Aging Well

In Jefferson County, Colorado

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT, GOLDEN, COLORADO

Aging Well In Jefferson County, Colorado

Acknowledgements

This report was produced as part of the Jefferson County Strategic Plan for Aging Well Project. A Leadership Committee consisting of experts in the aging field, providers and consumers of aging services, and others were invited to steer the activities of the project beginning in August 2008 and continuing to the present. The project benefited from the participation of the many concerned people who took time to attend monthly meetings, who contacted numerous aging services organizations and who wrote the report and strategic plan attached. The Leadership Committee members also participated on the six workgroups to move this project forward. The work of each of those groups is included in this report.

We would like to recognize the following people for their participation on the Jefferson County Strategic Plan for Aging Well Leadership Committee:

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Message from the Jefferson County Board of Commissioners

The number of people 60 years and older is projected to double in the next 20 years in the state of Colorado and in Jefferson County. 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 asked the Jefferson County community to come together to proactively address the "tsunami" of seniors coming our way in the next 20 years. Dozens of people have been meeting as a large Leadership Committee, as well as in smaller workgroups focused on specific topics. Consumers, caregivers, advocates and professionals working in fields such as planning and zoning, housing, transportation, senior nutrition services, home health, legal aid, parks and recreation and others have been meeting for the past two years to address how Jefferson County can be well-prepared by better collaborating and joint planning. The community members divided themselves up into six workgroups to address this issue. The workgroups include:

- Basic Needs
- Caregiving and Supportive Services
- Health, Mental Health, Wellness & Prevention
- Housing
- Social & Civic Engagement
- Transportation & Mobility

Many individuals are to be thanked for their participation in meetings, researching topics, and writing aspects of the reports. Each workgroup has submitted a report and a strategic plan on its topic and we have combined all of the reports into this one. In addition, this report contains Cross Cutting Strategic Plans on issues that crossed all workgroups. 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 join us on this ride by following our developments at http://humanservices.jeffco.us.

Sincerely,

Commissioner, District 1 Faye Griffin

Commissioner, District 2 John Odom

Commissioner, District 3 Donald Rosier

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Aging Well In Jefferson County, Colorado

Introduction

Preparing for Population Aging

It is now common knowledge that our communities are rapidly aging. Primarily as a result of medical advances, people are living many years longer than they did just a few decades ago. These future elders 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. In some fortunate communities, though, the decision makers, in partnership with citizens, non-profits, businesses, local government agencies, and others, have actively worked to document just how they will prepare for the so-called "Silver Tsunami" also known as the "Aging of the Baby Boomers." This is the case in Jefferson County, Colorado where many people have participated for more than two years in the development of this Strategic Plan for Aging Well. The Jefferson County Aging Well Project (aka Jeffco Aging Well Project) is likely to be the focal point for years to come for all who want to collaborate here in creating and maintaining a truly age-friendly county.

Original Vision and Intent of Aging Well Project

This document is the culmination of many community meetings, presentations, research, discussions, and debates about how Jefferson County could be ready to meet both the challenges and opportunities the growing number of older residents will bring. The Executive Director of the Jefferson County Department of Human Services, Lynn Johnson, and key department staff, began discussions in late 2007 around how to carry out a large-scale planning process and develop a written plan document. A main aspect of the Jeffco Aging Well Project was to accurately assess the needs of the aging population and the availability of resources throughout the county. This Strategic Plan document describes the identified needs, as well as the information, services, and programs available to meet those needs, in Jefferson County. Perhaps more importantly, it also lays out a framework for how stakeholders can work together in coming years to maximize use of available resources to better meet the needs of the aging population.

Resources for Aging Well Project

The decision was made, in agreement with the Board of County Commissioners, to dedicate some county resources to this effort. In early 2008, Jefferson County Human Services contracted with a consultant to assist county staff in moving this project forward. Additional funding was sought and received from Rose Community Foundation which became another important partner in Jefferson County's Aging Well Project. Throughout the project, many agencies, organizations, and individuals contributed their time and expertise, brought refreshments to meetings, allowed use of their conference rooms for meetings, etc. Throughout this document, the names of these individuals and organizations can be found and they are to be commended for their contributions to the Jeffco Aging Well Project.

Internal Planning Team

An initial Internal Planning Team from the Jefferson County Department of Human Services was formed, comprised of Lynn Johnson, Tom Hitpas, Susan Franklin, Sue Bozinovski (consultant) and Mary Boland. The planning team reviewed some existing models of large-scale community-level planning for population aging. A number of local experts were also interviewed. The group reviewed existing studies and reports, including but not limited to, DRCOG's 2004 Strengths and Needs Assessment of Older Adults, and data and projections from the State Demographer's Office. After an assessment of the information and input, a large-scale planning process was crafted that was tailored to the unique needs of Jefferson County, while also taking into account positive features of other known planning efforts.

Appointment of Leadership Committee

The Internal Planning Team decided to create a Leadership Committee whose role would be to guide the entire Strategic Planning process. After a series of strategizing and internal planning meetings in early to mid-2008, citizens and individuals representing various organizations were invited by the Jefferson County Human Services Director to serve for a two-year period on the Aging Well Leadership Committee.

The characteristics of individuals asked to serve on this group included:

- Comfortable being a visionary leader
- Enthusiastic about the need for planning for an aging community
- Open-minded and willing to listen to and tolerate differences of opinion and attitudes
- Able to view planning from short, medium and long-term perspectives
- Able to review various data and reports and understand whether conclusions are valid
- Able to review materials relatively rapidly and note concerns or input
- Comfortable directly expressing one's own ideas and feelings in a group setting
- Enjoy collaborating and partnering with an array of individuals and organizations

Approximately thirty-five (35) people attended Leadership Committee meetings for approximately two (2) years from August 2008 through June 2010. This group, in fact, continues to meet and will do so into the future as participants are committed to implementation of the Jeffco Strategic Plan for Aging Well.

The Leadership Committee has guided the entire Jeffco Aging Well Project process and outcomes. All critical decisions, changes, etc. were made in conjunction with the Leadership Committee members. The Leadership Committee developed the following Vision and Mission Statements to guide the project and have been referred to whenever focus was needed.

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.

Formation of Workgroups

In the autumn of 2008, some Leadership Committee members stepped up to chair six workgroups that the committee had decided were the most global and important issues for seniors. The Aging Well Program Manager and Project Consultant conducted an orientation session for them and for members of the workgroups. Workgroup members came from the Leadership Committee, but also were brought in from outside by the workgroups to supplement the knowledge and expertise around the table. The main role of the workgroup chairs was to facilitate discussions about their topic area, move the discussions along and delegate various pieces of the project to workgroup members.

Chairpersons led the identification of key goals and strategies to be carried out in Jefferson County in the next twenty years. Workgroup chairpersons also collected information about their topics, sent that information out to their workgroup members, set up the meetings, including handling the meeting logistics, and communicated with the workgroup members on an ongoing basis. In the first year, some workgroups decided to use either volunteer facilitators provided by the Jeffco Mediation Center or volunteers from the community or nearby universities so that the chairperson could be a part of the group discussion and not have to worry about

having to facilitate the meetings. Most workgroups used these volunteer facilitators only for the first year.

Six broad areas of focus were selected for the Jeffco Aging Well Project, based on all of the information available. These were: (1) Basic Needs, (2) Caregiving & Supportive Services, (3) Physical Health, Mental Health, Wellness & Prevention, (4) Housing, (5) Social & Civic Engagement, and (6) Transportation & Mobility.

Economic Context

There was no way of knowing that while this Plan was being developed, the economic crisis of 2008-2009 would escalate and become the context within which we would be working. If anything, the economic backdrop prompted the Aging Well participants to urgently discuss what would be needed in Jefferson County to fully support its older residents. This led to questions such as, "If people need to work longer, are employers ready and willing to help them work longer? Can this be done without detrimental effects on the young who are also seeking work in the county? If pensions and Social Security aren't necessarily so secure, how will people pay for food, clothing and shelter in the decades to come? Does Jefferson County have enough affordable housing suitable for older adults?" This Strategic Plan addresses these and many other issues that were covered by the workgroups and Leadership Committee members.

Layout of Document

The Jefferson County Strategic Plan for Aging Well contains a tremendous amount of information. It was organized in the manner provided here so that the reader can find a specific topic of interest, as well as get a complete overview of a number of aging-related topics. Sections and their contents are as follows:

The report begins with an Acknowledgements page listing the Leadership Committee Members. There is also a Table of Contents.

Section 1 Executive Summary

This section highlights key aspects of the entire Strategic Plan document. Only select information is provided, though this section will provide the reader with a good representation of the entire Plan document.

Section 2 Introduction

This section provides the background and basis for why the Strategic Plan was done and what can be found in the remainder of the document.

Sections 3-8 Reports and Strategic Plans for Six Workgroup Topics

Each section contains a page acknowledging those who worked on this portion of the report and a Table of Contents. The six sections, one for each workgroup, contain a report describing the activities and findings from the first year of each workgroup's charge. This includes an Introduction, the Process Used, Trends, Strengths and Assets, Gaps, Report Wrap-Up and Appendices including Terms and Definitions Used in Report. Each section also provides a Short-Term Strategic Plan covering the years 2011 through 2015 and a Long-Term Strategic Plan covering 2016 through 2030. Short-Term Plans identify Goals, Objectives, Strategies, Potential Lead Agencies, Potential Partners, Resources that will be needed, expected Key Outcomes, and Target Completion Date. The Long-Term Strategic Plan consists of Goals, Objectives, Strategies, Potential Lead Agency, Potential Partners, Target Start Year, Target End Year and Comments.

Section 9 Cross-Cutting Strategic Plans

This portion of the Plan contains Short-Term Strategic Plans covering the period 2011 through 2016. Certain topics such as homeless elders and aging with intellectual and developmental disabilities kept coming up throughout discussions of most or all of the six workgroups. They often came up at Leadership Committee meetings as well. Given the number of people and the resources already dedicated to the Aging Well Project, participants decided to create Short-Term Plans for some of those cross-cutting topics. Thus, in this section, the following Strategic Plans are included: Accessing Information & Resources; Advocacy; Special Populations: People with Intellectual and Developmental Disabilities (I/DD), Homeless Elders, and Lesbian, Gay, Bisexual & Transgender (LGBT) Elders; and Sustainability of the Aging Well Project.

Section 10 Conclusions and Recommendations

This section puts forth future actions, policies, and approaches to be considered by stakeholders in Jefferson County in order to fully implement as much of the Strategic Plan as possible over the coming years.

Section 11 Attachments

A number of documents including organizational charts, maps, and the Report Template for years 3 and beyond are included in this section.

Using this Strategic Plan

Those who were part of putting this Strategic Plan for Aging Well together want to see widespread distribution and usage of it. As the reader of this Plan, you are asked to incorporate the information from it into your life in whatever way is most suitable to help achieve a truly Age-Friendly, Livable Jefferson County. The contents of this Plan can be used for public speaking, for incorporation into agency and community planning, guiding an existing non-profit into priority areas, or offering entrepreneurs ideas for future businesses that will contribute to community betterment. The developers of this Plan invite you to contact them with your ideas, insights, and energy.

Aging Well In Jefferson County, Colorado

Executive Summary

Introduction

In the spring of 2008, Jefferson County Colorado embarked on a large-scale strategic planning process titled "Aging Well." The project intent was to bring many stakeholders together to collaborate on how best the county could prepare for the projected doubling of the senior population over the next two decades. The Jefferson County Aging Well Project continues to this day and participants offer these reports and Strategic Plans as documentation of their agreements, discussions, hopes and wishes for the future. The ultimate vision for all who've participated in this process is to see Jefferson County be a thriving community for aging well!

This Executive Summary provides the information about the project in Year One, Year Two and Year Three and the Future. It will highlight information found in the full report on trends, strengths and assets, gaps and conclusions that each workgroup developed. Report information will be followed by the short-term (2011-2015) and long-term (2016-2030) strategic plans for each main topic area. In addition, some topics crossed some or all of the workgroups and will be presented in the Cross-Cutting Strategic Plans found in section 9 of this Executive Summary. Conclusions and recommendations can be found at the end.

Resources for carrying out the Aging Well Project were primarily provided by Jefferson County Department of Human Services and Rose Community Foundation.

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://humanservices.jeffco.us

Year One of the Aging Well Project

During the first year, a Leadership Committee was appointed and met for the first time in August 2008. The Leadership Committee is comprised of professionals from all areas of senior issues including housing, legal issues, nutrition programs, transportation, planning and zoning, law enforcement, citizens, etc. The Leadership Committee formulated the following vision and mission statements:

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.

Six workgroups were formed and began meeting in the fall of 2008 around key topics including: (1) Basic Needs, (2) Caregiving & Supportive Services, (3) Housing, (4) Physical Health, Mental Health, and Wellness & Prevention, (5) Social & Civic Engagement, and (6) Transportation & Mobility. These workgroups formed subcommittees which tackled sub-topics within the main workgroup topic. Monthly meetings of the Leadership Committee were held. Workgroup chairs met monthly following the Leadership Committee meetings and workgroup members and their subcommittees met monthly or more often. The workgroups began by defining and narrowing their topic areas. There was a great deal of information for each topic area and it was important for the workgroups to define their topic and focus on the most important issues. The workgroups found the task at hand to be overwhelming as Jefferson County does have many resources for seniors; however, the gaps quickly became apparent. The primary outcome of the first year was the development by each of the six workgroups of a report which includes an acknowledgement page of who participated on this group, an introduction, the process used, trends, strengths and assets, gaps, report wrap-up, and appendices including terms and definitions used in the report. Workgroups also began researching best practices and models for potential replication or expansion within Jefferson County. Grant funding was received from Rose Community Foundation (RCF) to assist with numerous aspects of the Aging Well Project.

Year Two of the Aging Well Project

The second year of the project, beginning in the fall of 2009, was focused on the development of short-term and long-term strategic plans for each of the six main topic areas as well as several cross-cutting topics identified by some or all of the workgroups. These cross-cutting topics included: 1. Advocacy, 2. Accessing Information & Resources, and 3. Sustainability of the Aging Well Project. Another set of short-term strategic plans was developed around Special Needs Populations. These plans included: 1. People Aging with Intellectual and Developmental Disabilities, 2. Homeless Elders, and 3. Lesbian, Gay, Bisexual & Transgender (LGBT) Elders. Funding was awarded to the Aging Well Project by Rose Community Foundation (RCF) for the first Jefferson County Summit on Aging held in June of 2010. Some of the additional funding from RCF will be used to hold a second Jefferson County Summit on Aging in June of 2011. Rose Community Foundation also funded a survey called the Community Assessment Survey of Older Adults (CASOA). This survey was randomly mailed to 3750 adults over the age of 60 in Jefferson County in the spring of 2010. There was a 44% return rate. An overall report on Jefferson County and the unincorporated areas as well as individual reports on some of the major municipalities in the county can be found on the Aging Well web site.

Year Three and the Future of the Aging Well Project

Year Three of the Jefferson County Aging Well Project began in the fall of 2010. All of the main workgroups continue meeting and implementing their Plans. Leadership Committee and Workgroup Chair meetings will also continue. Rose Community Foundation awarded the project small seed funds for four projects being carried out during the first half of 2011. Funding was awarded to the Basic Needs Workgroup for a Jefferson County Senior Law Day, to the Caregiving & Supportive Services Workgroup for Caregiver Training sessions, to the Transportation Workgroup for a new senior services site in Southwest Plaza, and to the Social & Civic Engagement Workgroup for computer training and job search skills development via the public library's e-train. Grant funding was also received from Colorado Department of Transportation to assist the Transportation & Mobility Workgroup carry out one of its main goals – to increase and formalize local coordination activities. Project staff also applied for and received a technical assistance grant from Easter Seals to learn about coalition-building and a two-day training session was held in August 2010.

Each workgroup will submit a report yearly from Year 3 to the conclusion of the project by July 31 of that year. The template of the report can be found in Section 11, the Attachments Section.

Each workgroup will be presented separately in this report and in alphabetical order.

Basic Needs

Basic needs are those essential life elements that Jefferson County's older residents require for simple survival on a day-to-day basis. The Basic Needs Workgroup defined its sub-topics as: 1. Accessing Information and Services, 2. Food and Nutrition, 3. Legal Services, 4. Safety and Security, and 5. Assistance with Finances or Income.

Trends

Access to Information and Services

- With an almost universal desire to age-in-place within one's community, comes the need to access services.
- Information about, and access to, available senior services are complicated by the fragmented systems that have been developed.
- One-stop single entry point systems are desired by older adults and their families.
- Increased care management/coordination services will be needed to assist older residents and their caregivers with accessing and utilizing services and programs.

Food Assistance

- Everything that impacts serving older adults has increased in price.
- Due to the cost increases, volunteering has become difficult for many who can no longer afford to absorb the associated costs (gasoline, insurance, etc.).
- Remote geographic areas are being especially challenged by increased travel costs as distances are greater than in urban areas.
- While need and demand for all kinds of food assistance by seniors (e.g. food banks, home-delivered meals, etc.) have increased, resources have not increased.
- Nutrition directors will need to find new ideas, including collaborations, for providing nutritious meals in response to unstable and uncertain government funding.

Legal Assistance

- Legal services needed by seniors are becoming more complex, calls for assistance have risen, while commensurate increases in resources have not kept pace.
- The aging of the Baby Boomers is expected to significantly increase the need for legal assistance by older adults and their families.
- Financial exploitation of older adults has increased, including misuse of a Power of Attorney or illegal/improper use of another person's funds or property for one's own advantage.
- The use of end-of-life documents such as Medical Durable Powers of Attorney and Living Wills will grow, and could be enhanced by legal assistance in completing them.

Public Safety

- Working with seniors requires specialized knowledge and training that involves recognizing unique issues such as older adults' unwillingness to report crimes, especially against a family member, and fear that speaking out will result in loss of independence.
- Senior Liaison Officers, when they are available in a community, can be of great value in investigations involving seniors, as well as in providing specialized knowledge of seniors and connecting them to resources.
- The "Elder Abuse" arena is at a point today similar to where Crimes Against Children was twenty years ago. The Elder Abuse field will continue to mature and increase in sophistication.
- Crimes against At-Risk Adults will continue to rise in part because the often trusting nature of older adults makes them potentially more vulnerable.

Financial Assistance

- As a society, we place a higher value on working people, thus automatically invalidating older adults who no longer work for pay.
- Costs for nearly everything have risen, but the economy has negatively impacted affordability of basic needs (food, housing, health care, etc.) for seniors.
- Technology (tele-health, on-line financial applications, etc.) will assist many older adults as it becomes more affordable, is integrated into medical care, and is shown to bring cost savings.
- Increased numbers of seniors and their caregivers will need financial assistance, and will need to advocate for more government aid, more partnering among service providers, and more affordable services.

Strengths and Assets

Access to Information and Services

- Service providers throughout the county are committed to partnering and stretching scarce resources to keep older residents independent in their communities for as long as possible.
- Cities such as Lakewood, Wheat Ridge, Arvada, and Golden provide a variety of senior services including information and referral, often through their senior centers.

- Jefferson County Department of Human Services is dedicated to service provision and support for all community partners assisting seniors.
- Jefferson County was instrumental in the development of, and continued financial support of Seniors' Resource Center (SRC) which offers a single entry phone assistance service.

Food Assistance

- Three non-profit agencies, Volunteers of America (VOA) Meals on Wheels, TLC Meals on Wheels of Littleton, and Project Angel Heart, provide meals to homebound seniors with economic needs.
- There are two large food pantries, one in Lakewood and one in Arvada, and many small food pantries in churches located throughout the county.
- There are many volunteers providing nutrition services to elders throughout the county.
- For those who can afford to pay, a number of private organizations provide home-delivered meals for seniors.

Legal Assistance

- There are two places seniors can contact for legal assistance in the county, Colorado Legal Services and the First Judicial District Bar Association Legal Assistance program.
- These programs actively seek pro bono attorneys when needed.
- These entities provide countless hours of quality legal assistance and representation to the county's seniors.
- The limited legal assistance provided includes free and low-cost legal information, advice and representation.

Public Safety

- The cities of Arvada and Westminster have full-time Senior Liaison Officers who are considered trailblazers in serving as liaisons between older residents and law enforcement.
- The Jefferson County Public Health Department is developing an emergency sheltering operations plan for functionally and medically at-risk community members.
- Many older adults at faith-based, retirement, and veterans groups have learned how not to be financially exploited by participating in the CASE (Communities Against Senior Exploitation) Program offered by the District Attorney's Office.
- The DA's Office provides a Fraud Hotline for seniors answered by a "live" person.

Financial Assistance

- Jefferson County Human Services has a director and staff committed to addressing client needs in a timely and responsive manner evidenced by a designated office for seniors, the Single Entry Point unit, and the financial eligibility unit on the same campus.
- There is a strong network of organizations including non-profits, government, and faith-based groups that work together to assist seniors throughout the county.
- The St. Anthony Health Passport Program offers online benefits screening and identification and links for individuals who need financial resources.

Gaps

Access to Information and Services

- The "assistance" aspect of the information, referral and assistance services matrix for seniors is currently underfunded.
- The county's resources for seniors are not organized and well-known by the public.
- There are too few care managers/coordinators in the county to help seniors and families access, navigate and manage the myriad of services and programs in existence.

Food Assistance

- There are often long waiting lists in Jefferson County of people needing a home-delivered meal, especially in the area north of Hampden Ave.
- Food pantries are somewhat inaccessible by people who do not live near a bus stop or drive.
- Home-delivery of meals to older residents of the foothills west of C470 and in the Coal Creek area is limited.
- There are no congregate meal sites south of Alameda, and only one meal site in Arvada and one meal site in Golden.

Legal Assistance

- Both existing legal assistance providers for needy seniors report ongoing waiting lists, with Colorado Legal Services sometimes having a moratorium on accepting new cases.
- As the primary funding source of Colorado Legal Services, when the federal Older Americans Act funds run out part way through the fiscal year, intake is closed.
- Advocates estimate the Legal Assistance Program is underfunded by at least 10%.

Public Safety

- While every large community could benefit from having a full-time Senior Liaison Officer, there are only two in the county.

- Senior Liaison Officer positions are often the first to be cut when budgets are slashed because they are often perceived as "non-essential."

Financial Assistance

- Number of isolated older individuals who are estranged from their families seems to be increasing resulting in increased service needs, but not enough program funding.
- There is an overall lack of public awareness of the needs and concerns of seniors.
- There is a lack of trained Human Services staff members located throughout the community to assist those older clients unable to come to the main office.
- There are many gaps in services and benefits for older veterans including, for example, financial assistance for family members, access to Colorado State and Veteran's nursing homes, burial and memorial benefits, and VA health care.

Conclusions and Wrap Up

The primary areas of emphasis for the Basic Needs Workgroup included accessing information and services, food assistance, legal assistance, public safety and financial assistance. Key conclusions and recommendations are listed below for each of these sub-topics.

Access to Information and Services

- Continuing efforts to improve access to information and assistance will be critical in Jefferson County.
- This will include continuing to partner with DRCOG on its implementation of the regional I & R system, Network of Care.
- It is recommended that an informal network or association be formed that focuses on I & R and Care Navigation serving county residents.
- All partners concur that efforts to promote awareness of services that already exist will be increasingly important as the population ages.

Food Assistance

- Nutrition assistance stakeholders such as meal providers and funders will need to increase collaborating, sharing best practice ideas and developing new and creative solutions to food-related challenges among the elder population.
- While the intent is to provide comprehensive and varied nutritional offerings, the economic situation will create continued challenges for all involved.
- Cost-effective meal provision is the current focus, and will continue to be the focus, of collaborative efforts in the coming years.

Legal Assistance

- Demand for legal services for the elderly has never kept pace with the resources available.
- While existing legal providers do what they can offering free and sliding fee legal assistance, and community education sessions, the increasing demands will continue to strain the legal services system.
- Increased complex legal needs being seen include such things as guardianship and conservatorship, consumer issues, financial exploitation, and end-of-life planning issues.

Public Safety

- Increasing the number of Senior Liaisons throughout the county in municipalities will enhance the entire system of aging services.
- Grass roots interest by citizens will be a key mechanism for communities to decide to add these specialized types of law enforcement employees.

Financial Assistance

- The financial situation of Jefferson County's seniors can be improved with the addition of more public and private Care Navigators and public human services employees to assist seniors.
- More paid and volunteer people to help seniors and their caregivers apply for benefits and complete applications will be necessary in coming years.
- Partnering with the faith-based network and others in promoting increased public awareness around existing services and programs will be an important component.

Short-Term Strategic Plan, 2011-2015

GOAL 1 – Strengthen the disaster response capacity of senior and disabled community members in Jefferson County

Objectives

1 Provide disaster preparedness support to long-term care and senior living facilities in Jefferson County

2 Provide disaster preparedness support to senior community members living independently in Jefferson County

GOAL 2 - Provide adequate nutrition resources to meet the needs of the growing older adult population in Jefferson County

Objectives

1 Increase the number of drop off sites for commodity and food pantry boxes in southern part of county

2 Increase the participation of targeted individuals throughout the county in the congregate nutrition program

3 Increase the public's awareness of food assistance resources and unmet nutritional needs among the older adults in the county

4 Expand Volunteers of America's (VOA) Market Basket Program in Jefferson County

5 Organize and coordinate distribution of fresh produce from community garden sites throughout the county

6 Maintain advocacy efforts focused on increasing financial resources to accommodate the growing need for nutritional services

GOAL 3 – Assure older adults will receive adequate financial resources to meet their basic needs

Objectives

1 Increase knowledge among organizations and targeted populations in the community about programs that are already available

2 Increase access to application sites for financial assistance

3 Form new partnerships in the community related to accessing financial assistance

4 Identify additional funding sources for providing financial assistance to county residents

GOAL 4 - Provide adequate legal resources to meet the basic needs of older adults in Jefferson County for civil legal services and for senior-specific services from the criminal justice system

Objectives

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

2 Increase awareness of issues that have a legal component that affect older adults in Jefferson County

3 Provide adequate legal resources to meet the basic needs of older adults in Jefferson County for senior-specific services from the criminal justice system

Long-Term Strategic Plan, 2016-2030

GOAL 1 - The Basic Needs Strategic Plan for Aging Well is implemented and reflects changing older adult and community needs over time

Objective

1 Develop an ongoing Basic Needs group to evaluate the status of, and update, the Strategic Plan for Aging Well for Basic Needs

GOAL 2 – Jefferson County's older residents can find and easily access multi-purpose centers that meet a variety of needs based out of the same location

Objective

1 Develop a county, non-profit "Life" Center providing recreation, a Café/dining, and class room space for older residents and their families

Caregiving & Supportive Services

The availability of affordable supportive services for both seniors and their caregivers is critical to the creation and maintenance of age-friendly communities. The Caregiving & Supportive Services workgroup defined its topic as: 1. Home Maintenance and Repair, 2. Care Management, 3. Adult Day Centers, 4. Respite Facility Care in Assisted Living Facility or Nursing Home, 5. Non-Medical In-Home Care, including in-Home Respite Care, 6. Support Groups and Counseling for Caregivers, 7. Working Caregiver Issues, and 8. Electronic Monitoring and Personal Emergency Response Systems.

Trends

Home Maintenance and Repair

- With more seniors aging in place throughout the county, but especially in the suburbs, home maintenance and repair will be increasingly needed given the age of the typical housing stock.
- While requests for assistance by seniors unable to afford home maintenance and repair costs have increased, there has not been a comparable increase in funding or other resources to help these older residents.
- Seniors increasingly ask for and need help with snow removal during the winter with organizations like VOA and faith communities only able to meet a small portion of the known needs.

Care Management

- There needs to be an increased awareness by the general public that care management helps older adults stay in their homes and communities longer, and gives family caregivers needed education and support.
- More families are providing elder care, with resulting stress and caregiver burnout issues, and increased need for caregiver support and counseling.
- Communities have more "elder orphans", that is, older people who do not have informal support systems such as family and friends, to advocate for them and manage their care.
- Care managers/coordinators will increasingly be needed to help older residents navigate the complicated continuum of home and community based care systems.

Adult Day Centers

- The increased number of working caregivers has necessitated the growth in the use of existing adult day programs and services in the county.
- There has not been an increase in the number of adult day programs, despite the exponential growth in the number of frail older residents in the county.
- Given no recent increases in adult day programs, it is assumed that people are moving to assisted living residences.
- It is likely the demand for adult day programs will increase in Jefferson County, but consistent funding for economic sustainability, especially when serving the low-income population, will be a challenge.

Respite Facility Care

- There has been, and will continue to be, the need for increased respite care facilities, due largely to population aging, as well as more children with disabilities being cared for as adults by their parents.
- The number of middle aged residents caring for both their elderly parents as well as their own families will continue to increase, resulting in more need for respite care.

Non-Medical, In-Home Care

- While the demand increases for more professional caregivers, pay remains low, caregivers typically have no health insurance coverage, and often are unable to make ends meet financially.
- Cancelled visits or scheduling problems often result in lost pay for the caregivers.
- Some states are requiring professional caregivers to meet more stringent selection criteria including criminal background checks, for example.

Support Groups and Counseling for Caregivers

- Many more caregiver support groups, even free ones, are now offered by a variety of organizations.
- The economic downturn has likely increased the ranks of people who are caregiving, and need support, including elderly parents caring for their adult children with developmental and intellectual disabilities.

Working Caregiver Issues

- Awareness of the needs of working caregivers has grown among employers.

Electronic Monitoring and Personal Emergency Response Systems

- Many types of systems, including personal emergency response, medication monitors, and wander protection systems, are increasingly available and will positively influence aging-in-place.

Strengths and Assets

Home Maintenance and Repair

- The county currently has an adequate level of available home modification services including accessibility modifications, minor home repair, weatherization and major repairs.

Care Management

- There are available care managers throughout the county.

Adult Day Centers

- The county has nine adult day care programs registered with the Colorado Department of Health, seven of which serve older adults.
- Existing adult day care centers are located throughout the county.

Respite Facility Care

- Many facilities offer county residents respite care.

Non-Medical, In-Home Care

- There is a wide array of available private and public organizations that provide skilled and unskilled in-home care in Jefferson County.

Support Groups and Counseling for Caregivers

- There are some diagnosis-specific support groups available for county residents, with many more located in nearby Denver.

Gaps

Home Maintenance and Repair

- More chore services are needed such as snow removal, yard work, and tree limb removal.
- There is a need for a regularly updated and easily accessed listing of reputable, private pay home maintenance and repair providers.
- Wait lists for yard work or Older Americans Act-funded in-home services can sometimes be weeks or months.
- There are wait lists at the main providers of home maintenance and repair in Jefferson County including Seniors' Resource Center's RSVP Program, Rebuilding Together, and Sunpower.

Care Management

- There is a shortage of affordable care management services that would help seniors with tasks such as building an informal support network, making telephone calls, and filling out applications.
- The need exists for more education and awareness of what care management is and how people can benefit by its use.

Adult Day Centers

- Adult day programs funded by the DDRC (Developmental Disabilities Resource Center) are limited only to certain days of the week.
- The southern end and foothills areas of the county do not have adequate availability of adult day care centers.

Respite Facility Care

- There are not enough designated affordable private pay respite care beds in facilities.
- Education is lacking around the benefits of respite care services for family caregivers.

Non-Medical, In-Home Care

- There is inadequate in-home care for people who do not meet both the functional and financial eligibility requirements for Home and Community Based Services (HCBS).

Support Groups and Counseling for Caregivers

- There is a lack of caregiver support groups and counseling for the general population (non-disease-specific).
- There is no listing for the county of professional caregivers, their skills, what they charge, and other background information.

Conclusions and Wrap Up

Rather than identify unique concluding statements for each sub-topic this group addressed, the following general conclusions and recommendations pertaining to all aspects of caregiving and/or supportive services.

- There is a definite need for a designated entity within or outside of Jefferson County government to provide resource coordinators for organizing and managing information and services for the county's elder caregivers.
- Many more free or low cost group educational opportunities should be offered for those caregivers who are employed or retired and should be focused on topics of major importance to caregivers such as advance directives and mental health.
- A collaborative campaign to increase awareness of information and services available for caregivers will be a great addition to the current system.
- Modifying the existing Jefferson County website by adding easy-to-access information for caregivers is a need.
- Low cost (and no cost) yard services must be increasingly made available to assist older county residents to maintain their properties and therefore their independence for as long as possible.

- Expanding in-home care including respite care (via seeking grants and forming partnerships) will need to be done and provided at increasingly affordable rates.

Short-Term Strategic Plan, 2011-2015

GOAL 1 - Provide tools for caregivers to be effective in their roles

Objectives

1 Educate caregivers about aging and caregiving issues

2 Increase awareness of community resources available to caregivers

3 Increase level of caregiver skill

GOAL 2 – Develop options for respite services that support caregivers and promote aging in place

Objectives

1 Increase number of qualified persons in the field of caregiving

2 Increase available respite options to support caregivers

3 Increase household supportive services

Long-Term Strategic Plan, 2016-2030

GOAL 1 – Ensure businesses, community groups, and the public are educated about caregiver issues and supports

Objectives

1 Establish and implement a countywide community outreach campaign to inform residents about caregiver issues and supports

2 Establish and implement a countywide employer outreach campaign to inform employers about caregiver issues, needs, and supports

GOAL 2 – Ensure caregivers in Jefferson County have access to services and resources that provide support for caregiver needs

Objectives

1 Establish a physical location for a Caregiver Resource Center

2 Demonstrate best practices in caregiving for the caregivers of Jefferson County

Health, Mental Health, Wellness & Prevention

A significant increase in both the percent and actual numbers of elderly has substantial implications for the provision of health care, mental health, and wellness and 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. This workgroup defined its topic as: 1. Health Care Workers, 2. Health Facilities, 3. Mental Health Services, and 4. Wellness and Health Promotion.

Trends

Health Care Workers

- 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.
- While Jefferson County contains many medically underserved areas/populations, the number of physicians, nurses, pharmacists, mental health providers, social workers, dentists and other health care providers specializing in geriatrics has been falling and will continue to be limited.

Health Facilities

- Even though hospital stays tend to be longer and more frequent among older residents, hospital days of care will continue declining, while outpatient and other alternative services will increase.
- Use of hospice and palliative care will continue to grow as the public learns about and has positive experiences using these services.
- The number of urgent care clinics will continue to increase as an alternative to emergency room care.
- 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 conditions will find bed space limited and wait times for admittance longer.

Mental Health Services

- The number of Americans experiencing mental disorders late in life will continue to grow as life expectancies increase.
- Stigma felt by older people regarding use of mental health care continues to be a barrier for their accessing these services.
- The number of practicing psychiatrists has dwindled and is projected to fall even farther.

Wellness and Health Promotion

- 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.
- Seniors who are involved in wellness activities experience better health status and also a perceived better quality of life.
- 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.

Strengths and Assets

Health Care Workers

- Jefferson County has a number of group practice organizations that specialize in physical care for seniors including Senior Care of Colorado, Wheat Ridge Internal Medicine, Total Longterm Care (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.
- Colorado has 31 nursing programs and six graduate degree programs.
- The county now has two pharmacy schools and there has been an increased use of pharmacy assistants.

Health Facilities

- Jefferson County has Exempla Lutheran Medical Center in Wheat Ridge and St. Anthony Hospital in Lakewood. Both are financially healthy, and offer inpatient, outpatient and community services (e.g. St. Anthony's Health Passport Program).
- County residents have access to thirteen (13) hospices in the metro area, including the Exempla Collier Hospice in Wheat Ridge.
- Jefferson County has five urgent care facilities, substance abuse detoxification, emergency rooms in both hospitals, home health, and more nursing home beds than most counties.
- A wide array of services is accessible to families caring for an elderly and/or relative with a disability, 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 is also available through numerous private companies and the hospitals.

Mental Health Services

- The Jefferson Center for Mental Health (aka '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 Reach community program identifies older adults who may be in need of support and creates a way to connect them to therapeutic mental health services.

Wellness and Health Promotion

- Throughout the county many wellness programs are offered through parks and recreation centers, senior centers, the mental health center, public health, hospitals and others.
- Services for very low vision or blind individuals appear to be adequate.

Gaps

Health Care Workers

- There are not enough health care workers/providers in Jefferson County relative to the expanding senior population for most disciplines.
- 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.
- Exams and medical goods (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.

Health Facilities

- There is a lack of consolidated information and referral sources in the community for discharge planning.
- Urgent care centers are not available for adequate treatment of mental illness.
- Community understanding about when to visit an emergency room rather than other less intensive and less costly services is lacking.
- Because of the sheer numbers of seniors in the future, gaps in facilities/services will most likely include home-based and facility-based care for chronic medical conditions, restorative therapies, dementia, hospice, and palliative care.

Mental Health Services

- Professional and patient education is needed to address the underutilization of mental health services.
- Primary Care Physicians, who prescribe most of the psychotropic medications for seniors and are a primary referral source, need more education about existing diagnostic tools and local referral sources, such as Senior Reach, to identify mental health problems in their elderly patients in a timely manner.
- There is a general lack of public knowledge about signs/symptoms of mental distress or illness, available mental health resources, and the potential for recovery.
- There is a severe shortage of inpatient psychiatric beds for seniors and geriatric psychiatrists that accept Medicare.
- Funding for programs like Senior Reach or others providing non-traditional programming is limited.

Wellness and Health Promotion

- There is a need to have the Fall Prevention Network Referral System, a coordinated community referral system focused on decreasing preventable falls among seniors, in the county.
- Culturally-tailored and accessible health promotion interventions are needed.
- There is a need for medical student curricula that includes a total health component, rather than just focused on the physical realm.

Conclusions and Wrap Up

There are many possible opportunities for improving the health care and wellness and prevention programming for Jefferson County's aging residents. The Health, Mental Health, and Wellness & Prevention Workgroup offered the below suggestions for how this can be done over the coming years.

- New and existing programs that integrate care must be supported and encouraged whenever possible.
- Programs that offer information around the special health and wellness-related needs of seniors must be supported with tangible resources.
- A care navigation/coordination system that includes information and services must be elder-friendly and well-publicized throughout the county.
- Support and financing will increasingly be needed for health and wellness-related programs serving low-income seniors.
- Various studies are needed including one to determine how best to attract a healthcare workforce to the county, and a gap analysis laying out how best to fill disparities in health care such as palliative care and dental care.
- Advocacy efforts to move forward innovative and tested initiatives and to create more affordably-priced health care will be a key aspect of Aging Well in Jefferson County.

- Expand collaborations, information sharing, and resources around wellness and prevention programs available to community members.
- Technology (e.g., tele-medicine, on-line video therapy regimes) that improves health and wellness will be in demand and will potentially offer cost-savings by reducing patient travel costs, and increasing efficient use of the time of healthcare professionals.

Short-Term Strategic Plan, 2011-2015

GOAL 1 - Increase appropriate, reasonably-priced, and timely care to seniors by establishing one or more sliding fee senior medical/mental health clinics

Objectives

1 Increase knowledge of and acquire applicable information to determine the feasibility of establishing a sliding fee senior medical/mental health clinic

2 Develop a strategy for implementation of the clinic

GOAL 2 - Increase healthy behaviors among older residents in Jefferson County

Objectives

1 Increase seniors' knowledge and utilization of physical health, mental health, and wellness & prevention activities

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

3 Increase opportunities for mental illness prevention and early intervention activities

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

GOAL 3 - Increase access and utilization of mental health services for seniors

Objective

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

GOAL 4 – Support the addition of a Geropsychiatric inpatient services unit within Jefferson County

Objective

1 Support Exempla Lutheran Medical Center (ELMC) in expanding psychiatric inpatient services for the older adult community in a medical hospital-based setting

GOAL 5 - Jefferson County will have adequate medical personnel to meet the needs of seniors

Objectives

1 Research and compare results of number of medical personnel needed in this community with other similar communities and needs assessment studies

2 Increase knowledge about student loan repayment programs and other funding opportunities for medical personnel

Long-Term Strategic Plan, 2016-2030

GOAL 1 - Increase knowledge of access and availability of low cost, elder-friendly, culturally-appropriate dental, vision, palliative, hospice, care management, urgent care, emergency care, inpatient care, physical health, mental health, and nursing home beds by conducting a needs assessment for 2016 through 2030

Objectives

1 Develop and conduct a survey to accurately describe the access and availability of the described services

2 Evaluate and communicate survey results that accurately describe the access and availability of the described services

GOAL 2 - Increase knowledge and advocacy of federal and state legislation related to physical health, mental health, wellness and prevention services for seniors

Objectives

1 Monitor federal and state legislation that will affect the benefits related to physical health, mental health, wellness and prevention services for seniors

2 Report on impact of federal and state legislation that will affect the benefits related to physical health, mental health, and wellness and prevention services so area service providers can take advantage of legislative benefit changes

GOAL 3 - Increase acceptance, community support, and long-term sustainability and business planning of the Jefferson County Strategic Plan for Aging Well for physical health, mental health, wellness and prevention services

Objective

1 Develop grassroots stakeholder and professional workgroup for advocacy, evaluation, reporting, and communication

Housing

There will be increased needs for varied housing options, especially for low to moderate income seniors in the county. Having suitable and affordable housing can be the difference between maintaining independence and needing higher-cost institutionalization or homelessness can result. The Housing Workgroup defined its sub-topics as: 1. Affordable, Independent, Senior Rental Housing, 2. Market Rate Independent Senior Housing, 3. Assisted Living Residences, 4. Nursing Homes, 5. Homeless Elders, 6. LGBT Elders, and 7. Housing for People with Intellectual and Developmental Disabilities (I/DD).

Trends

- The availability of assisted living residences has expanded throughout the country in the past 15 years and professionals in the field say that the Denver Metro area, including Jefferson County, is overbuilt at this point with a fairly high vacancy rate.
- The grassroots movement, Culture Change, has shifted some nursing homes away from the traditional medical model toward a social model giving residents control and decision making capability thereby assuring dignity and quality of life.
- Service needs will grow exponentially, for people in all types of senior housing, along with the increase in the aging population. There will be a need for more in-home and community-based services to help people remain independent in their homes.
- There is greater use of technology in caring for older persons, e.g., in nursing homes with communication systems, record keeping, etc., as well as in private homes, often called 'smart homes'.
- Consumer demand will drive an increase in the variety of housing options available to older persons, including, but not limited to, Accessory Dwelling Units (ADUs), Cooperative Housing, Co-Housing, and use of technology.
- More contractors and developers will be needed to build homes, both residential and multi-family, that meet the needs of people of all ages by utilizing universal design principles and understanding the varied needs of older people as they age.

Strengths and Assets

Affordable, Independent, Senior Rental Housing

- Jefferson County was found to have approximately 17 affordable independent rental properties, designated specifically for seniors scattered throughout the county.
- Several of the existing independent living buildings are very nice and competently managed; some have been built in the past five years, are well programmed, planned and designed, have many amenities and in many ways are equal to market-rate independent senior housing.
- Residents of the older buildings owned by the Jefferson County Housing Authority report, in particular, that they are very happy and the buildings are well-maintained, pleasant and regularly renovated.
- There is ongoing support by county and municipal governments for active development and acquisition of senior housing by local housing authorities.
- Metro West Housing Solutions is currently in the development phase to build an additional affordable senior housing project that will consist of 83 units, housing approximately 100 residents, scheduled for completion in late 2010. Jefferson County Housing Authority is reportedly attempting to build a second independent low-income senior housing project in Golden.

Market Rate Independent Senior Housing

- Jefferson County was found to have approximately 23 market rate independent properties, designated specifically for seniors.

Assisted Living Residences

- Assisted living provides a less restrictive environment than a nursing home and is less expensive, therefore, provides a more preferable choice for many.
- Jefferson County had 76 ALRs, when this report was compiled, in all areas of the county, ranging from 7 residents to 274.
- Experts report that placing Medicaid recipients in assisted living is not currently a problem in Jefferson County.

Nursing Homes

- There are 25 nursing homes in Jefferson County with a total of 2,403 beds.
- Jefferson County has an adequate number of non-special care Medicaid-certified and Medicare units in both assisted living residences and nursing homes.

Homeless Elders

- Jefferson County had a total of 69 shelter beds available: 22 beds designated for working families/adults, 30 beds for victims of domestic violence, 15 beds for up to five families through the Interfaith Hospitality Network and 2 beds for runaway and homeless youth.

Gaps

Affordable, Independent, Senior Rental Housing

- Wait lists are considerable throughout the county for affordable, independent, senior rental housing especially for those living at 30% of the Area Median Income (AMI) or less.
- There was no affordable, independent, rental senior housing found in the southern part of Jefferson County.

Assisted Living Residences

- Wait lists, however, can be found at ALRs that accept residents on Medicaid, particularly for special care units, since placement is more difficult. Because ALR use is primarily on an as-needed basis, wait lists are difficult to obtain and not current.
- Experts in this arena reported that it is more difficult to find an ALR or nursing home that accepts younger residents with disabilities and also people with Alzheimer's who are on Medicaid.

Nursing Homes

- While it appears there is currently an adequate number of nursing home beds, the need for a nursing home in the southern part of Jefferson County should be further reviewed, given the growing older population in the next twenty years.

Homeless Elders

- Denver Metropolitan Area 2009 Homeless Point-In-Time Study conducted on January 27, 2009 reported 1,242 homeless individuals in Jefferson County.
- 3.5% of homeless individuals in Jefferson County were age 55 and over.
- The need for more beds for homeless older adults, especially men, was reported by local experts.

Lesbian, Gay, Bisexual and Transgender (LGBT) Elders

- While estimates suggest that 7 to 10% of the total senior population is LGBT, there is a lack of senior friendly housing in Jefferson County.
- Many LGBT 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.

Housing for Older Persons with Intellectual and Developmental Disabilities

- With the number of county residents aging with intellectual and developmental disabilities increasing, there is not a commensurate growth in housing and services for them.

Conclusions and Wrap Up

The Housing Workgroup focused its efforts on the main types of senior-oriented housing but also offered some concluding ideas in new and upcoming innovative housing areas.

- As the Baby Boomers (the group born between 1946 and 1964) enter later life and begin to look for senior-oriented housing, they will demand increased choices, options, price ranges, and customization.
- Jefferson County can continue its efforts to provide a variety of types and price ranges of housing for older adults, thus being poised to be a great place for residents to age.
- Another significant aspect will revolve around maintaining and/or modifying existing housing to assist seniors to age in place or at least within their current communities.
- Stakeholder collaboration will increasingly be needed to bring the best models and innovative housing practices from elsewhere to fruition within Jefferson County.
- While many gaps have been identified such as the lack of affordable, independent, senior rental housing in the southern sections of the county, the great impetus and established partnering will keep the momentum going toward increased availability of more senior housing options.
- Both publicly-financed and privately built senior housing will be needed and desired, but will likely require focused advocacy efforts to ensure adequate funding is made available in the years to come.

Short-Term Strategic Plan, 2011-2015

GOAL 1 Models of affordable senior housing are implemented in communities throughout Jefferson County

Objectives

1 Increase utilization of models and strategies for aging in community in individual single-family residences

2 Implement models and strategies to increase independence in affordable, independent, congregate, senior housing

3 Encourage development of elderly co-housing including affordable models

4 Increase number of communities in the county with Accessory Dwelling Unit (ADU) ordinances

GOAL 2 - Explore monetary issues/possibilities for affordable senior housing

Objectives

1 Create incentives for affordable senior housing development

2 Target funding opportunities for potential affordable senior housing projects

3 Identify exemplary models of affordable senior housing development

GOAL 3 - Promote senior-friendly residential housing development

Objectives

1 Increase number of areas within Jefferson County that are redeveloped into senior housing

2 Develop partnerships among agencies

3 Promote awareness among public, stakeholders, etc., about senior housing strategies

GOAL 4 - More LGBT-friendly housing options for lesbian, gay, bisexual and transgender (LGBT) elders

Objectives

1 Identify both real and perceived barriers to LGBT-friendly housing among providers and LGBT elder consumers

2 Promote LGBT- friendly policies and practices among providers of housing and services for older adults

Long-Term Strategic Plan, 2016-2030

GOAL 1 - Implement and utilize housing options identified in Aging Well Short Term Housing Plan to alleviate current and future unmet housing needs for low to moderate income older adults throughout Jefferson County

Objectives

1 Bring housing stakeholders in county together to provide cohesive effort for implementing a variety of housing options for low to moderate income older adults throughout Jefferson County

2 Create Jefferson County Housing Consortium to monitor and support implementation of cohesive effort to provide county-wide housing options

3 Identify best location and appropriateness for each specific housing option based on demographics and encourage implementation

GOAL 2 - Create more units of affordable senior housing in Jefferson County

Objectives

1 Utilize exemplary models for affordable senior housing development and/or rehabilitation

2 Identify most appropriate funding streams to utilize for affordable senior housing

3 Develop or rehabilitate 200 units for affordable senior housing

GOAL 3 – Jefferson County will have senior housing options such as aging in place, housing for an active senior life style and accessory dwelling units (ADUs) through continued planning and evaluation

Objectives

1 Continue to target areas within the county for both affordable and market rate senior housing development projects

2 Continue to develop partnerships with realtors, home builders, developers, and other government agencies

3 Continue to provide an environment that encourages seniors to live in Jefferson County

GOAL 4 - Develop some housing options specializing in lesbian, gay, bisexual and transgender (LGBT) elders

Objectives

1 Encourage formation of LGBT NORCs (Naturally Occurring Retirement Communities)

2 Encourage formation of LGBT cooperative style housing models

Social & Civic Engagement

Participation in social and community activities that involves other people is a vital aspect of life for many as they get older. Communities that provide diverse and abundant opportunities for such involvement often thrive. The Social & Civic Engagement Workgroup defined its sub-topics as 1. Volunteerism, 2. Employment, 3. Education, 4. Recreation and Cultural Programs, and 5. Personal Connectedness through Faith-Based Organizations.

Trends

Volunteerism

- Older volunteers want a variety of service options which utilize their particular skills and experience to meet real needs in the community.
- Volunteers will increasingly want to use their professional background and skills to assume leadership and consultant roles in their community service efforts.
- Volunteer Managers will increasingly need to think creatively in developing all types of positions to enhance and enrich programs and services.
- Training venues will need to be developed to bring older adults up-to-date in the use of technology in order to strengthen their ability to access civic engagement options via the Internet.
- Volunteers will seek job retraining and educational opportunities through their volunteer work.
- There will be an increased need for establishing mentoring programs for volunteers with particular professional skills and experience who will mentor other new volunteers.
- Engaging volunteers with disabilities will be an increasingly important part of volunteer management training.

Employment

- More seniors will need to work longer or not retire so early.
- Employers will need to openly welcome and better understand older workers.
- More seniors will need to re-enter the workforce.
- Older adults will need more intensive job search assistance in finding their next job.

Education

- More opportunities for career transition training, especially for low-income Baby Boomers, will continue to be needed.
- Since sixty-five percent (65%) of all Boomers report wanting to participate in lifelong learning, the need for enrichment learning opportunities will increase.

Recreation and Cultural Programs

- There is a demand for social opportunities that offer a sense of community and keep people connected.
- People will often continue to recreate in activities they began in their earlier years.
- The trend toward multi-generational, multi-ability recreational centers also provides a mix which is welcoming to people with developmental and intellectual disabilities.
- The current trend is to build multi-generation recreational centers (either kids to seniors, or adults and seniors) instead of centers only for seniors.

Personal Connectedness through Faith-Based Organizations

- Adults age 60+ get the most social support from family, then in descending order friends, neighbors, church or spiritual group, and lastly non-profit or community agencies.
- More than one in four seniors in Jefferson County seeks social support from their church or spiritual group, thus personal connectedness through faith-based organizations is an important trend.

Strengths and Assets

Volunteerism

- Several Internet databases exist to help connect people with volunteer opportunities.
- There is an active Volunteer Manager's network through the Retired Seniors Volunteer Program (RSVP) and Volunteer Connection in Jefferson County.
- The Governor's Commission on Community Service (http://www.colorado.gov/gccs/) has acknowledged the importance of volunteerism and has launched a statewide promotional campaign for volunteers.

Employment

- Currently available employment resources include Jefferson County Workforce Center's (JCWC) job listings, JCWC's job search for Boomers and networking, and weekly meetings of the Professional Connections Group and the Boomer Job Club.
- The Seniors' Resource Center has an older worker employment program.
- The Jefferson County Workforce Center and Jefferson County Belmar Library have classes for mature workers on using various computer programs and how to use the Internet for job searching.

- Red Rocks Community College (RRCC) is launching an Encore Careers course that will provide Boomers with information tailored to their needs; information on current courses leading to high demand jobs in the health care and renewable energy sectors, in addition to courses on business creation that will be packaged for Boomers.

Education

- Educational resources available to Jefferson County residents include a wide range of interesting courses at affordable prices at Red Rocks Community College and Arapahoe Community College.
- Local recreation centers and other community-based organizations offer a variety of enrichment courses ranging from health to art.

Recreation and Cultural Programs

- 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.
- 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 of which offer a variety of classes in the arts and humanities.

Personal Connectedness through Faith-Based Organizations

- Many faith communities through the county provide transportation, pastoral care, partnerships with community senior support agencies to connect seniors to services, health services, and nurses to help seniors with health issues, etc.
- Communities against Senior Exploitation (CASE) sponsored by the Jefferson/Gilpin Counties District Attorney's Office offers presentations to seniors, including faith based organizations, on protecting themselves from identify theft and fraud.

Gaps

Volunteerism

- There is a lack of available transportation for seniors to get to volunteer opportunities.
- There is 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.
- 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.
- There is a need for professional positions in agencies that have a single focus on professional management of volunteer programs.

Employment

- The number of mid-life and older people who need job search help in Jefferson County is on the rise.
- 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.
- There is a need for additional job search classes for mature workers and a comprehensive website to link older workers to employment resources.

Education

- There are not enough pathways into meaningful employment opportunities for older workers.
- Too few affordable education or training opportunities exist.
- There is a lack of short courses/programs that will result in industry-recognized skills development (degree or certificate from known institution) leading to employment.
- There is scarce information about available job openings to assist a person in deciding what type of training the person may want.
- There is an inadequate availability of assessments to help people identify areas of interest and aptitude.
- There is a lack of affordable, non-credit courses, and information resources.

Recreation and Cultural Programs

- Facilities need to better accommodate a full range of ages, and be ready to offer activities for a full range of ability levels.
- Some 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.
- There are not enough programs for seniors in the evenings and weekends, so that seniors who must or choose to work can participate in activities.
- Needs for increased and enhanced programming are hampered by lower tax funding, inability of more people to pay fees, and fewer outside funding opportunities.

Personal Connectedness through Faith-Based Organizations

- Many faith-based organizations in Jefferson County lack knowledge about how to reach out to, and assist, the seniors in their communities.
- There are untapped resources among the faith communities for helping seniors with locating senior services, accessing Internet/technology, transportation, spiritual support, socialization, education, meals (especially for shut-ins), health services, exercise classes, and utilities support.

Conclusions and Wrap Up

The Social and Civic Engagement Workgroup concluded that Jefferson County is already strong in the areas of volunteerism, employment, education, recreation and cultural programs, and the personal connectedness offered by faith-based organizations. However, making future enhancements in these areas will also be critical to meeting the needs of the Baby Boomer generation for continued participation in their communities. Conclusions and recommendations related to social and civic engagement are offered below.

- All volunteer programs that utilize or serve older adults can benefit from increased training/certification for professionals who manage and staff volunteer programs. Better assignment and management of volunteers to desirable and varied placement opportunities is needed.
- More programs and services will be needed that help older workers find paid and meaningful volunteer positions in their communities.
- Additional information for employers is needed to increase their understanding of the importance of continued work and volunteering for many seniors.
- Communities must acknowledge the vital role that their recreation and cultural facilities play for many aging residents by continuing to support them financially, modernizing them to meet the populations' changing needs and desires, and expanding these types of facilities into geographic areas where they currently don't exist.
- Increased partnering between employers in the county and institutions of higher education (e.g., community colleges) will be needed to identify and meet changing job demands within communities.
- The faith-based organizations throughout Jefferson County will be important and necessary partners in keeping individuals active and involved as they age, while benefiting communities at the same time.
- There are three areas of concern that this workgroup shares in common with the others including (1) the identified lack of transportation to get to social and civic engagement events and opportunities, (2) the need for a computerized database and more Care Navigators to help people connect with opportunities and services, and (3) affordability must always be a key consideration in all programs offered.

Short-Term Strategic Plan, 2011-2015

GOAL 1 - Mature workers will have viable employment opportunities in Jefferson County

Objectives

1 Increase viable retraining options

2 Tailor job search services for mature job seekers

3 Increase employer awareness and education to provide more opportunities for mature job seekers

GOAL 2 - Strengthen collaboration among faith-based organizations, communities, services and resources for seniors

Objective

1 Produce an information directory with specific information on faith-based services for seniors in Jefferson County

GOAL 3 - Lifelong learning opportunities will meet the needs of adults age 60+

Objectives

1 Increase connections between programs and people by creating a database of providers

2 Increase participation in lifelong learning by creating a marketing campaign which promotes the benefits of keeping the mind active

GOAL 4 - Mature adults in Jefferson County will have a variety of meaningful volunteer opportunities which utilize their skills and experience, enhance their health and wellbeing, and meet real needs in the community

Objectives

1 Increase the number of computer classes that train Jefferson County seniors how to access volunteer opportunities and use social networking tools

2 Increase the number of professional Volunteer Manager positions assigned solely to volunteer engagement/management with appropriate training provided

3 Community agencies will develop creative, flexibly scheduled volunteer positions and projects that truly engage and challenge skilled, experienced older volunteers, meet real program needs, and allow capacity building within these agencies

Long-Term Strategic Plan, 2016-2030

GOAL 1 - Mature workers will have viable employment opportunities in Jefferson County

Objective

1 Increase viable retraining options

GOAL 2 – Strengthen collaboration among faith-based organizations/communities, services and resources for seniors

Objectives

1 Encourage faith-based communities to continue collaborations with seniors, agencies, and each other

2 Update proposed on-line informational magazine to reflect latest technology available

3 Promote and develop intergenerational collaborations through the faith community

GOAL 3 - Lifelong learning opportunities will meet the needs of adults age 60+

Objectives

1 Increase amount available for scholarship opportunities for lifelong learning

2 Increase lifelong learning delivery systems for homebound or seniors with disabilities

3 Increase connections between programs and adults age 60+ by enhancing the proposed database of lifelong learning providers

GOAL 4 - Mature adults in Jefferson County will have a variety of meaningful volunteer opportunities which utilize their skills and experience, enhance their health and wellbeing and meet real needs in the community

Objectives

1 Continue increasing the number of computer classes so that seniors are trained on how to access volunteer opportunities and use social networking tools

2 Agencies will continue to increase the number of professional Volunteer Manager positions assigned solely to volunteer engagement and management with appropriate training provided

3 Community agencies will continue to develop creative and flexible volunteer positions and projects that truly engage and challenge skilled, experienced, older volunteers, meet real program needs and allow capacity building within these agencies

Transportation & Mobility

Ensuring safe, easily-accessible, affordable, reliable, and convenient transportation options for all seniors is critical to independence and quality of life. Some seniors are more independent in mobility than others and some rely on a public system to convey them from one place to another. The Transportation & Mobility workgroup defined its topics as Self Mobility and Public Transportation.

Trends

Self Mobility

- Seniors overwhelmingly use private vehicles for getting around their communities so they can maintain their independent mobility, a primary factor that contributes to their positive quality of life.
- Awareness of safety concerns for cyclists and pedestrians has increased.
- In the next two decades, this major demographic transformation will result in increased numbers of older drivers, walkers, and bicyclists, in our communities.
- Communities will need to periodically review design and construction standards to assure senior-friendly priorities are being addressed.
- Meaningful, supportive, and sensitive driver assessment tools and processes will increasingly be needed at affordable costs.
- The physical environment of parking facilities including destination parking facilities and parking lots in business areas needs improvement.

Public Transportation

- Despite the preference of seniors for private vehicles, it is inevitable that large, aging populations will result in an increase in the number of seniors, age 75 and above, who will no longer be able to safely drive their own vehicles.
- There will be a heavier demand and need for all modes of public transportation including transit, para-transit, minibuses, and shuttles.
- Door-to-door, curb-to-curb, and other driver-assisted transportation services will need increased resources to accommodate the projected growth in the population of seniors in Jefferson County requiring public transportation.
- Support has continued for service providers of assisted transportation for seniors, in particular Lakewood Rides and Seniors' Resource Center, but funding has not kept pace with needs.
- Medicaid has continued to assure emergency and non-emergency medical transportation for eligible seniors in Jefferson County via LogistiCare.
- People who live in the rural and mountain areas will continue to age there and will continue to see their transportation services limited.
- The county, in collaboration with other interested parties, will need to continually evaluate the assisted transportation needs of seniors.

Self Mobility and Public Transportation

- Increasing numbers of residents will want to live in senior housing which has quality public transportation linkage, which will promote independence and quality of life.
- Over the past 20 years, inadequate funding has impeded the ability of Jefferson County and the state to address both the deteriorating infrastructure and the demand for new infrastructure to meet its citizens' ever-increasing transportation needs.
- A large majority of newly built or redeveloped residential areas will trend towards livable communities following public demand.
- Local planners and policy makers will need to minimize or remove environmental barriers (e.g., inaccessible bus stops, rules preventing certain redevelopment) as well as promote alternative mobility modes to transportation routes.
- Coordination of resources between the various transportation modes will result in cost efficiencies and customer satisfaction.
- Educating and informing the senior population on various transportation and mobility modes will prolong seniors' independence.

Strengths and Assets

Self Mobility

- An overwhelming majority of Jefferson County seniors has the capacity and resources to provide for their own transportation and mobility needs.
- Multiple programs, some of which are very affordable, for assessing and/or improving the driving skills of seniors, are already available in Jefferson County.
- Some Jefferson County communities already have expertise in improving self-mobility that can be shared with other communities, for example, the City of Arvada was recently designated as a "Bicycle Friendly City" by the League of American Bicyclists.

Public Transportation

- The existing fixed route public transportation system via RTD provides transportation for many seniors throughout much of the urbanized areas of Jefferson County.
- An array of assisted transportation services for seniors is available in Jefferson County. Transportation service providers like Seniors' Resource Center (SRC), LogistiCare, and Lakewood Rides all form a significant resource base for senior transportation needs.
- LogistiCare is the state designated entity to broker Medicaid non-emergency medical trips for seniors and persons with disabilities.
- The Jefferson County Department of Human Services manages the Home and Community Based Services Program, which is a Medicaid alternative to nursing home placement.
- RTD's access-a-Ride program offers services across most of the urban environment. access-a-Ride gives Jefferson County seniors the freedom to travel around the Metro area.
- Lakewood Rides provides specialized driver-assisted, door through door services for Lakewood's elderly residents.
- Seniors' Resource Center provides a significant amount of specialized driver-assisted, door-to-door transportation services. SRC, using agency vehicles and brokering trips, offers transportation resources in both urban and rural areas.
- The Red Cross and other small, private organizations serve as supplementary service providers for the SRC in their broker model.
- Many Jefferson County seniors get needed assisted transportation through the help of family, friends and neighbors; an informal service that must be encouraged and supported.

Self Mobility and Public Transportation

- There is some awareness among local transportation planners and traffic engineers throughout the county around the special issues faced by seniors as they navigate around their communities.
- Colorado Silverprint is a statewide planning effort that can provide information, reports, and best practices around transportation for aging county residents.
- Jefferson County joins Denver Regional Mobility and Access Council (DRMAC) and Denver Regional Council of Governments (DRCOG) in increased coordination around human services transportation.

Gaps

Self Mobility

- Awareness of the exponential growth of the older population in the coming decades among local transportation planners and traffic engineers must further rise.
- There is inadequate publicity about the availability of driving improvement programs specifically customized to older adults' needs.
- Pedestrian, wheelchair and bicycle approaches to all destinations including rail stations and bus stops need significant improvements.
- Many seniors who can still get themselves around independently cannot afford the costs of maintaining and operating their own vehicle.
- There are areas in the county where sidewalks and bicycle paths are non-existent or substandard, and there is a lack of funding to correct the situation.
- In some places within the county there are inadequate numbers of handicapped parking spaces, while in others, there aren't enough (or any) benches or other resting places for people who could possibly walk a short distance.

Public Transportation

- Most publicly funded assisted transportation covers rides to medical and dental appointments, grocery shopping, adult day and congregate meals only.
- Rural residents in the county either receive no services or services at reduced levels.
- Initial light rail station development plans do not appear to adequately consider the 'assistance' needs of many older adults.
- Urban areas experience certain days and times when public transportation has limited service availability.
- Monies and programs are not coordinated in the best manner to achieve the most efficient results.
- Some aspects of RTD's infrastructure are not as senior friendly as is possible.
- Informal providers - family, friends, and neighbors - who now provide essential assisted transportation support could receive more support from their communities.

Self Mobility and Public Transportation

- There is a lack of connectivity and linkage between modes of transportation (absence of infrastructure that connects one mode of transportation to the next, e.g., bicycling to a bus station) that causes problems with accessibility and convenience for seniors who rely on various modes of travel.

- For seniors who have lived most of their lives using their own private vehicles, there is a need for more information, publicity, and training regarding using public transportation and assisted transportation services now available.

Conclusions and Wrap Up

There was agreement among the members of the Transportation & Mobility Workgroup that Jefferson County has provided long time support for senior transportation services, so is well-positioned to continue offering many residents transportation services. However, certain aspects of this, such as assuring adequate funding, and increasing access in the more remote geographic areas, could even be further improved in the county. Some of the key conclusions reached by the Transportation & Mobility Workgroup are described below.

- Being able to get around the community throughout later life is one key component of successful aging because it reduces isolation and encourages participation in the community.
- It is common knowledge that available public funding has never kept pace with seniors' transportation needs, and that this funding gap will likely only grow larger as the Boomers age and need help getting around.
- Many younger seniors (ages 60 to 79) will continue to drive and will benefit by good signage, lighting on roads, and other infrastructure-related improvements.
- Those who can and will continue to drive independently can take advantage of free or low cost skills training and driver refresher courses offered by several organizations.
- Many older seniors (age 80+) will need a ride to critical life activities such as medical appointments and congregate meal sites.
- The very old and frail seniors will need a variety of affordable ways to get around the community.
- Increased coordination among service providers, local governments, consumers, advocates and other stakeholders will be needed to further enhance service systems and increase cost-effectiveness and accessibility for riders.
- Continuing to improve the available transportation and mobility options for aging residents will enhance the fiscal vitality of Jefferson County as people will want to, and be able to, stay economically active in their communities for as long as possible.
- Specific recommendations offered include: (1) developing a transportation local coordinating council, (2) collecting and analyzing data regularly to examine the transportation and mobility system, (3) making driver safety classes more available, (4) increasing regular communications between many stakeholders around senior-friendly design features and processes, (5) assessing and publicizing livable community features throughout the county, and (6) improving the user-friendliness of information, resources, education and training for various modes of transportation available throughout the county.
- Embracing the United We Ride motto of "One Vision. One Call" will serve as a guidepost for the large goal of each person actually being able to arrange a ride with just one phone call.

