person appointed by a court to manage the affairs of another person who is unable to conduct those affairs on his or her own behalf. The legal relationship that exists between a person (the guardian) appointed by a court to take care of and manage the property of a person (the ward) who does not possess the legal capacity to do so, by reason of age, comprehension, or self-control.

### **Home Care Placement Agencies**

Agencies that provide supportive care in the home. Care may be provided by licensed healthcare professionals who provide medical care needs or by professional caregivers who provide daily care to ensure activities of daily living (ADL's) are met.

### **Home and Community Based Services (HCBS)**

Home and Community Based Services is a system of services, designed to keep an individual independent in the community avoiding institutionalization (most often, a nursing home). The pay source for the program is Medicaid, and people must qualify both functionally and financially. Services include assistance with daily activities such as bathing, dressing, shopping, money or medication management.

### **HCBS DD**

Home and Community Based Services for the Developmentally Disabled (HCBS DD) is a Medicaid waiver program in Colorado. Services available through this program include residential rehabilitation, supported employment, day habilitation (facility based and non-facility based), transportation, specialized medical equipment and supplies, behavioral services, and dental and vision services. Community Centered Boards (CCBs) provide these HCBS DD services.

### **HCBS EBD**

Home and Community Based Services for the Elderly, Blind and Disabled Program is the most common of all the HCBS programs and targets the frail and elderly for service provision.

**Home Maintenance and Repair**

Services that enable a client to remain independent in their home. This includes, but is not limited to: snow removal, tree limb removal, yard work (leaves, shrubs, gutters, etc.), roof repair, heating and cooling system maintenance and repair, painting/staining, and accessibility modifications.

**Homemaker Services**

Includes activities such as meal planning, preparation and service, dish washing, light housekeeping (vacuuming, dusting, cleaning bathroom, kitchen maintenance), doing laundry and linens, making/changing beds, help with organization – clean closets, shopping, errands, incidental transportation, pet care and plant care provided by a formal or informal caregiver.

**Informal Caregivers**

Persons who provide support to an individual who is elderly or disabled such as family and friends who are part of the individual's natural (typically unpaid) support system.

**In-home Care**

Home care is a form of health care service provided where a patient lives. Patients can receive home care services whether they live in their own homes, with or without family members, or in an assisted living facility. The purpose of home care is to promote, maintain, or restore a patient's health and reduce the effects of disease or disability.

**Long Term Care Insurance**

A specific type of insurance policy designed to offer financial support to pay for necessary long-term care services.

**Long Term Care Facility**

A facility that provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living.

**Medicaid**

The United States health program for eligible U.S. citizens and resident aliens, including low-income adults and their children, and people with certain disabilities. All 50 states have different versions of a Medicaid program.

**Medicaid Waiver Program**

Programs that help provide services to people who would otherwise be in an institution, nursing home, or hospital to receive long-term care in the community. Prior to 1991, the Federal Medicaid program paid for services only if a person lived in an institution. The approval of Federal Medicaid Waiver programs allowed states to provide services to consumers in their homes and in their communities.

**Medicare**

A social insurance program administered by the United States government, providing health insurance coverage to people who are aged 65 and over, or who meet other special criteria. Medicare operates as a single-payer health care system.

**Medical In-Home Care**

Medical services are usually provided by a licensed nurse, LPN or RN and includes activities such as administering medication, medication set-up, colostomy care, catheter care, vent care, trach care, wound care, tube feeding and IV infusion therapy.

**Medication Monitors**

Medical devices and information and communications technologies that lead to improvements in the cost and quality of care, reduce the need to move to more intensive, higher-cost care settings, reduce the burden on formal and informal caregivers, improve medication reconciliation, medication adherence, and/or medication monitoring. They are used in the home, as well as other long-term and post-acute care settings.

**Naturally Occurring Retirement Community (NORC)**

A community or neighborhood where residents remain for years and age as neighbors. A community-based intervention designed to reduce service fragmentation and create healthy, integrated communities in which seniors are able to age in place with greater comfort and security in their own homes. Seniors help each other so they may stay in their own homes as long as possible.

**Network of Care**

A comprehensive, internet-based community resource for seniors and persons with disabilities, as well as their caregivers and service providers in the DRCOG eight-county region.

**Non-Medical In-Home Care**

Services that often supplement or lead up to the level of care provided by home healthcare agencies when a patient requires more than stand by or partial assistance. Non-medical home care includes: 1) personal care (bathing, toileting, feeding, getting in and out of bed or chairs, continence care, assistance with ambulation, feeding, preparing special diets and reminding someone to take medications), 2) homemaking (household chores, cooking, laundry, light housekeeping and assistance with everyday activities, companionship, shopping, errands, and incidental transportation). Non-medical home care includes in-home care services serving seniors and individuals with disabilities. It can also include sitting services and in-home respite services. Non-medical in-home care is also sometimes referred to as unskilled care.

**NORC**

See Naturally Occurring Retirement Community

**Nursing Home**

Nursing homes provide around-the-clock skilled nursing care for individuals who require a high level of medical care and assistance. Twenty-four hour skilled nursing services are available from licensed nurses. Many nursing homes provide short-term rehabilitative stays for those recovering from an injury, illness or surgery. Long-term care residents generally have high care needs and complex medical conditions that require routine skilled nursing services. Activities are also available.

**Personal Care**

Personal care encompasses activities such as help with bathing, grooming and feeding assistance. It may also offer help with chores such as housekeeping, meal preparation and lawn maintenance.

**Personal Emergency Response Systems**

See electronic monitoring

**Person-Driven/Person-Centered Care**

Person centered practice is treatment and care provided by health services that places the person at the center of their own care. The person drives decisions about their care, including who provides their services, what services they do or do not want to receive, when they receive the services, etc. If the person isn't able to make these decisions individually, the care team keeps their preferences and values at the core of decision-making. Dignity and respect are two primary concerns.

**Private Pay Care Manager**

A care manager who is paid by sources other than government-based insurance (e.g. Medicare, Medicaid).

**Professional Caregivers**

Caregivers who are involved due to government or private programs or service intervention. Professional caregivers are paid to provide care to individuals in need.

**Program of All-Inclusive Care for the Elderly (PACE)**

A Medicare and Medicaid program that helps people meet their health care needs in the community instead of going to a nursing home or other care facility. A team of health care professionals work with the individual and their family to get the coordinated care that is needed. Usually they care for a small number of people, so they really get to know the person and the family.

**Registry of Providers**

A list of providers who have been screened under set criteria to establish public credibility.

**Respite Care**

Short-term or temporary *care* (ranging from a few hours to a few weeks) of an individual to provide relief, or *respite*, to the regular caregiver, usually a family member. May be provided in the home, at an Adult Day Program, or short-term in a care community (Assisted Living or Nursing Home).

**Service Provider**

A person or agency that provides a specific service to an individual or group of individuals.

**Short-Term Care Management**

Care Management that is done on a short-term basis. This type of care management usually involves a finite amount of short term goals. Once those short term goals are met, the relationship between the care manager and the recipient typically ends.

**Skilled Services From a Home Health Agency or Home Health Care**

A wide range of medical services, including medication assistance, nurse aide services, nursing services and therapy services, provided in the home, usually by a licensed aide, nurse or therapist, under the supervision and/or direction of a medical professional. Medicare, Medicaid and some private insurance policies pay for limited Home Health Care with certain restrictions.

**Smart Home**

A Smart Home is a building, usually a new one, which is constructed with special structured wiring, equipment and devices to enable occupants to remotely control or program an array of automated home electronic devices by entering a command. They are living laboratories designed to test technologies that may then be moved out to individual or family homes, so that individuals with intellectual and developmental disabilities may remain in more independent and natural settings versus more costly and segregated settings.

**SRC**

Seniors' Resource Center. A non-profit in Jefferson County providing transportation, an Adult Day Center and other services to seniors and people with disabilities.

**Support Groups and Counseling for Caregivers**

This topic includes groups designed to support the emotional and knowledge based needs of the caregiver.

**Supportive Services**

Assistance provided by other people or organizations to help an individual who is elderly or disabled address their basic needs, activities that people who are fully independent can achieve on their own. Typically, these activities support life in an individual's home and community, not in an institution. When caregivers are involved, supportive services can directly or indirectly help the caregiver as well.

**Telehealth/telemedicine**

The use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status and support long-distance clinical health care. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology. Can include, but is not limited to dentistry, counseling, physical and occupational therapy, home health, chronic disease monitoring and management, disaster management, and consumer and professional education.

**Unskilled/non-medical care**

This type of care usually entails companionship and personal care activities such as bathing, grooming, dressing, assistance with meal preparation, light housekeeping, and running errands. It could also include medication reminders, assistance with ambulation, and transportation to medical appointments. Typically provided by a Home Health Aide or Certified Nursing Assistant. Can be arranged from anywhere from a few hours to 24 hours a day.

**VA**

Veteran's Administration

**Village**

A grassroots, community-based membership organization designed and governed by those who are going to use them. They tend to focus more on community building and the non-medical side of health care – the social and practical supports that, when absent, may limit the ability to live independently or comply with a medical plan of care and can lead directly to poorer health. Villages offer members a network of resources, services, programs and activities that revolve around daily living needs (i.e. transportation, computer assistance, grocery shopping, light home maintenance, etc.); social, cultural and educational programs; ongoing health and wellness activities; and member-to-member volunteer support. Villages' organizational structures, programs and services vary in response to the unique needs of their members and resource gaps in their communities.

**Wander Protection Systems**

Various technologies that alert others when a person is outside of a designated area. Used with older people who have Alzheimer's and other forms of dementia for safety reasons.

**Ward of the State**

See Guardian

**Working Caregiver Issues**

Includes problems or concerns related to giving care to someone that may affect job performance or job satisfaction of a caregiver who is employed.

## Appendix B

Dear Jefferson County Employer:

In the 1980s, American businesses adapted their human resource policies to accommodate the needs of employees with young children. Now, many of those same workers face a different responsibility – providing care for an older parent, relative or friend.

- According to the 2000 Census, one in five Jefferson County residents served as caregivers for one or more family members or friends on a regular basis.
- Surveys reveal the challenges of eldercare and how it affects employee productivity. Respondents say they have to take time off during the work day or miss a whole day of work to care for a loved one. They also say they are less productive at work. Some working caregivers have to give up work entirely.
- With millions of baby boomers turning 65, the need for eldercare programs in the community and in the workplace gets greater every day.

There are many resources available to help employers respond to the needs of employees with eldercare challenges, particularly in Jefferson County. Jefferson County's Aging Well Project (<http://humanservices.jeffco.us>) provides a framework for stakeholders working together in coming years to maximize use of available resources to meet the needs of the aging population. The Caregiving and Supportive Services workgroup with the Aging Well Project has compiled this packet of information to introduce employers to these resources. Enclosed you will find:

- AARP Fact Sheet...Understanding the Impact of Family Caregiving on Work, Fact Sheet 271, October 2012.
- Resources for Caregivers fact sheet...featuring three valuable resources in the Denver region
- Steps to Take as a Loved One Begins to Fail...a more comprehensive list of services and agencies addressing different aspects and circumstances of caregiving
- List of Speakers on Topics Relevant for Caregivers... feel free to tap these contacts for presentations
- Sample employee survey should you want to assess your employees' needs in regards to caregiver support

In closing, if you want additional information on how the Caregiving and Supportive Services workgroup can assist you and your employees, please call the Aging Well Project Manager, Susan Franklin, at 303-271-4051 or email her at [sfrankli@jeffco.us](mailto:sfrankli@jeffco.us). Her business card is enclosed.

Sincerely,  
Aging Well Caregiving and Supportive Services Workgroup

## Appendix C

Published February 2015

### Aging Well in Jefferson County: Caregiving and Supportive Services Workgroup

#### List of Speakers on Topics Relevant for Caregivers

This list is provided as a resource for workplaces and other organizations interested in receiving information about the special needs and concerns of seniors, persons with disabilities, and/or their caregivers. The individuals noted below have expertise in one or several areas, and have agreed to be contacted to provide presentations. Presentation topics, specifics, fees, etc. should be discussed on a case by case basis with the professional. We welcome any feedback you may have. Please contact Susan Franklin, Project Manager for Jefferson County Human Services, at 303-271-4051 or [sfrankli@jeffco.us](mailto:sfrankli@jeffco.us).

For the most up to date list of speakers, and additional information about supporting caregivers, please visit our website <http://jeffco.us/human-services/aging-and-adult-services/aging-well-project/>.

#### Adult Protection

Adult Protection provides assistance to at risk adults age 18 and older who are at risk of abuse, neglect, or exploitation.

Renene Kulbacki, Jefferson County Department of Human Services

303-271-4026, [rkulback@jeffco.us](mailto:rkulback@jeffco.us).

#### Advance Directives

Topics in this area may include living wills, health care treatment directives, durable powers of attorney for health care and/or cardiopulmonary resuscitation directives.

Rev. David H. Reeves, M.Div. BCC, Director of Pastoral Care, The Medical Center of Aurora 303-591-4490, [David.reeves@healthonecares.com](mailto:David.reeves@healthonecares.com)

Roland Halpern, Regional Campaign & Outreach Manager, Compassion & Choices, 1-800-247-7421 or 303-217-2162, [rhalpern@compassionandchoices.org](mailto:rhalpern@compassionandchoices.org)

Nicole Adante, Senior Companion Program Manager, Innovage Lowry Home Care, 303-300-6922, [nadante@myinnovage.com](mailto:nadante@myinnovage.com)

#### Care Managers

Care managers work with individuals and their families to develop a holistic and comprehensive care plan for an elderly or incapacitated adult. Care managers assist with implementation and oversight of this care plan and/or can assist with a more specific area of need.

Anne Grasee, LCSW

303-863-0966, [agraseelcsw@aol.com](mailto:agraseelcsw@aol.com)

Older Adult and Caregiver Services, Lutheran Family Services Rocky Mountains, Diane Cohn, Director of Case Management Services and Fall Prevention Program, 303-217-5864, [diane.cohn@lfsrm.org](mailto:diane.cohn@lfsrm.org)

Seniors Resource Center, Samantha Wenner MSW, Care Coordination Services, 303-235-6982, [swenner@SRCaging.org](mailto:swenner@SRCaging.org)

### **Continuum of Care Options**

Continuum of care includes all levels of health care and personal care services such as all levels of housing, supportive, and health care services available to a person. It covers care that is available in the community for the full spectrum of patient needs.

Older Adult and Caregiver Services, Lutheran Family Services Rocky Mountains, Diane Cohn, 303-217-5864, [diane.cohn@lfsrm.org](mailto:diane.cohn@lfsrm.org)

Seniors' Resource Center, Mary Ellen Carlow, Development and Marketing, 303-235-6964, [mcarlow@SRCaging.org](mailto:mcarlow@SRCaging.org)

Innovage, main contact: Tamara Vermeer- Senior Business Development Rep & Commissioner for the City and County of Denver, Commission on Aging, 303-877-7002 [tvermeer@myinnovage.org](mailto:tvermeer@myinnovage.org)

Margaret Cordova- Innovage, Community Prescription Assistance Program: Helping to pay for prescriptions and lower co-pays when in "donut hole". [mcordova@myinnovage.org](mailto:mcordova@myinnovage.org)

### **Day Care/Respite**

Short term care for loved ones during the day or short term overnight care a few days at a time, in or outside of the home, which provides relief for caregivers or allows caregivers to work.

Seniors' Resource Center, Director, Adult Day and Respite Services 303-235-6995

Tia Saucedo- Executive Director, Innovage Johnson Adult Day Program and speaker for Alzheimer's Association, Main: 303-789-1519, Cell: 303-915-5476 [tsaucedo@myinnovage.org](mailto:tsaucedo@myinnovage.org)

### **Death with Dignity**

Advances in medicine and technology have greatly increased our lifespans, but for some there is a growing concern over life's quantity versus its quality. This presentation examines why some patients want to exercise this right, how Death with Dignity laws work, the prospects for passing a supportive law in Colorado, and what end-of-life medical treatment options are currently available for Coloradans.

Roland Halpern, Regional Campaign & Outreach Manager, Compassion & Choices

1-800-247-7421 or 303-217-2162, [rhalpern@compassionandchoices.org](mailto:rhalpern@compassionandchoices.org)

Nicole Adante, Innovage Lowry Home Care, Senior Companion Program Manager, 303-300-6922, [nadante@myinnovage.org](mailto:nadante@myinnovage.org)

### **Dementia**

Dementia is a general term for memory loss and the loss of other intellectual abilities such as attention, language and problem solving. Alzheimer's is the most common form of Dementia.

Tia Saucedo- Executive Director, Innovage Johnson Adult Day Program. Main: 303-789-1519, Cell: 303-915-5476

Karen Moravek, MSW, Community Education Coordinator, Alzheimer's Association, Colorado Chapter 303-813-1669, [kmoravek@alz.org](mailto:kmoravek@alz.org)

Julie Elkjer, Touching Hearts at Home 303-962-1276, [jelkjer@touchinghearts.com](mailto:jelkjer@touchinghearts.com)

Diane Cohn, Older Adult and Caregiver Services, Lutheran Family Services Rocky Mountains 303-217-5864, [diane.cohn@lf](mailto:diane.cohn@lf)

Seniors' Resource Center, Lacey Hayden, Adult Day and Respite Services Director 303-235-6950, [lhayden@SRCaging.org](mailto:lhayden@SRCaging.org)

Chip Watson, Senior Helpers Agency Director 303-452-6500, [chip.watson@seniorhelperscolorado.com](mailto:chip.watson@seniorhelperscolorado.com)

Roger Rhodes, Homewatch Caregivers of Southwest Denver, 720-344-4700, [rrhodes@homewatchcaregivers.com](mailto:rrhodes@homewatchcaregivers.com)

### **Financial**

Presenters focus on income and resource guidelines and limits as it relates to Long Term Care Medicaid eligibility requirements. Information can be used if a person is needing in-home care, assisted living or nursing home care.

Elizabeth Ortiz, Long Term Care Eligibility Supervisor, Jefferson County Department of Human Services, 303-271-4602, [eortiz@jeffco.us](mailto:eortiz@jeffco.us)

Melodie Ivory, Long Term Care Eligibility Supervisor, Jefferson County Department of Human Services, 303-271-4604, [mivory@jeffco.us](mailto:mivory@jeffco.us)

Mary Orem- Innovage, Director of Community and Volunteer Programs, Money Management Bill Payer Service and Money Management Financial Education classes. Phone: 303-300-6910, [morem@myinnovage.org](mailto:morem@myinnovage.org)

## **Housing**

Free HUD-approved housing counseling from default-mortgage to reverse-mortgage counseling for seniors who want to explore if a reverse mortgage is right for them.

Allison Lockwood, Communications Manager, Brothers Redevelopment

303-685-4227, Allison@brothersredevelopment.org

Lee A. McCue, Broker/Owner Keller Williams Denver Tech Center

303-859-0198, www.McTeamRealEstate.com

Gay, Lesbian, Bisexual and Transgender Seniors

This group of largely invisible, underserved and vulnerable seniors have spent a lifetime hiding their identity as gay, lesbian, bisexual and transgender individuals. There are some cultural considerations when providing care and services to this population.

Shari Wilkins, National Resource Center on GLBT Aging trainer and Project Visibility trainer, 303-807-4604, sawilkins66@gmail.com

Diane Cohn, Older Adult and Caregiver Services, Lutheran Family Services Rocky Mountains, 303-217-5864, diane.cohn@lfsrm.org.

## **Guardianships and Conservatorships**

A guardian is a person appointed by a court to make decisions on behalf of another person who is determined by a court to be incapacitated. A conservator is similarly appointed by a court to make financial decisions for an individual who has been determined to be incapacitated.

Susie Germany, The Germany Law firm 303-454-3711, susie@coelderlaw.net

Gale Nichter, LCSW 303-337-6130, gbnichter@gmail.com

## **Hospice/Palliative Care**

Hospice care focuses on bringing comfort, and tranquility to people nearing the end of life. Patients' symptoms and pain are controlled, goals of care are discussed and emotional needs are supported. Palliative care focuses on symptom management and is appropriate for patients in all disease stages.

Darci Meyers, MA, CFSP, Private Practice, Specializes in Grief and Bereavement Counseling, 720-413-2969, darcimeyers@gmail.com

Wendy Snow LCSW, Mount Evans Hospice and Palliative Care, 303-674-6400, wsnow@mtevans.org

## **Housing – Modification/Remodel**

Most adults want to stay in their homes as long as possible, but they seldom know what

changes to make and whom to hire to maintain an active lifestyle. A wide variety of options and adaptations can be made to a home to help extend the amount of time that an individual can live at home.

Erik Listou, Co-Author, How to Live in Place (tms), Certified aging in place specialist, National Housing Expert, 720-581-0277, erik@howtoliveinplace.com

Brothers Redevelopment, Communications Manager Allison Lockwood, Mobility, Safety and Home Modifications,

303-685-4227, Allison@brothersredevelopment.org

Leonard "Leo" Lujan, Owner, Rocky Mountain Independence Services

303-332-1041, 720-345-9546, www.RMIIndependenceServices.com

## **Identity Theft**

Identity theft is a form of stealing someone's identity in which someone pretends to be someone else by assuming that person's identity, typically in order to access resources or obtain credit and other benefits in that person's name.

Cary Steven Johnson, Director: Crime Prevention, 1ST District Attorney's Office, 303-271-6970, csjohnso@jeffco.us

Mary Orem- Innovage, Director of Community and Volunteer Programs, 303-300-6910, morem@myinnovage.org

## **In-Home Care: Non-Medical/Medical Services**

Home Care spans a continuum of services that range from non-medical care such as companionship, family respite and home maker to medical care such as assisting with transfers, providing hands-on personal care, managing/administering medications, performing therapies and wound care.

Julie Elkjer, Touching Hearts at Home 303-962-1276, jelkjer@touchinghearts.com

Art Chmelik, CSA, President/Owner BrightStar Care 720-963-1000, art.chmelik@brightstarcare.com

Seniors' Resource Center, Carol Mitchell, In-Home Services Program Manager 303-235-6929, cmitchell@srcaging.org

Chip Watson, Senior Helpers Agency Director 303-452-6500, chip.watson@seniorhelperscolorado.com

Roger Rhodes, Homewatch Caregivers of Southwest Denver, 720-344-4700, rrhodes@homewatchcaregivers.com

### **Long Distance Caregiving**

An estimated 15 percent of the 34 million Americans who care for older family members are Long Distance Caregivers. Serving in such a capacity can have an impact on one's family life, finances and career, not to mention emotional well-being.

Anne Grasee, LCSW,  
303-863-0966, agraseelcsw@aol.com

Art Chmelik, CSA, President/Owner BrightStar Care  
720-963-1000, art.chmelik@brightstarcare.com

Older Adult and Caregiver Services, Lutheran Family Services Rocky Mountains, Diane Cohn, 303-217-5864  
diane.cohn@lfsrm.org

### **Medical Elder Law**

Elder law refers to an area of legal practice that specialized in the issues that affect an elderly population. Main areas of focus include estate planning (including wills, trusts and tax implications); Medicaid, disability and others aspects of long-term care; and fiduciary concerns (guardian and conservatorships).

Susie Germany, The Germany Law firm 303-454-3711,  
susie@coelderlaw.net

### **Medicare/Medicaid**

Medicare is a social insurance program administered by the U.S. government, providing health insurance coverage to people who are aged 65 and over or who meet other special criteria. Medicaid is the U.S. health program for eligible U.S. citizens and resident aliens, including low-income adults and their children and people with certain disabilities. All 50 states have different versions of a Medicaid program.

Elizabeth Ortiz, Long Term Care Eligibility Supervisor,  
Jefferson County Department of Human Services  
303-271-4602, eortiz@jeffco.us

Melodie Ivory, Long Term Care Eligibility Supervisor,  
Jefferson County Department of Human Services  
303-271-4604, mivory@jeffco.us

William B. Kistler, MBA, Outreach & Project Director,  
Centura Health Links 720-321-8869,  
williamkistler@centura.org

Teri Howard, Gerontologist, Later Life Advocates  
303-928-0600, agingspecialist@yahoo.com

Christina Davis- Public Benefits, Medicare and Medicaid plans rules and benefits, Medicare and Medicaid Fraud, Innovage Community and Volunteer Programs, Public Benefits Manager  
303-300-6978, Public Benefits  
303-300-6957, Transportation  
720-974-6723, Direct, Cdavis2@myinnovage.org

### **Mental Health/Difficult Behaviors**

Mental health is a term used to describe a level of cognitive or emotional well-being.

Phyllis Kirk, LPC, CAC III, Jefferson Center for Mental Health, Outreach and Education Specialist,  
720-315-5791, phyllisk@jcmh.org

Karen Movarek MSW, Alzheimer's Association Colorado Chapter, 303-813-1669, kmovarek@alz.org

Diane Cohn, Older Adult and Caregiver Services, Lutheran Family Services Rocky Mountains  
303-217-5864, diane.cohn@lfsrm.org

Gale Nichter, LCSW 303-337-6130,  
gbnichter@gmail.com

### **Nutrition**

Many common health problems can be prevented or alleviated with a healthy diet. Nutrition is an important tool on how to consume and utilize foods to benefit overall health through aging.

Denise DeRosier, BS, SNTP, CHC, Nutriment de Vie,  
720-203-1299, denise@nutrimentdevie.com

### **Ombudsman**

An ombudsman is an appointed official whose duty is to investigate complaints against institutions such as for the purposes of this list, nursing homes and assisted living facilities. The DRCOG Ombudsman Program is a free advocacy service for nursing home and assisted living residents in the Denver metro area. Ombudsmen can assist anyone in a long-term care situation, including friends and relatives of residents.

Shannon Gimbel, Denver Regional Council of Governments Ombudsman Program Manager  
303-480-5621, sgimbel@drcog.org.

### **Senior Scams**

Seniors can be an easy target for financial abuse and specific scams aimed at seniors.

Cary Steven Johnson, Director: Crime Prevention, 1ST District Attorney's Office  
303-271-6970, csjohnso@jeffco.us

Setting up Boundaries/Conversations with Parents/ Spouse/Family

Caring for a loved one can lead to many difficult conversations with family members. It can be helpful at times for caregivers to set limits/ boundaries around communication and the help they are able and willing to give.

Judy Dolloff, LCSW, Jefferson Center for Mental Health, Senior Reach, Dementia and Caregiver Specialist, 720-390-8979, judithdo@jcmh.org

Allison Costenaro, MA, LPC, Integrative Health and Healing, 303-731-9969, Allison@ihhcolorado.com

Diane Cohn, Older Adult and Caregiver Services, Lutheran Family Services Rocky Mountains 303-217-5864, diane.cohn@lfsrm.org

Gale Nichter, LCSW, 303-337-6130, gbnichter@gmail.com

Nicole Adante, Innovage Lowry Home Care, Senior Companion Program Manager, 303-300-6922, nadante@myinnovage.org

### **Stress/Depression/Burnout**

Sometimes, the pressure of caring for someone who is elderly or has a chronic illness can lead to stress and a condition called «caregiver burnout.» To prevent this, it's essential to know how to manage your caregiver stress.

Anne Grasee, LCSW, 303-863-0966, agraseelcsw@aol.com

Allison Costenaro, LPC, Integrative Health and Healing 303-731-9969, allisoncostenaro@gmail.com

Gale Nichter, LCSW, 303-337-6130, gbnichter@gmail.com

Chip Watson, Senior Helpers Agency Director 303-452-6500, chip.watson@seniorhelperscolorado.com

Diane Cohn, Older Adult and Caregiver Services, Lutheran Family Services Rocky Mountains, 303-217-5864, diane.cohn@lfsrm.org

Tia Saucedo, Executive Director, Innovage Johnson Adult Day Program, Main: 303-789-1519, 303-915-5476, tsauceda@myinnovage.org

Judy Dolloff, LCSW, Jefferson Center for Mental Health, Senior Reach, Dementia and Caregiver Specialist, 720-390-8979, judithdo@jcmh.org

### **Transportation**

Many caregivers face the decision of taking the car keys away from an elderly person whose driving behavior has become a danger to themselves and others. For anyone facing this choice, there are some valuable tools to help you with your decision and information about transportation options when someone is no longer able to drive themselves.

Seniors' Resource Center, Hank Braaksma, Transportation Services Director 303-235-6970, hbraaksma@srcaging.org

### **Trauma**

Information regarding treatment for senior victims of crime and trauma related to disasters (natural and human provoked).

Gale Nichter, LCSW, 303-337-6130, gbnichter@gmail.com

### **VA Benefits**

The Veterans Benefits Administration in conjunction with the Veterans Health Administration provides benefits and services to active military service members, Veterans, and their families. Better understand what those benefits might be and how they could apply to your current situation.

Wilma G Anderson, LifeCare Planning, LLC, 720-344-0312, info@wilmaanderson.com

Pete Mortaro, Veteran Services Officer, Jefferson County Human Services, 303-271-4205, pmortaro@jeffco.us.

Diane Cohn, Older Adult and Caregiver Services, Lutheran Family Services Rocky Mountains, 303-217-5864, diane.cohn@lfsrm.org

### **Work/Life Balance**

Work/Life Balance: proper prioritizing between "work" (career, caregiving) and "lifestyle" (health, pleasure, leisure, family, and spiritual development/meditation).