Short-Term Strategic Plan, 2011-2015

GOAL 1 – Ensure mobility and increase mobility options for residents as they age

Objectives

1 Implement 2009 Manual on Uniform Traffic Control Devices (MUTCD) standards that focus on the safety of older drivers

2 Increase availability of training courses and self-assessment tools for older drivers

3 Provide additional bike lanes, sidewalks and other infrastructures to assure neighborhood mobility for pedestrians, bicycle and low-speed electric vehicles (LEVs)

GOAL 2 - Ensure adequate assisted transportation services and resources for all aging Jefferson County residents

Objectives

1 Increase resources and funding to address the growth of the aging population

2 Support area coordination efforts by encouraging collaboration between provider systems

3 Expand services available and support equitable geographic distribution

GOAL 3 – Ensure convenient accessibility for older residents and persons with disabilities on Regional Transportation District (RTD) systems

Objectives

1 Identify and increase accessibility features of RTD stops and transit sites to make public transportation more senior friendly

2 Increase knowledge of the RTD public transit system among seniors

3 Increase coordination between light rail, buses and local special transit providers

Long-Term Strategic Plan, 2016-2030

GOAL 1 - Ensure mobility and increase mobility options for citizens as they age

Objectives

1 Continued implementation of 2009 Manual on Uniform Traffic Control Devices (MUTCD) standards that focus on aging driver safety

2 Continued availability of senior driver training courses

3 Provide bike lanes, sidewalks and other infrastructures to assure neighborhood mobility for pedestrians, bicycles, and low-speed electric vehicles (LEVs)

GOAL 2 - Ensure adequate assisted transportation services and resources for all aging Jefferson County residents

Objectives

1 Increase resources and funding to address increases in the aging population

2 Support area coordination efforts by encouraging collaboration between provider systems

3 Expand services available and support equitable geographic distribution

GOAL 3 - Ensure convenient accessibility for the disabled and elderly on RTD systems

Objectives

1 Ensure municipalities and private property owners allow accessibility features of RTD stops and transit sites to make public transportation more senior friendly

2 Increase senior knowledge of the RTD public transit system

3 Increase coordination between light rail, buses and local special transit providers

Cross-Cutting Strategic Plans

A number of topics were identified during the course of the planning process that related to several or all of the workgroups. These cross-cutting topics included: 1. Advocacy, 2. Accessing Information & Resources, 3. Special Populations: People with Intellectual and Developmental Disabilities (I/DD), Homeless Elders, and Lesbian, Gay, Bisexual & Transgender (LGBT) Elders, and 4. Sustainability. Separate Short-Term Strategic Plans were developed and included in this overall Strategic Plan for each of these cross-cutting topics. At the end is an overall "conclusions and wrap up" piece for all of the cross-cutting topics. The implementation of most of these cross-cutting plans will fall under the purview of the Aging Well Leadership Committee, but it is possible that several cross-cutting plans will move forward as special ad hoc workgroups. This is yet to be determined as of the writing of this Strategic Plan document.

Accessing Information & Resources, Short-Term Strategic Plan, 2011-2015

GOAL 1 – Jefferson County has a coordinated system for accessing information and resources, and for providing care navigation, for older adults and their caregivers

Objectives

1 Maximize awareness of and use by county residents of existing, available Information, Referral and Assistance (I,R&A) resources

2 Increase formal collaboration mechanisms among providers of all levels of Information, Referral and Assistance (I,R&A), and Care Navigation services for Jefferson County seniors and their caregivers

3 Establish/designate a Jefferson County Virtual Resource/Call Center - with a single entry phone number and website address

4 Increase participation by businesses in Jefferson County in a coordinated system of accessing needed information and resources for seniors and their caregivers

Advocacy, Short-Term Strategic Plan, 2011-2015

GOAL 1 – Key stakeholders in Jefferson County will collaboratively advocate on behalf of seniors

Objectives

1 Increase advocacy by and for seniors on senior issues

2 Develop strategies for ongoing communication related to advocacy for key stakeholders

GOAL 2 - Community members (general public) will embrace advocating on behalf of seniors

Objective

1 Increase the number of people interested in advocating on behalf of senior issues

GOAL 3 - Advocacy efforts will be built on the strengths and assets of Jefferson County's seniors and caregivers

Objective

1 Improve the way seniors are viewed by the general population

Special Populations

1) People with Intellectual and Developmental Disabilities (I/DD), Short-Term Strategic Plan, 2011-2015

GOAL 1 – Individuals with intellectual and developmental disabilities (I/DD) will have viable opportunities to engage in their community through employment and volunteer activities that will enrich their lives [Social & Civic Engagement]

Objectives

1 Promote employment of adults with intellectual and developmental disabilities through educating and encouraging potential employers

2 Increase access to volunteer opportunities for adults with intellectual and developmental disabilities

GOAL 2 - Ensure integration of the needs of people with intellectual and developmental disabilities (I/DD) and their caregivers into caregiving plans and activities [Caregiving and Supportive Services]

Objectives

1 Provide tools for caregivers of persons with I/DD to be effective in their roles

2 Integrate into existing and new eldercare training, information on the unique issues related to caregiving for persons with intellectual and developmental disabilities

3 Increase awareness of community resources available to caregivers of persons with intellectual and developmental disabilities

4 Utilize skills and abilities of people with intellectual and developmental disabilities to increase and strengthen the caregiving workforce

GOAL 3 - Work with the community to promote models that offer housing choices for aging adults with intellectual and developmental disabilities (I/DD) [Housing]

Objectives

1 Advocate for the development and/or modification of welcoming, affordable, available and accessible housing for aging adults with intellectual and developmental disabilities

2 Assist aging adults with intellectual and developmental disabilities to modify their existing homes so that they can age in place

3 Work with local community organizations to develop new housing models that work for aging adults with intellectual and developmental disabilities

GOAL 4 - Increase adequate and safe transportation options for aging adults with intellectual and developmental disabilities (I/DD) while improving existing options [Transportation and Mobility]

Objectives

1 Increase and improve training of transportation providers and users

2 Support adequate assisted transportation services and resources for all aging Jefferson County residents with disabilities

GOAL 5 - Provide supports to aging adults with intellectual and developmental disabilities (I/DD) who are facing emergency situations [Basic Needs: Emergency Preparedness]

Objective

1 Help aging adults with intellectual and developmental disabilities create plans to implement in case of emergencies

GOAL 6 - Provide adequate financial assistance for people with intellectual and developmental disabilities (I/DD) through governmental sources, opportunities to earn income, and other sources [Basic Needs: Income/Financial Support]

Objective

1 Explore all funding sources to increase and expand options to meet basic needs

GOAL 7 - Ensure that people aging with intellectual and developmental disabilities (I/DD) have legal representation when it is needed [Basic Needs: Legal Assistance]

Objective

1 Make information about available legal services accessible for people with intellectual and developmental disabilities and their caregivers

GOAL 8 - Ensure adults aging with intellectual and developmental disabilities (I/DD) are receiving fair and appropriate medical care [Physical/Mental Health]

Objective

1 Educate aging adults with intellectual and developmental disabilities and their caregivers on what medical care they should expect as they age

GOAL 9 - Ensure that all aging adults with intellectual and developmental disabilities (I/DD) have a person acting as an advocate for them for medical issues [Physical/Mental Health]

Objective

1 Increase available education and materials on durable medical power of attorney, living wills and medical proxy for persons aging with intellectual and developmental disabilities and their caregivers

2) Lesbian, Gay, Bisexual & Transgender (LGBT), Short-Term Strategic Plan, 2011-2015

GOAL 1 – Promote equal access to services and programs along the Continuum of Care (i.e., community to in-home to institutional) for LGBT elders

Objective

1 Increase awareness among service providers of the strengths and special needs of LGBT elders in the county

GOAL 2 - Maximize aging well–related information resources for LGBT elders

Objective

1 Increase availability and awareness of LGBT Support Groups/Networks in Jefferson County

GOAL 3 - Create widespread understanding and acceptance of all elders, in particular older adults who identify as LGBT

Objectives

1 Increase knowledge of various sectors (e.g., business, non-profit, general public, etc.) about realities of LGBT aging for county residents

2 Public policy related to seniors will take into account special issues/needs/circumstances of LGBT elders

3) Homeless Elders, Short-Term Strategic Plan, 2011-2015

GOAL 1 – Individuals 60 years of age and older will have affordable, stable and permanent housing with services that meet their basic needs

Objectives

1 Jefferson County will increase housing options from emergency to transitional to permanent for its seniors

2 Increase awareness of the homeless/affordability issue in the county

3 Increase case management to assess and meet the basic needs of homeless persons

Sustainability, Short-Term Strategic Plan, 2011-2015

GOAL 1 – The Aging Well in Jefferson County Project will continue

Objectives

1 Increase participation in Aging Well effort to promote its continuation

2 Increase the community's knowledge about the project

3 Increase the number of collaborations amongst the various providers in Jefferson County

GOAL 2 - Existing workgroups will continue meeting, sharing information and creating collaborations and "wins"

Objective

1 Increase knowledge, information and referral and services provided to Jefferson County residents

Conclusions and Wrap Up

The cross-cutting topics can be sorted into three subcategories for concluding discussions:

1 Accessing Information & Resources

2 Special Populations (people aging with I/DD, LGBT elders and homeless elders)

3 Promoting Aging Well in Jefferson County (sustainability of the project and advocacy)

Accessing Information & Resources

Virtually all of the Aging Well workgroups, as well as the Leadership Committee, discussed at one time or another the importance of creating a well-coordinated county-wide, multi-layered, effective and accessible information and resources system. Conclusions in this topic area focus on the need for continued collaboration via a more formal network of people and organizations interested in a county-wide I & R system connected to the DRCOG Network of Care. The envisioned Virtual Resource/Call Center system of the future will provide each person with a need the ability to make one contact (call, internet, walk-in, etc.) to access whatever services and programs are required and that are a best fit with that individual's needs and resources. Possible participation in the federally-funded Aging & Disability Resource Center (ADRC) models will likely be a critical feature of such a system. Another collaboration that is proposed would be for those who provide care coordination and care navigation services to share knowledge, resources, and make appropriate referrals. Creating a more coordinated access system, with new networking groups, will result in better services and information for Jefferson County's seniors and their caregivers. It is hoped that businesses, local government agencies, non-profits, consumers, and others will participate in increasing the access to information and services systems in the coming years.

Special Populations

This section covers three groups: people aging with intellectual and developmental disabilities (I/DD), LGBT elders and homeless elders.

People Aging with Intellectual and Developmental Disabilities - An ad hoc workgroup comprised of experts developed the Short-Term Plan for People with Intellectual and Developmental Disabilities. The overall conclusion which is documented in this short-term plan is that every aspect of life, whether it be housing, transportation, or health care, affects people with I/DD. Therefore, this I/DD Plan offers goals and objectives for each of the six existing main workgroups to address I/DD in some manner. Integrating the special needs of people aging with I/DD into the more general thinking about "aging well" will be critical as more people with I/DD live longer and want to be active and contributing members of their communities.

LGBT Elders - The Plan for LGBT aging focuses on creating more equitable access to services and programs for people who identify as LGBT. LGBT elders seek the same dignity and respect afforded to those who identify as "straight" in our society. Many service providers will need special training to understand how being LGBT-friendly and sensitive can be beneficial to their businesses as well as to the citizens they serve. Increased awareness of the special challenges faced by LGBT elders in congregate living such as assisted living settings will be critical in years to come as the number of LGBT community members increases. Compiled resource directories and specialized information for LGBT community members will be welcome and much-needed for Jefferson County's residents. And finally, all sectors, including business, non-profit, government, etc. can im-

prove their programs, services and products by increasing awareness of the LGBT community's needs for safety and empowerment.

Homeless Elders - With a significant percentage of homeless in Jefferson County falling into the age 60+ category, increasing the availability of more housing options will be critical. Homeless elders can benefit from more stable and permanent housing that also offers services that meet basic needs. Additional funding will definitely be needed to add housing options that include services homeless elders need. Another goal revolves around increasing the public's awareness of the homeless issue, with some special emphasis on homeless elders. One potential solution is the revision of local ordinances preventing the homeless from staying in those areas. Offering more case management services to the homeless could result in more basic needs (financial help, mental health and medical care, etc.) being met among the county's homeless elders.

Promoting Aging Well in Jefferson County

Advocacy - The many stakeholders who developed this Strategic Plan for Aging Well in Jefferson County want, above all, to see the contents of the Plan used and implemented over the coming five-year period. Collaborative advocacy is being called for in which senior issues at stake in the legislature are widely publicized in the county and collective voices speak to them in a timely manner. Champions who are interested in advocating on behalf of Jefferson County's seniors in addition to understanding the contents of the Aging Well Plan will be particularly valuable. The contents of the Aging Well Plan can serve as a guide to making sure the interests of the most socially and economically needy seniors are made known at the State Capitol and in local government forums. While maintaining and even expanding resources for senior services and programs will be critical in coming years, acknowledgement of the contributions made by seniors and the monetary value of those contributions must also be part of the overall picture presented in advocacy efforts.

Sustainability - Another conclusion reached by stakeholders is that the Jefferson County Aging Well process must somehow continue in order for the Strategic Plan to be well-implemented. Ideas for sustaining the AW Project with minimal resources include involving more businesses in partnership with the existing participants. It is hoped that by increasing the public's knowledge of the Aging Well Project, via media, annual summits, and through other mechanisms, that senior issues will increasingly be at the forefront of community concerns and efforts. Continuing the Aging Well effort will also create new, or enhance existing, valuable cross-provider and cross-system collaborations and has the potential to increase efficiency and effectiveness as resources are maximized and shared. Another significant outcome of continuing the Aging Well Project is the sharing of mutual successes that can lead to a vibrant and livable Jefferson County that embraces people of all ages and abilities.

General Conclusions

- 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.
- The timing of conducting this multi-year planning process and developing a wide-ranging 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.
- 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.
- 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 focus point for stakeholders and other interested parties.
- Many items were deemed priority, reflected in the numerous goals, objectives, and action steps outlined in the short- and long-term 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 the Plan out together.
- 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 for others who care about them.
- 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.

- 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 will likely be more apt to do joint resource development activities such as grant writing and designing innovative initiatives in the coming years.
- 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.
- The existence of this Jefferson County Strategic Plan for Aging Well, has already, and will continue to, increase awareness among many of what needs to be done to proactively embrace the aging of the population.

Overall Project Recommendations

1. Keep the Jefferson County Aging Well Process going.

- Follow short-term Sustainability Plan that was developed.
- Have staff at the County Human Services assigned to this Project on an ongoing basis so Lead Agency role will be maintained.
- Allow staff from the various county divisions to continue to participate as workgroup chairs and in various other capacities.
- Continue Leadership Committee and Workgroup Chairpersons meetings.
- Recruit new people to join project as new energy is needed to supplement those who have been at this project for a long 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 annually.

- 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.
- Decide upon future date for review and revisions to long-term strategic plans. Consider developing long-term plans for those topics that were not developed this go around.

3. Regularly review the overall progress of the Jefferson County Aging Well Project.

- Receive and review annual reports from workgroups using prescribed reporting format.
- Review and report to Rose Community Foundation the status of the seed money projects.
- 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 "Presentation/Publicity" Plan.
- Hold annual Summits on Aging where status of Aging Well Plan can be kept before the stakeholders.
- Publicize annually Aging Well Project accomplishments/successes.

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) liaisons to Aging Well. Assure ongoing dialogue especially around areas where JCCOA was listed as Potential Lead Agency or Potential Partner Agency.
- Consider appointing Aging Well liaisons to any regular ongoing Human Services advisory groups that meet, e.g., Children/Youth Leadership Committee, JEFFTAAG (Jefferson County Transportation Action & Advocacy Group), the county-wide Health Access group, and others.
- Building upon previous Jefferson County-based efforts, place increased emphasis on Minority Aging issues and concerns by, for example, forming a Minority Aging Task Force or holding a Minority Aging Forum with key partner agencies.

Aging Well In Jefferson County, Colorado

Basic Needs

Aging Well In Jefferson County, Colorado

Basic Needs

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This report was produced as part of the Jefferson County Strategic Plan for Aging Well Project. The two-year process included input and feedback from experts in the aging field, providers and consumers of aging services, and others. The Plan benefited from the participation of many concerned people who took time to attend monthly and bi-monthly meetings, who contacted numerous aging services organizations and who wrote the report and strategic plans attached.

We would like to recognize the following people for their participation on the Basic Needs Workgroup of the Strategic Plan for Aging Well in Jefferson County Project:

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Photo credits: Front cover and page 3:8 - Volunteers of America/Clements Center Congregate Meal, courtesy of Clements Center, City of Lakewood, Page 3:7 - Holiday Gift Basket Program Evergreen, courtesy of Seniors' Resource Center. Page 3:10 - Volunteer delivering a meal, courtesy of Volunteers of America. Page 3:11 - Presentation by Lakewood police officers, courtesy of Clements Center, City of Lakewood. Page 3:13 - Market basket, courtesy of Volunteers of America.

Introduction

Basic needs are those essential life elements that Jefferson County's older residents require for simple survival on a day-to-day basis. For purposes of this report, basic needs include accessing information and services, food and nutrition, legal services, safety and security, and assistance with finances or income. As the below report will show, 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 arenas, but there is need for continued enhancement, particularly as the age 60+ population is expected to swell in the coming decades.

Nearly 15% of the population in Jefferson County is 60 years or older, and the projection is that by 2020 this population will nearly double. The reason for this dramatic increase is that Jefferson County has a large number of residents who are "Baby Boomers" and as they age they will remain in the county. Also, it is forecasted that Jefferson County will be a place for in-migration, resulting from the large number of nursing homes and assisted living facilities located in the county, as well as aging Baby Boomers relocating their parents here.

To best prepare for this projected population aging within the county, the report below is offered by the Aging Well Basic Needs Workgroup. It describes for each of the key basic needs topics: the process used to collect and assess information, related trends, the resources, strengths and assets that already exist in Jefferson County, the gaps found in these areas, and findings and conclusions. Ideas are offered for improving the availability of these services for older Jefferson County residents in the coming years.

Short-term and long-term strategic plans will follow the report and were developed in the second year of the report. ◆

Process

During initial meetings, the Basic Needs Workgroup discussed the various focus areas related to the needs of seniors in Jefferson County. Although numerous areas were discussed for potential inclusion, the specific areas selected for primary focus were: 1. Access to Information and Services, 2. Food Assistance, 3. Legal Assistance, 4. Public Safety, and 5. Financial Assistance. Each of these areas had a subcommittee comprised of one or more people from the main Basic Needs Workgroup. The process followed by each of these subcommittees is described here.

Terms and definitions used in this report can be found in Appendix A.

Access to Information and Services

The Access to Information and Services Subcommittee (aka "Access Subcommittee") members used various resources to compile a list of agencies in Jefferson County that provide some level of information, referral, or assistance services for individuals looking for needed senior services. These included the Denver Regional Council of Government's (DRCOG) Information and Assistance Referral Resource List, the Blue Book, various websites, and other well-known and established agencies that serve older adults. The subcommittee also conducted fact finding surveys asking about the importance of access to information including, for example, an on-line survey and focus group of Jefferson County Council on Aging participants (See Appendices C and D).

More than 60 agencies were identified in this initial investigation. The list of agencies was then divided into thirds, with each of the three Access Subcommittee members (Edie Richey, William Kistler, and Jane Yeager) contacting a portion of the identified agencies to ask a series of standardized questions. When phone conversations were not possible, information accessed from agency websites was used. The information was then integrated and logged on an Excel spreadsheet (See Appendix B.1).

Some of the challenges encountered included the substantial number of agencies who identify access to information and referral as part of their services, outdated information, inconsistent hours of operation for the information and referral services representatives, lack of phone follow up by the agencies, limited information available and much of the information was only pertinent to specialized services.

These challenges were addressed by persistence, by using agency websites to get as much information as possible, and by noting when it was not possible to access needed information. The list provided in Appendix B.1 is not intended to be a complete resource of all agencies in Jefferson County providing services related to information and referral for seniors.

Because "access" was a significant issue that several Aging Well Workgroups identified, a cross-cutting "Ad Hoc Accessing Information and Resources" Workgroup was formed and met for six months during Year 2 of the project. Individuals representing the Basic Needs, Caregiving & Supportive Services, and the Social & Civic Engagement Workgroups met to develop separate short-term and long-term strategic plans. These "Access" Strategic Plans are found later in the full report under the Cross-Cutting Topics Section.

Food Assistance

The Food Assistance Subcommittee began by evaluating food related services available in the Jefferson County area including contacting the following agencies providing food for home delivery: Project Angel Heart, Town of Littleton Cares Meals on Wheels, The Senior Hub, Jewish Family Service (Kosher Meals on Wheels), Food Bank of the Rockies (Commodities Program), Leighanna Konetski and Todd Coffey with the Colorado State Unit on Aging, and the Volunteers of America (VOA) Nutrition Services staff (Meals on Wheels and Congregate Dining Programs). The information evaluated through these contacts included a summary of the services that each agency provided, and a summary of services provided by the Colorado Shares Program, Angel Food Ministry, Golden Cuisine, Home Cooked Meals, and Homestyle Direct. An evaluation of the trends and gaps in nutrition services for seniors in the metro area was also done. In addition, food banks in Jefferson County were contacted by phone to determine their location, eligibility criteria, targeted group, and contact information (See Appendix B.2).

Various reports related to food and nutrition services were also reviewed including DRCOG's 2004 Strengths and Needs Assessment of Older Adults in the Denver Metro Area, the Jefferson County Council on Aging On-Line Survey results (See Appendix D), the Jefferson County Community Development Division's "Community Action Plan" (2007-2008), The National Resource Center on Nutrition, Physical Activity and Aging's "Older Americans: Making Food and Nutrition Choices for a Healthier Future" (April 2007), and the National Association of State Units on Aging's "The Economic Crisis and Its Impact on State Aging Programs" (December, 2008).

Legal Assistance

The Legal Assistance Subcommittee member, Mary Catherine Rabbitt JD, assessed the topic of legal assistance by utilizing the 2008-2009 Legal Resource Directory[1], as well as by contacting the legal providers referenced therein to conduct telephone surveys to ascertain the needed information. She also visited the websites for Colorado Legal Services, the Metropolitan Volunteer Lawyers, the University of Denver Student Law Office, and the Seniors' Resource Center to access relevant information. The greatest challenge in this process was difficulty in reaching information providers, resulting in numerous phone calls and exchange of voice mail messages. This issue was resolved by persistence in seeking the information (See Appendix B.3).

Public Safety

The Public Safety Subcommittee was focused on the issue of providing full-time Senior Liaison Officers for each major law enforcement agency in the county. The group researched the impacts of these types of officers and found they provide information, prevention, and investigative services for seniors in a manner befitting their age and station in life.

To gain additional information related to the issue of senior safety in Jefferson County, Public Safety Subcommittee member, Cary Johnson, and others, contacted the four full-time Senior Liaison officers in the Denver metro area to ask a series of five questions.

The officers contacted included:

- Greg Beary - Thornton Police Department
- J.D. Wykstra - Aurora Police Department
- Vaughn Pepper - Westminster Police Department
- Don Sikkema - Arvada Police Department

The questions asked were:

1. What was the driving force that encouraged or made your city designate a single officer to work with older adult residents?

2. What is the funding for expenses related to the position and how were they initially secured?

3. What have been some of the benefits of a Senior Liaison Officer to the city?

4. What was the incentive for your police department to assign a designated officer?

5. What suggestions would you have in approaching other communities/police departments in Jefferson County about adding Senior Liaison Officers?

[1] *The 2008-2009 Legal Resource Directory is available for $4 from the Denver Bar Association, Attn: Public Legal Education, 1900 Grant Street, Suite 900, Denver CO 80203.*

The following is the input from the Senior Liaison Officers interviewed:

1. A Senior Liaison Officer can be procured by directive from the Police Chief and City Council, by writing and receiving grant money, or by vote of the municipal population.

2. A Senior Liaison Officer can receive specialized training in areas such as recognizing dementia and understanding the unique needs of older citizens.

3. A Senior Liaison Officer may be involved in investigating crimes against 'at-risk' adults, doing group and one-on-one trainings, visiting senior centers and retirement communities, attending senior functions, and working to train and interact with staff from nursing homes and assisted living facilities.

What kinds of concerns, if any, do you have about outliving your money?

4. A Senior Liaison Officer can sit as a representative on various committees and agencies, working to deal with senior issues or to improve the quality of life for seniors.

5. A Senior Liaison Officer can be the 'first touch' response for seniors who need the services of law enforcement.

6. A senior Liaison Officer must focus on being both a community representative as well as investigator of crimes against 'at-risk' adults. If the emphasis is only upon being a community representative, the position is more likely to be cut during a time of economic crunch.

7. A Senior Liaison Officer can develop and promote specialized programs, with a municipal or county jurisdiction, focused on keeping seniors safe.

8. It seems reasonable to believe that the growing population of seniors in Jefferson County will require dedicated Senior Liaison Officers within law enforcement, as well as personnel within the District Attorney's Office, who specialize in working with older adults.

Financial Assistance

Several sources of information were examined and reviewed by the Financial Assistance Subcommittee (See Appendix B.4) for this process including:

1. Jefferson County, Colorado Demographics.

2. "Senior Citizens in Jefferson County, Colorado: A Profile," August 10, 2000.

3. National Association of Area Agencies on Aging (n4a).

4. Colorado Department of Local Affairs.

5. DRCOG's Summary of Region 3A Senior Demographics.

6. Jefferson County Council on Aging (JCCOA), State and County Aging and Adult Services, Jefferson County Human Services, Seniors' Resource Center, Jeffco Action Center, United Way 211, U.S. Social Security Administration, Jefferson County Census Tracts, Channel 9 News.com, Senior Source Home page, Benefits Checkup, Colorado Division of Veterans Affairs, and others.

Results from an on-line survey link sent to the Jefferson County Council on Aging were also utilized (See Appendix D). Questions asked were:

1. If you were looking for senior services in Jefferson County for you or for your parents, briefly describe where you would start?

2. As you get older, what kinds of things do you want your community to do so that you can maintain your independence for as long as possible?

3. What contributes to your personal sense of safety?

4. What kinds of concerns do you have about outliving your money?

5. Briefly describe any difficulties you have experienced with getting legal help, if any, as you have gotten older.

6. What would you do if you found the services you needed, but were told there was a three to six month wait before you could get them (due to a waiting list for those services)?

A big challenge faced was the large amount of existing literature with regard to the issues facing seniors. This challenge was addressed by reading as much as possible and maintaining a focus on financial issues. ◆

Trends

Access to Information and Services

As the senior population in Jefferson County continues to increase, 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 frail older adult will often need to access supportive services. The research conducted by the Access Subcommittee suggested that 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 often difficult to locate, may involve long waiting lists, or have eligibility rules or costs that are difficult to understand. In addition, supportive services are often needed due to a worsening medical condition or crisis, making the services required and the information needed even more varied and fragmented. The trend is to organize resources and assistance in a way that is accessible to older adults through a one-stop single entry point system with care management services being included in the process to help support an older adult who cannot maneuver the complex system by himself/herself.

It is predicted that in the next twenty years, there will be an integration of the various systems of care related to aging services, such as mental health, medical care, and social services, with the integration supported by technology (coordinated records) and professional care managers/navigators. Under this system, access services will not be outdated, but rather, will need to be better coordinated to provide more effective and appropriate outcomes.

Food Assistance

The trends identified by the Food Assistance Subcommittee were an increase in costs related to gasoline, raw food, and equipment resulting from an increase in fuel prices, diversion of commodities into fuel production (i.e., corn), and increased dependence on food from other countries. The increase in fuel costs has affected the recruitment of volunteers concerned about committing to a position which requires them to use their own vehicle without reimbursement for travel expenses. This issue increases the need to reconsider delivery routes with more limited distance coverage, increasing the difficulty in meeting the needs of people living in remote areas.

Additional senior nutrition-related trends identified include:

1. The number of people frequenting food pantries has risen, but the donation of food and funding has not kept up with the need.
2. Agencies are seeing that people who are receiving one meal service a day are in need of additional food to cover their daily nutritional needs.
3. Seniors are becoming more health conscious about food, presenting a challenge for nutrition providers in balancing costs of meals with nutrition and providing meals for special needs.
4. Transportation continues to be a concern in establishing congregate meal sites and for seniors in deciding to utilize a meal site.
5. New congregate dining centers have deliberately been placed in senior high rises in order to make it more convenient for people to get to the site.
6. Seniors and their families have increased financial problems, resulting in a reduced ability to contribute toward the cost of their services. Family members have lost jobs or have had to return to work to make up for money lost during the economic downturn.
7. Because of the increased need for Meals on Wheels and the instability of state and federal government funding, frozen meal deliveries have increased and hot meals are being reserved for those who are not able to reheat a frozen meal.
8. Nutrition directors have been looking for new ideas in delivering meal service that are more cost efficient and yet meet the needs of the senior population.

9. Nutrition is still rated as the highest priority for seniors.

10. The Denver Regional Council of Governments (DRCOG) asked the county councils on aging to rate the services for seniors and nutrition was rated as most important.

11. The report, "Older Americans: Making Food and Nutrition Choices for a Healthier Future" (National Resource Center on Nutrition, Physical Activity and Aging, Florida International University, April 2007) describes the impact that poor nutrition has on seniors' physical and mental health, stating that poor diets eventually lead to "reduced quality of life, increased dependence and greater healthcare costs."

12. Because of the increased need for nutritional services, agencies are aware that they need to collaborate to find ways to meet needs and reduce waiting lists.

13. Nutrition services for seniors now include preventive health and wellness programming designed to get seniors to eat better and move more, thereby improving quality of life.

Legal Assistance

Past and future trends identified in the area of legal services are decreases in available resources combined with growing client need for legal services and increasing complexity in the services required. There were no legal services identified that would become obsolete as a result of these trends, and it is estimated that all 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[1]. Every area of the State of Colorado has reported an increase in the frequency of this form of elder abuse. It is a matter that 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.

Public Safety

According to a 2004 study conducted by the Denver Regional Council of Governments, Jefferson County will have the largest population of seniors (aged 60+) by 2020, approximately 170,000. The District Attorney's Office reports an increase of crimes against 'at-risk' adults from five 'at-risk' cases in 1991 to seventy-two cases in 2008. Working with seniors requires an expertise in being able to recognize unique issues such as 'capacity,' the unwillingness to report crimes, a fear of losing independence due to a change in one's life situation, and a reticence to engage with law enforcement before a relationship has been established.

Other related trends include:

1. The U.S. Department of Justice has reported throughout the decade that 80% of economic crimes against older adults go unreported.

2. Long held acceptable practices by older adults have become vulnerabilities. Older adults are trusting, their 'word' is their bond, leaving the front door open was the sign of a good neighborhood, and the telephone was considered a useful device for doing business.

3. Colorado does not have a mandatory 'Elder Abuse' reporting statute; so many cases of abuse go unreported.

4. The state of 'Crimes against Children' twenty years ago has many parallels to 'Elder Abuse' crimes today and the need for special provisions via the criminal justice system.

Financial Assistance

The past and coming trends noted by the Financial Assistance Subcommittee include:

1. An increase in the cost of living.
2. A lack of financial resources for housing, food, legal services, clothing, transportation, and physical and mental health care.
3. Increasing stress levels among the population in general.
4. The stigma attached to low-income seniors and seniors who are no longer working.
5. The higher value placed on productive individuals.
6. An increasing need for cultural sensitivity and awareness.
7. Rising life expectancy.
8. Diminishing government funds.
9. Seniors' stoicism and the modesty of their demands (not prone to self-pity).
10. Seniors, due to financial restrictions or being homebound, having less ability to extend themselves to help others.
11. The strength of senior voting power (politically they make their voices heard).
12. The expectation of an increase in the senior population estimated to double within the next twenty years.
13. The Internet as a tool for economic empowerment, as well as more seniors accessing on-line applications for Jefferson County Human Services programs, financial assistance (e.g., Old Age Pension), Medicare (e.g., Qualified Medicare Beneficiary, Special Low-income Medicare Beneficiary), food assistance, energy assistance (LEAP), low–income telephone discount assistance (LITAP), and long-term care assistance (Home and Community Based Services, Home Care Allowance, and Nursing Home care). However, of the seniors interviewed, most preferred a face-to-face interview.

The existing resources and assets within Jefferson County provide a substantial base on which to build.

14. A greater need for more government workers to handle higher caseloads.
15. More information being brought directly to clients, either through technologically based resources or by Jefferson County Human Services' employees working out in the field.
16. Increased collaboration among agencies working with the elderly.
17. An increase in assistance needed by the family caregivers of elderly clients.
18. An increase in incidents of financial exploitation of seniors by caregivers and family members.
19. Seniors remaining active in the workforce to meet their economic needs.
20. The growing need for more affordable services for seniors. ◆

Strengths and Assets

Jefferson County seniors have access to many existing resources and assets as described below.

Access to Information and Services

The strengths related to access and referral services in Jefferson County are represented through the interests of the many aging service agencies committed to providing assistance to seniors in Jefferson County, some of which were identified under the earlier 'Process' section of this report. These agencies are putting precious 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 the support of seniors. Some of the services in Lakewood include 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 focused on helping older adults in the county find services. Jefferson County was also instrumental in the formation of the Seniors' Resource Center, an agency whose model was organized around the idea that senior services should be accessible, professional and convenient. Jefferson County has provided financial support to Seniors' Resource Center for more than thirty years. Senior services are accessible at the Seniors' Resource Center through a single entry phone system assistance service.

Food Assistance

The strengths and assets related to food assistance in Jefferson County include a strong volunteer base committed to helping vulnerable older individuals in their community, as well as three non-profit agencies providing meals to home-bound seniors. These include Town of Littleton Cares (TLC) Meals on Wheels, VOA Meals on Wheels and Project Angel Heart. There are also several organizations and businesses willing to provide home-delivered meals for those who are able to pay for those services. There are two large food pantries in Jefferson County, one located in Lakewood and the other in Arvada, and many churches throughout the county offer small food pantries.

Legal Assistance

There are two legal resources identified as 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 across the street from the old courthouse in downtown Golden, and the second located at 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 County. 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 have provided countless hours of quality legal assistance and representation to seniors in Jefferson County. Without the infusion of additional financial support for these programs, though, the county's ability to build upon these strengths and assets in the future and to accommodate the expected growth in demand will be significantly compromised.

Public Safety

Jefferson County is very fortunate to have full-time Senior Liaison Officers at the City of Arvada and City of Westminster. These officers provide vital assistance to the seniors of these cities, and are trailblazers in discovering the kinds of services required from law enforcement to meet the needs of the older population.

In addition to the senior safety-related work being done by Senior Liaison Officers in Jefferson County, the Jefferson County Department of Health, Emergency Response and Preparedness Program, and the Jefferson County Office of Emergency Management are involved in addressing the needs of 'at-risk' community members during disaster situations. The Jefferson County Department of Health, Emergency Response and Preparedness Program is developing an emergency sheltering operations plan for functionally and medically at-risk community members, and the Jefferson County Office of Emergency Management has been identifying and mapping the long-term care and nursing home facilities located in Jefferson County, as well as providing emergency preparedness and evacuation training to these agencies.

Jefferson County's District Attorney's Office has committed a full time director to the "Communities against Senior Exploitation" (CASE) Program. This emphasis has resulted in many crime prevention programs being presented to retirement communities, faith-based senior groups, veterans' groups, and retirement groups from the 'for profit' sector in Jefferson County. A Fraud Hotline is available for seniors to call which is answered by a 'live' person within the District Attorney's Office, should a questionable call, visit, e-mail or solicitation occur that raises a question or concern from a senior.

Additionally, a TRIAD group, consisting of representation from the criminal justice system, seniors, and service providers, has been formed to promote senior safe-

ty. Monthly meetings allow for representatives to forum concerning safety issues and receive safety training relevant to seniors. TRIAD also sponsors a '911 Cell Phone' program committed to providing a cell phone that can be used by seniors, without charge, for emergency purposes.

Financial Assistance

Jefferson County has a strong base of non-profit organizations, government agencies, and faith-based groups, which are passionate about assisting seniors, as well as a Human Services Director who is committed to addressing the needs of clients in a timely and responsive manner. Jefferson County Human Services has a designated office for seniors, some of whom are frail and disabled, which is conveniently located in the Laramie Building in an accessible location. Jefferson County Human Services has the Single Entry Point (SEP) unit on the same campus as the financial eligibility unit, which fosters a more cooperative and collaborative partnership when providing services to clients.

Another asset is the St. Anthony Health Passport Program which utilizes the on-line Benefits CheckUp System to screen all clients. Each individual's current financial and health status is collected via phone and then entered into the Benefits CheckUp System. An individualized resource guide is printed identifying which of over 1500 programs the individual may be qualified for, how to contact agencies, and what documentation will be needed. While many of the programs offer financial assistance, some provide food, transportation and information. St. Anthony's Health Passport Program has a very proactive follow up program to help Jefferson County residents apply for the programs identified. ◆

Gaps

Access to Information and Services

The gaps in access to information and services in Jefferson County are primarily around awareness of the available services and keeping resources updated. DRCOG has developed a resource and information system called Network of Care which focuses on serving as the Denver metro area's primary information, referral, and assistance service for older adults. It is hoped that the system will be able to provide access to the resources that are specific to Jefferson County in the near future. The platform will be an excellent start to organizing area resources.

An area identified by the Access Subcommittee as currently being underfunded is the 'assistance' portion of the information, referral and assistance services matrix. Seniors seeking services often have complex and varied needs. To identify the resources for all of these needs, an aging services expert or care manager will be a critical component in the implementation of successful service delivery.

Food Assistance

Some of the gaps related to food assistance in Jefferson County include long waiting lists of people for Meals on Wheels in the area north of Hampden (158 people were on the waiting list when this report was written), the limited availability of food pantries for those who do not drive or live near a bus stop, and the limited availability of meal delivery services available to residents in the Coal Creek area and in areas along the foothills west of C-470. Although there are not that many seniors needing meal delivery services in those areas, when a resident does need services, it is a challenge to get the meals delivered. There are also no congregate meal sites available to residents living in areas south of Alameda. There is only one congregate meal site in Arvada, and one in Golden; both are only open one day per week.

Legal Assistance

The largest gap in legal services identified in Jefferson County was 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 indicated that they attempt to respond to calls for assistance as soon as possible. Also, when Older Americans Act Title III funds run out, intake is usually closed. Without the infusion of additional financial resources (e.g., 10% or more increase) the existing gaps will increase, and the availability of legal services for the aging population will be negatively impacted.

Public Safety

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 due to being perceived as non-essential.

Financial Assistance

The Financial Assistance Subcommittee identified the following financial-related gaps:

1. An increasing number of individuals who are isolated or unaware of available programs.

2. The isolation of the elderly because the family has become less cohesive, resulting in less help from family.

3. Stereotyping of the elderly and a gap between the young and old, resulting in a lack of cross-generational relationships.

4. Lack of funding.

5. Limited educational programming focused on senior issues.

6. Lack of community awareness of the needs and concerns of seniors.

7. The need for more appropriate referrals and coordination of services.

8. Lack of awareness by marginal populations (homeless, etc.) of financial assistance.

9. The need for interpreters for individuals who do not have English language skills.

10. The need for caregiver support.

11. The limited number of trained staff members working out in the community to assist clients unable to come to the main Human Services office.

12. The need for Care Navigators to assist seniors in completing applications.

13. The need for off-site locations for seniors to receive more information about available resources and services.

14. Affordable legal assistance and mediation services for seniors when their families are not able to, or choose not to, pay their nursing home bill. An Ombudsman is required to be given notice of pending discharge and may be of assistance.

15. The need for an increase in the number of physicians accepting Medicaid.

16. The possibility of some type of loan forgiveness program, which would allow for low-income seniors who can no longer afford loan payments, to be relieved from those payments without having to file for bankruptcy.

17. Not enough pro-bono or income-based legal aid.

18. Limited services available to seniors in the area of dental, vision and hearing aid benefits.

19. The need for more senior veteran's services, financial assistance for family members, life insurance, Veteran's Administration health care, pharmacy benefits, property tax exemption for disabled veterans, Colorado State and Veteran's nursing homes, and burial and memorial benefits. ◆

Report Wrap-Up

Access to Information and Services

Access is a priority for many agencies as they strive to provide resources to help older adults find needed services. Often the initial 'point of contact' services are provided by administrative personnel or receptionists, whose role it is to clarify the services needed and outline the resources available through their agency, with specific resources often being available only to clientele who meet certain requirements or criteria. Waiting lists for subsidized goods or services are growing every day, and care management services are limited and sometimes hard to locate.

The four recommended priority areas for Access to Information and Services in Jefferson County include:

1. Research best practices from other geographic areas on how they organize and fund consistent and professional Information, Referral and Assistance Programs.

2. Participate with DRCOG in continuing to develop their new initiative to provide metro wide information and assistance.

3. Form an association of interested individuals who specialize in information and referral, and care management & care navigation, for consistency and timeliness of resources and general support for staff.

4. Increase and promote awareness of existing services.

Food Assistance

The Food Assistance Subcommittee offers the following findings and conclusions related to food assistance for seniors residing in Jefferson County:

1. There is a need to find ways of delivering Meals on Wheels and pantry boxes in a cost-effective manner and to work with other agencies to accomplish this.

2. Collaboration among agencies must be increased to provide a comprehensive care plan and a complete nutrition program (i.e., meals, nutrition counseling and education, and healthy aging programs for both congregate meal clients and homebound clients). This may also include nutritional education and counseling for family members.

3. More programs such as grocery shopping services and collaborations with faith-based programs or school programs are needed to provide more congregate meal sites and food pantry satellites throughout Jefferson County.

4. Nutrition assistance stakeholders within Jefferson County must continue to use the websites, attend national conferences, and continue discussions with other nutrition providers to explore possible solutions for services in the county.

Legal Assistance

The current case priorities or protocols are based, in large part, on current client needs. These include, but are not limited to: consumer issues (particularly debt collection, garnishment of exempt income, and bank overdraft fees); housing (including foreclosures and evictions); employment issues (unemployment benefits and age discrimination); financial exploitation (including misuse of power of attorney and representative payee positions); guardianships and conservatorships; delays, denials and terminations of public benefits (including food stamps, Medicaid, etc.); advance directives; and wills and estates. There has been a tremendous increase in legal issues related to the declining economy. Colorado Legal Services also provides a number of community education programs and printed materials on the issues mentioned above.

The major issue identified for legal assistance was the need for increased financial resources for the existing legal services providers. Both Colorado Legal Services and the First Judicial Bar would like to be able to serve more clients, but their efforts are greatly limited by scarce financial resources.

Public Safety

It will take interest and promotion from the senior population for funding to provide Senior Liaison Officers in additional law enforcement agencies, as well as the addition of a 'Senior Crimes Unit' within the Jefferson County District Attorney's Office. A 'grass roots' effort, whether via a municipal vote, city budgetary decision, or county funding will be the necessary means to procure additional services from the criminal justice system for seniors. During the interviews with current Senior Liaison Officers, it was discovered that funding has been procured in a variety of ways.

Financial Assistance

The following is a list of areas the Financial Assistance Subcommittee believes will improve the provision of basic needs for Jefferson County's seniors and their caregivers.

1. Increase and promote community awareness about programs and services available.

2. Have more Care Navigators to assist seniors in completing applications.

3. Increase the number of off-site locations (libraries, senior centers, grocery stores, churches etc.) with information and applications for senior services and public assistance.

4. Increase funding to obtain more full time employees (FTEs) for the existing agencies within the county and the Department of Human Services.

5. Work with the faith-based community in assisting seniors.

6. Make on-line applications more available.

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. But the existing resources and assets within Jefferson County provide a substantial base on which to build. ◆

Appendices

Appendix A: Terms and Definitions Used in Report

Access Services
These services include transportation, case management, and information and assistance and provide consumers with a gateway to other programs and services.

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 revise someone whose heart and/or breathing has stopped by using special drugs and/or machines or very firm pressing of the chest.

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 stuffs 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.

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 Package Purchase
Meals (usually frozen) designed for seniors that can be purchased from a company and the meals would be shipped to the senior's home.

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).

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 Basket
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.

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).

Ombudsman
An appointed official whose duty is to investigate complaints, generally on behalf of individuals such as consumers or taxpayers, against institutions such as for the purposes of this report, nursing homes and assisted living facilities. A designated person whose duty is to assist members with conflict.

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

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).Appendix B.1: Information & Assistance for Jefferson County.

Appendix B.1: Information & Assistance for Jefferson County

Name of Program/Agency or Organization	Address	City	Zip Code	Phone
Clements Community Center	1580 Yarrow Street	Lakewood	80214	303-987-4820
Evergreen Lakehouse	29614 Upper Bear Creek Road	Evergreen	80439	303-674-0532
Evergreen Library	5000 Highway 73	Evergreen	80439	303-235-5275
Exempla Lutheran Medical Center	8300 West 38th Avenue	Wheat Ridge	80033	303-425-4500
Gilpin County Senior Center	2960 Dory Hill Road	Blackhawk	80422	303-582-5444
Glaucoma Research Foundation	251 Post Street, Suite 600	San Francisco	94108	800-826-6693
Home Care Association of Colorado	7400 East Arapahoe Road, #211	Centennial	80112	303-694-4728
Jefferson Center for Mental Health	4851 Independence	Wheat Ridge	80033	303-425-0300
Jefferson County Action Center	8755 West 14th Avenue	Lakewood	80215	303-237-7704
Jefferson County Aging and Adult Services	900 Jefferson County Parkway	Golden	80401	303-271-4201
Jewish Family Service – Denver Metro	3201 S. Tamarac Drive	Denver	80231	303-597-5000
Leukemia and Lymphoma Society	5353 West Dartmouth Ave., Suite 400	Denver	80227	303-984-2110
Lutheran Family Services of Colorado	363 S. Harlan Street	Denver	80226	303-922-3433
Mile High United Way Helpline	2505 18th Street	Denver	80211	303-433-8900
Mount Evans Home Health Care	3081 Bergen Peak Drive	Evergreen	80439	303-674-6400
Mountain Resource Center	11030 Kitty Drive	Conifer	80433	303-838-7552
National Kidney Foundation	3151 South Vaughn Way, Suite #505	Aurora	80014	720-748-9991
Seniors' Resource Center	3227 Chase Street	Wheat Ridge	80212	303-238-8151

Appendix B.2: Food Assistance for Jefferson County

Name of Program/Agency or Organization	Address	City	Zip Code	Phone
MEAL DELIVERY				
Evergreen MOW/Seniors' Resource Center and VOA	5120 Highway 73	Evergreen	80439	303-674-2843
Food Bank of Rockies Commodities Homebound Delivery	10700 East 45th Avenue	Denver	80239	303-375-8081
Homestyle Direct	3299 Woodbridge Dr.	Twin Falls, ID	83301	866-735-0921
KOSHER Meals on Wheels/Jewish Family Service, VOA	3201 South Tamarac Drive	Denver	80231	303-597-5100
Project Angel Heart	4190 Garfield Street	Denver	80216	303-830-0202
TLC Meals on Wheels	5844 South Datura Street	Littleton	80120	303-798-7616
VOA Meals on Wheels-Jefferson County Meals on Wheels/VOA	2660 Larimer Street	Denver	80205	303-294-0111
FOOD PACKAGE PURCHASE				
Angel Food Ministries/Church of God Prophecy	2680 South Sheridan Blvd	Denver	80227	303-378-1504
Angel Food Ministries/Real Life Ministries	4390 S Lowell Boulevard	Englewood	80110	303-681-7614
Share Colorado/Arvada Church of Christ	6757 Simms Street	Arvada	80004	303-424-3765
Share Colorado/Calvary Episcopal Church	1320 Arapahoe Street	Golden	80401	303-279-2188
Share Colorado/Heritage UMC #315	7077 South Simms Street	Littleton	80127	800-933-7427
Share Colorado/Jefferson Avenue UMC	4425 Kipling Street	Wheat Ridge	80033	303-424-0463
Share Colorado/Labor's Community Agency	7510 West Mississippi Avenue	Lakewood	80226	303-744-6169
Share Colorado/Lakewood Church of Christ	455 South Youngfield Court	Lakewood	80228	303-239-9861
Share Colorado/Lutheran Church of the Resurrection	7100 West Mississippi Avenue	Lakewood	80226	800-933-7427
Share Colorado/Spirit of Christ Catholic Church	7400 West 80th Avenue	Arvada	80003	303-422-1240
Share Colorado/St. Joseph's Episcopal Church	11202 West Jewell Avenue	Lakewood	80232	303-921-1038
Share Colorado/St. Mary's #118	6853 South Prince Street	Littleton	80120	303-791-3859
Share Colorado/St. Paul's Episcopal Church	9200 West 10th Avenue	Lakewood	80215	303-359-4064
FOOD BANKS				
Arvada Food Bank	10405 West 64th Place	Arvada	80004	303-424-6685
Christian Action Guild	1401 Ford Street	Golden	80401	303-279-5674
Deer Park United Methodist Church	966 Rim Rock Road	Bailey	80421	303-838-6759
Evergreen Christian Outreach	27640 Highway 74	Evergreen	80439	303-670-1796
Green Mountain Christian Church--Food Bank	10700 West Exposition Drive	Lakewood	80226	303-985-0754
Inter-Church Arms	7912 Oberon Road	Arvada	80004	303-424-6283
Jeffco Action Center	8755 West 14th Avenue	Lakewood	80215	303-237-7704
Mountain Resource Center--Food Bank	11030 Kitty Drive	Conifer	80433	303-838-7552
Operation Blessing	9170 West 44th Avenue	Wheat Ridge	80033	303-431-8295
St James Presbyterian Church--Food Bank	3601 West Belleview Avenue	Littleton	80123	303-794-6851
St Lawrence Church--Food Bank	26812 Barkley Road	Conifer	80433	303-838-7552
MEAL SITES				
Arvada Lions Club Congregate/Volunteers of America	5725 Teller Street	Arvada	80002	303-423-1540
Clements Center-Lakewood/VOA	1580 Yarrow Street	Lakewood	80214	303-987-4828
First Presbyterian of Golden	17707 West 16th Avenue	Golden	80401	303-279-7450
Highland South-Wheat Ridge/VOA	6360 West 38th Avenue	Wheat Ridge	80033	303-940-2068
Seniors' Resource Center, Evergreen	5120 Highway 73	Evergreen	80439	303-674-2843

Appendix B.3: Legal Assistance for Jefferson County

Name of Program/Agency or Organization	Address	City	Zip Code	Phone
Legal Assistance Program/First Judicial Bar Association (Jefferson and Gilpin)	P.O. Box 2311	Centennial	80161	303-216-0851
Metro Volunteer Lawyers/Denver Bar Association	1905 Sherman Street	Denver	80203	303-837-1313
Senior Citizens Law Center/Colorado Legal Services	1905 Sherman Street	Denver	80203	303-837-1313
Seniors' Resource Center (only provides referrals to legal assistance)	3227 Chase Street	Denver	80212	303-238-8151
Student Law Office/University of Denver Sturm College of Law	2255 East Evans Avenue	Denver	80208	303-871-6140

Appendix B.4: Income/Financial Supports for Jefferson County

Name of Program/Agency or Organization	Address	City	Zip Code	Phone
AARP of Colorado	1301 Pennsylvania Street, Suite 200	Denver	80203	866-554-5376
Aid to the Needy and Disabled (AND)/Jefferson County Human Services	900 Jefferson County Parkway	Golden	80401	303-271-1389
ALS-Association, Rocky Mt. Chapter (Lou Gehrig's)	1201 E. Colfax Street, # 202	Denver	80218	303-832-2322
Alzheimer's Association (Colorado Chapter)	455 Sherman Street, #500	Denver	80203	303-813-1669
American Cancer Society	2225 South Oneida Street	Denver	80224	303-758-2030
American Diabetes Association	2480 West 26th Ave. Suite 120B	Denver	80211	720-855-1102
American Heart Association	1586 South 21st Street	Colorado Springs	80904	719-635-7688
American Lung Association	5600 Greenwood Plaza Blvd. Suite 100	Greenwood Village	80111	303-388-4327
American Parkinson's Association	1325 South Colorado Blvd., #204-B	Denver	80222	303-830-1839
Arthritis Foundation	2280 So. Albion Street	Denver	80206	303-756-8622
Asian Pacific Development Center of Colorado	1825 York Street	Denver	80206	303-393-0304
Brain Injury Association of Colorado	4200 West Conejos Place, #524	Denver	80204	303-355-9969
Burial Assistance/Jefferson County Human Services	900 Jefferson County Parkway	Golden	80401	303-271-1388
Care Management Solutions/Lutheran Family Services	363 South Harlan, Suite 200	Denver	80226	303-922-3433
Care Navigator	355 So. Teller, Suite 200	Lakewood	80226	303-810-1816
Catholic Charities	4045 Pecos Street	Denver	80211	303-742-0828
Clements Community Center (Reachout Office)	1580 Yarrow St.	Lakewood	80214	303-987-4838
Colorado AIDS Project (CAP)	2490 West 26th. Ave	Denver	80211	303-837-0166
Colorado Department of Human Services, Division of Aging & Adult Services	1575 Sherman St., 10th Floor	Denver	80203	303-866-5700
Colorado Gerontological Society	3006 East Colfax	Denver	80206	303-333-3482
Denver Indian Center	4407 Morrison Road	Denver	80219	303-936-2688
Denver Regional Council of Governments Area Agency On Aging	1290 Broadway St.	Denver	80203	303-480-6700
Easter Seals (Steve Vestal Center)	5755 West Alameda Ave	Lakewood	80226	303-233-1666
Evergreen Chamber of Commerce	28065 Hwy 74 (Main Street)	Evergreen	80439	303-674-3412
Evergreen Christian Outreach	Hwy 74 Downtown	Evergreen	80439	303-670-1796
Food Stamps/Jefferson County Human Services	900 Jefferson County Parkway	Golden	80401	303-271-1388
Jeffco Action Center	8755 West 14th Avenue	Lakewood	80215	303-237-7704
Low-income Energy Assistance Program (LEAP)/Jefferson County Human Services	900 Jefferson County Parkway	Golden	80401	303-271-1390
Low-income Telephone Assistance (LITAP)/Colorado Public Utilities Commission	789 Sherman Street, Suite 440	Denver	80203	800-782-0721
Medicare Savings including QMB, SLMB, QI 1/Jefferson County Human Services	900 Jefferson County Parkway, Room 110	Golden	80401	303-271-1388
Mile High United Way Helpline	2505 18th Street	Denver	80211	303-433-8900
National Kidney Foundation of Colorado, Montana, Wyoming	3151 So. Vaughn Way, Suite 505	Aurora	80014	720-748-9991
Old Age Pension (OAP)/Jefferson County Human Services	900 Jefferson County Parkway, Room 110	Golden	80401	303-271-1388
Options for Long-term Care (Home Care Allowance, Nursing Homes, etc.)/Jefferson County Human Services	3500 Illinois Street, Suite 1100	Golden	80401	303-271-4707
Social Security includes SSA, SSI, SSDI/U.S. Social Security Administration	13151 Alameda Parkway	Lakewood	80228	800-325-0078

Appendix C: Jefferson County Council on Aging, Focus Group Input Regarding Basic Needs, March 2009

Feedback was solicited from the Jefferson County Council on Aging (JCCOA) at a focus group session on March 12, 2009. Questions were developed by the project consultant in conjunction with the workgroup members. Below are the results from the focus group session that are applicable to this particular report. Due to time constraints, additional questions on "trends" and "accessing/finding services" were put into an online survey (See Appendix D) for JCCOA members.

Basic Needs – Edie Richey told the group basic needs involves access to services, information & referral, public safety, income and financial support, food and legal services.

As you get older, what kinds of things do you want your community to do so you can maintain your independence for as long as possible?

Responses/Input

1. Making the roads safer so people can drive.

2. There are some neighbors helping neighbors already happening – but need to expand options available for personal care.

3. Increase and expand emergency funds for older adults (and not just for the homeless) – most available emergency funds are designated for women and children.

4. More senior high rise food banks that bring food TO the buildings.

5. Increase availability and funding for reasonably-priced home maintenance for seniors such as cleaning gutters, snow removal.

6. More volunteers needed to assist seniors with home maintenance needs.

What contributes to your personal sense of safety?

Responses/Input

1. Lighting, lighting, lighting – should meet fine line between not offending neighbors while keeping people safe, in public parking lots, at bus stops, lack of lighting may be due to existing codes as well as lack of money – not in my back yard mentality also.

2. Improve ability of seniors to contact someone quickly if help is needed - some buy monitoring services – many cannot afford.

3. Need Senior Liaison Officer in each city police department – someone who concentrates on senior communities.

4. Provide education and do in-home assessments on fall prevention (both inside and outside of home – sidewalks, lighting, etc) – could county fund? Or could county work with others (e.g., West Metro, foundations, DRCOG) to develop grants to do home safety?

Appendix D: Results of Survey of Jefferson County Council on Aging Members Regarding Basic Needs, April and May 2009

If you were looking for senior services in Jefferson County, for you or for your parents, briefly describe where you would start.

1. Seniors Blue Book, Jeffco Commission on Aging, Seniors Resource Center, Clements Community Center.

2. Seniors' Resource Center, the Blue Book, call my colleague.

3. Clements Center.

4. Call Health and Human Services Adult Protective Service, JCCOA (Jefferson County Council on Aging).

5. I would probably look to Jefferson County Human Services for resources or to a senior center.

6. Medical office and senior recreation facilities.

7. I would start with the Area Agency on Aging. I would then do some sort of Google search asking for the specifics of what I wanted. I would also contact Seniors' Resource Center for information.

8. I would start with Seniors' Resource Center. I would ask for information and referral possibly leading to what I need.

9. Most likely I would need services because of a medical event so the doctor or staff would be first. I also know Seniors' Resource Center has a wonderful resource library and care managers to navigate the system.

10. On Line or Yellow Pages.

11. I would start by calling Seniors' Resource Center; they have comprehensive programs and services, and connections to other organizations.

12. Seniors' Resource Center.

13. Blue Book, Seniors' Resource Center, Jefferson County Human Services.

14. Contact Seniors' Resource Center.

15. Either call Seniors' Resource Center or look in the Blue Book. I might call 211.

16. It would depend on the type of service needed. Seniors' Resource Center has a broad base of services so I would probably check with them first.

17. Blue Book - if it still exists.....Senior newspapers.

18. Senior Blue Book or contacts I have in the community. I am familiar with quite a few resources and would contact the agencies I am familiar with.

19. Seniors' Resource Center.

20. The Internet. Seniors' Resource Center. Primary Care Physician.

21. I am a mountain community resident, and I would begin with the Seniors' Resource Center. I would also begin to attend my local caregiver support group.

Appendix D: Results of Survey of Jefferson County Council on Aging Members Regarding Basic Needs, April and May 2009, *Continued*

As you get older, what kinds of things do you want your community to do so you can maintain your independence for as long as possible? [Can select more than one]

	Response Percent	Response Count
Make roads safer	0.0%	0
Expand options for neighbors to help each other	50.0%	9
Expand personal care options	38.9%	7
Increase availability of emergency funds for older adults	22.2%	4
More food banks bringing food directly to senior buildings	0.0%	0
Increase affordable home maintenance services for seniors	55.6%	10
Increase volunteers helping seniors with home maintenance	11.1%	2
Other	11.1%	2
Answered question		18
Skipped question		3

What contributes to your personal sense of safety? [Can select more than one]

	Response Percent	Response Count
Good lighting, especially in public places	53.0%	7
Ability to contact emergency help quickly if needed	60.0%	12
Availability of a Senior Liaison Police Officer I could contact	15.0%	3
Knowing how to prevent falls	10.0%	2
Other	10.0%	2
Answered question		20
Skipped question		1

Appendix D: Results of Survey of Jefferson County Council on Aging Members Regarding Basic Needs, April and May 2009, *Continued*

What kinds of concerns, if any, do you have about outliving your money?

1. I have no children and do not want to be a burden to my siblings or nieces and nephews.

2. Lots.

3. Providing enough $ to care for disabled daughter.

4. I think that we did not make good decisions when we were younger and now won't have enough money to keep our present home. After seeing a story on TV last night about SS (Social Security) shortfall, I wonder how we will be able to afford to live or how we will pay for medical needs. My children live far away, I wonder if we will be able to afford to visit them.

5. I always want to be able to contribute to the needs of my community: I need to plan to make the resources last.

6. Where would I live? Would I have adequate health care coverage?

7. What happens to me when it is all gone? Who and what can I do. Needing help at a fragile time in a senior's life can be devastating.

8. I am concerned; while I have planned for retirement, personal circumstances and the economy have made it pretty certain that I will outlive my nest egg. And I don't believe that Social Security will be enough to live on, when that time comes.

9. The economy has made a huge impact on investments, - how long will it take to recover.

10. Unknown.

11. Decreased life quality.

12. I am VERY fearful that my social security won't be enough for an adequate quality of life.

13. I will try to work in some capacity until I die. Work is good for the mind and soul but employers will need to modify jobs.

14. None.

15. Many, I expect this will happen and it scares me.

16. It is the unknown that is of greatest concern. Will I have enough money?

17. How will I survive without money?

18. Lots - I am divorcing right now!

Briefly describe any difficulties you have experienced with getting legal help, if any, as you have gotten older.

1. Pretty expensive to get legal advice!!

2. Knowing reputable agencies, understanding legalease.

3. Where to go.

4. None (4 respondents).

5. Who cares? Will get back with you and then you are old so you have no right to complain.

6. Unknown.

7. Legal help is expensive and, mostly, unavailable.

8. None.....available if can pay for it.

What would you do if you found the services you needed, but were told there was a 3 to 6 month wait before you could get them (due to a waiting list for those services)?

1. Get the best in-home care that I could find - - with references from 2 or 3 sources.

2. I would call around to see if there were other alternatives.

3. Ask if there were alternatives or someone else/another agency to talk to.

4. I would file a complaint everywhere I could think of.

5. Go back to the drawing board with the family to see what we could do in the mean time. Perhaps looking for services that we could pay for the short term. If that didn't work, have the parent(s) move in with one of the family for the short term.

6. Wish I had planned sooner.

7. I would try to find a way to move ahead on the waitlist and/or go to a different provider.

8. I would ask if there were other agencies that can be recommended, if not please put me on the list if there are any cancellations.

9. If it were critical to have the service, I would need to look for other resources. Most of these would come with a cost. If I couldn't afford or I couldn't access, I would have to see if my family could help in some way.

10. I would be very disappointed and call my County Commissioners and make an appointment to see them.

11. I would put my name in for the wait list, but would continue to look for services elsewhere.

12. Ask to be on the waiting list.

13. Try to find other services.

14. Ask where to look elsewhere.

15. I might give up looking. I would feel very disappointed and, possibly, angry.

16. I would improvise by developing my own transportation program or advocate.

17. Get in the line.....not fair to try to "end run" the wait.

18. Feel frustrated and sad as that happens too often. Look to see if there is another agency offering similar services. Explore temporary options.

19. Rely on friends and family for assistance.

20. I would go the Emergency Room. If there were an outpatient Palliative Care Program it would help reduce the "frequent flyer" traffic of people going to the ER for non-emergent treatment. Palliative Care would provide pain and symptom management to those with a terminal illness who wait too long to seek medical treatment, then crash and go to the ER where they again experience a long wait.

21. I would likely try to do without, as my budget is tight, and I would not be able to private pay. In fact, this is what I did several years ago, when my mother lived with me, and the types of things we needed for support were not available. She instead suffered poorer health and poorer mental health as a result. If I needed medical help, it was a trip to urgent care or an ambulance, as she was not able/willing to get into a car, ride to a doctor, walk to the doctor, endure the appointment and go home again. We could have REALLY benefitted from in home, long-term support for her breathing, pain, depression and constipation difficulties.

On-Line Survey was designed and administered by Sue Bozinovski, Ph.D., Bozinovski & Associates, Inc., Jefferson County Aging Well Project Consultant

Strategic Plan For 2011 through 2015

GOAL 1 – Strengthen the disaster response capacity of senior and disabled community members in Jefferson County

OBJECTIVE 1 Provide disaster preparedness support to long-term care and senior living facilities in Jefferson County

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Provide training and education in disaster preparedness and response to the leadership staff of long-term care facilities as applicable or as requested	Jefferson County Emergency Management, Jefferson County Public Health Emergency Preparedness and Response Division	Jefferson County Aging and Adult Services, Jefferson County D.A.'s Office, Adult Protection, Colorado Ombudsman Office, Jefferson County Human Services, Seniors' Resource Center (SRC), Red Cross, Salvation Army	Existing training sessions and maps of long-term care facilities already prepared by County Emergency Manager's Office	Increased disaster response and recovery capacity for staff and residents in long-term care facilities Increased number of emergency preparedness and response plans in long-term care facilities throughout the county	December 2011 and Ongoing
2. Follow up annual trainings with facility-based guidance related to plan development, staff training, and plan exercising and drills as applicable or as requested	Jefferson County Emergency Management, Jefferson County Public Health Emergency Preparedness and Response Division	Jefferson County Aging and Adult Services, Jefferson County D.A.'s Office, Adult Protection, Colorado Ombudsman Office, Jefferson County Human Services, Seniors' Resource Center, Red Cross, Salvation Army	Jefferson County Public Health Emergency Planning and Response Division's sheltering plan for special needs populations	Annual updates of emergency preparedness plans Increased facility competence with planned and practiced response procedures	June 2012 and Ongoing

OBJECTIVE 2 Provide disaster preparedness support to senior community members living independently in Jefferson County

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Provide disaster preparedness training and education for senior and disabled community members in senior centers, community centers, or local agencies as applicable or as requested	Jefferson County Emergency Management and Jefferson County Public Health Emergency Preparedness and Response Division	Jefferson County Aging and Adult Services, Jefferson County D.A.'s Office, Adult Protection, Colorado Ombudsman Office, Jefferson County Human Services, Seniors' Resource Center, Red Cross, Salvation Army	Developed training and educational materials, access to center/agency participants, interest shown by center/agency participants	Potential increase in disaster response and recovery capacity for senior community members in Jefferson County	September 2011 and Ongoing
2. Distribute basic disaster preparedness literature to senior and disabled community members through agencies and programs serving these populations	Jefferson County Emergency Management and Jefferson County Public Health Emergency Preparedness and Response Division	Jefferson County Aging and Adult Services, Jefferson County D.A.'s Office, Adult Protection, Colorado Ombudsman Office, Jefferson County Human Services, Seniors' Resource Center, Red Cross, Salvation Army	Jefferson County Emergency Preparedness Guide and various resources through the Jefferson County Emergency Manager's Office and Red Cross	Increase in disaster preparedness and response education and knowledge for community members in county	September 2011 and Ongoing

GOAL 2 - Provide adequate nutrition resources to meet the needs of the growing older adult population in Jefferson County

OBJECTIVE 1 Increase the number of drop off sites for commodity and food pantry boxes in southern part of county

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Develop plan with partners for creating two new drop off sites for commodity and food pantry boxes in Lakewood and south Jefferson County	Food Bank of the Rockies	Jefferson County Human Services, Love Inc. of Littleton, CO, Volunteers of America	Love Inc. of Littleton, CO, Colorado Department of Human Services	Written plan for creating two new drop off sites	March 2011
2. Secure more caseload through Jefferson County Human Services for new drop off sites	Food Bank of the Rockies	Jefferson County Human Services, Love Inc. of Littleton, CO, Volunteers of America	Love Inc. of Littleton, CO, Colorado Department of Human Services	Identification of two specific areas with large potential clientele for new drop off sites	June 2011
3. Finalize site locations for new drop off sites	Food Bank of the Rockies	Jefferson County Human Services, Love Inc. of Littleton, CO, Volunteers of America	Love Inc. of Littleton, CO, Colorado Department of Human Services	Agreement among partners on location of two new drop off sites	January 2012
4. Establish dates and times for delivery with new drop off sites	Food Bank of the Rockies	Jefferson County Human Services, Love Inc. of Littleton, CO, Volunteers of America	Love Inc. of Littleton, CO, Colorado Department of Human Services	One additional site in far south Jefferson County and one additional site in Lakewood	June 2012

OBJECTIVE 2 Increase participation by targeted individuals throughout the county in the congregate nutrition program

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Develop plan to revise congregate nutrition services provision	Volunteers of America (VOA)	Faith-based agencies, Denver Regional Council of Governments (DRCOG), Town of Littleton Cares (TLC) Meals on Wheels	Senior centers in municipalities, faith-based organizations throughout the county	Plan is available for implementation	December 2011
2. Develop mobile dining center/nutrition education outreach demonstration unit	VOA	Faith-based agencies, DRCOG, TLC Meals on Wheels	Senior centers in municipalities, faith-based organizations throughout the county	Demonstration unit is developed	July 2012
3. Schedule and conduct demonstration dining centers in potential host agency facilities	VOA	Faith-based agencies, DRCOG, TLC Meals on Wheels	Senior centers in municipalities, faith-based organizations throughout the county	New centers and schedules are assessed	December 2012
4. Develop new program service plan for consideration and approval by Jefferson Council on Aging (JCCOA) and DRCOG's Area Agency on Aging (AAA)	VOA	Faith-based agencies, DRCOG, TLC Meals on Wheels	Senior centers in municipalities, faith-based organizations throughout the county	Hours and days of operation of dining centers in Jefferson County are revised to meet budgeted goals with required approvals	December 2013
5. Fully implement new program service plan – with emphasis on collaborative programming with other service providers	VOA	Faith-based agencies, DRCOG, TLC Meals on Wheels	Senior centers in municipalities, faith-based organizations throughout the county	Distribution of dining centers is changed to maximize service to targeted individuals and to meet budgeted goals	July 2015
6. Review plan as needed and make recommendations for improvement	VOA	Faith-based agencies, DRCOG, TLC Meals on Wheels	Senior centers in municipalities, faith-based organizations throughout the county	Changes can be made regularly to future plans for increasing program participation	December 2015 and Ongoing

OBJECTIVE 3 Increase the public's awareness of food assistance resources and unmet nutritional needs among the older adults in the county					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Compile current information	VOA	JCCOA, Jeffco Action Center, DRCOG	DRCOG database	Information is available in one place	December 2011 and Ongoing
2. Determine format for distribution venue, e.g., print, electronic, website	VOA	JCCOA, Jeffco Action Center, DRCOG	DRCOG database	Agreed upon distribution format is selected	December 2011 and Ongoing
3. Distribute information annually	VOA	JCCOA, Jeffco Action Center, DRCOG	DRCOG database	Information distributed annually to hospitals, care centers, recreation centers, senior centers and senior housing facilities	April 2012 and Ongoing
4. Encourage all food resources to submit their information to the DRCOG Network of Care Website	VOA	JCCOA, Jeffco Action Center, DRCOG	DRCOG database	All relevant entities are included in materials for distribution	January 2011 and Ongoing
5. Develop stories for publicity through the local media	VOA	TLC of Littleton, Project Angel Heart, DRCOG, JCCOA	DRCOG—Title III funding, private foundations such as Rose Community Foundation, private corporations, city and county grants	Wait list for food resources will be 3 months or less	January 2012 and Ongoing
OBJECTIVE 4 Expand Volunteers of America's (VOA) Market Basket Program in Jefferson County					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Develop plan for providing more Market Baskets throughout the county	VOA	DRCOG, JCCOA, Jefferson County Human Services	DRCOG-Title III funding, Jefferson County/city grants, private foundation grants	Plan for implementation	December 2012
2. Implement plan for providing more Market Baskets throughout the county	VOA	DRCOG, JCCOA, Jefferson County Human Services	DRCOG—Title III funding, Jefferson County/city grants, private foundation grants	20% of the clients on the Jefferson County Meals on Wheels program will be receiving the Market Basket	December 2013
OBJECTIVE 5 Organize and coordinate distribution of fresh produce from community garden sites throughout the county					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Contact municipalities, the faith community, and other non-profit organizations in the county to identify active garden sites	Together Church of Golden	Denver Urban Gardens, municipalities w/in Jefferson County, faith community, and non-profit organizations, Agriburbia	Distribution through: food banks w/in the county, VOA – Meals on Wheels and dining centers, Jeffco Action Center	List of active garden sites	August 2011 and Ongoing
2. Meet with potential partners to discuss and determine funding needs, if any, and communication and distribution venues	Together Church of Golden	Denver Urban Gardens, municipalities w/in Jefferson County, faith community and non-profit organizations, Agriburbia	Distribution through: food banks w/in the county, VOA – Meals on Wheels and dining centers, Jeffco Action Center	Partners agree upon and document parameters of project	December 2011 and Ongoing
3. Distribute fresh produce	Together Church of Golden	Denver Urban Gardens, municipalities w/in Jefferson County, faith community and non-profit organizations, Agriburbia	Distribution through: food banks w/in the county, VOA – Meals on Wheels and dining centers, Jeffco Action Center	Distribution of fresh produce to the older adult population from at least 4 community garden sites	Summer 2012 and Ongoing

OBJECTIVE 6 Maintain advocacy efforts focused on increasing financial resources to accommodate the growing need for nutritional services					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Continue the annual VOA legislative lunches to inform representatives and senators about senior nutritional needs	DRCOG, Volunteers of America (VOA)	JCCOA, TLC Meals on Wheels	Contact information of all state, city and county officials, Volunteers of America, TLC Meals on Wheels	Legislators understand strengths and gaps in senior nutrition resources	January 2011 and Ongoing
2. Participate w/ DRCOG Lobbyist and CO Senior Lobbyist in writing stories distributed weekly to legislators at the state capitol	DRCOG, VOA	JCCOA, TLC Meals on Wheels	Contact information of all state, city and county officials, Volunteers of America, TLC Meals on Wheels	Four stories with pictures of Jefferson County Meals on Wheels participants presented to DRCOG Lobbyist each year	January 2011 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)	DRCOG, VOA	JCCOA, TLC Meals on Wheels	Contact information of all state, city and county officials, Volunteers of America, TLC Meals on Wheels	Invitations sent and commitment to participate by 50% of elected officials in delivering meals or serving in dining center	January 2011 and Ongoing
4. Establish an email campaign for governor and state, county and city officials regarding good nutrition especially for seniors	DRCOG, VOA	JCCOA, TLC Meals on Wheels	Contact information of all state, city and county officials, Volunteers of America, TLC Meals on Wheels	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	July 2011 and Ongoing

GOAL 3 – Assure older adults will receive adequate financial resources to meet their basic needs

OBJECTIVE 1 Increase knowledge among organizations and targeted populations in the community about programs that are already available					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Create and send out mailings to organizations (i.e., all senior centers, senior housing complexes and physician offices) as to what is available in the community and changes in resource limits	St. Anthony Hospitals Health Passport	Seniors' Resource Center, JCCOA, Volunteers of America, AARP	Logos from main partners to strengthen the message, Jefferson County Human Services, Seniors' Resource Center (SRC)	Increased awareness from agencies that work with target population	March 2011 and Ongoing
2. Mail out 1st mailing	St. Anthony Hospitals Health Passport	Seniors' Resource Center, JCCOA, Volunteers of America, AARP	Jefferson County Human Services, Seniors' Resource Center	Increased awareness from agencies that work with target population	March 2011
3. Mail out 2nd mailing	St. Anthony Hospitals Health Passport	Seniors' Resource Center, JCCOA, Volunteers of America, AARP	Jefferson County Human Services, Seniors' Resource Center	Increased awareness from agencies that work with target population	August 2011
4. Mail out 3rd mailing with information on upcoming Part D Open Enrollment	St. Anthony Hospitals Health Passport	Seniors' Resource Center, JCCOA, Volunteers of America, AARP	Jefferson County Human Services, Seniors' Resource Center	Increased awareness from agencies that work with target population	October 2011
5. Mail out 4th mailing	St. Anthony Hospitals Health Passport	Seniors' Resource Center, JCCOA, Volunteers of America, AARP	Jefferson County Human Services, Seniors' Resource Center	Increased awareness from agencies that work with target population	April 2012
6. Mail out 5th mailing with information on upcoming Part D Open Enrollment	St. Anthony Hospitals Health Passport	Seniors' Resource Center, JCCOA, Volunteers of America, AARP	Jefferson County Human Services, Seniors' Resource Center	Increased awareness from agencies that work with target population	October 2012

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
7. Mail out 6th mailing	St. Anthony Hospitals Health Passport	Seniors' Resource Center, JCCOA, Volunteers of America, AARP	Jefferson County Human Services, Seniors' Resource Center	Increased awareness from agencies that work with target population	April 2013
8. Design a mailing format to send to targeted resident populations promoting the Medicare Part D program as a financial savings	St. Anthony Hospitals Health Passport	Jefferson County Human Services, Seniors' Resource Center	Jefferson County Human Services, Seniors' Resource Center	To have an eye-catching message that will be understood by target population	June 2011 and Ongoing
9. Use three different formats to increase interest	St. Anthony Hospitals Health Passport	Jefferson County Human Services, Seniors' Resource Center	Jefferson County Human Services, Seniors' Resource Center	To have an eye-catching message that will be understood by target population	June 2011
10. Format 1, designed and mailed	St. Anthony Hospitals Health Passport	Jefferson County Human Services, Seniors' Resource Center	Jefferson County Human Services, Seniors' Resource Center	To have an eye-catching message that will be understood by target population	August 2011
11. Format 2, designed and mailed	St. Anthony Hospitals Health Passport	Jefferson County Human Services, Seniors' Resource Center	Jefferson County Human Services, Seniors' Resource Center	To have an eye-catching message that will be understood by target population	September 2011
12. Format 3, designed and mailed	St. Anthony Hospitals Health Passport	Jefferson County Human Services, Seniors' Resource Center	Jefferson County Human Services, Seniors' Resource Center	To have an eye-catching message that will be understood by target population	October 2011
13. Research resources (newspapers, local advertising) to help spread the message	St. Anthony Hospitals Health Passport	Transcript, Channel 8, KBNO, hair salons, beauty colleges	St. Anthony Hospitals Health Passport Links, Love Inc., faith-based organizations, LEAP, VOA, SRC	To find best venue to reach target population	August 2011
14. Run ad in all local publications bi-monthly	Seniors' Resource Center	Transcript, local publications, church bulletins	Logos of partners, St. Anthony Hospitals Health Passport, Love Inc., faith-based organizations, LEAP, VOA, SRC	Keep the message fresh in eyes of target population	September 2011
OBJECTIVE 2 Increase access to application sites for financial assistance					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Continue to use current application sites (Human Services (2) and CAA (Certified Application Assistance) site at CMM (Colorado Mills Mall, Space 134) and Seniors' Resource Center	St. Anthony Hospitals Health Passport	Jefferson County Adult Financial and Medical Assistance	Jefferson County Human Services, Seniors' Resource Center	Provide needed services	March 2011
2. Increase number of CAA (Certified Application Assistance) sites in populated areas	St. Anthony Hospitals Health Passport	Love Inc., faith community, LEAP, Meals on Wheels, Seniors' Resource Center	St. Anthony Hospitals Health Passport, Love Inc., faith-based organizations, LEAP, SRC, Jefferson County Human Services	To get sites into more areas where target population lives	August 2012 and Ongoing
3. Research use of Jefferson County Human Services offices for BCU (Benefits CheckUp) screenings and application assistance	Jefferson County Human Services	St. Anthony Hospitals Health Passport Links	Jefferson County Human Services, SRC	To increase target populations' knowledge about available programs	May 2011

OBJECTIVE 3 Form new partnerships in the community related to accessing financial assistance					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Contact and follow up with potential partners (mailings, phone calls and visits)	St. Anthony Hospitals Health Passport	Senior High Rises, Senior Agencies, VA Services, faith-based organizations, Love Inc., housing authorities	Senior High Rises, Senior Agencies, VA Services, faith-based organizations, Love Inc., housing authorities, Jefferson County Human Services, SRC	More partners in referral network	July 2011
2. Look at other agencies that may be partners	St. Anthony Hospitals Health Passport	MS Society, Parkinson's Society, Senior High Rises, Senior Agencies, VA Services, faith-based organizations, Love Inc., housing authorities, Jefferson County Human Services, Alzheimer's Association, SRC, Public Libraries	MS Society, Parkinson's Society, Senior High Rises, Senior Agencies, VA Services, faith-based organizations, Love Inc., housing authorities, Jefferson County Human Services, SRC	A county-level interactive referral network that makes thorough use of DRCOG's Network of Care	May 2012
OBJECTIVE 4 Identify additional funding sources for providing financial assistance to county residents					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Lobby for seed money to have a staff grant writer	Jefferson County Human Services	St. Anthony Hospitals Health Passport Links, Seniors' Resource Center	Jefferson County Human Services, Seniors' Resource Center, St. Anthony Hospitals Health Passport Links	Jefferson County Human Services staff on hand to do grant writing as needed between various projects	September 2011
2. Seek out grants and write proposals pertinent to Financial/Medical Assistance that target populations in need	Jefferson County Human Services	St. Anthony Hospitals Health Passport Links, Seniors' Resource Center	Jefferson County Human Services, Seniors' Resource Center, St. Anthony Hospitals Health Passport Links	Create a financial base to help fund mailings, staff to enter application data, fill out forms	December 2011

GOAL 4 - Provide adequate legal resources to meet the basic needs of older adults in Jefferson County for civil legal services and for senior-specific services from the criminal justice system

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

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	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)	Adult Protective Services Unit of Colorado Department of Human Services, Colorado Legal Assistance Developer	First Judicial District Attorney's Office & Colorado Legal Services, Colorado Department of Human Services – Aging & Adult Services (including Adult Protective Services), National Center on Elder Abuse (NCEA) and U.S. Administration on Aging	Additional funds to come to states as a result of the passage of The Elder Justice Act, coupled with personnel of partner agencies	Provide additional funding for collaborative efforts to address elder abuse and financial exploitation	June 2011
2. Secure increased funding from federal, State of Colorado and local agencies for legal services for older adults in Jefferson County	Colorado Human Services, State Unit on Aging (SUA)	U.S. Administration on Aging Older Americans Act funding, Area Agencies on Aging, Colorado Legal Assistance Developer, Colorado Legal Services	Existing personnel of partnering agencies	Provide additional resources for the provision of legal services to older adults in Jefferson County	June 2011
3.Investigate possibilities for securing increased funding from federal Older Americans Act programs	Colorado Human Services, SUA	U.S. Administration on Aging Older Americans Act funding, Colorado Department of Human Services, Area Agencies on Aging, Colorado Legal Assistance Developer, Colorado Legal Services	Existing personnel of partnering agencies	Provide additional resources for the provision of legal services to older adults in Jefferson County	June 2011
4. Investigate possibilities for securing increased funding from local agencies	Denver Regional Council of Governments	Area Agencies on Aging (16 Colorado regions), Colorado Commission on Aging and others	"Track record" of partnering agencies	Provide additional legal services to older adults in Jefferson County and eliminate waiting list for legal services for older adults in Jefferson County	July 2012

OBJECTIVE 2 Increase awareness of issues that have a legal component that affect older adults in Jefferson County					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Initiate community education programs and seminars for older adults that highlight legal issues that affect them, e.g., financial exploitation, identity theft, end-of-life issues, financing long-term care and accessing public benefits	Colorado Legal Assistance Developer	Colorado Legal Services, Jefferson County Bar Association,1st Judicial District Bar Association Legal Assistance Program, JCCOA	Commitment of existing personnel in partnering agencies	A better educated population of older adults in Jefferson County that is aware of its legal rights, remedies and responsibilities	December 2012 and Ongoing
2. Forge a committee of civil/criminal representatives to develop a "Jefferson County Senior Law Day" to provide information, both civil and criminal, for older adults in Jefferson County	Jefferson County Bar Association	1st District Attorney's Office, Jefferson County Council on Aging, Colorado Legal Assistance Developer, Colorado Legal Services	Existing personnel of partnering agencies	Provide legal information and protection concerning issues that affect older adults; familiarize older adults with legal resources, both public and private; provide a greater bridge within Jefferson County between legal resources and older adults	December 2011 (with possibility of yearly recurrence)
3. Solicit funding from the public and private sector, including "in-kind" contributions of meeting space, refreshments, etc. to support Senior Law Day	Jefferson County Bar Association	Jefferson County 1st District Attorney's Office, Jefferson County Council on Aging, Colorado Legal Assistance Developer and Colorado Legal Services	Existing personnel of partnering agencies	Support for "Senior Law Day"	December 2010 (with possibility of yearly recurrence)
4. Arrange for a date, host location, speakers and exhibitors for Senior Law Day, in conjunction with other public and private agencies that work with older adults in Jefferson County	Jefferson County Bar Association	1st District Attorney's Office, Jefferson County Council on Aging, Colorado Legal Assistance Developer and Colorado Legal Services	Existing personnel of partnering agencies	Establish "Jefferson County Senior Law Day" as an annual event	Spring 2011 (with possibility of yearly recurrence)
OBJECTIVE 3 Provide adequate legal resources to meet the basic needs of older adults in Jefferson County for senior-specific services from the criminal justice system					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Develop and implement a "Senior Crimes Unit" within the Jefferson County District Attorney's Office to provide uniquely formulated services for older adults who have become victims of crime	District Attorney's Office	Adult Protective Services Unit of Jefferson County Department of Human Services, civil legal resources, Jefferson County law enforcement agencies	Jefferson County funding, Justice Assistance Grant	Have District Attorney's Office staff that understand the unique life circumstances of older adults and the distinct effect of victimization upon them Provide staff that can relate to the life issues of older adults and bring a greater awareness on the part of older adults to enlist their cooperation in the process of prosecuting crimes against vulnerable adults by building a relationship of trust among the various parties	February 2011

Strategic Plan For 2016 Through 2030

GOAL 1 - The Basic Needs Strategic Plan for Aging Well is implemented and reflects changing older adult and community needs over time

OBJECTIVE 1 Continue the Basic Needs group to evaluate the status of, and update, the Strategic Plan for Aging Well for Basic Needs

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Reassess needs of seniors and update strategic plan	JCCOA Needs Assessment Committee	VOA-Nutrition Program, SRC, St. Anthony's Health Passport, Jefferson County Human Services, Legal Assistance Developer, District Attorney's Office or law enforcement representative, Emergency Preparedness Office representative, City of Lakewood Older Adult Program Director	2016	Ongoing-annual review	The committee felt that because the senior population is growing, and the basic needs of those seniors could change rapidly, it is necessary that we make a commitment to review annually
2. Review strategic plans jointly amongst agencies involved	JCCOA Needs Assessment Committee	VOA-Nutrition Program, SRC, St. Anthony's Health Passport, Jefferson County Human Services, Legal Assistance Developer, District Attorney's Office or law enforcement representative, Emergency Preparedness Office representative, City of Lakewood Older Adult Program Director	2016	Ongoing-annual review	

GOAL 2 – Jefferson County's older residents can find and easily access multi-purpose centers that meet a variety of needs based out of the same location

OBJECTIVE 1 Develop a county, non-profit "Life" Center providing recreation, a Café/dining, and classroom space for older residents and their families

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Develop a partnership with appropriate non-profit agencies and city and county officials to plan the Center	Jefferson County Human Services, Jefferson County Council on Aging (JCCOA)	Volunteers of America (VOA), Seniors' Resource Center (SRC), Apex Park & Recreation, Jeffco Action Center, St. Anthony's Health Passport, Health SET, Visiting Nurses, city and county planners, DRCOG, City of Lakewood Older Adult Program, Legal Assistance Developer	2016	2016 and Ongoing	Planning work could begin years before anticipated opening of new "Center" All of this could be done earlier than these dates
2. Apply for grants and other financial aid to build the Center	Jefferson County Human Services, JCCOA	Caring for Colorado, Colorado Trust, Rose Community Foundation, VOA, SRC, Apex Park & Recreation, Jeffco Action Center, St. Anthony's Health Passport, Health SET, Visiting Nurses, city and county planners, DRCOG, City of Lakewood Older Adult Program, Legal Assistance Developer	2016	2016 and Ongoing	Applications for grants could be submitted earlier than these dates if resources come together
3. Find land for the project near good transportation	Jefferson County Human Services, JCCOA	Caring for Colorado, Colorado Trust, Rose Community Foundation	2016	2016	Ongoing
4. Set up recreation that includes classroom space, walking track, and swimming pool	Jefferson County Human Services, JCCOA	Apex, City of Lakewood Older Adult Program	2016	2020	Ongoing
5. Set up The Café and dining center in same area	Jefferson County Human Services, JCCOA	VOA, Red Rocks Community College-- Chef program, DRCOG	2016	2020	Ongoing

Aging Well In Jefferson County, Colorado

Caregiving & Supportive Services

Aging Well In Jefferson County, Colorado

Caregiving & Supportive Services

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Introduction

The availability of affordable supportive services for both seniors and their caregivers is critical to the creation and maintenance of age-friendly communities. Services such as support groups for caregivers, low-cost or free repairs to an elder's home, and adult day centers add an element to the community that will become increasingly important as the number of older people grows throughout Jefferson County. The report below offered by the Aging Well Caregiving & Supportive Services Workgroup provides an overview of the key trends, resources, strengths, assets, gaps and ideas for future priorities.

Short-term and long-term strategic plans will follow the report and were developed in the second year of the project. ◆

Process

The Caregiving & Supportive Services Workgroup met from October of 2008 through June of 2010 to develop this report. Over several sessions, the group discussed the nature of its topic, and decided upon the most relevant areas to examine in further detail. Supportive Services could be a limitless topic, so after much discussion the workgroup compared an extensive list of supportive services to the topics covered by the other Aging Well workgroups. With a focus on the caregiver's needs, and what supportive services were not captured by the other workgroups, discussions led to the identification of the following subtopics, as the most crucial elements to the success of the caregiver.

1. Home Maintenance and Repair
2. Care Management
3. Adult Day Centers
4. Respite Facility Care, in Assisted Living Facility or Nursing Home
5. Non-Medical In-Home Care, including In-Home Respite Care
6. Support Groups and Counseling for Caregivers
7. Working Caregiver Issues
8. Electronic Monitoring and Personal Emergency Response Systems

We want to enhance the quality of life for both older residents, as well as for those who care for them.

Aside from the subtopic, Working Caregiver Issues, all the subtopics span the population of caregivers at large. Working Caregiver Issues was added because the workgroup felt there was a significant platform in place for future work in supporting a large population of caregivers.

Subtopics were assigned to members of the workgroup who had expertise in that area. All workgroup members had been employed in agencies providing caregiving or supportive services for several years. Discussions took place throughout the course of the group meetings, and both gaps and trends for each of the subtopics were discussed with the whole group.

Toward the end of the first year, the group gained an intern through a retraining program with Jefferson County Workforce. He conducted telephone calls and emails, and did Internet research on some of the subtopics. Those within the workgroup who covered Respite Facility Care, Care Managers, Adult Day Centers, and Support Groups and Counseling for Caregivers, utilized the intern to varying extents. The designated expert covering the workgroup subtopic, and the group (as a whole) discussed the data to be collected by the intern. A set of data needs was agreed upon by the group, for the intern to cover in talking with each identified source. In some cases, Internet research was also done by the intern. Questions were also posed to the Jefferson County Council on Aging, to identify gaps and needs from another perspective, and to solicit creative ideas (See Appendix B).

In the subtopics of Home Maintenance and Repair, In-Home Care, and Respite Facility Care, the experts who were designated conducted the research themselves. They did Internet research, conducted information sharing sessions with the whole of the workgroup, and called known community resources to ascertain a prescribed data set. Those data sources appear in the spreadsheets attached (See Appendices D, E, F, G, and H).

In the case of Electronic Monitoring and Personal Emergency Response Systems, service availability for Jefferson County residents was already known by the group. Minimal research was needed, and that data was easily compiled.

Sources of information consisted of Internet search sites, agency/organization websites, other known resource databases in the community (e.g. Jefferson County Human Services Resource Directories, DRCOG/Area Agency on Aging Directory, State Provider lists, etc.), known contacts within the field, newsletters, and direct providers

themselves (telephone calls or email communications). The Care Manager data set was pulled from The National Association of Care Managers registry. There are some care managers who are not registered, as there is no licensure or registration requirement in Colorado. To capture unregistered care managers, data was also pulled from The Senior's Blue Book Resource Directory (See Appendix C).

In placing telephone calls or emails, attempts were made to ensure the person who was being asked to provide information was knowledgeable on the service provided. For example, the contact person for most nursing facilities was the Admissions Coordinator, though on occasion, someone in the Social Work Department or Billing Department provided the needed information.

The core lists of providers for non-medical in-home care agencies, adult day centers, assisted living facilities, and nursing facilities came from state databases (See Appendices E, G, H, and I). Their lists were sufficient to represent the vast majority of providers in Jefferson County. As a result, there may be some un-registered, private-pay agencies or facilities that were not represented in these data sets. The number of providers that may not have been represented is not believed to be significant in determining potential gaps.

There also may have been some care management providers that were not members of the national association, and did not advertise in The Senior's Blue Book Directory. They would not have been included in the data set for care managers (See Appendix C). The number of care managers that could have been missed, as a result, is considered insignificant in determining potential gaps.

Terms and definitions used in this report can be found in Appendix A. ◆

Trends

With respect to all the subtopics, there has been a trend to greater accessibility to resources, inextricably tied to greater communication of available resources in the community. This has primarily been attributed to the wide-spread adoption of the Internet and computers. The trends the workgroup identified are listed below, by subtopic:

Home maintenance and repair

Agencies have been moving away from assistance with snow removal. The only active snow removal program that reaches Jefferson County is the faith-based Love INC, Littleton (which is geographically limited to the area below 285/Hampden Ave. in the metro area). Volunteers of America no longer serves Jefferson County with this program, citing a decreased need due to a mild 2008/2009 winter.

Organizations including the faith based community periodically offer minor home maintenance and yard work usually in the spring and fall. Seniors who have needs in these areas at other times, often have to wait. A more coordinated effort for the entire county is needed in order to meet the needs of seniors in the areas of snow removal, yard work, and tree limb removal.

Care management

Trends in the care management arena identified by the committee include:

1. Gradual, but slow development in public awareness of care management as a service that helps individuals remain in the community longer, and gives family caregivers education and support.

2. Development of a home and community-based service continuum for older adults, so that if they can no longer live at home without assistance, a nursing home is not the only option.

3. Increased family caregiver stress on those assisting older adults -- trying to balance those tasks with other responsibilities in their lives.

4. Social work professionals have increased, however, there are relatively few social work professionals choosing geriatric care/caregiver support as their area of specialty.

5. Increased numbers of elder orphans (older adults who desire to remain in their communities, but have limited support systems, no 'informal' care manager, and have outlived their natural supports). There are often fewer available family caregivers as a result of smaller families, and more family members living at a distance.

6. Need for more professionals (whether called care managers, case managers, or care navigators) serving in this area will only increase, given the desire of many older adults to remain living in their homes and communities, and the need they will have for navigating numerous systems of care. It is expected that frail/elderly populations will continue to grow in the decades ahead. It is assumed that no other cohesive form of service coordination will come into place that will otherwise serve these needs.

7. As the delivery of care management services becomes more efficient, resources will become better publicized, systems will become better integrated to encompass all available resources, and expenditures for care management will become more easily justifiable through attained assets and services resulting from care management intervention.

Adult day centers

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. This may be due to an increase in assisted living residences, serving people that would otherwise have been at adult day programs.

The uncertainty of funding sources will be a challenge in the next few years. If Medicaid funding is cut or drastically reduced, it is possible that some adult day programs will close. Medicaid funding usually does not cover the entire cost of a day of adult care programming. However, adequate Medicaid reimbursement levels are a critical component of successful adult day care center budgeting.

The availability and cost of assisted living residences and nursing homes will also influence the use and need of adult day programs in the future. If assisted living residential placements become less available to the private pay market, it is suspected that there will be an increase in the demand for adult day services.

Respite facility care

There is an increase in the elderly population, as well as an increase in adult parents caring for adult children with disabilities. As a result, there is an increased need for respite care.

There will be an increase in adult children caring for their parents. Many of these adult children work and have families of their own, which fuels the need for affordable, accessible respite care.

Non-medical, in-home care

Professional caregivers are struggling because of inadequate pay, no health insurance, and scheduling issues. When a client has a doctor or hair appointment, the expected hours and subsequent pay are lost if the client cancels a scheduled visit with the professional caregiver. Clients and families of clients needing care want care on an as needed basis and this presents problems for caregivers who are trying to use caregiving as their primary source of income. Many agencies lose quality caregivers to other professions due to this problem.

Being a non-medical in-home care agency owner herself, workgroup member, Rosemarie Romano, testifies to the workings of her own agency, and other agency owners with whom she has informally spoken. Agencies continue to struggle to break even, financially. The State Medicaid System has begun to recognize this problem. Unless the public stands behind the need for greater funding, the ability of clients to obtain quality caregivers will continue to be strained.

Some states, like California, have mandates that all professional caregivers are fingerprinted and have criminal background checks to be included on the registry of providers.

Support groups and counseling for caregivers

Organizations such as The Multiple Sclerosis Society and The Alzheimer's Association have started offering low or no cost programs for the caregiving public, including education, support groups, and counseling.

The demands on caregivers—both those caregivers who care for elderly parents, spouses or siblings, as well as caregivers who care for their adult children with disabilities—have grown significantly. According to government projections, the group of people over the age of 85 is one of the fastest growing populations.

Elderly parents have taken on more responsibility caring for adult children with developmental disabilities because of long waiting lists for needed services.

The professionals in this workgroup have observed more utilization of emotionally supportive services, with succession of generations from the Boomers to Generation X.

With the current economic downturn, it is anticipated that caregivers will be asked to take on more responsibility from now on because state and federal resources will be stretched.

Working caregiver issues

Employers have begun to recognize the need to support natural caregivers (people who have family members needing care). Employers are beginning to recognize eldercare needs. These needs were not recognized decades ago, indicating some progression of attention to this need.

Electronic monitoring and personal emergency response systems

Personal emergency response systems, medication monitors, and wander protection systems appear to be mainstream, reliable, and affordable. Growth in the ability to bring more and a greater variety of services into the home, due to new technologies will impact home safety and medical care in a positive way.

All subtopics

Access to available sources of assistance will become easier to find via the Internet. Resource identification may become too dependent on the Internet, while many current older adults are not computer literate/connected. However, aging Baby Boomers and their adult children are increasingly likely to be Internet users.

With the current economic downturn, it is anticipated that caregivers will be asked to take on more responsibility...

The need for nursing home beds may be shrinking as resources have increased, allowing people to remain in the community who would otherwise have been institutionalized. Many people 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.

The below services will need to be expanded due to the trends highlighted above:

- Affordable facility and in-home respite.
- Higher Medicaid reimbursements for professional caregivers, to expand the number of quality caregivers.
- Volunteer-based sliding scale home maintenance services for snow removal, yard work, and tree limb removal.
- Single information source to help caregivers find the resources they need.
- Emotional support and counseling for informal caregivers.
- Numbers of care managers offering their services. ◆

Strengths and Assets

Many resources already exist in Jefferson County to assist older adults and their caregivers (See Appendices C-I).

Home maintenance and repair

For Home Maintenance and Repair, there are sufficient resources to address accessibility modifications and minor home repairs, weatherization, and major repairs (See Appendix D).

Care management

Private Care Managers service all of Jefferson County (See Appendix C), as do electronic monitoring companies.

Adult day centers

There are nine 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. Two of those are specifically for young adults with developmental disabilities. Two are located in Evergreen. Six of these programs are located between Colfax and 54th Ave. There are multiple Adult Day Centers for persons with Developmental Disabilities (See Appendix I).

Respite facility care

There are many facilities currently providing respite care for Jefferson County residents (See Appendices G and H).

Non-medical, in-home care

For In-Home Care, Jefferson County has HCBS-Certified Agencies that provide non-skilled personal care and homemaker services, private pay agencies for companionship and unskilled care, private agencies that provide skilled and unskilled care, and private individuals who provide in-home care (See Appendix E).

Support groups and counseling for caregivers

Some diagnosis-specific caregiver support groups exist in Jefferson County. Other support groups for caregivers are located in the Denver metro area, but Jefferson County residents need to find a way to get there. Internet-based resources (e.g., on-line support group discussions, etc.) can be accessed from anywhere (See Appendix F).

All subtopics

Across each of the subtopics, Jefferson County could be said to be on "par," or typical, based on knowledge of resources in other communities. The one exception is the growth of partnerships between Jefferson County and the faith-based community. Relationships between Jefferson County and the faith-based community have led to an increase in service and attention from volunteers in the community. Volunteers reach out to provide seasonal gifts to isolated members of the community, home repair, transportation, companionship, and assistance with various other needs.

The recommendations put forth by this workgroup are mostly focused on new opportunities that can be created in Jefferson County. Existing strengths that can be built upon include the existence of an Aging and Adult Services Program Internet website, and the county's shining area – partnerships with faith-based communities. ◆

Gaps

The Caregiving & Supportive Services Workgroup identified the following gaps in Jefferson County as a result of its research at the time this report was compiled:

Home maintenance and repair

1. More affordable snow removal, yard work, and tree limb removal is needed.

2. Consolidated advice is lacking for reputable, private pay home maintenance and repair providers. This might best manifest in a directory, or links to directories that are known to list reputable service providers. It could be available on the Aging and Adult Services website, and it could also be printed or orally communicated by anyone with access to the Internet.

3. There are waiting lists for yard work and grant funded in-home care (e.g. Older Americans Act Title III Programs via Volunteers of America or Seniors' Resource Center). Waitlist lengths are dependent on which organizations step forward to help. Duration of wait varies, but is typically several weeks or months.

4. There are waitlists at Seniors' Resource Center's RSVP Program, Rebuilding Together, and Sunpower. Time of wait varies, but home maintenance and repair (including weatherization) services are usually received within a reasonable amount of time, depending on available volunteers.

Care management

1. Affordable care management is needed to assist older people and caregivers with follow-through in accessing and obtaining available resources in the community. This might include assistance with tasks such as making telephone calls, filling out applications, and developing a natural support network.

2. Education and awareness of care management services and how these services can benefit older adult families is lacking.

Adult day centers

1. There is inadequate availability of Adult Day Centers in the southern end of the county and in the foothill areas.

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

Respite facility care

1. There is a need for more affordable private pay respite in facilities, including having a set number of beds designated for this. While many facilities offer respite, most of the time it is based on bed availability and many facilities would prefer a minimum length of stay that exceeds the duration of the actual need.

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

Non-medical, in-home care

1. 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.

2. There is no Jefferson County-based registry listing professional caregivers, their skills, and what they charge. Such a registry should include only those who have been fingerprinted and have clear criminal background checks.

There is a need for more affordable private pay respite in facilities...

Support groups and counseling for caregivers

There is a lack of caregiver support groups and counseling for the general population (i.e., non-diagnosis-specific support services).

All subtopics

1. There are fewer services in "outlying" areas such as those in the south part of the county and foothills (See Appendices J.1 to J.3) for older adults and their caregivers. This is due, in part, to fewer residents living in those areas. People living in the county's outlying areas often need to travel further to receive services. Greater travel distances also require agencies to find and pay staff to travel to these outlying areas to serve clients.

2. Education/Awareness of available resources to citizens, employers, and professionals involved with care needs to be increased.

3. There are some sources of assistance that are available only when volunteers are available. With yard work, for example, groups (e.g., church missions, scout troops, etc.) volunteer periodically to assist.

The Caregiving & Supportive Services Workgroup identified the following at the time this report was compiled:

There are waiting lists for People with Developmental Disabilities (DD) needing 24 hour supervision and residential community care. Individuals can wait on the list for many years depending on funding levels of the State-run HCBS DD Program. According to DDRC's internal statistics, in July 2009, there were more than 2800 individuals of all ages with developmental disabilities in Jefferson County. About 1100 were children. About 80 people served by DDRC were over the age of 60. About 750 adults were waiting for services at that time.

Service demands for all subtopics discussed above are expected to increase significantly with the anticipated increase in the elderly population. ◆

Report Wrap-Up

This report has described the existing resources for caregivers of elders in Jefferson County. Given known and expected trends, the county's many strengths and assets were reviewed. This report, in closing, now offers the following suggestions to address the gaps and unmet needs being experienced by those who care for older residents.

1. One entity, agency, or county employee should be designated as "Resource Coordinator(s)" who will be responsible for coordinating knowledge regarding senior and caregiver services across the county.

The functions of the proposed Resource Coordinator(s) could include:

- Understand and use Internet resources extensively to assist residents with accessing community resources and services.
- Provide face-to-face information, referral and assistance, when needed.
- Partner with staff of DRCOG's telephone and web-based information and referral service.
- Provide short-term care management for those who need it.
- Coordinate a volunteer force to provide client follow-up (e.g., assisting with completing applications, ensuring needed calls are placed).
- Promote and support natural caregiving systems.

2. Free and low-cost community and employer-based educational forums, brown-bags, and support groups should be offered to caregivers. Topics could include:

- Home maintenance and repair
- Care management
- Advance directives
- Family dynamics/mental health issues
- Creating a network of support, and
- Funding sources in the community (e.g., HCBS Medicaid, Older Americans Act Title III Programs, Meals on Wheels/Angelheart, long-term care insurance, Benefits Check-Up, etc.).

3. Carry out a public/caregiver awareness campaign jointly with multiple organizations within the community.

4. Expand the existing Jefferson County website by adding information for caregivers in addition to what is already there for citizens, including:

- Listings or links to listings where people can find reputable agency and individual caregivers
- Respite providers
- Home maintenance and repair organizations
- Care managers
- Electronic monitoring companies, and
- Caregiver support groups and counseling.

5. Increase availability of affordable and/or no-cost supportive yard services (yard/snow/trees). This could be accomplished by:

- Targeting specific grant funds to help those with these kinds of unmet needs.
- Including sliding scale payments for such services, and
- Expanding partnerships with the faith-based community for these services.

6. Seek grant funds for affordable or no-cost in-home care and respite care, possibly in partnership with the Woodward Respite Fund, and offering sliding scale payments when appropriate.

If implemented, the above suggestions made by the Jefferson County Aging Well Caregiving & Supportive Services Workgroup will undoubtedly enhance quality of life for both older residents, as well as for those who care for them. It is in this spirit that they are offered. ◆

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.

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.

Caregiving
The act of providing care, either medical or non-medically based. For purposes of this report, caregiving is done on a non-medical, in-home basis (see non-medical, in-home care).

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, etc.

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

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.

Electronic Monitoring and Personal Emergency Response Systems
Electronic systems 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.

HCBS
Home and Community Based Services is a system of services, designed to keep an individual independent, in the community, to avoid institutionalization (most often, a nursing home). The pay source for the program is Medicaid, and people must qualify both functionally and financially.

HCBS DD
Home and Community Based Services for the Developmentally Disabled 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, Elderly, Blind and Disabled Program. This is the most common of all the HCBS programs, and it 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.

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.

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, moving around and using the bathroom, 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.

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.

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

Respite Facility Care
Care received in a facility (nursing home or assisted living) with the intention of providing a break (respite) for the individual's caregiver.

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 aka 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.

SRC
Seniors' Resource Center. A non-profit in Jefferson County providing transportation, Adult Day Centers 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.

VA
Veteran's Administration

VOA
Volunteers of America

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: Results of Survey of Jefferson County Council on Aging for Caregiving & Supportive Services, March 2009

What support services do caregivers in Jefferson County need most, that they aren't getting (or getting enough of) now? Select only your top two responses.

	Response Percent	Response Count
Day Time Respite Care	52.6%	10
Overnight Respite Care	31.6%	6
Emergency (needed last minute) Respite Care	26.3%	5
Training for Caregivers	10.5%	2
Information about existing Caregiver Support Programs	31.6%	6
Education for soon-to-be or current elder caregivers	15.8%	10
Employers offering flexibility to caregivers	52.6%	10
Volunteer Exchange Program to assist caregivers	21.1%	4
Other	5.3%	1
Answered question		19
Skipped question		2

Are there geographic areas of Jefferson County that you feel are lacking caregiver support and services? If yes, describe what areas are lacking which services.

- Probably the mountain areas
- Don't know
- Do not know
- I am sure there are rural areas that lack sufficient services.
- Don't know
- Coal Creek Canyon area
- Don't know
- Don't know
- Don't know
- South Jefferson County
- South Jeffco rural mountain areas
- Coal Creek South Jeffco
- South Jeff Co (Littleton)
- Don't know, perhaps in the mountains
- No.....mobile programs eliminate geographic boundaries
- It is always the areas that are lower income
- Unincorporated south Jefferson County
- Mountain areas, in home support

What is the most difficult issue facing caregivers in our county, at this time?

- Providing adequate care without raising prices
- Balancing life and demands
- Burn out, finances
- Don't know - Might be respite
- Caregiver Training such as meeting the nutritional needs of the person (as well as their own), handling stress, caring for the medical needs of the person, etc. I think we overextend ourselves with responsibilities and activities and jobs. If the caregiver is involved in a job, they need to weigh the demands of the job and the needs of the family. That is a difficult decision that the caregiver needs to balance. Answering questions such as the involvement of a day facility, or in home companion and then how to pay for all the services.
- Balancing care for immediate family and elders
- Don't know
- Overwhelming needs of the family member can tire older caregivers dramatically
- The stress of work, family and caregiving, all at the same time and most times without respite
- Cost
- Knowledge about services, affordable services, time to get everything done
- Flexible work schedules
- Money to pay for help. Even Medicaid doesn't pay for enough assistance
- Caregiver burnout and not enough scholarships and grant money to cover the respite needs
- Insufficient numbers
- Lack of resources, caregivers need breaks, financial stress, lack of support with employers
- Financial resources to support their caregiving needs
- Missing work and time with their own children
- Sandwich issues such as FMLA limits (no $, short time frame considering one may be caring for someone with a long term disability)

What is your most creative, outside the box idea, to support caregivers in Jefferson County?

- Providing simple typical financial statements to circulate to seniors showing them how they can best pay for living at a senior community - - using their present income sources - - and using proceeds of selling their other assets e.g. a home
- Respite volunteers to give caregivers a regular break
- Swapping programs
- Any system that would involve people helping each other. I wonder what would happen if we asked each person receiving a service what they were prepared to offer in return. We might get some surprises!

- Don't know
- Neighborhood share care programs where you take care of each other
- Form a caregivers co-op so can exchange hours for caring for each other's loved ones by use of chits/cards for no cost
- Put together a "commune" type structure where people can share their burdens and support or buy a resource that can help multiple people
- Pay respite caregivers
- Senior Resource Center
- A huge bartering group where family members, service clubs, volunteers, etc., could somehow work together to provide services, support, and supplies to caregivers similar to Share the Care but would include money or bartered services to purchase services needed. It would also support more than one family
- Co-op
- Subsidized professional care
- Churches need to band together and create a caregiver alliance group for anyone in the community who needs respite support. The care receiver would be charged a nominal fee for the CBI check, the churches could designate a community liaison to field requests and the volunteers would receive credits for their time that could be redeemed at local vendors that buy into the Community Alliance Caregiver Support Network
- Create a foundation to support those who work for people that lack resources to pay them
- Tax credit for caregivers
- Some form of compensation to make up for lost wages
- Co-housing for caregiving families

Appendix C: Care Management in Jefferson County, Compiled by Luci Draayer

Company	Ages Served	Services							
		Provide Info & Referral	Care Management	Counseling/ Therapy	Caregiver Support Services	MDPOA	Conservatorship	Guardianship	Other Services
Care Management & Resources, Inc.	seniors & adults w/disabilities	Y	Y	N	Counseling & info	N	N	N	Also provide in-home care providers,
Care Management Solutions, Lutheran Family Services	60+	Y	Y	Y	Y	Y	N	N	Educational presentations
Care Navigator	50+	Y	Y	Referrals Only	Service Coordination	Y	Y	Y	Financial POA/ Assist w/Bill Pay
Chapman & Associates	Srs	Y	Y	Referrals Only	Assist w/transition, Dr visit coordination, family mediation,	Upon Request	Referrals Only	Referrals Only	
Colorado Elder Care Solutions, Inc.	Srs	Y	Y	Y	Provide companion/ caregiver at 20/ hr, do referrals for other svcs	N	N	Y	
Conrardy Case Management, Inc.									
Family Support Alternatives, LLC									
Francis Heights, Inc.									
Human Network Systems	60+/any disabled adult	Y	Y	Counseling only	Counseling	Y	Y-120/hr	Y-120/hr	
Human Services Consultants, Inc.									
Jeffco Options for Longterm Care	all ages,mostly 60+	Y	Y	N	N	N	N	N	Eligibility results in Medicaid Health Ins & other services
Compassionate Transitions, LLC	all/mostly 60+	Y	Y	Y/Counseling for depression due to grief, change, stress	Supportive client centered/ solution focused methods	N	N	N	Mobile service - no mileage/ travel time charge
LC & Associates									
Marcols Case Management									
	Any adult but mostly Srs	Y	Y	Can do	Can do/referrals	N	N	N	Nurse
Senior Independence Bridge, Inc.	Mostly Srs	Y	Y +personal care Svces	N	General/On-call	N	N	N	
Senior's Resource Center	60+ or disabled	Y	Y	Counseling only	Dinners, counseling	N/Ref	N	N	Comprehensive, do assessments & create care plan
Spencer & Company, LLC	47+		Y	Y	N	Y	Y	Y	
Total Longterm Care (PACE)	55+	Y	Y	Y	Comprehensive support coordinated by on-staff Social Workers	N	N	N	HMO type Health Ins & services

Empty cells indicate unavailable information.

Appendix D: Home Maintenance and Repair in Jefferson County, Compiled by Drew Kasper

Need	Who is servicing that need currently for Jeffco residents?	Who is Covered?	Comments
Accessibility modifications and minor repairs	HCBS Medicaid Programs	Anyone on HCBS Medicaid (Long Term Care - Disabled/Frail Elderly, or MMI) - All of Jeffco	Provide ramp construction, install of grab bars, and other basic needs via Medicaid pay.
	SRC RSVP (Evergreen + plains): Wheat Ridge 303-238-8151, Evergreen 303-674-2843	Anyone over/near 60 y/o in Jeffco - typically low income but try to help anyone in need.	Provide ramp construction, install of grab bars, and other basic needs by volunteers.
	Jeffco Housing Rehab Dept.303-403-5423	HUD low income all Jeffco	Provides low or no interest loan (3-5%, or deferred for elderly/disabled) + support to get work done (repairs or accessibility up to 25k).
	Littleton Housing Authority Rehab Program - Kimberly Kingston, 303-991-5301	HUD low income in Littleton	Same as above item
	Rebuilding Together 720-524-0840.	Disabled/Low income E of Foothills, owning home, 55+ y/o. Emergency repairs for 65+ y/o.	Provide ramp construction, install of grab bars, and other basic needs by volunteers + emergency help (burst pipe, furnace down, etc)
	Home Builders Association Foundation Phone: 303-778-1400 Fax:303-733-9440 http://www.hbadenver.com/foundation/	Disabled. Open - No formal $ req. Metro Denver only (E of Foothills.)	Accessibility/improved living. Philanthropic.
Snow removal	Love INC, Littleton. 303-794-LOVE	Anyone S of Hampden, West of University, East of foothills (as avail.)	May be other church organizations that are isolated/ off grid, but would be willing. VOA has "snow buddy" but limited to Denver County next year.
Tree limb removal	NONE, except private pay	Those with some money.	SRC tried to staff w/volunteers. Didn't work. Love INC, Littleton. may be spreading to points North in Jeffco, in the months to come.
	Love INC, Littleton.303-794-LOVE	Anyone S of Hampden, West of University, East of foothills, as avail.	SRC acts as a coordinator for projects like Jefferson Unitarian Church and other sources who do a one-time clean-up.
	SRC 303-238-8151.	Low income/low resources preferable, but all possible.	
Yard work	VOA 303-297-0408	Jeffco E of Foothills Low income/low resource preferable, but all possible.	VOA acts as coordinator for projects of groups doing yard work (no ladder work), and has one volunteer that has an extensive list to work through.
	Sunpower 303-382-1514	Low income - All of Jeffco.	Provides assistance with energy-saving projects like swamp coolers (if disabled, furnace upgrades, refrigerator replacement, insulation, weather stripping.)
	Jeffco Housing Rehab Dept. 303-403-5423	Home owners in Jeffco, or applicable township low HUD income	Provides low or no interest loan + support to get work done (roof, furnace, etc. - safety and health issues priority one - up to 25k).
Weatherization	Littleton House Auth Rehab Program - Kimberly Kingston, 303-991-5301	Same as above item	Same as above item
	Jeffco Housing Rehab Dept. 303-403-5423	Home owners in Jeffco, or applicable township low HUD income	Both provide low or no interest loan (3-5%, or deferred for elderly/disabled) + support to get work done (roof, furnace, etc. - safety and health issues priority one - up to 25k).
Major repairs	Littleton House Auth Rehab Program - Kimberly Kingston, 303-991-5301	Same as above item	Same as above item

Appendix E: Non-Medical In-Home Care in Jefferson County, Compiled by Rosemarie Romano

Town	Agency Name	Address	Zip	Phone	Medicaid certiFIED	Private Pay	Insurance	PCP	Homemaker	Companion	Respite	Transportation	24 hr care
Arvada	Accent on Elder Care	6395 W. 66th Avenue	80003		no	yes	yes	yes	yes	yes	yes	no	yes
	Complete Home Health Care	5255 Marshall St	80002		yes	yes	yes	yes	yes	yes	yes	no	yes
	Mountain Home Health Care aka Angel Care	6425 Wadsworth Blvd	80003		yes	yes	yes	yes	yes	N/A	yes	no	no
	Professional Home Health Care	7375 West 52nd Street #250	80002		yes	yes	yes	yes	yes	yes	yes	no	maybe
Conifer	nothing												
Edgewater	nothing												
Evergreen	Miles Home Care	161 Glen View Lane	80439		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Mt. Evans Hospice/ HomeHealth Care	3081 Bergen Peak Drive	80439		yes - limited service only with hospice	yes	yes	yes	yes	yes	yes	no	has volunteer program for respite
	Seniors' Resource Center	5120 Highway 73	80439		yes	yes	yes	yes	yes	yes	yes	yes - limited	no
Genesee	nothing												
Golden	In Home & Family Services	1117 Washington Ave	80401	303-526-2318	No info	No info	No info	No info	No info	No info	No info	No info	No info
	Advance Home Care	1595 Harlan Street	80214	303-233-2433	No info	message says they are private pay home care	No info	No info	No info	No info	No info	No info	No info
	C&A Care Services	1340 Carr Street	80214	303-981-5158	yes	yes	yes	yes	yes	yes	yes	no	unsure
	Colorado Comprehensive Care	7895 Morrison Rd	80227	303-986-3015	yes	yes	yes	yes	yes	yes	yes	no	no
	Eaton Terrace II	333 S. Eaton Street	80226	303-937-3000	yes	They are an assisted living with independent living units that they provide HCBS services to only. www.eatonseniorprograms.org. They do overnight respite as well.							
	Home Instead Senior Care	7220 West Jefferson Avenue	80235	720-283-7275	no	yes	yes	yes	yes	yes	yes	yes	yes
	Independence At Home	1340 Carr Street	80214	303-421-2648	yes	yes	yes	yes	yes	yes	yes	no	yes
	Mountain Home Health Care	1300 Carr Street	80214	303-424-2420	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Personal Assistance Services of Colorado	6015 West 16th Avenue	80214	303-233-3122	yes	yes	yes	yes	yes	yes	yes	limited	no
	Visiting Angels	950 Wadsworth Blvd	80214	303-232-9999	no	yes	yes	yes	yes	yes	yes	limited	yes
Littleton	Elderlink Companion Care PLACEMENT AGENCY	11757 West Ken Caryl Avenue Suite F314	80127	303-734-0641	NO	yes	yes	yes	yes	yes	yes	yes	yes
	Personal Touch Senior Services	P.O. Box 271055	80127	303-972-5141	Yes	yes	yes	yes	yes	yes	yes	no	no
	Visiting Angels	8361 S. Sangre de Cristo Rd	80127	720-981-0804	no	yes	yes	yes	yes	yes	yes	limited	yes
Morrison/ Kittredge	nothing												
Technically Adams County	Lifelong Senior Care	2000 West 120th Ave Ste 2	80234	303-466-1940	No info	yes	yes	No info	No info	No info	No info	No info	No info
Technically Denver County	Seniors' Resource Center	3227 Chase Street	80212	303-235-6976	yes	yes	yes	yes	yes	yes	yes	yes	no

Appendix F: Support Groups and Counseling for Caregivers in Jefferson County,

Compiled by Dianne Hitchingham

Diagnosis	Organization	Contact Name	Tel	Address
AIDS	Colorado Aids Project	Betsy Van Vleet	(303) 837-0166	2490 W 26th Ave, 300A, Denver, CO 80211
AIDS	AIDS/HIV Support Group - Angels Unaware	Kristin Klassen	(303) 420-6370	6370 Union St, Arvada, CO 80004
Alzheimer's	Alzheimer's Association, Colorado Chapter	Rob Allen, Volunteer Coordinator (9-5)	(303) 813 1669 (800) 272-3900	455 Sherman Ste. 500, Denver, CO 80203
Alzheimer's	The Association for Frontotemporal Dementias	Terencia Beauvais-Nikl, RN; Vicky Jordan, co-facilitator, Care manager	(303) 985 2440	Rose Medical Ctr, Physicians Office Bldg, 4500 E 9th Ave, Denver
Alzheimer's	Frontotemporal Dementia Caregiver Support Center	Terencia Beauvais-Nikl, RN; Vicky Jordan, co-facilitator, Care manager	(303) 985 2440	Old Colorado Psychiatric Hospital, 4200 E 8th Ave, Denver
ALS/MDA	MDA/ALS CENTER AT THE UNIVERSITY OF COLORADO	Steven P. Ringel, M.D., Director	(303) 315-7885/ 315-7221	Health Sciences Center, 4200 East Ninth Ave., Box B-185, Denver, CO 80262
ALS/MDA	MDA offices(s) serving the Denver area:	Linda Brennan, Christina Neal Health Care Services Coordinators	(303) 691-3331	The Galleria, 720 S Colorado Blvd #380-S, Denver, CO 80246
ALS/MDA	Univ of Colo, Anschutz Ctr for Adv Med at Fitzsimons	Linda Brennan, Health Care Services Coordinator	(303) 691-3331	1635 North Ursula, Aurora, CO 80010
Arthritis	Arthritis Foundation	Isabelle Stohler, Jill Lysengen	(303) 756-8622	2289 S Albion St, Denver, CO 80222
Blind	American Council of the Blind of Colorado, Inc.	Sue Fenniman, Resources Specialist	(303) 831-0117 x2	1536 Wynkoop St #201, Denver 80202
Blind	Colorado Center for the Blind	Duncan Larson, Sr Services Coordinator	(303)778-1130 x226	2233 W Shepperd Ave, Littleton, CO 80120
Bipolar	Empower Support Groups, Colorado	N/A	N/A	N/A
Bipolar	DBSA Northstar, Depression & Bipolar Support Group	Jamie	N/A	Crossroads American Baptist Church, 10451 Huron St. (N.W. corner of 104 Ave. and Huron St. Northglenn, Colorado 80234
Brain Injury	BIA of Colorado	N/A	(303) 355-9969	4200 W Conejos Pl #524, Denver, CO 80204
Cancer	Coping With Cancer Support Group	N/A	(303) 393-5522	Lakewood
Cancer	Rocky Mountain Cancer Centers (RMCC)	Amy Bernard, Social Worker 303-328-8246	(303) 430-2700	34 Van Gordon St #160, Lakewood, CO
Cancer	Porter Cancer Care Center	Sharon Roseman /Jeannie Curry 303 778 5832	(303) 778-1955	Porter Adventist Hospital, 2525 S Downing, Denver 80210
Cancer	Breast Cancer Support Group - Exempla Lutheran Medical Center	Linda Fiske X28391 8a-4:30p	(303) 425 2909 or 4500	8300 W 38th Ave, Wheat Ridge 80033
Cancer	Cancer Support Group - Exempla Lutheran Medical Center		(303) 425-4500	8300 W 38th Ave, Wheat Ridge 80033
Hearing Impaired	AGBell Colorado Chapter	Mary Bartholomew c303 349 7212	(303) 755-5183	PO Box 24906, Denver 80224
Hearing Impaired	Colorado Deaf	Dianne & Raymond Kilthau	(303) 474-5388	10940 S. Parker Road, PMB 217, Parker 80134
Hearing Impaired	Colorado Commission for the Deaf & Hard of Hearing	N/A	(303) 866-4824	Dept of Human Services, 1575 Sherman St, 2nd Flr, Denver 80203
Diabetes	Exempla Diabetes Program & Affiliate of the IDC	Helen Stover	(303) 403-7944	Exempla Lutheran Medical Center, 344 Lutheran Pkwy, #270, Wheat Ridge 80033
Diabetes	Rose Medical Ctr Free Diabetes Support Group		(303) 320-2490	4567 E 9th Ave, #650, Denver 80220
Heart/Stroke	American Heart/American Stroke Associations	Robin Rice 8-4:30	(303) 369-5433	1280 S Parker Rd, Denver 80231
Heart/Stroke	Mended Hearts	N/A	N/A	N/A
Lung	American Lung Association in Colorado	N/A	(303) 388-4327	5600 Greenwood Plaza Blvd, Greenwood Village 80111
Lung	Better Breathers	Brenda Crow	(303) 467-4122	Exempla Rehab Center 9830, 1-70 Frontage Rd S, Wheat Ridge
Lung	Wheat Ridge Pulmonary Fibrosis Support Group	N/A	(303) 467-4122	Exempla Rehab Center 9830, 1-70 Frontage Rd S, Wheat Ridge
Lung	Rocky Mountain Better Breathers	Sherri Michaelis	(303) 398-1397	National Jewish Medical & Research Center, Arvada
Multiple Sclerosis	MS Society, Colorado Chapter	Drew Kasper	(303) 698-7400	900 S Broadway #250, Denver 80209
Multiple Sclerosis	Multiple Sclerosis Support Groups	Pam Surratt, Facilitator	(303) 278-1069	Confidential
Muscular Dystrophy	MDA	Linda Brennan	(303)691-3331	720 South Colorado Boulevard, Denver
Muscular Dystrophy	N/A	Christina Neal	(303)691-3331	720 South Colorado Boulevard, Denver
Parkinson	Parkinson Disease Services - Parkinson Assn of the Rockies	N/A	(866) 718-2996	1325 S. Colorado Blvd. #204-B, Denver 80222
Autism	Arvada Autism Support Group	Rose Auferio	(303) 422-2942	11500 W. 84th Avenue, Arvada, CO, 80005
Autism	Autism Information - Autism Society of American (Colorado Chapter)	Darlene Coleman, Office Mgr	(720) 214-0794	550 S Wadsworth Blvd, Lakewood 80226
Huntington's	Huntington's Support - Huntington's Disease Society of America	Rebecca Saltman, President	(303) 321-5503	6545 W. 44th Avenue #1, Wheat Ridge 80033

N/A = Not Available

Appendix G: Assisted Living Respite Facilities in Jefferson County, Compiled by Brittani Trujillo

				Funding Sources						
Name of Program	**Address**	**Phone #**	**Is Respite Provided (Y, N)?**	**Private Pay (cost)**	**Medicaid (Y/N)**	**Vet. Admin (Y/N)**	**Dev. Dis. (Y/N)**	**Sliding Scale (Y/N)**	**Scholar-ships (Y/N)**	**Primary Age Range Served**
A Wildflower Assisted Living	6197 W 83rd Wy, Arvada, CO 80003	(303) 463-4363	No el-derly clients served							
Accent On Elder Care	6395 W 66th Ave, Arvada, CO 80003	(303) 420-4295	N							
Addis Residential Care Home	4285 Easley Rd, Golden, CO 80403	(303) 278-2306	Y	$100/day	N	Y	N	N	N	Seniors
Almost Like Home II	6751 W 65th Ave, Arvada, CO 80003	(303) 422-3891	Y	3200/4200	Y	Y	Y	Y	Y	50-100
Almost Like Home III	6761 W 65th, Arvada, CO 80003	(303) 403-4139	Y	3200/4200	Y	Y	Y	Y	Y	50-100
Almost Like Home Inc I	6741 W 65th Ave, Arvada, CO 80003	(303) 456-2784	Y	3200/4200	Y	Y	Y	Y	Y	50-100
Alternative Care Homes - Depew	7631 S. Depew Wy, Littleton, CO 80128	(303) 972-4520	Y	2300/mo	Y	Y		N	N	20s+
Alternative Care Homes - Marshall	8029 S. Marshall St, Littleton, CO 80128	(304) 972-4520	Y	2300/mo	Y	Y		N	N	20s+
Ashley Manor at Dudley	3555 Dudley St, Wheat Ridge, CO 80033	(303) 467-0210	Upon avail-ability	$3200 to $4200/mo.	via TLC	VA agree-ment approval	workable	work-able	workable	
Ashley Manor at Parfet	3802 Parfet St, Wheat Ridge, CO 80033	(303) 432-7893								
Coventry/Aspen Place	9221 Wadsworth Pkwy, Westminster, CO 80021	(303) 403-2900	Y							
Atria Inn at Lakewood	555 S Pierce St, Lakewood, CO 80226	(303) 742-4800	Y							
Brighton Gardens of Lakewood	12791 W Alameda Pkwy, Lakewood, CO 80228	(303) 237-5700	N							
Care Group at Arvada Center	7465 W 69th Pl, Arvada, CO 80003	(303) 431-6575	Y	2400 & up/mo	Y		Y	N	N	45-73
Care Group at Indian Tree	7319 Carr St, Arvada, CO 89995	(303) 431-6027	Y	2400 & up/mo	N		Y	N	N	45-73
Caring Hearts, Inc.	7465 W 48th Ave, Wheat Ridge, CO 80033	(303) 421-7368	Y	2100 & up/mo		N				50-75
Catharine's Quality of Life Homes 2	3224 S Reed Ct, Lakewood, CO 80227	(303) 988-0427	Y	4000/mo	LTC			Y	N	late 30s+
Catharine's Quality of Life Homes 3	9232 W Texas Dr, Lakewood, CO 80232	(303) 989-2624	Y	4000/mo	LTC			Y	N	late 30s+
Catharine's Quality of Life Homes 4	1975 Owens Ct, Lakewood, CO 80215	(303) 373-6780	Y	4000/mo	LTC			Y	N	late 30s+
Catharine's Quality of Life Homes 5	8217 W Peakview Dr, Littleton, CO 80123	(303) 948-4901	Y	4000/mo	LTC			Y	N	late 30s+
Colorado Assisted Living Homes - Brandt	11965 W Brandt Pl, Littleton, CO 80127	(303) 948-4873	Y							
Colorado Assisted Living Homes, LLC - Ingalls	7168 S. Ingalls Wy, Littleton, CO 80128	(303) 979-0217	Y							
Colorado Assisted Living Homes, LLC - Kendall	7456 S Kendall Blvd, Littleton 80128	(303) 932-2289	Y							
Colorado Assisted Living Homes, LLC - House 7	5984 W Rowland Pl, Littleton, CO 80128	(303) 948-1628	Y							
Colorado Assisted Living Homes, LLC - Indore	5596 W Indore Dr, Littleton, CO 80128	(303) 933-3553	Y							
Colorado Assisted Living Homes, LLC - Lamar	6952 S Lamar St, Littleton, CO 80128	(303) 904-2506	Y							
Colorado Assisted Living Homes, LLC - Rowland	5424 W Rowland Pl, Littleton, CO 80128	(303) 979-0911	Y							
Colorado Assisted Living Homes, LLC - Cody	8295 S Cody St, Littleton, CO 80128	(303) 979-6472	Y							
Colorado Assisted Living Homes - Grandma's LLC	13969 W Warren Ave, Lakewood, CO 80228	(303) 988-5508	Y							
Companion Care, Inc I	225 N Marshall St, Lakewood, CO 80226	(303) 238-2588	N							
Companion Care, Inc II	12057 W Quincy Pl, Morrison, CO 80465	(303) 973-4003	N							
Distinctive Care, LLC	1370 Saulsbury St, Lakewood, CO 80214	(303) 233-7900	Y	125/day	N			N		70s
Eaton Terrace II	323 S Eaton St, Lakewood, CO 80226	(303) 937-3000	Y	125	Y	Y	if 62+	N	N	87
Elk Run Assisted Living	31383 Frost Wy, Evergreen, CO 80439	(303) 223-3565	Y							
Exempla Colorado Lutheran Apart-ments	8001 W 71st Ave, Arvada, CO 80004	(303) 403-3129	N							
Fountainhead Care Homes	1398 Zephyr St, Lakewood, CO 80214	(303) 232-4431	N							
Golden Elders - Littleton	8525 S Field St, Littleton, CO 80128	(303) 978-0367	Y	Prorated 2500/mo	N			N	N	65
Golden Orchard III	35110 Holland St, Wheat Ridge, CO 80033	(303) 660-1437	Y	120/day	N					50+

Empty cells indicate unavailable information.