Allison Costenaro, LPC, Integrative Health and Healing, 303-731-9969, Allison@ihhcolorado.com

Darci Meyers, MA, CFSP, 720-413-2969, darcimeyers@gmail.com

Diane Cohn, Older Adult and Caregiver Services, Lutheran Family Services Rocky Mountains, 303-217-5864, diane.cohn@lfsrm.org

# Strategic Plan: 2015-2020

## GOAL 1 - Businesses, Community Groups and the Public will be Knowledgeable about Caregiver Issues

**OBJECTIVE 1 - Expand workgroup representation to include caregivers/prior caregivers, representatives of faith-based communities, Jefferson County employers as well as professionals serving older adults to ensure the workgroup's efforts are relevant to their needs**

Strategies	Key Outcomes	Target Completion Date
1. Invite representatives from target groups to attend workgroup meetings to share ideas	Increased collaboration to develop long-term partnerships	December 2016

**OBJECTIVE 2 - Increase public awareness about caregiving and the need to plan for medical and end-of-life circumstances as a means to help people avoid crisis circumstances**

Strategies	Key Outcomes	Target Completion Date
1. Produce roadmap with information and resources for advance planning	Individuals and families will have a resource to help them pursue end-of-life decision-making	January 2016
2. Explore public awareness caregiver campaigns	Information about current caregiving programs will be spread throughout the county	December 2016

**OBJECTIVE 3 - Continue outreach to Jefferson County employers and to professionals serving older adults**

Strategies	Key Outcomes	Target Completion Date
1. Explore funding to cover costs of materials and postage	Funds the county can give to us will be used judiciously	Fall 2015
2. Develop list of material and resources employers can provide caregivers	Sustainable toolkit of resources employers can easily integrate into their services for employees	June 2017
3. Identify 2-4 new businesses in Jefferson County to target for workplace caregiving awareness campaign	Integration of caregiver resources into workplace cultures in Jefferson County	December 2017

**OBJECTIVE 4 - Increase awareness of resources for seniors in rural areas of the county**

Strategies	Key Outcomes	Target Completion Date
1. Collaborate with other groups to provide education and awareness of what resources are available in the rural areas of the county	Seniors and their families living in rural areas will be aware of available resources	December 2018

**OBJECTIVE 5 - Increase awareness of legislators/policy makers of caregiving needs**

1. Talk to elected officials at city, county and state levels about caregiving needs	Information about caregiving needs will get to individuals that have the power to make and support policies	On-going
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## GOAL 2 - Caregivers will have Adequate Tools to Assist Others

**OBJECTIVE 1 - Offer, promote and support caregiving resources**

Strategies	Key Outcomes	Target Completion Date
1. Direct providers and consumers to Network of Care and the DVDs available at the Jefferson County Libraries	Consumers will know what resources are available in Jefferson County	January 2016
2. Develop and distribute to the community information about online and e-train programs for seniors	Seniors and their caregivers will be aware of things like apps and e-trainings that will make their lives easier	December 2016
3. Identify existing population-specific caregiving groups such as Latino Age Wave and Black Grandparents groups and invite to a workgroup meeting to share information	Integration of existing community resources into workgroup planning	December 2018
4. Identify 1-2 populations of interest (by age, condition, ethnicity, faith, etc) as a focus group. Assist with developing appropriate resources for caregivers	Increased community collaboration and culturally/condition sensitive supports for caregivers	December 2019

**OBJECTIVE 2 - Provide education on home care services**

Strategies	Key Outcomes	Target Completion Date
1. Produce fact sheet on contracting for home care services borrowing from existing materials (DRCOG, the Alzheimer's Association, etc.)	Supports already existing providers and extends the reach of their materials	June 2016
2. Promote the services that are already available for handyman and homecare services	Consumers will know what is available	June 2016
3. Support and encourage faith communities' neighbors helping neighbors	More individuals will be helped	On-going

<b>OBJECTIVE 3 - Provide education and resources for respite options</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Produce fact sheet with information and resources on respite options and local support groups for family caregivers	Families and caregivers will have support in multiple ways to manage their caregiving needs	December 2017
2. Promote health department list of Adult Day and/or Respite Care	People are knowledgeable of resources for respite care	January 2017
3. Create a handout of what non-medical-homemaker services include. Create a separate handout for the different types of Adult Day programs	Reduced confusion for families in need of services	July 2017
4. Create a resource flyer explaining how to choose a good Adult Day Service and In-home Care	An educational resource for consumers will be created	July 2017

<b>OBJECTIVE 4 - Promote community programs/services that provide training, support groups, counseling, best practices and products for aging in place</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Identify current support groups, training programs, counseling and best practices for caregivers in the community	Efficient use of already existing resources will be available	December 2016
2. Produce a fact sheet with available community resources and distribute the information to the community	Caregivers will be knowledgeable about their options for support and information	March 2017
3. Identify gaps in services and work with community partners to help create appropriate programs	Programs that meet the needs of caregivers trying to help a loved one age in place will be created	December 2019

<b>OBJECTIVE 5 - Provide education and resources on care management and financial and medical resources specifically for Medicare and Medicaid</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Produce fact sheet about what care managers do and what services are beneficial	Caregivers and family members will have a better understanding of what is available	January 2017
2. Explore existing fact sheets on what Medicare and Medicaid entail (what they cover, how to access, etc), and share that information	Individuals and groups will have the needed information to make wise informed decisions about care they need	January 2017
3. Work with community agencies such as Centura Health LINKS to educate caregivers and older adults on eligibility	Individuals who need services will have the information they need	January 2017

## **GOAL 3 - The Caregiving and Supportive Services Workgroup will Integrate Person-Centered Care Principles and Language into Projects and Deliverables**

<b>OBJECTIVE 1 - Increase Caregiving and Supportive Services Workgroup's members knowledge of person-centered care principles and language</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Research current person-centered programs	Caregiving and Supportive Services Workgroup members will feel confident in their understanding of person-centered principles	June 2017
2. Share research with members of the workgroup	Team members will begin to use the principles and language in their work	September 2017

<b>OBJECTIVE 2 - Determine how to integrate person-centered care principles into products the Workgroup develops</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Incorporate guidelines coming from Center for Medicare and Medicaid Services (CMS) and the State, along with other programs into products created	Products will have person-centered care principles in them	June 2017

<b>OBJECTIVE 3 - Share results with the other Aging Well workgroups</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Reach out to other Aging Well workgroups to educate them on programs and expectations from Center for Medicare and Medicaid Services and the State for waiver programs as well as best practices for others	All Aging Well workgroups have a basic comfort level with person-centered care	June 2017
2. Aging Well serves as an expert source in sharing information on best practices and expectations with the public	All Aging Well workgroups have a strong comfort level with person-centered care	June 2018

# **Ageing Well** 2015

**In Jefferson  
County, Colorado**

## **Health, Mental Health, Wellness & Prevention**



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Liz Smith, Jefferson Center for Mental Health, Chairperson  
Rena Kuberski, Jefferson County Department of Human Services, Chairperson  
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Tamra Moore, Denver Regional Council of Governments  
Maureen Nicolais, Jefferson County Department of Public Health and Environment  
Jeanna Capel-Jones, American Job Center  
Susan Franklin, Project Manager, Jefferson County Human Services



*Presented by:*

**The Jefferson County Human Services Department**  
900 Jefferson County Parkway, Golden, Colorado 80401  
303-271-1388, <http://humanservices.jeffco.us>  
Lynn Johnson, Director  
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*Photo credits: Front cover: Ladies Working Out, Health Passport, Page 5:6- Doctor with Patient, St. Anthony's Hospital page, 5:10- headed-home, Joe Zlomek, Freeimages, page 5:11- Gem Lake, Apex Park and Recreation District*

# Introduction

The increase in both the number and percentage of elderly people has substantial implications for the provision of health care, mental health, and wellness, as well as prevention services and goods. The general trend is that people are living longer, and thus will require more services for a longer period of time. The overall demand for these related services and goods will also increase substantially given the significantly greater likelihood of disease and disability in the elderly population. The leading causes of death (heart disease, cancer, and stroke) account for 70% of all deaths in this age group. Hispanics are more likely than Non-Hispanic Whites to die from diabetes and its complications. In general, the elderly population is much more likely to have chronic conditions.

People are living longer with a heightened desire to remain independent during their senior years. They are also placing a greater value on their quality of life. Seniors are better educated with more access to health information on the Internet and are more willing to try alternative treatments. They have become more conscious of the role lifestyle choices play in the incidence of chronic diseases. Many have become more active participants in maintaining good health by adopting healthier lifestyles. The number of elderly that are minority will continue to increase in Jefferson County which will influence health care as many beliefs and attitudes are tied to culture. It will be important that future services address the language, culture, beliefs, and values of all elderly. Also, information will need to be provided in an elder-friendly and consumer-friendly manner and readily available to every senior in the county.

The cost of accessing services is rising both overall and as a percent of income and assets, particularly for the elderly who are on fixed incomes. The ongoing trend towards higher consumption of both pharmaceuticals and medical technology will continue even as these ser-

vices become increasingly more expensive. Medicare, a combination of Medicare and Medicaid, or Medicare managed care plans will remain the primary financing mechanisms of care for the elderly. There are limited resources, such as reduced fee schedules, available to assist persons on a low income to pay for some needed services. Experience with Medicare Part D implementation has indicated that some seniors may need assistance accessing and choosing the most appropriate health plan for their needs.

There are a number of programs in Jefferson County that are piloting different types of integrated care and navigation programs to help produce a coordinated approach to persons receiving multiple types of health services. Examples of these are Seniors' Resource Center's Information and Referral Department, Jefferson Center for Mental Health with Senior Reach and Navigators, and Centura Health LINKS. The Kaiser Permanente Care Coordination model consists of registered nurses and social workers who specialize in diabetes, chronic diseases, asthma, coronary artery disease, and geriatrics. They work collaboratively with physicians and specialists to provide intervention, prevention, and education in order to keep optimal member health, both mentally and physically.

This report has been prepared by the Health, Mental Health, Wellness & Prevention Workgroup. For each of the key topic areas (Health Care Workers, Physical Health and Health Care Facilities, Behavioral Health Services and Wellness and Health Promotion), it describes the trends, strengths and assets, and gaps, followed by conclusions and recommendations. Ideas are offered for improving the availability of these services for older Jefferson County residents in the coming years.

Terms and definitions used in this report and strategic plan for 2015-2020 follow this report. ♦

# Health Care Workers

## Trends

The increased health care usage patterns of older adults will generate a shortage of health care workers with the specialized skills necessary to care for the elderly. Colorado exceeds the U.S. as a whole in the percentage of residents over age 60. Currently 10,000 people in the U.S. turn 65 each day. In Colorado, there will be a 150% increase in those 65 years of age and older by 2030.

The number of physicians, pharmacists, nurses, (Appendices B, C, & D), mental health providers, social workers, and other health care providers specializing in geriatrics has been falling and will continue to be limited. The Colorado Trust reports an 11% shortage of nurses statewide, and it is expected that this shortage will triple by 2020. In addition, the number of health care jobs in Colorado is expected to grow by 20% over the next 10 years, even as the number of healthcare workers is expected to decline by 17% as aging workers retire. Perhaps of greatest concern is a predicted shortage of nearly 2,200 Primary Care Physicians in Colorado by 2025 if current trends continue.

Based on 2015 data, a total of ten census tracts were designated as Health Professional Shortage Areas (HPSAs) and six census tracts were designated as Medically Underserved Areas/Populations in Jefferson County (Appendix B). For a geographic area to receive a Health Professional Shortage Areas designation it must have no more than one provider to 3,500 people, be a rational area for the delivery of health services, and demonstrate that health care resources in the contiguous areas are over-utilized, excessively distant or inaccessible. A low-income HPSA must have no more than one provider to 3,000 low-income residents. For a geographic area to receive a Medically Underserved Areas/Population (MUAP) designation or for a population in a particular area to receive a MUPA designation, the Primary Care Office determines if the concentration of low-income and elderly individuals, high infant mortality rate and high population to provider ratios meet the designation criteria.

Seniors will find it increasingly difficult to find a Primary Care Physician (PCP) with a specialty in geriatrics. Although Colorado has only 2% fewer physicians per 1,000 population as compared to the national average, 90% practice in urban settings which make the shortages disproportionate to rural and frontier areas. The lack of Primary Care Physicians who are the routine source of care is a concern in parts of Jefferson County. A phone survey to determine the number of physicians accept-

ing new Medicare patients in the West Denver Metro Area found very few with openings. Colorado registered nursing programs now number ten. There are two colleges of pharmacy schools (one is a doctoral program) and several pharmacy technical/aide programs. The impact of health care reform and demand for services continues to increase. Colorado could need an additional one hundred forty-three PCP's for the newly insured according to the Colorado Health Institute. This breaks down to a need for between 71 and 117 additional PCPs and 12-24 additional nurse practitioners and physician assistants. This represents a 13.5% increase in projected visits and an additional workforce increase of 2-3% for PCPs.

The 11% shortage in nurses it expected to grow to a 31% shortage of nurses by 2020 in Colorado due to an aging of the work force, persons entering this field at a lower rate than the overall population increase, and fewer qualified nursing faculty members. In addition, the nursing shortage is currently and will continue to be felt more acutely in rural areas where fewer registered nurses (RNs) are working relative to the population. The region is also experiencing a shortage in hospice nurses (Appendix D).

With the push to move patients toward shorter stays at hospitals, like standalone emergency rooms or recovering at home, the use of certified nurses is growing. The demand for these labor intensive type of workers is increasing. Personal care, hospice and home health workers are in great demand; however, healthcare facilities are having a difficult time recruiting and retaining these types of workers. Training Institutions, like Red Rocks Community College Allied Health, are finding it difficult to recruit students who might be interested in pursuing these types of positions.

A shortfall of pharmacists (Appendix C) is projected as the availability of new drugs increases per capita consumption and the number of pharmacists per capita declines. Pharmacists will increasingly find that their skills are needed to counsel and educate patients as drugs become more complex and the number of patients with chronic conditions increases. Compliance with prescription instructions will remain a significant factor; the reasons for lack of compliance are numerous and vary from economic to personal to cultural reasons. The cost of daily medication for the chronically ill even under Medicare Part D can be overwhelming for low-income seniors who do not qualify for Medicaid. Seniors on multiple medications will continue to have an increased risk of illness related to pharmaceutical interactions and

adverse drug events. There is a shortage of pharmacies in rural Jefferson County and the City of Westminster has fewer pharmacies per capita than any other city in Jefferson County. The pharmacist shortage is increasing due to the complexity of the drugs and the additional need for training: most programs require a doctorate level of education; however, more training institutions are teaching students to become pharmacist technicians to alleviate the shortages. Across all professions serving seniors there is a need for more professionals trained to effectively treat seniors who have intellectual, developmental and physical disabilities.

The need for dental, hearing and vision services will increase as the population ages. Technological advancements make the use of these services more desirable as they have an even greater impact on quality of life. However, many of these services are not covered by Medicare and require costly supplemental insurance plans.

## Strengths and Assets

There are a number of group practice organizations in Jefferson County that specialize in physical care for seniors. These include Senior Care of Colorado, Wheat Ridge Internal Medicine, Innovage's PACE program, and Kaiser Permanente. Metro Community Provider Network (MCPN) offers services to seniors as well as the entire low-income population on a sliding fee scale. Lutheran Medical Center offers a senior Emergency Department and in-patient Behavioral Health unit. CO Healthcare Partnership is comprised of hospital systems, educational institutions and economic and workforce centers to focus on strategies for recruitment and retention of certain in-demand healthcare occupations.



Colorado has 10 registered nursing programs and 3 graduate degree programs. The ability to further increase the number of nurses trained and working in Colorado will be important to senior health care.

Historically, there has been only one pharmacy school at the University of Colorado, Denver campus. The addition of a second school of pharmacy at Regis University in 2009 is now graduating 75 pharmacists per year. The increased use of pharmacy technicians will somewhat reduce the predicted shortage of pharmacists. The educational requirements for pharmacists and pharmacy technicians are changing due to more complicated diseases and potential interactions due to poly-pharmaceutical side effects. More training institutions are strengthening their healthcare programs to meet the demand of the growing industry with programs from nursing, medical office technicians to pharmacists and physician assistants. The need for incumbent workers to receive additional training is also becoming more prevalent as the industry gets more sophisticated with new technologies and new drugs.

## Gaps

Planning efforts are needed to increase the number of health care workers/providers in Jefferson County relative to the expanding senior population. One out of five American workers are "informal caregivers." Forty-five to sixty-four year olds make up the largest group in the workplace to care for a parent. There is a need to explore coordinated efforts across health systems for the elderly with chronic or multiple conditions, coordination of prescriptions including electronic prescription tracking, the deficit of pharmacies in rural areas, the cost of pharmaceuticals compared to income, and a lack of medication counseling. Exams and medical goods (i.e. eye glasses, dentures, hearing aids, etc.) will continue to be a financial burden to that subset of seniors who do not qualify for low-income programs. Although HealthSET, sponsored by Centura Health, provides free health care screenings and social services to low-income senior living facilities, there is a need for additional in-home nursing, vision, dental and hearing exam services. Even when the variety of needed health services is available, accessibility and cost of transportation may be a barrier. Free or reasonably priced transportation services may be offered by a health care facility. Supplemental self-pay transportation services are available in the metro communities through RTD's access-a-Ride, or local transportation companies. Transportation for wheel chair accessibility is more difficult to access and can involve higher costs. In addition, there is a severe shortage in the availability of appropriately trained and experienced health care workers to treat seniors with intellectual, developmental, and physical disabilities. ♦

# Physical Health and Health Care Facilities

## Trends

The most common chronic diseases of the elderly are arthritis, coronary artery disease, diabetes, hypertension, congestive heart failure and cancer. Nationwide, the emphasis is now placed on individual responsibility for one's own health. Health care providers also assume more responsibility for care and outcomes. Daily, there are television spots, newspaper and magazine articles about proper nutrition and exercise programs for individuals to participate in. An aging population that continues to work has led some employers to encourage their staff to participate in all of these activities. The roll-out of the ACA (Affordable Care Act) with the creation of the RCCO (Regional Care Collaborative Organizations) has impacted home health care, including medical treatment, physical therapy and homemaker services. Quality Indicators outlined by CMS (Center for Medicare/Medicaid) and private insurance companies will impact reimbursements to hospitals and doctors. This should drive overall improvement in care with better health outcomes.

Client centered plans are the push from CMS for future care planning. The emphasis is to provide enough services to keep individuals in the community safer and longer with the wishes of the client being paramount.

Older adults are hospitalized more frequently and need longer, more intensive care than a younger person. Based on the push to utilize alternative services, hospital days of care will continue to decline on a per capita basis even as they increase due to the sheer numbers of seniors requiring hospitalization. Hospitals will continue offering outpatient and other alternative services. Hospitals are trending towards keeping patients longer in observation rooms rather than admitting the patient into the hospital. There is a new trend regarding stand-alone emergency rooms which are community based usually in shopping areas that allow quicker access to emergency care. In fact, there is a bill before the State Legislature that would prevent free standing emergency rooms that are not under a hospital licensure from charging a fee; there are only two in the entire state that are not associated with hospitals.

Utilization of hospice services (end-of-life care that is in reality quality-of-life care for the terminally ill) has continued to increase because it offers a less expensive alternative to hospitalization, is Medicare reimbursable, and meets the desire of many terminally ill patients and their families to be cared for in a non-hospital setting. Hospice care is very labor intensive and skill specific and

the number of trained hospice nurses will be a major factor affecting the accessibility of hospice care. Early intervention is imperative for providing a higher quality of life for the patient and their family. There is a need for physician and community education regarding this fear-laden subject. Patients and families frequently express that "hospice is so much more than we thought it was" and "why did we wait so long." There has also been an increase in regulatory oversight of hospice providers.

In the last five years, there has been an increase in the use of palliative care. Palliative care is for the terminally ill who may survive more than six months or who have chosen to continue aggressive/curative treatments without sacrificing comfort. It has become a more important part of the infrastructure of health care for persons experiencing a life-ending illness. There has been a shift with more education about this option being provided in hospitals to patients, as PCPs are more informed and accepting of this option. In recent conversations with several palliative care providers, it was stated that in the last five years, one provider had one case and now has one hundred cases; another provider had forty cases three years ago and now has over two hundred. A benefit to providing palliative care is a decrease in the volume of visits to emergency rooms. Hospice and palliative care provide comprehensive support to patients and their families through physicians, nurses, social workers, and chaplains providing them the care that is more specific to their unique needs.

A recent study conducted by the Center to Advance Palliative Care and the National Palliative Care Research Center indicates that in states where there is greater access to hospital palliative care programs, patients are less likely to die in the hospital. The goal of the study, entitled "America's Care of Serious Illness: A State-By-State Report Card on Access to Palliative Care in our Nation's Hospitals," was to identify the prevalence of hospital palliative care programs in the United States. The study followed patients and their decisions regarding medical treatments and focused on quality of life.

This study evaluated several aspects that affect patients in their last months of life. Findings showed that patients receiving palliative care experienced fewer ICU/CCU (Intensive Care Unit/Critical Care Unit) admissions in their last six months of life and had fewer ICU/CCU admissions during terminal hospitalizations. The study found that hospitals located in the Northeast and South are significantly less likely to report a palliative care program. State prevalence of palliative care programs in hospitals in the study report ranged from 10 percent

in Mississippi to 100 percent in Vermont. (Provided by Colleen Shemesh, formerly with Exempla Lutheran Hospice.)

Additional important health facilities include urgent care, emergency care, assisted living settings, nursing homes, and home health care. The number of urgent care clinics has continued to increase as an alternative to emergency room care. Emergency room capacity appears to be above average for our community. Home health care, including medical treatment at home, physical therapy, and homemaker services, will continue to be increasingly used as an alternative to institutional care for older adults. Jefferson County has enjoyed adequate availability of nursing home beds but as the elderly population rises, those seniors who cannot stay in their homes due to medical or cognitive conditions will find bed space limited and longer wait times for admittance.

## Strengths and Assets

The rollout of the Affordable Care Act (ACA) has allowed more individuals access to health care which will enable these individuals to access treatment sooner. In a recent conversation with a Kaiser doctor, it was mentioned that there has been an increase of patients into this system and many of these individuals have major chronic health issues. Jefferson County is currently home to Lutheran Medical Center in Wheat Ridge and to Centura St. Anthony's Hospital in Lakewood. According to Baumgarten's analysis of hospital cost reports submitted to Medicare, both the Centura and Exempla systems are in good financial condition (Baumgarten, 2013). In fact, he states, "Denver area hospitals have enjoyed strong and growing profits for the past ten years." Both hospitals offer a variety of inpatient and outpatient services as well as community services to area seniors. Centura's Health LINKS Program provides numerous programs that give support and guidance to area seniors even beyond health issues. This hospital has begun a health coaching program to empower patients after discharge to continue to take steps to improve their health outcomes. This concept has been shared with other community agencies. Lutheran Medical Center also offers a number of senior community programs.

There are 20 hospices that serve the greater Denver Metro area. Collier Hospice Center is the only in-patient hospice in Jefferson County. However, many of the nursing homes in Jefferson County provide this service. Given that 85% of hospice care in the greater Metro Denver Area is home-based there is substantial unused capacity. The opening of the Metro Community Provider Network (MCPN) senior pod in May 2014 is another asset for the county. Further, Jefferson County has 17 urgent care fa-

cilities, several substance abuse detoxification facilities, emergency rooms in both hospitals, a new free standing emergency room in Arvada in addition to several home health agencies, 26 nursing homes and 95 assisted living facilities. Most urgent care facilities in Jefferson County treat mainly physical ailments and refer patients to their PCP or psychiatrist as soon as they are able to get an appointment. Because seniors account for many visits that start in the emergency room and end in admissions for further medical treatment, Jefferson County is fortunate to have emergency room availability. Exempla Lutheran opened a separate emergency room and a behavioral unit dedicated to seniors. Both of these units have recently increased the number of bed availability. Home health care is reimbursable by Medicaid and Medicare when prescribed by a physician and there are programs that provide home care, respite and adult day services to Medicaid and non-Medicaid clients on a sliding scale fee. Services are available for families caring for an elderly and/or disabled relative; seniors needing assistance at home; persons living with a chronic illness or debilitation; adults recovering from surgery or hospitalization; and individuals with a dementia such as Alzheimer's disease. Home care and physical therapy are also available through numerous private companies and the hospitals.

## Gaps

Despite its strengths, gaps in Jefferson County's health care facilities have been identified. There is a lack of consolidated information and referral sources in the community for discharge planning, home health care visits may be limited by an individual's health plan, hospice care is not utilized to the extent it could be. According to the National Hospice and Palliative Care Organization, one in four dying Americans is a veteran. They, along with other older people, may have no information about these options. The median time in hospice care is only three weeks; one-third of hospice care is for only a week. Because of the sheer numbers of seniors in the future, there will most likely be gaps in home-based and facility-based care for chronic medical conditions, restorative therapies, dementia, hospice, and palliative care. There is a shortage of facilities that will accept seniors with behavioral issues when they are ready to be discharged from a hospital setting.

There is a noticeable deficit in the number of secured Medicaid assisted living settings for those individuals with memory impairment - only 300 statewide. There are also gaps in services and placements for the aging intellectually and developmentally disabled population. Despite the push for individuals to take better care of themselves, the aging population will take time to follow these steps before the impact of improved health can be measured. ◆

# Behavioral Health Services

## Trends

The number of Americans experiencing mental and substance use disorders late in life will continue to grow as life expectancies increase and the senior population grows. Most of the increased spending in mental health has been for psychotropic drugs because much of the care is provided in relatively inexpensive outpatient settings rather than hospitals. Primary Care Physicians (PCPs) or specialty behavioral health providers are the most likely providers and PCPs prescribe the majority of drugs for psychiatric conditions. Recovery is recognized as an achievable objective for the two most common psychiatric disorders - depression and anxiety. Mental illness in the elderly population is under-identified despite an increase in identification by families and PCPs. Stigma felt by older people regarding mental health care continues to be a barrier for accessing these services. Psychiatry is increasingly focused on identifying the biological processes that affect mental health and pharmaceuticals that address chemical imbalances. The number of practicing psychiatrists has declined and is projected to fall even further. In addition, current trends have also detected an increase in alcohol and drug use including prescription drug misuse in the older adult population. In 2006, 3.2 million older adults (3.6 percent of population) had a substance use disorder. Of these, 83 percent (2.6 million) had only an alcohol use disorder, 12 percent had only an illicit drug disorder, and 5 percent had both alcohol and illicit drug use disorders. A recent nation-wide Substance Abuse and Mental Health Services Administration (SAMHSA) study projected that the number of older adults with a substance use disorder will increase to 5.7 million by 2020, representing a 56 percent increase.

These Positive Trends are note-worthy:

- There is more legal assurance that mental health services will be provided at the same level and cost as physical health concerns through parity legislation at the national and state level. In 2008, Medicare co-payments began a 6-year incremental change for mental health services from 50% of cost to 20% of cost.
- Integrated care (access to both behavioral health and physical health in one setting) is on the rise. The increase in integrated care will provide additional screenings and access to behavioral health services for older adults and is expected to decrease stigma related to these services. As of 2014, Jefferson Center for Mental Health was offering integrated services in eighteen different primary care practices in Jefferson County.

- Due to the passage of the Affordable Care Act in 2011, seniors are now able to receive a free annual wellness screen at their primary care office which includes a screening for depression. The Affordable Care Act is also addressing the gap in coverage that makes it difficult to afford medications. Over the next ten years the federal government will provide financial help until this gap in coverage is fully closed. While the health care law fights fraud, scams and waste that take money from the Medicare program, it also strengthens Medicare by adding more resources to identify those providers who engage in fraudulent billing practices.

## Strengths and Assets

The primary providers for outpatient behavioral health services outside of the PCP's office are Jefferson Center for Mental Health (which has a Senior Services Division), West Pines, Lutheran Family Services and a few private providers specializing in geriatrics, such as IPC Senior Care of Colorado. In addition there are frequent opportunities for depression and anxiety screens throughout the county, a number of crisis hotlines, and mental health, self-help and substance use support groups that are all available to seniors. The only inpatient provider for mental health services in Jefferson County is West Pines which has 38 adult psychiatric beds. In 2013, West Pines opened a 20 bed psychiatric unit in Lutheran Medical Center to meet the needs of older adults with significant mental health issues.

Jefferson Center for Mental Health (Jefferson Center) provides treatment and support services to more than 6,000 people in 40 locations throughout Jefferson, Gilpin and Clear Creek Counties, in addition to extensive education and prevention services. The Senior Services Division supports client independence and recovery through community-based sites (for example, personal residences, nursing homes, and assisted living residences) and services, such as group therapy, individual therapy, case management, co-occurring treatment (substance use/mental illness), medication evaluation and monitoring, community education about the needs of older adults, information and referral for related services, senior peer counselors, and wellness classes designed specifically for seniors. Jefferson Center is also expanding its volunteer program to include the recruitment and training of volunteers to become health coaches for seniors who are challenged with chronic health conditions. The continuum of care includes Senior Reach, an award winning evidence-based community program, which provides community education to identify older adults



who may be in need of support. The program creates a way to connect these clients to therapeutic behavioral health services. Senior Reach has provided community education to over 18,000 persons since 2006. Jefferson Center also offers a variety of programs to meet the client's service and payer needs such as Senior Focus for seniors with commercial insurance or Medicare. Lastly, state-wide mental health crisis support services became available on December 1, 2014, across the life span throughout Colorado, including Jefferson County. Crisis support services are available to those with intellectual, developmental, and physical disabilities. Their services include telephonic crisis support services, walk-in centers, mobile crisis units, and crisis stabilization units. All services are available 24 hours a day, 7 days a week and 365 days a year. Types of services include:

- Behavioral Health Triage & Substance Use Screening.
- Immediate Crisis Intervention and De-Escalation.
- Follow-up Crisis Services when needed: Clinical and/or psychiatric assessments, ongoing de-escalation and crisis interventions, medication evaluation, peer support services, and case management services.
- Disposition/Referral: Safety planning, referral to other providers, and support for involved family and significant others.

## Gaps

Although efforts are being made to educate the public about behavioral health and older adults, more professional and patient education is needed to address the underutilization of behavioral health services. Primary Care Physicians, who prescribe about 60% of the psychotropic medications for seniors and are a primary referral source, need more education about existing diagnostic tools and local referral sources to identify behav-

ioral health problems in their elderly patients in a timely manner. They can benefit from information on the ever changing landscape of pharmaceutical interventions for older adults. Though integrated care is on the rise, both private and public funding streams have not evolved to adequately fund it. There is a general lack of public knowledge about signs/symptoms of mental distress or illness, available behavioral health resources, and the potential for recovery. Services to seniors are also impacted by low Medicare reimbursement to mental health professionals, reimbursement limits that require services be provided by Licensed Clinical Social Workers (LCSW) or PhDs, and a lack of transportation to access services. There are also severe shortages of geropsychiatrists who accept Medicare. It is likely that this shortage of psychiatrists and behavioral health providers specializing in geriatrics will continue.