Appendix G: Assisted Living Respite Facilities in Jefferson County, *(continued)*

				Funding Sources						
Name of Program	**Address**	**Phone #**	**Is Respite Provided (Y, N)?**	**Private pay (cost)**	**Medicaid (Y/N)**	**Vet. Admin (Y/N)**	**Dev. Dis. (Y/N)**	**sliding scale (Y/N)**	**scholarships (Y/N)**	**primary age range served**
Golden Pond LLC	1270 N Ford St, Golden, CO 80403	(303) 271-0430	N							
Grandma's Board & Care	3880 Dover St, Wheat Ridge, CO 80033	(303) 423-2650	Y		Y	Open				50s - 80s
Grandma's Mt Home III	6450 Hwy 73, Evergreen, CO 80439	(303) 679-8722	Y	120/day	Y	Y		Y	N	80s-90s
The Granville Assisted Living Center	1325 Vance St, Lakewood, CO 80214	(303) 274-4400	N							
Hearts & Hands Assisted Senior Care	4389 Ingalls St, Wheat Ridge, CO 80033	(303) 423-7037	Y	135/day	N			N		60+
Helping Hands Homecare LLC	11503 W Berry Pl, Littleton, CO 80127	(303) 972-6466	Y	Medicaid	Y	N	N	N	N	18-70
Heritage Club at Lakewood Assisted Living	3151 S Wadsworth Blvd, Lakewood, CO 80227	(303) 969-7666	Y							
The Homestead at Lakewood	2121 Wadsworth Blvd, Lakewood, CO 80214	(303) 233-2121	N							
Just for Seniors Living Center II	1170-1180 Brentwood St, Lakewood, CO 80214	(303) 238-6722	N							
Karen's House	12751 W 56th Pl, Arvada, CO 80002	(303) 424-4125								
Learning Services Bear Creek	7201 W Hampden, Lakewood, CO 80226	(303) 989-6660	Y	600/day	N	N	N	N	N	late 40s/ early 50s
Learning Services - Glen Dee	1555 Glen Dee Dr, Lakewood, CO 80215	(303) 232-3236	Y	380/day	N	N	N	N	N	late 40s/ early 50s
Life Quality Homes of Denver - Normandy Home	5130 W Plymouth Dr, Littleton, CO 80128	(303) 979-8451	Y	200/day	N	As supplement		N		55-103
Makarios Assisted Living LLC	11541 W Temple Ave, Littleton, CO 80127	(303) 933-4807	Y	150/day	Y	Y	Y	N	N	70s-80s
The Manor on Marston Lake	4899 Old S Wadsworth Blvd, Littleton, CO 80123	(303) 932-9808	y	2850+	Y					60+
Meadowbrook Assisted Living Home LLC	971 Welch St, Golden, CO 80401	(303) 274-8610	Y							
Millbrook Homes-Portland	6731 W Portland Pl, Littleton,CO 80123	(303) 932-1004	Y							
Miller Place Inc	3550 Miller St, Wheat Ridge, CO 80033	(303) 422-6615	Y	2800/mo	N		N	N	N	65+
Morningstar Assisted Living of Applewood	2800 Youngfield St, Lakewood, CO 80215	(303) 233-4343	Y							
Morningstar Assisted Living of Littleton	5344 S Kipling Pkwy, Littleton, CO 80127	(303) 972-3030	Y							
Mountain View Alternative Care Inc IV	6725 W 65th Ave, Arvada, CO 80003	(303) 300-3955	N							
Nightingale Lane	12895 W 65th Way, Arvada, CO 80004	(303) 424-8777	N							
Nightingale Suites	12825 W 65th Way, Arvada, CO 80004	(303) 424-4411	Y							
The Oberon House	9160 W 64th Ave, Arvada, CO 80004	(303) 420-7258	Y	2950+/mo	Y/After 1 yr private pay	Y		Y	N	50-90
The Retreat at Church Ranch	10190 Wadsworth Blvd, Westminster, CO 80021	(303) 469-7178	N							
Rising Sun Senior Home	421 & 431 S Fenton St, Lakewood, CO 80226	(303) 937-3473	Y							
Sage Home, LLC	5974 S Jay Ct, Littleton, CO 80123	(303) 795-1022	Y							
Silver Rose	5420 Field Ct, Arvada, CO 80002	(303) 420-4295	Y							
Spring Ridge Park	5361 w 26th Ave, Wheat Ridge, CO 80214	(303) 233-8518	Y	150/night	N	N		N	N	61 to 102
Sterling House of Arvada	7720 Allison St, Arvada, CO 80005	(303) 423-8100	Y							
Sterling House of Littleton	8271 S Continental Divide Rd, Littleton, CO 80127	(303) 948-0900	Y		N			N	N	17-97
Temenos Assisted Living	12363 W 65th Ave, Arvada, CO 80004	(303) 296-0724	Y	75/day	Y			Y		30-70
Temenos Elder Care Company	3113 Teller St, Wheat Ridge, CO 80033	(303) 233-2808	Y							22-89
Union Court Assisted Living	7587 Union Ct, Arvada, CO 80005	(303) 456-4485								
Veranda's Assisted Living at Wheat Ridge LLC II	9515 W 49th Ave, Wheat Ridge, CO 80033	(303) 940-9707	Y							
Veranda's Assisted Living at Wheat Ridge I	9495 W 49th Ave,Wheat Ridge, CO 80033	(303) 425-6328	Y							
Vern's Vigilant Care Home	1169 Johnson St, Lakewood, CO 80215	(303) 237-1536	Y							
Vista Village Assisted Living	11800 W 49th Ave, Wheat Ridge, CO 80033	(303) 420-4192	Y							

Empty cells indicate unavailable information.

Appendix G: Assisted Living Respite Facilities in Jefferson County *(continued)*

	Functioning Levels							Length of Stay		Security		Caregiver Support			
Name of Program	**Dementia**	**Dev.Dis.**	**Mental Illnesses**	**Wheel-chair**	**Walker**	**Inconti-nence**	**Oxygen**	**Min**	**Max**	**Locked (Y/N)**	**Wander-guard (Y/N)**	**Support Groups**	**Individual Counseling**	**Education**	**Social Events**
A Wildflower Assisted Living															
Accent On Elder Care															
Addis Residential Care Home	Y	Y	Y	Y	Y	Y	Y			Monitors/ Motion Detectors	N	Y	Y	Y	Y
Almost Like Home II	Y	N	Alzeimers, Impaired Memory	Y	Y	Y	Y	None	Month	Y	N	Referral families	Referral	Y	Y
Almost Like Home III	Y	N	Alzeimers, Impaired Memory	Y	Y	Y	Y	None	Month	Y	N	Referral families	Referral	Y	Y
Almost Like Home Inc I	Y	N	Alzeimers, Impaired Memory	Y	Y	Y	Y	None	Month	Y	N	Referral families	Referral	Y	Y
Alternative Care Homes - Depew	Y	Y	Upon Evalu-ation	N	Y	Y	Y	N	N	N	Will use, not provide	N	N	N	N
Alternative Care Homes - Marshall	Y	Y	Upon Evalu-ation	N	Y	Y	Y	N	N	N	Will use, not provide	N	N	N	N
Ashley Manor at Dudley	Y	Y	Y	Y	Y	Y	Y			Y	N	Y	Y	Y	Y
Ashley Manor at Parfet															
Coventry/Aspen Place															
Atria Inn at Lakewood															
Brighton Gardens of Lakewood															
Care Group at Arvada Center	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	Gender Based	N	N	Y
Care Group at Indian Tree	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	Gender Based	N	N	Y
Caring Hearts, Inc.	y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N
Catharine's Quality of Life Homes 2	Specialize	N	Upon evalu-ation	N	Y	Y	Y	1 Wk	N	Y	N	Y	Y	Y	Y
Catharine's Quality of Life Homes 3	Specialize	N	Upon evalu-ation	N	Y	Y	Y	1 Wk	N	Y	N	Y	Y	Y	Y
Catharine's Quality of Life Homes 4	Specialize	N	Upon evalu-ation	N	Y	Y	Y	1 Wk	N	Y	N	Y	Y	Y	Y
Catharine's Quality of Life Homes 5	Specialize	N	Upon evalu-ation	N	Y	Y	Y	1 Wk	N	Y	N	Y	Y	Y	Y

Empty cells indicate unavailable information.

Appendix G: Assisted Living Respite Facilities in Jefferson County *(continued)*

	Functioning Levels							Length of Stay		Security		Caregiver Support			
Name of Program	**Dementia**	**Dev.Dis.**	**Mental illnesses**	**wheel-chair**	**walker**	**inconti-nence**	**Oxygen**	**Min**	**Max**	**Locked (Y/N)**	**Wander-guard (Y/N)**	**support groups**	**individual counseling**	**education**	**social events**
Colorado Assisted Living Homes - Brandt															
Colorado Assisted Living Homes, LLC - Ingalls															
Colorado Assisted Living Homes, LLC - Kendall															
Colorado Assisted Living Homes, LLC - House 7															
Colorado Assisted Living Homes, LLC - Indore															
Colorado Assisted Living Homes, LLC - Lamar															
Colorado Assisted Living Homes, LLC - Rowland															
Colorado Assisted Living Homes, LLC - Cody															
Colorado Assisted Living Homes - Grandma's LLC															
Companion Care, Inc I															
Companion Care, Inc II															
Distinctive Care, LLC	Y	Y		Y	Y	Except for uncon-trollable bowels	N	N	N	N	N	N	Y	Y	N
Eaton Terrace II	No wander-ers	w/sup-port	w/support	If can transfer from wheel-chair	Y	If manage-able on own (do toiletting plan)	N	N	N	N	N	Family counsel & staff social workers	N	Y	wel-come to activi-ties
Elk Run Assisted Living															
Exempla Colorado Lutheran Apartments															
Fountainhead Care Homes															
Golden Elders - Littleton	On assess-ment	On assess-ment	On assess-ment	Y	Y	Y	Y	2 wks	N	N	N	N	N	N	N
Golden Orchard III	Y	N		Y	Y	Y	Y	2 wks	N	Y	Door alarms	Referrals	Y	N	Join in activi-ties

Empty cells indicate unavailable information.

Appendix G: Assisted Living Respite Facilities in Jefferson County *(continued)*

	Functioning Levels							Length of Stay		Security		Caregiver Support			
Name of Program	**Dementia**	**Dev.Dis.**	**Mental Illnesses**	**Wheel-chair**	**Walker**	**Inconti-nence**	**Oxygen**	**Min**	**Max**	**Locked (Y/N)**	**Wander-guard (Y/N)**	**Support Groups**	**Individual Counseling**	**Education**	**Social Events**
Golden Pond LLC										15					
Grandma's Board & Care	Y	Y	Y	Y	Y	Y	Y			N	N	Y	N	N	Y
Grandma's Mt Home III	Y	Upon evalua-tion	Light Alz	Y	Y	Y	Y	N	N	N	N	N	N	Y	BBQs, Enter-tain-ment
The Granville Assisted Living Center															
Hearts & Hands Assisted Senior Care	Y	Some extent	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	Y
Helping Hands Homecare LLC	N	Y	Mentally ill	N	Y	Y	Y	N	N	Y	Y	N	N	N	N
Heritage Clube at Lakewood Assisted Living										20					
The Homestead at Lakewood															
Just for Seniors Living Center II															
Karen's House															
Learning Services Bear Creek	Y	N	brain injury	Y	Y	Y	Y	1 wk	N	Y	autobed alarms/5 acres fenced area	N	Y	Y	N
Learning Services - Glen Dee	N	N		Y	Y	Y	Y	2 wk	N	N	N	N	Y	Y	N
Life Quality Homes of Denver - Normandy Home	Alz & Dem	N	N	Y	Y	Y	Y	2 days	29	Y all	N	N	Y	Books & Refs	Y
Makarios Assisted Living LLC	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	Y	Referral/ consultant	Referral	every 6 mos
The Manor on Marston Lake	Age onset	N	Evaluation	Private Rooms	Y	Fee	Y	Month to Month		N	N	Y	Y	Y	Y
Meadowbrook Assisted Living Home LLC															
Millbrook Homes-Portland										5					
Miller Place Inc	Y	N	Not if danger-ous	Y	Y	Y	Y	N	N	N	N	N	Y	Y	N
Morningstar Assisted Living of Applewood										Y					
Morningstar Assisted Living of Littleton															
Mountain View Alternative Care Inc IV															
Nightingale Lane															
Nightingale Suites															
The Oberon House	Y	Y	Y	Y	Y	Y	Y	30 days	N	N	N	N	Y	N	Y
The Retreat at Church Ranch															
Rising Sun Senior Home															
Sage Home, LLC															
Silver Rose															
Spring Ridge Park	Y	N	if overlaid with primary Dementia	If can propel	Y	Y	Y	N	N	Y	N	Referral	Y	Inservices, the like	1x6 wks
Sterling House of Arvada															
Sterling House of Littleton	Y	N	Upon evalu-ation	Y	Y	Y	Y	2 wks	2-3 mo	semi	will accept but not provide				
Temenos Assisted Living	Early	Y	Y	N	Y	Y	Y	N	N	N	N	Y	Y	Y	Y
Temenos Elder Care Company	Early	Y	Y	N	Y	Y	Y	N	N	N	N	Y	Y	Y	Y
Union Court Assisted Living															
Veranda's Assisted Living at Wheat Ridge LLC II															
Veranda's Assisted Living at Wheat Ridge I															
Vern's Vigilant Care Home															
Vista Village Assisted Living															

Empty cells indicate unavailable information.

Appendix H: Nursing Homes Offering Respite in Jefferson County, Compiled by Brittani Trujillo

				Contact Info			Funding			Age Groups Served	
Organization	**Address**	**City**	**Zip Code**	**Main Tel**	**Name**	**Contact #**	**Private Pay/Cost**	**Medicaid**	**Other Sources**	**Primary Range**	**Avg Age**
Allison Care Center	1660 Allison St	Lakewood	80214	303-232-7177	Debbie	303-887-2329	Semi $185/ Private $210	HCBS rate	TLC	65+	UK
Arvada Health Center	6121 W 60th Ave	Arvada	80003	303-420-4550	Pat	Same	$187	HCBS rate	LTC Ins.	UK	UK
Bear Creek Care & Rehabilitation Center	150 Spring St	Morrison	80465	303-697-8181	Caroline	Same	$6496/mo-Semi. $7285/mo-Priv.	HCBS rate	N/A	18+	UK
Bethany Healthplex	5301 W 1st Ave	Lakewood	80226	303-238-8333	Shelly	Same	$165	HCBS rate	Hospice	UK	UK
Cambridge Care Center	1685 Eaton St	Lakewood	80214	303-232-4404	Raelynn	Same	UK	HCBS rate	N/A	18+	UK
Cedars Healthcare Center	1599 Ingalls St	Lakewood	80214	303-232-3551	Sandy	Same	$162/Semi; $176/Priv.	HCBS rate	N/A	UK	UK
Christopher House	6270 W 38th St	Wheat Ridge	80033	303-421-2272	Liz	Same	UK	HCBS rate	N/A	55+	UK
Evergreen Terrace Care Center	1625 Simms St	Lakewood	80215	303-238-8161	Margaret	Same	UK	HCBS rate	TLC	18+	UK
Glen Ayr Health Center	1655 Eaton St	Lakewood	80214	303-238-5363	Amy	Same	$175/Semi; $210/Priv	HCBS rate	TLC	UK	N/A
Harmony Pointe Nursing Center	1655 Yarrow St	Lakewood	80214	303-238-1275	Vicki	303-204-5890	UK	HCBS rate	N/A	18+	21-101
Hospice of Saint John	1320 Everett Ct	Lakewood	80215	303-232-7900	Sherry	Same	N/A	Yes	MCR	N/A	N/A
Lakewood Meridian Health Center	1805 S Balsam	Lakewood	80232	303-980-5500	Sandy	Same	Private Pay Only	No	No	18+	N/A
Life Care Center of Evergreen	2987 Bergen Peak Dr	Evergreen	80439	303-674-4500	Kathy	Same	$203/Semi; $232 Priv.	HCBS rate	N/A	18+	UK
Mapleton Care Center	115 Ingalls St	Lakewood	80226	303-237-1325	Steven	Same	N/A	N/A	N/A	N/A	N/A
Sandalwood Manor Inc.	3835 Harlan St	Wheat Ridge	80033	303-422-1533	Robin	Same	$182/Semi; $215 Priv.	HCBS rate	TLC	UK	UK
Sierra Healthcare Community	1432 Depew St	Lakewood	80214	303-238-1375	Susan	Same	N/A	HCBS rate	N/A	UK	UK
Villa Manor Care Center	7950 W Mississippi Ave	Lakewood	80226	303-986-4511	Rita	Same	$188	HCBS rate	N/A	60+	UK
The Village Care & Rehabilitation Center	9221 Wadsworth Pkwy	Westminster	80221	303-403-2900	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Western Hills Health Care Center	1625 Carr St	Lakewood	80214	303-232-6881	Lauren	Same	UK	HCBS rate	N/A	No limit	UK
Wheat ridge Manor Nursing Home	2920 Fenton St	Wheat Ridge	80214	303-238-0481	Sonja	Same	$181-$225	No	No	60+	UK
Wide Horizon Inc	8900 W 38th Ave	Wheat Ridge	80033	303-424-4445	Sue	Same	$140-$385	No	No	18+	UK

UK = Unknown

	Functioning Levels			Length of Stay		Security		Caregiver Support			
Organization	**Dementia/ Alzheimer**	**DD**	**Mentally Ill**	**Min**	**Max**	**Secured Units**	**Wander-Guard**	**Groups**	**Individual Counseling**	**Education**	**Social Events**
Allison Care Center	Yes	UK	Min. Behaviors	3 Days	30 HCBS; Unlim priv.	Yes	UK	No	No	No	No
Arvada Health Center	Yes	UK	Some	None	30 HCBS; Unlim priv.	No	No	No	No	No	No
Bear Creek Care & Rehabilitation Center	Yes	UK	No	None	30 HCBS; Unlim priv.	Yes	UK	No	No	No	No
Bethany Healthplex	Yes	Yes	Some	0	30 HCBS; Unlim priv.	Yes	UK	No	No		No
Cambridge Care Center	Yes	Yes	Yes	UK	30 HCBS; Unlim priv.	No	No	UK	UK	UK	UK
Cedars Healthcare Center	Yes	UK	UK	No	30 HCBS; Unlim priv.	No	No	No	No	Family Mtgs.	UK
Christopher House	Yes	Yes	No	UK	30 HCBS; Unlim priv.	No	No	UK	UK	UK	UK
Evergreen Terrace Care Center	Yes	No	No	UK	30 HCBS; Unlim priv.	Yes	UK	UK	UK	UK	UK
Glen Ayr Health Center	Yes	Yes	Some	No	30 HCBS; Unlim priv	No	Yes	No	No	No	No
Harmony Pointe Nursing Center	Yes	No	No	UK	30 HCBS; Unlim priv	No	No	UK	UK	UK	UK
Hospice of Saint John				5 Days							
Lakewood Meridian Health Center					No limit.						
Life Care Center of Evergreen	Yes	UK	Yes	7 Days	30 HCBS; Unlim priv	No	No				
Mapleton Care Center											
Sandalwood Manor Inc.				No	30 HCBS; Unlim. Priv or TLC	No	No	No	No	No	No
Sierra Healthcare Community	Some	Occ.	Yes	UK	30 HCBS; Unlim priv	Yes	No	UK	UK	UK	UK
Villa Manor Care Center	Yes	UK	No	No	30 HCBS; Unlim priv	No	No	No	No	No	No
The Village Care & Rehabilitation Center											
Western Hills Health Care Center	Yes	Yes	Yes	UK	30 HCBS; Unlim priv	No	No	UK	UK	UK	UK
Wheat ridge Manor Nursing Home	Yes	No	No	No	No limit.	No	Yes	No	No	No	No
Wide Horizon Inc				No	No limit.	No	No				

Empty cells indicate unavailable information.

Appendix I: Adult Day Centers in Jefferson County, Compiled by Linda Johnston

Name of Program	A+ Green Mountain Adult Day Care Center	Absolute Adult Day Program	Prestigious Care LLC	Prima 2 Adult Day Care	Royal Adult day Center	Seniors' Choice Adult Day
Address	13228 W Jewell Place	12665 W. 52nd Ave	7470 W. 38th Ave	5370 Carr Street	2020 Wadsworth Blvd. #15	1060 W Littleton Blvd
	Lakewood, CO 80228	Arvada, CO 80002	Wheat Ridge, CO 80033	Arvada, CO 80002	Lakewood, CO 80214	Littleton, CO 80120
Phone #	303-933-1260	303-534-0321	720-364-3806	303-420-7201	303-307-4483	303-344-0046
Contact	Sergio Tkachenko © 720 224 6949	Mark Fefer	Doreen Lyons	Nadia	Ms. Uju Nnanna	N/A
Days & hrs of operation	Info. Not Available	M-F 7:30-5:30	M-F 7:30-4:30	M-F 8a-4p	M-F 7:3--5:30	Info. Not Available
Capacity (# of People)		1000	25	up to 150	40	
Ave. # participants/ day		20	6	30	15	
Cost		equal to Medicaid rate	$55.00	Equal to Medicaid	$56.50	
Funding Sources						
Private pay	Info. Not Available	Yes	Yes	Yes	Yes	
Medicaid		Yes	Yes	Yes	Yes	
Vet. Admin		No	No		No	
Dev. Dis.		Yes	Yes		Yes	
sliding scale		Yes	No		Yes	
scholarships		No	No	Yes	No	
Areas Served						
Arvada	Info. Not Available	Info. Not Available	Info. Not Available	Yes	Info. Not Available	
Golden				Yes		
Ken Caryl				Yes		
Lakewood				Yes		
Morrison				N		
Wheat Ridge				Yes		
Coal Creek Canyon				N		
Evergreen				N		
Pine				N		
Ages Served						
primary age range served	Info. Not Available	17 - up	18 - up	65 & up	18 - 118	
significant amt. of population			under 50	65 & up	50 - 90	
Functioning Levels						
wheelchair	Info. Not Available	Yes	Yes	Yes	Yes	
walker		Yes	Yes	Yes	Yes	
transfers		Yes	Yes	Yes	Yes	
incontinence		Yes	Yes	Yes	Yes	
feeding tubes		Yes	No	No (maybe in future)	Yes	
Oxygen		Yes	Yes	Yes	Yes	
Diagnosis Specific		No	No	No	No	
Caregiver Support						
support groups	Info. Not Available	No	No	Yes	No	
individual counseling		Yes	Yes	Yes	Yes	
education			Yes	Yes	Yes	
social events			Yes	Yes	No	

Empty cells indicate unavailable information.

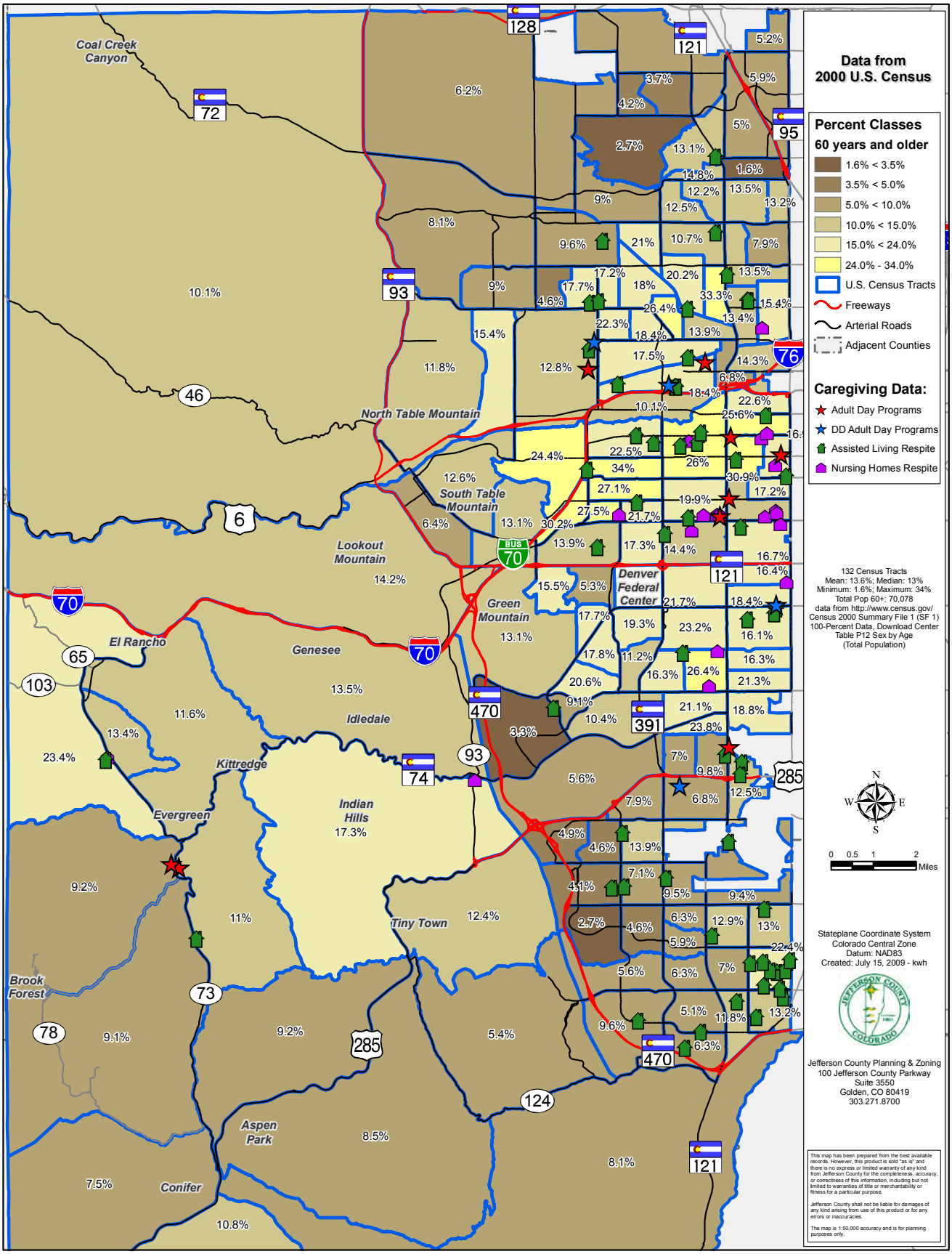
Appendix I: Adult Day Centers in Jefferson County *(continued)*

Name of Program	Srs' Res Ctr Adult Day & Respite Ser-Central Site	Srs' Res Ctr Adult Day & Respite Ser-Evergreen	Srs' Res Ctr Adult Day & Respite Ser-Starr Ctr	Srs' Res Ctr Adult Day & Respite Ser-SW Site	Srs' Res Ctr Evergreen Extension Services
Address	3227 Chase St	5120 Hwy 73	7815 W 16th Ave	3000 S. Wadsworth	28628 Buffalo Park Rd
	Denver, CO 80212	Evergreen, CO 80439	Lakewood, CO 80214	Lakewood, CO 80227	Evergreen, CO 80439
Phone #	303-235-6961	303-674-2843/235-6995	303-233-0324/235-6928	303-986-9862/235-6961	303-674-2843
Contact	Linda Rowlison/ Linda Johnston	Sandy Mathis	Mark Birnbaum/ Linda Rowlison	Janette DeLaCruz/ Linda Rowlison	Sandy Mathis
Days & hrs of operation	M-F 7a-6p	M-F 6:30a-6p	M-F 7:30a-5:30p	M-F 7a-6p	M-F 8:30a--4p
Capacity (# of People)	50	15	24	24	12
Ave. # participants/day	40/day	9	15	15	8
Cost	$66.50/day	$65.00/da	$66.50	$66.50	$65.00/da
Funding Sources					
Private pay	Yes	Yes	Yes	Yes	Yes
Medicaid	Yes	Yes	Yes	Yes	Yes
Vet. Admin	Yes	No	No	No	NO
Dev. Dis.	Yes	Yes	Yes	Yes	Yes
sliding scale	No	No	No	No	No
scholarships	Yes	Yes	No	No	No
Areas Served					
Arvada	Yes	No	Yes	No	No
Golden	Yes	No	Yes	Yes	No
Ken Caryl	No	No		Yes	No
Lakewood	Yes	No	Yes	Yes	No
Morrison	Yes	Yes	If transport is available	Yes	Yes
Wheat Ridge	Yes	No	Yes	No	No
Coal Creek Canyon	No	If transport is available	If transport is available	No	If transport is available
Evergreen	No	Yes	No	No	Yes
Pine	No	Yes	No	No	Yes
Ages Served					
primary age range served	18-100	21-100	18-60	18-100	18-60
significant amt. of population	55-85	65-85	18-40	55-85	25-35
Functioning Levels					
wheelchair	Yes	Yes	No	Yes	Yes
walker	Yes	Yes	Yes	Yes	Yes
transfers	Yes - must bear weight	Yes - must bear weight	No	Yes - must bear weight	Yes - must bear weight
incontinence	Yes	Yes	Yes	Yes	Yes
feeding tubes	Yes	Yes			Yes
Oxygen	Yes	Yes	Yes	Yes	Yes
Diagnosis Specific	No	No	Dev. disabled	No	Dev. disabled
Caregiver Support					
support groups	No	Yes	No	No	Yes
individual counseling	Supportive counseling	Supportive counseling	Supportive counseling	Supportive counseling	Supportive counseling
education	Yes	Yes	Yes	Yes	Yes
social events	Family dinner	Occasional	Family dinner	Family dinner	Occasional

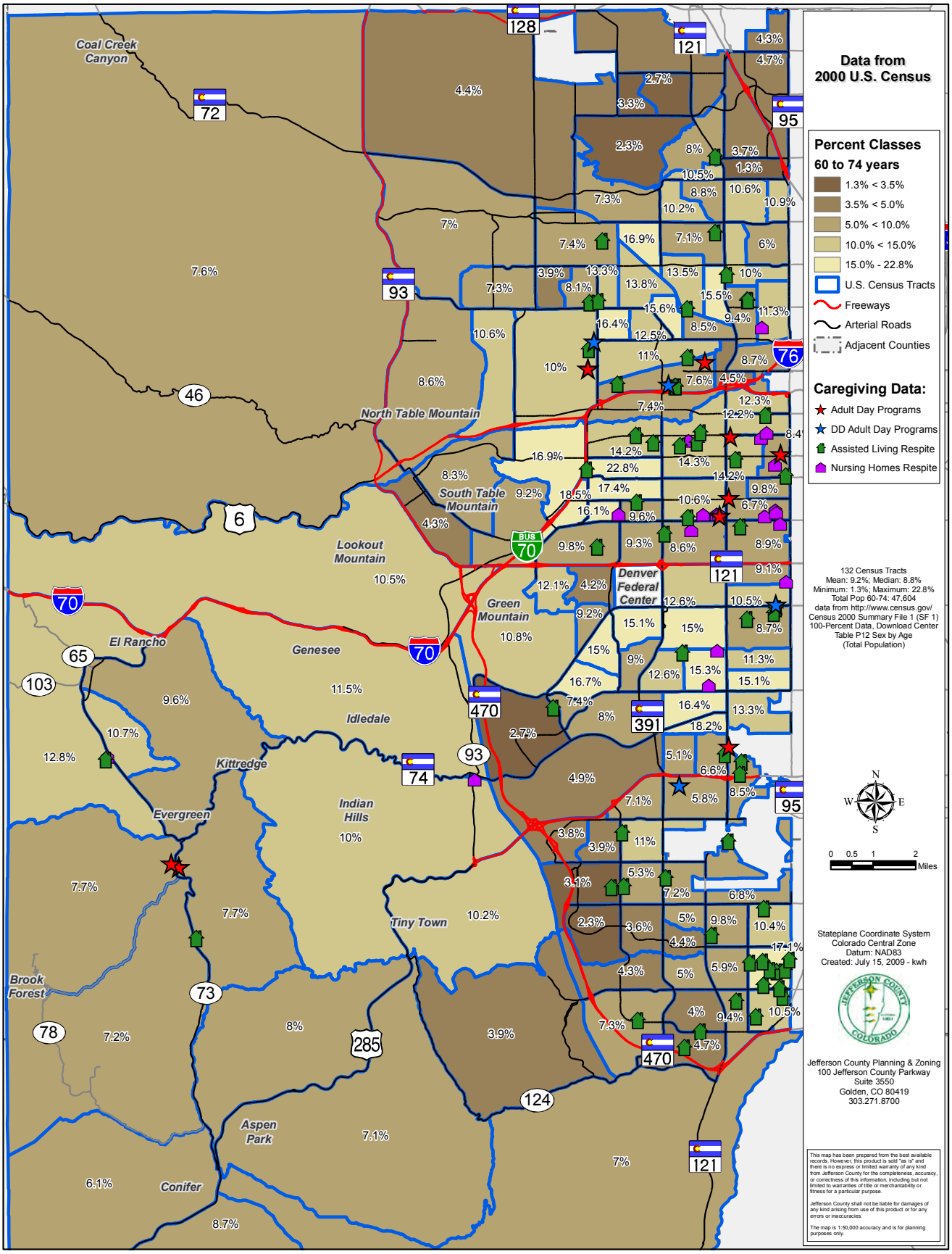
Specific to Developmental Disabilities

Organization	Address	City	Zip Code	Tel	Service	URL	Name	other
Aspire Beyond	4955 Iris	Wheat Ridge	80033	(303) 463-4900	Day Program	www.aspirebeyond.com	Info. Not Available	mattl@aspirebeyond.com
Community Partnerships/Stepping Stones	12665 W 52nd Ave	Arvada	80002	(303) 940-3700	Day Program	www.communitypartnerships.us/steppingstones	Info. Not Available	evanscpna@wmconnect.com
Easter Seals	5755 W Alameda Ave	Lakewood	80226	(303) 937-7713	Day Program	www.eastersealscolorado.org	Donna Schulte	Info. Not Available
GAP	3636 S Independence	Lakewood	80235	(303) 989-9830	Info. Not Available	Info. Not Available	Info. Not Available	Info. Not Available
Parker Personal Care Homes	12500 W 58th Ave	Arvada	80002	(303) 424-6078	Day Program	www.parkerpch.com	Scott Parker	Info. Not Available
Seniors' Resource Center, Yellow House	5120 Hwy 73	Evergreen	80439	(303) 235-6963	Day Program, Supervision, Trans	Info. Not Available	Info. Not Available	Info. Not Available
SRC Star ADL	7815 W 16th Ave	Lakewood	80214	(303) 233-0234	Day Program	www.srcaging.com	Matt Birnbaum	mbrinbaum@srcaging.org

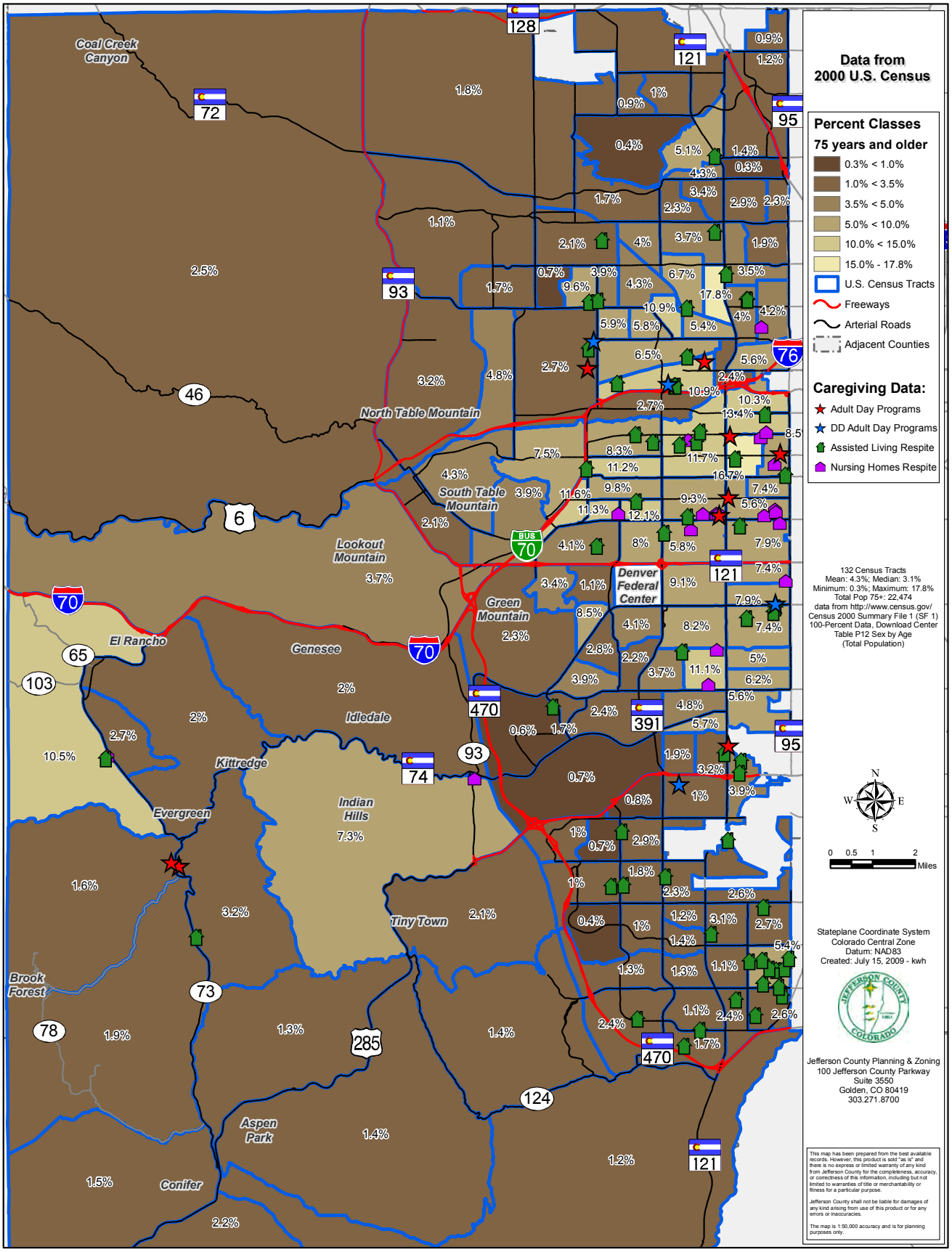
Appendix J.1: Map for density of population 60 yrs and older, Adult Day Centers plus Nursing Facility and Assisted Living Respite Facilities



Appendix J.2: Map for density of population 60 through 74 yrs old, Adult Day Centers plus Nursing Facility and Assisted Living Respite Facilities



Appendix J.3: Map for density of population 75 yrs and older, Adult Day Centers plus Nursing Facility and Assisted Living Respite Facilities



Appendix K: Recommended Reading, "About Caregiving," by Thomas Day

The Plight of Informal Caregivers

Caregiving can be very stressful and demanding. In the case of a healthy spouse or a child living with the disabled person at home, caregiving can be a 24 hour, 7 day a week commitment. But even for the caregiver not living in the home, looking after a loved-one or friend can consume all of the caregiver's free time.

Surveys and studies consistently show that depression is a major problem with full-time informal caregivers. This is typically brought on by stress and fatigue as well as social isolation from family and friends. If allowed to go on too long, the caregiver can sometimes break down and may end up needing long-term care as well.

A typical pattern may unfold as follows:

- 1 to 18 months--the caregiver is confident, has everything under control and is coping well. Other friends and family are lending support.
- 20 to 36 months--the caregiver is taking medication to sleep and control mood swings. Outside help dwindles away and except for trips to the store or doctor, the caregiver has severed most social contacts. The caregiver feels alone and helpless.
- 38 to 50 months--Besides needing tranquilizers or antidepressants, the caregiver's physical health is beginning to deteriorate. Lack of focus and sheer fatigue cloud judgment and the caregiver is often unable to make rational decisions or ask for help. It is often at this stage that family or friends intercede and find other solutions for care. This may include respite care, hiring home health aides or putting the disabled in a facility. Without intervention, the caregiver may become a candidate for long-term care as well.

Since most people go into informal caregiving without training or counseling they often aren't aware of the possible outcome described above. It is therefore extremely important to receive counseling and to formulate a plan of action prior to making a caregiving commitment. In 1965, Congress passed the Older Americans Act which provides guidance and funding to the States to give help to caregivers. All states offer programs at no cost or very low cost which might include: counseling, caregiver training, respite care, adult day care, meals, support groups and much, much more. **It is vital for the health and longevity of all caregivers to make use of these services.**

From the url, "About Caregiving," by Thomas Day: http://www.carecolorado.net/eldercare/caregiving.htm

Strategic Plan For 2011 Through 2015

GOAL 1 - Provide tools for caregivers to be effective in their roles

OBJECTIVE 1 Educate caregivers about aging and caregiving issues

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Establish the Jefferson County Caregiver Advisory Board to plan annual Jefferson County Caregiver Conference	Jefferson County Department of Human Services (HS) and/ or Jefferson County Council on Aging (JCCOA)	Disease Specific Organizations (i.e. Alzheimer's Association, Developmental Disabilities Resource Center), Caregivers, Professionals in Aging (i.e. case managers, social workers, home health agency administrators), Denver Regional Council of Governments' Area Agency on Aging (DRCOG AAA)	Human resources are needed	An organization exists with the purpose of planning and implementing an annual venue for caregivers	September 2011
2. Hold an annual Jefferson County Caregiver Conference during National Caregiver month (November)	Jefferson County Department of Human Services (HS) and/ or Jefferson County Council on Aging (JCCOA)	Caregivers, Professionals in Aging, Disease Specific Organizations, Seniors' Resource Center (SRC)	Disease Specific Organizations, Seniors' Resource Center (SRC)	Caregivers learn about issues that impact their care recipient, and feel supported in their role	November 2012 and Annually Thereafter
3. Offer quarterly series of classes for caregivers in Jefferson County	Seniors' Resource Center (SRC)	Lutheran Family Services, Alzheimer's Association, Libraries, Senior Centers	DRCOG AAA, Private foundations (i.e. Daniel's Fund, Colorado Health, Rose) for funding and advertisement.	Caregivers learn about issues that impact their care recipient and feel supported in their role	November 2011
4. Develop ongoing therapeutic support groups for Jefferson County caregivers	Lutheran Family Services	Jefferson Center for Mental Health (JCMH), Physicians Offices, DRCOG AAA	Insurance Plans that cover support groups for caregivers	Caregivers address personal issues that impact both them and their care recipient and feel supported in their role	December 2010 and Ongoing

OBJECTIVE 2 Increase awareness of community resources available to caregivers

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Develop and maintain links to community referral agencies on Jefferson County website	Jefferson County Department of Human Services (HS)	DRCOG AAA's Network of Care, United Way 211, SRC	Jefferson County HS, including their internet support (IT) team, The Jefferson County Aging Well website	Caregivers have easy, immediate access to other resources from one website	June 2011
2. Create information page on Jefferson County website explaining basic terms and service descriptions	Jefferson County HS	Some agencies may need to be contacted if terms are not clear	Jefferson County HS, including IT, Jefferson County Aging Well website	Caregivers are informed about the meaning of industry terms that will help them in their caregiving role	June 2011
3. Create a plan specific to Jefferson County that publicizes DRCOG Network of Care	DRCOG AAA, Jefferson County HS	Physician offices, Senior Centers, Home Health Agencies, Hospital Case Managers, and other community services	DRCOG AAA	Caregivers have comprehensive and ready access to resources	June 2011

OBJECTIVE 3 Increase level of caregiver skill					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Expand Jefferson County's website to include links for on-line skill training videos and/or webinars to increase caregiver's skills	Jefferson County HS	Various internet sources [inc. the Denver Regional Council of Governments, Area Agency on Aging (DRCOG AAA)]	Existing website for Jefferson County Aging and Adult Services and/or Aging Well	Caregivers will learn skills needed for safe, effective caregiving in their own home	December 2012 and Ongoing
2. Develop home-based 1:1 option for caregiver coaching that is tailored to individual need	SRC	Home Health Agencies, Developmental Disabilities Resource Center (DDRC), SRC, Disease-Specific Organizations	Agencies willing to provide this type of service	Caregivers will receive skills training specific to their individual caregiving situation	December 2013 and Ongoing
3. Connect caregivers to DVD tools for skill-building	Jefferson County HS	Libraries, Physician Offices, Senior Centers	Private Funder	Caregivers will learn skills needed for safe, effective caregiving in the comfort of their own home	December 2012 and Ongoing
4. Select and implement work-life caregiver curriculum to be offered in work places for employed caregivers	Lutheran Family Services	Employers, Employee Assistance Plan (EAP) Providers	DRCOG AAA, Private CO Funder	Caregivers will have improved work-life balance	December 2013 and Ongoing

GOAL 2 - Develop options for respite services that support caregivers and promote aging in place

OBJECTIVE 1 Increase number of qualified persons in the field of care giving					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Develop caregiver training certification program in Jefferson County	Red Rocks Community College, Workforce, SRC, PASCO (Personal Assistance Services of Colorado)	Recreation centers, libraries, private agencies and facilities	Grants, Workforce Investment Act funds	Caregiver certification curriculum developed and offered in Jefferson County	September 2012
2. Train or retrain mature individuals with a desire for providing direct care as front-line care providers	Jefferson County Options for Long Term Care	Jefferson County Workforce (Workforce)	Workforce Investment Act WIA funds, and/or Senior Community Service Employment Program (SCSEP) funds	Increased quality care providers	September 2010
3. Establish a registry of certified caregivers with background checks	Jefferson County HS	Red Rocks Community College, Workforce	California registry of caretakers	Availability of information to people seeking quality caregivers	September 2014

OBJECTIVE 2 Increase available respite options to support caregivers					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Ensure registry above of caregivers includes pool of providers for in-home respite care	Jefferson County HS	Red Rocks Community College, Workforce	California registry of caretakers	Caregivers will have access to in- home respite	September 2014
2. Explore the creation of a registry of available short-term respite beds in the county	DRCOG AAA	Nursing Facilities (NFs) and Assisted Living Residences (ALRs)	Colorado Association of Homes and Services for the Aging (CAHSA), California Assisted Living Association (CALA)	Caregivers will have information regarding short-term respite beds	March 2011
3. Develop information on volunteer respite options	Jefferson County HS	SRC, Love In The Name of Christ (Love INC), Share the Care, other faith based organizations	Grants	List created of volunteer people and organizations	September 2011

OBJECTIVE 3 Increase household supportive services					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Establish a "North, South, East, and West" Jefferson County resource list that provides yard work, tree limb removal, and snow removal at low or no cost	Personal Touch Senior Services In Home Care Assistance	Congregations, SRC, Volunteers of America (VOA)	Congregations, SRC, VOA	Individuals and caregivers will know where to find assistance to maintain a yard.	January 2015

Strategic Plan For 2016 Through 2030

GOAL 1 – Ensure businesses, community groups, and the public are educated about caregiver issues and supports

OBJECTIVE 1 Establish and implement a countywide community outreach campaign to inform residents about caregiver issues and supports

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Acquire resources to design an outreach campaign (as defined in objective)	Jefferson County Council on Aging (JCCOA), Jefferson County Department of Human Services (HS), or Seniors' Resource Center (SRC)	Jefferson County Department of Human Services (HS), Seniors' Resource Center (SRC)	2016	2017	Jefferson County (Jeffco) Caregiver Advisory Board could be a part of the JCCOA.
2. Design the outreach/marketing campaign	JCCOA, SRC, or HS	Schools (Red Rocks, Colorado University, Regis, Denver University, Metropolitan State College in Denver), or Professional Marketing Company	2017	2019	A college business program might be able/willing to use the idea as a project for students. JCCOA may utilize the Jeffco Caregiver Advisory Board.
3. Implement outreach/marketing campaign	SRC, HS	Libraries, Medical offices, Senior Centers, Recreation Centers	2019	Through 2030	Materials and approach should be updated every 3 years

OBJECTIVE 2 Establish and implement a countywide employer outreach campaign to inform employers about caregiver issues, needs, and supports

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Identify best practices for businesses to address caregiver issues.	SRC, Employee Assistance Professional Association of Colorado (EAPAC)	Businesses with good models of supporting caregiver issues, Employee Assistance Professional Association of Colorado (EAPAC)	2016	2017	Look into business practices and Employee Assistance Plans (EAPs) that accommodate the caregiver (i.e. flexibility, EAP caregiver benefits, etc).
2. Acquire resources needed to implement outreach to businesses	SRC	Grant foundations, Local businesses, Area Agency on Aging	2017	2019	
3. Implement outreach to businesses	SRC	Lutheran Family Services, volunteers	2019	2029	
4. Explore Options for, and possible implementation of, Adult Day Centers (ADCs) connected to work sites	SRC	Denver Federal Center, Jefferson Center for Mental Health (JCMH), and other large area businesses	2016	2030	It might be best to start with the Federal Center, as they already have an on-site day center for child care.

GOAL 2 – Ensure caregivers in Jefferson County have access to services and resources that provide support for caregiver needs

OBJECTIVE 1 Establish a physical location for a Caregiver Resource Center

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Establish a task force of providers, caregivers, & community members	HS or Jefferson County Caregiver Advisory Board	Jeffco Providers of Senior Services, Area Senior Centers, Church Groups, JCCOA, West Chamber	2016	2017	This group would come up with the business plan for the Caregiver Resource Center. The Jefferson County Caregiver Advisory Board (created in short term goals) may fill this role.
2. Locate land and building	HS or Jefferson County Caregiver Advisory Board	Jeffco Planning and Zoning, Local realtor	2017	2020	Explore options for a centralized location and feasibility
3. Explore Funding	HS or Jefferson County Caregiver Advisory Board	Grant Writers, Rose Community Foundation, Donor Solicitor, University Class	2017	2020	Ascertain the funding necessary to carry the vision of the Resource Center to completion
4. Build/Remodel and open the Jefferson County Caregiver Resource Center	HS or Jefferson County Caregiver Advisory Board	Home modification/ accessibility companies that operate in Jefferson County; Existing or upcoming Jefferson County development projects	2019	2021	

OBJECTIVE 2 Demonstrate best practices in caregiving for the caregivers of Jefferson County					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Start Year**	**End Year**	**Comments**
1. Showcase universal design in demonstration lab	HS or Jefferson County Caregiver Advisory Board	Contractors of Universal Design, Home Depot, Lowes, Habitat for Humanity, SRC, a reality show for building accessible houses, Roslyn Carter Foundation, Accessible Systems, DRCOG, Warren Tech	2021	2022	We recommend this lab be housed in the Jefferson County Caregiver Resource Center. Such a lab will educate caregivers, builders and community members on the many devices available to help in caregiving.
2. Ensure availability of caregiver training classes	HS or Jefferson County Caregiver Advisory Board	National Family Caregiver Association and other associations that provide training. American Red Cross, SRC, VOA, VNA, Colorado Board of Nursing	2021	2022	Ensure caregivers have both informational and hands-on training.
3. Provide information and referral assistance with computer access	HS or Jefferson County Caregiver Advisory Board	DRCOG, HS, Colleges	2021	2022	Caregivers have accessible resources including access to the caregiver registry.
4. Offer support groups and counseling for caregivers	HS or Jefferson County Caregiver Advisory Board, Lutheran Family Services	Diagnosis specific groups (i.e. Alzheimer's Association), Lutheran Family Services	2021	2022	Supports emotional needs of caregivers at a centralized location within our county

Aging Well In Jefferson County, Colorado

Health, Mental Health, Wellness and Prevention

Aging Well In Jefferson County, Colorado

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Introduction

The topic of physical health, mental health, wellness and prevention necessitates a lengthy introduction including a discussion of broad trends. A significant increase in both the percent and actual numbers of elderly has substantial implications for the provision of health care, mental health, and wellness and 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 (National Center for Health Statistics, 2008).[1] 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 (Denver Regional Council of Governments, 2006)[2] which will influence health care as many beliefs and attitudes are tied to culture. It will be important that services in the future reflect 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 services become increasingly 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.

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.

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 Information and Referral Department, Jefferson Center for Mental Health with Senior Reach and Navigators, St. Anthony's Hospital Health Passport Program sponsored by Centura Health, Senior Care of Colorado, and Kaiser's Care Coordination model.

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.

Short-term and long-term strategic plans will follow the report and were developed in the second year of the project. ◆

Process

The Physical Health, Mental Health, Wellness and Prevention Workgroup began meeting in September, 2008. Workgroup members represented a variety of organizations including Centura Health (St. Anthony's Hospital), Total Longterm Care, Apex Recreation Center, Exempla West Pines, Exempla Lutheran Medical Center – Collier Hospice Center, Jefferson County Human Services, Jefferson County Public Health, Kaiser Permanente, Healthways SilverSneakers, Jefferson Center for Mental Health, and others.

Due to the vast nature of this topic, initial discussions centered on what information to gather and what framework to utilize in developing recommendations. As a result of that extensive discussion, several subgroups were formed addressing various aspects of physical health, mental health and wellness and prevention. The full workgroup followed the format provided by the project facilitators. Subsequently information related to past and projected trends, strengths and assets and gaps in services was collected and recommendations were developed. The below report provides information on: 1) Health Care Workers, 2) Health Facilities, 3) Mental Health Services, and 4) Wellness and Health Promotion.

Information was garnered from community organizations, organizational experts, the Internet, subject matter experts, input from members of the Jefferson County Council on Aging (See Appendices B and P) and publications and mapping experts. Much of this information appears in the appendices of this report. The workgroup as a whole continued to meet on a monthly basis, with each sub-group meeting independently. During monthly meetings, findings were shared, brainstorming occurred, and decisions were made. In addition, Elena Gutierrez compiled the gathered information and wrote the first drafts of this report.

Terms and definitions used in this report can be found in Appendix A. ◆

Trends

Health Care Workers

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.

The number of physicians (See Appendix F), nurses (See Appendix I), pharmacists (See Appendix K), mental health providers, social workers, and other health care providers specializing in geriatrics has been falling and will continue to be limited. Based on 2006 data, a total of 9 census tracts (6 in Lakewood East Central & 3 in Arvada South) were designated as Primary Care Health Professional Shortage Areas. Seven census tracts (mostly in Lakewood East Central) were designated as Underserved Areas/Populations (See Appendices H.1 and H.2).

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 1000 population as compared to a national average, 90% practice in urban settings which make the shortages disproportionate to rural and frontier areas. Lack of Primary Care Physicians who are the usual source of care is an issue in parts of Jefferson County. A phone survey to determine the number of physicians accepting new Medicare patients in the West Denver Metro Area found very few with openings (St. Anthony's Hospital Health Passport Program, 2009).[3] (See Appendices D.1 and D.2 for additional information).

There is a nursing shortage of approximately 11% in Colorado and it is growing (U.S. Department of Health and Human Services, 2002).[4] A 31% shortage of nurses is projected by the year 2020 in Colorado due to aging of the work force, persons entering this field at a lower rate than the overall population increase, and fewer qualified nursing faculty members (Colorado Center for Nursing Excellence, 2004).[5] Also, 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 (See Appendix I).

A shortfall of pharmacists 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 (See Appendix J). The cost of daily medication for the chronically ill even under Medicare Part D can be overwhelming for low-income seniors that do not qualify for Medicaid. Seniors on multiple medications and without a usual source of care 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 other cities in Jefferson County (See Appendix K).

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 (See Appendix L).

Health Facilities

Older adults are hospitalized more frequently and need longer, more intensive care than a younger cohort. 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.

Utilization of hospice services (end-of-life care that is in reality quality-of-life care for the terminally ill) will continue 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 (See Appendix M). 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 on 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."

Palliative care (care for the terminally ill who may survive more than six months or who have chosen to continue aggressive/curative treatments without sacrificing comfort) is becoming a more important part of the infrastructure of health care for persons experiencing a life-ending illness. A benefit to providing palliative care would be a decrease in the volume of emergency rooms. Hospice and palliative care provides 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.

Other important health facilities/services include urgent care, emergency care, nursing homes, and home health care. The number of urgent care clinics will continue 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 conditions will find bed space limited and wait times for admittance longer.

Mental Health Services

The number of Americans experiencing mental disorders late in life will continue to grow as life expectancies increase. Most of the increased spending in mental health has been for psychotropic drugs since much of the care is provided in relatively inexpensive outpatient settings rather than hospitals. Primary Care Physicians (PCPs) or specialty mental health providers are the most likely caretakers and PCPs prescribe the majority of drugs for psychiatric conditions (Mental Health America, 2009).[6] 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 in spite of increased identification by families and PCPs. Stigma felt by older people regarding use of 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 dwindled and is projected to fall even farther.

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. Also in 2008, Medicare co-payments began a 6-year incremental change for mental health services from 50% of cost to 20% of cost.

Wellness and Health Promotion

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 (See Appendices Q, R, S.1 and S.2). 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 (Ory, Resnick, Chodzko-Zajko, Buchner, Bazzarre, 2005).[7] Wellness and health promotion programs for the elderly include, but are not limited to fall prevention, injury prevention, nutrition, physical fitness and exercise, social support, health screening and smoking cessation programs (See Appendices S.1, S.2 and T). 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

Health Care Workers

A significant asset is that there are a number of group practice organizations in Jefferson County that specialize in physical care for seniors (See Appendix E). These include Senior Care of Colorado, Wheat Ridge Internal Medicine, Total Longterm Care (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.

Colorado has 31 nursing programs and six graduate degree programs. The ability to further increase the number of nurses trained and working in Colorado will be important to senior health care in the coming years.

Historically, there has been only one pharmacy school in Colorado at the University of Colorado, Denver campus. The addition of a second school of pharmacy at Regis University in 2009 and increased use of pharmacy assistants will somewhat reduce the predicted shortage of pharmacists.

Health Facilities

Jefferson County is currently home to Exempla Lutheran Medical Center in Wheat Ridge, which is part of the Exempla hospital system. In 2010, St Anthony Central (part of the Centura hospital system) will move its facility to a newly constructed campus 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, 2008). Both hospitals offer a variety of inpatient and outpatient services as well as community services to area seniors. The St. Anthony's Hospital Health Passport program provides numerous programs that give support and guidance to area seniors even beyond health issues. Exempla Lutheran Medical Center also offers a number of senior community programs.

There are 13 hospices that serve the greater Denver Metro Area, 4 of which are fully or partially facility-based including the Exempla Lutheran Hospice at the Collier Hospice Center. Given that 85% of hospice care in the greater Metro Denver Area is home-based there is substantial unused capacity.

Another strength is that Jefferson County has five urgent care facilities, substance abuse detoxification, emergency rooms in both hospitals, home health, and more nursing home beds than most counties. Most urgent care facilities in Jefferson County treat mainly physical ailments and refer patients to see their PCP or psychiatrist as soon as they are able to get an appointment (See Appendix N).

Jefferson County is fortunate to have emergency room availability because seniors account for many visits that start in the emergency room and end in admissions for further medical treatment. Home health care is reimbursable by Medicaid and Medicare when prescribed by a physician and Seniors' Resource Center provides home care and respite and adult day care 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 is also available through numerous private companies and the hospitals.

Mental Health

The primary providers for outpatient mental health services outside of the PCP's office are Jefferson Center for Mental Health (which has a Senior Services Division), Exempla West Pines, and a few private providers specializing in geriatrics, such as 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 abuse support groups that are all available to seniors. The only inpatient provider for mental health services in Jefferson County is Exempla West Pines which has 38 psychiatric beds.

Planning efforts are needed to increase the number of health care workers/providers in Jefferson County

The Jefferson Center for Mental Health (aka '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 abuse/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. The continuum of care includes the award winning Senior Reach community program which provides community education to identify older adults who may be in need of support and creates a way to connect these clients to therapeutic mental health services. Senior Reach has provided community education to over 6,000 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. They work closely with Options for Long Term Care to provide screenings for all persons moving into nursing homes with a mental illness and provide education to community providers about seniors and mental health.

Wellness And Health Promotion

Nationally, reimbursement for wellness, health promotion and prevention has been focused on immunizations, disease screening and monitoring, and services needed to deal with 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. Throughout the county many wellness programs are offered through parks and recreation centers, senior centers, the mental health center, public health, hospitals and others.

Good dental, hearing and vision care are critical components to wellness and health promotion. Medicare Advantage Plans offer the option for dental, hearing & 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. Dental services in particular have narrow eligibility requirements for services and/or limited services available. Services for very low vision or blind individuals appear to be adequate. ◆

Gaps

Health Care Workers

Planning efforts are needed to increase the number of health care workers/providers in Jefferson County relative to the expanding senior population for most disciplines (See Appendix C). 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 across all health care providers, a 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, www.healthset.org, provides free health care screenings and social services to low-income elderly at Marcella Manor in Arvada, 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.

Health Facilities

Jefferson County has many strengths in its community concerning health care facilities; however, the following gaps have been identified. Although there is no shortage in hospital service, an identified gap is the lack of consolidated information and referral sources in the community for discharge planning. Urgent care centers are not available for adequate treatment of mental illness (discussed below). Community understanding about when to visit an emergency room rather than other less intensive and less costly services is lacking. Home health care visits may be limited by an individual's health plan. Hospice care is not utilized to the extent it could be. The median time in hospice care is only 3 weeks, one-third of hospice care is for only a week, and accessibility to palliative care is limited. 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.

Mental Health

Although efforts are being made to educate the public about mental health and older adults, more professional and patient education is needed to address the underutilization of mental health services. Primary Care Physicians, who prescribe most of the psychotropic medications for seniors and are a primary referral source, need more education about existing diagnostic tools and local referral sources, such as Senior Reach, to identify mental 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 (See Appendix O). There is a general lack of public knowledge about signs/symptoms of mental distress or illness, available mental health resources, and the potential for recovery. There is still a stigma related to seniors seeking mental health services. Services to seniors are also impacted by low Medicare reimbursement to mental health professionals, reimbursement limits that require services be provided by LCSWs or PhDs, high copays (up to 50%) and lack of transportation to access services. There are also severe shortages of inpatient Geropsychiatric beds and Geropsychiatrists who accept Medicare. Exempla West Pines is limited in the types of medically complex patients it can admit for psychiatric inpatient services due to not being based within a medical hospital. A shortage of psychiatrists and mental health providers specializing in geriatrics is anticipated. Funding for programs like Senior Reach or others providing non-traditional programming is limited (See Appendix P).

Wellness and Health Promotion

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. The Fall Prevention Network Referral System (See Appendix R) is a coordinated community referral system focused on decreasing preventable falls in the older adult population that plans to expand into Jefferson County in the next 3 to 5 years but is a current gap in services. Primary Care Physicians 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 such care. Wellness and health promotion "perks" may disappear if the payment reimbursement rates to providers do not allow these kinds of incentives for seniors. ◆

Report Wrap-Up

Jefferson County is fortunate to have many organizations, programs, and services dedicated to serving seniors now and planning for the future demographic bulge that will occur. 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. The recommendations from the Physical Health, Mental Health, Wellness and Prevention Workgroup include:

- Support for the numerous programs in Jefferson County that offer integrated models of care for the provision of all related health care services to 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 for a comprehensive information and referral system that is elder-friendly and well-publicized as the one-stop shop for seniors.
- Support a workforce development study for health care workers of all disciplines and cultures and a plan to attract them to Jefferson County.
- Support more sliding-fee scale services for low-income seniors to make sure access to needed health services is available.
- Support and provide 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 palliative care, low cost dental/vision, free and low cost care management, urgent care for mental illness instead of emergency room care, and future shortage of nursing home beds.
- 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 via technology. ◆

Appendices

Appendix A: Terms and Definitions Used in Report

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

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.

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

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.

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.

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 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
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.

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.

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.

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 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).

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.

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

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: Results of Survey of Jefferson County Council on Aging Members Regarding Physical Health, Mental Health, Wellness & Prevention, April & May 2009

How do you personally define physical and mental health?