It is important for PCPs to understand the mental health needs and concerns of older adults. Several factors have been attributed to older adults not accessing mental health resources when they need help. Resistance to treatment for mental health disorders due to stigma within this older generation is a barrier. It is also known that when many older adults present with mental health concerns, this is often first expressed to their PCP through somatic or emotional concerns. In fact, a substantial number of elderly people who die by suicide contact their PCPs within a month before their death. Programs are beginning to evolve that are designed to address these issues. In order to effectively move ahead in Jefferson County we suggest a professional education approach to PCPs about mental health.

Funding for programs providing non-traditional programming is limited as some insurance companies do not reimburse for home-based treatment. Care management continues to be a high need for the senior population; however, this critical service continues to remain unfunded by Medicare. In addition, the aging population includes people with intellectual, developmental and physical disabilities. However, across the country, this population continues to experience barriers in access to behavioral health services due to the lack of funding streams and qualified staff to provide treatment.

In general, urgent care facilities treat only physical ailments and do not evaluate a patient's behavioral health. However, if information on a behavioral health problem is provided by the patient or family member, urgent care facilities refer these patients to their PCP or psychiatrist. If the patient's behavioral health condition is severe, they are taken by ambulance or family members to the nearest emergency room. There is a general consensus that treatment for patients with mental illness at urgent care centers in Jefferson County is lacking. ♦

# Wellness and Health Promotion

## Trends

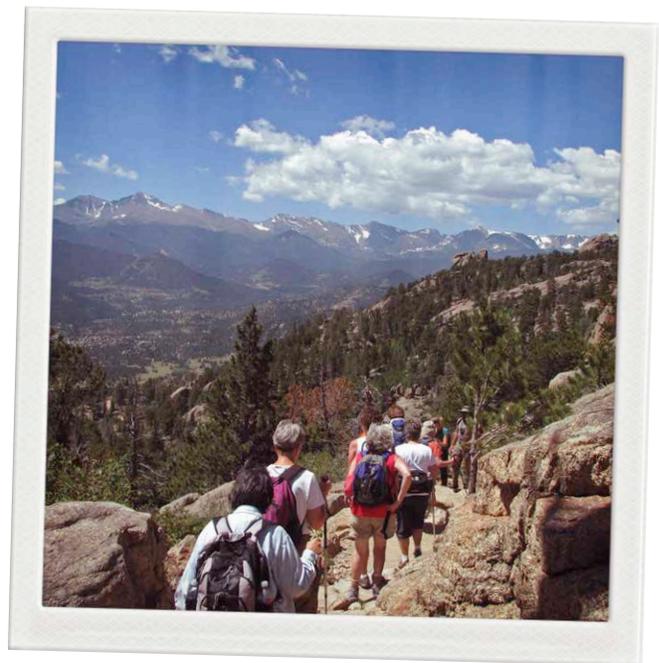
Numerous scientific studies have verified that older adults who maintain their physical and emotional health have less likelihood of chronic conditions and/or early death as they continue to age. A study published in January 2008 by the Centers for Disease Control and Prevention found that regular use of Medicare-sponsored health club benefits was associated with lower long-term health care costs. Scientific data has shown unequivocally that many chronic diseases such as arthritis, heart disease, some cancers, stroke, and diabetes can be prevented, delayed or managed through lifestyle changes. As such, there is no denying that health promotion and wellness activities that have positive effects on lifestyle choices are a low cost/high benefit option. Seniors who are involved in wellness activities experience better health status and also a perceived better quality of life. It is becoming increasingly obvious that the loss of physical, mental or social functioning is not an inevitable consequence of aging, but in many cases the result of disuse or social isolation. Wellness and health promotion programs for the elderly include, but are not limited to, fall prevention, chronic disease self-management, injury prevention, nutrition, physical fitness and exercise, social support, health screening and smoking cessation programs. Creating and implementing effective health promotion and wellness initiatives will become increasingly important as the population ages and the need to control health care costs becomes increasingly imperative. According to the Centers for Disease Control and Prevention, the average 75-year-old has three chronic conditions and uses five prescription drugs.

## Strengths and Assets

Nationally, reimbursement for wellness, health promotion and prevention has been focused on immunizations, disease screening and monitoring, and services that address an already identified disease or condition (for example nutrition counseling for diabetics). Numerous community based programs, supported mostly through grants, have been initiated nationwide to provide a more holistic, prevention-based approach to health services for the elderly. Many Medicare Advantage Plans offer wellness activities, since they have an incentive to provide wellness and health promotion activities to their senior beneficiaries given the fact that it lowers the cost of care associated with chronic conditions and diseases. Typically, health promotion and wellness services are accessed at personal discretion and may be paid for out

of pocket. Many wellness programs are offered through parks and recreation centers, senior centers, mental health centers, public health, hospitals and other organizations throughout the county. For example, not only is Centura Health offering health coaching services for seniors, but they are partnering with community organizations to expand the number of health coaches being trained and utilized in Jefferson County. Centura's health coaching program is both highly innovative and collaborative as they partner with the Consortium of Older Adult Wellness, Jefferson Center for Mental Health, primary care practices, and local recreation centers.

Good dental, hearing and vision care are critical components to wellness and health promotion. Medicare Advantage Plans offer the option for dental, hearing and vision coverage and most commercial suppliers of these services and goods accept Medicare. For Medicare beneficiaries without coverage, there are a variety of programs in the Denver Metro Area that offer low cost dental, vision and hearing services, many on a sliding fee scale or free for qualifying low-income recipients. However, dental services, in particular have narrow eligibility requirements for services and/or limited services available. Services for very low vision or blind individuals also can be limited due to eligibility requirements.



## Gaps

Patient participation is key to the success of health promotion and wellness. The four elements crucial to the success of health promotion programs include awareness, motivation, skill building, and opportunity. Motivation to begin and adhere to healthy lifestyle changes is perhaps the biggest challenge. Numerous studies have documented that short-term success does not necessarily become long-term behavior change. It is much more likely to persist in an environment that is supportive and encourages good health practices. Given the increasing diversity of the elderly population, more health promotion interventions will need to be culturally tailored and accessible to seniors with low literacy or visual, hearing, cognitive or physical impairments. In addition, the aging population includes people with disabilities (intellectual, developmental, and/or physical); this population continues to experience barriers in access to wellness services due to lack of funding streams and qualified staff to provide treatment.

The Fall Prevention Network Referral System is a coordinated community referral system focused on decreasing preventable falls in the older adult population. This network plans to expand into Jefferson County in the next 3 to 5 years but is currently a gap in services. PCPs are the usual source of referral or source of information and/or intervention for patients that require a lifestyle change. This role may require medical student curriculum that deepens the understanding of total health beyond just the physical realm.

Despite the potential cost savings and a decrease in the incidence and intensity of disease for the elderly, there is no national strategy to provide reimbursement for wellness care. Wellness and health promotion promotions may disappear if the payment reimbursement rates to providers do not allow these kinds of incentives for seniors. ♦

## Conclusions and Recommendations

Jefferson County is fortunate to have many organizations, programs, and services dedicated to serving seniors now and for the future senior demographic. The primary issue is assuring that seniors in Jefferson County receive the health care they need to retain a good quality of life as they age.

For physical health, mental health, wellness and prevention services, lack of integrated care for persons with chronic conditions or those on many medications is an identified problem. Some of the ideas that may help to coordinate care in the future are electronic medical records, systems of care that assist persons to navigate between providers, the medical home concept extending to the aging population, and better access to accurate information regarding physical and mental health conditions.

The recommendations from the Health, Mental Health, Wellness and Prevention Workgroup include:

- Support for the numerous programs in Jefferson County that offer integrated models of care for the elderly and working with providers to pilot new models as the opportunities arise.
- Support and financing for programs that offer information to professionals and community members regarding the special needs of seniors.

- Support and financing to programs that offer coordinators or navigators a comprehensive information and referral system that is elder-friendly and well-publicized as the one-stop-shop for seniors.
- Support for more sliding-fee scale services for low-income seniors to ensure access to needed health services.
- Support and financing to reach people that are underutilizing wellness and prevention services either due to lack of knowledge or lack of motivation through a multi-pronged approach utilizing community partners such as current health related providers, the faith-based community, recreation centers, senior centers, hospitals and other organizations that have contact with seniors.
- Support a study to answer the questions about how to fill gaps in our community such as low cost dental/vision, and free/low cost care management services.
- Support legislative efforts to provide appropriate and reasonably priced physical health, mental health, wellness and prevention services to seniors.
- Support coordinated efforts to provide information about physical health, mental health, wellness and prevention to seniors through technology.

# Appendices

## Appendix A: Terms and Definitions Used in Report

### Adult Day Services

Adult day services provide an opportunity for the family caregiver to have a place where their loved one can go while the caregiver is working or taking a break to run errands or get some rest. Participants in the adult day center program may be seniors or adults with disabilities who cannot stay home alone. The programs are usually open Monday-Friday and offer a wide variety of activities which provide social and physical stimulation. The programs usually offer breakfast, lunch and an afternoon snack. Funding sources include private payment, VA benefits, Community Centered Boards, Medicaid through the HCBS waiver, and scholarships. Programs accepting Medicaid are surveyed by the State Health Department on an annual basis.

### Affordable Care Act/ACA

The Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA) or "ObamaCare", is a United States federal statute signed into law by President Barack Obama on March 23, 2010. Together with the Health Care and Education Reconciliation Act amendment, it represents the most significant regulatory overhaul of the U.S. healthcare system since the passage of Medicare and Medicaid in 1965.

### Alternative Services and Treatments

Applies to medical or mental health services and treatments other than traditional therapy or medication.

### Care Management

Care management can be done on an intensive, broad, or less intensive, specific basis. A professional assists an individual with issues such as, but not limited to: referral and information, filling out forms/applications, advocacy, counseling, and education. Someone who does care management is a care manager, also referred to as a care navigator or case manager with some variations as to exact responsibilities.

### Chronic Conditions

Conditions that have lasted 3 months or more, by the definition of the U.S. National Center for Health Statistics.

### Chronic Diseases

Are long-lasting or recurrent. The term chronic describes the course of the disease, or its rate of onset and development.

### Consumer-Friendly

Refers to professional service, which is expected to be amiable or congenial.

### Dementia

A chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes and impaired reasoning.

### Elder-Friendly

Implies services that are safe, accessible and attractive to older clientele.

### Electronic Medical Records

An electronic medical record (EMR) is a digital version of the traditional paper-based medical record for an individual. The EMR represents a medical record within a single facility, such as a doctor's office or a clinic.

### Facility-Based Hospice

Residential and inpatient facilities that play an important role in providing a comprehensive continuum of care to persons with end of life issues.

### Fixed Income

Gaining or yielding a more or less uniform rate of income.

### Geriatricians

Specialists in health care for persons 60 years and older.

### Geriatrics

A subspecialty of internal medicine that focuses on the health care of older people.

### Geropsychiatrists

A subspecialty of psychiatry dealing with the study, prevention, and treatment of mental disorders in older adults.

### Group Practice Organizations

The practice of medicine by a group of physicians, each of whom is usually confined to some special field, but all of whom share a common facility.

### Health Professional Shortage Areas

Are designated by the U.S. Health Resources and Services Administration as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low-income population) or institutional (comprehensive health center, federally qualified health center or other public facility).

**Health Promotion**

Defined by the World Health Organization as “the process of enabling people to increase control over their health and its determinants, and thereby improve their health.”

**Home Care/ Home-Based Treatment**

The term home care is used to distinguish non-medical care or custodial care, which is provided by persons who are not nurses, doctors, or other licensed medical personnel, whereas the term home health care refers to care that is provided by licensed personnel.

**Home Health Care**

Health care or supportive care provided in the patient’s home by licensed health care professionals.

**Hospice**

A type of care and a philosophy of care which focuses on the palliation of a terminally ill patient’s symptoms (see palliative care). Hospice Care, although viewed as end-of-life care, is in reality quality-of-life care for the terminally ill. Early intervention is imperative for providing a higher quality of life for the patient and their family.

**Infrastructure of Health Care**

Refers to the administrative and clinical policies, procedures, staffing, and sites that create the base for a health care operation.

**Institutional Care**

Care provided that is long-term and provided in a hospital-based or nursing home-based environment.

**Integrated Care**

Refers to health care addressing multiple areas of medical and mental health in a collaborative fashion.

**Integrated Model of Care**

Describes a model of health care addressing multiple areas of medical and mental health in a collaborative integrated site.

**Licensed Clinical Social Workers (LCSW)**

Clinical social work practice is the professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders. It is based on knowledge of one or more theories of human development within a psychosocial context.

**Managed Care Plans**

Systems of financing and delivering health care to enrollees organized around managed care techniques and concepts.

**MCPN**

Metro Community Provider Network (MCPN) provides primary health care for people who have no other access to health care within the areas of Arapahoe, Jefferson, Adams, and Park Counties.

**Medicaid**

The United States health program for eligible U.S. citizens and resident aliens, including low-income adults and their children, and people with certain disabilities. All 50 states have different versions of a Medicaid program.

**Medical Home**

Also known as Patient-Centered Medical Home (PCMH), is defined as an approach to providing comprehensive primary care that facilitates partnerships between individual patients, all of their personal physicians, and when appropriate, the patient’s family.

**Medically Underserved Area/Populations**

Areas or populations designated by the U.S. Health Resources and Services Administration as having too few Primary Care Providers, high infant mortality, high poverty and/or a high elderly population.

**Medicare**

A social insurance program administered by the United States government, providing health insurance coverage to people who are aged 65 and over, or who meet other special criteria. Medicare operates as a single-payer health care system.

**Medicare Advantage Plans**

Also known as Part C or Medicare benefits through private health insurance plans, instead of through the original Medicare plan (Parts A and B).

**Medicare Part D**

A federal program to subsidize the costs of prescription drugs for Medicare beneficiaries in the United States.

**Mental Disorder/Illness**

Mental disorder or mental illness is a psychological or behavioral pattern that occurs in an individual and is thought to cause distress or disability that is not expected as part of normal development or culture.

**Mental Distress**

A term used, both by some mental health practitioners and users of mental health services, to describe a range of symptoms and experiences of a person’s internal life that are commonly held to be troubling, confusing or out of the ordinary.

**Mental Health**

A term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder.

**Navigation Programs**

Are designed to help and guide clients and staff in accessing services and resources.

**One-Stop-Shop**

A one stop shop is a business or office where multiple services are offered.

**Palliative Care**

Medical or comfort care that reduces the severity of a disease or slows its progress rather than providing a cure. Palliative Care is for the terminally ill who have chosen to discontinue aggressive/curative treatments without sacrificing comfort. This service provides comprehensive support to patients and their families by physicians, nurses, social workers and chaplains providing care that is more specific to unique needs.

**Parity Legislation**

Works towards ensuring equal treatment for Americans with mental health and substance use disorders.

**Per Capita**

A Latin phrase literally **meaning** “by heads,” and translated as “for each person.” It is a common unit for expressing data in statistics. A country’s **per capita** personal income, for example, is the average personal income **per** person.

**Physical Health**

Refers to body health, and is the result of regular exercise, proper diet and nutrition, and proper rest for physical recovery.

**Prevention**

Activities that keeps one’s health from deteriorating or needing medical intervention.

**Primary Care Physician/PCP**

A primary care physician or primary care provider (PCP) is a physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

**Psychiatric Conditions**

A psychological or behavioral pattern that occurs in an individual and is thought to cause distress or disability that is not expected as part of normal development or culture.

**Psychotropic Drugs**

Any drug capable of affecting the mind, emotions, and behavior.

**Quality of Life**

The standard of health, comfort, and happiness experienced by an individual or group.

**Respite**

Short-term or temporary **care** (ranging from a few hours to a few weeks) of an individual to provide relief, or **respite**, to the regular caregiver, usually a family member. May be provided in the home, at an Adult Day Program, or short-term in a care community (Assisted Living or Nursing Home).

**Restorative Therapies**

Activity based therapy in which voluntary muscle movement can be achieved through daily functional stimulation of muscles.

**Sliding-Fee Scale**

Sliding scale fees are variable prices for products, services, or taxes based on a customer’s ability to pay.

**Supplemental Insurance Plans**

Supplemental insurance benefits are optional insurance policies that can be purchased by the policyholder in addition to a primary insurance plan. Supplemental insurance policies can cover costs, including medical costs and lost wages that are not covered under the policyholder’s primary insurance policy. Supplemental insurance policies can be purchased through an employer or outside of any medical benefits associated with an employer.

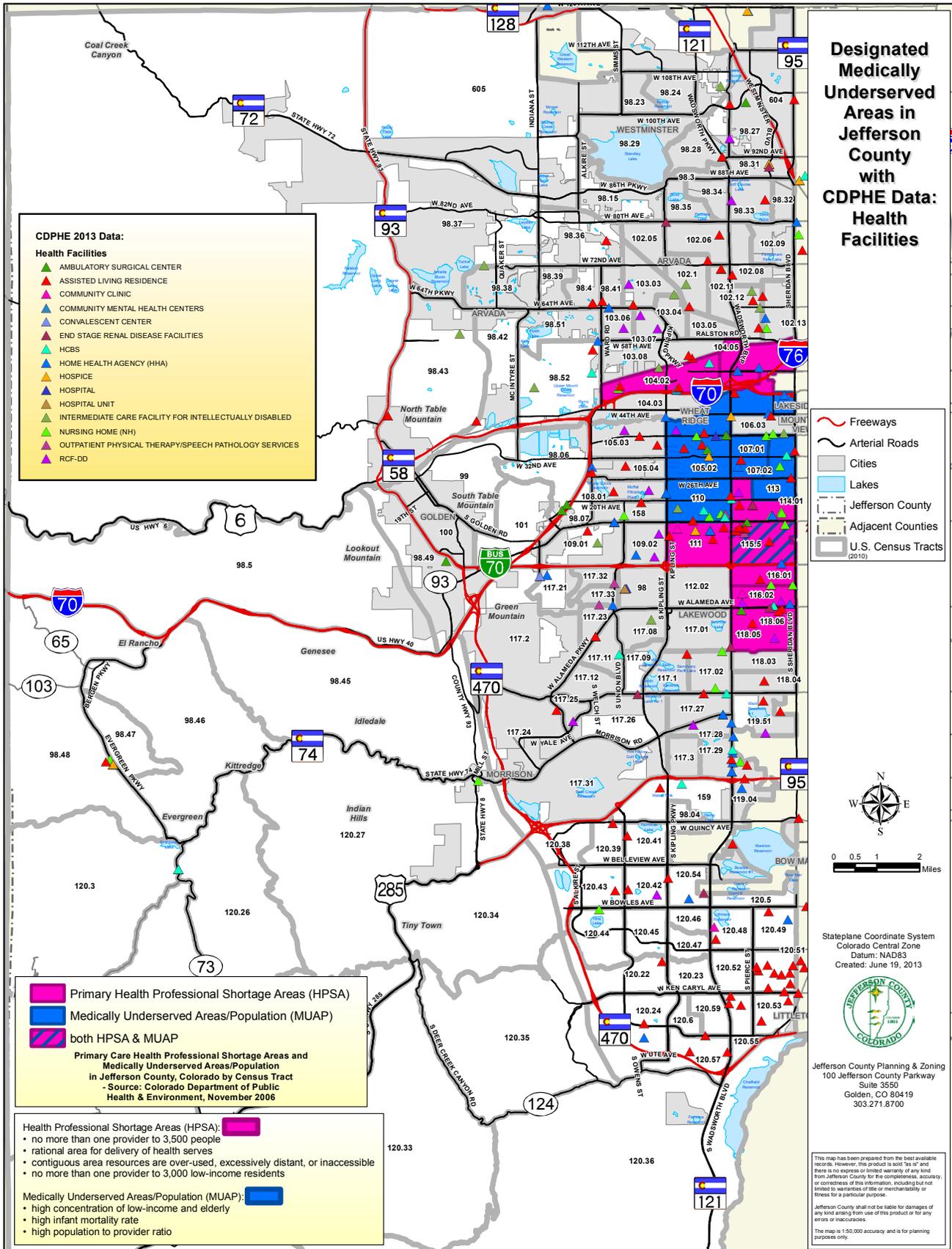
**Urgent Care**

Care needed to treat an unforeseen condition that requires immediate medical treatment in the outpatient department of a hospital, clinic, or doctor’s office for the treatment of acute pain, acute infection, or protection of public health.

**Wellness**

An approach to health care that emphasizes preventing illness and prolonging life, as opposed to emphasizing treating diseases.

# Appendix B: Physical Health, Behavioral Health Providers and Underserved Areas in Jefferson County



# Appendix C: Pharmacist/Pharmacy Shortage Factors

## Reasons for shortage

- Increase in older population
- Increase in number of chain pharmacies and extension of hours
- Leveling off of pharmacy graduates
- Fewer pharmacists working full time
- Transition of schools to 4-year programs
- Rapid growth in number and type of alternate site practice opportunities and postgraduate education options
- Job satisfaction
- Legal requirements governing use of technical personnel and technology
- Maximum recommended number of prescriptions filled by pharmacist: 14/hr = 112/day

## Other factors

*Survey: more likely to leave because of:*

Burnout 36.7%

High stress level 35%

Excessive workload 31.1%

Understaffing or poor salary 25%

Insufficient or unqualified staff, scheduling, salary, workload, poor management, relocation, and location of workplace

Not doing what they want (i.e. patient counseling)

Personal/individual factors: More likely to leave are younger, those in staff positions, have more education/training, practice settings other than independent community pharmacy, and women. Men leave because of salary; women leave due to relocation

*Survey: intended to stay with current employer because of:*

Good salary 50.1%

Relationship with coworkers 46.6%

Good benefits 42%

Geographic location 40.7%

Not desiring a change 40.4%

Primary reasons: flexible schedule, enjoying work, being close to home, good management, salary/benefits, good relationship with coworkers, ability to use skills.

Turnover stats: Estimated loss to employer \$20k to 88k.

From 1990 to 2000, there was a 16% decline in number of pharmacists per 100,000 population in Colorado.

Population increased from 3.29 million to 4.3 million.

Number of pharmacists increased from 2,598 to 2,863.

Nearly three billion outpatient prescriptions were dispensed in 2001 in the U.S. by 101,400 FTE pharmacists (30,000 orders per pharmacist). At an annual growth rate of 5% for outpatient prescriptions, the estimated prescription volume would equal 7.2 billion in 2020.

Primary care pharmacy services (community pharmacy, ambulatory care): 2001–30,000 FTEs. Estimated need in 2020–130,000 FTEs. Higher need patients may require one FTE pharmacist per 1000 patients.

Estimate of secondary and tertiary pharmacist care in the U.S.

	2001 FTEs <sup>a</sup>	2020 FTEs <sup>b</sup>
Drug use safety and policy	5,000	10,000
Acute care	10,000	100,000
Nursing facilities	1,800	2,700
Intermediate care/mentally impaired/psych	300	400
Hospice	200	3,200
Home health	200	9,000
Assisted living	100	2,500
Continuing care retirement	100	200
Correctional facilities	50	150
Nuclear Pharmacy	300	600
Total	18,050	128,750

<sup>a</sup>Estimated deployment of pharmacists in 2001

<sup>b</sup>Estimated needs

Additional estimate for non-patient care pharmacy needs: 2001–24,600 2020–47,500

Total FTE pharmacists needed in the U.S. in: 2001–196,700 2020–417,000

Solutions? Re-deploy pharmacists from medication order fulfillment to patient care by using information technology, automation and robotics, utilize supportive personnel, increase in mail service pharmacy and Internet-based pharmacy services, and increase pharmacy schools and enrollment.

Employers need to work to retain current employees, persuade retired pharmacists to return to workforce, recruit replacements.

Pharmacy Schools:

University of Colorado: 2008 graduates: 108 traditional, 46 non-traditional

Regis University (started a program in the fall of 2009)

Pharmacy Issues:

“An economic impact study of the Deficit Reduction Act (DRA) of 2005 finds that 11,105 pharmacies across the country could close due to reductions in the Medicaid reimbursement rate which is well below their cost to fill prescriptions.”

Independent pharmacies: in the 1990s more than 11,000 independent pharmacies closed.

Medicare D has decreased the gross margin for pharmacies which places a burden on independents.

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public health departments, outpatient clinics, homes, schools, churches, mental health clinics, and hospices. Nurses serve in many roles including case management, education, administration, and research to name a few. Advanced practice nurses provide primary care, and specialty care such as midwifery, geriatric, psychiatry, and anesthesia care. ♦

## Appendix D: Colorado Nursing Shortage, 2000 – 2020

In 2000 the supply of nurses in Colorado was 26,556 while the demand was 29,735 or a shortage of 3,179 (10.7%). The current Colorado nursing shortage is about twice the national average. Based on current trends, Colorado's shortage is expected to nearly triple by 2020. Part of the state's challenge is to increase its capacity for nursing students in the face of the shortage of qualified nursing faculty, which is three times the national average at Colorado's two-year nursing schools and double the national average at four-year schools. Not surprisingly, in 2003, more than 2,600 applicants were turned away from nursing programs in Colorado due to capacity constraints. As of 2005, Colorado had 31 Licensed Practical Nurse, Associate Degree Nurse, and Bachelors Degree Nursing programs plus six graduate degree nursing programs.\*

\*Colorado State Health Profile: An Overview of the Health Status of Colorado Residents and the Availability of Primary Care Resources, November 2006. Primary Care Office, Prevention Services Division, Colorado Department of Public Health and Environment

### Colorado Supply and Demand for Nurses: 2000-2020\*

Year	Supply	Demand	Excess or Shortage (Supply Less Demand, = shortage)	Percent Shortage
2000	26,556	29,735	-3,179	-11%
2005	29,676	33,911	-4,235	-12%
2010	31,432	37,860	-6,428	-17%
2015	32,135	42,159	-10,024	-24%
2020	32,310	47,028	-14,718	-31.3%

\* Projected Supply, Demand, and Shortages of Registered Nurses: 2000-2020, July 2002. U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Bureau of Health Professions, National Center for WorkForce Analysis

When considering nursing shortages, it is important to note that registered nurses care for people in numerous settings. Besides in institutions such as hospitals, nursing homes, and prisons, nurses provide care in many and varied community settings including but not limited to

# Strategic Plan: 2015-2020

## GOAL 1- Seniors will have Timely Access to Reasonably Priced Behavioral and Physical Health Services

### OBJECTIVE 1 - Develop strategies to support the implementation and sustainability of sliding fee medical/mental health clinics

Strategies	Key Outcomes	Target Completion Date
1. Utilize ongoing multi-agency collaboration possibilities with MCPN Senior Pod Clinic and Jefferson Center for Mental Health Senior Services Department, and the People's Clinic in addition to other agencies with sliding fee scales	Multi-agency collaborations are explored and leveraged to provide gap services to low-income seniors	December 2017
2. Increase the number of providers who are willing and able to provide pro bono services or low cost therapy services	Service providers will be identified who will provide low cost therapy and/or pro bono services	December 2017
3. Develop appropriate action plan based on steps one and two	Low cost and/or pro bono services will be known and accessed by older adults	June 2018

## GOAL 2 – Older Residents in Jefferson County will Exhibit Healthy Behaviors

### OBJECTIVE 1 - Increase seniors' knowledge and utilization of physical health, mental health, and wellness and prevention services

Strategies	Key Outcomes	Target Completion Date
1. Utilize information from various focus groups/surveys with seniors to identify barriers to using physical health, mental health, and wellness and prevention activities to inform future planning	Use information from seniors/focus groups to shape future planning of services	June 2017
2. Promote good overall health practices through local events	Increased participation in these programs over five years	June 2017 and ongoing
3. Develop marketing, public relations, advertising materials for county television, newspapers, websites, senior newspapers and mail to senior homes to promote wellness and prevention activities	Jefferson County fitness and wellness programs will be marketed each year and these services will be known by older adults in Jefferson County	December 2017

### OBJECTIVE 2 - Increase physical activity for seniors living in Jefferson County by promoting and establishing health, wellness and prevention activities

Strategies	Key Outcomes	Target Completion Date
1. Promote to seniors existing best practice programs, such as Silver Sneakers, N'Balance - A Matter of Balance, Healthier Living of Colorado, LiveWell Wheat Ridge, and chronic disease specific group wellness programs and other wellness/prevention programs emphasizing physical activity and self-management strategies	Increased older adult participation in these programs	December 2017
2. Work with wellness and prevention activity providers to maximize these types of benefits for seniors	Programs will be maintained and/or developed that maximize benefits to seniors	June 2017
3. Expand volunteer pool with specific emphasis on health coaches and peer counselors. Explore current volunteers serving seniors via the web and collaborate to maximize the efficient use of these resources	The volunteer pool serving Jefferson County older adults will be increased	January 2017

### OBJECTIVE 3 - Increase opportunities for mental illness prevention and early intervention activities

Strategies	Key Outcomes	Target Completion Date
1. Promote existing evidence-based programs: Senior Reach, Wellness and free depression, anxiety, SBIRT (alcohol and substance use) screenings with seniors	100 or more older adults per year will access Senior Reach Wellness or free depression and anxiety screenings	January 2017
2. Promote the Friendship Line	Seniors will access this free service more often	2016 and ongoing
3. Identify PCPs who don't have integrated care services (provision of both physical and mental health in one setting), and approach those PCPs who don't have behavioral health to increase integration	Increased Integrated Care Services offered in Jefferson County to older adults	June 2017

**OBJECTIVE 4 - Increase health care professionals' knowledge about best practices in health care, mental health, wellness and prevention programs that can affect and help chronic and acute conditions**

Strategies	Key Outcomes	Target Completion Date
1. Complete the health care physician education and resource booklet to promote evidence-based programs to include wellness and behavioral health. Utilize collaborations to distribute (for example Physician Health Partners). People House will expand professional development series to include both behavioral health and primary care	More physicians will understand the relationship between their referral and patient participation in behavioral, wellness, and physical health evidence-based practice programs	January 2020
2. Promote mental health education and suicide prevention activities through Primary Care Physicians (PCPs) and acute care clinics	Mental health education and suicide prevention programs will be developed and provided to Primary Care Physicians and acute care clinics	June 2017
3. Implement and provide education through workshops, conferences, web-based materials, literature, and lunch-n-learns	More seniors in Jefferson County will use prevention programs because they are recommended by their health care professionals	June 2017
4. Develop partnership with local RCCO (Regional Collaborative Care Organization) and Physician Health Partners	Increased coordination of care	June 2016

**GOAL 3 - Seniors will have Increased Access and Utilization of Mental Health Services**

**OBJECTIVE 1 - Increase seniors' and community's knowledge about the signs and symptoms of mental health distress and how to refer to a professional**

Strategies	Key Outcomes	Target Completion Date
1. Promote existing evidence-based practice of Senior Reach for community education, elder-friendly outreach, and knowledge of access to care management and mental health treatment services in Jefferson County	1,000 community members a year will be trained in the unique mental health needs of older adults and how to refer to a professional	Ongoing through 2020
2. Participate in well-recognized events like National Depression Screening Day and 9 Health Fairs by mental health professionals for free onsite consultation and screening. Consider adding anxiety and SBIRT (alcohol and substance abuse screen)	Free mental health onsite consultation and screening will be available at 7 sites per year	June 2016
3. Promote trauma informed care trainings/principles specific to the senior population for senior serving agencies	Increased awareness of trauma and its impact on the older adult population	June 2017
4. Explore technology and services that will be relevant and will be utilized for the aging baby boomer population to include tele-health	Increased use of technology to better serve the baby boomer population. Increased use of tele-health services	June 2017
5. Support Lutheran Medical Center's Geropsychiatric Inpatient Unit with referrals and promotion through Aging Well Leadership Committee and this subcommittee	Lutheran Medical Center will have the referral base to sustain their inpatient unit	Ongoing

**GOAL 4 - Seniors with Challenging Behaviors will Receive Best Practice Services and Increased Collaborations in Outpatient, Inpatient, Assisted Living Facilities and Nursing Homes**

**OBJECTIVE 1 - Increase best practices related to dementia care and services**

Strategies	Key Outcomes	Target Completion Date
1. Explore working with an intern who can scan the community and literature review for best practice services to treat those with dementia, significant and persistent mental illness, and cognitive problems	Best practices will be identified related to services for this population	June 2017
2. Write a letter to the Governor's Task Force to support dementia behavioral health, cognitive impairment services and best practices for the aging population	Letter will be written. Ongoing advocacy will be provided	June 2016
3. Explore collaborations between nursing care homes and community service providers to increase effective services and partnerships	Agencies will increase collaboration; fewer residents will experience unnecessary emergency room and inpatient services	January 2018

## **GOAL 5 - Jefferson County will have Adequate Medical Personnel to Meet the Needs of Seniors**

### **OBJECTIVE 1 - Increase awareness among elementary, middle school and high school students about various career options involving geriatrics and healthcare**

<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Conduct an assessment of what is currently offered within the Jefferson County school system to encourage students to explore careers in senior healthcare	Current options and gaps will be identified within the school system	June 2017
2. Identify schools that host career fairs	List of schools that currently host career fairs is created	June 2016
3. Create a speakers bureau of volunteers	List of volunteer speakers is created	December 2016



# Aging Well

2015  
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## Housing



# Aging Well

In Jefferson County, Colorado

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## Housing

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Katie Taliercio, Development Disabilities Resource Center



*Presented by:*

**The Jefferson County Human Services Department**  
900 Jefferson County Parkway, Golden, Colorado 80401  
303-271-1388, <http://humanservices.jeffco.us>  
Lynn Johnson, Director  
2015

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*Photo credits: Front cover: Brothers Redevelopment Building a Platform Staircase, courtesy of Brothers Redevelopment, page 6:5- Example of an Accessory Dwelling Unit, Donna Mullins, Page 6:8- Harmony Village Co-Housing in Golden, Co., courtesy of Jefferson County Human Services, page 6:11- Abandoned Building -Jefferson County Human Services page, 6:15- Helping - harlandspinkphoto, Flickr,*

# Introduction

The Housing Workgroup is part of the Jefferson County Department of Human Services multi-year collaborative planning effort to develop specific strategies for improving the lives of county residents as they age. The Housing Workgroup is assessing the current and future housing needs for seniors in the county. Much has developed in the last several years in the senior housing arena in response to the newer generation of older adults (baby boomers) desiring a multitude of senior housing options. Therefore, the Housing Workgroup has researched many new housing options, outside of the traditional options of independent, assisted living and skilled nursing homes. Among them are accessory dwelling units (ADUs), co-housing, home sharing, ranch-style homes, manufactured and mobile homes and many more. The workgroup is also looking for potential opportunities for infill and redevelopment in Jefferson County.

Included in this report are trends, strengths and assets, and gaps related to Senior Housing Options, Tools for Aging in Place, Issues for Jefferson County to Consider and Housing Needs for Other Populations. It also includes conclusions and recommendations. According to the American Seniors Housing Association, the demand for appropriate senior housing will increase from 18,000 units per year in 2015 to 82,000 units per year in 2030 across the country. The greatest need will be for-sale and rental properties for the 90 percent of seniors wanting to age in place.

There is also a need to adapt older, obsolete real estate by making them more accessible to allow older residents to live safely and independently.

Terms and definitions and strategic plans for 2015-2020 follow this report. Also following this report are the definitions of many senior housing options. The Housing Workgroup is analyzing this list to understand the impediments and incentives for developers to build in Jefferson County. ♦

# Senior Housing Options

There are many senior housing options throughout the country ranging from single family homes which include mobile homes and manufactured homes to multi-family homes such as co-housing, pocket neighborhoods, condominiums, apartments and accessory dwelling units. There are also assisted living residences, skilled nursing facilities, continuing care retirement communities, foster homes, personal board and care homes, home sharing and memory care facilities. The focus here will be on accessory dwelling units, co-housing and pocket neighborhoods and ranch style or single story homes.

One option that is not widely known and can be found in Jefferson County are accessory dwelling units or ADUs. An ADU is an additional dwelling that can either be added to an existing single-family detached dwelling or built as a separate accessory structure on the same lot as the primary dwelling. To be considered an ADU, the unit must have provisions for an independent kitchen, and must be clearly subordinate to the main dwelling.

Co-housing and pocket neighborhoods are other housing options that are not as well known to the general public. Co-Housing and pocket neighborhoods provide a collaborative, intentional living arrangement. Homeowners actively participate in the design and operation of these neighborhoods. Homes are usually grouped together in smaller residences, often around a courtyard or common garden, designed to promote a close-knit sense of community and neighborliness with an increased level of contact.

Ranch style or single story homes are well known models of housing that are found throughout the United States.

## Trends

More and more people and governmental entities are seeing ADUs as an acceptable way to increase density without harming the environment, keeping families together but with independence and as a way to keep older people out of premature placement in assisted living facilities and nursing homes. The intent is to create more housing options for Jefferson County residents, allowing some to age in place by having a second unit for perhaps a caretaker or grown children and/or renting out the dwelling for supplemental income.

Co-housing and pocket neighborhoods are being developed in other parts of the Denver Metro Area, like Aria at Marycrest in northwest Denver. Currently in Jefferson County there is only one multi-generational, co-housing development called Harmony Village in Golden. Another

co-housing project in the metro area is part of Aria Denver, a major redevelopment of the 17.5 Marycrest Campus in Northwest Denver. Co-housing will be in the renovated Marycrest Convent building. Other co-housing projects are being developed in Boulder and Longmont with one age-restricted development (Silver Sage) already in place in Boulder.

Other trends in senior housing are the need for affordable, accessible single-story homes, also called ranch style homes. To allow for safer environments to age in place, the need for home modification will increase with the increase in the senior population.

## Strengths & Assets

A benefit of an ADU is that it may provide supplemental income to a homeowner on a fixed income. ADUs also provide a housing option for a family member/caregiver to reside near the homeowner to assist with activities of daily living, reducing healthcare costs. The county and a number of municipalities in Jefferson County have recently revised their ordinances so that more ADUs can be built. Issues such as the amount of land a homeowner must have, the relationship between the person in the main structure and the person in the ADU, etc. have been addressed.



Co-housing and pocket neighborhoods provide safe and secure housing when an older adult no longer wants to live alone but does want to live in a community where he or she has social, emotional and physical support. They provide a strong sense of community among persons who need and desire social interaction due to life circumstances, e.g. widowed, empty-nester, wanting to raise family in-community, etc. Houses are smaller, can be more efficient and less costly for utilities and there is an emphasis on walking rather than driving. These communities are denser so they are more environmentally friendly and sustainable. There is an opportunity to down-size to a beautifully designed home (average around 1000 -1800 SF), outdoor and indoor common areas for all residents are available while maintaining privacy if desired. One must often walk through common space to access his or her home, thus stimulating social interaction.

Nationally, ranch style homes were introduced to the market in the 1920's and became popular in the late 1940's – 1970's. In 1973, up to 67% of the homes being built were one-story homes. Ranch style homes, in theory, allow individuals to age in place, which 90% of individuals over 50 would prefer to do (Housing Council of the National Association of Home Builders). In Jefferson County, from 2012-14, month after month 25-30% of the homes that were available for sale were ranch style homes. Consistently 7-8% of these homes were priced \$200,000 or less, offering an affordable option. In 2015 the availability of ranch style homes priced at this level dropped dramatically.

## Gaps

Some people may think that ADUs decrease property values and increase traffic and parking. Studies have shown that this is not necessarily the case as long as ordinances are worded properly. Not all municipalities in Jefferson County have ADU ordinances that encourage these types of structures to be built. Building ADUs is not a well known option amongst most people.

Currently the cost per square foot of co-housing and pocket neighborhoods is quite high, but costs can be kept reasonably priced if cost of land can be kept within reason, which is a challenge in Jefferson County. Some zoning regulations may limit the number of homes that can be built per acre. Parking restrictions may inhibit this type of development with parking around the perimeter of the property. This type of living arrangement may be invasive and restrictive, to some, in regards to privacy and individualism. High home owners' fees/membership dues could make this option expensive.

As the population ages so do many of the affordable homes in Jefferson County. Although they often offer single story living, most of these homes need retrofitting to help the aging in place process. Many of the homes built between 1950 and 1970 have complications for aging in place such as laundry rooms in basement, narrow hallways and inadequate sized bathrooms to allow for walkers and/or wheelchairs. In Jefferson County most of the new home construction in 2014, that may be appropriate for the aging population was priced in the high \$350,000 range and above, unaffordable for many low-income buyers. Maintenance free living, often called patio homes, made up less than 1% of the available homes for sale and most of these were priced \$300,000 and up. ♦

# Tools for Aging in Place

Home modification and health accessibility products provide an option for transforming an existing house into a more accessible, safer, and user-friendly home. A study from AARP, "Fixing to Stay," indicated that most Americans want to stay in their homes for as long as possible and 80% of older adults surveyed have mobility issues in their homes. Approximately one of three houses in America are home to a person over 60 years and approximately 19% of Americans between 16 and 60 years have a physical challenge that affects their activities of daily living at home.

When discussing aging in place issues within Jefferson County, the issue of aging homes is a large consideration. Most senior residents prefer to maintain living in their homes, and many of these homes were built decades ago. The reality of this situation is that while aging in place requires acceptable levels of support for healthcare, mobility/accessibility and home safety, the structures themselves require important rehabilitation services.

Another tool for aging in place is innovative technology. It is changing the way we all live. For people who are aging and/or live with a developmental or intellectual disability, assistive technology can be the difference between significant compromise or maintaining autonomy and quality of life. Assistive technology promotes greater independence by enabling people to perform tasks they were formerly unable to perform or had great difficulty performing by providing enhancements to or changing methods of interacting with the technology needed to accomplish such tasks.

An increasingly popular option to assist seniors to remain living in their home is the nonprofit Village model, a voluntary association of people who help older adults live in their own homes and communities. The model is based on the premise that older people are determined to "age in community." They want to remain in their homes but with the services and support necessary to stay connected to community, family and friends. Older adults often don't want to rely on private social services or government agencies for solutions. The Village model is funded by membership dues, national average of \$600 per year, with the balance of financial support provided by tax-deductible donations, business underwriting and grants. Villages are self-governing, self-supporting, membership-based grassroots organizations. They consolidate and coordinate services for their members and create innovative strategic partnerships that leverage existing community resources. Villages promote volunteerism, civic engagement and intergenerational connections.

Another model, similar to a Village is called a Naturally Occurring Retirement Community or NORC. NORCs are communities that were not originally designed for seniors, but that have a large proportion of residents who are older adults. Information and referral services, activities and civic engagement are all a part of NORCs.

Another tool for aging in place is called person-centered care. Founded on personalization, choice and control, person-centered care provides practical tools and ways of working with people. Person-centered care is embodied in a movement called Culture Change and began in the long-term care arena by moving from a medical model to a social model giving residents control and decision making capability thereby assuring dignity and quality of life. Person-centered care is about designing self-directed supports in a customized way that meet what is important to the person, what really matters from their perspective and balancing that with what is important for the person and their safety and well-being. The person receiving the services is the central decision-maker determining how those services will be delivered. While the culture change movement began in nursing homes, we are seeing it manifesting itself through all aspects of care for older persons, including in the home.

## Trends

There is a national designation program created in cooperation with AARP and the National Association of Home Builders that addresses specific homeowner needs. This program trains people to become Certified Aging in Place Specialists (CAPS) and is offered in the greater Denver area several times a year. A comprehensive national certification program, Certified Living In Place Specialist™ (CLIPS) addresses accessibility and safety in all homes and includes a home assessment checklist. These programs will increase home safety and allow more persons to continue to live in place longer.

As housing stock ages, home modification is becoming more of a consideration for aging in place. Awareness amongst city and county governments and the population at large is increasing. As the aging population continues to grow and people continue to want to age in place, home modification will take place on a more regular pace by non-profits, volunteers and government subsidies.

Another trend is that attention is being given to and funds are being provided, helping older adults age in place by keeping them out of institutionalized settings. In the past, older adults were placed in assisted living fa-

cilities or nursing homes once caring for their own home and/or themselves became too difficult. At costs ranging from \$3,500 per month for assisted living to \$7,700 per month for a nursing home, the trend is now to keep people in their own homes for as long as possible. State funding for home and community-based services are being lobbied for since they keep a person living in their home for less than half the cost of long-term care.

A program administered by DRCOG's Area Agency on Aging called Community Cares Transition Program (CCTP) was a program in partnership with Medicare for eligible patients to receive assistance from transition coaches who showed and guided them to take charge of their health care. Qualifying patients also had access to supportive services needed to keep them healthy at home. The program saved Medicare money and helped patients maintain healthier lifestyles.

Assistive technology can also help a person stay in their home. Assistive technology ranges from simple things like a pair of glasses to sophisticated equipment like chairs that can assist a person to stand up safely. While technology aimed at supporting older people has grown rapidly, care providers are also discovering how useful and cost-effective assistive technology can be.

One example of housing where assistive technology is used extensively is called Smart Homes. There are two Smart Homes in Boulder and Broomfield Counties that were built as group homes for those with developmental disabilities. A Smart Home is a building, usually a new one, which is constructed with structured wiring for equipment and devices to enable occupants to remotely control or program an array of automated home electronic devices by entering a single command. One

excellent example is the Bob and Judy Charles Smart Home in Boulder built by the Imagine! Foundation. This home is an experimental home where different technologies are used by residents and then the technology is marketed to people who may need it in order to remain living in the community. The assistive technology is the trend, not the type of home.

The Next Step Group Home, a new residential facility, built by the Imagine! Foundation, allows six low-income seniors with developmental disabilities to live in an integrated community setting while receiving specialized care. This care would otherwise be available only in a nursing home.

As the model evolves, Villages will seek to impact positive change through national strategic partnerships; support the creation of state and regional Village networks; continue to build the evidence base for Villages; and be at the table with federal, state and local governments pursuing innovative aging in community options that address housing and health care. Research to date from local Villages has shown positive impacts on self-reported improvement in health, social functioning and activities of daily living, increased knowledge about available community services and decreased hospitalization rates. The number of Villages around the country has grown to more than 140.

NORCs enable seniors to stay in their own homes and access local services, volunteer programs, and social activities. NORC program services may include case management, health care management, recreational and educational activities, transportation, and volunteer opportunities for senior residents. These community-based programs are often partnerships of housing/neighborhood organizations, residents, health and social service providers, and other community stakeholders. All NORC programs share the goal of maximizing the health and well-being of resident seniors so they can maintain their independence and comfortably remain in their homes as they age in place. NORC programs are generally supported by some mix of public and private funding, combining revenue and in-kind supports from government agencies, housing partners, philanthropies, corporations, community stakeholders, and residents. The use of the NORC model is expected to increase among communities with large older populations.

While many assisted living facilities and nursing homes are operated on a medical model and one size fits all, person-centered care is now being implemented throughout Jefferson County in many nursing homes, assisted living facilities, home health care agencies, with special populations and people in general. An example of person-centered care is how meals are served in nursing homes. Historically a facility would serve one meal at



a certain time of day. With person-centered care, a person is given a choice of what they would like to eat and a time frame in which meals will be served.

The need for in-home supportive services, often referred to as Community Based Services, is increasing with the aging demographics. Services range from light house-keeping, laundry, shopping, medication monitoring, dressing and bathing. These services are provided with private pay, Older American funds, and Medicaid.

## Strengths and Assets

In the year 2014 the housing stock requiring potential modification in Jefferson County totaled approximately 231,000. Through home modification, safety features could be added such as wider doorways and walkways, handrails in stairways, ramps and grab bars to reduce home-related injuries and associated health care costs and allow a person to age in place.

Grant funded programs provide home maintenance repair and modification services to those aging in their homes. Two examples in Jefferson County are the Jeffco Help for Homes (JCHF) provided by Brothers Redevelopment, Inc. and Seniors' Resource Center (SRC), a non-profit that administers the Minor Home Repair and Chores Program.

While the task of caring for aging homes and allowing residents to age in place with appropriate safety and comfort is daunting, the rewards are well worth the investment. Homes and neighborhoods that are maintained retain property values and thus remain affordable and accessible. Homes serviced by Help for Home or Minor Home Repair and Chores programs are more energy efficient and require less cost to maintain years later due to upgraded systems installation. Finally, years from now, these homes will be accessible and safe for the next generation of seniors looking forward to aging in their homes on their terms. Setting the foundation for growth and stability in this emerging industry is imperative to creating responsible, welcoming and long lasting communities.

Examples of assistive technology used by people with disabilities and older people include grab bars, ramps, stair lifts, adjustable beds, dressing aids, hearing aids, riser-recliner chairs, walking sticks, automatic lighting control, stove-top monitors and automatic shut-offs, automatic taps that turn off if users forget, automated door openers, alarms, computers, smart stove-tops, and yes, even smart toilets that can check blood pressure, heart rate and sugar in urine, sometimes referred to as telemedicine monitoring, or smart home technology. All of these devices are available to Jefferson County residents either through private pay, private insurance or Medicaid.

Jefferson County is fortunate to have a Village in the south part of the county called Columbine Community Village. Founded in March 2012, this Village is helping seniors with transportation to medical and other appointments, grocery shopping or transportation to the store, minor home repairs and modification, pet care, snow removal, yard work, computer repairs, friendly visitors and light, occasional housework. Another Village called A Little Help is working with seniors in Wheat Ridge. The particular services a Village offers depends on the availability of volunteers.

Jefferson County is fortunate to have two NORCs, one in Edgewater and one in Wheat Ridge. Both programs are run by Jewish Family Services and there are no dues or fees to residents for the services.

One person-centered care model is called The Eden Alternative. This model offers principles and guidelines to embody culture change at its highest level in a care setting, whether it be a skilled care home or in a personal home. Eden Registry members have formed an honor society that recognizes those organizations that demonstrate exceptional application of the principles and practices of The Eden Alternative. There are several members of the Eden Registry in Colorado that can be located on the website, [www.edenalt.org](http://www.edenalt.org).

Jefferson County is fortunate in that there are many organizations that provide community based services.

## Gaps

There appears to be a need to increase awareness of safety features available in the design, building and remodeling professions. Educating consumers on safety features and connecting them to qualified professionals to design and install key home safety features would allow for a safer living environment as one ages in place. Building codes for public spaces require features that provide safe accessibility for most persons, but those codes currently do not apply to most private residences. There is a need to utilize and incorporate the existing American with Disabilities Act (ADA) based specifications in new housing development.

The number of older homes (built before 1970) with owners over the age of 65 residing in Jefferson County is about 10,800. This creates a challenging scenario for senior homeowners in Jefferson County already dealing with increasing healthcare issues and costs in addition to declining mobility and income levels to focus on modifying their homes to age in place. Aging home systems and modifications should be included as a factor in any long term efforts for senior aging in place assistance programs.

While Brothers Redevelopment's JCHFH and SRC's Minor Home Repair and Chores Program are incredible services and provide much needed relief, there are very few other public or private service organizations attempting to rehabilitate affordable and low income housing. As the population ages, so do the homes, and with the continual growth in numbers of seniors, the existing housing stock will continue to decline as fixed incomes, fading health and aging home materials and systems continue to wear and fail.

Similarly to the design, building and remodeling professions, greater awareness of assistive technology and its benefits in promoting independence is needed. Many assistive technology systems, such as stove-top monitors and shut-offs, automated door openers and closers could be installed during the initial building phase or a home modification. Some older adults may be uncertain about technology and may have resistance to using assistive technology. This will change as technology becomes a way of life for the younger generations.

Currently there is only one Village in Jefferson County. While the Village movement is growing, challenges do exist including addressing the business models for Villages and enhancing their financial sustainability; drawing in more members of all ages for both revenue and volunteer purposes; preparing for the health needs of members; supporting family caregivers; taking an active role in integrating and leveraging local resources; and looking at ways the model can address needs in lower income communities.

As the need for NORCs grows so does the need for financing. Without governmental and philanthropic subsidies, many NORCs are disappearing. The NORC in Wheat Ridge is funded by the Colorado Health Foundation only until fall 2016. More funding is needed to continue this NORC as well as to create others throughout the county.

While culture change and person-centered care have been in the aging community for many years, awareness of the concepts is low. Much needs to be done to increase knowledge among the general population and particularly among those working with older adults. Although the Eden Registry is only one model for person-centered care, there are no facilities in Jefferson County listed on the registry.

Issues surrounding in-home supportive services or Community Based Services are:

- Limited budgets make the upkeep of homes very difficult, thus driving people from their homes.
- The cost of in-home support services is expected to double by 2030 as demand and workforce shortage, make the cost of care more expensive. Currently in Jefferson County, the cost of a nursing home is \$7,700 per month compared to in-home care at \$19-25/hour. For people on a fixed income, the hourly rate can be too much for them to afford. ♦

# Issues for Jefferson County to Consider

There are a number of issues for Jefferson County to consider as rents go up, condo construction goes down and land is increasingly being filled. This section of the report will address:

- Infill which is defined as new development that is sited on vacant or undeveloped land within an existing community and that is surrounded by other types of development.
- Redevelopment is a broad term used to describe the reuse, repurposing or revitalization of an existing abandoned, under utilized property. Redevelopment provides a means to recycle these properties back into productive use, while simultaneously reducing sprawl and destruction of valuable green space.
- Housing stock or the total number of dwelling units in a defined area.
- Real estate trends or any consistent pattern or change in the general direction of the real estate industry which, over the course of time, causes a statistically noticeable change.
- Financial/funding for low-income individuals.

## Trends

As the supply of easily accessible development ready land in Jefferson County continues to diminish, urban infill development projects begin to gain more consideration. Mixed Use urban centers with the potential to work, shop and play close to where you live, and eliminate driving time and commuting distance, are becoming a more attractive lifestyle consideration. Infill projects are also considered a more sustainable and efficient use of existing infrastructure and services than to continuously extend infrastructure and services farther and farther out from the urban core area. In general, affordable infill housing development can increase the population density of an urban area and help a community achieve a population density necessary for amenities such as park space, community services, retail establishments, and affordable housing. Infill development can be an effective tool for increasing supply of more affordable homes efficiently in communities where undeveloped, run-down, or vacant properties are eyesores or safety hazards. Infill development can remove the blight of these properties and safety concerns associated with undeveloped or vacant property.

The Denver Regional Council of Governments' (DRCOG) Metro Vision 2035 Plan sets an overall goal through 2035 of accommodating 50 percent of the region's new housing and 75 percent of new employment in urban centers. DRCOG believes the key to achieving hous-

ing goals is the ability to attract and develop a range of higher-density housing types in urban centers, particularly around transit stops. Baby Boomers are likely to increase the demand for the condominium product due to downsizing to smaller units in developments with amenities. Colorado passed a construction defect litigation bill in 2010. Some opponents of the law cite the decline in the condominium construction in the metro area on the law. Repeated attempts to recall or alter this bill have not been successful. Condominiums provide both seniors and first time home buyers an affordable option to home ownership. More focus needs to be placed on how the construction defect litigation is hampering that option.

According to one of Jefferson County's Building Inspectors, "The Jefferson County Building Department has been using all tools available to us to expand the ways by which our community can provide safe and affordable housing for our seniors. We have been working to address Accessory Dwelling Units so that older individuals may live comfortably with other members of their family while still retaining their independence and financial security. Additionally, we have seen an increasing number of R-4 conversions of existing homes into accessible assisted living homes (an R-4 is an assisted living community consisting of more than 5 but less than 16 people who require 24 hour care according to the International Building Code). We have worked actively with builders and design professionals to streamline and clarify the submittal process for permitting these



projects, which leads to projects being completed on time and on budget. We are proud to serve our community in this way and look forward to continually using our expertise to help creative builders and design professionals successfully complete safe projects that meet the housing needs of those enjoying their golden years in Jefferson County.”

Another local trend is that vacancy rates are at an all time low, making rents extremely high. With the completion of Fast Tracks, opportunities will exist for transit oriented developments.

Leaders in the housing industry in Colorado, at a panel discussion in Centennial, Colorado, on November 18, 2014, have observed the following trends taking shape in Colorado and are indicative of nation-wide thinking since funding for affordable housing for older people is becoming increasingly less available.

- Starting the discussion as soon as the need for additional affordable housing for older residents, in particular, but in addition to all low-income people is identified.
- Raising awareness of need within the community. Political will is required in attaining affordable senior housing.
- Being creative about housing options for older adults, e.g. home sharing, co-housing, ADUs, and more.
- Encouraging more public/private collaborations.

The major trend, at the writing of this report, is that there isn't enough affordable housing for older residents, wait lists are long and money is diminishing for new construction of units.

## Strengths & Assets

In general, affordable senior housing should be located near publicly maintained roads and have a strong walkable potential, be close to shopping, services and served by public transportation. When considering a location for affordable senior housing, one of Jefferson County's strengths is that there are undeveloped areas throughout the more urban areas that are not built out and where higher densities and a mix of land uses are encouraged. Infill projects are also considered a more efficient use of existing infrastructure and services. An affordable senior housing infill development project can also help to rejuvenate a less than desirable, run-down, vacant lot by removing the eyesore and safety concerns associated with undeveloped or vacant property.

Redevelopment projects encompass many sustainable principles including energy efficiency, waste minimization, ecosystem preservation, natural resource conservation and local environmental quality protection. The general benefits of a redevelopment project are to re-

turn an underutilized non-tax generating property to an area that contributes to the overall health and well-being of the community while fulfilling an essential need. For an affordable senior housing project, why not consider redeveloping a potentially blighted area? The cost of the real estate would probably be discounted and there may be incentives and grants available to help defer the associated costs. A senior housing project would help to stabilize the area, generate new tax revenue, assist local businesses, provide service jobs, and provide a much needed alternative in the housing market.

Energy challenges are encouraging the growth of urban centers and using public transportation. Construction methods are minimizing environmental impacts by utilizing more sustainable materials, creative energy friendly site design, water conservation techniques, and drought resistant landscaping.

As the population grows in the Denver Metro area so does the need for housing. Stacked flats, for-sale condominiums and for-rent apartments can achieve densities of 35 to 100 units or more per acre and play an important role in meeting density targets. The 2013 DRCOG/ Denver Metro Area Housing Diversity Study report noted that the demand for lower-priced units will grow and the role of attached for-sale product will become increasingly important.

There are many industrial and commercial properties within Jefferson County that are reaching or may have reached the end of their productive life-cycle. If not redeveloped, these properties could become dysfunctional eye sores with the end result often being left as a non-marketable, underutilized or abandoned property. Redevelopment, repurposing or revitalization of these sites can return environmentally-impacted and underused properties to productive, tax generating use, mitigate environmental impacts, provide jobs and revitalize the social foundation of communities.

A Senior Housing Matrix to analyze costs and benefits of a potential site for senior housing for use by Jefferson County's Planning and Zoning Department and others has been developed. This will be a very useful tool to determine if an application for the development of senior housing is appropriate in terms of land use and, importantly, for senior housing in terms of proximity to services, accessibility and much more.

Another strength for the county is in the regional real estate market. In 2014, the real estate market steadily improved from the 2008-2012 decline. In July of 2014 the median price of a home in the Denver Metropolitan area rose to \$280,000 compared to \$214,000 in 2008 and \$245,000 in 2012.

Jefferson County has a number of ways to fund affordable housing. One such way is the Low Income Housing Tax Credit or LIHTC. The LIHTC Program provides the private market with an incentive to invest in affordable rental housing. Federal housing tax credits are awarded to developers of qualified projects. Developers then sell these credits to investors to raise capital (or equity) for their projects, which reduces the debt that the developer would otherwise have to borrow. Because the debt is lower, a tax credit property can in turn offer lower, more affordable rents. Both Metro West Housing Solutions and Jefferson County Housing Authority use tax credit financing to add to the stock of affordable senior housing development and in the rehabilitation of existing properties in the county.