- Being able to move about the community and able to assist others in some way to enjoy their lives
- Feeling good inside and out! Being able to be active and engaged
- Able to do what I want to do
- Mental health has to do with the mind and the attitude. Poor mental health can affect the physical health. Physical health is everything else about the body
- Able to do what you want to do, think and share in your world with interest in your neighbor's ability to do the same
- Keeping fit and sharp in both body and mind
- Hmmmm
- Having the ability to care for oneself and then knowing when you have reached the stage when you are not capable
- Physical - well being of the body to enable the person to care for their needs and enjoy activities; mental health - a sense of well-being and balance
- Happy and healthy
- Good health with a positive attitude
- The ability to enjoy life and pursue your personal interests
- Absence of illness
- Physical and mental health are present when a person can be independent enough to provide quality of life which includes dignity
- Physical health is your health status and ability to maintain a lifestyle one has been accustomed to without limitations. Mental health is your state of mind and deals with depression and/or clinical diagnosis
- A state of grace - physical well being and peace of mind and heart

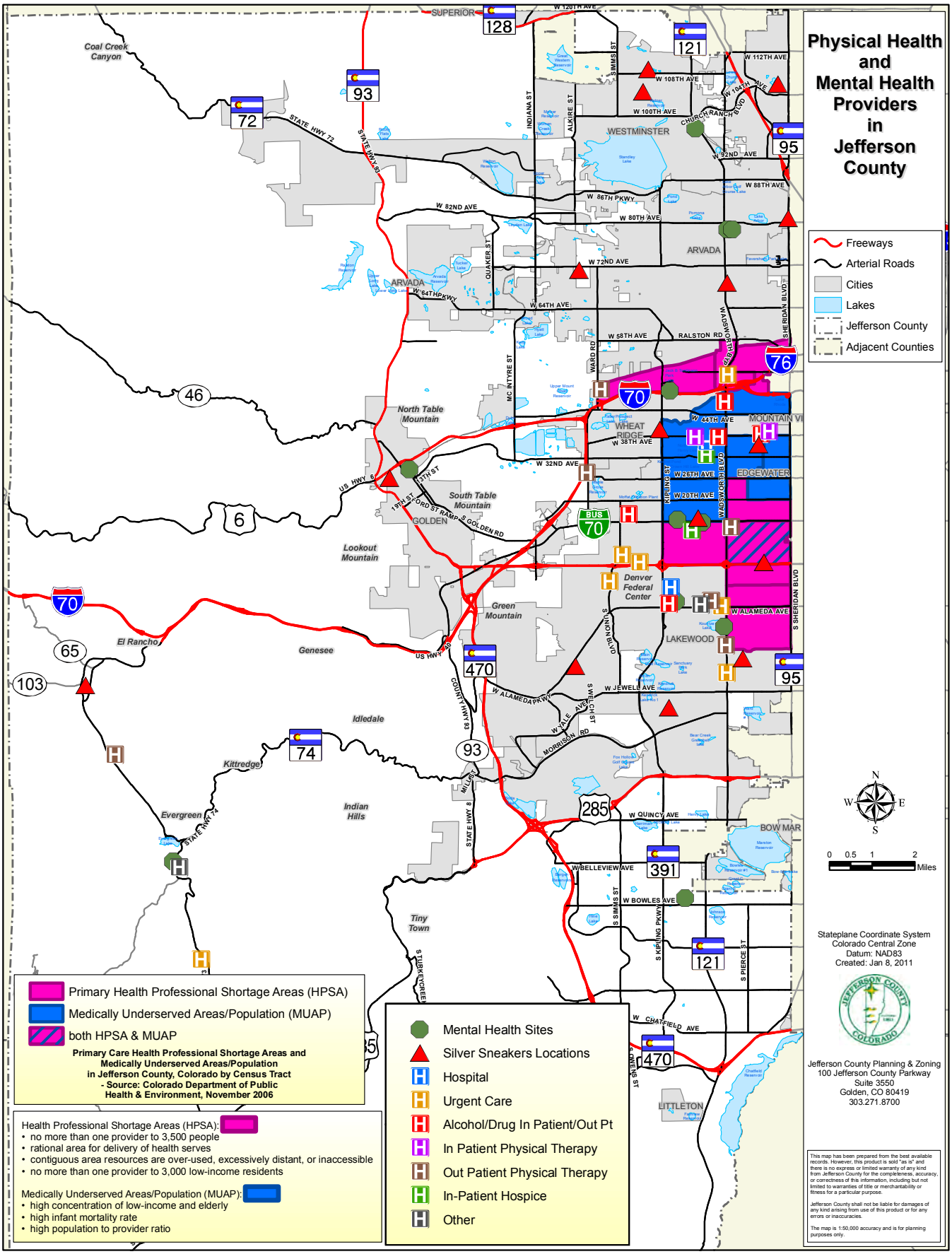
What are the barriers, if any, to accessing physical and mental health resources in Jefferson County?

- Not having enough medical insurance - - not enough MDs specializing in senior problems
- Locating the resources, what doctors accept what insurance, how to get to doctors. if don't drive. For mental health still seems to be a fear to acknowledge one may be struggling in this area
- Info
- Transportation and money to pay for medical bills
- Money
- Lack of information
- Not enough money to take care of this population
- Health insurance, or the lack of it, is the deciding factor, regardless of what the patient wants
- Lack of information
- Knowledge, money
- Cost
- Cost and transportation
- Client denial of a problem
- Transportation, ability to pay
- Money, not enough resources
- Lack of a Primary Care Physician and a care coordinator to assist with navigation and patient advocates
- Having one person as a go-to for my care continuum
- Homebound people and not much home delivered service

What could be done to help people learn about and take advantage of the physical and mental health resources that are available?

- More articles in suburban newspapers
- It seems in recent years there have been more marketing efforts, which is good. Senior Reach seems like a gentle way to identify people that may need help
- Get info out
- Seniors seem to watch a lot of TV, so maybe something on TV. Having the medical people more aware of the services a senior needs
- Smaller community focus
- Main Information and Referral central number and web page
- More information through media, presentations, agencies, awareness to the community on an ongoing basis
- We need a clearing house of information that is put together by a non-partisan group
- More communication and education
- Educate referral sources including doctors
- Advertise in local papers and recreation centers
- Advertisement in all medias
- Advertisements on the local news stations and radio announcements
- TV info-mercials
- More access to the information
- Increased community awareness and education and training of health care professionals
- Outreach education at churches and senior centers
- Develop a publicly available palliative care, home based program

Appendix C: Map of Physical Health and Mental Health Providers in Jefferson County



Appendix D.1: Jefferson County Medicare Providers, January 2009

Please note that some of these providers may be on the Medicare list but may not actually be accepting any new clients.

Practice Specialty	Number of Providers
Allergy and Immunology	12
Anesthesiology	136
Cardiology	44
Chiropractic	89
Critical Care	33
Dentistry Maxo-facial surgery	0
Dental oral surgery	5
Dermatology	10
Emergency	191
Endocrinology	10
Family Practice	368
Gastroenterology	19
General Practice	15
Geriatric	30
Hematology	5
Infectious Disease	8
Internal Medicine	411
Nephrology	13

Practice Specialty	Number of Providers
Neurology	31
Obstetrics/Gynecology	105
Oncology	67
Ophthalmology	37
Optometry	135
Orthopedics	58
Otolaryngology	10
Pain Management	18
Pathology	17
Physical Medicine and Rehabilitation (incl. Osteopathy)	38
Podiatry	14
Preventive Medicine	19
Psychiatry (including Addictionology)	40
Pulmonology	32
Radiology	211
Rheumatology	5
Surgery	56
Urology	0

Appendix D.2: Additional Information about Jefferson County Medicare Providers, January 2009

Colorado ranks 20th in the nation in the number of physicians relative to the state's population. In 2004, Colorado had fewer physicians (292 per 100,000 population) or around 2 percent less than the national average (297 per 100,000 population). The Colorado Health Institute recently surveyed physicians for its Colorado Health Professions Database. Of the 16,138 physicians who renewed their 2005 medical license, 7,715 (48%) submitted survey forms. Of the 5,140 survey respondents who indicated a primary practice in Colorado, about 90 percent practiced in urban settings, while nine percent practiced in rural locations and less than two percent in frontier locations. Of the almost 5,000 respondents who provided a year of birth, 35 percent indicated they were 55 years of age or older and the mean age was more than 50 years. Based on this statistic, coupled with the aging of the general population, Colorado's challenge in maintaining an adequate physician workforce could intensify.

From: 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. Appendix E: Jefferson County Physician Groups

Appendix E: Jefferson County Physician Groups

Business / Provider / Contact Info	Payor Source	Other Financing	Client Costs / Fees	Availability / Counties	Comments / Other Info
Senior Care of Colorado (SCC), 303-306-4321, seniorcareofcolorado.com	Medicare; Medicare with Medicaid as secondary; Colorado Access Advantage; Evercare; Rocky Mountain HMO; Secure Horizons			Private provider group for those 65+ yrs, accepting all insurances but Kaiser; provide office visits, nursing home and senior living residences visits; home visits if justified; average wait for appointment for new client is 0 days; average wait for time for existing client 5 days, extensive service area to Wyoming.	Provider network includes 32 physicians, 30 nurse practitioners and physician assistants, referrals to specialists, referrals to transportation as needed. Client database approx. 13,000 patients in service area, visit approx. 258 facilities; in business for approx 12 years and state they are growing. Estimate 2,485 patients in Jefferson County. Market share estimate of almost 5% of Denver Metro seniors age 65 and up.
Total Longterm Care, 303-869-4664	Medicare; Medicaid		Medicaid and Medicare pay for program; if Medicare eligible but not Medicaid eligible, participant pays Medicaid portion; do not have to be Medicare eligible; flat monthly fee if do not qualify for Medicaid; must un-enroll from HMO.	Must be 55+ yrs of age, nursing home eligible. Provided: primary and specialty medical care, prescriptions, adult day centers, transportation, rehab and restorative therapies, dietary services, in-home support and care, social work, hospitalization.	Based on PACE model, Program of All-inclusive Care for the Elderly (PACE) mode, first in CO. There are five metro area Day/Health Centers with a network of transportation.
Partner Health Initiatives, specialist referral program of Metro Community Provider Network (MCPN), (Federally Qualified Community Health Center or FQHC)	Medicare; Medicaid	Federally funded FQHC Federal scale for self-pay	Colorado Indigent Care discount program (CICP), Colorado Access, private insurance. Varies with specialty and care required.	Must be MCPN client in Jefferson or Arapahoe Counties and medically needy; program uses system of specialist provider referral on rotating basis and provider availability.	In 2007, of 504 patients referred, top needs were cardiology at 47%, orthopedics at 43%, endocrinology at 6%, and oncology at 4%. 185 of 504, or 37% were seen. 85% of denials were of self-pay/federal scale and CICP clients; 15% (7) of denials had Medicaid, 6% (8) had Medicare, 1% (2) had Colorado Access, and < 1% (1) had private insurance.
Kaiser Permanente (KP): HMO	Medicare; Medicaid		Per plan	Total of 29 internists, 21 family practice physicians, and 13 mid-level providers in the 4 clinics in Jefferson County. 2 geriatricians in KP who serve all clinics. One Gero-psych MD. There are 10 Senior Care Coordinators (RNs) and 20 Chronic Care Coordinators (RNs) who manage the elderly.	Kaiser partners with Silver Sneakers and the Alzheimer's Association; offers Bereavement Support Groups and has Centers for Alternative Medicine.

Provider Database 2/09

Appendix F: Jefferson County Physician Demand Estimates – 2008

Specialty	Number of Physicians Needed by Age			
	00-17	18-44	45-64	65+
Allergy/Immunology	2.2	3.5	4.5	0.9
Cardiology	0.1	2.1	10.7	14.8
Dermatology	1.6	4.7	7.0	4.5
Gastroenterology	0.2	5.2	12.4	7.0
General & Family Practice	14.9	40.5	60.9	23.5
General Surgery	0.7	6.9	12.8	5.9
Hematology/Oncology	0.0	1.3	5.2	3.9
Internal Medicine	1.9	23.4	48.5	33.9
Medical Subspecialties	0.2	5.2	6.0	2.7
Nephrology	0.0	0.8	2.1	3.0
Neurology	0.4	3.2	6.2	3.4
Obstetrics and Gynecology	1.1	31.6	13.3	2.7
Ophthalmology	1.6	3.4	10.3	13.5
Orthopedic Surgery	4.0	10.9	17.2	6.5

Specialty	Number of Physicians Needed by Age			
	00-17	18-44	45-64	65+
Other	0.5	4.5	6.6	0.8
Other Pediatric Subspecialty	2.8	0.0		
Otolaryngology	2.2	3.8	5.7	2.8
Pediatric Cardiology	0.5	0.0		
Pediatric Neurology	0.6	0.1		
Pediatric Psychiatry	2.0	1.0		
Pediatrics	55.6	0.9		
Physical Medicine and Rehab.	0.2	2.5	4.3	0.7
Plastic Surgery	0.3	3.8	4.8	1.6
Psychiatry	2.6	10.6	14.9	1.9
Pulmonary	0.1	0.8	2.1	2.7
Rheumatology	0.1	1.8	4.3	1.8
Surgical Subspecialties	0.2	5.4	10.8	5.5
Urology	0.4	2.2	5.8	6.2

Source: Thomson Reuters

Appendix G: Pharmacist/Pharmacy Shortage Factors

Reasons for shortage: [3]

- 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: [4]

- 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.[4]

From 1990 to 2000, there was a 16% decline in number of pharmacists per 100,000 population in Colorado. [1]

- Population increased from 3.29 million to 4.3 million
- Number of pharmacists 2598 to 2863

Near 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.[2]

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.[2]

	2001 FTEs[a]	2020 FTEs[b]
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

[a] *Estimated deployment of pharmacists in 2001*
[b] *Estimated needs*

Additional estimate for non-patient care pharmacy needs:[2]
2001–24,600 2020–47,500

Total FTE pharmacists needed in the U.S. in:[2]
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. [2,3]

Employers need to work to retain current employees, persuade retired pharmacists to return to workforce, recruit replacements.[4]

Pharmacy Schools:

- University of Colorado: 2008 graduates: 108 traditional, 46 non-traditional
- Regis University (starting a program in the fall of 2009)

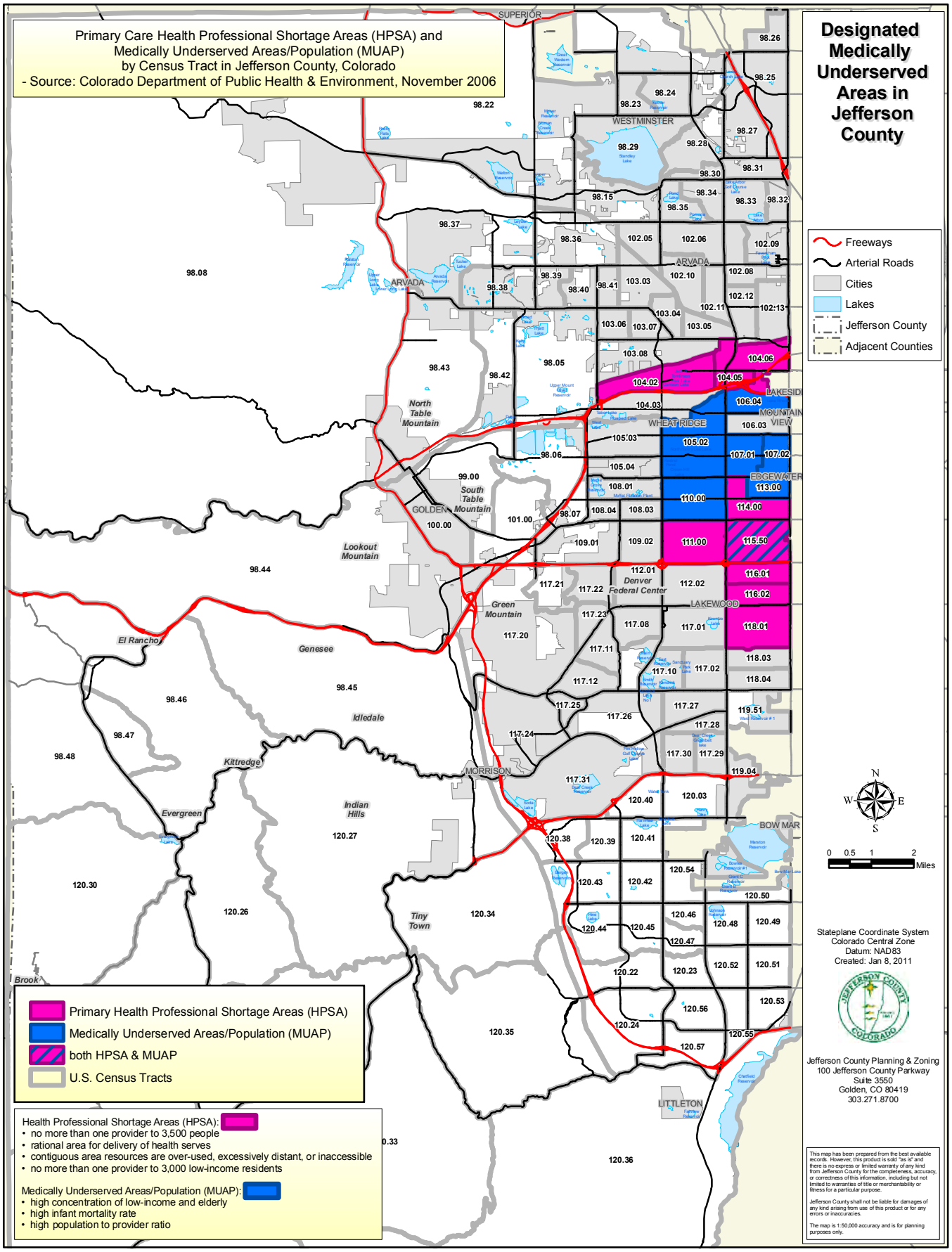
Pharmacy Issues:

- "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." [5]
- 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.

References:

[1] *Walton SM, et al. Examination of State-level Changes in the Pharmacist Labor Market Using Census Data. Accessed 1/26/09 at http://www.medscape.com/viewarticle/557159_print.*
[2] *Knapp DA. Professionally Determined Need for Pharmacy Services in 2020. Am J Pharmaceutical Education. 2002. 66:421-429.*
[3] *Cohen JL. Pharmacist "Shortage" and Class Size: What are the Issues? Am J Pharmaceutical Education. 1999. 63:105.*
[4] *Gaither CA, et al. Should I Stay or Should I Go? The Influence of Individual and Organizational Factors on Pharmacists' Future Work Plans. Accessed 1/26/09 at http://www.medscape.com/viewarticle/557156_print.*
[5] *National Association of Chain Drug Stores. Medicaid Pharmacy Cuts Could Force More Than 11,000 Pharmacies to Close, Affecting 300,000 Jobs and $31.1 Billion in Output. Accessed 1/26/09 at http://www.nacds.org/wmspage.cfm?parm1=5806.*

Appendix H.1: Map of Designated Medically Underserved Areas in Jefferson County



Appendix H.2: Additional Information about Designated Medically Underserved Areas in Jefferson County

"Access to primary health care in Colorado is influenced by a wide spectrum of factors such as the location of health care facilities, the cost of health insurance, the availability of employer-sponsored health insurance and the geographic concentration of healthcare providers. Access for Coloradans receiving health care via public programs is also affected by providers' willingness to accept clients in these programs and to agree to reimbursement rates provided by the government.

Shortage designations:
In order to mitigate shortages of health care providers and address geographic health disparities, the Primary Care Office applies federal shortage designation criteria to determine if geographic areas or population groups qualify as Health Professional Shortage Areas (HPSAs), Medically Underserved Areas (MUAs) or Medically Underserved Populations (MUPs).

For a geographic area to receive a HPSA 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 MUA designation or for a population in a particular area to receive a MUP 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."

Source: "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. Kitty Stevens, RN, MSN, Director Primary Care Office, CDPHE, and Amy Downs, MPP, Senior Health Researcher, Colorado Health Institute

These are the census tracts designated in Jefferson County as Primary Care Health Professional Shortage Areas:

Arvada South

C.T. 0104.02

C.T. 0104.05

C.T. 0104.06

Federal Correctional Institution - Englewood

Lakewood East Central

C.T. 0111.00

C.T. 0114.00

C.T. 0115.50

C.T. 0116.01

C.T. 0116.02

C.T. 0118.01

These are the census tracts designated as a Medically Underserved Area/Population

Jefferson Governor Service Area

CT 0105.02

CT 0106.04

CT 0107.01

CT 0107.02

CT 0110.00

CT 0113.00

CT 0115.50

From: Colorado Department of Public Health and Environment, February 3, 2009

Appendix I: 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. [1]

[1] 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 [2]

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%

[2] 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 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 J: Seniors: Barriers to Medication Compliance

Statistics: [1,2,4]

- Almost 29 percent of Americans stop taking their medicine before it runs out.
- 22 percent of Americans take less of the medication than is prescribed on the label.
- 12 percent of Americans don't fill their prescription at all.
- 12 percent of Americans don't take medication at all after they buy the prescription.
- The number one problem in treating illness today is patients' failure to take prescription medications correctly, regardless of patient age.
- 10 percent of all hospital admissions are the result of patients failing to take prescription medications correctly.
- 23 percent of all nursing home admissions are due to patients failing to take prescription medications accurately.
- 36 percent of Americans have basic or lower literacy levels.
- At any given time, up to 59 percent of those on five or more medications are taking them improperly.
- The average length of stay in hospitals due to medication noncompliance is 4.2 days.
- More than half of all Americans with chronic diseases don't follow their physician's medication and lifestyle guidance.
- Two-thirds of all Americans fail to take any or all of their prescription medicines.
- Depressed patients are 3 times more likely to be noncompliant.
- Each increase in frequency of daily dose led to 22 percent decrease in compliance.
- In 2003, 10.1 percent of elderly with at least one chronic condition did not purchase at least one prescription drug because of cost. Non-Hispanic whites: 9 percent, Non-Hispanic blacks: 17 percent.
- Among low-income elderly Medicare beneficiaries, 17 percent reported being unable to fill at least one prescription drug.

Causes: [1,4]

- Can't afford medication, mobility/transportation issues.
- Too many medications; adverse effects.
- Dementia/confusion: can't remember to take medication.
- Diversion by family members or caregiver.
- Multiple daily dosing regimens.
- Complicated instructions (i.e. inhalers, Fosamax).
- Mental health patients often are not compliant with meds (i.e. prefer mania over mood stabilizer).
- Poor communication between physician and patient.
- Anger/retaliation, lack of counseling, lack of education.
- Inability of patient to understand complex medical issues.
- Other issues: too many prescribers, too many meds, duplication of meds.
- Cultural attitudes (i.e. prefer to spend money on family instead of medications).
- Religious beliefs (i.e. take meds during time of fasting?).
- Family dynamics.
- Emotional or psychological concerns (i.e. if I take an antidepressant that means I'm crazy, denial, control issues).
- Think they don't need medications if they're not having any symptoms.
- Depression

Solutions: [4]

- Health care practitioner should work with patient in making medical decisions.
- Improve education through layperson terms including management of the disease, treatment options, emphasizing patient's responsibility.
- Write out treatment plan/create written reminders.
- Simplify therapy: discontinue unnecessary medications.
- Don't treat side effects with medications. Instead, explore alternatives with fewer or more tolerable side effects.
- Telephone reminders or other medication reminders.
- Computer systems that alert pharmacy to gaps in fill history or overfilling of medications.
- Master database that allows pharmacists to check across multiple systems.
- Frequent compliance and pill checks.
- Keep instructions to sixth-grade reading level.
- Investigate if patient has low literacy level.
- Ask patient if there are financial issues.
- Instructions should be available in multiple languages.
- Educate, educate, educate (both health care professionals, patients, and family members).
- Discuss issues with patient.
- Use memory aids or tools (i.e. set an alarm, reminder cards, pill boxes, computerized caps, medisets, compumed).
- Emphasize importance of asking for help.

References:

[1] *Burley P. 10 Barriers To Compliance And How To Overcome Them. RN Web. Avail at http://rn.modernmedicine.com/rnweb/article/articleDetail.jsp?id=409542. Accessed February 23, 2009.*

[2] *American Heart Association. Statistics You Need To Know. Available at www.americanheart.org/presenter.jhtml?identifier=107. Accessed February 23, 2009.*

[3] *Dezii CM. Medication Compliance: What Is the Problem? Managed Care 2000. 9(9). Available online at http://www.managedcaremag.com/supplements/0009_compliance_suppl/0009.compliance.pdf. Accessed February 23, 2009.*

[4] *Reed MC. An Update on Americans' Access to Prescription Drugs. Center for studying health system change. 2005. 95. Available at http://www.hschange.com/CONTENT/738/738.pdf. Accessed February 23, 2009.*

Appendix K: Pharmacy Statistics for Jefferson County

City	Unincorp	Pop	% over age 65	RX's	24-hr RX	# persons per pharmacy
Arvada	No	103459d	12.1% d	19	0	5445
Conifer/285	Yes	13970 b	6.2% c	2	0	6985
Edgewater	No	5351 a	19.1%	2	0	2676
Evergreen	Yes	22750 b	9.5%	5	0	4550
Genesee	Yes	3699 c	7.8% c	0	0	No RX
Golden	No	17731 a	12.4%	4	0	4433
Indian Hills	Yes	1400 b	8.1% c	0	0	No RX
Kittredge	Yes	959	4.2% c	0	0	No RX
Lakewood (includes W Pleasant View)	No	148419 a	12.1% c	21	0	7068
Littleton, MCP (includes Bow Mar, Columbine, Ken Caryl)	No	57089 a	17.1%	19	1	3004
Morrison (includes Idledale)	No	418 a	47.7%	0	0	No RX
Mt View	No	549 a	23.3%	0	0	No RX
Pine (includes Buffalo Creek)	Yes	2010		0	0	No RX
Westminster, MCP	No	45620 a	7.4%	3	0	15207
Wheat Ridge (also includes Lakeside)	No	31889 a	24.1%	7	1	4556

[a] Jeffco Municipality Population 2004
[b] Jeffco Population 2005
[c] US Census Bureau, 2000
[d] US Census Bureau, 2005-07
MCP = multi-county places

Appendix L: Gaps in Senior Services for Vision, Dental, and Auditory in Jefferson County

Vision:

- 10 providers researched; they provide services for people in any county.
- 5 providers deal specifically with very low vision or blind and provide in-home training, training for employment &/or adaptive devices. No cost. Not financially based.
- 1 provider is a HMO.
- 1 provider provides information on resources in an individual's area. Accepts Medicare Part B. If uninsured, no cost to client. Full vision resources.
- 1 provider accepts Medicare, private insurance. No self pay.
- 1 provider accepts Medicare or Medicaid; comprehensive vision.
- 1 provider: financially qualify; free vision care & eye wear. By referral only.

Summary: Based on the above information, the following deductions can be made:

- There appears to be a lack of services for those people who do not qualify financially for low-income services, have no vision benefits or minimal Medicare coverage and cannot afford exams or treatments.
- There seems to be adequate services for very low vision or blind individuals. The question remains, are seniors aware of how to access these resources?

All vision providers who accept Medicare/Medicaid were not explored.

Auditory:

- 6 providers researched; they provide services for people in any county.
- 1 organization only deals w/ hearing aids; application fee; aids free.
- 1 organization provides sign language services to businesses, schools; fee for service.
- 1 organization provides services for all types of hearing loss (testing, fitting done); deep discounts or free of charge.
- 1 organization is a HMO.
- 1 organization provides visits in 17 rent-subsidized housing in Denver area (limited resource).

Summary: There appears to be a gap for general auditory exams for seniors who may not be able to afford the associated costs and are not covered by a Medicare Advantage plan that covers auditory services.

Dental:

- 13 providers researched; they serve people in any county.
- 3 providers service only the homeless.
- 4 providers: must qualify financially; one has a one-time visit only; some do only basic dental care; one has a 2-3 month wait.
- 2 providers provide discounted dental care (dental schools).
- VA: provides care to veterans of a specific class.
- 1 provider provides services for working adults only.
- 1 provider sees seniors in specific subsidized housing units.
- 1 provider is sliding scale and accepts Medicaid.

Summary: As is evident by above information, most senior dental services offer very defined dental care for a very specific population.

The average senior with no Medicare Advantage coverage or Medicaid would have to pay out of pocket for dental services. This may exclude many low-income seniors.

NOTES:
It is possible that Medicare Advantage plans will offer options for dental, hearing and vision coverage. Basic Medicare does not cover these areas.

Medicaid provides very little for adults for routine screenings for vision, hearing and dental. Old Age Pension/ Medicaid provides some dental assistance.

Most of the providers listed are not in Jefferson County, so accessibility may be a barrier. Prevention is very important in keeping health care costs down so gaps in these areas may lead to more expensive and extensive interventions.

4/15/09
Kathy Finstad, RN
Senior Care Coordinator
Kaiser Permanente

Appendix M: Palliative Care Study

Study Finds Palliative Care Effective, But Availability Varies

A recent study indicates that in states where there is greater access to hospital palliative care programs, patients are less likely to die in the hospital.

"America's Care of Serious Illness: A State-By-State Report Card on Access to Palliative Care in our Nation's Hospitals" was conducted by the Center to Advance Palliative Care and the National Palliative Care Research Center.

This study evaluated several aspects that affect patients in their last months of life. Findings showed that patients experienced fewer ICU/CCU (Intensive Care Unit/Critical Care Unit) admissions in their last six months of life, had fewer ICU/CCU admissions during terminal hospitalizations, and spent less time in an ICU/CCU in their last six months of life.

One-third of all Medicare spending is devoted to end-of-life issues. The study followed patients and their decisions regarding medical treatments and focused on quality of life. The study's goal was to identify the prevalence of, and hence access to, hospital palliative care programs in the United States.

The Center to Advance Palliative Care has created an interactive tool for users to access data from the study http://www.capc.org/reportcard/ by different groupings, including by state, hospital size, and for-profit and non-profit hospitals.

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 report ranged from 10 percent in Mississippi to 100 percent in Vermont.

Other tools on the Web site include the entire report in PDF format.

Colleen Shemesh
Marketing Specialist
Exempla Lutheran Hospice at Collier Hospice Center
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Appendix N: Urgent Care and Mental Illness Report for Jefferson County

According to Rocky Mountain Urgent Care in Lakewood, CO, mentally ill patients are not given a mental health assessment when they come into urgent care facilities reporting psychological and/or emotional concerns. Vanessa Willmore, a triage nurse at Rocky Mountain Urgent Care in Lakewood, reported that they typically re-route patients to the ER if they solely report mental health related symptoms.

Out of the 20 urgent care facilities in the Jefferson County area that were contacted, only 3 had a system in place for assessing mentally ill incoming patients. A clinical specialist at the North Lakewood Rocky Mountain Urgent Care reported that most of the time they identify a mental illness in a patient through a family member who has transported the patient to the urgent care office and has notified the staff of the patient's mental health diagnosis and/or symptoms. Additionally, they have patients self-identify their mental illness upon arrival to the urgent care facility. Otherwise, most urgent care facilities in Jefferson County treat mainly physical ailments and refer mentally ill patients to see their Primary Care Doctor or psychiatrist as soon as they are able to get an appointment.

If it is pressing, mentally ill patients are encouraged to take an ambulance from urgent care to a local hospital, typically Lutheran in Jefferson County, or have someone (typically a family member) transport the patient directly to the ER for a psych evaluation. The North Evergreen Urgent Care Center head nurse reported that it is quite rare for older adults to access urgent care for mental health concerns. She reported that most of the senior population that utilizes urgent care does so for fall related injuries. She said, "Typically older adults report mental health concerns or questions to their Primary Care Physician. We only see 1-2 patients a year for strictly mental health related concerns."

Overall, the general consensus was that there is a lack of treating mentally ill patients at urgent care centers in Jefferson County, as few older adults utilize urgent care for mental health services.

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303-235-6929 direct

Appendix O: Primary Care Physician Education about Mental Health in Jefferson County

As the population of older adults in Jefferson County begins to swell, it will be important for Primary Care Physicians to understand the needs and concerns about mental health and older adults. According to Trudy Persky, MSW, ACSW, in the past 10 years we have become increasingly aware of the high prevalence of psychiatric disorders in the nation's elderly population. "Although adults 60 years of age and older constitute 13 percent, their use of inpatient and outpatient mental health services falls far below expectations."

Several factors have been attributed to older adults who are in need not accessing mental health resources. Resistance to treatment for mental health disorders due to stigma within this older generation is a barrier. Also, there are myths about mental health and older adults, such as, feeling depressed as an older adult is normal. It is not normal and, in fact, older adults generally feel quite satisfied with their lives. Finally, it is known that when many older adults present with mental health concerns, this could first be expressed to their Primary Care Physician through somatic or emotional concerns. In fact, a substantial number of elderly people who die by suicide contact their Primary Care Physicians (PCPs) within a month before their death and about 60% of older adults receive their psychotropic medications through this source. We also understand that fragmented service delivery systems create confusion for both the older adult and referring PCPs.

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. It is known that many PCPs feel they lack adequate training and knowledge in this area and may too often attribute symptoms of mental illness to the aging process.

Examples of programs that help to address professional education for PCPs about older adults and mental health include:

- IMPACT - Onsite depression screening by PCPs
- Integrated physical and mental health care
- Online education for PCPs such as provided in Oregon
- Webinars from professional associations

Examples of local programs that help to address the fragmentation of systems that better support PCPs and potential referral sources about mental health include:

- Senior Reach
- Proposed DRCOG "Profile" campaign

In order to most effectively address the timely and accurate recognition of symptoms and referrals by PCPs, a combined professional education and defined, user-friendly, referral process would create a best practice model in Jefferson County to allow our seniors to "age well."

Appendix P: Mental Health Summary Report including Jefferson County Council on Aging Focus Group Input, March 2009

Feedback was solicited from the Jefferson County Council on Aging (JCCOA) at a focus group session on March 12, 2009. Questions were developed by the project consultant in conjunction with the workgroup members. Below are the results from the focus group session that are applicable to this particular report along with other mental health related information.

According to the 2009 Surgeon General's Report, "… mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and to cope with adversity."

Older adults attending the Focus Group in March, 2009, tend to be in agreement with the above definition as some of the definitions of mental health were:

1. You're able to adapt….learn more skills of adapting so you can be as functional as possible."
2. Having "the self-motivation to take care of yourself."
3. To do what you want to, when you want to do it.
4. You do things to promote your own health.

The Surgeon General's Report also notes that disability due to mental illness in people over age 65 will become a major public health problem especially with those having dementia, depression and schizophrenia. The report also states that "Primary Care Practitioners are a critical link in identifying and addressing mental disorders in older adults."

Furthermore, untreated mental health problems increase, by as much as 50%, the risk of physical problems, hospitalization, medical costs (unrelated to specialty mental health services) and nursing home placement.

Mental health services of Jefferson County were summarized by focus group participants as:

Strengths:

1. The Senior Reach model throughout Jefferson County.
2. Frequent opportunities for depression screens throughout the county.
3. Various crisis hotlines exist.
4. Mental health, self-help and substance abuse support groups are available.
5. Efforts are being made to educate the public about mental health and older adults.

Gaps:

1. Lack of counseling services for older adults.
2. Poor Medicare reimbursement.
3. Medicare reimbursement requires services to be provided by LCSWs (Licensed Clinical Social Workers) and PhDs.
4. Clinicians have difficulty getting on some of the larger insurance provider panels.
5. Inability for consumers to afford co-pays for services. This can be as high as 50% according to the National Institute of Mental Health (NIMH, 2009).
6. Reluctance of current cohort of seniors to seek mental health services.
7. Lack of transportation to access services.
8. Seniors unaware of available mental health resources.
9. Professional care providers unaware of available mental health services.
10. General lack of public knowledge about signs/symptoms of mental distress or illness.
11. Inpatient psychiatric beds where medical needs of seniors can be met.
12. Clinicians well trained in geriatric mental health.
13. Primary Care Physicians, who prescribe most psychotropic medications for seniors, not well-educated in geriatric mental health.
14. Depression often overlooked by PCPs due to subclinical or other manifestations.

Geropsychiatric prescribers: Of the 112 psychiatrists in Jefferson County listed on the Medicare.gov website, 22 (19.6%) work for Kaiser Permanente, 12 (10.7%) work for Jefferson Center for Mental Health and 3 (2.6%) are private psychiatrists who accept Medicare. Only 1 (0.8%) of the private psychiatrists was accepting new patients as of this study. The majority (66.9%) of the psychiatrists on the list did not accept Medicare in their practice though they were listed on the Medicare website as resources for Medicare recipients.

According to the 12/2007 Journal of American Geriatrics Society, "Primary Care Physicians spend very little time discussing mental health issues with older adults and do not often refer for mental health services even in the event of severe depression."

Appendix P: Mental Health Summary Report including Jefferson County Council on Aging Focus Group Input, March 2009 *continued*

Trends:

1. Slow increase in Medicare reimbursement which will continue until parity with physical health reached.

2. Non-physician prescribers.

3. Mental health stigma slowly decreasing.

4. More Medicare mental health services slowly expanding.

5. New programs now accepting Medicare such as:

- Senior Focus (Jefferson Center for Mental Health)
- New West Physicians (3 therapists located in offices near Denver West)
- Senior Care (Evergreen, Arvada)

6. Primary Care Physicians having LCSWs join their staff (New West Physicians, Senior Care).

7. Inpatient psychiatric beds have been decreasing (Denver Post, 1/25/2009).

8. Increased use of technology in mental health e.g. Internet counseling, electronic records, available educational and self-help resources, etc.

9. Increase in number of people experiencing chronic illness/pain as population ages resulting in more folks with depression, anxiety and other mental health issues.

10. Primary Care Physicians prescribing most of psychotropic meds for older adults.

Potential consequences of no or inadequate mental health treatment:

1. Depression is linked to death from suicide, heart attack or other causes (Zisook and Shucther as noted in the Surgeon General's Report, 2009).

2. People are less likely to follow Primary Care Physician's recommendations and advice, thus have decreased ability to care for themselves (2009 Surgeon General's Report).

3. Significantly higher health costs but not for specialty mental health services (National Institute of Mental Health, 2009).

4. Failure to thrive significantly impairs quality of life.

Appendix Q: SilverSneakers Programs in Jefferson County

Name of Organization	Street Address	City	Zip Code
24 Hour Fitness-Arvada Sport	8105 Sheridan St.	Arvada, CO	80005
Apex Center	13150 W. 72nd Ave.	Arvada, CO	80004
Buchanan Park Recreation Center	32003 Ellingwood Trail	Evergreen, CO	80439
Carmody Recreation Center	2200 S. Old Kipling St.	Lakewood, CO	80227
Charles Whitlock Recreation Center	1555 Dover St.	Lakewood, CO	80215
City Park Fitness Center	10475 Sheridan Blvd.	Westminster, CO	80020
The Community Center	6842 Wadsworth Blvd.	Arvada, CO	80003
Countyside Pool	10470 Oak St.	Westminster, CO	80021
Golden Community Center	1470 10th St.	Golden, Co	80401
Green Mountain Recreation Center	13198 Green Mountain Dr.	Lakewood, CO	80228
The Link Recreation Center	1295 S. Reed St.	Lakewood, CO	80232
Meadow Creek Tennis Center	6305 W. 6th Ave.	Lakewood, CO	80214
West View Recreation Center	10747 West 108th Ave.	Westminster, CO	80021
Wheat Ridge Recreation Center	4005 Kipling St.	Wheat Ridge, CO	80033
Wheat Ridge Senior Center	6363 W. 35th Ave.	Wheat Ridge, CO	80033

Appendix R: Fall Prevention

Risk and Prevention of Falls

Falls are the leading cause of death among adults 65 plus, and contribute to hospitalizations for injuries. In 2004, the Colorado Action Plan for Older Adult Wellness reported that 283 Coloradans 55 plus died from fall-related injuries, with slightly more than half being women. However, men's death rates were higher for those under 75. In a study conducted by DRCOG in 2004, 11% of respondents reported they had fallen and injured themselves seriously enough to need medical attention. Falls in people over the age 65 has risen 39% from 1999 to 2005; this data was taken from the Alliance for Aging Research in the summer of 2008.

In a 2007 survey, the Community Assessment Survey for Older Adults from Arvada, Colorado, 24% of respondents had fallen and were injured at least once in a 12 month period, 21% had spent at least 1 day in the hospital and 1% spent at least 1 day in a nursing/home/rehabilitation facility. Questions for this survey were compiled from Needs Summary scores which assessed physical, mental and cognitive health issues common to the aging adult. Respondents were asked to rate their overall health, mental health and quality of life as well as events such as falls and institutionalization.

According to the Centers for Medicare and Medicaid Services, by 2020, the estimated annual cost for fall-related injuries for people aged 65 and older is expected to reach $43 billion for the United States. This makes for a strong argument to increase measures to prevent falls among aging adults.

Gaps:

While there are some excellent programs in Jefferson County that offer classes that aid in increasing balance and strength, hopefully preventing falls, such as: N' Balance, Fall Proof , SilverSneakers and Tai Chi, there are gaps in any kind of formal plan to prevent falls in the aging population. Following is a short description of the Fall Prevention Network. Jefferson County does not have such a program nor are there any similar programs in the county.

Fall Prevention Network

The Fall Prevention Network Referral System is a coordinated community referral system focused on decreasing preventable falls in the older adult population. The referral system enhances access to effective, multi-faceted interventions that can help keep Aurora and Westminster older adults from experiencing a fall. Clients who contact the Fall Prevention Network can receive a fall risk assessment, fall prevention education, home safety assessment, basic home modifications, skilled home modifications, vision assessment, vision correction, medication review, medication modifications and services to improve physical agility, mobility, and balance. The Fall Prevention Network has access to a provider database that is able to provide the above services for no fee or a small fee depending on the service. Clients who contact the Fall Prevention Network receive a follow up evaluation at 3 months and 6 months after the initial contact. The annual operating budget for an education and referral site is $74,000. The Fall Prevention Network plans on extending into Jefferson County in the next 3-5 years.

Appendix S.1: Wellness and Prevention Issues Highlighted

Poor health is not an inevitable consequence of aging. Many chronic diseases can be prevented, delayed or managed through lifestyle changes. Health promotion and wellness activities that have a positive effect on lifestyle choices provide seniors with better health status and a perceived better quality of life. Lifestyle changes also reduce health care claims cost.

In January 2008, the Centers for Disease Control did a study and found that participants who were involved in exercise two or more times a week had significantly fewer inpatient admissions and lower health care costs.[1] This study also showed there has been an increase in the older adult participating in exercise of some form. There are numerous free or affordable programs in Jefferson County that offer prevention and wellness classes. These include, but are not limited to, injury prevention, nutrition, physical fitness and exercise, social support, health screening and smoking cessation programs. Lutheran Exempla Hospital, St. Anthony's Hospital and Kaiser Permanente medical centers offer extensive classes for the elderly as do the cities and special district recreation centers in Jefferson County. Healthways SilverSneakers provides free access to 19 exercise centers and clubs for seniors enrolled in the Medicare Advantage program. The annual 9 Health Fair also provides seniors the opportunity to avail themselves of low cost diagnostic testing as a means of identifying and preventing potential health care issues. In a 2007 study done by the City of Arvada, 57% of older adults in the community said their physical, mental and cognitive health was good and 32% felt their health was excellent overall. Physical health (50%) and staying fit (48%) were the highest needs and food to eat and falls were reported by the fewest respondents.[6]

There is a lack of reward programs for Jefferson County companies, businesses and facilities to help defray the costs of fitness and wellness programs. Creating and implementing effective health promotion and wellness initiatives will become important as the population ages. Keeping people healthy and addressing lifestyle behaviors that put people at risk are important. Emphasis is needed on recreation and senior centers as recognized sources for prevention programs and wellness promotion and a vital link for chronic disease prevention programming.

Another issue related to wellness and prevention is falls. Falls are not inevitable for the older adult, but are one of the leading causes of death. Falls in people over 65 has risen 39% from 1999 to 2005.[1] One in three adults 65+ will fall each year.[2] Of those that fall, 20% to 30% suffer moderate to severe injuries that make it hard for them to get around or live independently and increase their chances for early death.[3] Older adults are hospitalized five times more from falls than any other cause of injuries, according to a DRCOG 2004 study and the Alliance for Aging Research, summer, 2008.[4]

Evidence-based classes offered at recreation and senior centers are: N' Balance, Fall Proof, SilverSneakers® and Tai Chi just to name a few. Lutheran Exempla has programs like Sure Step, Stepping On, Matter of Balance and Tai Chi.

Fall related injuries are estimated to cost $43 billion by the year 2020, according to the Centers of Medicare and Medicaid Services.[5] This makes for a strong argument to increase measures to prevent falls among aging adults. While there are some programs that address balance, physical agility and medication reviews, there is no formal fall prevention program in Jefferson County. Some areas that recreation programs do not address are the vision assessment and corrections and home safety and modification assessments.

Education on how to prevent falls and increasing exercise programs to enhance balance and demonstrate what to do if someone should fall are needed. Services related to falls are: 1. Home safety assessments and modifications, 2. Medication review, 3. Physical activity programs that concentrate on physical agility and improve balance, and 4. Vision screenings.

Jefferson County does not at this time have a Fall Prevention Program like the Fall Prevention Network that Adams and Arapahoe Counties have implemented. The Fall Prevention Network takes a more thorough approach to preventing falls by using a hotline number that seniors and caregivers can use to get help. Jefferson County should join forces with Tri-County Health to implement a Matter of Balance and St. Anthony's Hospital in their initiatives to prevent falls in the aging adult. Advocacy is also needed to make fall prevention a statewide program.

[1] *Centers for Disease Control and Prevention; January 2008, presented in the Miami Herald, July 2008, pg 1C, 6C.*

[2] *Hornbrook MC, Stevens VJ, Wingfield DJ, Hollis JF, Greenlick MR, Ory MG. Preventing falls among community-dwellers older persons results from randomized trial. The Gerontologist 1994:34 (1)16-23.*

[3] *Alexander BH, Rivara FP, Wolf ME. The cost and frequency of hospitalization for fall-related injuries in older adults. American Journal of Public Health 1992; 82 (7): 1020-3.*

[4] *Alexander BH, Rivara FP, Wolf ME. The cost and frequency of hospitalization for fall-related injuries in older adults. American Journal of Public Health 1992; 82 (7): 1020-3.*

[5] *www.cdc.gov/ncipc/factsheets/falls.htm2004.*

[6] *Community Assessment Survey for Older Adults, 2007 National Research Center, Inc.*

Appendix S.2: Wellness & Prevention Chart

Trends	Needs	Resources Available in Jefferson County	Gaps and Recommendations in Jefferson County
Chronic Conditions Three quarters of people over 65 have multiple chronic conditions-those with five or more conditions account for 68% of Medicare spending.	Support groups, websites, health fairs, education, senior programming	Colorado-Directories.Net, 211, Channel 9 HealthFair, SilverSneakers, Medicare Advantage plans	See Physician spreadsheet (Appendix E and F)
Obesity	Weight loss programs, senior exercise classes, nutritional education	Division of Aging and Adult Services (Nutrition Screening, Education, and Counseling), CDHS 303-866-3056 to receive Meals on Wheels or senior center lunch, Colorado WIC 303-239-4119 (Farmers Market Nutrition Program), Share Colorado 303-428-0400, Seniors' Resource Center 303-238-8151. Nineteen SilverSneakers sites in Jefferson County with 134 classes a week as well as senior centers, churches and fitness centers offer senior fitness, www.RightHealth.com/Nutrition EverydayHealth.com, www.shapeupamerica.org, wwww.thewalking site.com, www.eatright.com, Weight Watchers, emergency funds - Seniors' Resource Center Phone Number: (303) 235-6923	Nutrition services - Boulder County Aging Services Division (BCASD) provides nutrition counseling and education, facilitates diabetic support groups and coordinates the county-wide Nutrition Provider Council. Nutrition counseling is a one-on-one session with a registered dietician. There is no charge for this.
Arthritis	Education, support groups, physicians	Senior Health Center (Jefferson County), (St. Anthony) - Centura Health, Centura Senior Life Center Phone Number: (303) 426-1400, Fit-Physical Therapy Services - Foothills Park and Recreation Dist Phone Number: (303) 987-3602	No Alzheimer support group or auto immune support groups in Jefferson County.
Heart Disease	Physicians, cardiac rehab, exercise, nutrition, support groups	See attachments for support groups (Appendix T)	
Diabetes	Physicians, medical supplies, education, support groups, Medicare/ Medicaid		There are no diabetes support groups in Jefferson County.
Osteoporosis	Medication, education, scanners, weight bearing exercises		
Rewards-Health care and private disease management companies rewarding through discounts for healthy behavior and wellness	Jefferson County companies, businesses and facilities willing to participate in those rewards programs	Healthways, achieving powerful cost and risk reduction for mature populations. Cigna-financial discounts with monthly premium if you can prove the wellness goals that were set have been achieved. Shifting health care costs to individuals-More employers as well as Medicare Advantage Plans are shifting health care costs and burdens to individuals. They can save money by adopting healthy behaviors.	
Aging Population-Expected Medicare and Medicaid Growth in the United States	Keep the healthy staying healthy by addressing lifestyle behaviors that put people at risk. Address the physical, emotional and social health of seniors and mitigate health related risk from lifestyle behaviors.	The Federal government is talking about wellness programs in the health care reform plans.	
Fall Prevention-falls are the leading cause of death among adults 65 +, according to a DRCOG 2004 study and the Alliance for Aging Research summer 2008.	Provide education on how to prevent falls, exercise programs to enhance balance and demonstrate what to do if someone does fall, and make the home safe from falls. Estimated costs for fall-related injuries is $43 billion by 2020, according to the Centers of Medicare and Medicaid Services.	Classes offered in some recreation centers. N' Balance, Fall Proof, SilverSneakers and T'ai Chi exercise programs.	Jefferson County does not at this time have a Fall Prevention Program like the fall Prevention Network that Adams and Arapahoe Counties have developed. Emphasize that recreation and senior centers serve as recognized sources for prevention programs and wellness promotion and be a vital link for chronic disease prevention programming.

Empty cells indicate unavailable information.

Appendix T: Chronic Illness Support Groups for Jefferson County Residents

Agency	City, Zip Code	Phone
Exempla Lutheran Medical Center	Wheat Ridge 80033	303-425-8295
St. Anthony's Hospital Health Passport	Denver 80204	303-629-3511
Aids/HIV -Angels Unaware	Arvada 80004	303-420-6370
Mount Evans Hospice & Health Care	Evergreen 80439	303-674-6400
Disability-The ARC of Jefferson County	Lakewood 80215	303-232-1338
Seniors' Resource Center/Evergreen	Evergreen 80439	303-674-2843
Seniors' Resource Center/Wheat Ridge	Denver 80212	303-238-8151
Mountain Resource Center/Conifer	Conifer 80433	
Alzheimer's Support Group/Denver Metro	Denver 80203	303-813-1669
Native American Cancer Survivor Network	Pine 80470	303-838-9359
Prostate Cancer Support Group	Wheat Ridge 80033	303-425-8391
Stroke Support Groups		
Easter Seals/Stroke Day Program	Lakewood 80226	303-233-1666
Rocky Mountain Village-Easter Seals	Empire 80436	
Stroke Day Program-Church of the Nazarene	Lakewood 80226	
Rocky Mountain Stroke Association	Littleton 80120	303-730-8800
Brain Aneurysm Support Group		303-779-1821
Parkinson's		
Applewood Baptist Church, Anne Kotch	Wheat Ridge 80033	303-278-3297
Firstchoice Health Care Services	Lakewood 80226	303-722-0857

Agency	Address	City, Zip Code
Low-Vision Support Groups	Debra Johnson 303-442-8662 X 125	
Springwood Retirement Campus	6550 Yank Way	Arvada
Columbine Village	5310 Allison St.	Arvada
Exempla Colorado Lutheran	8001 W. 71st Ave.	Arvada
Community Recreation Center (Apex)	6842 Wadsworth Blvd.	Arvada 80003
Eaton Terrace	333 S. Eaton St.	Lakewood
Lakewood Clements Community Center	1580 Yarrow St.	Lakewood
Foothills PRD/Peak Community & Wellness Center	6612 S. Ward St.	Littleton
Wheat Ridge Senior Center	6363 W. 35th Ave.	Wheat Ridge
Fibromyalgia		
City Hall Community Room	2380 W. 90th Ave.	Federal Heights 80260
Health Fairs		
Arvada Covenant Church	5555 Ward Rd.	Arvada 80002
Exempla Lutheran Southwest	13402 W. Coal Mine Ave.	Littleton 80127
Healing Waters Family Center	6475 W. 29th Ave.	Wheat Ridge 80214
Highland Rescue Team-Mount Vernon Country Club	24933 Club House Rd.	Golden 80401
Horan & McConaty	3101 S. Wadsworth Blvd.	Lakewood 80227
King of Glory Lutheran Church	10001 W. 58th Ave.	Arvada 80002
Miller Coors North Building	311 10th St.	Golden 80401
Mount Evans Hospice -Elks Lodge	27972 Iris Dr.	Evergreen 80439
Apex Recreation Center	13150 W. 72nd Ave.	Arvada 80005
Red Rocks Community College	13300 W. 6th Ave.	Lakewood 80228
Spirit of Christ Catholic Church @ Arvada Center	6901 Wadsworth Blvd.	Arvada 80003
St. Paul Episcopal Church	9200 W. 10th St.	Lakewood 80215
The Barn @ Evergreen Memorial Park	27054 N. Turkey Creek Rd.	Evergreen 80439

Appendix U: Sources of Information

(Endnotes)

1 National Center for Health Statistics. Health, United States, 2008 with Chartbook on Trends on the Health of Americans, Hyattsville, MD: 2008.

2 Four Year Plan on Aging. Denver Regional Council of Governments, Area Agency on Aging, Planning and Service Area 3A, July 1, 2007 through June 30, 2011. Denver Regional Council of Governments: 2006.

3 Database of Physicians. St. Anthony's Hospital Health Passport Program: 2009.

4 U.S. Department of Health and Human Services. Projected Supply, Demand, and Shortages of Registered Nurses: 2000-2020. Health Resources Administration: 2002.

5 Summary of Findings. The 2004 Colorado Nursing Faculty Supply and Demand Study. Colorado Center for Nursing Excellence: 2004.

www.coloradonursingcenter.org/Downloads/PDF/SummaryOf Findings.pdf.

6 General Fact Sheet. Mental Health America: 2009. www.nmha.org/infoctr/factshees/22.cfm.

7 Ory MG, Resnick B, Chadzko-Zajko W, Buchner D, and Bazzarre T. "New Ways of Thinking about Preactivity Screening for Older Adults." Medscape Public Health and Prevention, 3(1), online, 2005.

8 Allan Baumgarten's Managed Care Reviews, Reports-Colorado. Health insurers and hospitals alike enjoy strong profits but face risks. Colorado Health Market Review: 2008. www.allanbaumgarten.com/index.cfm?useaction=dspreport&state=co.

Strategic Plan For 2011 Through 2015

GOAL 1 - Increase appropriate, reasonably-priced, and timely care to seniors by establishing one or more sliding fee senior medical/mental health clinics

OBJECTIVE 1 Increase knowledge of and acquire applicable information to determine the feasibility of establishing a sliding fee senior medical/mental health clinic

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Determine need for senior mental health/ medical clinic	Metro Community Provider Network (MCPN), Jefferson County Aging Well Physical Health, Mental Health, Wellness & Prevention Workgroup (Physical/Mental Health Workgroup)	Exempla Lutheran Medical Center Hospital (ELMC), St. Anthony's Hospital (St. A), Jefferson Center for Mental Health (JCMH)	Volunteers, Clear Creek Medical Society, county officials	Project explanation	June 2011
2. Write vision and mission statements	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC, St. A, JCMH	Volunteers, Clear Creek Medical Society, county officials	Project vision and mission created for guiding documents	September 2011
3. Consider collaboration possibilities with MCPN	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC, St. A, JCMH	Volunteers, Clear Creek Medical Society, county officials	Collaboration ideas with MCPN are identified	September 2011
4. Explore legalities, liability, insurance needs, etc. related to (501)(c)(3) status, location, clinic, and services	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC, St. A, JCMH	Volunteers, Clear Creek Medical Society, county officials	Initial document created to guide business planning	December 2011
5. Contact providers to determine willingness to provide pro bono services	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC, St. A, JCMH	Volunteers, Clear Creek Medical Society, county officials	Initial list of potential volunteers to donate time created	June 2012
6. Expand volunteer pool by checking websites	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC, St. A, JCMH	Volunteers, Clear Creek Medical Society, county officials	List of potential volunteers expanded	June 2012
7. Determine possibility of forming a core group and finding someone capable of writing grants, from the volunteer pool	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC, St. A, JCMH	Volunteers, Clear Creek Medical Society, county officials	Core group is established with expertise to coordinate business planning and budgeting	September 2012
8. Perform a strategic analysis of all information gathered	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC, St. A, JCMH	Volunteers, Clear Creek Medical Society, county officials	Draft business plan developed	December 2012
9. Review innovative models of MCPN, Stout Street Clinic, and Kaiser Permanente to determine specific components to include in this project	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC, St. A, JCMH	Volunteers, Clear Creek Medical Society, county officials	Draft business plan compared to other best practice models to include specific components in the project. Use best practice/innovative models researched	December 2012

OBJECTIVE 2 Develop a strategy for implementation of the clinic					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Contact county officials to determine willingness to promote program and provide public recognition for volunteers	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	Seniors' Resource Center (SRC), Jefferson County Human Services (HS), JCMH, ELMC, St. A	Kaiser Permanente, Stout St. Clinic, Health One, Colorado Trust, Colorado Health Foundation	Draft business plan crafted and ready for implementation. Ready to move into operational status	December 2012
2. Meet with executives of successful endeavors for advice	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	SRC, Jefferson County HS, JCMH, ELMC, St. A	Kaiser Permanente, Stout St. Clinic, Health One, MCPN, others identified	Draft business plan modified, if needed, with input from experts in this area	December 2012
3. Determine necessary funding and methods of acquisition	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	SRC, Jefferson County HS, JCMH, ELMC, St. A	Kaiser Permanente, Stout St. Clinic, Health One, Colorado Trust, Colorado Health Foundation	Draft funding plan crafted	March 2013
4. Explore grant possibilities, identify volunteer grant writers	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	SRC, Jefferson County HS, JCMH, ELMC, St. A	Kaiser Permanente, Stout St. Clinic, Health One, Colorado Trust, Colorado Health Foundation	Draft development plan crafted	December 2012
5. Explore co-location possibilities with mental health and medical agencies	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	SRC, Jefferson County HS, JCMH, ELMC, St. A	Kaiser Permanente, Stout St. Clinic, Health One, Colorado Trust, Colorado Health Foundation	Draft facilities plan crafted	December 2012
6. Develop a business plan including identification of location, specific positions and hours for staff, volunteer professionals and hours of donated time, equipment needed and how to obtain, organizational structure/policies/procedures, and budget	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	SRC, Jefferson County HS, JCMH, ELMC, St. A	Kaiser Permanente, Stout St. Clinic, Health One, Colorado Trust, Colorado Health Foundation	Final business plan developed and ready for implementation and operations to begin	September 2012
7. Establish sliding-fee scale senior clinic for medical and mental health using MCPN and Stout Street Clinic as best practice models	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	SRC, Jefferson County HS, JCMH, ELMC, St. A	Kaiser Permanente, Stout St. Clinic, Health One, Colorado Trust, Colorado Health Foundation	Final business plan developed and ready for implementation and operations to begin	December 2014

GOAL 2 - Increase healthy behaviors among older residents in Jefferson County

OBJECTIVE 1 Increase seniors' knowledge and utilization of physical health, mental health, and wellness & prevention activities

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Conduct and evaluate information from focus groups/surveys with seniors to identify barriers to using physical health, mental health, and wellness & prevention activities to inform future planning	St. Anthony's Hospital (St. A)	Seniors' Resource Center (SRC), local senior centers, faith communities, Coalition for Older Adult Wellness (COAW)	2010 CASOA (Community Assessment Survey for Older Adults) for Jefferson County and Municipalities	Determine the seniors' knowledge and needs for health, mental health, and wellness/ prevention programs to use for future planning	December 2011
2. Promote good overall health practices through local events	Jefferson County Public Health (JCPH)	Health fairs, health screenings, immunization sites, SRC, local senior centers, faith communities, COAW	9News, local newspapers, local websites	Increased participation in these programs over four years	December 2014
3. Develop marketing, public relations, advertising materials for county television, newspapers, websites, senior newspapers and mail piece to senior homes to promote wellness and prevention activities. These activities will be used to "promote" activities in the following objectives	JCPH	Prime Time for Seniors Newspaper, Channel 8, retirement villages, and communities, 50 plus marketplace news and Senior Focus	Jefferson County Aging Well Physical/Mental Health Workgroup, Jefferson County HS, JCPH, JCMH, local senior centers, local recreation centers, Red Rocks Community College, Marketing volunteers	Jefferson County fitness and wellness programs will be marketed in 10 new areas each year	December 2014

OBJECTIVE 2 Increase physical activity for seniors living in Jefferson County by promoting and establishing prevention and wellness health activities					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**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	JCPH	Local senior and community centers, churches, senior housing, nursing homes, fitness centers, COAW	Best practice guidelines for: SilverSneakers, N'Balance, Healthier Living of Colorado, A Matter of Balance, best practice/innovative models researched	Increased participation in these programs for 2011 - 2014	December 2011
2. Develop business, funding, implementation, recruitment of coaches, promotion, and evaluation plan for new best practice of Active for Life	JCPH, Jefferson County Aging Well Physical/Mental Health Workgroup	SRC, local senior centers, faith communities, COAW, recreation centers	Robert Wood Johnson Foundation Best Practice guide, Texas A&M University	Business plan developed and operational resources are obtained to implement Active for Life. Program will be evaluated in 2015	December 2011
3. Identify Active for Life volunteer coaches to work with seniors to develop and track physical health goals	JCPH, Jefferson County Aging Well Physical/Mental Health Workgroup	SRC, local senior centers, faith communities, COAW	Retired Senior Volunteer Program (RSVP), AmeriCorps, best practice/innovative models researched	Coaches identified and trained for at least 40 seniors to participate in the program during the evaluation period	June 2012
4. Evaluate Active for Life program outcomes to inform future planning	JCPH, Jefferson County Aging Well Physical/Mental Health Workgroup	Red Rocks Community College, Metropolitan College of Denver, Denver University Graduate School of Social Work	Robert Wood Johnson Foundation Best Practice guide, Texas A&M University	Program outcomes evaluated quarterly and compared to best practice outcomes and reviewed for quality improvement	June 2015
5. Work with wellness and prevention activity providers to maximize these types of benefits for seniors available through the Federal Health Care Reform bill initiatives	JCPH	JCMH, St. A, Kaiser Permanente	Kaiser Family Foundation Website	Programs will be maintained or developed that maximize benefits for seniors	December 2014
OBJECTIVE 3 Increase opportunities for mental illness prevention and early intervention activities					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Promote existing best practice programs of Senior Reach Wellness and free depression and anxiety screenings with seniors	Jefferson Center for Mental Health (JCMH), Colorado Health Foundation, Denver Regional Council of Governments (DRCOG)	Senior and community centers, faith communities, senior housing, primary care offices, Senior Reach community partners and nursing homes	Senior Reach Implementation Manual, Screening Protocols for Depression and Anxiety, best practice/innovative model information researched	100 more older adults per year will access Senior Reach Wellness or free depression and anxiety screenings from 2011 - 2014	December 2011 and ongoing

OBJECTIVE 4 Increase health care professionals' knowledge about best practices in health care, mental health, wellness and prevention programs that can effect and help chronic and acute conditions					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Develop health care physician education and resources to promote evidence based programs such as Care Transitions Interventions, Hospital at Home, Program of All-inclusive Care for the Elderly (PACE), Kaiser's electronic medical records, collaborative cardiac care services, chronic care coordination, mammogram testing, and pharmacy accuracy	Jefferson County Human Services (HS)	St. A, Exempla Lutheran Medical Center (ELMC), JCPH, JCMH, Kaiser Permanente	Jefferson County Aging Well Physical/Mental Health Workgroup, best practice materials on various programs	More physicians will understand the relationship between their referral and patient participation in physical health best practice programs	December 2013
2. Develop health care physician education and resources about wellness and prevention programs available to effect and help with chronic physical conditions	Jefferson County HS	St. A, Exempla Lutheran Medical Center (ELMC), JCPH, JCMH, Kaiser, senior centers, recreation centers	Jefferson County Aging Well Physical/Mental Health Workgroup	More physicians will understand the relationship between their referral and patient participation in wellness and prevention activities	December 2013
3. Promote mental health education and suicide prevention activities through Primary Care Physicians (PCPs)	JCMH	JCMH's Senior Focus and Senior Reach, local Primary Care Physicians, JCPH, SRC	Best practice literature on Integrated Physical and Mental Health Care and IMPACT models	Mental health education and suicide prevention program will be developed for Primary Care Physicians	December 2014
4. Implement and provide education through workshops, conferences, web-based materials, literature, and lunch-n-learns	Jefferson County HS	St. A, Exempla Lutheran Medical Center (ELMC), JCPH, JCMH	Jefferson County Aging Well Physical/Mental Health Workgroup, vendors willing to make donations for materials, develop resources, and provide funding/donations for project, Silverprint Colorado	More seniors in Jefferson County will use prevention programs since they are recommended by their health care professional	December 2014

GOAL 3 - Increase access and utilization of mental health services for seniors

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	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Promote existing best 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	JCMH and SRC	JCPH, Jefferson County HS	Senior Reach Implementation Manual	1000 community members a year will be trained in the unique mental health needs of older adults and how to refer to a professional from 2011 – 2014	December 2014 and ongoing
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	JCMH	SRC, JCPH, Jefferson County HS, private providers	Volunteer recruitment materials	Free mental health onsite consultation and screening will be available at 7 sites per year from 2011 - 2014	December 2014 and ongoing

GOAL 4 - Support the addition of a Geropsychiatric inpatient services unit within Jefferson County

OBJECTIVE 1 Support Exempla Lutheran Medical Center (ELMC) in expanding psychiatric inpatient services for the older adult community in a medical hospital-based setting

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Provide input and information to ELMC's workgroup examining the feasibility of a medically-based psychiatric inpatient services unit	ELMC	St. Anthony's Hospital (St. A), JCMH, JCPH, Jefferson County HS	Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC will have community input and information needed for deciding the feasibility of this unit	December 2011
2. Provide letters of support to ELMC, if needed, to determine community support or funding opportunities	ELMC	St. A, JCMH, JCPH, Jefferson County HS	Foundations	ELMC will be able to demonstrate community support of this unit	December 2011
3. Recruit volunteers from Aging Well Physical/Mental Health Workgroup, if needed, for implementation workgroup	ELMC	Jefferson County Aging Well Physical/Mental Health Workgroup	Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC will have the professionals from various disciplines and agencies available for implementation of workgroup activities	March 2012
4. Support unit with referrals and promotion through Aging Well Leadership Committee	ELMC	Jefferson County Aging Well Leadership Committee	Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC will have the referral base to sustain the unit	December 2013

GOAL 5 - Jefferson County will have adequate medical personnel to meet the needs of seniors

OBJECTIVE 1 Research and compare results of number of medical personnel needed in this community with other similar communities and needs assessment studies

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Examine data on number of medical personnel by each discipline in Jefferson County	Jefferson County Human Services, Jefferson County Workforce Center	Red Rocks Community College (RRCC), Metropolitan College of Denver (Metro), Colorado Department of Labor and Employment, Labor Market Information (LMI), Jefferson County Aging Well Physical/Mental Health Workgroup, Jefferson Economic Council	Jefferson County IT Department, US Census 2010 results	Survey completed by health care providers	December 2011
2. Compare data results to determine projected overage/shortage by discipline	Jefferson County Human Services, Jefferson County Workforce Center	RRCC, Metro, Jefferson County Aging Well Physical/Mental Health Workgroup, Jefferson Economic Council	U.S. Health Resources and Service Administration website for comparative data	Results of survey compared to recognized data set	June 2012
3. Report any identified senior-specific health care workforce concerns	Jefferson County Workforce Center	RRCC, Metro, Jefferson County Aging Well Physical/Mental Health Workgroup, Jefferson Economic Council	Jefferson County Aging Well Physical/Mental Health Workgroup	Health care workforce development concerns are reviewed by Jefferson County Aging Well Physical/Mental Health Workgroup and Jefferson County Workforce Division for next steps	December 2012

OBJECTIVE 2 Increase knowledge about student loan repayment programs and other funding opportunities for medical personnel					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Identify areas in Jefferson County that could be considered a Medically Underserved Area (MUA) or a Health Professional Shortage Area (HPSA)	Jefferson County Workforce Center	RRCC, Metro, Jefferson County Aging Well Physical/Mental Health Workgroup, Jefferson Economic Council	Most current information on MUAs and HPSAs	Areas that could be included as a MUA or HPSA will be identified and targeted	January 2012
2. Explore the requirements of student loan repayment programs and other funding opportunities for MUA and HPSA areas	Affected disciplines or agencies	Affected disciplines or agencies, Jefferson Economic Council	Jefferson County Human Services (HS)	Application for any MUA or HPSA area completed	March 2012
3. Market the availability of such repayment and funding programs to medical personnel working in those areas that qualify	Jefferson County Aging Well Physical/Mental Health Workgroup	Affected disciplines or agencies, Jefferson Economic Council	Access to medical personnel to provide them information	More medical personnel will know of such programs and utilize them in Jefferson County	December 2012
4. Hold focus groups with businesses to find out what medical personnel they need	Jefferson County Workforce Center	Affected disciplines or agencies, Jefferson Economic Council	Staff time to create questions and hold the focus groups	More information will be gathered on a local level for the extent of the need	December 2013
5. Develop a plan on how JCDHS's Workforce Division can meet the needs of the business community	Jefferson County Workforce Center	Affected disciplines or agencies, Jefferson Economic Council	Staff time	A plan will be developed, implemented and there will be adequate medical personnel in the county	December 2014
6. Develop assessment and training programs to attract medical personnel	Jefferson County Workforce Center	Affected disciplines or agencies, Jefferson Economic Council	Staff time	People will be placed into jobs with career paths	June 2015
7. Develop recruiting plan as appropriate for health care professionals to meet gaps in the workforce for seniors	Jefferson County Aging Well Physical/Mental Health Workgroup, Jefferson Economic Council	Jefferson County Human Services	State of Colorado Human Services	Recruitment plan developed	December 2015

Strategic Plan for 2016 through 2030

GOAL 1 - Increase knowledge of access and availability of low cost, elder-friendly, culturally-appropriate dental, vision, palliative, hospice, care management, urgent care, emergency care, inpatient care, physical health, mental health, and nursing home beds by conducting a needs assessment for 2016 through 2030

OBJECTIVE 1 Develop and conduct a survey to accurately describe the access and availability of the described services

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Develop a workgroup to design the survey instrument	Jefferson County Human Services	Jefferson County Public Health (JCPH), Jefferson Center for Mental Health (JCMH), dentists, Exempla Lutheran Medical Center (ELMC) and other hospice and palliative care providers, nursing homes, optometrists, home health agencies, care management providers, St. Anthony's Hospital (St. A)	2015	2016	
2. Conduct the survey of the described services	Volunteer or professional evaluation team	Jefferson County Human Services	2017	2017	May need resources to hire a firm for conducting and evaluating the survey if volunteers with this experience cannot do this work

OBJECTIVE 1 Evaluate and communicate survey results that accurately describe the access and availability of the described services

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Evaluate the results	Jefferson County Human Services	Volunteer or professional evaluation team	2017	2018	May need resources to hire a firm for conducting and evaluating the survey if volunteers with this experience cannot do this work
2. Convene the workgroup to determine how to communicate results and next steps	Jefferson County Human Services	Jefferson County Aging Well Physical Health, Mental Health, Wellness & Prevention Workgroup (Physical/Mental Health Workgroup), JCPH, JCMH, ELMC, St. A, dentists, optometrists, home health agencies, care management providers	2018	2020	

GOAL 2 - Increase knowledge and advocacy of federal and state legislation related to physical health, mental health, wellness and prevention services for seniors

OBJECTIVE 1 Monitor federal and state legislation that will affect the benefits related to physical health, mental health, wellness and prevention services for seniors

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Develop workgroup to monitor legislation as reported out by various senior advocacy groups	Colorado Gerontological Society	Jefferson County Aging Well Physical/Mental Health Workgroup, Jefferson County Council on Aging (JCCOA), Denver Regional Council of Governments (DRCOG), Colorado Senior Lobby (CSL), Colorado Commission on Aging (CCOA), AARP	2015	Ongoing	
2. Develop plan for grassroots advocacy and partnering with other senior advocacy groups to respond to important legislation that could positively or adversely affect senior citizens in Jefferson County	Seniors' Resource Center (SRC)	Jefferson County Aging Well Physical/Mental Health Workgroup, JCCOA, DRCOG, CSL, CCOA, AARP	2015	Ongoing	
3. Evaluate annual results and steps for coming year to strengthen results	SRC	Jefferson County Aging Well Physical/Mental Health Workgroup, JCCOA, DRCOG, CSL, CCOA, AARP	2016	Ongoing	

OBJECTIVE 2 Report on impact of federal and state legislation that will affect the benefits related to physical health, mental health, wellness and prevention services so area service providers can take advantage of legislative benefit changes

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Use workgroup to report out to stakeholders	SRC, JCMH, Clear Creek Medical Society	Jefferson County Aging Well Physical/Mental Health Workgroup, JCCOA, DRCOG, CSL, CCOA, AARP	2015	Ongoing	

GOAL 3 - Increase acceptance, community support, and long-term sustainability and business planning of the Jefferson County Strategic Plan for Aging Well for physical health, mental health, wellness and prevention services

OBJECTIVE 1 Develop grassroots stakeholder and professional workgroup for advocacy, evaluation, reporting, and communication

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Develop strategy to bring in senior, community, and stakeholders interested in physical health, mental health, wellness and prevention services into workgroups to discuss, improve, evaluate the work of this subcommittee and the overall Jefferson County Strategic Plan for Aging Well and future planning	Jefferson County Physical Health, Mental Health, Wellness and Prevention (Physical/Mental Health) Workgroup	Seniors, physicians, family members	2015	Ongoing	
2. Recruit volunteers to work on the above stakeholders group	Jefferson County Physical/ Mental Health Workgroup	Seniors, physicians, family members	2015	Ongoing	
3. Produce annual stakeholder group report to communicate results and next steps	Jefferson County Physical/ Mental Health Workgroup	Seniors, physicians, family members	2015	Ongoing	

GOAL 4 - Review and evaluate best practices in physical health, mental health, wellness and prevention services that were introduced, supported, or the community was educated on during 2011 – 2015 in the short-term goals

OBJECTIVE 1 Evaluate the outcomes of the best practices (i.e. Active for Life and Sliding Fee Clinic) introduced from the short-term goals

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Develop strategy to bring in senior, community, and stakeholders interested in physical health, mental health, wellness and prevention services into a workgroup to discuss, improve, evaluate the best practices introduced in the short-term goals	Jefferson County Physical/ Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2015	Ongoing	Includes the promotion of these evidence-based practices to physicians and the community
2. Recruit volunteers to work on the above stakeholders group	Jefferson County Physical/ Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2015	Ongoing	
3. Produce evaluation report to communicate results and next steps	Jefferson County Physical/ Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2016	Ongoing	

OBJECTIVE 2 Evaluate the supported best practices from the short-term goals (i.e. SilverSneakers, N'Balance, A Matter of Balance, Healthier Living of Colorado, LiveWell Wheat Ridge, Senior Reach, Program of All-inclusive Care for the Elderly-PACE, electronic medical records, collaborative cardiac care services, chronic care coordination, mammogram testing, and pharmacy accuracy)					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Start Year**	**End Year**	**Comments**
1. Develop strategy to bring in senior, community, and stakeholders interested in physical health, mental health, wellness and prevention services into a workgroup to discuss, improve, evaluate the best practices supported for ongoing use from the short- term goals	Jefferson County Physical/ Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2015	Ongoing	Includes the promotion of evidence-based practices to physicians and the community
2. Recruit volunteers to work on the above stakeholders group	Jefferson County Physical/ Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2015	Ongoing	
3. Produce evaluation report to communicate results and next steps	Jefferson County Physical/ Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2016	Ongoing	
OBJECTIVE 3 Increase knowledge of current best practices by review and evaluation of new models since the short- term goals were developed					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Start Year**	**End Year**	**Comments**
1. Develop strategy to bring in senior, community, and stakeholders interested in physical health, mental health, wellness and prevention services into a workgroup to discuss new models since the short-term goals were developed	Jefferson County Physical/ Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2015	Ongoing	Includes the model of physician education on mental health and suicide prevention for seniors developed for our community between 2011 and 2015
2. Recruit volunteers to work on the above stakeholders group	Jefferson County Physical/ Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2015	Ongoing	
3. Produce evaluation report to communicate results and next steps	Jefferson County Physical/ Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2016	Ongoing	
4. Bring all workgroups together to evaluate and communicate next steps for introduction, maintenance, support, and education about best practices for physical health, mental health, wellness and prevention services in Jefferson County	Jefferson County Physical/ Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2016	Ongoing	

Aging Well In Jefferson County, Colorado

Housing

Aging Well In Jefferson County, Colorado

Housing

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Lynn Johnson, Director
Fall 2010

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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's task is to assess the current and future housing needs for low to moderate income[1] seniors in the county. This report is a compilation of the Housing Workgroup's findings during the first two years of the Jefferson County Aging Well Project. The report includes a discussion of past trends and projected future trends, strengths and assets, existing housing gaps, and a report wrap-up with recommended priorities for future focus.