The Jefferson County Housing Authority, Arvada Housing Authority and Metro West Housing Solutions administer the Section 8 Voucher Program throughout the county. The Section 8 Program provides tenant-based subsidies for rents paid by low and very low-income households. Tenant payments are based upon their income. Section 8 rental subsidies cover the difference between tenant payments and the unit's market rent.

The federal Housing and Urban Development agency (HUD) provides capital advances to finance the construction, rehabilitation or acquisition, with or without rehabilitation, of structures that will serve as supportive housing for very low-income elderly persons, including the frail elderly, and provides rent subsidies for the projects to help make them affordable. The Section 202 program helps expand the supply of affordable housing with supportive services for the elderly. It provides the very low-income elderly with options that allow them to live independently but in an environment that provides support activities such as cleaning and transportation. The program is similar to Supportive Housing for Persons with Disabilities (811). Currently, the 202 and 811 programs are being re-structured as project based vouchers only. In the re-structuring a project would need to have some other source of construction/permanent financing which could include LIHTC.

In November 2000, Colorado voters passed a constitutional amendment providing a Homestead Exemption for qualifying senior citizens and the surviving spouse of seniors who previously qualified. For those who qualify, 50 percent of a portion of the actual value of their primary residence is exempted from property tax. The amount subject to exemption may be revised upward or downward by the state legislature. Currently 50 percent of \$200,000 of actual value is exempt. This exemption only applies to one's primary residence and provides relief for long-time senior homeowners.

## Gaps

The term infill itself implies that existing land is mostly built-out and what is being developed is filling in the gaps. Many existing infill lots remain undeveloped because they are the least desirable lots to develop due to size or shape of the lot, undesirable locations, topographical restraints, or environmental concerns. Development of an infill site may also require costly mitigation expense due to removal of the existing unsafe condition. Infill projects can also increase development expenses due to the more stringent permitting process. They can also take more time to construct, which would also increase the overall development cost. For infill to be a viable affordable senior housing consideration in Jefferson County, governments should ensure that their codes and ordinances facilitate practical and desirable urban infill development where it is appropriate. Planning standards and building codes can control the size, scale, setbacks and use of urban infill to eliminate potentially negative impacts. If properly managed, any adverse affects associated with the infill project on adjacent properties or the community as a whole can be resolved. In Jefferson County, finding an appropriate site available to develop for affordable senior housing can be a very challenging task. In certain areas, there is a "Not in My Back Yard" (NIMBYISM) stigma associated with affordable housing.

Demographic changes are creating markets for mixed-use and mixed-income models of urban design. This usually means higher land prices with the associated higher cost of living. The increasing cost of urban living is pushing lower and middle income housing out farther from the urban core areas and away from needed services.

There is currently a shortage of affordable housing within Jefferson County, especially for the older and lowest income senior population. Many potential redevelopment projects are located within the urban activity center areas where the infrastructure is in place and the area is already designed for a more urban lifestyle including access to public transportation and reasonable distances to shopping, services and social activities. Depending upon property size, location and extent of environmental impacts, redevelopment of a property or structure can be a daunting task that typically involves additional engineering and architectural costs, and lengthy permitting processes including rezoning for the new land use and building standards, legal and technical level of effort. For redevelopment to be a viable affordable senior housing consideration in Jefferson County, governments should attempt to identify potential redevelopment areas and ensure that their plans, codes and ordinances allow for the redevelopment of the property

when appropriate. Incentive programs, reduced fees, planning standards and building codes could be designed to make redevelopment projects more practical and desirable for investors and developers. Finding ways of adding a percentage of affordable housing to a market rate multi-family housing project is critical.

Between 2006 and 2013, condominium development fell from 16 percent of all new home building to approximately 2 percent, far lower than the 20 to 25 percent share in other states. Condominiums represented only 4.6 percent of new homes in Metro Denver in the second quarter of 2014. The decline has been arguably attributed to SB 1394, known as the Construction Defect Law. In the four years since the passage of the law, three national builders (Richmond, Shea, and Lennar) have left or plan to get out of the for-sale multifamily housing market due to lawsuit threats. Up to 85 percent of Colorado's condominium projects have faced lawsuits alleging construction defects, which can cost hundreds of thousands of dollars in legal fees, higher insurance rates and reluctance by developers to build.

Proponents of the law say that homeowners are better protected against shoddy construction with this legislation. Opponents blame the law for creating an overly litigious environment around construction-defect claims, which has halted construction of owner-occupied multi-family housing condominiums and townhomes that are affordable for young professionals, moderate-income households and empty-nesters.

In 2014 inventory was very low for home buyers, with only 8,011 active listings in August compared to 36,600 active listings in August 2010. This has driven home prices up, creating a barrier for lower-income people to get into home ownership.

Another barrier to housing in Jefferson County are the wait lists for affordable independent rental senior housing financed by the LIHTC program, particularly among those living on only 30% of the average median income or less. Wait lists are very long for the Section 8 Program and are often closed to new applicants.

Susan Franklin, Aging Well Project Manager, surveyed the wait lists of low income senior rental housing properties in Jefferson County in the spring 2014, to determine how long the wait lists were and where people on the wait lists were coming from.

The results are as follows:

- Jefferson County Housing Authority including Canyon Gate, Green Ridge Meadow and Lewis Court. Approximately 56% of their wait list of 774 were Jefferson County residents and 44% were non-Jefferson County residents (either in Colorado or out of the state). These numbers may be duplicated as one person may be on the wait list for all 3 properties. Jefferson County Housing Authority has a Local Preference Policy for those living and/or working in the county or a single elderly or disabled person.
- Metro West Housing Solutions including Creekside, West Creekside and Willow Glen. Approximately 50% of their wait list of 261 were residents of Jefferson County. Forty-four percent were outside of the county but within the state and another 6% were out of state. These are unduplicated numbers meaning they are on the list once for all three properties.
- Wheat Ridge Town Center. Approximately 50% of their wait list of 750 were residents of Jefferson County. Forty-four percent live outside of the county but within the state and another 6% were out of state.

The information for all three sites is fairly consistent. It is possible that the same people were on the waiting lists at all three agencies.

There is a need for more LIHTC through CHFA (Colorado Housing and Finance Authority). In 2014 they received 26 applications for more than \$25M in requests. They awarded seven developments \$6.8M for an additional 381 units state-wide. The State of Colorado is trying to pair 4% tax credits with a new State 2% credit with a priority to help in the flood zones. ♦

# Housing Needs for Other Populations

Certain segments of the population may need housing suited to their personal needs and desires. Some of these populations include seniors with developmental and intellectual disabilities, homeless elders and the Gay, Lesbian, Bi-sexual and Transgender community. Although there are many more such populations, this report will focus on these three.

## People with Intellectual and Developmental Disabilities

Of the people over the age of 65 in Jefferson County, 33% report a disability. One of the fastest growing populations includes older people with intellectual or developmental disabilities (I/DD), such as Downs Syndrome, autism, or cerebral palsy. People with I/DD are living longer in our communities and facing challenges that come with age but with less income and fewer options for affordable housing and services. Many are outliving their parents, which seldom happened a generation ago. Their parents have often been caregivers for their entire lives. These caregivers spend 20% of their pre-tax income on unreimbursed expenses for dependent adults. Within years many of these caregivers will age beyond their capacity to provide care, but about half of these people are not currently identified or on the radar for aging or I/DD services. The need for housing is becoming severe.

*(By Dianne Hitchingham with DDRC for 50+ MarketPlace News Article in May 2014).*



## Homeless Elders

There is a growing need for additional beds specifically for homeless single female adults over 70, who are losing their homes due to rent increases, according to Jayla Sanchez-Warren, Director of the Area Agency on Aging at DRCOG. The majority of data regarding homelessness in Jefferson County comes from the Denver Metropolitan Area 2014 Homeless Point-In-Time Study. The Point-In-Time (PIT) count provides an approximate snapshot of homelessness by counting those who are homeless or at-risk at a particular time. In this instance, the study was conducted on the night of January 27, 2014 but was hampered by inclement weather resulting in an undercounting of the homeless or at-risk population.

The 2014 PIT study reported 896 homeless or at-risk individuals in Jefferson County with 611 homeless and 285 at-risk. The two primary reasons for reported homelessness in Jefferson County in 2014 was that housing costs were too high (47.3%) and job loss or couldn't find work (41.6%). The PIT survey found that 13.2% of homeless individuals in Jefferson County were age 55 and over, up from 3.5% in 2009.

## Gay, Lesbian, Bisexual and Transgender (GLBT) Elders

Compared to other segments of the population, little data exists about Gay, Lesbian, Bisexual and Transgender (GLBT) elders. They are demographically invisible to most providers, and Jefferson County is no exception in that regard based on input from the GLBT community. However, as a general rule, estimates from other sources indicate around 7% to 10% of the total senior population is GLBT (Bennett/Newsweek, 2008).

There is a lack of GLBT-friendly housing in Jefferson County. Many GLBT elders here do not know where to access services, including housing, and are not confident they will be treated with dignity and respect while seeking them. ♦

# Conclusions and Recommendations

The number one concern expressed by professionals working with seniors in Jefferson County is the lack of affordable housing. While a number of multi-unit, independent, affordable housing options have been developed, the waiting lists for units are in the hundreds. Affordable housing options of many types are needed in Jefferson County.

Housing costs are forcing older Americans to foreclose on their properties at an alarming rate. DRCOG Area Agency on Aging reports that this is the number one concern when older adults call in for help.

Additional issues identified at the Aging Well Summit in 2013 that are of importance in housing for older adults in Jefferson County currently and in the future are:

- All community plans in Jefferson County need to address senior housing with a percentage of buildings dedicated to seniors. This is true especially for affordable senior housing.
- More development of a multitude of senior housing options that is both affordable and accessible to include Villages, Accessory Dwelling Units, Co-Housing, Home Sharing, and smaller accessible ranch-style homes is needed. This will require an environment that is conducive to development and more private-public collaborations.
- More enforceable codes to require accessibility standards in all new construction to enable older adults and those with intellectual and development disabilities to remain in their own homes.
- More public funding for affordable housing, particularly for those at the lowest income levels.
- More public funding for home and community based services to allow older Jefferson County residents to age in place. ♦

# Appendices

## Appendix A: Terms And Definitions Used in Report

### **Assisted Living Residences (ALRs)**

Residences that provide a coordinated array of supportive personal and health services, available 24 hours per day, to residents who have been assessed to need assistance with their activities of daily living (ADLs). Typical ADLs are bathing, dressing, eating or medication monitoring and others. Meals, housekeeping and social activities are also provided. ALRs range in size from three to 120 or more.

### **Area Median Income (AMI) or Median Income**

Each year, the federal government calculates the median income for communities across the country. Area median incomes are adjusted for family size. In Jefferson County, the median family income was \$79,900/year in 2015.

### **Culture Change Movement**

This grassroots movement is going away from the traditional medical model for nursing homes toward a social model giving residents control and decision making capability thereby assuring dignity and quality of life. While the culture change movement began in nursing homes, we are seeing it manifesting itself through all aspects of care for older persons, including in the home.

### **Intellectual and Developmental Disability**

A term used to describe life-long disabilities attributable to mental and/or physical or combination of mental and physical impairments. The term is used most commonly in the United States to refer to disabilities affecting daily functioning.

### **Eden Alternative**

An international, non-profit 501(c)3 organization dedicated to creating quality of life for elders and their care partners, wherever they may live. To learn more about the Eden Alternative, see their website [www.edenalt.org](http://www.edenalt.org).

### **Eden Registry**

Honors those organizations deeply committed to transforming traditional models of care into person-directed approaches that put the individual first. It is an honor society recognizing those organizations that demonstrate exceptional application of the principles and practices of The Eden Alternative. [www.edenalt.org](http://www.edenalt.org).

### **Home and Community Based Services**

Services provided to help keep an individual independent and in their own homes. Examples of these are Adult Day Services, Home Care/Home Health, Hospice, Programs for All-Inclusive Care for the Elderly (PACE), Senior Centers, Meals on Wheels and transportation services.

### **Housing Authority**

An organization which assists in providing low-income people, including seniors, with affordable, safe housing through a variety of funding sources. Jefferson County Housing Authority's Mission Statement is: After assessing the needs, provide affordable housing throughout Jefferson County to the greatest number of eligible people in the most efficient and cost effective manner.

### **Low to Moderate Income**

Low-income is considered to be 30% of AMI and moderate income is 100% of AMI, adjusted for household size while very low is below 30% of AMI, according to Housing and Urban Development (HUD) and is calculated annually. In Jefferson County, for 2015, the AMI for a one person household, which would be typical for senior housing, is \$55,900, and considered moderate income. Low-income is \$16,750 (30% of AMI).

### **Market-rate Independent Senior Housing**

Senior housing whose rent is based on the market, not on subsidies or other sources of funding. This type of housing is typically paid by an individual and/or their family.

### **Medicaid**

Joint Federal and state public assistance program for financing health care for low-income individuals and families. It pays for health care services for those with low incomes or very high medical bills relative to income and assets. It is the largest public payer of long-term care services.

### **Medicaid-Certified**

A bed/unit in a provider of health care services, that accepts an individual as a resident or care recipient who receives Medicaid thereby receiving their payment from the Medicaid program.

### **Medical Model**

This refers to a nursing home that is modeled after a hospital setting, not residential. A few basic characteristics are long hallways, a nursing station, large common dining room and smaller, private or shared rooms with or without a restroom, most often without a shower.

## Medicare

Federal program organized under the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965. It provides hospital and medical expense benefits for those individuals over age 65, or those meeting specific disability standards. Benefits for nursing home and home health services are limited.

## Long-Term Care Insurance

Specific type of insurance policy designed to offer financial support to pay for necessary long-term care services.

## Private Pay

Payment made for long term care, by individual versus receiving aid and/or subsidies from an alternative source.

## Smart Home

A smart home is a building, usually a new one, that is constructed with special structured wiring, equipment and devices to enable occupants to remotely control or program an array of automated home electronic devices by entering a single command. For example, a homeowner on vacation can use a touchtone phone to arm a home security system, control temperature gauges, switch appliances on or off, control lighting, program a home theater or entertainment system, and perform many other tasks.

## Smart Home Concepts

Useful technology to help an older person remain in one's home. It might monitor one's movement, detect falls, turn an oven and/or microwave off if left on, give medication reminders, communicate over a computer screen and/or audio device and more.

## Special Care Unit

A unit in a nursing home or an assisted living residences that offers 'special care' for people with dementia. An Alzheimer care program is provided by dementia-capable staff who structure the daily life of the care setting to meet the needs of their residents.

## Zoning and Building Requirements

Requirements needing to be met before a structure can be built. Examples could be size of building, construction materials and type of construction based on use, eg nursing home, assisted living residence, private home. Many requirements are based on the health, safety and welfare of occupants. Development and building plans are typically submitted to a Planning and Zoning Department for approval before construction is allowed.

# Appendix B: Senior Housing Options

Jefferson County Aging Well Project, Housing Workgroup

The mission of the Housing Workgroup is to develop, advocate and implement strategies that increase a wide range of affordable, available, appropriate and accessible housing options.

## 1. Single Family

### 1.1 Multi-level homes

Traditional house on a single lot, zoned single family. Two story or more, split level, etc. Can be built on-site or factory built, modular connected on-site.

### 1.2 Single level (ranch style) homes

Traditional house on a single lot, zoned single family. One story, no stairs inside. Can be built on-site or factory built, modular connected on-site.

### 1.3 Mobile Homes

Manufactured house, brought to site on wheels. Can be moved. Can include RV units.

### 1.4 Single Family Community Land Trust Neighborhood (CLT)

Nonprofit, community-based corporation committed to the stewardship and affordability of land housing and other buildings used for community benefit in perpetuity.

- Most CLTs target their programs and resources toward charitable activities like redeveloping blighted neighborhoods, open space or providing housing for lower-income people. Acquires and retains land in trust for the community and never sells it.
- Provides a very long-term lease of land, typically 99 years, for the exclusive use by individual homeowners, cooperative housing corporation(s), nonprofit developers, and other entities.
- Offers a deed (right of ownership) for the building or structure on trust land.
- Generally retains an option to repurchase these buildings upon subsequent resale of property at a price, which is lower than the building's market value, but gives the seller a fair return on investment.

## 2. Multi-Family

### 2.1 Co-Housing

Attached or single-family homes along one or more pedestrian streets or clustered around a courtyard. They range in size from 7 to 67 residences, the majority of them housing 20 to 40 residents. Part of the planned construction includes a large dining room and kitchen, lounge, recreational facilities, children's spaces, and frequently a guest room, workshop and laundry room.

## 2.2 Pocket Neighborhoods

Grouping of smaller residences, often around a courtyard or common garden, designed to promote a close knit sense of community and neighborliness with an increased level of contact. Considerations involved in planning and zoning pocket neighborhoods include reducing or segregating parking and roadways, the use of shared communal areas that promote social activities, and homes with smaller square footage built in close proximity to one another (high density).

## 2.3 Accessory Dwelling Unit (ADU)

Separate residence area built within the main home or detached from the main home, designed or configured to be used as a separate dwelling unit and has been established by permit. Usually requires owner to live in one of the units.

## 2.4 Condominium

A building or complex of buildings containing a number of individually owned living units.

## 2.5 Apartment

A building or complex of buildings containing a number of individually rented living units.

## 2.6 Multi Family Community Land Trust Neighborhood (CLT)

Nonprofit, community-based corporation committed to the stewardship and affordability of land housing and other buildings used for community benefit in perpetuity.

- Most CLTs target their programs and resources toward charitable activities like redeveloping blighted neighborhoods, open space or providing housing for lower-income people. Acquires and retains land in trust for the community and never sells it.
- Provides a very long-term lease of land, typically 99 years, for the exclusive use by individual homeowners, cooperative housing corporation(s), nonprofit developers, and other entities.
- Offers a deed (right of ownership) for the building or structure on trust land.
- Generally retains an option to repurchase these buildings upon subsequent resale of property at a price, which is lower than the building's market value, but gives the seller a fair return on investment.

## 3. Care Facilities

### 3.1. Assisted Living Residences (ALR)

State licensed residences offering assistance with Activities of Daily Living (medication monitoring, dressing, bathing), three meals per day and social activities. They normally have Levels of Care that offer a variety of extra services. The levels of care require either an addi-

tional monthly fee from the base price or may be included in the base rate.

### 3.2. Skilled Nursing Facility (SNF)

These state-licensed long-term care facilities offer 24-hour medical care provided by registered nurses (RN), licensed practical nurses (LPN) and certified nurse assistant (CNA). They also are required to have a house physician. This facility cares for very frail residents who are totally dependent on nursing care. This facility typically has a short-term rehabilitation unit for residents needing rehab between hospital and home.

#### 3.2.1 Household Model (Subset of Skilled Nursing Facility)

Households of 14-20 residents, with their own kitchen, dining room, living room and often the extra small cozy spaces you'd find in any home (den, patio, front porch). Each household has decision-making autonomy and is consistently staffed. Residents get up when they want, bathe how and when they want, go to bed when they want, eat when and what they want and decide how they will spend their day.

#### 3.2.2 Green House - (Subset of Skilled Nursing Facility)

Small houses are home to 6-12 residents in which care is given as much attention as treatment and is provided by a consistent, self-directed team of staff who are responsible for all care, including preparing meals in a centrally located open kitchen. Residents have private rooms and bathrooms that open onto a central living area. Although a nurse is available 24 hours a day and the clinical care team is nearby and visits the home to provide care, the sense is that one is receiving care in a family-type setting.

### 3.3 Continuing Care Retirement Community (CCRC)

This lifestyle has a campus consisting of Independent Living (I/L), Assisted Living (ALF), and Skilled Nursing (S/N). They typically offer the full selection of amenities associated with retirement living. Some facilities require a large entry fee in addition to a monthly maintenance fee.

### 3.4 Foster Homes / Home Sharing / Personal Board and Care

Private homes in which a trained caregiver provides services to a few individuals. A Medical Foster Home can serve as an alternative to a nursing home. Medical Foster Homes have a trained caregiver on duty 24 hours a day, 7 days a week.

3.5 Memory Care - (can be within a SNF or stand alone facility)

Memory care is a distinct form of assisted living and/or long-term skilled nursing that specifically caters to patients with Alzheimer's disease, dementia, and other types of memory problems. Also called special care units (SCUs), memory care units usually provide 24-hour supervised care within a separate wing or floor of a residential facility or SNF and facilities are always secured. Requires an additional license from the state as the medical personnel are trained for the special needs of dementia.

#### **4. Community Options**

##### 4.1 Village Model

Can be single family, multi family or mobile houses. A non-profit organization is formed with individual memberships available to homeowners within a specific geographical area. Enables active seniors to remain in their own homes without having to rely on family and friends.

Members of a "village" can access specialized programs and services, such as transportation to the grocery store, home health care, or help with household chores, as well as a network of social activities with other village members.

##### 4.2 Naturally Occurring Retirement Communities (NORC)

Can be single family, multi family or mobile houses. Enables seniors to stay in their own homes and access local services, volunteer programs, and social activities, but tend to exist in lower-income areas. A NORC may be as small as a single urban high rise, or it may spread out over a larger suburban area.

##### 4.3 Niche Communities

Can be single family, multi family or mobile houses. Persons with similar interests live in the same close area. Amenities may or may not be included in the planning of the community either before or after construction.

#### **5. Trends**

5.1. Neighborhood Repurposing - Rezoning property for housing, typically commercial into multi family. ♦

# Strategic Plan: 2015-2020

<b>GOAL 1 - Senior Housing is a Priority for Jefferson County and its Municipalities</b>		
<b>OBJECTIVE 1 - Explain/analyze the costs and benefits of developing senior housing options</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Collaborate with government departments, agencies, and other organizations to coordinate respective senior housing planning efforts	Key agencies, i.e. Planning and Zoning Departments, Health Departments, Community Development, et al. will be identified The types and categories of information appropriate to exchange among the parties for effective collaboration will be identified Systems and processes to create ongoing communication and cooperation will be established	August 2016
2. Identify the pertinent senior housing demographics	State Demographer and DRCOG's Area Agency on Aging will identify applicable forecasts of population trends for Jefferson County and individual cities Consideration of contracting for a "gap" analysis on housing for Jefferson County and individual cities (example: Highlands Group costs \$18,000 + \$2,700 per individual city) will be made	January 2017
3. Explore the benefits to developers, Jefferson County and its citizens for promoting the expansion of senior housing options	Possible tax benefits for the developer and county will be identified Incentives for the development of qualified age restricted housing Job creation possibilities for both new senior housing projects and the services needed to support the new senior housing Creation of a senior housing market as a "Basic Industry" where money from outside the county from retirement and pensions can be spent inside the county on goods and services Redeveloping (remodeling) traditional single-family homes to accommodate the aging population will stabilize the neighborhood, allow seniors to age in place, provide jobs for contractors and the service industry, and reduce costs when compared to new senior housing development as the infrastructure and structures are already in-place Senior housing helps to provide stabilization to an area, supports local businesses and provides additional security (Jefferson Economic Development Council)	September 2017
4. Analyze the costs to Jefferson County for promoting the expansion of senior housing	The impact of the reduction of property tax resulting from non-profit tax exemption status will be known The highest and best locations for senior housing will be known Locate senior housing where viable infrastructure already exists such as activity centers and transit oriented development locations as opposed to expanding infrastructure to support senior housing type development Additional cost of services needed to support the growing senior housing market will be known	September 2017
5. Analyze the impacts associated with expanding the senior housing market and cost of mitigation of traffic, social, land use and economic impacts to senior housing	Traffic impacts from high density senior housing will be known The cost of providing services to seniors in homes and institutions will be understood The potential cost of job loss due to the development of senior housing instead of commercial and/or industrial development will be understood The social impacts associated with the development of senior housing in areas that are primarily single family homes will be understood	January 2018
6. Identify impediments to the development of senior housing	Use potential "Gaps" analysis to assess requirements for planning alternatives Reduced parking requirements, lighting, signage and additional safety concerns to accommodate a senior oriented development will be considered along with potential development costs to accommodate universal design techniques Zoning, Metropolitan Districts, density bonuses and other public policy tools to incentivize developers and homebuilders to provide appropriate housing will be in place	January 2018

<b>GOAL 2 – Housing Options for Seniors are Identified</b>		
<b>OBJECTIVE 1 - Complete Housing Options Worksheet (HOW)</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Assemble existing information and create spreadsheet	Completed spreadsheet	June 2015
2. Identify housing options gaps in HOW	Gaps will be filled	February 2016
3. Complete in detail one housing option with statistics and demographics	Example of finished end product for use by person(s) completing HOW	April 2016
4. Work with person(s) to complete remaining housing options	Completed HOW with all housing options information	December 2016
5. Determine marketable format and end user	Product for use by targeted market	March 2017

<b>OBJECTIVE 2 - Develop consumer-friendly housing options product</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Determine market	Market identified	January 2016
2. Review existing data for gaps in information	Completed information	November 2015
3. Determine format with photos, illustrations, information and submit to graphic designer; post on website(s)	Final product is ready for use by senior housing consumers and families	May 2016

### **GOAL 3 - Home Accessibility and Safety Rules Apply to All Jefferson County Homes**

<b>OBJECTIVE 1 - Identify current requirements for home accessibility and safety</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Meet with the appropriate Jefferson County Department(s) to understand current requirements	Understand current home accessibility and safety requirements throughout the county	March 2016
2. Identify jurisdictions that have increased accessibility and safety requirements	Understand current home accessibility and safety requirements in other jurisdictions to see how they compare to Jefferson County's and the municipalities in the county	December 2016

<b>OBJECTIVE 2 - Create new requirements for home accessibility and safety</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Review other jurisdictions' requirements	Other jurisdictions' requirements will be understood	March 2016
2. Create list of suggested local changes	List of suggested changes developed	December 2016
3. Meet with the appropriate Jefferson County Department(s) to discuss suggested changes	Revised list of changes per county meeting	May 2017
4. Meet with the appropriate Jefferson County Department(s) to finalize changes	Suggested changes for accessibility and safety will be adopted by Jefferson County	December 2017

<b>OBJECTIVE 3 - Approval of new requirements for home accessibility and safety</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Create plan for approving changes	Detailed schedule for approving changes	November 2016
2. Implement plan for approving changes	Compliance with Jefferson County's rules for home accessibility and safety	May 2017

<b>OBJECTIVE 4 - Implement new requirements for home accessibility and safety</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Work with county departments to create awareness of home accessibility and safety requirements	County staff is aware of and complying with changes to improve home accessibility and safety	December 2017
2. Work with designers, contractors, suppliers and others to create awareness of home accessibility and safety requirements	Designers, contractors, suppliers and others are aware of and complying with changes to improve home accessibility and safety	June 2018
3. Work with consumers to create awareness of home accessibility and safety requirements	Consumers are aware of and complying with changes to improve home accessibility and safety	August 2018

## GOAL 4 – Jefferson County Seniors are able to Remain in their Homes with Adequate Services and Active Participation in Community Life

### OBJECTIVE 1 - Adapt current residential housing stock and provide services and resources to accommodate the needs of seniors

Strategies	Key Outcomes	Target Completion Date
1. Retrofit existing housing stock to meet the needs of seniors	<p>Retrofit for accessibility</p> <p>Remove existing bathtubs for retrofit for step in or roll in shower base and enclosures for safe access. (Cost: \$5000-\$12,000)</p> <p>Install interior wedge ramps at appropriate locations (Cost: \$2,500 - \$10,000)</p> <p>Install stair lifts, walk in jetted tubs and exterior wheel chair lift systems (Cost: \$2,500- \$5,000)</p> <p>Retrofit and modify for safety</p> <p>Remove existing decorative rail and install ADA safety rails to help prevent falls (Cost: \$2,500- \$5,000)</p> <p>Install grab bars, ceiling mounted stability poles, double hand rails, handheld showers, single handle bath valves &amp; faucets (Cost: \$2,500 - \$5,000)</p> <p>Update or replace aging home systems</p> <p>Replace aging and inefficient home systems (Cost: \$5,000- \$20,000)</p> <p>General home maintenance and component replacement i.e. roof, gutters doors etc. (Cost: \$5,000 - \$20,000)</p>	On-going
2. Create communities where there is easy access to local transportation, simple home maintenance and household chore assistance, and opportunities for social and community participation	<p>Convenient public and specialized transportation, including the last mile, exists throughout Jefferson County</p> <p>Volunteer opportunities and senior activities are available throughout the county</p> <p>Senior centers that offer senior community gatherings and activities exist throughout the county</p> <p>The Village model of “neighbors helping neighbors,” such as Columbine Community Village, are available throughout the county</p> <p>Naturally Occurring Retirement Communities (NORCs), such as in Wheat Ridge and Edgewater through Jewish Family Services are available throughout Jefferson County</p>	On-going

### OBJECTIVE 2 - Build new housing appropriate for active aging

Strategies	Key Outcomes	Target Completion Date
1. Provide incentives to homebuilders to build homes that are accessible, universally designed and neighborhoods that are walkable	<p>Analyze the costs and issues of no step entry</p> <p>Components of Universal Design are determined</p> <p>Communities are walkable</p>	June 2018

## **GOAL 5 - Local Governments, Homebuilders, Developers, Financial Institutions, Realtors and Consumers Recognize the Benefits of More Senior Housing**

### **OBJECTIVE 1 - Promote Jefferson County as an active aging/living in place senior community**

<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Raise the funds to complete a gaps analysis	Funds are available and gaps analysis is completed	March 2016
2. Present gaps analysis findings at a Housing Summit targeting the above audiences	Results of gaps analysis are widely shared	May 2017
3. Align promotion of senior housing with Metrovision 2045 Plan	DRCOG includes workgroup findings in 2045 Metrovision Plan	June 2017
4. Develop Community Outreach Plan promoting senior housing options	Jefferson County residents are well aware of senior housing option needs and plan	January 2017
5. Convene Housing Summit	Officials in the county as well as residents recognize benefits of senior housing	May 2017
6. Work with Jefferson County Economic Development Council and Homebuilders 50+ Council to determine highest and best locations for senior housing development	Businesses recognize the benefits of nearby senior housing Homebuilders recognize the benefits of senior housing	June 2017
7. Work with banks, credit unions and other financial institutions to determine how community reinvestment act funds can be used to benefit seniors	Financial institutions recognize the benefits of using community reinvestment act funds for the benefit of seniors	June 2018
8. Work with Planning Commission(s) and City Councils to encourage the development of affordable housing options	Jefferson County and its municipalities recognize the benefits of affordable senior housing options	Ongoing
9. Promote Affordable Housing, ADU regulations, the workgroup's Housing Video and other alternatives to traditional senior housing development	The Jefferson County public will understand the benefits of senior housing alternatives	Ongoing

# **Aging Well** 2015

**In Jefferson  
County, Colorado**

## **Social & Civic Engagement**



## Social & Civic Engagement

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*Presented by:*

**The Jefferson County Human Services Department**  
900 Jefferson County Parkway, Golden, Colorado 80401  
303-271-1388, <http://humanservices.jeffco.us>  
Lynn Johnson, Director  
2015

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# Introduction

Participation in social and community activities is a vital aspect of life for many as they get older. Communities that provide diverse and abundant opportunities for such involvement often thrive. According to the “Civic Engagement in an Older America” project webpage:

“With many boomers on the verge of retirement who are looking for ways to maintain meaningful work throughout their later years, and with the ongoing need for groups and individuals to address important social problems and strengthen community life, a tremendous opportunity presents itself to contemporary society: To more fully engage older adults as a civic resource for addressing community needs through both paid and unpaid work.”

The number one need in Jefferson County according to the Community Assessment Survey of Older Adults (CASOA) done in 2010 was a need for those over 60 to be engaged in their communities. The report estimated that the annual economic contributions of older adults in the county at nearly \$2 billion in paid and unpaid work (the value for each was close to the same). This is a significant contribution to our community.

Also in the CASOA, the Productive Activities Index, which includes Opportunities to Volunteer, Employment Opportunities, Opportunities to Enroll in Skill-Building or Personal Enrichment Classes, Recreation Opportunities, Opportunities to Attend or Participate in Meetings about Local Government or Community Matters, etc., an overall average rating of 64 out of 100 was reported by those over 60 in Jefferson County (the scale ranged from 0, not satisfied, to 100, very satisfied). The Jefferson County community has some work to do in this area in order to create an inclusive environment in which seniors are valued and accepted and their skills and abilities are used to the fullest extent.

This report highlights the work of the Social and Civic Engagement Workgroup, as part of the Aging Well in Jefferson County Project. Social and Civic Engagement is a vast topic, but for the purpose of this workgroup we have narrowed our focus to employment, volunteerism, lifelong learning, and personal associations. While Jefferson County offers many social and civic engagement opportunities, there are a number of areas primed for change. Continuing to build relationships with faith-based organizations, improving the resources for Volunteer Coordinators, and adding more hours to recreation centers, are a few of the ideas presented here that can bring added quality of life for the county’s older residents.

Terms and definitions and the strategic plan for 2015-2020 follow this report. ♦

# Employment

## Trends

After reviewing the Stanford Center of Longevity research, several trends were identified that impact the aging U.S. workforce. By 2020, older workers age 55+ will account for 25% of the U.S. labor force, up from 13% in 2000. This share has been steadily increasing since 1990 when workers age 55+ accounted for only 12%. This shift reflects two trends: the overall population is aging and more people are working longer. This report provides a big picture framework for understanding the labor force challenges and opportunities that are emerging from ongoing demographic shifts.

The short term population age shift is especially significant for employers as the baby boomers age. Segmenting the conventional working age population into two parts 20-44 and 45-64 shows the impact of baby boomers on labor force composition and points to some of the following challenges faced by employers:

- Workers 50 and over are more interested in flex time than any other alternative work arrangement.
- Most (78%) workers over the age of 50 are in the labor force for financial reasons, such as the need for money or health insurance. However, non-financial motivation to stay in the workforce increases with age, with 41% of those 70 and over citing non-financial reasons as their primary purpose for working.

Self-employment/entrepreneurship has risen sharply in recent years, a result of both the aging population and increased rates of entrepreneurship among people aged 55-64. Workers 65+ have the highest rate of self-employment, attracted by contract, short-term and otherwise flexible work arrangements that provide a large degree of independence and self-direction.

More and more senior workers are interested in working full-time, with flexible schedules or working part-time if they can afford to.



## Strengths and Assets

A large number of services have been created to help people retrain and transition into different employment.

- The American Job Center (AJC), formerly Jefferson County Workforce, has seen an increase in the number of customers 55+ since the great recession began in 2008. The AJC promotes economic vitality by identifying, developing and matching a talented workforce to business. Whether customers are unemployed, underemployed or looking to change careers, the AJC offers a variety of no-cost employment assistance services customized to meet individualized needs. The Center operates as a full-service career center. The professional workshops attempt to strengthen job search effectiveness and maximize strengths. Workshops focus on resume writing, interviewing, social media and more.
- Jefferson County Public Library has classes in various computer programs including how to use the Internet for job searching. The library also has online job search resources and career assessment tools, allowing patrons to easily build resumes and cover letters to include with applications, as well as test prep for GED, ACTs, U.S. Citizenship and more. ♦



- Colorado Department of Labor and Employment provides the “Connecting Colorado” Job Match system, a central job openings system for Colorado and helps connect job seekers with available jobs posted through the department. The Department of Labor Senior Community Service Employment Program (SCSEP) offers employment and training programs that provide wages while clients receive job training. This is offered to residents throughout the state.
- AARP Work Reimagined is part of AARP’s Life Reimagined Program that provides resources and programs for finding job opportunities, managing a career, or starting a business.
- Arapahoe Community College and Red Rocks Community College offer classes, workshops, recertifications and services which focus on skill development, training, and retraining. Some funding is available for clients to participate in training opportunities in the community.
- One of the members of this workgroup created a series of Pre-Retirement classes for county employees. The classes focus on how to stay engaged and active in one’s community after retirement as well as how to maintain relationships with significant others. These classes are available to other employers throughout the county, upon request.

## Gaps

The number of mid-life and older people who need job search help in Jefferson County is on the rise. Some report delaying retirement because of the economic recession beginning in 2008; and, according to an analy-

sis by the AARP Public Policy Institute, those who are looking for work typically search for about a third longer than people younger than age 55. This is due to the fact that many older workers have been out of the job search market for some time and lack the knowledge and the technology for the “new” job search. Also, there are myths some employers hold about older workers including poor health, lack of skills, concern that the older person is not committed to the job, the possibility that someone may use the job as a stepping stone, or fear that the person may overshadow the supervisor.

“The unemployment rate for workers age 55+ more than doubled to 7.6 percent in February 2010 from 3.1 percent in December 2007. Older workers make up more than half of the long-term unemployed.” (Long-Term Unemployment: A National Crisis for Older Workers 09/05/2012).

Older job seekers will need to be able to locate job openings and may need more intensive job search services. Awareness of job search services is a major issue that must be addressed. Further, some classes and services that are available have limited hours. A stronger presence of job search services offered by various nonprofits could help older job-seeking Jefferson County residents. There is a need for additional job search classes for mature workers, including those in the mountainous regions, and a comprehensive website to link older workers to employment resources.

One area of training that is necessary for some older workers is additional training on how to use computers and social media such as LinkedIn for job search. Workshops are being offered through a wide array of facilities from the AJC, to libraries, recreation centers, and community colleges both online and in class. Being comfortable and astute in computers is an essential backbone to finding employment today.

Another factor related to training needs is that community colleges are now investigating the provision of providing credit towards degrees and certificate programs to those older workers who go through an assessment process. The sooner the processes are improved the sooner older workers can get credit for their experiences and get back into the workforce.

Intellectually or developmentally disabled older adults (I/DD) face even more significant challenges to finding meaningful employment. Colorado was a leader in supporting employment for I/DD adults through hiring incentives in the 1990s when adequate funding structures were in place, but, after multiple cuts, Colorado’s rates fell to 53% below the national average for such services. ♦

# Volunteerism

## Trends

Multiple studies confirm the mental and physical health benefits of volunteering, including a longer life. It is important for the health of the community that these findings be publicized along with the available volunteer opportunities for older adults.

Older volunteers want a variety of service options which utilize their particular skills and experience to meet real needs in the community. Many volunteers seek “surgical strikes,” utilizing special knowledge and skills to help create a specific program or event and then leaving, having no desire for a long term commitment. Volunteers increasingly wish to use their professional background and skills in their community service efforts. This will continue to challenge Volunteer Coordinators to expand expectations of what volunteers can and should do, to demonstrate a tangible need for volunteers with specific skills, and encourage other professionals in their agencies to delegate meaningful volunteer tasks. Care has to be taken to balance the volunteers’ desires and skills with efforts to stay within the federal mandates that do not allow employers to utilize volunteers to replace jobs that would otherwise be paid positions.

Agencies increasingly need to develop creative and challenging projects that truly engage volunteers and meet real program needs. Good matches are the key to volunteer satisfaction and retention. To help volunteers evaluate potential positions, agencies need to provide in-depth descriptions on responsibilities and expectations, complete and specific to the task. Careful in-depth interviews by agency staff will help discover the experience, skills and interests of prospective volunteers.

Volunteers also seek job retraining and educational opportunities through their volunteer work. This creates a need to re-evaluate and re-vamp and/or develop strong orientation and on-going in-service training programs within volunteer programs. Volunteer program staff must serve the important role of a consistent “lifeline” or resource for volunteer staff. Volunteer programs can provide lifelong learning experiences as a volunteer benefit. Helpful resources include appropriate volunteer job placement and regular performance evaluations with volunteers to determine what additional training is needed. There will be an increased need for establishing mentoring programs for volunteers with particular professional skills and experience who will mentor new volunteers.

Engaging volunteers with disabilities will be an increasingly important part of volunteer coordination training. There are a variety of possible issues (accessibility, proper tools, effective supervision) when involving persons with disabilities in projects depending on the specific disability.

## Strengths and Assets

For nearly 30 years Volunteer Connection of Jefferson County has provided networking, referral and educational support for Volunteer Coordinators at non-profit agencies throughout the county. Members enhance partnerships, share resources, exchange volunteer coordination “best practices” and act as a peer sounding board. These “connections” are especially valuable to those new to the field of volunteer coordination. Volunteer Connection facilitates an annual volunteer recognition luncheon event showcasing exemplary Jeffco volunteers and their individual gifts of volunteerism in conjunction with National Volunteer Recognition Week. Additionally, the Jefferson County Council on Aging in cooperation with the Seniors’ Resource Center annually honors older volunteers as Senior Heroes, with the public and County Commissioners in attendance at the celebratory reception each May.

Several online resources exist to help connect people with volunteer opportunities (See Appendix B). More employees are given the recognition and responsibilities of Volunteer Coordinator in their roles. Volunteerism, particularly engaged and active volunteerism, is a recognized asset among many Jefferson County agencies, such as the library, police and fire departments, hospitals, senior centers, recreation centers, schools, parks, hospices, long term care facilities, museums, and visitor centers. Many others have increased their volunteer recruitment, improved their volunteer training and expanded the volunteer tasks to include meaningful, engaging work. This is, in part, due to shrinking budgets, preventing hiring of formal staff.

This workgroup created a list of public facilities where people may volunteer. It is called Staying Engaged Throughout Your Lifetime (Appendix C). It is not inclusive of all options available but will help those seeking a place to volunteer a start. ♦

## Gaps

One of the biggest gaps identified in Jefferson County is the lack of a central personal volunteer matching service like the Retired Senior Volunteer Program or RSVP. Jefferson County had an RSVP up until 2010. A non-profit willing to embrace such a program is needed.

Many online resources are available that list volunteer opportunities with varying degrees of automated filtering. This makes it difficult for older adults to find volunteer opportunities that fit their needs for engagement and fulfillment. Since Jefferson County does not have a centralized matching service, Volunteer Coordinators must go to multiple sites to post opportunities or to seek volunteers. This can be cumbersome. Some of the sites are of poor quality including not being updated on a regular basis and/or with few opportunities listed. The rate of return can be minimal. Volunteer Coordinators spend a lot of time posting opportunities and seeking volunteers for possibly little to no avail. Volunteer recruitment has become a full time task and the lack of coordination between Volunteer Coordinators at Jeffco agencies only makes matching volunteer opportunities to volunteer needs, expertise and interests more difficult. This was discussed at the Aging Well 2013 Summit.



Other difficulties that volunteers face is the lack of available transportation to get to volunteer opportunities, and a reported lack in the level of flexibility in volunteer position tasks and hours that is truly needed by seniors.

There is also a need for: 1) more thorough evaluation tools to assess skills, interests and experience of potential volunteers, and 2) retention of volunteers in short-term projects.

There is a lack of professional-level (i.e., consulting, leadership, etc.) volunteer positions. Volunteers can bring their professional backgrounds to agencies and help agency staff develop partner and colleague relationships with volunteers to cooperatively reach program goals. Too few “meaningful” volunteer positions for seniors that clearly contribute to community needs exist. Not all volunteers want to file papers, make copies and answer phones. They want to use their professional skills.

There is a need to work with agencies and programs in the southern and mountain areas of Jefferson County to develop and promote volunteer engagement opportunities for seniors in these areas.

Currently many Volunteer Coordinators are also responsible for managing multiple other duties not related to volunteer management, such as fund raising and activity coordination, or their positions are part-time when full-time is needed. There is a need for professional positions in agencies that have a single focus on professional management of volunteer programs. To ensure that professionally run volunteer programs meet the expectations of today’s professional volunteers, volunteer coordination training opportunities will need to be offered both outside (via associations of Volunteer Coordinators, websites, etc.) and within organizations with program staff. ♦

# Lifelong Learning

## Trends

For the purpose of this report, Lifelong Learning includes institutions of higher education, trade schools, libraries, and miscellaneous community adult education classes throughout recreational, cultural arts facilities, and community colleges across Jefferson County. Adults are seeking lifelong learning opportunities for a variety of reasons, including career transition training, and for life enrichment. Since career transition is addressed in the Employment section of this report, Lifelong Learning will focus on life enrichment.

Sixty-five percent (65%) of all baby boomers reported wanting to participate in lifelong learning. Comparisons by income level show that interest in enrichment and lifelong learning, lectures/symposiums and workshops/seminars increases with income level, while interest in job training programs is higher for respondents in lower income brackets (Rose Community Foundation, Boomers Leading Change, 2007).

People seek to enrich their lives with classes and activities for one or more reasons, such as to enhance or learn new skills, to challenge and stretch their minds, to develop and express their creativity, to socialize and create a sense of community, and/or to fill the void (time, social interaction and sense of purpose) created from leaving the workforce or changing parenting roles. As people leave the workforce, some lose their sense of community; loneliness, isolation or boredom often results. For many adults, a key social network revolves around co-workers. After retirement, many people don't have the same chance to connect. Many retirees say they are busier than ever since they retired, but unfortunately there is a large segment that are not. In Jefferson County, 22% of seniors age 60+ indicated they were lonely, 17% bored, and 24% depressed (Community Assessment Survey of Older Adults, 2010).

Studies show that the more social a person is in their community, the more likely they are able to successfully handle life's challenges. These indicators show there is a demand for social opportunities that offer a sense of community and keep people connected. Social opportunities are available across the county in recreation and cultural facilities, but isolated, lonely or bored seniors must be connected to these programs and encouraged to meet others with similar interests.

Older adults will often continue to pursue leisure activities they began in their earlier years. For example, swimmers will continue to swim, runners to run, and artists to create. Many people remain in recreation, cultural or

other lifelong learning institutes in which they are familiar; others need to be informed on what is available in their community. In the past, recreational facilities were more defined by age; kids' centers, teen centers, and senior centers. Dave Hammel, Principal of Barker Rinker Seacat Architects (designer of many area recreation facilities) notes that the current trend is to build multi-generation recreational centers (either kids to seniors, or adults and seniors) instead of centers only for seniors (Hammel, 2009).

Some of the reasons for multi-generation centers include economics, better utilization of tax dollars and facilities, and many baby boomers have indicated they are more comfortable in mixed age facilities, rather than facilities that define them as old. This multi-generational, multi-ability trend in recreational centers also provides a mix which is welcoming to people with developmental/intellectual disabilities. In recent years this group of people is beginning to live into their 50's and older in larger numbers than ever before.

Tami Adams, Fitness and Wellness Supervisor for Foothills Park and Recreation District, says, "The biggest change we're seeing in the seniors is diversity. The activity and ability levels are extremely varied, but overall the abilities are better now than when we first started senior programming. We expect these trends to continue as the senior population grows. Overall we are seeing more active seniors than in the past.

Due to the diverse needs of this age group it will be necessary to provide recreation programming from the post-rehabilitation stage all the way to the more advanced recreational athletic stage. Also more and more seniors are recognizing the importance of recreation to maintaining their independence and this is resulting in increased patron utilization of our facilities" (Adams, 2009).

Nancy Wellnitz, Manager of Apex Community Recreation Center agrees that a major change in centers that cater to older adults is the diversity. One change is the increased age span of adults being served, as new retirees in their mid to late 50's join every day, while many who are well into their 80's and 90's continue to use the center. Thanks to healthcare advances and to assistive devices such as scooters, walkers, portable oxygen tanks and more, health issues that once kept people at home are no longer barriers. This diversity is demanding a wider scope of programs from highly active programs such as pickle ball and hiking, to more sedentary activities like seated fitness and art. Due to serving older, and often more frail seniors, along with the highly pub-

lized health benefits of such activities as yoga, tai chi and weight training to reduce symptoms from such ailments as diabetes, Parkinson's, osteoporosis and arthritis, many centers have added modified (gentle) classes in a variety of areas and/or have added cardiovascular-weight rooms. Other ways participants are more diverse include such things as economic status, physical and mental ability, ethnicity, race, and origin.

## Strengths and Assets

Educational resources available to Jefferson County residents include a wide range of interesting courses at affordable prices at Red Rocks Community College (RRCC) and Arapahoe Community College (ACC). RRCC currently does not have non-credit course offerings in contrast to ACC which has a variety of non-credit course offerings. Nancy Carlson of RRCC mentioned that they are trying to secure funding to add a whole series of life enhancement classes, as they see the need. Many seniors join their regular classes.

Arapahoe Community College, which primarily serves south Jeffco residents, has been recognized as a Champion College by the American Association for Community Colleges for the work the college is doing related to meeting the needs of the 50+ adults in the community. These efforts include lifelong learning courses, fitness and wellness, (ACC is a SilverSneakers site), performing arts and cultural exhibits, lecture series, retirement planning and caregiver workshops, credit for prior learning, training or re-training programs for older workers; volunteer opportunities, and other social and civic activities. Additionally, the college trains people to

work in the aging field, including Eldercare Specialists. The college employs many older adjunct professors and tutors who have recently retired from their primary careers. ACC also offers programs in conjunction with AARP, such as Life Reimagined and Smart Driver courses. Many older adults also take advantage of opportunities through the online courses which are offered.

Jefferson County is fortunate in that several multi-generational centers have been built across the county in recent years such as the Apex Center in Arvada, the Wheat Ridge Recreation Center, the Golden Recreation Center, and Foothill's Peak and Ridge Centers in the south Lakewood/Littleton area. Centers have been upgraded in Lakewood and Evergreen. There is still a need for recreational facilities along the US 285 corridor and in other mountain canyons. Local recreation centers and other community-based organizations offer a variety of enrichment courses ranging from health to art. Additionally, the University of Denver offers lifelong learning through the Osher Lifelong Learning Institute (OLLI). These OLLI classes are held at the Jefferson Unitarian Church in Wheat Ridge and have limited partial scholarships available.

Jefferson County is home to several prominent cultural art facilities such as the Arvada Center for the Arts and Humanities, Lakewood Cultural Center and Center Stage in Evergreen. All offer a variety of classes in the arts and humanities. The Arvada Center for the Arts and Humanities offers programs for "Ageless Adults" in the areas of art, dance, drama and wellness.

Additionally, Jefferson County Public Libraries operates nine libraries across the county, with at least one in every city. Besides providing citizens with a plethora of books and e-book options, each library has multiple computers, and knowledgeable staff who can help people seek resources. The libraries offer classes for adults in computers, job search skills, genealogy and more. The libraries don't let limited transportation or mobility be an issue, as they employ a specialist in homebound and nursing care facilities, who delivers books to those who cannot come in.

Recreation and cultural centers within Jefferson County provide a wide gamut of programs to challenge people physically, mentally, creatively and socially to help maintain or improve their abilities.

Lifelong learning opportunities through public facilities in Jefferson County can be found in Appendix C.



## Gaps

Lifelong learning facilities need to continue to enhance programs to accommodate a full range of ages, and be ready to offer activities for a full range of ability levels. Adult offerings should be offered by interest areas and ability rather than by age. Some baby boomers may not have the financial means to retire by age 65 and those who do retire may not have enough discretionary income to afford class fees. Since upcoming seniors will be working more years of their life in either full-time or part-time jobs, this creates a need for classes for seniors both during the day, in the evenings after regular work hours, and on weekends. More affordable program cost is also needed.

Many of the county's lifelong learning facilities offer programs for seniors in the evenings and weekends, and others are beginning this flexible time frame. The Apex Park and Recreation District has already seen increases in seniors requesting scholarships and utilizing discount coupons. As for keeping programs affordable, the trend has been for voters to lower tax support. This support is needed to sustain most community recreation and cultural facilities and their programs. These agencies will have to look for increased sponsorships, partnerships or grant funding to keep costs reasonable and to make scholarships available.

Another major gap is connecting adults age 60+ to the multiple learning opportunities available. Funding resources to help older adults pay for these activities would be beneficial through scholarships and other programs. ♦

# Personal Associations and Social and Civic Involvement

## Trends

Personal associations and involvement includes faith-based institutions, civic and social clubs, family, friends and neighborhood functions. It is important for a person's overall well-being to identify and connect with others with similar interests, either through spiritual beliefs, hobbies, political views or other civic and social involvement. Older adults are staying social and active far longer, participating in book clubs and community events past their centennial celebrations.

People are increasingly choosing to age in their own home rather than migrate to retirement communities or independent living facilities due in part to the availability of in-home services at lesser costs. This results in communities with a relatively large older population that have grown old together. These types of communities are called Naturally Occurring Retirement Communities, or NORCs. Formal NORCs administered by non-profits, help to promote self sufficiency, alleviate isolation, reduce health care costs, and allow seniors to maintain and expand their social networks. Participants take an active role in the planning and implementation of the program to create buy-in which helps with the success of this model. Having partner agencies work together decreases duplication of services and provides a more thoughtful and systematic process to helping seniors age in place. NORCs and Villages (which have a similar model, however, residents pay a monthly fee), are becoming increasingly popular throughout the country.

Official and unofficial "Third Places" continue to be a draw for seniors to stay connected. These are places

other than home or work where seniors can gather and socialize, share information or organize to effect change. Among the more common places are fast food restaurants, coffee shops, libraries, recreation centers and gyms or health clubs in addition to local community rooms in housing developments. Arapahoe Community College has found that groups of older adults congregate at the college to attend classes, participate in cultural events, socialize at the café, and use the fitness center.

## Strengths and Assets

Jewish Family Services has established two NORCs in Jefferson County, one in Edgewater and another in Wheat Ridge. They collaborate with other agencies to provide information and referral, services and activities to their aging population. They hope to provide a usable toolkit for other municipalities to establish similar NORC programs. Improving access to information, services, community resources, and social connectivity while increasing collaborations between agencies is a must as communities continue to age.

Columbine Community Village, a nonprofit organization, is also dedicated to helping individuals age in place, supported by a network of neighbors helping neighbors. Similar non-profit Villages exist in Denver and Wheat Ridge and are modeled after Beacon Hill Village in Boston. For a fee, Columbine Community Village offers vetted volunteers to help with basic needs, such as transportation, recommended and discounted professional services, and social and educational activities. (<http://www.columbinecommunityvillage.org>)

Many faith-based organizations provide individuals with opportunities to connect to their community. Many of these organizations also provide a unique mix of services for seniors. This may include transportation, pastoral care, health services and partnering with community senior support agencies to connect seniors to all different types of services. Several provide firewood to seniors in mountain communities. Some faith-based organizations use their weekly bulletins, newsletters and websites to link seniors to activities within their communities.

In Jefferson County's Community Assessment Survey of Older Adults, CASOA (2010), two-thirds of older residents rated the opportunities to attend social activities in Jefferson County as "excellent" or "good" and most reported frequent participation in social activities such as communication/visiting with friends and family. About nine of ten gave positive ratings for opportunities to attend religious or spiritual activities in Jefferson County.

The Communities Against Senior Exploitation (CASE), sponsored by the Jefferson/Gilpin Counties District Attorney's Offices, offers presentations to seniors on protecting themselves from identity theft and fraud and has met with hundreds of seniors across the county in both faith-based and civic groups. While CASE uses whatever settings they are invited to (clubs, senior centers, etc.) they have the best attendance at ongoing organized faith groups. This is a win-win situation providing a free quality speaker for the groups, while allowing the District Attorney's office to alert older adults to this important topic (Cary Johnson, Jefferson County District Attorney Office, 2014).

Libraries and recreation centers offer low or no cost activities or meeting areas where seniors can connect with each other.

Jefferson County Public Library's Home and Assisted Living Services is embarking on a new program called Dial-A-Book Club. This club will allow home bound seniors who like to read an opportunity to be involved in a book club over the phone. The pilot program began in February 2015.

## Gaps

Combating isolation and boredom, and the resulting physical and mental health issues they cause, has an additional challenge. Few people adequately prepare for the reality and isolation of retirement. Some employers in Jefferson County help employees transition into retirement resulting in a healthier and happier benefited retiree, but most large employers do little more than provide financial information. Once isolated from the community and inactive, it can be difficult to reach out and reconnect. This results in lack of information about services the community offers, lack of resources the community has and can have disastrous results in life and death emergencies.

The challenge for faith-based organizations in Jefferson County remains to find more and better ways to identify and reach out to their senior population and communities. Seniors continue to need help identifying senior services, assessing internet/technology, transportation, spiritual support, socialization, education, meals (especially for shut-ins), health services, exercise classes and utilities support. Some faith-based organizations have clearly addressed these needs; others are open to offering some of these services to the extent that resources allow, and still others are looking for direction and ideas on how to better serve the seniors in their community.

And while a few businesses recognize the value of being a "Third Place" such as coffee shops and fast food restaurants, and are open to seniors gathering and socializing without expectations on time or purchases, many such businesses fail to see the rewards to offering their business space for the seniors in the community.

Transportation and the cost of transportation remain barriers to full access to any activities for some older adults. ♦

# Conclusions and Recommendations

Jefferson County has a growing community of older adults who wish to stay active through employment, volunteering, life-long learning and social and civic engagement no matter how long they live. The population is aging in place, choosing to stay within the community and even within their own home as they age, creating naturally occurring retirement communities. To stay engaged, people are seeking “Third Places” where they are welcomed without expectation of purchasing goods or services.

Jefferson County has multiple organizations with the resources, skills and expertise to aid older adults in seeking meaningful and flexible employment and volunteer opportunities. The county has a growing number of non-profit organizations that have meaningful volunteer opportunities and the significant contribution of volunteering is officially recognized by the county commissioners. There are several municipalities and recreation districts that have created high quality recreation

and cultural facilities and programs at low or no cost, as well as programs, activities and classes offered at local colleges and libraries. And by building and supporting NORCs and Villages, cities in Jefferson County are improving their services and their residents’ quality of life.

Older adults struggle to discover meaningful employment and volunteer opportunities that fit their skills and interest because the county is no longer participating in the RSVP program. This has left the county without any centralized volunteer matchmaking service, leaving volunteer coordinators struggling with multiple automated volunteer listing services. Similarly, connecting older adults to lifelong learning activities and social and civic events remains difficult. While Jefferson County excels at having a plethora of meaningful programs, classes, social gatherings, recreational districts and more, information about what is available may not be reaching the aging community that needs it. ♦

# Appendices

## Appendix A: Terms and Definitions Used in Report

### **Aging in Place**

Living where you have lived for years, not typically in a health care environment or nursing home, using products, services and conveniences which allow you to remain living at home as your circumstances change. You continue to live in the home of your choice safely and independently as you get older.

### **American Job Center**

See Workforce Center

### **Baby Boomer**

People born during the demographic Post–World War II baby boom between the years 1946 and 1964.

### **Community Center**

A meeting place used by members of a community for social, cultural, or recreational purposes.

### **Cultural Activities**

Events (classes, seminars, concerts, etc.) celebrating philosophy, religion, art, literature, or social and political issues.

### **Faith-Based Organization**

A group of individuals united on the basis of religious or spiritual beliefs.

### **Flex Time**

A system of working that allows an employee to choose, within limits, the hours for starting and leaving work each day.

### **Eldercare Specialists**

According to Arapahoe Community College: A specialist in working with elders in a blended role such as all aspects of caregiving needed to serve people living in long term care (assisted living, skilled nursing, hospice, home health).

### **In-home Care/Services**

Home care is a form of health care service provided where a patient lives. Patients can receive home care services whether they live in their own homes, with or without family members, or in an assisted living facility. The purpose of home care is to promote, maintain, or restore a patient's health and reduce the effects of disease or disability.

### **Lifelong Learning**

A broad term recognized globally referring to the concept of incorporating new knowledge, ideas, skills, understanding and activities into one's life from early childhood through the later years.

### **LinkedIn**

A social networking site designed specifically for the business community. The goal of the site is to allow registered members to establish and document networks of people they know and trust professionally.