Short-term and long-term strategic plans will follow the report and were developed in the second year of the project. ◆

Process

The Aging Well Housing Workgroup has representation from consumers, the Jefferson County Council on Aging, Jefferson County Community Development, Jefferson County Planning and Zoning, Seniors' Resource Center, the Jefferson County Housing Authority, the Lesbian, Gay, Bi-Sexual, Transgender (LGBT) community, as well as several other professionals who work in the field of low-income, older adult housing and care.

Housing Workgroup members were invited to attend several of the initial Leadership Committee meetings of the Jefferson County Strategic Plan for Aging Well in order to orient them to the larger project. The Leadership Committee consists of approximately 35 individuals representing many organizations serving the county. They were selected to provide overall guidance on the Jefferson County Aging Well Project. At the Leadership Committee meetings, Housing Workgroup members received direction on the overall project as well as specific information on the various workgroup topics. The Leadership Committee meetings also provided general outlines and suggestions to each workgroup regarding the recommended process to accomplish objectives.

The process followed by the Housing Workgroup to develop this report involved workgroup meetings from October of 2008 through May of 2010. Initial workgroup meetings focused on the workgroup's organizational structure, roles of the members, as well as definitional issues. Subsequently specific definitions of low to moderate income senior housing were identified for assessment, with the workgroup meetings then focusing on information needed to assess each area of senior housing. Later workgroup meetings focused on the collection and presentation of assessment information for low to moderate income independent housing, assisted living residences (ALRs) and nursing homes (NHs) including income levels, locations, occupancy rates, etc.

The meeting process concluded with the collected data and information submitted to Jefferson County Planning and Zoning for production of housing maps for low-income senior housing in Jefferson County. These housing maps provide important data in addition to visual illustration of the locations, sizes, occupancies and kinds of low to moderate income housing, within Jefferson County (See Appendix I). Demographic information, including income and age profiles of areas within the county, was also mapped separately.

[1] *According to Housing and Urban Development (HUD) low to moderate income is generally defined as 0% to 100% of the area median income (AMI), which is calculated annually. In Jefferson County, for 2009, the AMI for a household of four is $76,000 per year. The AMI for a one-person household, which would be typical for senior housing, is $53,200, and considered moderate income. Low-income is $15,950 (30% of AMI) or less.*

During the entire process there was extensive discussion regarding the information and collection of data as well as identification of others who might be important contributors to the workgroup. There were additional areas of possible low-income senior housing needs identified but significant research was not included in the scope of work due to the need to focus on what could reasonably be accomplished. The Jefferson County Aging Well Project staff, Susan Franklin and Sue Bozinovski, also participated in many of the Housing Workgroup meetings as well as providing overall direction and guidance to the workgroup.

Information sources utilized and reviewed by the Housing Workgroup came from multiple areas including prior professional papers or work projects from individual workgroup members, housing information from the National Association of Area Agencies on Aging, Denver Regional Council of Governments (DRCOG), publications posted to the Aging Well website, senior housing data from the Colorado Department of Public Health & Environment, housing authorities in Jefferson County, and Jefferson County Community Development.

Significant information and data came from the professional expertise and backgrounds of the workgroup's Leadership Committee members as well.

Challenges during the process included initial workgroup organizational set up, identification of which topic areas were most appropriate to be within the purview of the Housing Workgroup as opposed to other workgroups within the Aging Well Strategic Initiative, and the collection of accurate current housing data and information in the county. Through the leadership of the workgroup co-chairs and its members, organizational issues, meeting location and frequency and identification of new members were addressed. Additionally, the topic areas which were most appropriate to be addressed within the work and scope of the Housing Workgroup itself were resolved by discussion and decision making within the workgroup, as well as by the assistance and direction provided by the Aging Well Project staff. The challenges encountered in the collection of accurate and current data and information regarding low to moderate income senior housing were addressed in part by utilizing available public records, as well as the interpretive use by the workgroup of existing information.

Terms and definitions used in this report can be found in Appendix A. ◆

Trends

The Housing Workgroup identified trends significantly impacting housing for older persons over the past twenty years.

1. The Long-term Care Continuum expanded to include assisted living residences as an alternative to premature nursing home placement for frail older adults needing some assistance (See Appendix B). Assisted living residences have exploded throughout the country in the past 15 years and professionals in the field say that the Denver Metro area, including Jefferson County, is overbuilt at this point with a fairly high vacancy rate.

2. The Culture Change Movement began and increased the focus on 'resident-centered care.' This grassroots movement has shifted some nursing homes away from the traditional medical model 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, it is now manifesting itself through all aspects of care for older persons, including in the home.

3. With people living longer and remaining healthier, more people are aging in place and receiving in-home care and services which enable them to remain independent in their existing homes and communities. Naturally Occurring Retirement Communities (NORCs) have been identified in which several older community residents collaborate, formally or informally, to provide assistance for their neighbors.

4. Sustainability (green design) is no longer just a buzz word and is creeping into the senior housing arena. Photovoltaic panels have been added to roofs, energy star appliances are provided, low-e glass windows are used, all lighting is energy efficient, and many other improvements have been made to make the projects more sustainable. There are examples of this nationally and in Lakewood, e.g., existing Residences at Creekside, and Creekside West, which is currently under development. Creekside West will be LEED-Certified.

5. There is greater use of technology in caring for older persons, e.g., in nursing homes with communication systems, record keeping, etc., as well as in private homes, often called 'smart homes.' For example, The Charles Smart Home (a residential scale Assisted Living Residence) recently opened in Boulder, which incorporates state-of-the-art technologies to enhance the quality of life for residents and caregivers while providing cost and energy savings.

6. Universal Design, which encompasses design elements that provide accessible housing for all ages and abilities, is finally beginning to be recognized as smart design for residential use. Implementation of Universal Design is a slow process and has a long way to go.

7. Experts report, anecdotally, that large, two-story houses are losing their property value and increasing numbers of seniors are looking for patio-style, one level, low maintenance living.

In the coming decades, all of the current trends mentioned above will likely continue and grow. In addition, the following trends are anticipated:

1. Service needs will grow exponentially, for people in all types of senior housing, along with the increase in the aging population. There will be a need for more in-home and community-based services to help people remain independent in their homes.

The Culture Change Movement began and increased the focus on 'resident-centered care.'

2. Jefferson County residents will demand more variety and choice in housing at all income levels. This will be the result primarily of the aging of the Baby Boomers in the county. This will impact zoning and building requirements and many aspects of building, development and aging services.

3. While it is not a trend yet, providing information and resource offices within affordable independent living housing has proven to be very helpful to residents who need help finding services to remain independent. Good examples of this are at Willow Glen and the Residences at Creekside, both in Lakewood.

Future trends desired and which need to be expanded include:

1. More Transit-Oriented Development (TOD) geared toward older persons including housing that is affordable.

2. An increase in the variety of housing options available to older persons. This will include, but not be limited to, Accessory Dwelling Units (ADUs), Cooperative Housing, Co-Housing, and use of technology.

3. Creating livable and senior-friendly communities by offering more services within walking distance (e.g., post office, pharmacy, dry cleaners, and restaurants) in the community to enable residents to remain there.

4. More in-filling of older neighborhoods, perhaps blighted, by adaptation of older homes to allow for aging in place.

It is not likely that any of the services mentioned in this report will become obsolete in the near future. Rather, an expansion of many of these services will likely occur. The need for nursing home beds may decrease due to more people remaining in their homes with the assistance of in-home care and the use of technology. There has been a decrease in nursing home occupancy due to some residents who in the past may have been in a nursing home setting now residing in ALRs instead. On the other hand, with the increase in the older population, it is quite possible that there may be a bigger demand for nursing home beds in the county. Further research is required on this topic.

Several members of the Housing Workgroup believe that all nursing homes (whether new or existing) in Jefferson County should embrace Culture Change by focusing on resident-centered care. While new-built nursing homes can develop their buildings to accommodate this by designing with Culture Change in mind, older, existing buildings can make some physical adaptations and changes in their management philosophy.

More community-based in-home services will be needed to provide assistance for people to remain independent in their homes. More contractors and developers will be needed to build homes, both residential and multi-family, that meet the needs of people of all ages by utilizing Universal Design principles and understanding the varied needs of older people as they age. Life-Flex Homes is an organization that is addressing this need on a residential basis (See Appendix C). The use of technology will increase in many aspects of life for older persons, both from an assistance standpoint as well as socially and mentally, e.g., Smart Home concepts for monitoring and residential assistance, use of the Internet for social engagement and communication, and the playing of wii games for exercise and social activity. ◆

Strengths and Assets

Jefferson County has a variety of types of senior housing already available. Those identified and researched by the Housing Workgroup are described below.

Affordable Independent Rental Senior Housing

Affordable independent rental senior housing is targeted to low-income older adults. It does not necessarily have to involve government funding to be called "affordable." When this report was compiled, Jefferson County was found to have approximately 17 affordable independent rental properties, designated specifically for seniors. These properties are scattered throughout the county, with the addresses of 7 of these properties located in Arvada, 5 in Lakewood, 1 in Edgewater, 1 in Evergreen, 1 in Golden and 2 in Wheat Ridge. The properties have between 6 and 204 units, with the total number of affordable, independent, senior rental housing units in Jefferson County being 1,411 at the time this report was written (See Appendices D and I).

Several of the existing independent living buildings are very nice and competently managed. Some have been built in the past five years, are well programmed, planned and designed, have many amenities and in many ways are equal to market-rate independent senior housing. In addition, residents of the older buildings owned by the Jefferson County Housing Authority report, in particular, that they are very happy and the buildings are well-maintained, pleasant and regularly renovated. There is also ongoing support by county and municipal governments for active development and acquisition of senior housing by local housing authorities.

Metro West Housing Solutions is currently in the development phase to build an additional affordable senior housing project that will consist of 83 units, housing approximately 100 residents, scheduled for completion in late 2010. Jefferson County Housing Authority is reportedly attempting to build a second independent low-income senior housing project in Golden.

Market Rate Independent Senior Housing

Market rate refers to housing that sets its rates based on the current market. Jefferson County was found to have approximately 23 market rate independent properties, designated specifically for seniors, when this report was compiled. These properties are located throughout the county, with the addresses of 5 located in Arvada, 1 in Evergreen, 3 in Golden, 7 in Lakewood, 1 in Littleton, 1 in Westminster and 5 in Wheat Ridge. The properties have anywhere from 24 to 240 units, with the total number of units in Jefferson County being 2,420 (See Appendices E and I).

Assisted Living Residences

Assisted Living Residences (ALRs) frequently are utilized when a person can no longer live at home independently, or cannot be cared for at home, and the need is often triggered by an accident or some other emergency causing a person to have to move quickly. Jefferson County had 76 ALRs, when this report was compiled, in all areas of the county, ranging from 7 residents to 274.[2] There are 16 ALRs in Arvada, 2 in Evergreen, 3 in Golden, 19 in Lakewood, 21 in Littleton, 1 in Morrison, 2 in Westminster and 11 in Wheat Ridge. These total 2,201 beds with 1,476 of them private pay, 725 Medicaid-certified and 223 secured for Alzheimer patients (See Appendices F and I).

Assisted living provides a less restrictive environment than a nursing home and is less expensive, therefore, provides a more preferable choice for many. Because residents of ALRs are those who might otherwise have been placed in a nursing home, nursing home occupancy rates are dropping.

[2] *This information was obtained from the Colorado Department of Public Health and Environment.*

Nursing Homes

People who must live in a nursing home typically have complex and intensive care needs. Some consumers pay privately, others access Medicare and/or Medicaid, while others use long-term care insurance. [3]

There are 25 nursing homes in Jefferson County with a total of 2,403 beds. This includes 2 nursing homes in Arvada, 1 in Evergreen, 14 in Lakewood, 1 in Morrison, 6 in Wheat Ridge and 1 in Westminster. There are no nursing homes in south Jefferson County. Nursing home beds in the county include: 2,197 Medicare/Medicaid beds (of those, 162 are secured for those with dementia, 57 are Medicaid only, and 53 are Medicare only) and 96 beds are Private Pay (See Appendices G and I).

Jefferson County has an adequate number of non-special care (see definition of special care units), Medicaid-certified and Medicare units in both assisted living residences and nursing homes. This conclusion is based on workgroup members' knowledge, professionals' opinions in the field of aging in the area and on a random phone survey of ALRs in the county conducted by Pat Tunnell. In addition, Dixie Gloystein of the Colorado Department of Health Care Policy and Finance (HCPF) stated that placing Medicaid recipients in assisted living is not currently a problem in Jefferson County. This was also confirmed by three case managers with the Jefferson County Single Entry Point Program.

Homeless Elders

At the time this report was compiled, Jefferson County had a total of 69 shelter beds available, with none designated specifically for seniors. Twenty-two beds were designated for working families/adults, 30 beds for victims of domestic violence, 15 beds for up to five families through the Interfaith Hospitality Network and 2 beds for runaway and homeless youth. ◆

Gaps

The Housing Workgroup identified gaps throughout Jefferson County for various types of senior housing. These gaps, including information on waiting lists, are articulated below.

Affordable Independent Rental Senior Housing

Jefferson County does not have enough independent living units for older persons who are low to moderate income. There was no affordable, independent, senior rental housing found in the southern part of Jefferson County. Of properties elsewhere in the county, no vacancies were reported at the time of the study (April, 2009) while some had very few, depending on location and units available at needed income levels. For those properties that reported zero vacancies when this report was put together, the waiting lists for units were anywhere from 50 to over 300 people. Furthermore, the total vacancy rate for these properties was 2%, while the vacancy rate for multi-family rental properties in Jefferson County was 6.5% (Von Stroh, 2008). The greatest need is reported for individuals with incomes of 30% of area median income (AMI) and lower, which in Jefferson County was $15,950 per year or less at the time this report was written.

There is a need for affordable independent housing for older persons throughout the county.

The Jefferson County Housing Authority, Arvada Housing Authority and Metro West Housing Solutions (formerly known as Lakewood Housing Authority) administer the Section 8 Voucher Program throughout the county. When this study was done, the total number of families waiting for Section 8 vouchers on all three waiting lists was 3,742. Wait lists are very long for affordable, independent senior housing, particularly among those living on only 30% of the AMI or less. In one project alone, the Residences at Creekside in Lakewood, the wait list was 300 persons per Brendalee Connor, Asset Manager at Metro West Housing Solutions.

Assisted Living Residences

Since moving to an ALR is often not something people plan in advance, and there appears to be availability in Jefferson County, wait lists are not as common. Wait lists, however, can be found at ALRs that accept residents on Medicaid, particularly for special care units, since placement is more difficult. Because ALR use is primarily on an as-needed basis, wait lists are difficult to obtain and not current.

[3] *The U.S. Department of Health & Human Services hosts the National Clearing House for Long-Term Care Information at www.longtermcare.gov. The website looks at the cost of long-term care and the sources for payment.*

Experts in this arena reported that it is more difficult to find an ALR or nursing home that accepts younger residents with disabilities and also people with Alzheimer's who are on Medicaid. This information was also confirmed by the workgroup's phone survey. The lack of availability is due to low reimbursement rates for the necessary higher level of care and cost of providing this care.

Nursing Homes

It was reported by many professionals in the field that there is currently an adequate number of nursing home beds in Jefferson County. The need for a nursing home in south Jefferson County should be further reviewed, given the growing older population in the next twenty years.

Homeless Elders

The majority of data regarding homelessness in Jefferson County comes from the Denver Metropolitan Area 2009 Homeless Point-In-Time Study. The point-in-time (PIT) count provides a snapshot of homelessness by counting those who are homeless at a particular time. In this instance, the study was conducted on January 27, 2009.

The 2009 PIT study reported 1,242 homeless individuals in Jefferson County. At least 160 of these people stayed outside on the night of the study. The number one reason for reported homelessness in Jefferson County in 2009 was inability to pay rent or mortgage (21.6%) and job loss or couldn't find work (18.4%). Females account for 52.5% percent and males 47.5% of Jefferson County's homeless. The PIT survey found that 3.5% of homeless individuals in Jefferson County were age 55 and over.

The need for more beds for homeless older adults, especially men and veterans, was reported by local experts including David Appel, Resource Specialist at the Residences at Creekside. There is reportedly a growing need for additional beds specifically for homeless single older adults.

Lesbian, Gay, Bisexual and Transgender (LGBT) Elders

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

There is a lack of LGBT-friendly housing in Jefferson County. Many LGBT 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. The members of the Jefferson County Housing Workgroup seek to bring this concern to the awareness of others, including professionals in housing.

Housing for Older Persons with Intellectual/Developmental Disabilities

Locating homes for older people with intellectual/developmental disabilities who also have medical needs is extremely difficult, according to Dianne Hitchingham, from the Developmental Disabilities Resource Center. Host homes, where several people live, are desirable, but state funding is limited. As the population of older Jefferson County residents increases, the number of people growing older with intellectual/developmental disabilities will also increase. The unmet need for significantly more housing and services for older persons with intellectual/developmental disabilities, including affordable independent housing, is a gap in Jefferson County. ◆

Report Wrap-Up

The main overall conclusion is that to provide for the future housing needs of older persons in Jefferson County, there will need to be choice and variety that is affordable, accessible, appropriate and available. Future generations of older adults are expected to be more discerning and demanding options and the Jefferson County community will want to be well placed as the ideal location to grow older.

Another priority to further the objective of providing choice in housing is to help more older persons age in their homes and communities, e.g., adapting their existing homes for accessibility, and building new aging-friendly housing in older neighborhoods.

In addition, there is a need for more research on what can be done to fill the identified gaps in housing for older persons. There are many innovative housing models already within the county. There are also models from around the region, statewide, and from other countries, that should be considered for replication here. The challenge will be to identify models and ideas that can actually be implemented in Jefferson County. It will undoubtedly take the collaborative efforts of local governments, policy makers, providers, consumers, and the general public, to bring needed senior housing to fruition in the coming decades.

In summary, the major gaps found in senior housing in Jefferson County are as follows:

1. Affordable independent housing for older persons throughout the county. There is no affordable independent senior housing located in south Jefferson County.
2. Medicaid-certified assisted living residence (ALR) units for those with Alzheimer's and/or disabilities.
3. Beds for homeless older persons, particularly older men and veterans.
4. Homes for persons growing older with intellectual/developmental disabilities, specifically with medical needs.
5. LGBT-friendly senior housing.

More development of independent housing for low to moderate income older persons in Jefferson County, as well as Medicaid-certified homes for those with Alzheimer's will need to be encouraged and supported. Much of this will depend on future federal, state and to some extent, local funding. ◆

Appendices

Appendix A: Terms and Definitions Used in Report

Accessory Dwelling Unit (ADU)
An Accessory Dwelling Unit is an extra living unit on a property, complete with kitchen, bathroom and sleeping facilities. Subject to local regulations, ADUs may be located either inside, attached to, or detached from the primary home on the property. Other common terms for ADU include "Granny Flat," "Carriage House" and "Granny Pod."

Affordable Housing
Affordable housing, generically, is for low to moderate income residents, but is not necessarily financed by government loans, but often involves a variety of funding sources including tax credits.

Area Median Income (AMI)
Each year, the Federal government calculates the median income for communities across the country. Area median incomes are adjusted for family size. In 2009, in Jefferson County, the average family size was 3.03 with a median family income of $76,000/year.

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. Meals, housekeeping and social activities are also provided with 24-hour supervision. ALRs range in size from three to over a hundred residents. ALRs most often contain many common areas including, but not limited to, a living room, dining room, activity area, often a library, TV area and outdoor space. ALRs can be private pay or Medicaid-reimbursed, and can provide security in addition to assistance with activities of daily living (ADLs), for those with Alzheimer's or related dementias who may have a tendency to wander outside of the building. In general, special care units are in a separate ALR or on a different floor or area from the units for individuals primarily needing assistance with ADLs.

Cooperative Housing
An arrangement in which an association or corporation owns a group of housing units and the common areas for the use of all the residents. The individual participants own a share in the cooperative which entitles them to occupy an apartment (or town house) as if they were owners, and to have equal access to the common areas.

Co-Housing
A type of collaborative housing in which residents actively participate in the design and operation of their own neighborhoods. Co-Housing residents are consciously committed to living as a community.

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, it is manifesting itself through all aspects of care for older persons, including in the home.

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

Home and Community Based Services
Services provided to help keep individuals independent and in their own homes. Examples of these are Adult Day Services, Home Care/Home Health, Hospice, Program of 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.

Independent Senior Housing
Independent senior housing refers to housing that is restricted to older adults, most typically age 62 and over, although some facilities may include younger adults with disabilities. These facilities represent a tenant-landlord relationship where the owner/operator has no responsibility to supervise or provide personal care. This type of housing generally does not include supportive services to address the special needs of aging residents but some of the facilities contain a resource specialist that assists residents in obtaining the services they require.

LEED-Certified
Leadership in Energy and Environmental Design (LEED) is a third-party green building rating system. It is the nationally accepted benchmark for the design, construction, and operation of high performance green buildings.

Long-Term Care Insurance
Specific type of insurance policy designed to offer financial support to pay for necessary long-term care services such as a nursing home.

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 2009, the AMI for a one person household, which would be typical for senior housing, is $53,200, and considered moderate income. Low-income is $15,950 (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. Market rate can be for residents age 50+, but is typically restricted to age 62 and over. This type of housing is not licensed or monitored by government housing agencies. Rental rates vary a great deal and range from $500 per month to $2,800 per month.

Medicaid
Joint federal and state public assistance program for financing health care for the poor. 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 age 65 and over, or those meeting specific disability standards. Benefits for nursing home and home health services are limited.

Naturally Occurring Retirement Community (NORC)
A NORC is a community or neighborhood where residents remain for years and age as neighbors. It is a community-based intervention designed to reduce service fragmentation and create healthy, integrated communities in which seniors living in NORCs are able to age-in-place with greater comfort and security in their own homes. A NORC may develop or be developed in a specific apartment building, or amongst a street of old single family homes. Seniors help each other so they may stay in their homes as long as possible.

Nursing Home (NH)
A residential facility for persons with chronic illnesses or disabilities, and particularly for older people. Also called a convalescent home or long-term care facility.

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

Resident Centered Care or Person Centered Care
A philosophical approach to nursing home care that honors and respects the voice of elders and those working closest with them. It involves a continuing process of listening, trying new things, seeing how they work, and changing things in an effort to individualize care and de-institutionalize the nursing home environment.

Section 8 Voucher Program
Section 8 is a federal housing program, monitored by the U.S. Department of Housing and Urban Development (HUD), to provide rental assistance to low-income families.

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.

Smart Home Concepts
Useful technology to help older persons remain in their own homes, including monitoring movement, detecting falls, turning an oven and/or microwave off if left on, giving medication reminders, communicating over a computer screen and/or audio device and more.

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

Subsidized Housing
All types of housing in which the federal government provides some type of subsidy or rent assistance. Financial support for housing to residents is generally administered based on tenant income and is geared toward low-to-moderate income households. Tenants pay rent based on the gross income of the household rather than paying the market rate. Affordable rent is defined as costing no more than 30% of a household's total gross monthly income, subject to a minimum rent that tenants will be asked to pay based on the number of persons living in the home, which in senior housing is typically a one-person household.

Tax Credits
The Low-income Housing Tax Credit (LIHTC) Program was enacted by Congress in 1986 to provide 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.

Transit-Oriented Development (TOD)
Moderate to higher-density development, located within an easy walk of a major transit stop, generally with a mix of residential, employment and shopping opportunities designed for pedestrians without excluding the auto. TOD can be new construction or redevelopment of one or more buildings whose design and orientation facilitate transit use.

Universal Design
A design philosophy that promotes the use of products, spaces or features by individuals with or without disabilities.

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, e.g. 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: Long-term Care Continuum

Adapted from Colorado Association of Homes and Services for the Aging (CAHSA). Website: www.cashsa.org

What is the Long-term Care Continuum?

The Long-term Care Continuum includes all levels of health care and personal care service available. It is normally defined as all levels of housing, supportive, and health care services available to a person in a given locality.

Definitions

The senior housing and services industry uses specific terms to refer to the various levels of service and care. If you're not familiar with those terms, it may be confusing for you to understand what you need. These definitions should help. Please understand that these are general guidelines and there are variations within individual facilities.

Independent Living

Independent living may be something as simple as a housing complex for seniors or one level of housing in a multi-leveled Retirement Community. Independent Living includes residential homes, apartments, condominiums, townhouses, and subsidized senior housing. Generally, residents take care of all their own needs including meal preparation, housekeeping and transportation.

Residents must be independent. Use of a cane, walker, or wheelchair is fine, if the resident can take care of his or her needs without assistance.

Residents may have occasional memory problems or forgetfulness, as long as there is not a consistent pattern of memory loss and the resident is not a safety risk to him/herself or others.

Assisted Living

Assisted Living communities serve people who are no longer able to live in their own homes or apartments because of physical frailty or mental confusion, but do not need as much care as is provided in a Nursing Facility. The buildings are generally very "home-like" in appearance while providing services and staffing to assist residents 24 hours a day.

Assisted Living communities are for the frail older person who is impaired and needs 24-hour monitoring or assistance with activities of daily living, such as dressing, bathing, meal preparation and medication reminders. Accommodations are generally a small apartment or a single bedroom with a bathroom.

Three meals a day are served to the resident in a community dining room. There are planned activities and housekeeping and laundry services are provided.

Residents need to be mobile, but may need assistance due to confusion, poor vision or weakness. Residents may use a walker or wheelchair, but should be able to transfer to and from bed on their own. Some facilities have nursing staff to administer medications; some may just remind the resident at the appropriate time.

Residents may have some problems with incontinence. This is an area where facilities differ widely. Some will not permit any incontinence problems in their facilities; some will assist residents with incontinence management.

Residents often have memory loss and require direction or guidance in getting around the facility and to meals. Some Assisted Living facilities specialize in care for people with Alzheimer's disease.

Retirement Community

A Retirement Community provides independent-living housing plus services for older adults. Often, a Retirement Community has other levels of care on site, including Assisted Living and a Nursing Facility.

The community generally owns the independent-living housing and rents to residents. Independent-living accommodations are usually an apartment, townhouse, cottage, or patio home. The community usually handles all grounds keeping and maintenance of the community.

A Retirement Community usually has a package of services available that includes some (or all) meals in a community dining room, scheduled transportation, security, housekeeping, and planned activities. The community may also offer amenities such as a beauty/barber shop, chaplain and religious services, and gift shop.

Residents living in the independent-living area of a Retirement Community must be able to take care of most of their own needs. Use of a cane, walker, or wheelchair is fine, if the resident can take care of needs without staff assistance. Residents may have occasional memory problems or forgetfulness, as long as there is not a consistent pattern of memory loss and the resident is not a safety risk to him/herself or others.

Skilled Care/Nursing Facility

A Skilled Nursing Facility provides medical, nursing, social and rehabilitative services for older persons that require 24-hour nursing care and supervision. A physician's order is required for admission to a Nursing Facility. The staff is available to assist residents with their activities of daily living (dressing, bathing, meals); however, residents are encouraged to do as much for themselves as they can, to help them maintain their own independence. Many Nursing Facilities offer Alzheimer's, hospice and respite care.

Services provided may include, but are not limited to, meals, activities, laundry, housekeeping, therapies, transportation, and religious activities. Staff assists residents who have incontinence problems.

Residents may be able to walk on their own, or might be totally dependent upon staff. Residents may be disoriented and memory may be severely impaired.

Appendix C: Life-Flex Homes

Adapted from life-flex Active Living Home

Entrances/exits, bathrooms, kitchens, doors and hallways often present the greatest barriers for people to live well in their homes. Whether we/a friend or loved one have lost some mobility, or there is a concern about being able to stay in one's home — as opposed to having to leave for another living environment — we want to make the right choices!

Most of us want our homes to be inviting — so guests can visit, we can enjoy their company and they'll want to return. So we make sure walks, porches and doorways "work" for this purpose. And, of course, it goes without saying that these improvements and modifications will work to the added comfort and benefit of the homeowner/resident as well!

Once inside the home, doors and hallways often present challenges to getting around easily. We can improve these passages so moving from room to room indoors (and on to the outdoors) becomes easier — and more enjoyable for the homeowner/resident, and guests, as well.

Bathrooms are critical to living well and independently in our current homes today and in the future. Certified professionals will assure that these important spaces work, allowing the person who lives in the home and their guests comfortable and easy access for bathing, personal care and dressing.

Kitchens — ease of food storage and preparation in the home —are absolutely key to living well and enjoying our homes. Life-flex has access to flooring, counters, cabinets and other components/systems to improve satisfaction and comfort. Usually our homes are our most valuable financial asset. They can, and should, be improved so their owners, residents and guests can live life to the fullest; and value of the home can increase.

** The Certified Aging-In-Place Specialist (CAPS) program has been jointly designed and approved by the American Association of Retired Persons (AARP) and the National Association of Home Builders (NAHB).*

Appendix D: Affordable Independent Rental Senior Housing in Jefferson County

[4]Name and Address		City	Zip Code	Total Units	Type
Columbine Village at Arvada	7801 West 52nd Avenue	Arvada	80002	60	Tax Credit
Granville Assisted Living	1325 Vance Street	Lakewood	80215	113	Tax Credit
Homestead at Lakewood	2121 Wadsworth Blvd	Lakewood	80215	59	Tax Credit
Willow Glen Senior Living Community	1575 Kipling Street	Lakewood	80215	70	Tax Credit
Arvada House	10175 West 58th	Arvada	80004	88	Tax Credit
Residences at Creekside	1700 Pierce Street	Lakewood	80214	118	Tax Credit
Arvada House	1017 West 58th Place	Arvada	80004	88	Section 8
Canyon Gate	1400 West 8th Avenue	Golden	80401	53	Section 8
Columbine Village at Arvada	7901 West 52nd Avenue	Arvada	80002	60	Section 8
Columbine Village on Allison I	5300 Allison Street	Arvada	80002	67	Section 8
Columbine Village on Allison II	5300 Allison Street	Arvada	80002	44	Section 8
Columbine Village on Allison III	5340 Allison Street	Arvada	80002	61	Section 8
Eaton Terrace	333 South Eaton	Lakewood	80226	162	Section 8
Edgewater Plaza	2250 Eaton	Edgewater	80214	84	Section 8
Green Ridge Meadows	31250 John Wallace Rd	Evergreen	80439	79	Section 8
Highland South	6340 West 38th	Wheat Ridge	80033	116	Section 8
Homestead at Lakewood	2121 Wadsworth	Lakewood	80214	59	Section 8
Jefferson Therapeutic Living	4531 Everett Court	Wheat Ridge	80033	6	Section 8
Marcella Manor	6555 Sheridan Way	Arvada	80004	204	Section 8
Residences at Creekside	1700 Pierce	Lakewood	80214	118	Section 8
Willow Glen Senior Living Community	1575 Kipling	Lakewood	80215	70	Section 8

[4]Affordable senior housing tends to be for age 55+, but more often age 62+.

Appendix E: Market Rate Independent Senior Housing in Jefferson County

Name and Address		City	Zip Code	Total Units	Type
Arvada Estates	7175 Kipling St.	Arvada	80002	119	Market Rate
Applewood Retirement Community	2445 Youngfield	Golden	80401	150	Market Rate
Arvada Meridian	9555 W. 59th Ave.	Arvada	80004	108	Market Rate
Atria Inn at Lakewood	555 S. Pierce	Lakewood	80026	118	Market Rate
Clear Creek Commons	1027 Washington Ave.	Golden	80401	45	Market Rate
Concordia on the Lake	6155 S. Ammons Way	Littleton	80123	217	Market Rate
Courtyard At Lakewood	7100 W. 13th Ave.	Lakewood	80214	121	Market Rate
Covenant Village Towers	9153 Yarrow Street	Westminster	80021	240	Market Rate
Exempla Colorado Lutheran Home	8001 W. 71st Ave.	Arvada	80004	93	Market Rate
Golden Pond	1270 N. Ford	Golden	80403	39	Market Rate
The Heritage	10400 W 62nd Place	Arvada	80004	122	Market Rate
Highland West Apartments	6340 W 38th Ave., #100	Wheat Ridge	80033	120	Market Rate
Homestead at Lakewood	2121 Wadsworth Blvd.	Lakewood	80214	24	Market Rate
Lakewood Estates	8585 W. Dakota Ave.	Lakewood	80214	90	Market Rate
Lakewood Meridian	1805 S. Balsam	Lakewood	80232	101	Market Rate
Morningside Retirement Community	3630 Vance	Wheat Ridge	80033	182	Market Rate
Mountain Vista Retirement Community	4700 Tabor St.	Wheat Ridge	80033	47	Market Rate
Paramont Gardens Apartments	2684 Paramont Parkway	Lakewood	80228	31	Market Rate
Rocky Mountain Village Estates	1274 Jefferson County 65	Evergreen	80439	130	Market Rate
Springwood	6550 Yank Way	Arvada	80004	193	Market Rate
Vintage Place Apartments	10700 W 38th Ave.	Wheat Ridge	80033	79	Market Rate
Vista Village	4700 Tabor St.	Wheat Ridge	80003	47	Market Rate
Westland Meridian	10695 W. 17th Ave.	Lakewood	80215	134	Market Rate

Appendix F: Assisted Living Residences in Jefferson County

Name	City	Certified	Beds/Secured
A Wildflower Assisted Living	Arvada	Medicaid	8
Addis Residential Care Home	Golden	Private Pay	7
Almost Like Home II	Arvada	Private Pay	12
Almost Like Home III	Arvada	Private Pay	12
Almost Like Home Inc. I	Arvada	Private Pay	10/10
Alternative Care Homes-Depew	Littleton	Medicaid	5
Alternative Care Homes-Marshall	Littleton	Medicaid	6
Ashley Manor At Dudley	Wheat Ridge	Private Pay	12
Ashley Manor At Parfet	Wheat Ridge	Private Pay	10
Aspen Place	Westminster	Private Pay	60
Atria Inn At Lakewood	Lakewood	Private Pay	274/38
Brighton Gardens Of Lakewood	Lakewood	Private Pay	121/25
Care Group At Arvada Center	Arvada	Medicaid	8
Care Group At Indian Tree LLC	Arvada	Private Pay	12
Caring Hearts, INC	Wheat Ridge	Medicaid	8
Catherine's Quality of Life Homes 2	Lakewood	Private Pay	8
Catherine's Quality of Life Homes 3	Lakewood	Private Pay	8/8
Catherine's Quality Of Life Homes 4	Lakewood	Private Pay	8
Catherine's Quality of Life Homes 5	Littleton	Private Pay	5/5
Colorado Assisted Living Homes – Brandt	Littleton	Private Pay	8
Colorado Assisted Living Homes LLC – Ingalls	Littleton	Private Pay	8
Colorado Assisted Living Homes LLC-Kendall	Littleton	Private Pay	7
Colorado Assisted Living Homes LLC House VII	Littleton	Private Pay	7
Colorado Assisted Living Homes LLC-Indore	Littleton	Private Pay	6
Colorado Assisted Living Homes LLC-Lamar	Littleton	Private Pay	6
Colorado Assisted Living Homes LLC-Rowland	Littleton	Medicaid	8
Colorado Assisted Living Homes LLC-Cody	Littleton	Private Pay	8
Colorado Assisted Living Homes-Grandma's LLC	Lakewood	Medicaid	8
Companion Care, INC I	Lakewood	Private Pay	10/10
Companion Care, INC II	Morrison	Private Pay	8
Distinctive Care, LLC	Lakewood	Private Pay	12
Eaton Terrace II	Lakewood	Medicaid	74
Elk Run Assisted Living	Evergreen	Medicaid	68
Exempla Colorado Lutheran Apartments	Arvada	Private Pay	31
Fountainhead Care Homes	Lakewood	Medicaid	14
Golden Elders-Littleton	Littleton	Private Pay	8
Golden Orchard III	Wheat Ridge	Private Pay	16/16
Golden Pond LLC	Golden	Private Pay	85/15
Grandma's Board & Care II	Wheat Ridge	Medicaid	8
Grandma's MT Home III	Evergreen	Medicaid	12
Granville Assisted Living Center	Lakewood	Medicaid	120
Helping Hands Homecare LTD Liability CO	Littleton	Medicaid	8
Heritage Club At Lakewood Assisted Living	Lakewood	Private Pay	142/20
Homestead At Lakewood	Lakewood	Medicaid	36

Appendix F: Assisted Living Residences, *Continued*

Name	City	Certified	Beds/Secured
Just For Senior Living Center II	Lakewood	Medicaid	24
Karen's House	Arvada	Medicaid	8
Learning Services Bear Creek	Lakewood	Private Pay	15
Learning Services-Glen Dee	Lakewood	Private Pay	8
Live Quality Homes of Denver-Normandy Home	Littleton	Private Pay	5/5
Makarios Assisted Living LLC	Littleton	Medicaid	8
Manor On Marston Lake	Littleton	Medicaid	50
Meadowbrook Assisted Living Home LLC	Golden	Private Pay	8
Millbrook Homes-Portland	Littleton	Private Pay	5/5
Miller Place INC	Wheat Ridge	Private Pay	6
Morningstar Assisted Living of Applewood	Lakewood	Private Pay	123
Morningstar Assisted Living of Littleton	Littleton	Private Pay	98/26
Mountain View Alternative Care INC IV	Arvada	Medicaid	8
Nightingale Lane	Arvada	Private Pay	28/28
Nightingale Suites	Arvada	Private Pay	72
Oberon House	Arvada	Medicaid	66
Retreat At Church Ranch	Westminster	Medicaid	55
Rising Sun Senior Home	Lakewood	Private Pay	15
Sage Home LLC	Littleton	Private Pay	7
Silver Rose	Arvada	Private Pay	10
Spring Ridge Park	Wheat Ridge	Private Pay	37
Sterling House of Arvada	Arvada	Private Pay	55
Sterling House of Littleton	Littleton	Private Pay	55
Temenos Assisted Living	Arvada	Medicaid	7
Temenos Elder Care Company	Wheat Ridge	Medicaid	8
TKC Accent On Elder Care	Arvada	Medicaid	6
Verandas Assisted Living I	Wheat Ridge	Medicaid	16
Verandas Assisted Living II	Wheat Ridge	Medicaid	16
Vern's Vigilant Care Home, LLC	Lakewood	Medicaid	8
Vista Village Assisted Living	Wheat Ridge	Medicaid	54
Walden House	Littleton	Medicaid	8

Appendix G: Nursing Homes in Jefferson County

Name	City	Certified	Beds/Secured
Allison Care Center	Lakewood	Medicare/Medicaid	93/22
Arvada Health Care Center	Arvada	Medicare/Medicaid	54
Bear Creek Nursing Center	Morrison	Medicare/Medicaid	180/20
Bethany Healthplex	Lakewood	Medicare/Medicaid	170/32
Brighton Garden	Lakewood	Medicare	45
Cambridge Care Center	Lakewood	Medicare/Medicaid	100
Cedars Health Care	Lakewood	Medicare/Medicaid	130
Christopher House	Wheat Ridge	Medicare/Medicaid	72
Evergreen Terrace Care Center	Lakewood	Medicaid	57
Exempla Colorado Lutheran	Arvada	Medicare/Medicaid	120/20
Exempla Lutheran TCU	Wheat Ridge	Medicare	8
Glen Ayr Health Center	Lakewood	Medicare/Medicaid	75
Harmony Pointe Nursing Center	Lakewood	Medicare/Medicaid	90/20
Hospice of Saint John	Lakewood	Medicare/Medicaid	60
Lakewood Meridian HC Center	Lakewood	Private Pay Only	59
Life Care Center of Evergreen	Evergreen	Medicare/Medicaid	120
Mapleton Care Center	Lakewood	Medicare/Medicaid	90
Mountain Vista Health Center	Wheat Ridge	Medicare/Medicaid	152/48
Sandlewood Manor INC	Wheat Ridge	Medicare/Medicaid	85
Sierra Health Care Center	Lakewood	Medicare/Medicaid	83
Villa Manor Care Center	Lakewood	Medicare/Medicaid	240
Village Care and Rehab Center	Westminster	Medicare/Medicaid	60
Western Hills Health Care Center	Lakewood	Medicare/Medicaid	140
Wheat Ridge Manor Nursing Home	Wheat Ridge	Medicare/Medicaid	81
Wide Horizons INC	Wheat Ridge	Private Pay Only	37

Appendix H: Lesbian, Gay, Bisexual and Transgender (LGBT) Elders

Write up by David Reaser, Gay and Gray in the West

Compared to other segments of the population little data exists about Lesbian, Gay, Bisexual and Transgender (LGBT) elders. They are demographically invisible to most providers, and Jefferson County is no exception in that regard. However, as a general rule, estimates from other sources indicate around 7-10% of the total senior population is LGBT.[1]

Apart from the numbers, some additional facts we have learned from various other local and national studies include the following:

LGBT elders are not certain what to do if they should need services. They are concerned with the level of sensitivity and awareness training of staff at facilities and agencies. [2]

LGBT elders do not have the support networks that are enjoyed by their heterosexual peers. [3]

LGBT elders are five times less likely to access senior services than their heterosexual peers. [4]

LGBT elders do not know where to go if they should need formal care. [5]

More than a quarter (27%) of LGBT boomers reported great concern about discrimination as they age, and less than half expressed strong confidence that healthcare professionals will treat them "with dignity and respect." Fears of insensitive and discriminatory treatment by healthcare professionals are particularly strong among lesbians, of whom 12% said they have absolutely no confidence that they will be treated respectfully. [6]

With regard to the latter, Colorado prohibits discrimination against individuals on the basis of their sexual orientation or transgender status in housing [7] and in public accommodations. [8] There are a number of local resources, including the GLBT Community Center of Colorado and Boulder County Aging Service's Project Visibility, who can help train staff and develop policies to ensure local providers are more LGBT-friendly and in compliance with the law.

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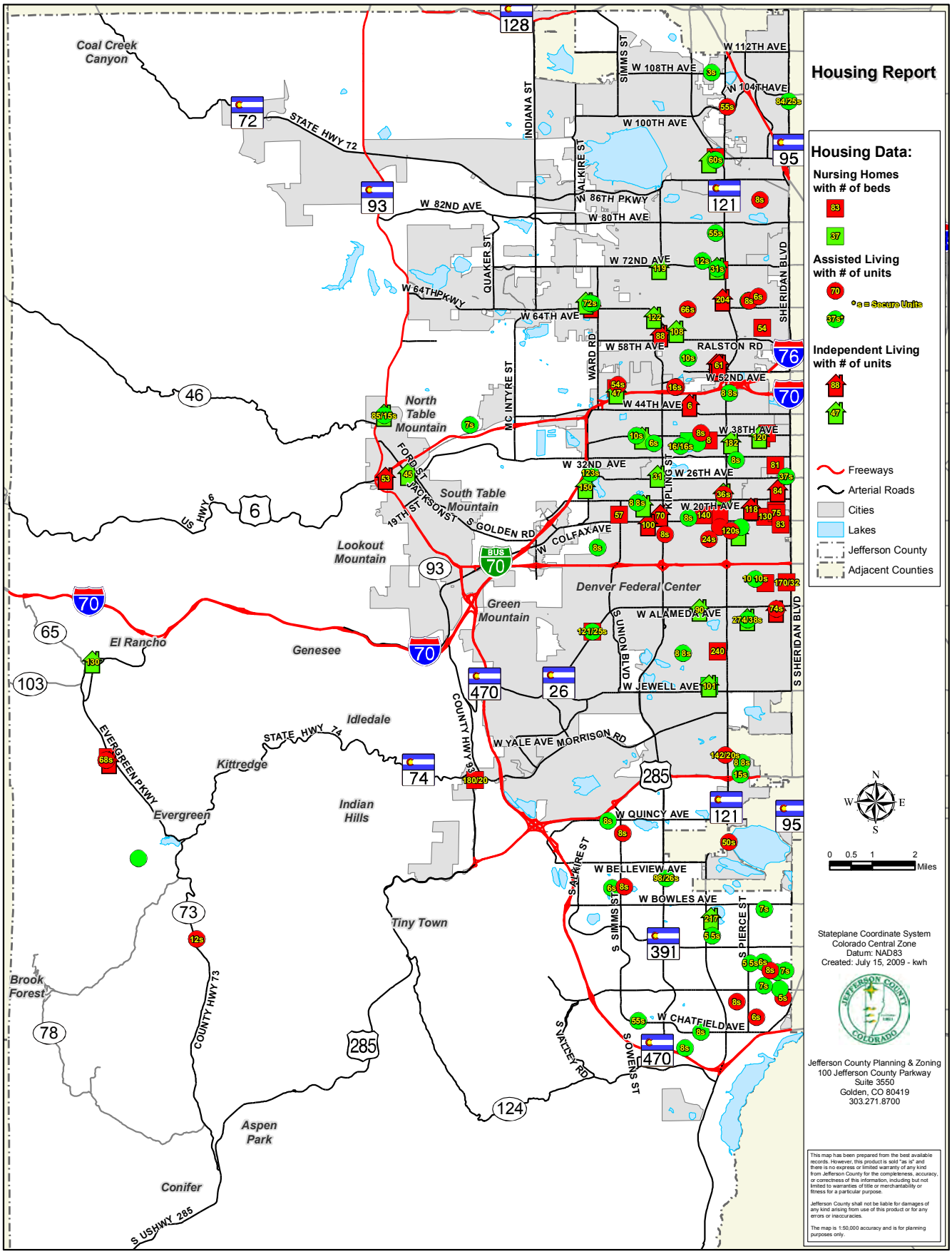
[1] *Jessica Bennett, "Invisible and Overlooked", Newsweek, <http://www.newsweek.com/id/159509> (18 Sept 2008)*
[2] *Project Visibility, Boulder County Aging Services, <http://www.bouldercounty.org/cs/ag/programs/Project_Visibility/project_visibility.htm>*
[3] *Ibid.*
[4] *Ibid.*
[5] *Ibid.*
[6] *Kimberly D. Acquaviva, Brian de Vries, Jean K. Quam, Out and Aging: The MetLife Study of Lesbian and Gay Baby Boomers, <http://www.asaging.org/networks/LGAIN/OutandAging.pdf>, (November 2006) p.5*
[7] *Sexual Orientation in Housing <http://www.dora.state.co.us/civil-rights/Sexual_Orientation/SexualOrientationHousingFAQBrochure.pdf>*
[8] *Sexual Orientation in Public Accommodations <http://www.dora.state.co.us/civil-rights/Sexual_Orientation/SexualOrientationPublicAccomodationsFAQBrochure.pdf*

Appendix I: Map of Senior Housing in Jefferson County



Affordable senior housing tends to be for age 55+, but more often age 62+.

Strategic Plan For 2011 Through 2015

GOAL 1 Models of affordable senior housing are implemented in communities throughout Jefferson County

OBJECTIVE 1 Increase utilization of models and strategies for aging in community in individual single-family residences

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Research formal community membership neighborhood care/resource models nationally and in Denver Metro Area	Jefferson County Aging Well Housing Workgroup	Homeowner Associations (HOAs) and/or interested neighbors age 55 and over	Information on Beacon Hill Village, Capitol Hill Village, Washington Park Cares	Document that determines viability and recommends selected models for specific Jefferson County communities	June 2011
2. Research informal neighborhood models and NORCs (Naturally Occurring Retirement Communities) in Denver Metro Area	Jefferson County Aging Well Housing Workgroup	HOAs and/or interested neighbors age 55 and over, Jewish Family Services	Information on Applewood neighborhood and other NORCs	Document showing how informal models currently function including recommendations on whether informal network of care should/could become formal community membership organizations	December 2011
3. Develop a pilot Aging in Community Project in Jefferson County	Jefferson County Aging Well Housing Workgroup	Neighborhood Resource Center (NRC), community members, Jefferson County Council on Aging (JCCOA)	Information from planned pilot in Wheat Ridge	Understand parameters of initiative and if replicable elsewhere in Jefferson County	December 2015

OBJECTIVE 2 Implement models and strategies to increase independence in affordable, independent, congregate, senior housing

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Communicate information about the resource person model with developers and other stakeholders	Jefferson County Aging Well Housing Workgroup	City of Lakewood, Seniors' Resource Center (SRC), Total Long-term Care	Residents and management at Creekside and Willow Glen, City of Lakewood	Document specifying how and if model could be replicated in other communities in Jefferson County	October 2011
2. Research and share findings about U.S. Department of Housing and Urban Development (HUD) Service Coordinator Program	Jefferson County Aging Well Housing Workgroup	Jefferson County Community Development (CD), owners/operators of affordable senior housing communities	Management at Colorado Housing and Finance Authority (CHFA), HUD, and on-line search	Document comparing HUD model with resource person model and recommending what, if anything, can be replicated in Jefferson County	December 2011

OBJECTIVE 3 Encourage development of elderly co-housing including affordable models					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Visit Silver Sage Co-Housing in Boulder	Jefferson County Aging Well Housing Workgroup	Jefferson County CD, interested age 55+ homeowners, housing authorities in Jefferson County, private-public developers, JCCOA	Silver Sage Co-Housing	Document understanding of how this co-housing model operates including recommendations on if and how a co-housing model might be affordable and implemented in Jefferson County	December 2011
2. Visit Harmony Village Co-Housing in Golden	Jefferson County Aging Well Housing Workgroup	Jefferson County CD, interested age 55+ homeowners, housing authorities in Jefferson County, private-public developers, JCCOA	Harmony Village Co-Housing	Document understanding of how this co-housing operates. Determine if and how a co-housing model might be affordable and implemented in Jefferson County	December 2011
3. Research co-housing models nationally	Jefferson County Aging Well Housing Workgroup	Jefferson County CD, interested age 55+ homeowners, housing authorities in Jefferson County, private-public developers, JCCOA	National Housing Associations for Aging, American Association of Homes and Services for the Aging (AAHSA), Colorado Association of Homes and Services for the Aging (CAHSA), Co-Housing Partners, LLC	Determine if there are any affordable models and document comparisons of various models being recommended	June 2012
OBJECTIVE 4 Increase number of communities in the county with Accessory Dwelling Unit (ADU) ordinances					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Determine current zoning throughout Jefferson County for ADUs	Jefferson County Planning and Zoning	Municipal planning and zoning departments	Planning and zoning guidelines	Document understanding of what is currently in place and allowable throughout Jefferson County	December 2012
2. Identify successful building models for older adults in Metro Denver and nationally	Denver Regional Council of Governments (DRCOG)	Friends of Granny Flats, Sidekick Homes, DRCOG Livable Communities Subcommittee, Home Builder's Association (HBA) 50+ Housing Council, JCCOA	DRCOG Livable Communities (LC) Subcommittee/ ADU Implementation	Document specifying which ADU models are appropriate for older vs. younger residents	December 2012
3. Determine strategy to promote ADUs in Jefferson County based on success in other metro counties	DRCOG	Friends of Granny Flats, Sidekick Homes, DRCOG Livable Communities Subcommittee, HBA 50+ Housing Council, JCCOA	DRCOG LC Subcommittee/ ADU Implementation	Document outlining strategy and recommending how best to approach adding zoning ordinances and how to promote development of ADUs	December 2013

GOAL 2 – Explore monetary issues/possibilities for affordable senior housing

OBJECTIVE 1 Create incentives for affordable senior housing development					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Review current Jefferson County Master Plan and Community Plans for affordable/senior housing language	Jefferson County Planning and Zoning	Jefferson County Long Range Planners, Jefferson County Aging Well Housing Workgroup	Jefferson County Comprehensive Master Plan, Community Plans	Identify possible incentives to target that are already in place	January 2011
2. Explore other jurisdictional plans to determine possible incentives	Jefferson County Planning and Zoning	City planning and zoning offices, Jefferson County Aging Well Housing Workgroup	List of Plans provided by DRCOG	Find examples of practices that might work in Jefferson County	December 2013
3. Make recommendations for updating Jefferson County Plans	Jefferson County Planning and Zoning	Jefferson County Long Range Planners, Jefferson County Aging Well Housing Workgroup	"Quality Growth" and "Inclusive Housing" concepts, Colorado Department of Local Affairs (DOLA) affordable housing guide	New language in plans to incentivize affordable senior housing	June 2014
OBJECTIVE 2 Target funding opportunities for potential affordable senior housing projects					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Examine current and future federal funding streams	Jefferson County Community Development (CD)	U.S. Department of Housing and Urban Development (HUD), DOLA, Colorado Housing and Finance Authority (CHFA), Jefferson County Aging Well Housing Workgroup, JCCOA	Jefferson County CD	Identify all potential funding streams	December 2012
2. Explore the use of Community Reinvestment Act dollars	Jefferson County Housing Authority	Local banking institutions, Jefferson County Aging Well Housing Workgroup, JCCOA	Jefferson County Housing Authority	Identify all potential funding streams	December 2012
OBJECTIVE 3 Identify exemplary models of affordable senior housing development					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Provide best practice models for public and private partnerships	Jefferson County CD	Local private developers	Jefferson County CD, Internet	Target model for use by developers	March 2014
2. Provide best practice models of multijurisdictional partnerships	Jefferson County CD	Statewide community development departments	Jefferson County CD, Internet	Target model for use by local agencies	May 2014
3. Provide best practice models of highly subsidized projects (housing for seniors with very low incomes)	Jefferson County CD	Jefferson County, Metro West Housing Solutions, and Arvada Housing Authorities	Jefferson County CD, Internet	Target model for use by communities for housing the very low income senior population	July 2014

GOAL 3 –Promote senior-friendly residential housing development

OBJECTIVE 1 Increase number of areas within Jefferson County that are redeveloped into senior housing

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Evaluate the Jefferson County senior housing market and determine if there is a need and market for senior-friendly infill and/or redevelopment	Jefferson County Planning and Zoning	Jefferson County CD, DRCOG, Jefferson County Economic Council, local, state and national public and private organizations specializing in senior housing, Jefferson County Aging Well Housing Workgroup, JCCOA	County Assessor records, U.S. Census, Colorado Department of Local Affairs, DRCOG	Determine if there is a need or demand for senior-friendly housing	December 2011
2. Construct a senior housing matrix with a weighting system that would help to identify the highest priority and best locations for senior housing. Determine the contributing variables that would need to be in the matrix	Jefferson County Planning and Zoning	Jefferson County CD, Jefferson County Economic Council, DRCOG, Jefferson County's cities and towns, Jefferson County Aging Well Housing Workgroup, JCCOA	County Assessor records, current zoning, community plans, real estate values	Identify potential locations for senior-friendly living by the highest weight score	December 2011
3. Identify areas within the county that may be good locations for senior housing	Jefferson County CD	DRCOG, Jefferson County Economic Council, Jefferson County Planning and Zoning, Jefferson County Aging Well Housing Workgroup, JCCOA	DRCOG, local realtors, Jefferson County's cities and towns	Identify prime locations for potential senior housing	December 2011
4. Revise and update the Aging Well in Jefferson County's housing base maps using the most recently released 2010 U.S. Census data	Jefferson County Planning and Zoning	U.S. Census Bureau, Colorado Demography Office, DRCOG, Jefferson County Aging Well Housing Workgroup	2010 U.S. Census data, U.S. Census American Community Survey, State Demography Office Population and Housing data	Identify areas in the county where seniors currently reside. This baseline data will be utilized when constructing the senior housing matrix	December 2012 and ongoing every 5 years (next update would be 2017)

OBJECTIVE 2 Develop partnerships among agencies					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Research and report on the status of the area/region community plans, and local zoning and building codes to determine senior-friendly housing opportunities and constraints	Jefferson County Planning and Zoning	Local housing authorities, local, state and national agencies affiliated with senior housing, Jefferson County CD, DRCOG, State Department of Local Affairs, local cities and towns, realtors and housing agencies, Jefferson County Aging Well Housing Workgroup, JCCOA	Local cities and towns, Jefferson County, HUD	Determine if applicable zoning, land use, and building codes would accommodate a senior-friendly housing development project	December 2012
2. Develop public and private partnerships to determine the most advantageous strategies and locations for senior-friendly housing	Jefferson County CD	Local housing authorities, local, state and national agencies affiliated with senior housing, DRCOG, State Department of Local Affairs, local cities and towns, realtors and housing agencies, Jefferson County Aging Well Housing Workgroup, JCCOA	County Assessor records, current zoning, community plans, real estate values	Establish a network of stakeholders about senior housing strategies	December 2012
3. Promote the organization of a Jefferson County senior housing group consisting of local governments, realtors, architects, and other housing agencies to brainstorm and develop outcomes for the future Jefferson County senior housing market	Jefferson County Planning and Zoning	Jefferson County CD, local housing authorities, local, state and national agencies affiliated with senior housing, DRCOG, State Department of Local Affairs, local cities and towns, realtors and housing agencies, Jefferson County Aging Well Housing Workgroup, JCCOA	Local realtors, architects, planners, developers, and governments	Form an alliance with outside agencies to develop a senior-friendly housing network (potential precursor to Housing Consortium proposed for the long-term – See Housing Long-Term Plan for additional information)	December 2012
OBJECTIVE 3 Promote awareness among the public, stakeholders, etc., about senior housing strategies					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Support issues vital to the development of senior-friendly housing through grassroots efforts and advocacy at local, state and national levels	Jefferson County CD	Local clubs and other organizations specializing in senior issues, local housing authorities, local, state and national agencies affiliated with senior housing, Jefferson County Planning and Zoning, Jefferson County Aging Well Housing Workgroup, JCCOA	U.S. Census data, the senior housing matrix and weighting system	Networking and outreach to promote public awareness about senior housing strategies	December 2013