### **Naturally Occurring Retirement Communities (NORC)**

A community or neighborhood where residents remain for years and age as neighbors. A community-based intervention designed to reduce service fragmentation and create healthy, integrated communities in which seniors are able to age in place with greater comfort and security in their own homes. Seniors help each other so they may stay in their own homes as long as possible.

### **Personal Associations**

A person's ability to find personal and satisfying connections with others with similar interests, whether it be spiritual beliefs, hobbies, political views, or other.

### **Pickle Ball**

A racquet sport that combines elements of badminton, tennis, and table tennis.

### **Recreation Center/Facility**

A community facility with regular operating hours and staff that provides activities for people of all ages that stimulate the mind, body, and/or spirit.

### **Retired Senior Volunteer Program (RSVP)**

The Retired and Senior Volunteer Program's mission is to assist volunteers age 55 and over find meaningful volunteer opportunities in which they can share their experience, abilities and skills for the betterment of their community and themselves. It is specially designed to provide a variety of opportunities to meet interests and time. A volunteer decides how much time to give, where they want to serve and the type of work they want to do.

### **Senior Center**

A community facility with regular operating hours and staff that provides special programs and activities for older adults.

### **Social and Civic Engagement**

Participation with one's community via volunteer service, employment, family, friendship, or other activities that allow for meaningful connections with others. Opportunities exist for giving and receiving practical and social support.

### **Third Places**

A social surrounding separate from the two usual social environments of home and the workplace.

## **Village**

A grassroots, community-based membership organization designed, built and governed by those who are going to use them. They tend to focus more on community building and the non-medical side of health care – the social and practical supports that, when absent, may limit the ability to live independently or comply with a medical plan of care and can lead directly to poorer health. Villages offer members a network of resources, services, programs and activities that revolve around daily living needs (i.e. transportation, computer assistance, grocery shopping, light home maintenance, etc.); social, cultural and educational programs; ongoing health and wellness activities; and member-to-member volunteer support. Villages' organizational structures, programs and services vary in response to the unique needs of their members and resource gaps in their communities.

## **Volunteer Management**

A systematic program for recruiting, training, mentoring, and evaluating volunteers.

## **Volunteer Manager/Coordinator**

Someone who plans, recruits, provides orientation and training, supervises, evaluates and recognizes others in a formal way for their volunteer services.

## **Volunteerism**

The act of giving one's time, effort and talent to a need or cause without profiting monetarily.

## **Workforce Center/American Job Center**

Centers across the state of Colorado that serve job seekers, employers and employees by providing a wide array of employment and training services at no charge.

# **Appendix B: Resources for Volunteer Engagement in Jefferson County**

In addition to these resources, you may find volunteer opportunities through your local schools, hospitals, libraries, service clubs, forest service, parks and recreation departments, and more.

## **Throughout Jefferson County**

### **AARP Foundation Tax-Aide**

The nation's largest volunteer-run tax preparation and assistance service.

[aarp.org/aarp-foundation](http://aarp.org/aarp-foundation)

### **AARP Driver Safety Programs**

Instructors, coordinators, marketing specialists, facilitators, CarFit volunteers to assist with the many AARP driver safety programs.

[aarp.org/driversafety](http://aarp.org/driversafety).

## **AARP - Create The Good**

Connects people with volunteer opportunities to share your life experiences, skills and passions in community.

[createthegood.org](http://createthegood.org)

## **Boomers Leading Change in Health**

A ground-breaking, grassroots volunteer effort dedicated to improving the health—and access to healthcare—of individuals and families across the Metro Denver area by harnessing the experience, energy, and conviction of Adults 50+ as volunteers.

[blcih.org](http://blcih.org)

## **DRCOG Network of Care**

Network of Care is a web based tool for seniors, their families and caregivers in the Denver region. You can find services, gain knowledge, make connections and be heard. Sponsored by the Denver Regional Council of Governments (DRCOG) Area Agency on Aging.

[drcog.org](http://drcog.org)

## **Experience Corps – Colorado Experience Bank**

Colorado Experience Bank is a wealth of resources for Baby Boomers and maturing adults. It connects them to opportunities for (1) exploring new careers and employment, (2) enrolling in lifelong learning classes, and (3) contributing to their community through volunteer involvement.

[coloradogov.org](http://coloradogov.org)

## **Idealist**

Lists jobs, events, volunteer opportunities and internships.

[idealist.org](http://idealist.org)

## **JustServe**

This organizations matches faith, nonprofit, community and governmental organizations that need volunteers with volunteers willing to help. JustServe.org links people to service opportunities in their community so they can make a difference wherever they are and however they want to serve.

[justserve.org](http://justserve.org)

## **Metro Volunteers**

Connects individuals, families and groups with hundreds of volunteer opportunities in the Denver metro community.

[metrovolunteers.org](http://metrovolunteers.org)

## **The Volunteer Connection**

A network of nonprofit organizations, agencies and individuals who promote and encourage volunteerism throughout Jefferson County. Volunteer management skills are shared and agencies can post current volunteer needs and opportunities.

[volunteerjeffersoncounty.org](http://volunteerjeffersoncounty.org)

**United Way Denver Area**

Mile High United Way offers hundreds of volunteer opportunities for everything from events to community-wide volunteerism.

[unitedwaydenver.org/volunteer](http://unitedwaydenver.org/volunteer)

**Volunteers of America – Denver Metro**

Supporting and empowering people in need is a shared goal for all of Volunteers of America's geographies and branches.

[voacolorado.org](http://voacolorado.org)

**Volunteer Match**

This site is the largest national online volunteer matching service with many local opportunities.

[volunteermatch.com](http://volunteermatch.com)

**Volunteer Solutions**

Helps volunteers meet the non-profits that need their assistance. Through partnerships with United Way and Volunteer Centers, volunteers can search through hundreds of volunteer opportunities.

[volunteersolutions.org](http://volunteersolutions.org)

**Conifer/Evergreen Area and metro area****Seniors' Resource Center**

A non-profit, one-stop shop of community-based services and care designed to keep seniors independent and at home for as long as possible.

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

**Jefferson County Forest Service**

The volunteer program seeks to achieve stewardship of Colorado's diverse forest environments through forestry outreach and service.

[csfs.colostate.edu/pages/goldendist.html](http://csfs.colostate.edu/pages/goldendist.html)

# Appendix C: Staying Engaged Throughout Your Lifetime

## A project of Aging Well Jefferson County

The old adage that “if you don’t use it, you lose it” is true socially, physically, mentally and emotionally. Studies have shown that, for those who are isolated, health care costs are often higher and there is an increased risk for depression. Adults who stay socially engaged or connected are more likely to handle the challenges that aging can bring.

Staying engaged provides opportunities to stay more active physically, mentally and emotionally.

So stay engaged and not only add years to your life, but add life to your years!

		Art	Dance	Day Trips	Education	Fitness	Music	Swimming	Volunteering
<b>Arvada</b>									
Apex Center 13150 W. 72nd Ave., Arvada, 80005	(303) 424-7733 Apexprd.org					X		X	X
Apex Community Recreation Center 6842 Wadsworth Blvd, Arvada, 80003	(303) 425-9583 Apexprd.org	X	X	X	X	X	X		X
Arvada Center for the Arts and Humanities 6901 Wadsworth Blvd., Arvada, 80003	(720) 898-7200 Arvadacenter.org	X	X		X		X		X
Arvada Library 7525 West 57th Avenue, Arvada, CO 80002	(303) 235-5275 Jeffcolibrary.org				X				X
Majestic View Nature Center 7030 Garrison Street, Arvada, CO 80004	(720) 898-7405 Arvada.org				X				X
Red Rocks Community College-Arvada Campus, 5420 Miller St., Arvada, CO 80002	(303) 914-6000 Rrcc.edu				X				
Standley Lake Library 8485 Kipling Street, Arvada, CO 80005	(303) 235-5275 Jeffcolibrary.org				X				X
<b>Edgewater</b>									
Colorado Senior Connections 5845 West 25th Ave., Edgewater CO 80214	(720) 763-3042 EdgewaterSeniors.org	X	X	X	X	X	X		X
Edgewater Library 5843 West 25th Ave., Edgewater, CO 80214	(303) 235-5275 Jeffcolibrary.org				X				X
<b>Evergreen</b>									
Buchanan Park Recreation Center 32003 Ellingwood Trail, Evergreen, CO 80439	(720) 880-1100 Evergreenrecreation.com		X	X	X	X		X	
Evergreen Library 5000 County Road 73, Evergreen, CO 80439	(303) 235-5275 Jeffcolibrary.org				X				X
Wulf Recreation Center 1521 Bergen Parkway, Evergreen, CO 80439	(720) 880-1200 Evergreenrecreation.com		X	X	X	X		X	
<b>Golden</b>									
Golden Community Center 1470 10th Street, Golden, CO 80401	(303) 384-8100 Cityofgolden.net	X	X	X	X	X		X	X
Golden History Museums 923 10th Street, Golden, CO 80401	(303) 278-3557 GoldenHistory.org				X				X
Golden Library 1019 10th Street, Golden, CO 80401	(303) 235-5275 Jeffcolibrary.org				X				X
OLLI (Oshner Lifelong Learning Institute) Meets at: 14350 W. 32nd Avenue, Golden, CO 80401	Universitycollege.du.edu/olli				X				

		Art	Dance	Day Trips	Education	Fitness	Music	Swimming	Volunteering
<b>Lakewood</b>									
Belmar Library 555 S. Allison Parkway, Lakewood, CO 80226	(303) 235-5275 Jeffcolibrary.org				x				x
Carmody Recreation Center 2200 S. Old Wadsworth, Lakewood, CO 80227	(720) 963-5360 Lakewood.org/carmody					x		x	
Charles Whitlock Recreation Center 1555 Dover Street, Lakewood, CO 80215	(303) 987-4800 Lakewood.org/whitlock					x		x	
Clement Community Center 1580 Yarrow Street, Lakewood, CO 80214	(303) 987-4820 Lakewood.org	x	x	x	x	x	x		x
Green Mountain Recreation Center 13198 W. Green Mountain Drive Lakewood, CO 80228	(303) 987-7830 Lakewood.org/greenmountain					x		x	
Link Recreation Center 1295 South Reed Street, Lakewood, CO 80232	(303) 987-5400 Lakewood.org/link					x		x	
Lakewood Cultural Art 470 S. Allison Pkwy., Lakewood, CO 80226	(303) 987-7876 Lakewood.org/CulturalCenter	x	x		x		x		x
Lakewood Heritage Center 801 S. Yarrow St., Lakewood, CO 80226	(303) 987-7850 Lakewood.org/Heritage-Center				x				x
Lakewood Library 10200 West 20th Ave., Lakewood, CO 80215	(303) 235-5275 Jeffcolibrary.org				x				x
Red Rocks Community College 13300 W. 6th Ave., Lakewood, CO 80228	(303) 914-6000 Rrcc.edu				x				
Washington Heights Arts Center 6375 W. 1st Ave., Lakewood, CO 80226	(303) 987-5436 lakewood.org/Washington-Heights	x	x		x				
<b>Littleton</b>									
Arapahoe Community College 5900 South Santa Fe Dr., Littleton, CO 80120	(303) 797-5722 arapahoe.edu	x	x		x	x	x		x
Columbine Library 7706 West Bowles Ave., Littleton, CO 80123	(303) 235-5275 Jeffcolibrary.org				x				x
Lilley Gulch Recreation Center 6147 So. Holland Way, Littleton, CO 80123	(303) 409-2500 ifoothills.org					x	x	x	
Ken-Caryl Community Center 1 Club Drive, Littleton, CO 80127	(303) 979-2233 ken-carylranh.org					x		x	
Peak Community and Wellness Center 6612 South Ward Street, Littleton, CO 80127	(303) 409-2200 ifoothills.org	x	x	x	x	x	x		x
Ridge Recreation Center 6613 South Ward Street, Littleton, CO 80127	(303) 409-2333 ifoothills.org	x	x		x	x	x	x	
<b>Wheat Ridge</b>									
Wheat Ridge Active Adult Center 6363 W. 35th Ave., Wheat Ridge, CO 80033	(303) 205-7500 ci.wheatridge.co.us	x	x	x	x	x			x
Wheat Ridge Recreation Center 4005 Kipling St., Wheat Ridge, CO 80033	(303) 231-1300 ci.wheatridge.co.us					x		x	
Wheat Ridge Library 5475 W. 32nd Ave., Wheat Ridge, CO 80212	(303) 235-5275 Jeffcolibrary.org				x				x

Note: this list includes public facilities, and is not inclusive of all options available. Publish date 11-2-15

### Other places to connect:

**Conifer:** Stage Door Theater, **Evergreen:** Center Stage, Evergreen Nature Center, and Hiwan Homestead Museum. **Golden:** Astor House Museum, Boettcher Mansion, Bradford Washburn Mountaineering Museum, Buffalo Bill's Museum and Grave, Clear Creek History Park, Colorado Railroad Museum, Foothills Arts Center, Golden History Center, Lookout Mountain Nature Center, Rocky Mountain Quilt Museum, and School of Mines Geology Museum. **Lakewood:** Rocky Mountain College of Arts. **Littleton:** Columbine Knolls Recreation District. **Wheat Ridge/Golden:** Prospect Recreation and Park District.

# Strategic Plan: 2015-2020

## GOAL 1 - Older Adults will be Aware of Opportunities to Connect with Others and Enrich their Lives

### OBJECTIVE 1 - Increase awareness of opportunities for seniors to connect and enrich their lives

Strategies	Key Outcomes	Target Date
1. Identify opportunities for Jefferson County seniors to participate	Conduct research and develop a list of opportunities	June 2016
2. Support centralized places that post opportunities	DRCOG, Jefferson County Human Services, Aging Well, and others will post opportunities on their websites	January 2017 and ongoing
3. Assist in promoting opportunities	Web and print information will be distributed throughout the county	January 2016 and ongoing

## Goal 2 - Mature Workers will have Viable Employment Opportunities in Jefferson County

### OBJECTIVE 1 - Improve job searching skills of older job seekers

Strategies	Key Outcomes	Target Date
1. Provide resources that identify necessary skills and tools for older job seekers to use in their job search	Current resources for older job seekers that exist within Jefferson County, the state, and national organizations will be identified	March 2016
2. Support agencies working to help older adults gain the necessary skills through the use of tools needed to apply for jobs	Information about programs, services, and training in print and electronic formats for older job seekers about services available to them will be developed	September 2016

### OBJECTIVE 2 - Increase innovative and creative employment opportunities for older adults transitioning to new careers or new lifestyles

Strategies	Key Outcomes	Target Date
1. Conduct research to obtain information about the benefits of hiring older workers	Research completed	September 2016
2. Distribute information through local chambers and economic development boards about benefits of hiring older workers	Employers will know the benefits of hiring older workers	January 2017
3. Educate older workers who will be working after retirement from their primary career about opportunities available	Information about retirement planning courses, workshops, and resources which help older workers understand the reality of the current business environment will be available	December 2017

## GOAL 3 - Mature Adults in Jefferson County will have a Variety of Meaningful Volunteer Opportunities

### OBJECTIVE 1 - Increase support for structured volunteer programs in Jefferson County

Strategies	Key Outcomes	Target Date
1. Create a list of agencies with solid volunteer programs	A current list of agencies with Volunteer Managers/Coordinators that would be interested in training and mentoring other interested agencies will be available	December 2016
2. Identify organizations in Denver metro area that provide volunteer management training and promote their service to agencies and businesses	A list of organizations that provide volunteer management training will be created and distributed. More agencies will have volunteer programs	March 2017

### Objective 2 - Increase volunteer cooperation and placement in Jefferson County

Strategies	Key Outcomes	Target Date
1. Identify agency(s) that would be interested in hosting a centralized county wide volunteer program such as RSVP	List of potential partners and stakeholders will be developed	June 2017
2. Identify costs and benefits of different centralized county wide volunteer programs	Share information on the costs and benefits with volunteer organizations, nonprofits, government agencies and others	December 2017
3. Encourage communication between agencies interested in developing and contributing to a centralized county wide volunteer program	Improved network of agencies discussing the options for a Jefferson County Volunteer Program	June 2018
4. Support efforts of partnered agencies in developing a centralized county wide volunteer program	A centralized county wide volunteer program is developed with the support of this workgroup	December 2018

## GOAL 4 - Lifelong Learning Opportunities will Meet the Needs of Adults 60+

### OBJECTIVE 1 - Promote the benefits and opportunities of lifelong learning

Strategies	Key Outcomes	Target Date
1. Consolidate research on the benefits of lifelong learning (Mind Matters, Active Minds, colleges, etc.)	List of benefits to lifelong learning is created	March 2016
2. Identify partners to review benefits of lifelong learning and determine course of action for a collaborative marketing campaign	Partners will be identified	January 2017
3. Identify partners who could help underwrite the campaign (Active Minds, Mind Matters)	Sustained funding will be obtained	October 2017
4. Initiate marketing campaign	Public awareness of the benefits of lifelong learning	March 2018
5. Annually update "Staying Engaged" pamphlet	Connect seniors and senior service providers with current lifelong learning opportunities	October 2015-2020
6. Encourage lifelong learning agencies to list offerings on their websites and on DRCOG's Network of Care	More seniors are connecting to lifelong learning opportunities due to increased promotions	January 2016-2020

### OBJECTIVE 2 - Increase delivery systems for home-bound or seniors with disabilities to stay engaged with lifelong learning

Strategies	Key Outcomes	Target Date
1. Review the successes and challenges of the Dial-a-Book Club, and brainstorm broadening applications and/or topics across the county	Identify and prioritize other lifelong learning applications to connect homebound seniors, and outline basic concepts	March 2017
2. Research types of technology-based delivery systems such as the Internet, telephone, television, Channel 8, loan out readers or I-pads, etc.	Identify and prioritize delivery systems that connect homebound seniors to lifelong learning and socialization	November 2017
3. Survey homebound seniors regarding which delivery system they would use and topics that are of interest (use VOA Meals on Wheels and Project Angel Heart to help survey "food for the mind")	Programs and delivery systems most desired by homebound seniors will be identified	March 2018
4. Identify partners willing to purchase needed software and equipment and/or provide volunteers or staff to offer homebound lifelong learning opportunities	Partners willing to expand homebound senior programming will be secured	October 2018
5. Use technology-based delivery systems to implement lifelong learning opportunities with partners identified above	Lifelong learning opportunities are being implemented across the county on a variety of topics	January 2020

## GOAL 5 - Older Adults in Jefferson County will be able to Maintain and/or Attain Personal Associations and Engage in Social and Civic Organizations

### OBJECTIVE 1 - Increase the number of Jefferson County employers who prepare their employees for retirement beyond medical and financial issues

Strategies	Key Outcomes	Target Date
1. Create a packet and distribute to identified employers outlining the benefits of preparing their employees for retirement	A packet will be created and appropriate HR Departments identified for distribution	December 2017
2. Gather information on speakers who could assist HR Departments if needed in informing/preparing their pre-retirement workers	List of speakers will be identified and included in packet from strategy #1. Large Government, Non Profit and Faith Based organizations will be identified to target	December 2017

### OBJECTIVE 2 - Increase and improve the number of welcoming social environments where mature adults in Jefferson County can gather and socialize

Strategies	Key Outcomes	Target Date
1. Identify government agencies, non-profit organizations and faith based organizations that are successful in establishing and/or continuing welcoming social environments for seniors	List of successful welcoming social environments for older adults in Jefferson County is created and distributed	January 2017
2. Develop a resource from the current literature on the benefits of hosting a welcoming social environment	Resource will be developed	January 2018
3. Share resource with seniors and organizations	More organizations will develop a welcoming social environment for seniors	June 2018

# Aging Well

2015  
In Jefferson  
County, Colorado

## Transportation



# Aging Well

In Jefferson County, Colorado

## Transportation & Mobility

### Acknowledgements

Transportation/Local Coordinating Council For Human Services Transportation (LCC)  
Dawn Sluder, Chair, City of Lakewood, Older Adult and Transportation Services  
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Susan Franklin, Project Manager of Aging Well, Jefferson County Human Services



*Presented by:*

**The Jefferson County Human Services Department**  
900 Jefferson County Parkway, Golden, Colorado 80401  
303-271-1388, <http://humanservices.jeffco.us>  
Lynn Johnson, Director  
2015

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*Photo credits: Front cover- bus full of shoppers courtesy of City of Lakewood, page 8:6- Light Rail Station in Golden courtesy of Jefferson County Department of Human Services, page 8:9- driver helping man courtesy of City of Lakewood, page 8:10- RTD sign, courtesy of Jefferson County Human Services, page 8:12- driver helping resident courtesy of Seniors' Resource Center*

# Introduction

The Transportation Workgroup of the Aging Well Project was undertaken to help prepare those people in Jefferson County who use, manage, provide or fund transportation, for the future increase in the older adult population. A primary goal of the Transportation Workgroup is to ensure safe, easily-accessible, affordable, reliable, and convenient transportation options for all older adults.

The Transportation Workgroup is comprised of local transportation providers, members of the community, agencies who refer others for specialized transportation and Jefferson County Human Services. Executive Order (EO) 13330, signed in 2004, required federal agencies to work together to improve human services transportation and established the Interagency (Federal Transit Administration, Housing and Human Services, Labor, and Education) Transportation Coordinating Council for Access and Mobility (CCAM). The CCAM launched a new initiative, United We Ride, to break down barriers between programs and create state and local partnerships that generate common sense solutions. The CCAM encouraged states to form similar coordinating councils and provided resources to assist them.

To improve the coordination of human service and public transportation programs, Colorado has pursued a bi-level strategy. This includes: (1) a state-level coordinating council, and (2) local or regional coordinating councils. The state level council seeks policy changes and other steps to create an environment supportive of coordination. The local level councils seek coordination between transportation programs, human service agencies, and advocates for affordability of services that adequately fulfill the need.

As a result of the coordinated transportation initiative spawned by EO 13330, the Transportation Workgroup became the Local Coordinating Council on Human Services Transportation Serving Jefferson County (LCC). To completely coordinate transportation and access, the LCC now considers transportation needs of persons with disabilities, persons with low household income and older adults.

The LCC has evaluated transportation in three categories, Self-Mobility, Specialized Transportation, and Public Transportation. Although important (most older adults continue to drive) less emphasis was placed on Self-Mobility.

Self-Mobility refers to getting from place to place in which an individual is completely independent in arranging, scheduling, paying for, and providing their mobility. Modes of transportation most often used include bicycling, walking, arranging a cab and driving a private automobile. The individual chooses their mode of transportation.

Specialized Transportation refers to services provided to individuals needing a level of para-transit assistance. This type of transportation is most often door-to-door or door-through-door services, and is not attached to public transportation. For example, Lakewood Rides (LR) provides transportation services for City of Lakewood residents age 60 and older and those with disabilities of any age; the Seniors' Resource Center (SRC) provides services to those 60 and older in Jefferson County; non-emergency medical transportation (NEMT) provides service to persons covered by Medicaid. Transportation provided by volunteers is the most diverse category with services provided by family members, friends, neighbors, faith-based organizations, etc. to persons that they know, or through agencies that have a volunteer driver base.

Public Transportation refers to a system that conveys people from one place to another. The Regional Transportation District (RTD) provides the public transportation for the metro region. The modes of public transportation available in Jefferson County include fixed route buses, light rail, access-a-Ride, Call-n-Ride and soon, commuter rail.

Terms and definitions used in this report and strategic plans for 2015-2020 follow this report. ◆

# Self Mobility

## Trends

The total Vehicle Miles Traveled (VMT)/capita dropped approximately 30% from 2005 to 2011 in the urbanized areas of Colorado according to the data from the U.S. Department of Transportation Federal Highway Administration. This means that older adults and others are utilizing other forms of transportation than the automobile and/or reducing their number of trips – a healthy trend, environmentally and individually. Jefferson County is fortunate that providing choices for person travel is more valued now than in the past. Aligning with citizen expectations of connectivity within and between systems, agencies providing transportation have an increased sensitivity to seamless connections for person travel.

According to a DRCOG document, ninety-five percent of Jefferson County residents age 60 and older used private vehicles for getting around their communities. Others are assisted by families, friends, and volunteers to accomplish their transportation needs.

Awareness of safety concerns for cyclists and pedestrians has increased. A recent Arvada survey showed that the second mode of transportation preferred by older adults, after riding in a motorized vehicle, was walking to their destination. The last 20 years has illustrated a growing consciousness for the safety of cyclists and pedestrians. The City of Lakewood's Public Works Department has provided 154 miles of identified bike ways along Lakewood streets. Jefferson County has added miles of pedestrian facilities and bike lanes and the major communities have included bike lanes, and sidewalks when possible, while resurfacing or re-striping roadways. As a result, people have higher expectations of the bike-ped system today. In the past, cycling was mostly for recreation not transportation. That is no longer true because cycling is now an established mode of transportation. Further, recent land development is more focused on providing services within walking/biking distance.

The term "Last Mile" did not exist 20 years ago. The last mile is the relatively short, but often difficult, travel distance from the public transportation station or stop to a person's home or other destination. This is the mile for which persons must rely on some form of self-mobility or specialized transportation. For those who choose to walk the last mile, Federal requirements began addressing multi-sensory and aging issues in traffic engineering in 2009, making the last mile easier to navigate. iPhones and navigational application tools that did not exist 20 years ago, can now assist with the last mile; however, these types of phones are, for some, an unaffordable luxury.

## Strengths and Assets

Bike-ped systems were addressed in long range planning in the past. Today, bike-ped is now a prominent chapter in the transportation plans of major Jefferson County cities and Jefferson County. The county has created a Bike-Ped Master Plan and coordinated with cities to ensure connectivity. Clearly, Jefferson County and its municipalities are increasing funds for walking and cycling. Further, Jefferson County recently coordinated with municipalities in their Bicycle and Pedestrian Master Plan to ensure connectivity between county and municipal systems. Cost sharing between the county and municipalities is growing. The benefit is clear that bike-ped facilities, along with specialized and public transportation, enhance a person's independence and their ability to remain in their community.

"Multimodal" has been a term used in transportation for many years. Multimodal means different things to different people. Common understanding of the term "multimodal" by most transportation professionals refers to a transportation network that offers many modes, such as automobile, bus, train, walking, and cycling, preferably with ease of connectivity from one mode to the other. Because of the increased emphasis on walking and biking, planners and engineers are working to make trips multimodal – not just the system. This is being considered through the improvement or construction of seamless connections from one mode to another.

There is pronounced awareness among local transportation planners and traffic engineers of the exponential growth of the older population in the coming decades. The 2009 Manual on Uniform Traffic Control Devices (MUTCD) added a multitude of requirements to make walking and driving easier and safer for older adults. Because a vast number of older adults will continue to use transportation, including private vehicles, this group will continue to play a role in shaping the way communities are designed.



## Gaps

The funding gap for needed construction and maintenance to the roadway and bike-ped system continues to widen. Roadway construction and widening is extremely costly and entities compete for Federal dollars for equally important roadway and bike-ped projects. Sidewalks that cannot safely accommodate a wheelchair are not acceptable but are beyond the budgets of many communities.

Publicity about the availability of driving improvement programs specifically customized to older adults' needs should increase. Information about useful programs supplied by AARP, AAA and other organizations should be disseminated widely throughout the county. Improving driving skills can extend the amount of time an older adult can safely drive and therefore, maintain independence.

Affordability in the use of private vehicles is a problem for some. Many older adults live on fixed incomes despite increases in the cost of many basic life activities. Affordability in the use of private vehicles is a problem for fixed income seniors. As increases occur in the cost of basic life activities, the cost of owning, operating, and maintaining a private vehicle go up as well. At some point, older adults may have to face the decision to no longer own a vehicle. The same becomes an issue for low income individuals. Owning a private vehicle may not be possible at all and at times it becomes challenging to have the funding to utilize public transit. ♦

# Specialized (Community) Transportation

Specialized transportation refers to para-transit and or assisted transportation that provides a level of help for those who have reduced self-mobility, whether by health or financial reasons, and may not qualify for RTD's access-a-Ride, a mandated service, or are not in a RTD Call-n-Ride area. Providers of specialized transportation services have become the innovators and drivers of much of the change in how these services are delivered due to having more flexibility with how services are delivered. Specialized transportation service providers serve well-defined populations, usually older adults and persons with disabilities, and often limit service to clearly defined geographic areas. These providers can be flexible in the way they provide service and to whom they provide that service than the more regulated public transportation sector. RTD's access-a-Ride service follows regulations outlined in the Americans with Disabilities Act (ADA). Lastly, specialized transportation service providers have several assets: close ties to their community (older adults, persons with disabilities, their families), flexibility, and innovation; and, therefore, they are often more in tune with user needs and potential for innovation.

## Trends

Currently in Jefferson County the primary providers of these services to the aging and disabled population are Seniors' Resource Center (SRC) and Lakewood Rides. Other providers, including faith based services, which are often small volunteer programs, are making somewhat of a comeback but are not nearly as robust as SRC and Lakewood Rides. Unfortunately, SRC and Lakewood Rides, though working cooperatively, have never been able to fully address the requested needs from Jefferson County's older adult population due primarily to limited funding. With the passage of the Americans with Disabilities Act in 1991 the requirement for provision of services to aging and persons with disabilities led to an increase in demand for specialized transportation services. While the Regional Transportation District (RTD) providing public transportation in the region implemented access-a-Ride to meet this mandate, the needs in the community were not fulfilled by that service. A strict interpretation of the ADA regulations serves to limit the number of persons eligible for the services. This coupled with a rigid implementation of the ADA regulations in regards to service area, fares that are twice the regular bus fare, and ridership qualifiers make the RTD access-a-Ride service out of reach for many in the community. Over time a variety of organizations and groups have worked to meet the needs of those who do

not have access to public transportation or who cannot find other means of getting around. These organizations have been subject to the pressures of the economic and social trends and thus have entered and left the arena as circumstance dictates.

The demand for specialized transportation services is growing with the increase in life expectancy for the general population, and effects of increased eligible riders due to particular generational dynamics. This has resulted in growing demand for services and longer waiting lists to get those services. As the target population continues to grow, the ability of family and friends to meet the needs of this population is being stressed. While it is assumed that everyone would like to help as much as possible with loved ones in need of help, the demands of today's employment and lifestyle make giving such assistance more and more difficult.