GOAL 4 – More LGBT-friendly housing options for lesbian, gay, bisexual and transgender (LGBT) elders

OBJECTIVE 1 Identify both real and perceived barriers to LGBT-friendly housing among providers and LGBT elder consumers					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Conduct a LGBT elder housing survey of service providers	Jefferson County Aging Well Housing Workgroup	DRCOG, Seniors Advocating for LGBT Elders (SAGE) of the Rockies, Project Visibility, JCCOA	Sage of the Rockies, Project Visibility, DRCOG	Identify barriers to access among service providers	June 2011
2. Conduct LGBT elder housing focus groups	SAGE of the Rockies	Jefferson County Aging Well Housing Workgroup, DRCOG, Project Visibility, JCCOA	Sage of the Rockies, Project Visibility, DRCOG	Identify barriers to access among LGBT elders	December 2011
OBJECTIVE 2 Promote LGBT-friendly policies and practices among providers of housing and services for older adults					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Provide training and education on LGBT elder issues in housing	SAGE of the Rockies	Project Visibility, Jefferson County Aging Well Housing Workgroup	SAGE of the Rockies, Project Visibility	Promote LGBT-friendly policies	June 2011 and Ongoing
2. Develop policy guidelines for LGBT-friendly housing	SAGE of the Rockies	Project Visibility, The Centers Legal Initiative (CLIP), Department of Regulatory Agencies (DORA), Jefferson County Aging Well Housing Workgroup	SAGE of the Rockies, Project Visibility, Equal Rights, CLIP, DORA	Clear standards that ensure compliance with the law	December 2011
3. Write consumer guide for LGBT-friendly elder housing	SAGE of the Rockies Resource Guide Committee	Project Visibility, CLIP, DORA, Jefferson County Aging Well Housing Workgroup	SAGE of the Rockies	Create rating system, publish resource guide	December 2012

Strategic Plan For 2016 Through 2030

GOAL 1 Implement and utilize housing options identified in Aging Well Short Term Housing Plan to alleviate current and future unmet housing needs for low to moderate income older adults throughout Jefferson County

OBJECTIVE 1 Bring housing stakeholders in county together to provide cohesive effort for implementing a variety of housing options for low to moderate income older adults

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Hold an interactive Housing Forum for all interested parties in housing for older residents in Jefferson County	Jefferson County Aging Well Workgroup	Housing Authorities throughout Jefferson County	2016	2017	Completion of this objective could lead to the formation of a Jefferson County Housing Consortium (see Objective 2 below)
2. Hold quarterly meetings with stakeholders in senior housing	Jefferson County Aging Well Workgroup	Interested stakeholders identified at Housing Forum, Jefferson County Housing Authority (JCHA) and other housing authorities throughout Jefferson County	2018	Ongoing	Quarterly meetings could focus on educating each other on housing options for seniors and creating partnerships in senior housing
3. Share best practices throughout county	Jefferson County Aging Well Workgroup	Stakeholders from Housing Forum and housing agencies and authorities	2018	Ongoing	Same as above

OBJECTIVE 2 Create a Jefferson County Housing Consortium to monitor and support the implementation of a cohesive effort to provide county-wide housing options for seniors

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Develop and present proposal to Board of County Commissioners for new Jefferson County Housing Consortium	Jefferson County Aging Well Housing Workgroup	Jefferson County Housing Stakeholders, JCHA	2016	2017	New County Housing Consortium will likely require small seed funds from County Commissioners and other funders
2. Monitor activities locally and nationally and encourage implementation of a variety of housing options for older residents in Jefferson County	Newly formed Jefferson County Housing Consortium	Jefferson County Housing Stakeholders, JCHA and other housing authorities throughout Jefferson County	2018	Ongoing	Completion of this objective is dependent upon creation of a new Jefferson County Housing Consortium
3. Become a resource and clearing house for stakeholders, providers and developers throughout county	Jefferson County Housing Consortium	Colorado Housing NOW, JCHA	2018	Ongoing	Same as above
4. Convene quarterly meetings of the Jefferson County Housing Consortium (JCHC)	Jefferson County Housing Consortium	Jefferson County Housing Stakeholders, JCHA	2018	Ongoing	Same as above. JCHC would begin holding regular meetings in 2018
5. Procure grants for research of housing options	Jefferson County Housing Consortium	Jefferson County Housing Stakeholders, JCHA and other housing authorities throughout Jefferson County	Ongoing	Ongoing	Same as above

OBJECTIVE 3 Identify best location and appropriateness for each specific housing option based on demographics and encourage implementation					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Start Year**	**End Year**	**Comments**
1. Revise and update the Aging Well in Jefferson County's housing base maps using the most recent data (i.e., U.S. Census, American Community Survey, etc.)	Jefferson County Planning and Zoning	US Census Bureau, Colorado Demography Office, DRCOG, Jefferson County Aging Well Housing Workgroup, Jefferson County Council on Aging (JCCOA), Jefferson County Human Services, Jefferson County Housing Consortium	2016	2017	Ongoing every 5 years
2. Analyze need based on number of older residents, income level and gaps in availability of existing housing options	Jefferson County Planning and Zoning	US Census Bureau, Colorado Demography Office, DRCOG, Jefferson County Aging Well Housing Workgroup, Jefferson County Council on Aging (JCCOA), Jefferson County Human Services, Jefferson County Housing Consortium	2017	2018	Could be done sooner
3. Document need for use by potential developers and/or lead agencies to provide housing option	Jefferson County Housing Consortium	Jefferson County Community Development	2019	2020	Completion of this objective is dependent upon creation of new Housing Consortium
4. Encourage implementation of specific housing option identified in Short Term Goals in identified location	Jefferson County Housing Consortium	Housing stakeholders in Jefferson County, JCHA	Ongoing	Ongoing	Same as above

GOAL 2 Create more units of affordable senior housing in Jefferson County

OBJECTIVE 1 Utilize exemplary models for affordable senior housing development and/or rehabilitation					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Start Year**	**End Year**	**Comments**
1. Review identified models and determine best fit for use in Jefferson County	Jefferson County Planning and Zoning	Jefferson County Community Development, JCHA, Jefferson County Housing Consortium	2016	Ongoing	
2. Create a plan for utilizing selected models	Jefferson County Planning and Zoning	Jefferson County Community Development, JCHA, Jefferson County Housing Consortium	2016	Ongoing	
3. Share plan with builders, nonprofit housing agencies and private developers, housing authorities, etc. Advocate for these models and the plan.	Jefferson County Planning and Zoning	Jefferson County Community Development, JCHA, Jefferson County Housing Consortium	2017	Ongoing	

OBJECTIVE 2 Identify most appropriate funding streams to utilize for affordable senior housing					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Start Year**	**End Year**	**Comments**
1. Review identified funding streams and determine best fit for use in Jefferson County	Jefferson County Housing Authority	Jefferson County Community Development, Jefferson County Housing Consortium	2016	Ongoing	
2. Create an action plan for utilizing selected funding	Jefferson County Housing Authority	Jefferson County Community Development, Jefferson County Housing Consortium	2016	Ongoing	

OBJECTIVE 3 Develop or rehabilitate 200 units for affordable senior housing					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Start Year**	**End Year**	**Comments**
1. Identify partners for development and rehabilitation of units	Jefferson County Housing Authority	Non-profit housing agencies and private developers	2016	2016	
2. Create plan based on selected models, funding and partners	Jefferson County Community Development	Non-profit housing agencies and private developers	2016	2017	
3. Complete building and/or rehabilitation of units	Jefferson County Housing Authority	Non-profit housing agencies and private developers, Jefferson County Housing Consortium	2018	2020	

GOAL 3 Jefferson County will have senior housing options such as aging in place, housing for an active senior life style and accessory dwelling units (ADUs) through continued planning and evaluation

OBJECTIVE 1 Continue to target areas within the county for both affordable and market rate senior housing development projects					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Start Year**	**End Year**	**Comments**
1. Continue to analyze housing trends and needs for the county's senior housing market. Provide housing options for the projected population growth and income levels of seniors	Jefferson County Planning and Zoning	Jefferson County Community Development, DRCOG, RTD, State Demography Office, other governments within the county, Jefferson County Housing Consortium	2016	2018 and ongoing	Evaluate the housing market for senior housing gaps
2. Utilize the senior housing matrix system to determine the types of housing products and best locations for senior housing development	Jefferson County Planning and Zoning	Community Development, Jefferson County Economic Council (JEC), local realtors, Jefferson County Housing Consortium	2016	2025	The Housing Matrix should be maintained and updated periodically
3. Implement the goals and strategies defined in the Strategic Plan for Aging Well in Jefferson County and the county's Comprehensive Master Plan	Jefferson County Planning and Zoning	Jefferson County Human Services, Jefferson County Community Development, Jefferson County Housing Consortium	2016	2020	The Comprehensive Master Plan should be revised by 2020
4. Encourage the redevelopment of obsolete residential neighborhoods for senior housing development. As Community Plans and/or Comprehensive Master Plans are updated, identify specific locations that may be appropriate for new senior neighborhoods	Jefferson County Planning and Zoning	Municipalities within the county, DRCOG, RTD, State Demography Office, JEC, Jefferson County Housing Consortium	2016	2025	Utilize the senior housing matrix

OBJECTIVE 2 Continue to develop partnerships with realtors, home builders, developers, and other government agencies					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Start Year**	**End Year**	**Comments**
1. Determine if existing Zoning and Building Codes would accommodate the potential redevelopment of conventional residential housing developments to a senior-friendly housing product	Jefferson County Planning and Zoning	Jefferson County Community Development, Building Departments, Zoning Departments, local fire districts, Sheriff's Office, Jefferson County Housing Consortium	2016	2020	Identify the zoning and building codes that do not allow senior-friendly development
2. Develop partnerships with realtors, contractors and home builders to create a lasting relationship with home owners as their lifestyle changes (Aging in Place/Community). Look at expanding the senior housing market outside of the traditional housing retirement areas. i.e., ADUs, senior living redevelopment projects	Jefferson County Economic Council (JEC)	Chambers of Commerce, Jefferson County Planning and Zoning, Jefferson County Community Development, realtors, contractors and builders, DRCOG, Jefferson County Housing Consortium	2016	2025	10-year implementation plan
3. Develop a senior housing redevelopment plan by forming partnerships with the county, municipalities, Jefferson County Economic Council, DRCOG, local architects, interior designers, developers, contractors, realtors and banks	Jefferson County Community Development	Jefferson County Planning and Zoning, municipalities within the county, JEC, DRCOG, and local architects, interior designers, developers, contractors, realtors and banks, Jefferson County Housing Consortium	2016	Ongoing	
4. Explore funding options to provide opportunities for senior housing	Jefferson County Community Development	Jefferson County Planning and Zoning, municipalities within the county, JEC, DRCOG, HUD, developers, contractors, realtors and banks, Jefferson County Housing Consortium	2016	Ongoing	

OBJECTIVE 3 Continue to provide an environment that encourages seniors to live in Jefferson County					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Start Year**	**End Year**	**Comments**
1. Provide diverse housing options, services, programs and opportunities that will attract senior residents to come to or remain in Jefferson County	Jefferson County Community Development	Jefferson County Planning and Zoning, municipalities within the county, JEC, DRCOG, HUD, Jefferson County Housing Consortium	2016	Ongoing	Seniors are essential to the growth of household basic industry
2. Develop programs that would provide seniors with information and references on: selling their home when it is time to downsize, home maintenance and weatherization, mortgage options for seniors, alternative senior housing options, practical technology solutions for aging in place, and other senior housing specific topics	Jefferson County Human Services	Jefferson County Planning and Zoning, Jefferson County Community Development, JEC, Jefferson County Housing Consortium	2016	Ongoing	This educational program will continue to evolve into the future
3. Seek grants to rehabilitate owner-occupied units to be ADA compliant and provide adaptable equipment in the senior's existing homes	Jefferson County Community Development	Jefferson County Planning and Zoning, HUD, AARP, DRCOG, Jefferson County Housing Consortium	2016	Ongoing	Investigate potential funding sources
4. Promote development patterns and designs that meet the needs of residents as they age. Encourage building and site design that provides safety, security and mobility	Jefferson County Planning and Zoning	Jefferson County Community Development, Muni Building and Zoning Depts., local fire districts, Sheriff's Office, municipalities within the county, DRCOG, AARP, HUD, Jefferson County Housing Consortium	2016	Ongoing	Research "best practices" for the design and development of senior living

GOAL 4 Develop some housing options specializing in lesbian, gay, bisexual and transgender (LGBT) elders

OBJECTIVE 1 Encourage formation of LGBT NORCs (Naturally Occurring Retirement Communities)					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Start Year**	**End Year**	**Comments**
1. Educate the LGBT elder community on the advantages of NORCs	Seniors Advocating for LGBT Elders (SAGE) of the Rockies	Jefferson County Aging Well Housing Workgroup, Jewish Family Services, DRCOG, Jefferson County Housing Consortium	2016	Ongoing	Process will also help identify potential LGBT NORCs
2. Assist in formation of LGBT NORCs	SAGE of the Rockies	Jefferson County Aging Well Housing Workgroup, DRCOG, Jefferson County Housing Consortium	2016	Ongoing	

OBJECTIVE 2 Encourage formation of LGBT cooperative style housing models					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Start Year**	**End Year**	**Comments**
1. Educate LGBT elder community on the advantages of cooperative style housing models	SAGE of the Rockies	Jefferson County Aging Well Housing Workgroup, DRCOG, Jefferson County Housing Consortium	2016	Ongoing	Process will also help identify potential market and feasibility of this project
2. Educate appropriate senior housing providers on the potential of this niche market within the LGBT community	SAGE of the Rockies	Jefferson County Aging Well Housing Workgroup, DRCOG, Jefferson County Housing Consortium	2016	Ongoing	

Aging Well In Jefferson County, Colorado

Social & Civic Engagement

Aging Well In Jefferson County, Colorado

Social & Civic Engagement

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Introduction

Participation in social and community activities that involves other people is a vital aspect of life for many as they get older. Communities that provide diverse and abundant opportunities for such involvement often thrive. This report highlights the work of the Social & Civic Engagement Workgroup in 2008 and 2009, as part of the Aging Well in Jefferson County Project. 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, increasing the skills of Volunteer Managers, 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.

Short-term and long-term strategic plans will follow the report and were developed in the second year of the project. ◆

Process

Practitioners in the field of aging and concerned citizens were recruited to brainstorm and decide what social and civic engagement areas would be most impacted by the increased number of seniors in Jefferson County in the coming years. The workgroup included professionals from Jefferson County Workforce Center, Human Services, and Planning and Zoning, several recreational facilities that serve seniors (City of Lakewood, Foothills Park and Recreation, Apex Park and Recreation), and people from volunteer programs at Seniors' Resource Center, Developmental Disabilities Resource Center, and St. Anthony Hospital's Health Passport Program. Several staff from Red Rocks Community College were later recruited to bring expertise on the aging population and education. Additionally, two volunteer facilitators from Jefferson County's Mediation Center provided support to the group's process in the first year. The workgroup met from October 2008 until June 2010, to share ideas and report on research findings.

The Social & Civic Engagement Workgroup defined its mission as follows: To enhance the community's efforts to help adults age 60+ constructively connect and contribute to the success and welfare of their community in order to create a sense of belonging. The group brainstormed around the question, "What comes to mind when one thinks of social and civic engagement?" Some of the ideas included: activities, places to meet, participating with others who have common interests, interaction, personal connections, communicating, recreation, networking, not being alone, volunteerism, advocacy, cultural activities, family, friends, neighbors, employment, inter-generational connections (including grandchildren), lifelong learning, mentoring, feeling part of or contributing to the community, and having a meaningful place.

The topic of social and civic engagement is broad, so for this project the group prioritized and selected the following areas to concentrate its efforts: 1) Volunteerism, 2) Employment, 3) Education, 4) Recreation and Cultural Programs, and 5) Personal Connectedness through Faith-Based Organizations. These five were chosen as they seemed to be the main topic areas and encompassed most of the social and civic ideas that had been brainstormed. The area of Personal Connectedness through Faith-Based Organizations originally was titled Personal Connectedness and included faith-based organizations, neighbors, friends, families, clubs and groups. But due to the time frame of this project and resources on the committee, the focus was narrowed to faith-based organizations.

The workgroup divided into five subcommittees, based on the topic areas specified above. Members researched what trends, strengths and assets, and gaps the expected population growth would potentially create. The groups used their own experience, other professionals, published studies, a survey and information provided from the Aging Well Leadership Committee and Jefferson County Council on Aging to determine the trends and needs within each area. The group then prioritized which needs would be of greatest concern to the county as the population ages. The findings on the trends, resources, strengths, assets and gaps identified by each of these subcommittees follow. The report concludes with summary points and identification of recommended key priorities for the future.

Terms and definitions used in this report can be found in Appendix A. ◆

Trends

The following information on past and future trends represents the collective input of workgroup members based on their research, analysis and expertise.

Volunteerism

The Volunteerism Subcommittee researched the opportunities and barriers for seniors wishing to donate their time and expertise throughout Jefferson County. Multiple studies confirm the mental and physical health benefits of volunteering, including actual longer life of volunteers (See Appendix F). It is important for the health of the community that these findings be publicized along with the available volunteer opportunities for older adults.

The first trend identified is that older volunteers want a variety of service options which utilize their particular skills and experience to meet real needs in the community. Options may include high impact short-term projects, options for families and groups, and virtual volunteering. Virtual volunteering, also called "on-line volunteering" or "cyber service," refers to volunteer tasks completed in whole or in part via the Internet from a home or work computer.

A second trend is that volunteers will increasingly want to use their professional background and skills to assume leadership and consultant roles in their community service efforts (See Appendix F). This has, and will continue to, challenge Volunteer Managers to think creatively in developing all types of positions to enhance and enrich programs and services. Volunteer Managers need to expand expectations of what volunteers can do, be willing to delegate work to volunteers, and encourage other professionals in the agency to delegate meaningful volunteer tasks. Developing well planned, flexible projects allows volunteer leaders to be involved in establishing goals and laying out activities, and timelines.

Training venues will need to be developed to bring older adults up-to-date in the use of technology in order to strengthen their ability to access these civic engagement options via the Internet. Several Internet databases now exist to help connect people with volunteer opportunities (See Appendix B). Volunteer agencies could also expand and simplify the strategies and procedures used to publicize their opportunities. Prospective volunteers must be able to explore a variety of venues to seek appropriate volunteer opportunities. To meet the needs of volunteers and clients, agencies must partner to connect and cross-reference prospective volunteers with specific skills in order to match volunteers with the appropriate position.

Agencies will increasingly need to develop creative and challenging positions and 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 detailed job descriptions that are descriptive, complete and specific to the task. Careful in-depth interviews by agency staff will help discover the experience, skills and interests of prospective volunteers.

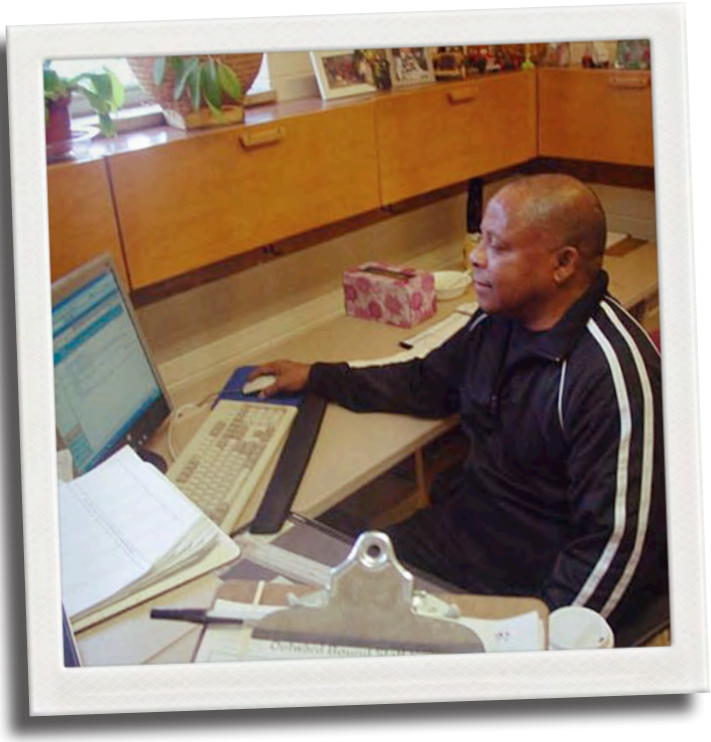
Another trend is that volunteers will seek job retraining and educational opportunities through their volunteer work. This will create a need to re-evaluate and re-vamp and/or develop strong orientation and on-going in-service training programs within volunteer programs. Volunteer program staff must serve the important role of 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.

Volunteer position descriptions will need to outline a careful definition of the beginning, middle and end outcomes, and promote the impact of the project for volunteers, funders and community agencies. More leadership training for volunteers will be needed and volunteer supervisors and volunteer leadership roles should be clear.

Engaging volunteers with disabilities will be an increasingly important part of volunteer management training. There are a variety of possible issues (accessibility, proper tools, effective supervision) when involving persons with disabilities in civic engagement projects depending on the specific disability.

Employment

The Employment Subcommittee explored the past, present, and future job opportunities and trainings available for older Jefferson County residents. A definite employment-related trend will be that more seniors will need to work longer or not retire so early. "The necessity of both re-engaging older adults in the labor market and sharing institutional and job knowledge becomes ever more important due to projected skill and labor shortages, and the potential social and economic impact of an aging workforce" (Colorado Employers' Toolkit, 2008). Employers will need to openly welcome and better understand older workers. Colorado was one of just eight states selected to participate in the National Governors' Association's Center for Best Practices Policy Academy in "Civic Engagement: Engaging Seniors in Volunteering and Employment." From this initiative came The Colorado Employer's Toolkit designed to give an overview of best business practices for employers.



A second employment-related trend is that more seniors will need to re-enter the workforce. It will take more than individual enterprise, though, to get all mature workers who want jobs back to work. First, the government must restore funding for the retraining of older Americans, which, adjusted for inflation, has declined by about a third over the past decade, says Susan Houseman, an economist at the W. E. Upjohn Institute for Employment Research in Kalamazoo, Michigan. "The transition for older workers is hard," she says. "You need a program that targets their specific needs" (Yeoman, 2009).

A third trend in the employment area is that older adults will need more intensive job search assistance in finding their next job. At Retirementjobs.com, a job-hunting website for people over 50, the number of help-wanted postings plunged from 55,000 in 2008 to fewer than 40,000 in 2009. But as Bob Skladany, the site's chief career counselor, points out, "There are still hundreds of thousands of jobs open across the U.S." Finding one for you, Skladany and other experts say, means looking at the industries that are hiring and being flexible. "You'll need to be creative in marketing yourself and willing to move around," advises Bert Sperling, who publishes "Sperling's Best Places" to live, retire, and work at bestplaces.net (Hawthorne, 2009). At a time when the U.S. Bureau of Labor Statistics says that 1.07 million people aged 55 and older are unemployed and looking for work, the Internet is an increasingly useful tool for older people looking for jobs and a sense of community, said Deborah Russell, AARP's Director of Workforce Issues.

Education

The Education Subcommittee identified institutes of higher education (community colleges), trade schools, libraries, and miscellaneous adult education classes throughout Jefferson County and fund the notable trends to be: 1) career transition training, and 2) enrichment learning opportunities.

"In response to the significant percentage of middle and low-income Boomers who intend to continue earning a living beyond age 65, it will be important to create opportunities for them to become trained in different job skills, learn how to start and operate a business, or earn income through self-employment.

Many Boomers foresee leaving full-time employment to work part time, but they will still need to earn sufficient income to meet living expenses. Many of the part-time opportunities currently available to older adults are low-skill jobs that pay poorly. A career transition training initiative would be designed to train 55-plus adults for jobs that offer pay and benefits commensurate with higher-level skills and/or professional qualifications.

Training in small business startups and self-employment are additional options to address needs for income and flexibility" (Rose Community Foundation, Boomers Leading Change, 2007).

As noted above, the second significant trend in education is the need for enrichment learning opportunities. Sixty-five percent (65%) of all Boomers report 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).

Recreation and Cultural Programs

The Recreation and Cultural Programs Subcommittee investigated social activities offered in community settings in Jefferson County. Personnel working at senior centers have noted that 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. Recreation centers often promote the physical wellness factors of their programs, yet another major factor, less prominently promoted, is socialization. Studies show the more connected a person is with others, the more likely they are able to successfully handle life's challenges. In Jefferson County, twenty-two percent (22%) of seniors age 60+ indicated they were lonely, 17% bored, and 24% depressed (DRCOG, 2004). 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.

People will often continue to recreate in 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 settings 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 Architect (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 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 living into its 50's and older in larger numbers than ever seen 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-1/3 of our seniors utilize the facility greater than 8 times per month" (Adams, 2009).

Personal Connectedness Through Faith-Based Organizations

Personal connectedness involves faith-based institutions, civic and social clubs, family, friends, and neighborhood functions. By personal connectedness, we mean a person's ability to find personal, satisfying connections with others with similar interests, whether it be spiritual beliefs, hobbies, political views, or other. A report from the Denver Regional Council of Governments (DRCOG, 2004) noted that adults age 60+ get the most social support from family, then in descending order friends, neighbors, church or spiritual group, and lastly non-profit or community agencies.

For the time and scope of this report, the Social & Civic Engagement Workgroup focused on Personal Connectedness Through Faith-based Organizations. The 2004 DRCOG study found that 27% of seniors in Jefferson County seek social support from their church or spiritual group. Recognizing that seniors do look to their local congregations for connections in the community, the workgroup randomly surveyed 100 faith-based organizations in Jefferson County that had web sites about their senior programs (see Appendix D). Fifty administrators, pastors/clergy, and committee persons responded to the survey by e-mail and telephone helping to identify areas of seniors' needs, as well as services they offered. ◆

Strengths and Assets

Volunteerism

Several Internet databases exist to help connect people with volunteer opportunities (See Appendix B). There is also an active Volunteer Manager's network through the Retired Seniors Volunteer Program (RSVP) and Volunteer Connection in Jefferson County. The Governor's Commission on Community Service (http://www.colorado.gov/gccs/) has acknowledged the importance of volunteerism and has launched a statewide promotional campaign for volunteers.

The President's Serve America Act (http://www.nationalservice.gov/about/serveamerica/index.asp) offers support for new projects and opportunities. Through the Serve America Act and the Governor's Commission on Community Service surveys, it was found that there will be an emphasis on tutoring and mentoring of young people and serving the elderly and people with disabilities.

Employment

Current resources for employment include: 1) Jefferson County Workforce Center's job listings, 2) Jefferson County Workforce Center's job search for Boomers and networking, and 3) weekly meetings of the Professional Connections Group and the Boomer Job Club. The "Connecting Colorado" Job Match system helps connect job seekers with available jobs through the Colorado Department of Labor and Employment.

The Seniors' Resource Center has an older worker employment program and the Jefferson County Workforce Center and Jefferson County Belmar Library have classes for mature workers in various computer programs including how to use the Internet for job searching.

Red Rocks Community College (RRCC) is launching an Encore Careers course that will provide Boomers with information tailored to their needs; information on current courses leading to high demand jobs in the health care and renewable energy sectors, in addition to courses on business creation that will be packaged for Boomers. In addition, career counseling will be provided along with access by job seekers to employers to learn more about each field. The college provides 802 Associate degrees and 1,154 different certificates through more than 150 programs on its two campuses, its main campus in Lakewood and its Arvada campus. The AmeriCorps program, on the RRCC campus, provides educational vouchers in return for a defined number of volunteer hours in the community, which will offset the cost of training/re-training. The RRCC Foundation provides scholarships to students of all ages to attend Red Rocks Community College.

Other organizations also provide employment-related educational resources. Jefferson County Workforce Center offers various skills and interest assessments to help individuals identify their employment skills, wants, needs and desires. The Workforce Center also assists job seekers in identifying what training may help in their employment pursuit. Arapahoe Community College (ACC), located near Jefferson County, has additional courses and opportunities to meet the needs of older Jefferson County residents.

Older job seekers may need retraining on marketable job skills. Resources for this include community, public, and private colleges that offer a variety of retraining classes, recreation centers and libraries that offer computer classes, and Jefferson County Workforce Center which helps with retraining through the Workforce Investment Act (WIA).

Education

Educational resources available to Jefferson County residents include a wide range of interesting courses at affordable prices at RRCC and ACC. RRCC currently does not have non-credit course offerings in contrast to ACC which has a variety of non-credit course offerings.

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 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 285 corridor and in Coal Creek Canyon (See Appendix C).

Recreation and Cultural Programs

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.

The old adage "use it or lose it" is true. If you don't keep exercising your mind, body, creativity, skills, interests, and social circles, your ability in these areas can diminish. 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.

Personal Connectedness Through Faith-Based Organizations

Many faith-based organizations are located throughout Jefferson County. They provide individuals with opportunities to connect to their local communities (See Appendix E). Many of these individual organizations also provide a unique mix of services for seniors. This may include transportation, pastoral care, partnering with community senior support agencies to connect seniors to services, health services, nurses to help seniors with health issues, and several provide firewood in mountain communities. Some faith-based organizations use their weekly bulletins, newsletters and websites to link seniors to activities within their communities.

A positive example of utilizing faith-based organizations to disseminate senior information is the Communities Against Senior Exploitation (CASE) sponsored by the Jefferson/Gilpin Counties District Attorney's Office. CASE offers presentations to seniors on protecting themselves from identify theft and fraud and has been successful meeting with hundreds of seniors across the county in faith-based groups. While CASE uses whatever settings they are invited to (clubs, senior centers, etc.) they have had 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 (Johnson, 2009). ◆

Gaps

Volunteerism

One of the biggest gaps identified in Jefferson County by those congregations that responded to a survey (See Appendix D) was the lack of available transportation to get to volunteer opportunities. In addition, there is 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 Managers are also responsible for managing multiple other duties not related to volunteer management, such as fund raising and activity coordination. There is a need for professional positions in agencies that have a single focus on professional management of volunteer programs. To assure professionally run volunteer programs meet the expectations of today's professional Boomer volunteers, volunteer management training opportunities will need to be offered both outside (via associations of Volunteer Managers, websites, etc.) and within organizations with program staff.

Employment

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; and, according to an analysis 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. These stories are part of an ongoing series of profiles by CNN about economic survival in this time of financial crisis (CNN 3-19-09).

Older job seekers will need to be able to locate job openings and may need more intensive job search services. A stronger presence and awareness of job search services offered by both AARP and Goodwill Industries, Inc. could help older job-seeking Jefferson County residents. There is a need for additional job search classes for mature workers and a comprehensive website to link older workers to employment resources.

Education

Given the education trends noted earlier in this report, the following areas were identified as gaps or barriers to Jefferson County residents being able to continue working beyond age 65 in meaningful careers. The workgroup found a lack of:

- pathways into meaningful employment opportunities;
- affordable education or training opportunities;
- short courses/programs that will result in industry-recognized skills development (degree or certificate from known institution) leading to employment;
- information about available job openings to assist a person in deciding what type of training the person may want;
- assessments to help people identify areas of interest and aptitude; and
- affordable, non-credit courses, and information resources.

Recreation and Cultural Programs

Facilities need to better accommodate a full range of ages, and be ready to offer activities for a full range of ability levels. Recreation staff are expanding programs to offer everything from seated exercise classes to more strenuous classes. Adult offerings should be offered by interest areas and ability rather than by age. Some 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 and for more affordable program cost.

Many of the county's recreation 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.

Personal Connectedness Through Faith-Based Organizations

Faith-based organizations in Jefferson County will need to find more and better ways to identify and reach out to the older populations in their communities. Seniors may need help in locating senior services, accessing Internet/technology, transportation, spiritual support, socialization, education, meals (especially for shut-ins), health services, exercise classes, and utilities support. Where some faith-based groups excel in services to seniors in their communities, others are looking for direction and ideas of how to serve seniors within the community. ◆

Report Wrap-Up

Some of the strengths found in Jefferson County relating to social and civic engagement included:

- an active Volunteer Manager's network through RSVP and Volunteer Connection,
- several municipalities and recreation districts that have created high quality recreation and cultural facilities and programs,
- two campuses of Red Rocks Community College where classes are available,
- an array of senior resources through Seniors' Resource Center and other agencies,
- a Workforce Center to assist people needing employment, and
- an active County Council on Aging.

While these positives exist, there is need for improvement as well. The Social & Civic Engagement Workgroup identified the following priority areas that it recommends stakeholders in Jefferson County focus on.

1. Provide assistance to employers to understand and welcome older job and volunteer seekers including:

- encouraging more employers and agencies to see the possibility and value of adding older workers and volunteers to their staff,
- identifying employers and agencies who are willing to hire older workers or volunteers and encourage them to specifically define the needs/skill sets they are looking for to help match seniors with positions,
- expanding expectations of what volunteers and employees can do,

- promoting the development of creative, challenging and flexible volunteer positions and projects that engage volunteers and meet "real" community needs,
- encouraging the development of volunteer opportunities in south Jefferson County and the mountain communities,
- informing employers of the benefits of older workers.

2. Provide assistance to continuing education institutions (i.e. community colleges, libraries, etc.) to determine programs and curricula that meet upcoming job demands in the local area.

3. Encourage recreation and cultural facilities to offer a diverse range of programs for varying interests and abilities by:

- maintaining quality of existing community programs,
- expanding to meet the needs of residents' developing interests,
- bringing programs to under-served geographic areas, such as the 285 corridor and Coal Creek Canyon.

4. Promote and develop professional Volunteer Management/Managers by:

- enhancing the overall existing volunteer programs,
- encouraging non-profit, for-profit and government to develop volunteer management/managers.

5. Utilize faith-based organizations as local resources to:

- disperse information and resources,
- connect seniors with services,
- use their facilities for programs,
- identify isolated seniors,
- help the faith community utilize congregations as a volunteer base.

Other areas to keep in mind include: 1) limited public transportation available for social and civic events such as for employment, volunteering, and recreation classes, 2) a need for an information and referral database and navigators to connect seniors with services, and 3) a need to keep programs affordable (churches, community colleges, recreation centers) by broadening funding avenues with partnerships and grant writing.

Other areas that need further research include:

- connecting seniors (especially widows, persons with developmental/intellectual disabilities, gay and lesbian community members) to social and civic groups (i.e. cultural, hobbies, service clubs, etc.), and
- investigating if the earning limits of those receiving Social Security should be adjusted so seniors can earn more income. ◆

Appendices

Appendix A: Terms and Definitions Used in Report

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.

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 to the later years.

Personal Connectedness
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.

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.

Senior Center
A community facility with regular operating hours and staff that provides special programs and activities for older adults.

Social & 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.

Volunteer Management
A systematic program for recruiting, training, mentoring, and evaluating volunteers.

Volunteer Manager
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
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

Throughout Jefferson County

The Volunteer Connection – www.volunteerJefferson County.org – is 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.

Metro Volunteers – www.metrovolunteers.org – connects individuals, families and groups with hundreds of volunteer opportunities in the Denver metro community.

Experience Corps – Colorado Experience Bank – www.coloradoexperiencebank.com -connects Baby Boomers with opportunities for (1) exploring new careers and employment, (2) enrolling in lifelong learning classes, and (3) contributing to their community through volunteer involvement.

Volunteer Match – www.VolunteerMatch.com – is the largest national online volunteer matching service with many local opportunities.

Idealist – www.idealist.org – lists jobs, events, volunteer opportunities and internships.

Network for Good – www.networkforgood.org – lists volunteer opportunities and how donations may be made to thousands of non-profits. Powered by Guide Star and Volunteer Match.

Labors of Love – www.4laborsoflove.org – is a site where volunteers can list skills and agencies can list volunteer opportunities.

Serve Net – www.servenet.org – is a place to post volunteer opportunities or to post volunteer interests.

Volunteer Solutions – www.volunteersolutions.org – helps volunteers meet the non-profits that need their help. Through partnerships with United Way and Volunteer Centers, volunteers can search through hundreds of volunteer opportunities.

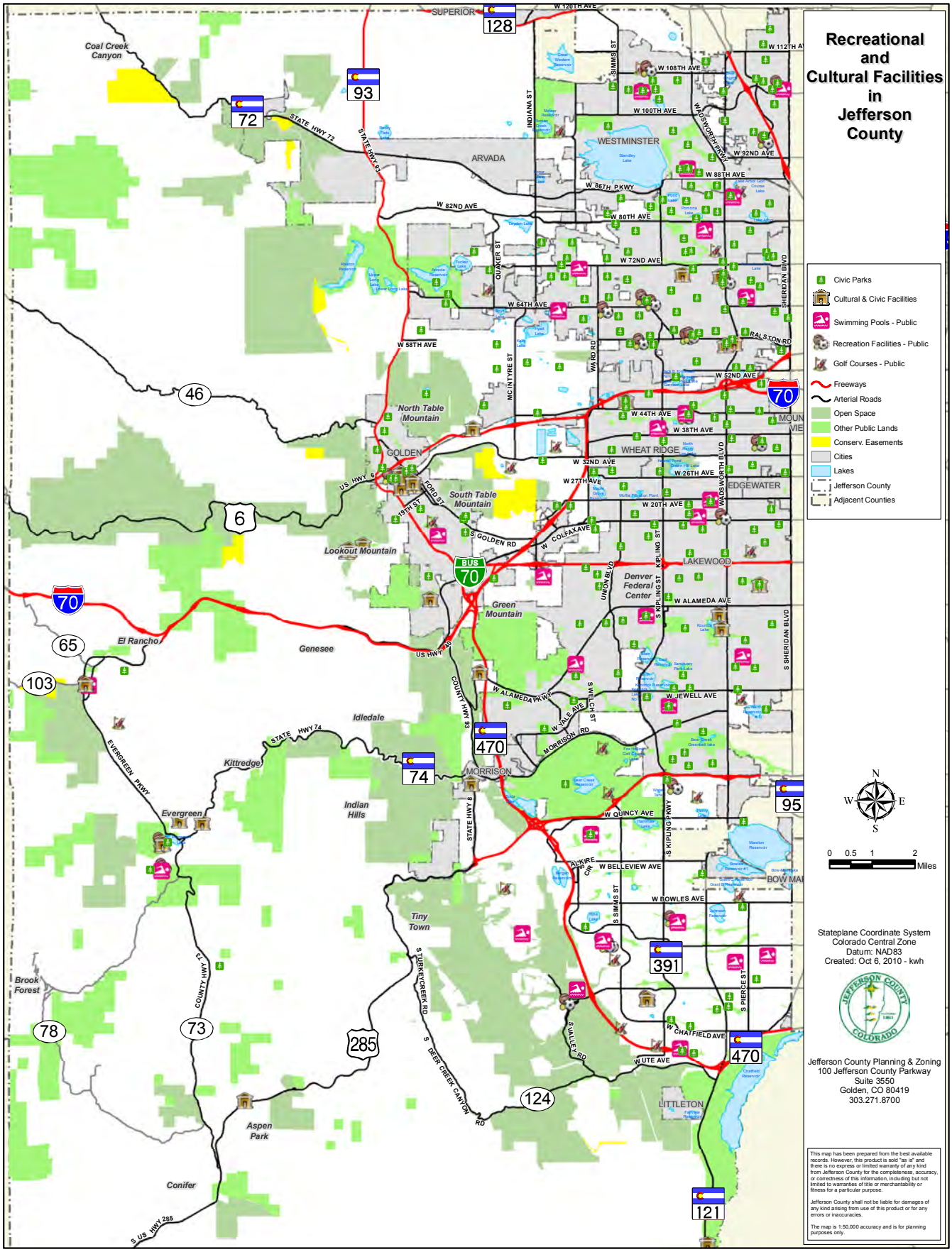
Fairs – such as the ones held regularly at the Apex Community Recreation Center.

RSVP of Jefferson County – www.SRCAging.org or 303-235-6946 – offers individuals 55 and better opportunities to apply skills and experience to meet real community needs in Jefferson County at over 75 agencies. They also offer benefits such as mileage reimbursement and supplemental insurance.

Volunteer Opportunities in the Conifer/Evergreen Area

- Seniors' Resource Center, 303-674-2843
- Jefferson County Forest Service
- Conifer.Hub.com
- Rocky Mountain District Kiwanis International, www.rmdkiwanis.com
- GGGCALS 285 Corridor, http://gggcal.blogspot.com/

Appendix C: Map of Recreational and Cultural Facilities in Jefferson County



Appendix D: Results of Survey of Faith-Based Organizations in Jefferson County, Spring 2009

The Social & Civic Engagement Workgroup randomly surveyed 100 faith-based organizations in Jefferson County that had websites about their senior programs. Fifty administrators, pastors, clergy and community volunteers responded to the survey either by email or telephone. Below are the results.

Overall Comments:

- Senior groups are less apt to exist in congregations with few seniors
- Larger groups of seniors mean more interest in forming groups and activities and larger churches have the ability to offer more
- Members with talents share them i.e., nurses, educators
- Fewer senior groups in mountain communities
- Several churches contacted asked for ideas of better ways they could serve the senior community
- Many churches have specific chairpersons or committee heads for senior groups

Activities Offered by Churches:

- Spiritual Support/Pastoral Care
- Volunteer Visitation Teams
- Transportation Ministries (doctor appointments, etc.)
- Socialization: bus trips, book clubs, card games, breakfasts, lunches, dinners, potlucks, videos, speakers, misc. clubs, men's breakfast, Prime Time singles group
- Groups for women: widows groups, women's group, Red Hat Society
- Parish Nurse (at least two churches had them and they mostly served seniors)
- Education
- Newsletters
- Church Services offered: recordings of church services brought to senior apartments, nursing homes, and senior centers on CDs for those who can not get to church
- Meals to shut-ins and those seniors in need
- Golden Family of Churches Health Ministries (9 City of Golden churches) sponsor grief and loss groups and chronic pain support groups
- Other: walking groups, St. Anthony Hospital's Health Passport Services, partnership with Jefferson County CASE (Communities Against Senior Exploitation)

Trends:

Faith communities will remain the place where people will go to seek spiritual guidance and to connect with individuals with similar beliefs. They will also offer an outlet for social connections and a place for people to turn for a variety of needs.

Best practices include those churches that partner with other organizations to provide extended services and education to the seniors in their communities as well as use the talents of members to enhance services beyond the norm.

Gaps:

- Not all seniors attend or are connected with a church
- Transportation to activities can be a problem
- There are people who seldom leave their homes and prefer not to socialize.

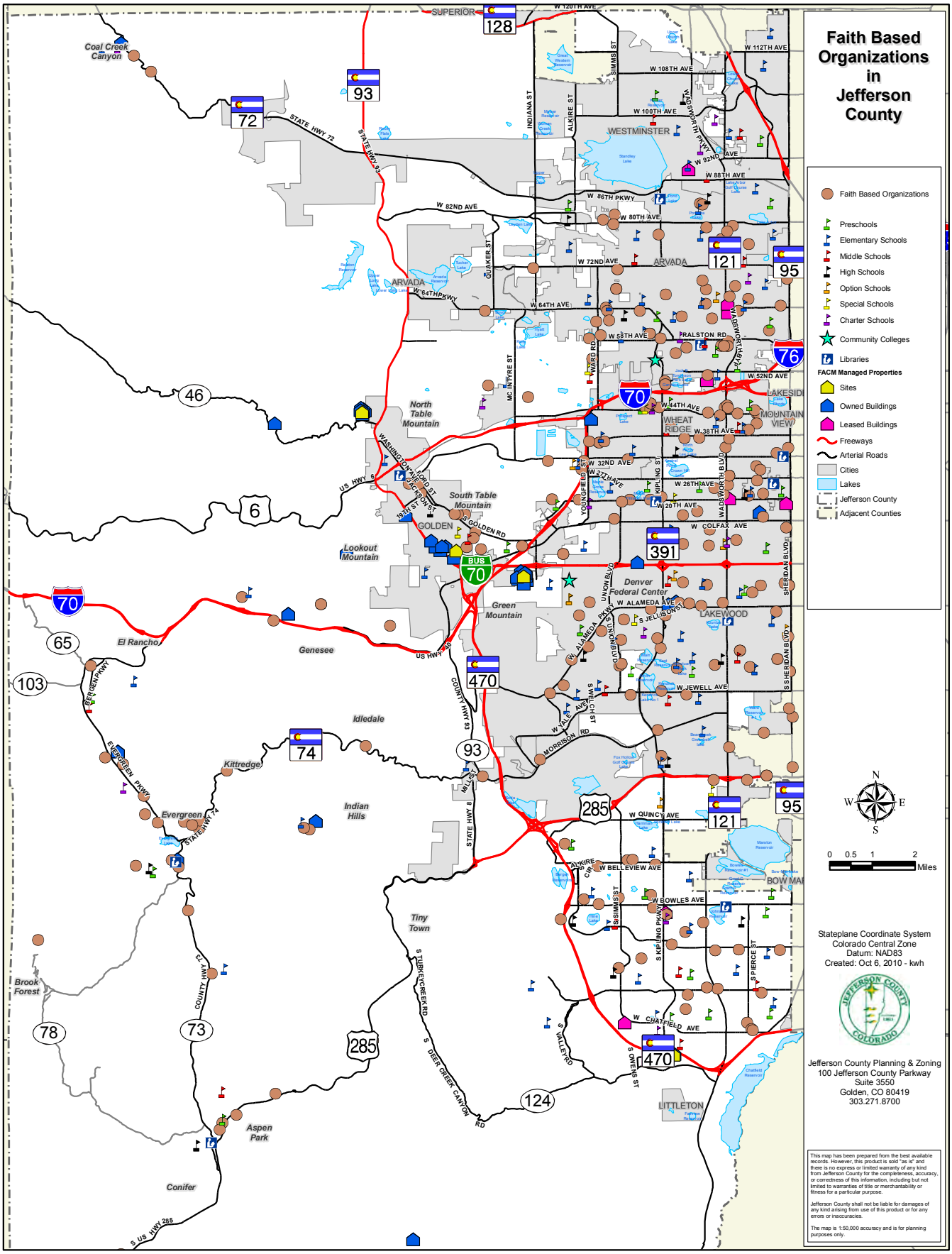
Key questions include:

1. How to connect with those seniors that are lonely, but have no one?
2. How do you find those people? How do these individuals stay connected?
3. Where do they go for services?
4. How do they stay in contact with the community?
5. Where do they get information?
6. Who gives them information?

Faith-based organizations find that the following are answers to those questions:

1. Family members who live nearby
2. Friends
3. Community Centers
4. Resource Specialists (Information and Assistance Person)
5. Not all senior centers have a resource person
6. Newspapers, newsletters, radio, television, Internet

Appendix E: Map of Faith-Based Organizations in Jefferson County



Appendix F: Sources of Information

Volunteerism

Health Benefits of Volunteering:

- Journal of Urban Health - 2005
- University of Michigan Study – 2002
- University of Massachusetts Medical School - 2006
- Case Western Reserve University's School of Medicine study -2007

Volunteer Engagement Statistics:

- "Volunteering in America Study" by the Corporation for National and Community Service – 2004-2007

Affects of Baby Boomers Community Service Involvement:

- "Boomers Leading Change Survey," an initiative of Rose Community Foundation – Work, Service Learning
- Boomer Volunteers: A Strategy for Capacity Building Jill Friedman Fixler/Gail Lorenz, JFFIXLER and Associates
- 50+ Volunteering: Working for Stronger Communities Points of Light Foundation

Employment

- Colorado Employers' Toolkit: Engaging the New Workforce, original source was U.S. Department of Labor, Bureau of Labor Statistics (1996) Population Projections of the United States by Age, Sec, Race, 1995 to 2050, Retrieved April 15, 2008 from http://www.census.gov/population/www/projection/pp147.html.
- Yeoman, Barry, AARP Magazine, Laid Off!, March and April 2009.
- Hawthorne, Fran, AARP Magazine "Where the Jobs Are," January 2009.
- CNN, 3-19-09.

Education

- Boomers Leading Change, report commissioned by Rose Community Foundation, 2007.

Recreation and Cultural Facilities

- DRCOG, Jefferson County Strengths and Needs Assessment of Older Adults, 2004.
- Hammel, Dave, Principal, Barker Rinker Seacat Architect, interviewed May 2009.
- Adams, Tami, Fitness and Wellness Supervisor, Foothills Park and Recreation District, interviewed April 2009.

Personal Connectedness Through Faith-Based Organizations

- DRCOG, Jefferson County Strengths and Needs Assessment of Older Adults, 2004.
- Johnson, Cary, Director of CASE Crime Prevention, Jefferson/Gilpin Counties District Attorney's Office, interviewed May 2009.

Strategic Plan For 2011 Through 2015

GOAL 1 - Mature workers will have viable employment opportunities in Jefferson County

OBJECTIVE 1 Increase viable retraining options for mature workers and job seekers

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Contact Jefferson County Workforce Investment Board, Jefferson County Economic Council (JEC), Colorado Department of Labor and Employment (CDLE), Denver Regional Council of Governments (DRCOG) and local Chambers of Commerce for employment trends	Jefferson County Workforce Center	Jefferson County Workforce Investment Board, Jefferson County Economic Council, Colorado Department of Labor and Employment, Denver Regional Council of Governments (DRCOG), local Chambers of Commerce	AARP, Department of Local Affairs (DOLA), U.S. Department of Labor (DOL), International Commission on Workforce Development	To guide mature worker training programs toward current and future market needs	December 2012, Update every 2-3 years
2. Work with employers and schools to develop the appropriate curriculum to develop the skills of mature workers to allow entrance into fields such as aerospace, bio-technology, renewable energy, hospitality/tourism, manufacturing, medical and the federal government sectors	Jefferson County Workforce Center	Local colleges, universities, private institutions, schools	AARP, DOLA, U.S. DOL, International Commission on Workforce Development	To guide mature worker training programs toward current and future market needs	December 2013

OBJECTIVE 2 Tailor job search services for mature job seekers

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Identify current workshops on basic computer and internet job search skills by utilizing existing community resources i.e., the library/Jefferson County's computer van	St. Anthony's Health Passport Program	Seniors' Resource Center, AARP, Workforce Center, libraries	Workforce Investment Act, Senior Community Service Employment Program, AARP	Teach mature job seekers the skills to use the Internet to job search	December 2012
2. Add a separate link for mature job seekers to the Jefferson County Workforce Center's existing website with links to search engines, workshops, and community partners who offer job search services	Jefferson County Workforce Center	St. Anthony's Health Passport Program, Seniors' Resource Center, AARP, libraries	Colorado Department of Labor and Employment and Colorado Department of Human Services, Division of Aging and Adult Services funding	Provide a central website geared to mature job seekers' needs	December 2013

OBJECTIVE 3 Increase employer awareness and education to provide more opportunities for mature job seekers

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Provide informational workshops for chamber members and other local employer networks to provide mentoring and volunteer/networking opportunities for mature job seekers	Jefferson County Workforce Center	Jefferson County Chambers of Commerce, Jefferson County Council on Aging, Silverprint Colorado	Workforce Investment Act, Wagner-Peyser	Increase the confidence and ability of mature job seekers to network	December 2012

GOAL 2 - Strengthen collaboration among faith-based organizations (fbos)/ communities, services and resources for seniors

OBJECTIVE 1 Produce an information directory with specific information on faith-based services for seniors in Jefferson County

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Meet with RKLsmart-books to produce a mock-up of an on-line site offering faith-based services. Discuss costs, advertising, time frame and minimum requirements	Jefferson County Human Services	RKLsmartbook Randy Little, faith- based organizations	Local Jefferson County faith-based organizations	On-line site for faith-based organizations to locate and disseminate information and services as well as providing a view of needs that are yet to be met. More collaboration amongst agencies of services to reduce duplication and increase cooperation	December 2011
2. Develop a presentation using the mock-up of an on- line site showing how it will be helpful to fbos and seniors in Jefferson County	Jefferson County Human Services	RKLsmartbook Randy Little, volunteers, intern, possible advertisers, fbo leadership and coalitions	Local faith-based organizations, current fbo coalitions (i.e. Arvada and Golden)	To have a packaged presentation to show fbos how this will benefit them and the senior population in Jefferson County	February 2012 and Ongoing
3. Set up meetings with coalitions of fbos that currently exist within Jefferson County	Jefferson County Human Services	Randy Little to do presentation	Community resource centers and local fbos for meeting space	To get buy in from coalitions or members that will be the initial participants in the on-line site	May 2012
4. Target fbos in the county that currently offer outreach programs and offer to publicize their programs in the on-line site	The targeted fbos that came to the meeting	Volunteers from previous group or interested members	Lakewood United Methodist Church, Conference Baptist Church –Evergreen	More fbos participating in the publication	January 2013
5. Set up actual on-line site with initial participants	The above fbos	Randy Little with RKLsmartbooks, participating fbos	Outreach programs that fbos currently offer to the community	The on-line site will be available to the community and fbos	March 2013
6. Develop, send and follow-up on invitation to fbos to become a part of the on-line site	fbos or volunteers	fbos	Internet to find addresses, possible postage	To grow the on-line site to its fullest potential	May 2013 and Ongoing
7. Publicize the on-line site to seniors, families of seniors, fbos and community members	fbos or volunteers	Local Channel 8 stations, community centers, faith-based organizations, senior resource directors in cities that have them	Your Hub, libraries, Channel 9 Senior Source	Seniors, caregivers and the community will know where to locate services for seniors within their local community offered by faith-based organizations	January 2014

GOAL 3 - Lifelong learning opportunities will meet the needs of adults 60+

OBJECTIVE 1 Increase connections between programs and people by creating a database of providers of lifelong learning programs

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Develop a list of providers with lifelong learning offerings, gathering contact persons at each provider; begin creation of database	Jefferson County Public Libraries	Recreation centers, schools, public libraries, cultural centers, community colleges, natural and cultural history venues, St. Anthony's Health Passport Program	Internet, email, personal contacts, mailing, volunteer research, volunteers to make phone calls	Providers and older adults will gain knowledge of lifelong learning opportunities	August 2011
2. Separate the list of providers geographically	Jefferson County Public Libraries	Recreation centers, schools, public libraries, cultural centers, community colleges, natural and cultural history venues, St. Anthony's Health Passport Program	Volunteers, transportation and library maps	To create a lifelong learning information and referral service for people coming to libraries Build community by providing lifelong learning seekers with resources to local lifelong learning services	December 2011
3. Bring lifelong learning database live, in conjunction with Jefferson County's information and referral database, when created. Include each providers' lifelong learning course offerings	Jefferson County Public Libraries	Recreation centers, schools, public libraries, cultural centers, community colleges, natural and cultural history venues, St. Anthony's Health Passport Program	Each provider, Jefferson County's information and referral database (potentially created)	Providers will be able to effectively use their resources by avoiding duplication and filling gaps in service	August 2013
4. Publicize the database to the general public, including other providers	Jefferson County Public Libraries	Recreation centers, schools, public libraries, cultural centers, community colleges, natural and cultural history venues, St. Anthony's Health Passport Program	Library's website, Jefferson County's information and referral database (potentially created)	Providers will be able to effectively use their resources by avoiding duplication and filling gaps in service	June 2014
5. Determine if this provider list lends itself to creating a lifelong learning coalition	Jefferson County Public Libraries	Recreation centers, schools, public libraries, cultural centers, community colleges, natural and cultural history venues, St. Anthony's Health Passport Program	Each provider	To monitor the database; create community between providers in order to promote the goal of local lifelong learning for all adults 60+	December 2015

OBJECTIVE 2 Increase participation in lifelong learning by creating a marketing campaign which promotes the benefits of keeping the mind active					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Consolidate research on the benefits of learning (Mind Matters, etc.)	Apex Park and Recreation District, St. Anthony's Health Passport Program	Metro State College Psychology Department	Internet, email, personal contacts, mailing, volunteer research, volunteers to make phone calls, Community Assessment Survey of Older Adults (CASOA)	Create a list of benefits to lifelong learning to create a marketing campaign	December 2011
2. Pull together providers to review benefits of learning and determine if consolidated marketing effort would be beneficial	Jefferson County Public Library	Jefferson County Public Library, Apex Park and Recreation District	Database of providers, plus research on benefits of lifelong learning. Research LERN (Learning Resources Network)	Awareness of benefits and collaboration on campaign	April 2012
3. Identify partners who could help underwrite the campaign (Active Minds, Mind Matters)	Apex Park and Recreation District, St. Anthony's Health Passport Program	Jefferson County Public Library, Aging Well in Jefferson County Social and Civic Engagement Workgroup	Pro bono public relations organizations and educational institutions	Sustained funding and ability to market	August 2012
4. If agreed upon, initiate marketing campaign development	Apex Park and Recreation District, St. Anthony's Health Passport Program	Jefferson County Public Library, Aging Well in Jefferson County Social and Civic Engagement Workgroup	Pro bono public relations organizations and educational institutions	Public awareness of the benefits of lifelong learning	August 2013

GOAL 4 – Mature adults in Jefferson County will have a variety of meaningful volunteer opportunities which utilize their skills and experience, enhance their well-being, and meet real needs in the community

OBJECTIVE 1 Increase the number of computer classes that train Jefferson County seniors how to access volunteer opportunities and use social networking tools

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Develop lists of current Jefferson County locations of computer classes being offered to mature adults, potential new Jefferson County locations and identify key individuals at each current and potential site	Jefferson County Workforce Center, senior centers	Jefferson County high and middle schools, Jefferson County Public Libraries	Available appropriate curriculum and software, instructors and teachers, older skilled volunteers to serve as mentors, equipment and hardware. Best Practice: "Actions to Engage Seniors," Montgomery County, MD	Older adults will gain knowledge and skills to navigate the Internet, ability to access volunteerism information and communicate via social networking	July 2011
2. Contact key individuals at each current and potential location and survey to determine interest in potential partnership and likelihood of class success at each location	Jefferson County Workforce Center, senior centers	Jefferson County high and middle schools, Jefferson County Public Libraries	Available appropriate curriculum and software, instructors and teachers, older skilled volunteers to serve as mentors, equipment and hardware. Best Practice: "Actions to Engage Seniors," Montgomery County, MD	Older adults will gain knowledge and skills to navigate the Internet, ability to access volunteerism information and communicate via social networking	January 2012
3. Decide which locations and partnerships to pursue and when	Jefferson County Workforce Center, senior centers	Jefferson County high and middle schools, Jefferson County Public Libraries	Available appropriate curriculum and software, instructors and teachers, older skilled volunteers to serve as mentors, equipment and hardware. Best Practice: "Actions to Engage Seniors," Montgomery County, MD	Older adults will gain knowledge and skills to navigate the Internet, ability to access volunteerism information and communicate via social networking	January 2012
4. Set up computer classes and document commitment from key contacts at the selected class locations for continued support	Jefferson County Workforce Center, senior centers	Jefferson County high and middle schools, Jefferson County Public Libraries	Available appropriate curriculum and software, instructors and teachers, older skilled volunteers to serve as mentors, equipment and hardware. Best Practice: "Actions to Engage Seniors," Montgomery County, MD	Older adults will gain knowledge and skills to navigate the Internet, ability to access volunteerism information and communicate via social networking	February 2012
5. Develop joint publicity and marketing plans with partners	Jefferson County Workforce Center, senior centers	Jefferson County high and middle schools, Jefferson County Public Libraries	Available appropriate curriculum and software, instructors and teachers, older skilled volunteers to serve as mentors, equipment and hardware. Best Practice: "Actions to Engage Seniors," Montgomery County, MD	Older adults will gain knowledge and skills to navigate the Internet, ability to access volunteerism information and communicate via social networking	March 2012

OBJECTIVE 2 Increase the number of professional Volunteer Manager positions assigned solely to volunteer engagement/ management with appropriate training provided					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Contact organizations to identify those with and without staff dedicated to volunteer management. For those that do not have staff dedicated, ascertain if they are interested in developing, mentoring and increasing volunteer management positions	Social and Civic Engagement Workgroup	Jefferson County Volunteer Connection, Directors of Volunteers in Agencies (DOVIA), Metro Volunteers, area volunteer management associations, multiple volunteer support websites, JVA Consulting, Colorado nonprofit associations, RSVP	Funds to cover staffing costs, volunteer engagement training for Volunteer Managers, long-term Volunteer Managers serving as mentors for new managers, Points of Light, Energize Inc., Hands On Network, J.F. Fixler & Assoc., CO Health Care Directors of Volunteer Services (CHDVS), Corporation for National & Community Service, Denver Non-profit Leadership Series Best Practice: "Evidence Based," Montgomery County, MD	Better managed volunteer programs which attract, retain, and provide support to volunteers Opportunities for Volunteer Managers to share best practices	January 2013
2. Identify whether there is an existing volunteer management assessment tool and the quality of the tool	Social and Civic Engagement Workgroup	Jefferson County Volunteer Connection, Directors of Volunteers in Agencies (DOVIA), Metro Volunteers, area volunteer management associations, multiple volunteer support websites, JVA Consulting, Colorado nonprofit associations, RSVP	Same as above	Better managed volunteer programs which attract, retain, and provide support to volunteers Opportunities for Volunteer Managers to share best practices	February 2013
3. If tool doesn't exist, develop tool/list of assessment questions	Social and Civic Engagement Workgroup	Jefferson County Volunteer Connection, Directors of Volunteers in Agencies (DOVIA), Metro Volunteers, area volunteer management associations, multiple volunteer support websites, JVA Consulting, Colorado nonprofit associations, RSVP	Same as above	Better managed volunteer programs which attract, retain, and provide support to volunteers Opportunities for Volunteer Managers to share best practices	March 2013
4. Conduct assessment (using existing tool or newly-developed tool) with organizations interested in evaluating this aspect of their operations	Social and Civic Engagement Workgroup	Jefferson County Volunteer Connection, Directors of Volunteers in Agencies (DOVIA), Metro Volunteers, area volunteer management associations, multiple volunteer support websites, JVA Consulting, Colorado nonprofit associations, RSVP	Same as above	Better managed volunteer programs which attract, retain, and provide support to volunteers Opportunities for Volunteer Managers to share best practices	April 2013
5. Teach interested agencies how to perform self-assessments of volunteer management needs	Social and Civic Engagement Workgroup	Jefferson County Volunteer Connection, Directors of Volunteers in Agencies (DOVIA), Metro Volunteers, area volunteer management associations, multiple volunteer support websites, JVA Consulting, Colorado nonprofit associations, RSVP	Same as above	Better managed volunteer programs which attract, retain, and provide support to volunteers Opportunities for Volunteer Managers to share best practices	May 2013

6. Review and regularly assess the volunteer management-related training sessions available. Promote quality training to organizations interested that meet the existing training need. Assist organizations that want volunteer management training by helping to find resources to attend training in order to develop staff.	Social and Civic Engagement Workgroup	Jefferson County Volunteer Connection, Directors of Volunteers in Agencies (DOVIA), Metro Volunteers, area volunteer management associations, multiple volunteer support websites, JVA Consulting, Colorado nonprofit associations, RSVP	Same as above	Better managed volunteer programs which attract, retain, and provide support to volunteers Opportunities for Volunteer Managers to share best practices	September 2013
7. Develop a tool to track all volunteer management related activity within Jefferson County serving seniors including new positions created as well as existing positions	Social and Civic Engagement Workgroup	Jefferson County Volunteer Connection, Directors of Volunteers in Agencies (DOVIA), Metro Volunteers, area volunteer management associations, multiple volunteer support websites, JVA Consulting, Colorado nonprofit associations, RSVP	Same as above	Better managed volunteer programs which attract, retain, and provide support to volunteers Opportunities for Volunteer Managers to share best practices	December 2013
OBJECTIVE 3 Community agencies will develop creative, flexibly scheduled volunteer positions and projects that truly engage and challenge skilled, experienced older volunteers, meet real program needs, and allow capacity building within these agencies					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Volunteer Managers will determine required needs/skills by working with agency staff and collaborating with other volunteer managers to develop viable volunteer position descriptions which include volunteer impact statements	Social and Civic Engagement Workgroup	Volunteer management associations, Experience Corps, Rose Community Foundation - Boomers Leading Change, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers, RSVP	Metro Volunteers VIP Program (Volunteers with Impact and Purpose), Denver Non-profit Leadership Series Best Practice: Volunteers with Impact & Purpose (VIP)- Metro Volunteers, Denver, CO	Engage new Baby Boomer volunteers in challenging projects which show outcomes with a beginning, middle and end	December 2012
2. Encourage organizations to use volunteers in leadership and consultant roles and develop colleague relationships between employees and volunteers to reach program goals	Social and Civic Engagement Workgroup	Volunteer management associations, Experience Corps, Rose Community Foundation - Boomers Leading Change, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers, RSVP	Metro Volunteers VIP Program (Volunteers with Impact and Purpose), Denver Non-profit Leadership Series Best Practice: Volunteers with Impact & Purpose (VIP)- Metro Volunteers, Denver, CO	Baby Boomer volunteers will use their skills and have experience in leadership roles	December 2013
3. Re-evaluate the training provided to volunteers to ensure they have the necessary skills to be successful and develop new training that is necessary for the position	Jefferson County Volunteer Connection, DOVIA, Metro Volunteers, RSVP in cooperation with the agency site	Volunteer management associations, Experience Corps, Rose Community Foundation - Boomers Leading Change	Metro Volunteers VIP Program (Volunteers with Impact and Purpose), Denver Non-profit Leadership Series Best Practice: Volunteers with Impact & Purpose (VIP)- Metro Volunteers, Denver, CO	Established training will be upgraded for volunteers in a variety of projects	December 2014

Strategic Plan For 2016 Through 2030

GOAL 1 - Mature workers will have viable employment opportunities in Jefferson County