One of the most challenging aspects for people transitioning from self-mobility to being reliant on specialized and public transportation is the expectation on the availability of the transportation service they need. As this population moves from self-mobility they are demanding greater flexibility in the availability and types of services they require. Due to the scarcity of resources, current practice for scheduling a trip is to require advance notice from two weeks (in the case of non-emergency medical transportation or NEMT) under Medicaid to three days for many of the other services. Such requirements for advance notice are becoming less acceptable to the incoming users of the services. Additionally resource constraints make scheduling multiple events in a single trip or even day difficult. The specialized transportation services such as SRC and Lakewood Rides are much more in tune with these expectations and have worked hard to meet them when possible. Nevertheless, the transition from getting in the car anytime you wish (self-mobility) to needing to schedule each move (specialized transportation) can be discouraging and frustrating. Changes in scheduling technology has aided in greater use of resources through efficiency; however, due to the increase in number of unmet requests, rides for basic needs, such as medical appointments, are growing.

Over the past twenty years changes in the law, increased awareness of needs and advancements in technology have resulted in increases in the quality and amount of specialized transportation services, which has reduced some of the frustrations. In the future, an increased demand will also increase pressure to provide a more readily available service in a more efficient way. One of the

ways some of these demands can be satisfied is through the use of technology. In the cases of SRC and Lakewood Rides the use of more efficient and appropriate vehicles has resulted in both cost savings per trip and the ability to provide more trips. Using hybrid powered and smaller vehicles that can meet the need while keeping larger buses for those times when appropriate, demonstrates the flexibility and innovative spirit of these organizations and the specialized transportation sector. The introduction of technology such as advanced scheduling software and integration of that technology with personal devices has resulted in greater effectiveness of service. In the future, integration of a variety of services with transportation may lead to a more healthy and balanced population able to age in place.

## Strengths and Assets

Jefferson County is fortunate to have a number of strengths and assets which help make the provision of transportation services possible. Among the county's strengths is an active aging population. While some may view the aging population as the growing base of persons needing services; this is a population of very engaged and active citizens with expertise and experience which can be harnessed to devise and implement the very services they need. SRC and Lakewood Rides are actively developing flexible ways to serve their target populations. SRC operates two volunteer driver models to augment the base services and stretch funding to maximize services. Lakewood Rides provides group trips for basic needs such as grocery shopping, congregate meal site, and adult day needs, which results in efficient use of funds and maximization of services. Other services include NEMT which can be used twice a week and is unlimited for adult day services. The Disabled American Veterans provide a volunteer driver service for their clients, and Love, INC. is one of the faith based providers in the county.

Family and friends of those who need transportation are among our strongest assets. They often provide transportation directly or help arrange transportation with one of the providers. Without these caregivers many people would not get the care and opportunities they need to live a balanced and happy life.

Networking among providers, governments, planners, developers, and others concerned with aging and special needs populations is occurring but can always be improved. Networking is particularly challenging when staffing levels require that those staff providing service are also the same persons most suited to network with others.

## Gaps

While the citizens of Jefferson County have much to be proud of in regards to specialized transportation there is a lot of work to be done. As with many things, the challenge to understand people who have different needs presents a fundamental problem in increasing acceptance and appreciation of all of our fellow community members. As we work toward resolving some of the challenges facing transportation in the county perhaps we can increase the appreciation of all of our community members and in the process build a more cooperative environment.

As noted in the trends section above, newcomers to the specialized transportation arena are going to expect greater levels of service, quality, and flexibility. Currently, there are issues with the ability of providers to meet the needs of their patrons. Some of the issues involve the ability to accurately understand and plan for the demand in meeting user needs. Scheduling and asset allocation present a particular dilemma to providers working with limited resources. When resources are scarce it becomes necessary to plan carefully and deny service to some who need it. When users of services must schedule far in advance and determine the schedule within a strict time frame it discourages those who might use the service from participation in their community and increases their isolation.

Current perceptions of regulations, and especially how they are implemented, discourage collaboration and integration with public transportation. Members of the LCC and RTD are discussing ways to provide improved, collaborated transportation. Problems arise when regulations and restrictions placed on funding prevent mixing of riders. Efforts to integrate and facilitate innovation and flexibility can be improved. These efforts should include regulators, funders, and service providers.

The ability to collect and analyze data related to transportation needs in this sector is severely limited. More robust tools must be developed to solicit responses from providers, users and members of the community, such as family members, professionals working with the target population, and others with a desire to participate. The collection of data, both operational and aspirational, is essential to the implementation of effective service. Analyzing operational data is something that both SRC and Lakewood Rides do very well. Nevertheless, the task of integrating that data on a regional basis to develop a more accurate picture of transportation activity could result in the creation of some ground-breaking cooperative efforts. The collection of aspirational data, the wants and needs of patrons to specialized transportation services, can be instrumental in helping to set the

direction for future developments and aid in encouraging funders to participate in more forward thinking endeavors. Collection and analysis of the transportation data is a current endeavor of the Jefferson County LCC. The goal is to better define the gaps in service and propose solutions.

The provision of specialized transportation is an expensive undertaking. The two primary providers in Jefferson County, SRC and Lakewood Rides, have proven that sound business practices combined with thoughtful service management can result in an efficient and effective transportation experience. The providers are not able to meet all the needs of their communities because of persistent funding shortfalls. The competition for limited funds is always challenging. A major impact of underfunding these services is on the target population. With adequate funding, many Jefferson County citizens might remain in their own home rather than moving to an institutionalized setting such as an assisted living facility or nursing home. The major obstacles to effective funding of specialized transportation services are silos of funding, silos of populations, silos of service delivery and jurisdictional boundaries that make it difficult if not impossible to break the bureaucratic mold and innovate.

Community building is one of the areas that must be strengthened. While many governmental or nongovernmental organizations are good at bringing their prospective constituent communities together, the efforts to engage those diverse communities are difficult and will require great effort. Ideally bringing family, friends, government and non-government groups into a stronger community on the issues of aging and disability services would result in some relationships and solutions that could prove to be quite effective. ♦



# Public Transportation

Jefferson County planners and citizens recognize that mobility is a key factor in creating livable and economically-healthy communities. Public transportation adds greater choice, connectivity, and convenience. Older adults have reported that they would use transit more if it was available to them. With the W Line light rail now in service, transit options have expanded. RTD did cut a number of bus routes when the W Line came to Jefferson County and replaced them with Call-n-Ride service which negatively affected some residents. RTD reports that ridership on the W Line is already running at 80% of initial projections. Some experts in the field question this high number.

RTD surveyed the usage of public transportation by older adults in the RTD region:

Mode	Bus	Light Rail	Call-n-Ride	Access-a-Ride
Percent Older Adult Passengers	6.9%	5.4%	13.6%	56%

It was previously reported in the Self-Mobility section of this document, that many older adults are still driving their cars or travelling by car with the help of care partners, often family members. This is supported by RTD's data.

## Trends

Although many older adults use their own vehicles for local trips, some are choosing the convenience of walking to a bus stop or driving to a rail station for longer trips. One factor for not using their cars for longer trips may be the increase in traffic congestion and their discomfort in driving to a less familiar area, as well as the increased cost that result from longer trips.

In the last 20-30 years, public transportation has become increasingly more accessible to people with disabilities. In 1985, RTD was the first transit agency to install wheel chair lifts on their buses before it was required by the Americans with Disabilities Act of 1991. Access-a-Ride services were mandated by federal legislation to provide service to qualified persons with disabilities whose level of impairments prohibited them from accessing a fixed route bus or rail line, provided they reside within  $\frac{3}{4}$  of a mile of that fixed route or rail line. Along with their compliance with access-a-Ride in the early '90's, RTD Call-n-Rides were also utilized in some areas, and with limited travel boundaries, for any person not served by a fixed route and in other areas to connect to regular RTD services.

In 1994, RTD opened the Southwest Line from the Mineral Station in Littleton to downtown Denver, the first light rail train line in the Denver metro area. This

rail line followed a decade later by TREX and currently FasTracks, began, to make public train transportation more popular than public bus transportation. Overall ridership for both busses and trains has increased over the last few decades. More recently, increases in public transportation usage are attributed to the economic downturn and the increasing cost of gasoline. To keep fuel costs down and in regard for the environment, RTD is moving towards alternative fuels and hybrid busses.

As baby boomers age, they will require improvements and increased availability to public transportation. Unlike the boomer era, many young people prefer urban living and do not want to own cars. They are also demanding more and better public transportation. For the citizen who is low income, public transportation is usually less expensive than owning a vehicle. These three population groups are joined by persons with disabilities and debilitating illnesses who, because of improvements in medicine science, are living longer and typically rely on public transportation.

Beyond the area served by RTD, CDOT is implementing an Interregional Express (IX) bus system called Bustang. There are three routes – Denver Union Station to Fort Collins, Denver Union Station to Colorado Springs along the I-25 corridor, and Denver Union Station to Glenwood Springs along the I-70 corridor. The latter service is to be operational by mid 2015 with all buses wheel chair accessible. CDOT is considering fare discounts for older adults, after completing a study in 2014 on statewide needs for the elderly and travelers who are disabled.



## Strengths and Assets

Denver Regional Mobility and Access Council (DRMAC), Denver Regional Council of Governments (DRCOG), and the Colorado Interagency Coordinating Council for Transportation Access and Mobility (CICCTAM), a State Coordinating Council or SCC, are evaluating potential solutions for addressing the needs of a rapidly growing older population. Experts and existing communities point out that cost savings, enhanced efficiencies, and improved transportation and mobility systems can result from regionally and locally coordinated approaches and partnerships.

Other strengths and assets for public transportation identified by the LCC fall into two distinct categories: service levels and technology. With respect to service:

- RTD has maintained a high level of service since the 1990's though there have been cuts in Jefferson County particularly in the southern and northern metro areas.
- RTD provides a strong public transportation service in most other urban areas of Jefferson County.
- Jefferson County will be the beneficiary of the most service from the RTD FasTracks rail system, once complete, with three projects serving the county: The W Line, the Gold Line and the US 36 Bus Rapid Transit project. Coupled with improved service, these projects will bring economic benefits to the county and the communities they traverse.
- The county will benefit from CDOT's Bustang system's Glenwood Springs route which stops at the Federal Center in Lakewood, allowing easy access to RTD W Line, St Anthony's medical complex and the Federal Center.
- RTD buses have low floors for ease of accessibility for persons with disabilities and older adults.

Regarding technology:

- Automatic passenger counts assist RTD service planners in providing the most cost effective routes possible.
- Electronic fare collection has simplified payment and increased usage.
- RTD's on-line system for route information is a highly used and effective tool.
- RTD's My Stop application, for which each bus stop has a 5 digit code, is another useful automated tool for passengers.
- Applications for cell phones that track busses will increase ridership and improve connectivity.

Some notable, recent accomplishments by the LCC include:

- The Jefferson County LCC hosted a presentation by the 9to5 organization that is advocating for reduced fare programs from RTD to primarily help the low income working mother, but it also directly benefits all low income citizens, older adults and persons with disabilities.
- A group of transit equity advocates, Mile High Connects (MHC) approached the LCC in 2014 for support encouraging an RTD fare structure simplification along with hopefully removing the zone system currently in place, a system that causes confusion for the uninitiated rider and some short trips that fall between zones.
- Jefferson, Boulder, Broomfield and Adams Counties applied for funding to share a consultant/facilitator in 2015 and to collaborate with the Denver Regional Mobility and Access Council (DRMAC, a regional Coordinating Council), in a regional approach to community transportation. By working together, these four LCC's and DRMAC will share common visions.

## Gaps

As with other types of "urban renewal", property values often increase along newly constructed transit lines. This becomes an economic opportunity for the community. However, increased property values can force transit-dependent persons to move to areas with more affordable housing, often further from the stations. These people would then have a longer last mile for which there may be no transit service or former service has been discontinued.

The last mile (discussed above) refers to the trip to or from a person's home or destination and the bus stop or train station. For older adults and persons with disabilities, walking may not be possible. The means of providing service for the last mile is one of the gaps identified by the LCC, as it pertains to public transportation. Part of the reason for this gap is that it is not clear who is responsible for it – the local governments or RTD. A joint effort is likely the most reasonable solution. Whatever is done, the LCC identified a need for an innovative form of public involvement to solve this issue. Fortunately, there has been an increase in the awareness and collaboration of agencies that provide services for older adults during the last decade, although more is needed. Future improvements in last mile services are likely to occur but it will take time given the inherent logistical issues that exist.

Some Call-n-Ride services do not have the ridership anticipated. When certain fixed routes in Jefferson County were eliminated, they were replaced with Call-n-Rides. Commuters do not view Call-n-Ride service as a mode for daily commuting. Call-n-Rides are restricted to boundaries for a single small bus to operate in, and don't always connect to fixed route service. Drivers have little discretion with respect to their boundaries but drivers can exercise this discretion and sometimes do so, but differently, causing confusion for passengers. For example, a passenger may only need to be dropped off one intersection beyond the boundary of the route. Some drivers will travel outside of the boundary and some will not, exercising the exactness of the boundary. Passengers are also confused by fixed route and flex route Call-n-Rides which should be clarified by RTD.

Access-a-Ride is relatively costly (twice the fare of fixed route, in 2014/15 that would be \$4.40 per one way trip) and some people who qualify simply cannot afford it. It also is affected when a fixed route changes. For example, if a fixed route is eliminated the access-a-Ride service is eliminated.

Less populated rural and mountain areas have transportation and mobility service gaps. These service gaps result from higher costs, as it is inefficient to devote one or more vehicles to cover these areas with low demand. It appears that older adults and agencies providing transportation service have accepted the fact that service will remain limited in the mountains. There may come a time when demand for these services increases enough to warrant a higher level of service.

The LCC also identified the following gaps that need to be addressed:

- Communication between RTD and Jefferson County Emergency Management is needed. Those older adults, persons with disabilities, and low income who are transit dependent may not have a means to evacuate during an emergency, especially since we know there are gaps in service.
- Ridership information specific to Jefferson County that targets older adults, persons with disabilities and low income would be helpful. RTD has collected older adult ridership data for the RTD region.
- The W Line light rail cars have high floors which make boarding difficult for older adults and persons with disabilities.
- While My Stop is a great application, RTD should add Braille for persons with sight impairments. Improved way-finding would help the hesitant first time rider.
- More bus shelters and trash cans are needed.
- Affordable and simplified fare structure is needed. ◆



# Key Initiatives of the LCC

## Transportation Gaps Analysis

The Gaps Analysis is being conducted in Phases with the following purpose:

- To identify the transportation services available today,
- To determine how well these services meet the current transportation needs,
- To identify the gaps in service and corresponding additional services that will be needed in the future, and
- To close the gaps.

Phase 1 focused primarily on the existing transportation service availability. Phase 2 included a thorough and thoughtful survey of transportation agencies, providers and users. The surveys identified problems with existing services and the causes of the problems. Now complete, the Phase 2 report provides information on service gaps. Findings and recommendations of Phase 2 will inform the LCC of next steps that can be taken by the community and funders to bridge the transportation gaps. Some notable information from the Phase 2 report follows.

Over 60% of transportation providers reported an increase in demand, with some reporting increases between 25-50%. There are two primary reasons that respondents identified as the cause of the increased demand for their service:

- An increase in the numbers of the target populations, and
- An increased need among the populations served.

This powerful message from the report sums up the findings regarding the availability of transportation:

Transportation needs among the elderly, people with disabilities and low income individuals are:

- Reliable services across all providers - some providers have unrealistic wait times or do not show,
- Affordable across all providers - some providers are costly, and
- The need far exceeds the current capacity of providers.

The report concludes that the gaps exist primarily due to:

- Capacity – providers don't have enough vehicles or drivers to match the high demand. This is largely a function of inadequate funds to allow for expansion.
- Affordability of current public options (RTD, taxi, etc.).
- Affordability of current fixed route service (highlighted in the latest version of the Phase 2 Gaps report).
- Lack of knowledge amongst agencies and their clients of the current service options available to them.

Knowing the reasons for the gaps laid the foundation for the report's Strategies and Next Steps which, for the sake of brevity, include the following strategic topic areas:

- Funding and Affordability
- Education and Marketing
- Coordination – both within Jefferson County and across counties in the Denver Region
- Technology
- Advocacy

The intent of the LCC is to help create a better coordinated service and funding efforts to address a burgeoning need.

## DRMAC Initiatives

During the report period, the LCC worked extensively with the Denver Regional Mobility and Access Council (DRMAC). DRMAC was formed after a study regarding elderly/disabled transportation was completed by the Rose Foundation and Colorado Health, known as the "Getting There Collaborative." DRMAC is involved in all of the Denver areas' LCCs and has assisted in relaying information between the LCCs and supporting their work. DRMAC offers a call center to the public to assist in connecting and referring people to a transportation service. They have also produced a booklet of information on transportation agencies within the metro area. DRMAC produced an annual "Getting There Guide," which is a list of metro area transportation options and is available online; further, they are in the process of soliciting for the development of a software program that can link all providers and list trips (mostly long distance) that providers can "bid" on, or insert into a schedule if it fits. DRMAC also provides "travel training" through Via Mobility Services to allow new RTD users a better comfort level when starting to be RTD fixed route riders. ♦

# Conclusions and Recommendations

The increase in the older adult population will expand the need for public transportation and specialized transportation. The county, in collaboration with other interested parties, will need to continually evaluate the transportation needs of older adults. This should include: the type of services needed; examination of availability; the adequacy of the number of existing providers; coordination of services through different providers; and concepts to reduce service costs when feasible. The Gaps Analysis work is a singular, concerted effort in this regard.

Educating and informing the older adult population on various transportation and mobility modes will prolong older adults' independence. There is a vested interest in educating the public about the availability, accessibility, and use of all modes of transportation. Accomplishing this will require the development and publication of information so that older adults consider and use modes of travel that are new to them. The LCC's work with DRMAC and their efforts on the Getting There Guide is a significant contribution in this area.

Funders, including county government, must continue and even increase support of specialized transportation services for county residents, primarily persons age 75 and over who do not qualify for RTD access-a-Ride or NEMT. This will keep Jefferson County at current or above service levels. In addition, cooperatives amongst providers, human service agencies, medical agencies and housing with the goal of increasing coordination of services and more efficient use of funds may result in increased available rides.

The need for transportation and mobility options will continue to play a large part in the lives of older residents. Maintaining mobility will help them maximize independence, self-sufficiency, and overall quality of life. Assuring older residents are mobile also contributes to the overall health of communities.

New developments in Jefferson County must ensure that pedestrians, bicyclists, motorists and riders of all ages and abilities can move safely along and across the streets. Planners will be increasingly emphasizing livable communities that give older adults and persons with disabilities the ability to walk, bicycle and access public transportation safely. Last mile issues will need to be resolved so that older adults and those with disabilities are able to complete their trip. ♦

# Appendices

## Appendix A: Terms and Definitions Used in Report

### **access-a-Ride**

A para-transit service of transportation provided by the Regional Transit District.

### **Aging Population = older adults = seniors (terms used interchangeably)**

In this report we use this term to mean people who are 60 years and older.

### **Alternative Fuels**

Sources of energy for vehicles other than gasoline.

### **Call-n-Ride**

Call-n-Ride is a personalized bus service that travels within select RTD service areas. By placing a call, you easily connect to bus routes, Park-n-Rides, light rail stations or to work, school, and appointments. Some Call-n-Rides may have fixed routes.

### **Connectivity**

Linkage between various modes of transportation or between a mode of transportation and a destination point.

### **Door-Through-Door Service**

The provider assists the client into a home or building.

### **Door-to-Door Service**

The provider assists the client to and from the doorway of his/her residence.

### **FasTracks**

Light and commuter rail expansion project in the Denver Metropolitan Area.

### **Last Mile**

The last mile is the relatively short, but often difficult, travel distance from the public transportation station or stop to a person's home or other destination.

### **Local Trip**

Trip within Jefferson County.

### **Medicaid Eligible Recipient**

Person who has applied for and has been determined eligible for Medicaid services.

### **Mobility**

Ability to move around; being able to move from one's residence in order to access resources and meet needs.

### **Modes (of transportation and mobility)**

Various ways of conveying people from one place to another.

### **Non-Emergent Medical Transportation (NEMT)**

Medical transportation provided for Medicaid recipients for non-emergency purposes, such as doctors' appointments as distinct from emergency purposes, such as an ambulance.

### **Para-Transit**

Transportation system that supplements a larger system by providing individualized rides without fixed routes or timetables, serving persons with disabilities.

### **Private Vehicle**

Vehicle usually owned, registered, insured and operated by an individual.

### **Public Transportation**

Refers to a system set up for conveying people from one place to another. It can involve private payment or publicly funded payment. It also includes assisted transportation.

### **Self-Mobility**

Refers to the type of getting around in which an individual would be independent in arranging, scheduling, paying for and providing for his/her mobility.

### **Specialized Transportation**

Specialized Transportation refers to transportation systems provided to individuals needing a level of para-transit assistance. Specialized Transportation is also referred to as Accessible Community Based Transportation.

### **Transit**

A public system of conveying or moving people from one place to another such as the RTD bus system.

### **Transportation Service Provider**

A company which contracts with a public transportation broker to provide the direct service of transporting.

### **Trip**

One way trip.

## Appendix B: Senior Transportation Service Data

### Lakewood Rides Transportation Data

Trips by Purpose	2013	2014
Medical	1,082	1,602
Adult Day Programs	3,030	3,641
VOA Nutrition	8,276	9,902
Social/Recreational	260	169
Grocery	3,218	3,247
Personal	268	384
Volunteer	14	11
Wellness	799	1,239
Employment	1,505	1,064
Education	150	99
Total	18,602	21,358
Unfilled Requests	725	686

- Serves Lakewood residents only
- Serves 60 years and older, and those with disabilities of any age
- Boundaries: South to Quincy, East to University, North to 49 Ave, West into Golden
- Primarily funded through City of Lakewood General Fund-approximately 85%
- Hours of operation are from 7:00 a.m. to 5:00 p.m. Monday through Friday

### Seniors' Resource Center (SRC) Transportation Data

Trips by purpose	2013	2014
Medical	34539	38,637
Adult Day Programs	12,860	12,680
VOA Nutrition- a portion of these trips were provided by Lakewood Rides as a subcontractor for SRC. Please see the above chart.	11,521	13,049
Social/Recreational	5,015	4,622
Grocery	13,745	11,250
Personal	13,187	12,141
Escorts	2050	2,641
Total	92,917	95,020
Unfilled Requests	1750	1900

- Jefferson County data only
- Serves 60 years and older
- Boundaries: foothills east to Holly St., C-470 north to 120th. Limited service to outlying facilities, i.e. Kaiser Rock Creek and Anschutz campus
- Uses blended funding from federal, county, municipal and grant sources
- Hours of operation are from 7:00 a.m. to 4:00 p.m. Monday through Friday and some Saturdays.

## Appendix C: Sources of Information

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# Strategic Plan: 2015-2020

## GOAL 1 - Jefferson County will have a Fully Funded and High Functioning Collaboration of Agencies and Organizations Working to Enhance Transportation Options

### OBJECTIVE 1 - Sustain the Local Coordinating Council Serving Jefferson County

Strategies	Key Outcomes	Target Completion Date
1. Apply for Federal Transit Administration (FTA) funds and/or other funds annually for LCC technical support	Grant funding for LCC Ongoing support to move the goals of the LCC forward	Annually
2. Secure technical assistance for ongoing activities, administration, technical, and other recurring needs identified by the LCC	Support for the implementation of objectives and strategies identified by the LCC	Annually
3. Follow, review, and amend bylaws	Annual review of bylaws by LCC leadership Change requests from members as needed	December 2016-2020
4. Review LCC membership annually and recruit new members	There will be adequate participation from agencies providing area transportation, agencies that utilize specialized transportation, and citizens	January 2016-2020

### OBJECTIVE 2 - Support regional coordination and the efforts of the Denver Regional Mobility and Access Council

Strategies	Key Outcomes	Target Completion Date
1. Maintain participation in DRMAC meetings	Representation of the distinct needs of Jefferson County at regional meetings	Ongoing
2. Create a direct link to DRMAC/Information and Referral Call Center from all LCC member agency websites	Increased awareness of regional resources Increased regional collaboration	May 2016
3. Assist DRMAC in the development of the Transportation Coordination System (TCS)	Fully integrated and coordinated regional system Jefferson County resources included in program	December 2017
4. Explore existing technology/apps that improve rider/user satisfaction	Identify useful tools for consideration by DRMAC/LCC Share findings with other LCCs	May 2017
5. Participate and coordinate with Jefferson County Transportation Advocacy and Action Group (JEFFTAG)	Increased collaboration and coordination	Ongoing

## GOAL 2 – The Public is Educated and Informed about Transportation Options/ Needs for Older Adults, Persons with Disabilities, and/or Those with Low-Incomes in Jefferson County

### OBJECTIVE 1 - Increase local government involvement

Strategies	Key Outcomes	Target Completion Date
1. Draft Executive Summary for Phase II Gaps Analysis	Concise document highlighting the issues and needs of Jefferson County that can be distributed	December 2015
2. Present Phase II Gaps Analysis and other relevant findings and information to City Councils and Board of County Commissioners	Awareness and education about LCC and member activities Three presentations/year	2016-2020 Evaluate annually
3. Develop and maintain relationships with city and county managers and their staff	Awareness and education about LCC and member activities Increased ownership from cities and county Identify one "ambassador" per city/county Two to three "touches" per year	2016-2020 Evaluate annually

<b>OBJECTIVE 2 - Increase community involvement at the grassroots level</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Develop strategy for distribution of LCC White Paper and other LCC materials (White Paper in English and Spanish)	Identify where to distribute information and materials Create timeline for distribution White paper translated to Spanish	December 2015
2. Distribute White Paper and other LCC materials per the plan developed in strategy 1	Enhanced awareness and education about human service transportation issues/needs	December 2016 Evaluate annually
3. Develop Speaker's Bureau strategy	Identify people/agencies to present LCC information to elected officials and the public in general Timeline for implementation is created	May 2016
4. Implement Speaker's Bureau strategy developed in strategy 3	Presentations to 4-6 organizations per year Increased awareness of issues and challenges	2016 – 2020 Evaluate annually
5. Investigate use of social/web/print media and distribution channels within Jefferson County	Identification of Public Information Officers at cities and county Identification of opportunities to communicate with passengers/agencies/public	May 2017
6. Distribute "Getting There Guide" to constituents when updates are made by DRMAC	Getting There Guide distributed to all LCC members for distribution in the community	As needed
7. Continue to have a presence at local and regional transportation and related meetings to share LCC information	LCC member participation in DRMAC meetings/events LCC member presence at RTD Board meetings as needed	Ongoing

### **GOAL 3 - Jefferson County will have an Affordable, Fully Coordinated and Accessible Community Based Transportation System for Older Adults, Persons with Disabilities, and/or Those with Low-Incomes**

<b>OBJECTIVE 1 - Address identified transportation and mobility service gaps</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Work with providers and funders to understand and improve access to available service and improve use of assets by blending funds and co-mingling trips for transit dependent populations	Create a dialogue between funders and providers to encourage efficient vehicle use Reduce silo thinking and break down jurisdictional boundaries A pilot project with RTD that allows local agency vehicles to provide access-a-Ride trips for RTD at a lower cost	Ongoing  December 2016
2. Identify technology and software scheduling programs that improve cost effectiveness of service provision for specialized (community) transportation	Understand technology opportunities to improve service efficiencies Standardized data collection methodologies Encourage implementation of technology and sharing of data among partners	December 2017
3. Advocate for specialized (community) transportation program funding	Increased access to transit	Ongoing

### **GOAL 4 – Jefferson County will have an Available, Safe, Efficient, and Connected Transportation System for All Transportation Users**

<b>OBJECTIVE 1 – Increase understanding of first- and last-mile connection issues and needed improvements</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Conduct a survey of LCC members, municipalities and others to identify known first- and last-mile connectivity issues	Uniform understanding of what first- and last-mile connection issues are and specific concerns in Jefferson County Identify issues and prioritize next steps	August 2016
2. Research ride connection programs identified in the Phase II Gaps Analysis (Portland, OR and Paducah, KY) and document any relevant first- and last-mile connection solutions	Increase knowledge of possible solutions	December 2016
3. Evaluate if there are viable first- and last-mile connectivity models that could be emulated or developed in Jefferson County	Identification of possible first- and last-mile solutions	December 2016
<b>Objective 2 - Increase awareness of driving improvement programs for seniors</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Research and document available driving programs such as AARP Safe Driver, AAA Roadwise Review and CarFit Programs	Increased knowledge of existing programs	December 2016
2. Draft a brochure about driving improvement programs and distribute to case managers, physicians, mental health clinicians, physical therapy agencies, and others as appropriate	The community will be educated about the various types of driving improvement programs and classes available	May 2017
3. Coordinate with CarFit and establish CarFit program in Jefferson County	Certified CarFit program in place with trained technicians Increased driving safety of older adults through properly adjusted vehicles	July 2018

<b>OBJECTIVE 3 - Advocate for an increase in available public transportation options</b>		
<b>Strategies</b>	<b>Key Outcomes</b>	<b>Target Completion Date</b>
1. Monitor RTD tri-annual service changes; encourage consumers to attend the public comment meetings at RTD and solicit consumer feedback on service changes	Municipalities and the county will publicize the RTD public comment meetings Advocate for new service and meet increases in demand Minimize service changes that adversely affect transit dependent populations Maintain as much RTD transit service as possible Limit reduction in Access-a-Ride services due to elimination of fixed-routes	Every January, May, and August through 2020
2. Participate in regional LCC meeting(s) to improve overall coordination	Strategies to address funding silos for trips over 20 miles will be identified Improved understanding of role of Statewide Coordinating Council, DRMAC, and LCCs Unified communication and understanding of goals Increased advocacy for transit improvements	Ongoing