OBJECTIVE Increase viable retraining options for mature workers and job seekers

Strategies	Potential Lead Agency	Potential Partners	Target Start Year	Target End Year	Comments
1. Create assessments to determine the current skill levels and interest/ values for the mature worker	Jefferson County Workforce Center, Colorado Department of Labor and Employment (CDLE)	Jefferson Economic Council, Chambers of Commerce, AARP, schools, libraries, recreation centers and churches	2016	2018 and Ongoing	
2. Determine the employment needs of the current and future labor market	Jefferson County Workforce Center, CDLE	Jefferson Economic Council, Chambers of Commerce, AARP, schools, libraries, recreation centers and churches	2016	2018 and Ongoing	
3. Match the assessed skill level of the mature worker to the employment needs of the labor market	Jefferson County Workforce Center, CDLE	Jefferson Economic Council, Chambers of Commerce, AARP, schools, libraries, recreation centers and churches	2016	Ongoing	
4. Adjust program curriculum to future market trends	Jefferson County Workforce Center, CDLE	Jefferson Economic Council, Chambers of Commerce, AARP, schools, libraries, recreation centers and churches	2016	2018 and Ongoing	

GOAL 2 – Strengthen collaboration among faith-based organizations/ communities, services and resources for seniors

OBJECTIVE 1 Encourage faith-based communities to continue collaborations with seniors, agencies, and each other

Strategies	Potential Lead Agency	Potential Partners	Target Start Year	Target End Year	Comments
1. Hold periodic interactive, faith-based meetings in Jefferson County quadrants – north, central, south and mountain communities	An identified fbo in each quadrant	fbos	2016 and Ongoing	2030	Groups can brainstorm ideas to further the goals including intergenerational activities
2. Hold a yearly Senior Resource Fair open to the whole county, but rotate the location and organization of the fair from quadrant to quadrant	An identified fbo in each quadrant	fbos and other agencies	2017 and Ongoing	2030	

OBJECTIVE 2 Update proposed on-line informational site to reflect latest technology available

Strategies	Potential Lead Agency	Potential Partners	Target Start Year	Target End Year	Comments
1. Identify technologies that provide easy access to resources for the senior community and for faith-based communities	An identified fbo and RKLsmartbooks, Randy Little	On-line site staff	2016	2030	May need to repeat every 5 years or so
2. Make available latest technologies to senior community	An identified fbo and RKLsmartbooks, Randy Little	On-line site staff	2017 and Ongoing	2030	
3. Collaborate with Jefferson County's Basic Needs Workgroup to make sure fbos are staying connected	An identified fbo and RKLsmartbooks, Randy Little	On-line site staff	2017 and Ongoing	2030	

OBJECTIVE 3 Promote and develop intergenerational collaborations through the faith community					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Target Start Year**	**Target End Year**	**Comments**
1. Provide inter-generational activities and programs	fbos	Other fbos	2017 and Ongoing	Ongoing	
2. Advertise activities and programs in the (proposed) on-line magazine and at quadrant meetings and yearly Senior Resource Fairs, etc.	fbos	Other fbos	2017 and Ongoing	Ongoing	

GOAL 3 - Lifelong learning opportunities will meet the needs of adults 60+

OBJECTIVE 1 Increase amount available for scholarship opportunities for lifelong learning					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Target Start Year**	**Target End Year**	**Comments**
1. Research the possibility of donating surplus "seats" in providers' classes to underserved seniors (based on the Art Reach system)	Jefferson County Public Library	Database of providers created and maintained in short-term goals, St. Anthony Hospital's Health Passport	2016	2018	
2. Promote and implement an in-kind donation system for low-income seniors to be able to take classes in the community	Jefferson County Public Library	Database of providers created and maintained in short-term goals, St. Anthony Hospital's Health Passport	2018 and Ongoing	2030	
OBJECTIVE 2 Increase lifelong learning delivery systems for home-bound or seniors with disabilities					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Target Start Year**	**Target End Year**	**Comments**
1. Research types of technology-based delivery systems such as the Internet, telephone, television, etc.	Jefferson County Public Library	Database of providers created and maintained in short-term goals, St. Anthony Hospital's Health Passport	2016	2017	Use of technology delivery systems will most likely occur earlier than 2016. This objective should be an ongoing project
2. Determine cost efficiency and practicality of widespread use of technology-based delivery systems	Jefferson County Public Library	Database of providers created and maintained in short-term goals, St. Anthony Hospital's Health Passport	2018	2019	
3. Use technology-based delivery systems to create lifelong learning opportunities	Jefferson County Public Library	Database of providers created and maintained in short-term goals, St. Anthony Hospital's Health Passport	2019	2020	
4. Identify a sponsor/grantor to purchase the technology to provide access to isolated and under-served individuals	St. Anthony Hospitals Health Passport	Grants, database of providers created and maintained in short-term goals, St. Anthony Hospital's Health Passport	2019	2020	

OBJECTIVE 3 Increase connections between programs and adults 60+ by enhancing the proposed database of lifelong learning providers					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Target Start Year**	**Target End Year**	**Comments**
1. Evaluate use of database and determine if changes are necessary	Jefferson County Public Library	Recreation centers, schools, public libraries, cultural centers, community colleges, natural and cultural history venues, St. Anthony Hospital's Health Passport	2016	2030	
2. Maintain provider list within database, to remove old listings and include new ones	Jefferson County Public Library	Recreation centers, schools, public libraries, cultural centers, community colleges, natural and cultural history venues, St. Anthony Hospital's Health Passport	2013	2030	

GOAL 4 - Mature adults in Jefferson County will have a variety of meaningful volunteer opportunities which utilize their skills and experience, enhance their health and well being and meet real needs in the community

OBJECTIVE 1 Continue increasing the number of computer classes so that seniors are trained on how to access volunteer opportunities and use social networking tools					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Target Start Year**	**Target End Year**	**Comments**
1. Continue to update lists of where computer classes are offered to mature adults	Jefferson County Workforce Center, senior centers	Jefferson County high and middle schools, Jefferson County Public Libraries	2016	Update each year	Older adults will gain knowledge and skills to navigate the Internet, develop an ability to access volunteer information and learn how to communicate via social networking utilizing Microsoft applications Resources needed will be available and appropriate curriculum software, instructors and teachers and older skilled volunteers to serve as mentors Best Practice: "Actions to Engage Seniors," Montgomery County, MD
2. Advertise those locations in newspapers and on-line	Jefferson County Workforce Center, senior centers	Jefferson County high and middle schools, Jefferson County Public Libraries	2016	Update each year	Same as above
3. Survey class success at each location	Jefferson County Workforce Center, senior centers	Jefferson County high and middle schools, Jefferson County Public Libraries	2016	Update each year	Same as above
4. Continue to arrange computer classes with key contacts at the selected class locations	Jefferson County Workforce Center, senior centers	Jefferson County high and middle schools, Jefferson County Public Libraries	2016	Update each year	Same as above
5. Continue to develop joint publicity and marketing plans with partners	Jefferson County Workforce Center, senior centers	Jefferson County high and middle schools, Jefferson County Public Libraries	2016	Update each year	Same as above

OBJECTIVE 2 Agencies will continue to increase the number of professional Volunteer Manager positions assigned solely to volunteer engagement and management with appropriate training provided					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Target Start Year**	**Target End Year**	**Comments**
1. Determine required skills needed for volunteer positions and projects at each agency	Social and Civic Engagement Workgroup	Area volunteer management associations, multiple volunteer support websites, JVA Consulting, Colorado nonprofit associations, RSVP, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers	2016	Update each year	Agencies will gain better managed volunteer programs which attract, retain, and provide support to volunteers. Volunteer Managers will have opportunities to share best practices Resources needed are Energize Inc, Hands On Network, J.F. Fixler & Assoc., CO Health Care Directors of Volunteer Services (CHDVS), Denver Non-profit Leadership Series Best Practice: "Evidence Based," Montgomery County, MD
2. Schedule mentoring seminars for new Volunteer Management personnel	Social and Civic Engagement Workgroup	Area volunteer management associations, multiple volunteer support websites, JVA Consulting, Colorado nonprofit associations, RSVP, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers	2016	Update each year	Same as above
3. Update volunteer management assessment tools and self-assessments of volunteer management needs as they work with new and trained volunteers	Social and Civic Engagement Workgroup	Area volunteer management associations, multiple volunteer support websites, JVA Consulting, Colorado nonprofit associations, RSVP, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers	2016	Update each year	Same as above
4. Update, tabulate and review the volunteer management-related training sessions available to all agencies	Social and Civic Engagement Workgroup	Area volunteer management associations, multiple volunteer support websites, JVA Consulting, Colorado nonprofit associations, RSVP, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers	2016	Update each year	Same as above
5. Inform all volunteer agencies about available volunteer management-related training provided in the area	Social and Civic Engagement Workgroup	Area volunteer management associations, multiple volunteer support websites, JVA Consulting, Colorado nonprofit associations, RSVP, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers	2016	Update each year	Same as above

6. Review existing training	Social and Civic Engagement Workgroup	Area volunteer management associations, multiple volunteer support websites, JVA Consulting, Colorado nonprofit associations, RSVP, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers	2016	Update each year	Same as above
7. Identify organizations that request volunteer management training and assist them in finding resources to attend training	Social and Civic Engagement Workgroup	Area volunteer management associations, multiple volunteer support websites, JVA Consulting, Colorado nonprofit associations, RSVP, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers	2016	Update each year	Same as above
OBJECTIVE 3 Community agencies will continue to develop creative and flexible volunteer positions and projects that truly engage and challenge skilled, experienced, older volunteers, meet real program needs and allow capacity building within these agencies					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Target Start Year**	**Target End Year**	**Comments**
1. Determine required skills needed for volunteers	Social and Civic Engagement Workgroup	Volunteer management associations, Experience Corps, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers, RSVP	2016	Update each year	Key Outcomes: Engage Baby Boomer volunteers in challenging programs which show project outcomes beginning, middle and end. Baby Boomer volunteers will use their skills and have assignments in leadership roles. Long-term volunteers serve as mentors and project consultants to new volunteers. Resources Needed: Metro Volunteers VIP Program (Volunteers with Impact/Purposes), Denver Non-profit Leadership Series Best Practice: Volunteers with Impact & Purpose (VIP), Metro Volunteers, Denver, CO
2. Collaborate with other Volunteer Managers	Social and Civic Engagement Workgroup	Volunteer management associations, Experience Corps, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers, RSVP	2016	Update each year	Same as above
3. Develop viable volunteer position descriptions	Social and Civic Engagement Workgroup	Volunteer management associations, Experience Corps, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers, RSVP	2016	Update each year	Same as above
4. Include volunteer impact statements	Social and Civic Engagement Workgroup	Volunteer management associations, Experience Corps, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers, RSVP	2016	Update each year	Same as above

5. Continue to involve volunteers in leadership and consultant roles	Social and Civic Engagement Workgroup	Volunteer management associations, Experience Corps, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers, RSVP	2016	Update each year	Same as above
6. Develop partner colleague relations with volunteers to reach program goals	Social and Civic Engagement Workgroup	Volunteer management associations, Experience Corps, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers, RSVP	2016	Update each year	Same as above
7. Continue to re-evaluate training provided to new and current volunteers to be successful in their assigned jobs	Social and Civic Engagement Workgroup	Volunteer management associations, Experience Corps, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers, RSVP	2016	Update each year	Same as above
8. Continue to re-evaluate volunteers' skills and job retraining for other volunteer positions	Social and Civic Engagement Workgroup	Volunteer management associations, Experience Corps, Jefferson County Volunteer Connection, DOVIA, Metro Volunteers, RSVP	2016	Update each year	Same as above

Aging Well In Jefferson County, Colorado

Transportation & Mobility

Aging Well In Jefferson County, Colorado

Transportation & Mobility

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Photo credits: Front cover-Seniors' Resource Center (SRC), Page 8:6-Seniors' Resource Center, Community Wheels, Page 8:8-City of Lakewood, Lakewood Rides, Page 8:11-Seniors' Resource Center, Evergreen Transportation Service

Introduction

Projections show that Colorado's population aged 60 years and older will double in the next 20 years, increasing to a historical high. Jefferson County has a larger number of people aged 60+ than any other Colorado county. Recent population estimates from the State Demographer show Jefferson County with 90,372 residents age 60+ in July 2007. That represents approximately 17% of Jefferson County's total population of 538,323 at that time. Of Jefferson County's 60+ population, 7% are minority, and 5% fall below the Federal Poverty Level of $903 per month. Sixteen percent of Jefferson County's seniors fall in the category of being below 185% of the Federal Poverty Level, which sets income at $1670 per month. They have too much income to qualify for many programs, but not enough to pay for needed services.

This report has been written to help prepare those people in Jefferson County, who use, manage, provide or fund transportation, for the future increased senior population. A Transportation & Mobility Workgroup was created in 2008 as a part of the county-wide "Strategic Plan for Aging Well" process undertaken by the Jefferson County Department of Human Services. The primary goal of this workgroup is to ensure safe, easily-accessible, affordable, reliable, and convenient transportation options for all seniors: seniors who are more independent in mobility as well as seniors who rely on a public system to convey them from one place to another.

Short-term and long-term strategic plans will follow the report and were developed in the second year of the project. ◆

Process

The Transportation & Mobility Workgroup, comprised of local transportation providers, representatives of the Jefferson County Council on Aging, members of the community and Jefferson County Human Services managers, held regular meetings between November 2008 and June 2010 to develop this report. The focus of early meetings was to discuss the usage and options currently available for seniors in Jefferson County of all forms of transportation as well as other modes of mobility, such as bicycling, walking, and projected light rail.

Because of the abundance of data available, covering two distinct transportation areas, two subgroups (Self Mobility and Public Transportation) were formed. Workgroup members met both in the full group as well as with their subgroups each month. Self Mobility refers to the type of getting around in which an individual would be completely independent in arranging, scheduling, paying for and providing their mobility. Modes of transportation most often used include private automobile, bicycling and walking. Public Transportation refers to a system set up for conveying people from one place to another. Public transportation can involve private payment (e.g., RTD Transit) or publicly funded payment (e.g., Medicaid). It also involves transportation that meets special needs of individuals, for example because of a physical disability. Common modes of public transportation in Jefferson County include regular fixed route public buses, para-transit systems, which supplement the larger system by providing individualized rides without fixed routes or timetables (usually serving persons with a disability), and other door-to-door or curb-to-curb services.

A variety of data, information, reports, and studies was collected, reviewed and analyzed. The overall Transportation & Mobility Workgroup developed a template for gathering trip data from several sources, including the Denver Regional Council of Governments (DRCOG), Colorado Department of Transportation (CDOT), Regional Transportation District (RTD), LogistiCare, Seniors' Resource Center (SRC), Lakewood Rides and Jefferson County Human Services. Service maps showing coverage areas, rider demographic statistics, trip-types (wheelchair/non-wheelchair), trip purposes (i.e., medical, personal) and current trip denial rates were reviewed and assessed.

The following represents the consolidated report for the Jefferson County Transportation & Mobility Workgroup. Throughout the report, Self Mobility is presented first and Public Transportation follows. There is no significance to the order in which these two areas are presented. Both are considered equally critical and the two will be combined at times throughout this report, to present overlapping issues. In addition to the above "Process" section which briefly describes how the Workgroup conducted its work, the report contains four primary sections: Trends, Strengths and Assets, Gaps and a Report Wrap-Up. This report represents the collective input of workgroup members based on their research, analyses and expertise.

Terms and definitions used in this report can be found in Appendix A. ◆

Trends

Self Mobility

Seniors overwhelmingly use private vehicles for getting around their communities. Various surveys show that older adults drive or ride as passengers in a car a majority of the time so they can maintain their independent mobility, a primary factor that contributes to their positive quality of life.

The 1996 Jefferson County Council on Aging Report "Transportation: A Community Investment" highlighted findings from the 1994 DRCOG Needs Survey of Older Adults which found that 82.5% of seniors most often drove a personal vehicle (JCCOA, 1996). Another 15.5% mostly rode with others in a private vehicle. The *2004 DRCOG Strengths and Needs Assessment of Older Adults* asked a random sample of Jefferson County residents aged 60 and over, "For most of your local trips, how do you travel?" Ninety-five percent of the survey respondents said they mostly got around by driving or riding in a car. Two percent of the respondents said they used and took public transportation. Two percent said they primarily take a senior van/shuttle/minibus (See Appendix B).

Awareness of safety concerns for cyclists and pedestrians has increased. A recent Arvada survey showed that the second mode of transportation preferred by seniors, 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. Jefferson County has added more pedestrian and bike lanes and the major communities have expanded the striping of safety lines on their roads.

The expected doubling in the population of seniors in Jefferson County will put more seniors on Jefferson County's roads, trails and sidewalks at all hours. In the next two decades, this major demographic transformation will result in many more older drivers, walkers, and bicyclists, in our communities.

Communities will need to periodically review design and construction standards to assure senior-friendly priorities are being addressed. A primary goal is to make changes and improvements that will allow older adults to move around their communities independently for as long as possible. Provision of effective highly-visible signage, lighting and other aspects of independent mobility within Jefferson County's communities will be critical in the future as the number of people with some level of impairment increases.

Meaningful, supportive, and sensitive driver assessment tools and processes will increasingly be needed at affordable costs. As a person ages, physical changes occur that reduce cognitive abilities creating the potential for unsafe driving. Communities will need to continue to discuss, debate and implement driver assessments that determine the mental and physical abilities of older persons who wish to drive. The Arvada Task Force, Survive-2-95, studied concerns raised by accidents involving persons age 65 and over. The group concluded that a graduated licensing approach, similar to the steps taken for new drivers (15-21 years old) but using cognitive testing during license renewals and requiring more frequent renewals for persons over a certain age, could reduce the number of accidents involving persons with more limited driving skills. It will be important to stay abreast of the latest policy discussions and research findings on the capacity of older persons to drive.

A recent Arvada survey showed that the second mode of transportation preferred by seniors was walking to their destination.

The physical environment of parking facilities needs improvement. Moving the rapidly growing number of older adults safely through destination parking facilities and parking lots in business areas will require an improvement in the condition of these areas. Developers of a parking facility or lot should ensure that there are readable signs and safe places for seniors when walking to and from their cars.

Public Transportation

There has been a significant increase in the percentage of older adults reporting use of public transportation. The actual number of seniors using public transportation has also grown. In 1994, 1% of Jefferson County seniors reported using a public bus or a senior van or minibus, while in 2004, 4% reported using these transportation modes (DRCOG, 1994 and 2004). This is a quadrupling of the percentage of older Jefferson County residents using these types of transportation (See Appendix B).

In response to increased traffic volume and congestion, some seniors able to drive have begun seeking public transit services. Most seniors between 65 and 75 continue to use their vehicles for local trips. Longer trips (to medical facilities such as Kaiser Rock Creek and the Anschutz-Fitzsimmons campus and other smaller medical offices) in new more distant locations have caused some older drivers to be reluctant to drive themselves into these unfamiliar areas to access the services they

need. Many seniors report enjoying the convenience of walking to a bus station or driving to a rail station because the trip itself is then carefree.

Support has continued for service providers of assisted transportation for seniors, but funding has not kept pace with needs. Jefferson County's Commissioners and the Jefferson County Council on Aging have continued to support the assisted transportation providers that were established in the mid-1970s. These include Seniors' Resource Center (SRC) and Lakewood Rides. But SRC and Lakewood Rides have never been able to fully address the requested needs from the Jefferson County senior population due primarily to limited funding.

Medicaid has continued to assure emergency and non-emergency medical transportation for eligible seniors in Jefferson County. A broker of non-emergent medical transportation (NEMT), LogistiCare, arrived on the Jefferson County scene in 2004. LogistiCare was designated as the Medicaid transportation manager for the 8-county Denver Metro region, including Jefferson County. It arranges NEMT for Medicaid eligible recipients in order for them to get to their Medicaid Providers, such as doctors.

The passage of the Americans with Disabilities Act in 1991 prompted the creation of other assisted transportation services in the county. The federal legislation required public transportation agencies to provide specialized curb-to-curb para-transit service for the handicapped community. This led to the birth of RTD's access-a-Ride, the largest regional assisted transportation provider, serving thousands daily.

The significant demographic shift caused by the projected doubling of seniors will expand the need for public transportation. There will be a heavier demand and need for all modes of public transportation including transit, para-transit, minibuses, and shuttles. Despite the preference of seniors for private vehicles, it is inevitable that large, aging populations will result in an increase in the number of seniors, age 75 and above, who will no longer be able to safely drive their own vehicles. Hence, door-to-door, curb-to-curb, and other driver-assisted transportation services will need increased resources to accommodate the projected growth in the population of seniors in Jefferson County requiring public transportation.

In 2004, Jefferson County voters helped pass FasTracks legislation, a key component to a transportation vision that will bring two rail corridors to the heart of the county in the next decade.

Light rail's expansion into two Jefferson County corridors will be a viable transportation option for seniors. FasTracks, RTD's metro-wide comprehensive rail system will, if completed as pledged by 2017, give seniors a mobility alternative. Seniors will access the light rail stations by walking, cycling, bus connections, conventional park and ride, or being dropped off. Access to light rail transportation for seniors will depend upon their ability to navigate the distances from their homes to their chosen transportation stations.

More senior riders will use fixed schedule public bus routes and assisted transportation out of necessity and because they consider it to be environmentally-responsible. Jefferson County is at the front end of a cultural shift that favors long range environmental sustainability when it comes to transportation. Clearly, among a senior population where many are constrained by fixed incomes, this attitude shift could be accelerated by the increasing costs of owning and operating a private vehicle. Public transportation, in general, and light rail, in particular, will likely see increased ridership in the future.

People who live in the rural and mountain areas will continue to age there and will continue to see their transportation services limited. Most mountain-area residents state they want to remain in their homes as they get older. Many of these people understand that services especially in the area of transportation are limited there. Providing services to those seniors living in remote and isolated locations is often difficult and costly. Service providers will continue to lack the resources to fully serve these geographic areas.

A trend, attractive for seniors, is the option of remaining in their homes and making use of the Medicaid Home and Community Based Services (HCBS) Program rather than going to a nursing facility. This results in the need for specialized transportation in order to meet the basic and social needs for this group of frail seniors.

Those who fund and provide publicly funded transportation, and especially those who serve special needs populations, will need to address the expanding assisted transportation needs of an aging population. Larger numbers of senior citizens no longer able to drive will lead to a greater need for public transportation services. It is possible that if the scope of seniors' transportation needs is unmet, aging baby boomers may consider moving to those areas more competently providing better assisted transportation networks, and thus, better aging well opportunities.

The county, in collaboration with other interested parties, will need to continually evaluate the assisted transportation needs of seniors. This should include: examination of the available hours and days of operation on a weekly basis; the adequacy of the number of existing providers and what time slots they offer; encouraging the use of a variety of vehicles appropriate to the need (wheelchair accessible when needed); support coordination concepts to reduce service costs when feasible; and formation of a local human service transportation coordinating council for Jefferson County.

Transportation providers in Jefferson County should strongly consider creating a more efficient, cooperative method of scheduling assisted transportation rides for seniors.

Self Mobility and Public Transportation

There has been inadequate maintenance and upgrading of transportation infrastructure which poses a particular threat to Jefferson County's older residents who face special challenges when getting around their communities. Over the past 20 years, inadequate funding has impeded the ability of Jefferson County and the state to address both the deteriorating infrastructure and the demand for new infrastructure to meet its citizens' ever-increasing transportation needs.

Jefferson County planners and citizens began to recognize that 'Transportation & Mobility' is a key factor in creating livable and economically-healthy communities. Transit adds much greater choice and connectivity convenience. Seniors report they would use transit more if it was made available to them. Planning has been done for the future availability of light rail along the west corridor.

A large majority of newly built or redeveloped residential areas will trend towards livable communities following public demand. More and more of these communities will be built as self-contained mixed use developments, where senior residents can access resources, goods, and services within walking distance. Increasing numbers of residents will want to live in senior housing which has quality public transportation linkage, and will promote independence and quality of life.

Local planners and policy makers will need to minimize or remove environmental barriers (e.g., inaccessible bus stops, rules preventing certain redevelopment) as well as promote alternative mobility modes to transportation routes. In order to build a more transportation friendly community for older citizens, all modes of transportation need to be taken into account, including walking, cycling, and riding public transit. For mobility as well as recreation, the county should promote wide trails with appropriate safety features for pedestrians and cyclists. This will require an improvement of the transportation environment by making it more user friendly -- by adding more rest stops, making the sidewalks safer, and removing misplaced environmental barriers.

Coordination of resources between the various transportation modes will result in cost efficiencies and customer satisfaction. Jefferson County, the state, and the region will need to link alternative modes of transportation together. To this end, transportation funding should move in the direction of more balanced spending, by applying more revenue towards greater connectivity in a multimodal transportation system.

While many families, friends, and volunteers assist older Jefferson County residents with getting around their communities, this is an area that could conceivably be expanded in the future. Some suggest increased help by use of volunteers, especially coming from seniors whose numbers will be increasing. Increased volunteer participation in rural and mountainous areas might help. Perhaps some attempt to measure current informal/personal assisted transportation could form the baseline for future data collection efforts and therefore understanding of this phenomenon and its value within Jefferson County.

Educating and informing the senior population on various transportation and mobility modes will prolong seniors' independence. There is a vested interest in educating the public about the availability, accessibility, and use of all methods and alternatives of transportation. This should call forth some resourceful marketing and communication strategies. Part of accomplishing this will involve developing and publicizing customer strategies that will assist and encourage seniors to consider, and train them in the use of, new ways to travel. ◆

Strengths and Assets

This section of the report focuses on the resources, strengths and assets of the transportation and mobility arena already existing for older adults in Jefferson County.

Self Mobility

Most Jefferson County seniors can get around on their own. An overwhelming majority of Jefferson County seniors has the capacity and resources to provide for their own transportation and mobility needs. In fact, most seniors operate a private vehicle or enlist transportation assistance from family and friends. This is particularly true for those under age 75.

Multiple programs, some of which are very affordable, for assessing and/or improving the driving skills of seniors, are already available in Jefferson County:

- Roadwise Review/Assessment: American Automobile Association
- Car Fit/Adjustment for Safety: American Automobile Association
- AARP Driving Classes for persons 50 and older

Arvada's "Survive-2-95" was a task force led by the Arvada Police Department to study the fatal accidents in a 3-year period that involved someone 65 or older. The task force developed a list of responses including classes and resources, assessing when to retire from driving as well as having heart to heart conversations with an older family member who is no longer able to drive.

Some Jefferson County communities already have expertise in improving self-mobility that can be shared with other communities. For example, the City of Arvada was recently designated as a "Bicycle Friendly City" by the League of American Bicyclists. The City plans to include bike lanes when future repaving is done. Others can consider utilizing the Arvada model http://www.ci.arvada.co.us/about-arvada/arvada-receives-bike-friendly-community-award/ (City and Community of Arvada, 2008).

Public Transportation

The existing fixed route public transportation system provides transportation for many seniors throughout much of the urbanized areas of Jefferson County. RTD is a valuable transportation service for those who can access the bus stops. The availability of light rail in Jefferson County in the next decade will increase services even more (See Appendix C).

An array of assisted transportation services for seniors is available in Jefferson County. Transportation service providers like Seniors' Resource Center (SRC) and Lakewood Rides form a significant resource base for senior transportation needs. These providers monitor and are continuously aware of the transportation and mobility needs of Jefferson County's seniors (See Appendix C).

Lakewood Rides provides specialized driver-assisted, door through door services for Lakewood's elderly residents. Seniors' Resource Center provides a significant amount of specialized driver-assisted, door-to-door transportation services. SRC, using agency vehicles and brokering trips, offers transportation resources in both urban and rural areas (See Appendix D).

LogistiCare is the state designated entity to broker Medicaid non-emergency medical trips (NEMT) for seniors and persons with disabilities. This organization arranges for transportation for the NEMT rider (See Appendix D).

The Jefferson County Department of Human Services manages the Home and Community Based Services Program, which is a Medicaid alternative to nursing home placement. This program is cost effective and allows seniors to remain in their homes. There is a benefit of non-medical transportation for Adult Day Services, grocery shopping and other types of errands. At the time this report was written, 117 seniors were using these services for 1554 trips per month.

RTD's access-a-Ride program offers services across most of the urban environment. Access-a-Ride gives Jefferson

County seniors the freedom to travel around the Metro area. RTD's rural routes are limited, confining accessibility primarily to those who live in the more urban areas.

The Red Cross and other private organizations serve as supplementary service providers for the SRC in their broker model.

Many Jefferson County seniors get needed assisted transportation through the help of family, friends and neighbors. That informal service will continue to be essential and must be encouraged and supported.

Self Mobility and Public Transportation

Some of the local transportation planners and traffic engineers for the county and municipalities are aware of the elevated needs of seniors in the area of transportation and mobility. They use the Federal Manual on Uniform Traffic Control Devices (MUTCD) which sets standards for the use of traffic control procedures to guide their work. In response to interviews, some individuals reported knowing that the aging of the population will require new approaches and efforts while others stated that they did not consider senior issues apart from the general population. This is at least a beginning for the planning work that will need to be done in the coming years.

Colorado Silverprint (a result of the 2005 White House Conference on Aging) is providing a framework and context for Jefferson County to plan within. Information, reports, and best practices supported and publicized by this initiative can be utilized in Jefferson County, preventing wasting resources by "starting over from scratch" in addressing this topic.

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) 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. ◆

Gaps

This section of the report centers upon the gaps, waiting lists, and unmet needs in transportation and mobility services and resources for older Jefferson County residents.

Self Mobility

Awareness of the exponential growth of the older population in the coming decades among local transportation planners and traffic engineers must further rise. Because a vast number of seniors will continue to use transportation, including private vehicles, these groups will continue to play a role in shaping the way communities are designed. Local transportation planners and traffic engineers must be knowledgeable about the features that will enhance quality of life for all age groups throughout the life cycle.

Publicity about the availability of driving improvement programs specifically customized to older adults' needs should increase. Information about useful programs supplied by AARP and other organizations should be disseminated widely throughout the county, with the twin goals of raising awareness and providing seniors with helpful resources. Improving driving skills can extend the amount of time a senior can safely drive and therefore, maintain independence.

Pedestrian, wheelchair and bicycle approaches to all destinations including rail stations and bus stops must be improved. All of these measures, designed to improve the convenience and access for seniors to mainstream public transportation services, will allow the county and RTD to avoid more costly assisted mobility services and will go a long way in helping neighborhoods retain their senior populations.

Affordability in the use of private vehicles is a problem for some seniors. Many seniors live on fixed incomes which do not rise despite increases in the cost of many basic life activities. As the cost of fuel, car maintenance, and auto insurance go up, many seniors may find it increasingly difficult to keep their vehicles running. For some, increased isolation may result.

There are areas in the county where sidewalks and bicycle paths are non-existent or substandard, and there is a lack of funding to correct the situation. Sometimes, that is a reflection of community preference for a "rural" quality to an area. But, lack of sidewalks on collector and minor arterials in some areas impedes "complete streets" that serve pedestrians and cyclists as well as motorists. Here, an infrastructure improvement for all can also spur healthy pedestrian activity by seniors.

In some places within the county there are inadequate numbers of handicapped parking spaces. In other areas, there aren't enough (or any) benches or other resting places for people who could possibly walk a short distance. There are increasing numbers of older adults with chronic diseases (e.g., arthritis, osteoporosis) that impair self mobility, such as walking even the length of one neighborhood block.

Public Transportation

Funding for assisted transportation is currently inadequate to provide for seniors' transportation and mobility needs in Jefferson County. Assisted transportation for social events, to visit a friend in a different neighborhood, to get one's hair done, etc., is critical to quality of life. Currently, access-a-Ride is the only assisted transportation service that does not limit services to critical needs. Most publicly funded assisted transportation covers rides to medical and dental appointments, grocery shopping, adult day and congregate meals only. Permitting seniors to age well beyond subsistence levels will require a commitment and understanding that regardless of age, Jefferson County residents have the right to travel around their communities freely. This will be especially true if seniors continue to work in growing numbers.

"It should be easy for all Americans to arrange for a ride. As easy as making One Call."

Less populated rural and mountain areas have transportation and mobility service gaps. These service gaps result from higher costs, as it's inefficient to devote one or more vehicles to cover these areas with low demand. Because of these gaps, rural residents either receive no services or services at reduced levels, sometimes requiring going to an exchange point to obtain services, which is inconvenient at best (See Appendix C).

Initial light rail station development plans (that we are aware of) do not appear to adequately consider the 'assistance' needs of many older adults. There are very few benches and parking lots are usually at a significant distance from light rail or bus stations. Affordable housing for older adults is needed near Jefferson County's light rail stations.

Urban areas experience certain days and times when public transportation has limited service availability. Some transportation services operate only during the week; some have limited service on weekends and holidays - restricting transportation options for seniors. Sometimes RTD, with its fixed routes, is the only service available at these times.

RTD should make its infrastructure as senior-friendly as possible. This will require RTD to build its Jefferson County corridors with an emphasis on convenience and access for seniors. This would be a good long range marketing strategy and a way to proactively provide for the needs of a growing senior population.

Monies and programs could be better coordinated to achieve more efficient results. The county and RTD would need to move beyond their current roles and responsibility limits to coordinate community-based and niche sector programs.

Funders, including county government, must continue and even increase support of assisted transportation services for county residents, primarily those age 75 and over who do not qualify for the RTD access-a-Ride or Medicaid. This will keep Jefferson County at current or above service levels, but only if funding is made available.

Community members should be encouraged to volunteer in providing assisted transportation support. These informal providers - family, friends, and neighbors - who now provide essential assisted transportation support, could receive more support from their communities. Perhaps with incentives, seniors can be encouraged to volunteer transportation services for those who are not able to get around independently.

Self Mobility and Public Transportation

There is a lack of connectivity and linkage between modes of transportation. This lack of connectivity (absence of infrastructure that connects one mode of transportation to the next - bicycling to a bus station, for example) causes problems with accessibility and convenience for seniors who rely on various modes of travel. The state, county, and its municipalities, will need to better link and coordinate these modes so that seniors can move from point A to point B as comfortably and worry-free as possible.

For seniors who have lived most of their lives using single occupant vehicle cars, there is a need for more information, publicity, and training regarding using public transportation and assisted transportation services now available. While it is obviously a responsibility of the respective providers, the county can assist and coordinate these efforts. Information and public education programs that can potentially be replicated in Jefferson County include the Boulder Easy Rider Program, the Broomfield Travel Training Program and DRMAC's Travel Buddy Program. ◆

Report Wrap-Up

This section of the report offers key findings and conclusions. It also highlights the main "doable and priority focus areas" that members of the Jefferson County Transportation & Mobility Workgroup presented as a list of recommendations.

The gist of the findings of this Workgroup's research is as follows: Jefferson County senior advocates and Commissioners were forward thinking and supportive over the past three decades. They instituted basic senior services for residents by creating and sustaining the Jefferson County Council on Aging (JCCOA) and the Seniors' Resource Center (a county-based non-profit organization). While the senior transportation system works quite well in Jefferson County, there are many reasons to be concerned as the number of older residents continues to grow exponentially. Some of the very same systemic problems identified in the 1996 JCCOA report, "Transportation: A Community Investment" (e.g., "insufficient transportation services to outlying suburban and rural communities" and "inadequacy of within-community routes to penetrate neighborhoods and connect with main bus and light rail services") are still evident as we write this new report.

Several local surveys found that the overwhelming majority of persons age 60 and over get around in private vehicles, usually driven by them, and sometimes by family and friends (JCCOA, 1996; DRCOG, 2004; AARP, 2007). "The ability to drive has many benefits for older individuals: older drivers spend more time away from home, are more engaged in their communities, and score much higher on measures of successful aging than non drivers" (AARP, 2005).

Available public funding has never fully met the need for senior transportation in Jefferson County. This funding shortage is evidenced by the current waiting lists for various assisted transportation services.

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. "Transportation is a lifeline. Without the ability to reach jobs, health care, and other community support services, it is difficult for citizens to join the economic mainstream or to fully participate in community life" (U.S. Department of Transportation, 2003).

There are a number of conclusions the Transportation & Mobility Workgroup can put forward based on its findings. It is likely that some Jefferson County seniors will not be able to utilize transportation and mobility options in large part due to their geographic locations within the county. Seniors who live and age in the rural, mountainous areas of Jefferson County, where assisted transportation is limited, must be prepared to rely upon private vehicles. Even urban seniors do not have 24-7 transportation and mobility options available to them.

As a group, older individuals are relatively safe drivers. However, when measured not by number of crashes per licensed driver, but by crashes per mile driven, the data show a substantial rise in crash incidence after age 70 (AARP, 2005). Many things can be done, such as driver skill training, to further enhance the safety of older drivers.

The Baby Boom generation, the first to have lived in relative affluence, does carry mobility and life style expectations. When the boomers can no longer transport themselves, they will challenge current service delivery standards. If effective quality of life declines for seniors seeking assisted mobility services, the county could be negatively impacted if some move to more senior-friendly locales outside of Jefferson County. On the other hand, the county would benefit economically if it can successfully meet increasing Baby Boomer demand. Jefferson County could become a model for reaching out with services to seniors who, either through choice or economic pressure, continue to work outside the home. Senior-friendly policies could help undergird local prosperity, promote continued independence among seniors, and minimize longer-range budget challenges.

Newer developments in Jefferson County are already taking steps to 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 seniors the ability to walk, bicycle or use shuttles.

Based on the workgroup's research, findings and conclusions, the following recommendations are made for future priority focus areas:

1. Create a county-level Human Service Transportation Local Coordinating Council comprised of representatives of the county and its municipalities, service and transportation providers, including RTD, consumers and other stakeholders. This group could be tasked, in part, with developing and modifying multi-year resource plans for meeting future demand for senior transportation services in Jefferson County. This would shift thinking "away from providing rides to managing mobility" (U.S. Department of Transportation, 2003). It would likely include advocating for increases in public funding allocated for senior transportation in the coming years.

2. Assess initially, and then on a regular basis, the transportation and mobility system for Jefferson County's older adults by developing mechanisms for collecting and analyzing data on specifics such as:

- What are funding sources and are they adequate?
- Which service providers cover which geographic areas?
- What days and times are covered by which service providers?
- Fleet sizes existing vs. needed.
- Customer satisfaction levels and suggestions.
- Consumer desires and willingness/ability to pay, etc.

3. Improve public safety by increasing the availability of resources for older drivers, including driving assessments and driving skills improvement, and creating greater public awareness of these resources.

4. Assure consideration of senior-friendly community design features and processes by developing ongoing communication and coordination mechanisms between stakeholders related to creating livable communities for all ages. These stakeholders include, in particular, builders, developers, local traffic engineers, and local planning and zoning staff. Topics of relevance would include infrastructure and accessibility of light rail stations and surrounding areas, bus stops, bike lanes, walking surfaces, crosswalks, etc. Communication between the traffic engineers in the county and its municipalities is imperative in order to address and implement uniform traffic control and signage in all areas of the county.

5. Systematically assess the various components of livable communities at the county, municipal, and neighborhood levels and widely publicize the findings. The components to be regularly reviewed could include walkability (walkscore.org), complete streets (completestreets.org), and sustainability (Viable Futures Toolkit; Walkscore, 2008; National Complete Streets Coalition, 2009; JustPartners Inc., 2009).

6. Enhance the availability of consumer-friendly information and resources related to transportation and mobility options that can be used by Jefferson County's older residents. In addition to increasing publicity and advertising of these resources, it should include the education and actual training of seniors regarding how to use and navigate the various public transportation modes.

7. Embrace and work toward the United We Ride motto, "One Vision. One Call." This vision says, "It should be easy for all Americans to arrange for a ride. As easy as making One Call" (www.unitedweride.gov; United We Ride, 2006). ◆

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.

Assisted Transportation
A type of public transportation that meets special needs of individuals, for example a person with a physical or cognitive disability.

Collector and Minor Arterials
Various types of streets in a municipality.

Complete Streets
A national movement that advocates streets that would allow all types of mobility and transportation.

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.

Driving Assessment
An instrument that measures a person's ability to drive correctly and safely.

Environmental Barriers
A natural or manmade feature that would hinder a person from reaching a certain point.

FasTracks
Light Rail in the Denver Metropolitan Area.

Homebound
Persons who, because of medical reasons, are confined to their homes.

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 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 Curb Service
Transportation services in which the provider picks up the client at the curb in front of his/her home. This is an Americans with Disabilities Act requirement.

Transit
A public system of conveying or moving people from one place to another such as the RTD bus system.

Transportation Infrastructure
The entire system of roads and bridges that supports the transportation 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: Transportation Modes Used by Seniors

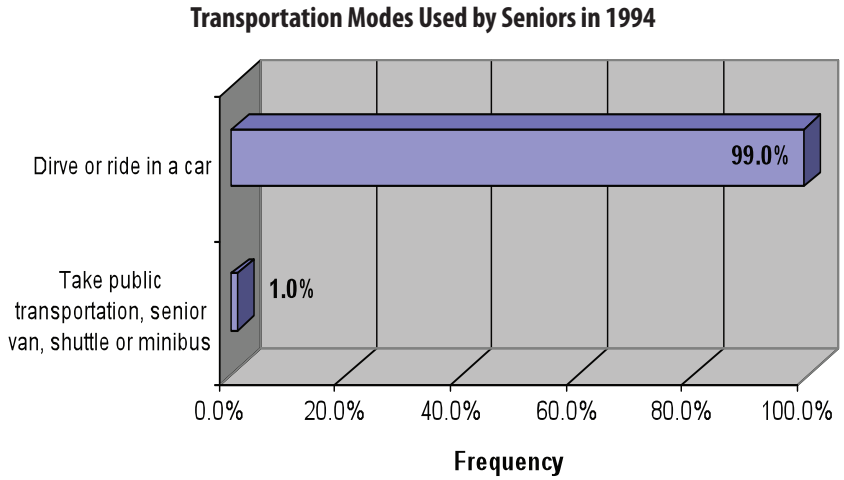


Figure 1. Source: DRCOG, 1994

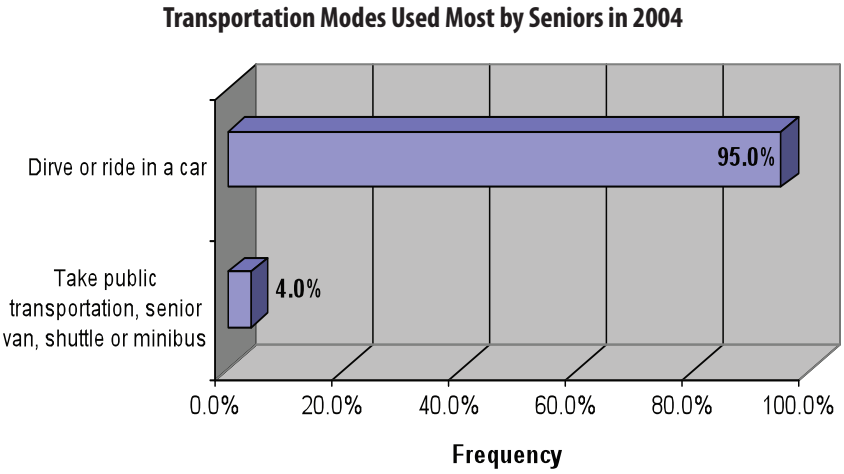


Figure 2. Source: DRCOG, 2004

The remaining 1% includes "other" modes.

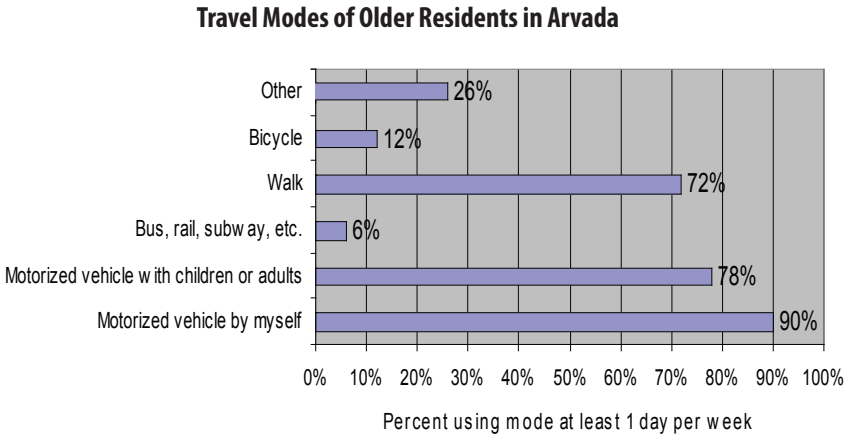
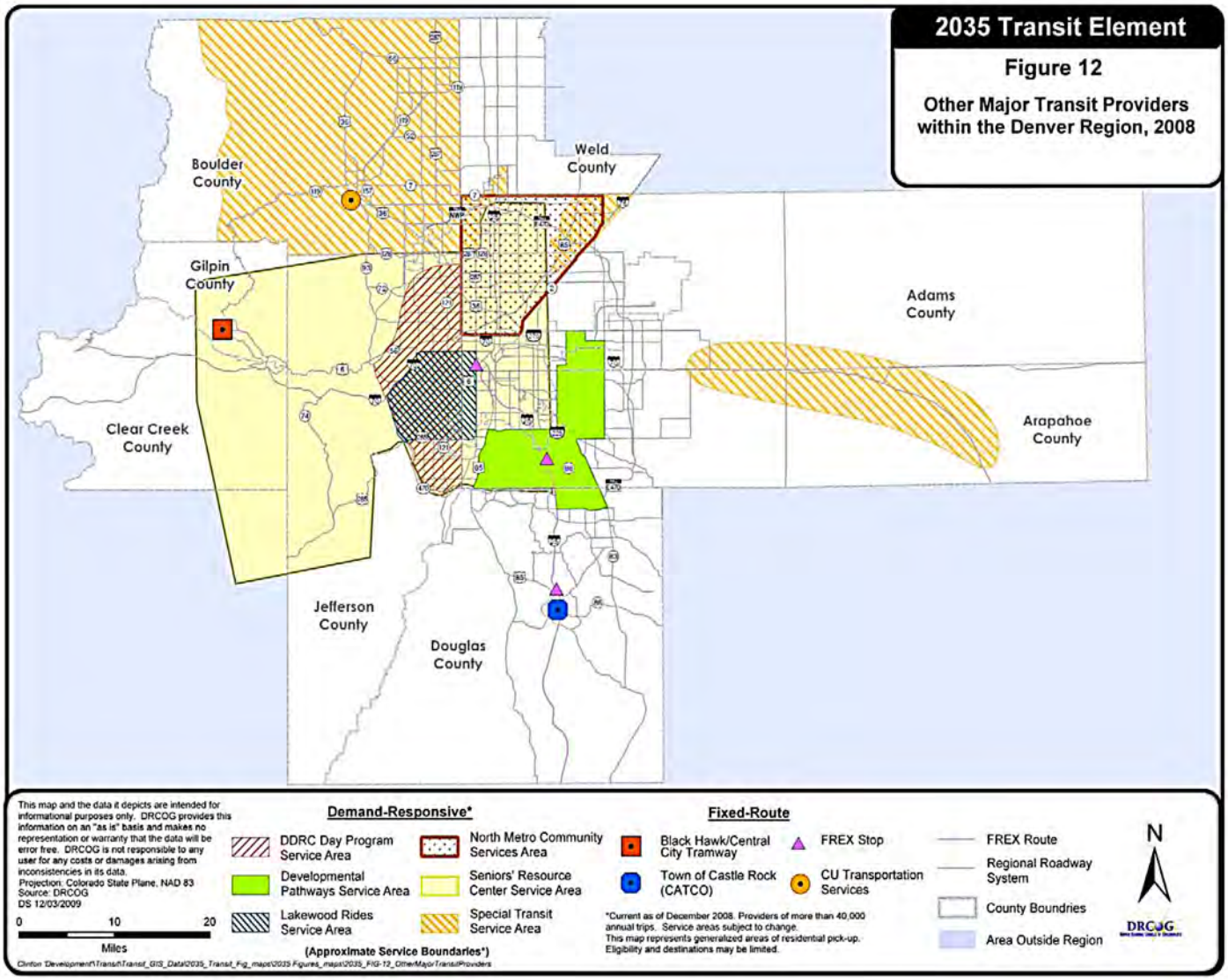


Figure 3. Source: Nat'l Research Center - CASOA, 2007

Appendix C: Transit Providers in Denver Metro Area



Source: DRCOG 2035 Transit Element.

Appendix D: Transportation Surveys, July-December 2008

Figure 1

Lakewood Rides							
	July	August	September	October	November	December	Total
Age 60 and over	154	159	191	185	175	165	1029
Unduplicated Riders For 2007: 408							
Number Of Trips:							0
Medical:	122	120	113	155	97	122	729
Meals:	622	594	652	724	581	603	3776
Day Care	0	0	0	0	0	0	0
Grocery	302	342	306	316	260	310	1836
Other:	165	193	268	228	185	184	1223
Total:	1211	1249	1339	1423	1123	1219	7564

- Serve Lakewood Citizens only
- Boundaries: South to Quincy, East to University, North to 49 Ave, West into Golden
- Primarily funded through City of Lakewood General Fund-approximately 90%
- Hours of operation are from 7:00 a.m. to 5:00 p.m. Monday through Friday

Figure 2

Logisticare							
	July	August	September	October	November	December	Total
Age 60-74*							0
Age 75 and over*							0
Number Of Trips:							
Medical:	3088	2896	2878	3099	2590	2515	17066
Total:	3088	2896	2878	3099	2590	2515	17066

- Broker for non-emergency Medicaid transportation only
- Serves all ages
- After hours/weekends are for hospital discharges and urgent trips only
- Boundaries: Jefferson, Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Larimer counties
- Funded through a contract with Department of Health Care Policy and Finance or Medicaid
- Residents can call in 24/7 but the local call center is open from 8:00 a.m. to 5:00 p.m. Monday through Friday

*Agency does not keep this information as it serves all ages

Figure 3

Seniors' Resource Center							
	July	August	September	October	November	December	Total
Age 60-74	141	136	126	128	116	125	647
Age 75 and over	311	300	284	285	253	211	1433
Number Of Trips:							
Medical:	1154	1131	986	1314	852	929	6366
Meals:	615	446	480	447	431	603	3022
Day Care	1306	1465	1422	1533	1316	1287	8329
Errands:	1055	1119	1256	998	959	988	6375
Other:	744	696	585	772	636	1369	4802
Total:	4874	4857	4729	5064	4194	5176	28,894

- Serve Jefferson County residents only
- Serve 60 years and older or with a mobility disability
- Boundaries: foothills east to Holly St., C-470 north to 120th. Limited service to outlying facilities, i.e. Kaiser Rock Creek and Anschutz campus
- Use blended funding from federal, county, municipal and grant sources
- Hours of operation are from 8:00 a.m. to 4:30 p.m. Monday through Friday

Appendix E: Sources of Information

American Association of Retired Persons (AARP) (2005), Older Drivers and Automobile Safety: Fact Sheet.

American Association of Retired Persons (AARP) (2007). 2007 Colorado Transportation Survey: Aging and Mobility. Prepared by Anita Stoewll-Ritter and Joanne Binette.

City and Community of Arvada (2008). Arvada Receives Bike Friendly Community Award. Retrieved April, 2009 from http://www.ci.arvada.co.us/about-arvada/arvada-receives-bike-friendly-community-award/.

City and Community of Arvada (2007). Community Assessment Survey for Older Adults (CASOA) in Arvada. Prepared by National Research Center, Inc.

Denver Regional Council of Governments (DRCOG) (2010). The Transit Element of the 2035 Metro Vision Regional Transportation Plan.

Denver Regional Council of Governments (2004). Strengths and Needs Assessments of Older Adults in the Denver Metro Area. Prepared by National Research Center, Inc.

Denver Regional Council of Governments (1994). Needs Survey of Older Adults.

Jefferson County Council on Aging (JCCOA) (1996). Transportation: A Community Investment. The Transportation Task Force: Jefferson County Council on Aging.

JustPartners Inc. (2009). Viable Futures Toolkit. Retrieved April, 2009 from http://www.viablefuturestoolkit.org/index.html.

National Complete Streets Coalition (2009). Retrieved April, 2009 from http://www.completestreets.org.

The Getting There Collaborative (2008). Getting There: Bridging the Transportation Gap for Older Adults.

The Getting There Collaborative (no date). Analysis of Colorado's Human Service and Public Transportation Networks.

U.S. Department of Transportation (2003). A Framework for Action: Building the Fully Coordinated Human Service Transportation System. Federal Transit Administration. Washington, D.C.

United We Ride (2006). Retrieved April, 2009 from www.unitedweride.gov.

Walkscore (2008). Retrieved April, 2009 from http://www.walkscore.com/.

Strategic Plan For 2011 Through 2015

GOAL 1 – Ensure mobility and increase mobility options for residents as they age

OBJECTIVE 1 Implement 2009 Manual on Uniform Traffic Control Devices (MUTCD) standards that focus on the safety of older drivers

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Identify MUTCD revisions and compliance dates that deal with aging issues	Jefferson County Transportation and Engineering	Jefferson County jurisdictions and other unincorporated areas	MUTCD, county and city traffic engineers, Jefferson County staff	Matrix of issues and compliance dates	July 2011
2. Create and administer a survey for seniors that prioritizes MUTD revisions pertaining to aging issues	Jefferson County Transportation and Engineering	Seniors, AARP, management of senior housing	Aging Well Housing Workgroup	Survey results	January 2012
3. Prioritize MUTCD matrix items	Jefferson County Transportation and Engineering	Seniors, AARP, management of senior housing	Aging Well Housing Workgroup	MUTCD prioritization list	June 2012
4. Meet with staff from county, cities, and other unincorporated areas to discuss implementation of MUTCD changes earlier than mandated	Jefferson County Transportation and Engineering	Jefferson County jurisdictions and other unincorporated areas	County and city staff, traffic engineers, MUTCD and Institute of Engineers (ITE) technical support	Implementation calendar for each area	December 2012

OBJECTIVE 2 Increase availability of training courses and self-assessment tools for older drivers

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Collect data to determine which organizations offer driver training classes and self-assessments for seniors	Jefferson County Sheriff	Arvada Police Department (PD), Denver Regional Council of Governments (DRCOG), AARP, American Automobile Association (AAA), Easter Seals	ITE, National Transportation Safety Board	Data results, map showing where courses are located, list recommending where to add courses	December 2011
2. Publicize existing class information and self-assessment tools	Jefferson County Sheriff	Jefferson County jurisdictions and other unincorporated areas, AARP, AAA, private insurance companies	Bulletins at senior centers, newspapers, local channel 8, KEZW, city human resources departments	Information on classes in bulletins and other community media tools	December 2011 and Ongoing
3. Educate Jefferson County jurisdictions on existing programs (classes and assessment tools) such as Arvada's Survive-2-95 Program and encourage the development of a county-wide program or programs in additional jurisdictions	Jefferson County Sheriff	Arvada PD, DRCOG, AARP, AAA, Easter Seals	People to do the educating	Number of additional jurisdictions that implement a driver training program for seniors	July 2012
4. Research the sources for grant money to establish additional training classes and self assessment tools, especially in areas currently without courses	Jefferson County Human Services Transportation (HS-LCC) Local Coordinating Council	AARP, DRCOG	Consultant	Grants database	December 2012 and Ongoing
5. Establish driver training classes and self assessment tools for 55 plus population throughout Jefferson County with good geographic distribution	HS-LCC	Insurance companies, other Jefferson County jurisdictions, AARP, AAA	Grant monies	Number of additional classes, chart locations	December 2014

OBJECTIVE 3 Provide additional bike lanes, sidewalks and other infrastructures to assure neighborhood mobility for pedestrians, bicycle and low-speed electric vehicles (LEVs)					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Prepare a demographic map showing the top five areas of senior population density	Jefferson County Planning and Zoning	DRCOG	People to do the mapping	Maps of areas with potential unmet needs	January 2011
2. Assess existing infrastructure for bicycles, pedestrians, and LEVs within Jefferson County	Jefferson County Transportation and Engineering	Public Works Departments of Jefferson County jurisdictions	People to do the assessing	Maps of areas with potential unmet needs	January 2012
3. Identify infrastructure needs in top five senior population areas	Jefferson County Transportation and Engineering	Public Works Departments of Jefferson County jurisdictions	People to do this work	List of projects	January 2013
4. Prepare a plan for funding and construction of identified infrastructure improvements	Jefferson County Transportation and Engineering	Public Works Departments of Jefferson County jurisdictions, Jefferson County Local Coordinating Council	People to develop the plan and write grants, Grant programs, county and municipal capital improvement programs	Completion of Plan, number of projects for which funding is identified, number of projects constructed by 2015	December 2015 and Ongoing

GOAL 2 - Ensure adequate assisted transportation services and resources for all aging Jefferson County residents

OBJECTIVE 1 Increase resources and funding to address the growth of the aging population					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Create local coordinating council (LCC) for human services transportation	Jefferson County Human Services	Area human service transportation providers and consumers	Colorado Department of Transportation (CDOT) funds and other funding	Compliance with United We Ride Initiative	March 2011
2. Advocate for federally or privately funded programs to provide dollars for services	HS-LCC	All federally-funded human services programs, nursing homes, senior service entities	Federal program funds	Service increase and service efficiencies	June 2011 and Ongoing
3. Advocate for increased state and local funding	HS-LCC	Denver Regional Mobility and Access Council (DRMAC), Denver Regional Council of Governments (DRCOG), Colorado Association of Transit Agencies (CASTA)	Volunteer time	Address service need as population increases due to demographic shifts and others migrating to Colorado	June 2011 and Ongoing
4. Educate Public Utilities Commission to the needs of Non Emergent Medical Transportation (NEMT) by Medicaid recipients and other low income elderly transit issues	LogistiCare	LogistiCare, Public Utilities Commission, State of Colorado Human Services Coordinating Council	LogistiCare	Waivers for all NEMT providers, increased resources	June 2011

OBJECTIVE 2 Support area coordination efforts by encouraging collaboration between provider systems					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Identify all area providers serving Jefferson County, their system barriers, boundaries, vehicle types, and accessibility	HS-LCC	Seniors' Resource Center (SRC), Lakewood Rides, Red Cross, Developmental Disabilities Resource Center (DDRC), local nursing homes, etc.	Intern	Ensure all providers are involved	April 2011
2. Research the effectiveness of a common scheduling/dispatch software and a single call center used in other areas	HS-LCC	Denver Regional Mobility and Access Council, DRCOG, Regional Transportation District (RTD), area providers	CDOT grant	One call one ride for area residents	November 2011
3. Research and develop a driver certification criteria compliant to funders' standards for all providers	Denver Regional Mobility and Access Council	Area providers, LogistiCare	RTD, SRC, Special Transit, LogistiCare	Customer knowledge of quality and safety of all drivers	November 2011
4. Encourage local service MOUs or contracts to enhance effectiveness and reduce duplication	HS-LCC	SRC, Lakewood Rides, Red Cross, local assisted livings	Jefferson County Local Coordinating Council	Area wide coordination, lower service costs	June 2011 and Ongoing

OBJECTIVE 3 Expand services available and support equitable geographic distribution					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Seek vehicle sharing opportunities for low density areas	HS-LCC	CDOT, Federal Transit Administration (FTA), RTD, Jefferson County Schools	FTA or CDOT grants	Increased service	December 2011
2. Educate service providers about the use of existing funding to purchase vehicles with multi-generational features	HS-LCC	Area human service transportation providers including Jefferson County schools	Area human service transportation providers including Jefferson County schools	Flexible vehicle use encourages coordination and reduces duplication	December 2014
3. Seek partnerships for services in less populated, rural areas such as examples used in Alaska	HS-LCC	Area human service transportation providers including Jefferson County schools, area civic associations, senior centers	Area human service transportation providers including Jefferson County schools	Increased rural services	June 2011 and Ongoing
4. Educate public officials and seek support for reducing barriers such as insurance, enrollment criteria or funding constraints	HS-LCC	Area human service transportation providers including Jefferson County schools	Area human service transportation providers including Jefferson County schools	Increased service	June 2011 and Ongoing

GOAL 3 – Ensure convenient accessibility for older residents and persons with disabilities on Regional Transportation District (RTD) systems

OBJECTIVE 1 Identify and increase accessibility features of RTD stops and transit sites to make public transportation more senior-friendly

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Develop or locate a survey instrument to assess current and planned stops	HS-LCC	American Public Transportation Association	Interns	Find appropriate survey tool	January 2011
2. Conduct audit and survey using senior and disabled clients of representative RTD stops in Jefferson County and light rail stops planned for the county and stops outside of Jefferson County	HS-LCC	RTD, CDOT, Jefferson County and cities, disability rights groups, senior advocacy groups	Volunteers, RTD, Easter Seals	Survey results, physical audits create a potential list of improvements	April 2011
3. Establish priorities for any proposed list of improvements	HS-LCC	RTD, DDRC, DRCOG	HS-LCC, Denver Regional Mobility and Access Council	Prioritized list for all RTD stops	May 2011
4. Advocate for implementation of improvements	HS-LCC	Jefferson County and cities, AARP, disabled users	HS-LCC	Improved RTD use by disabled and elderly	December 2015

OBJECTIVE 2 Increase knowledge of the RTD public transit system among seniors

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1.Promote rider training for senior riders by identifying existing curriculums and make the information available to area providers	RTD	DRCOG, Denver Regional Mobility and Access Council, Recreation centers, SRC, AARP, senior living centers and communities, HS-LCC	Your Hub, Denver Regional Mobility and Access Council, SRC newsletter, local senior newsletters	Increased ridership	March 2012
2.Conduct an information campaign to areas within Jefferson County with a high senior population percentage	RTD	HS-LCC, DRCOG, Your Hub, Denver Regional Mobility and Access Council, SRC newsletter, local senior newsletters	Travel training packets	Increased RTD use by seniors verified through sampling	April 2012
3. Publicize Americans with Disabilities Act (ADA) requirements to use RTD's access-a-Ride system	HS-LCC	Jefferson County, Independent Living Centers, Denver Regional Mobility and Access Council, DRCOG, RTD	Your Hub, Denver Regional Mobility and Access Council, SRC newsletter, local senior newsletters, the DRMAC Getting There Guide	Increased use of access-a-Ride, compliance with ADA guidelines	November 2011
4. Conduct travel training for Jefferson County residents	Denver Regional Mobility and Access Council	HS-LCC	Adapt existing training for Jefferson County	Increase mobility options	June 2011 and Ongoing

OBJECTIVE 3 Increase coordination between light rail, buses and local special transit providers

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Survey special transit providers for input on improving conditions	HS-LCC	Denver Regional Mobility and Access Council	Interns	Prioritized recommendations	August 2011
2. Survey transportation officials in metro communities with light rail stops for recommendations about making light rail more senior-friendly	DRCOG	Denver Regional Mobility and Access Council, RTD, HS-LCC	Survey and interview results	Priorities for improvements if needed	August 2012

Strategic Plan For 2016 Through 2030

GOAL 1 - Ensure mobility and increase mobility options for citizens as they age

OBJECTIVE 1 Continue implementation of 2009 Manual on Uniform Traffic Control Devices (MUTCD) standards that focus on aging driver safety

Strategies	Potential Lead Agency	Potential Partners	Target Start Year	Target End Year	Comments
1. As updates to the MUTCD occur, check with local entities to look for focus with older driver concerns	Denver Regional Mobility and Access Council (DRMAC)	Area traffic engineers	2016	2030	

OBJECTIVE 2 Continued availability of senior driver training courses

Strategies	Potential Lead Agency	Potential Partners	Target Start Year	Target End Year	Comments
1. Continue to publicize existing class information	Jefferson County Human Services Transportation Local Coordinating Council (HS-LCC)	Jefferson County jurisdictions and unincorporated areas	2016	2030	
2. Establish incentives for participation in driver training classes for 55 plus population	HS-LCC	Insurance companies, Jefferson County jurisdictions, AARP, American Automobile Association (AAA)	2016	2030	
3. Create safety officers or senior liaisons dedicated to older citizens in municipalities throughout the county	Jefferson County Sheriff's Department, Jefferson County DA's office	All jurisdictions within Jefferson County	2016	2030	

OBJECTIVE 3 Provide bike lanes, sidewalks and other infrastructures to assure neighborhood mobility for pedestrians, bicycles, and low-speed electric vehicles (LEVs)

Strategies	Potential Lead Agency	Potential Partners	Target Start Year	Target End Year	Comments
1. Work with designated entities to plan for funding and construction of identified infrastructure improvements for older residents safety	Jefferson County Public Works Department	Public Works Departments within Jefferson County municipalities	2016	2030	

GOAL 2 - Ensure adequate assisted transportation services and resources for all aging Jefferson County residents

OBJECTIVE 1 Increase resources and funding to address increases in the aging population

Strategies	Potential Lead Agency	Potential Partners	Target Start Year	Target End Year	Comments
1. Continue to advocate for federally or privately funded programs to provide dollars for services	HS-LCC	All federally-funded human services programs, nursing homes, senior service entities, JCCOA	2016	2030	
2. Continue to advocate for state and local funding or participant user funds	HS-LCC	All participants, DRMAC, Denver Regional Council of Governments (DRCOG), Colorado Association of Transit Agencies (CASTA), JCCOA	2016	2030	Perhaps institute small fares to leverage funding

OBJECTIVE 2 Support area coordination efforts by encouraging collaboration between provider systems					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Target Start Year**	**Target End Year**	**Comments**
1. Encourage local service MOUs or contracts where appropriate, to enhance effectiveness and reduce duplication	HS-LCC	Seniors' Resource Center (SRC), Lakewood Rides, Red Cross, local assisted living centers	2016	2030	
2. Implement effective common scheduling/dispatch software and single call centers, if found to be available and affordable	HS-LCC	DRMAC, DRCOG, Regional Transportation District (RTD), area providers	2016	2030	
OBJECTIVE 3 Expand services available and support equitable geographic distribution					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Target Start Year**	**Target End Year**	**Comments**
1. Continue to seek partnerships for services in less populated, rural areas	HS-LCC	Area providers to include Jefferson County schools, area civic associations, senior centers	2016	2030	
2. Educate public officials and seek support for reducing institutional barriers such as insurance, enrollment criteria or funding constraints	HS-LCC	Area providers to include Jefferson County schools	2016	2030	
GOAL 3 Ensure convenient accessibility for people with disabilities and the elderly on RTD systems					
OBJECTIVE 1 Ensure municipalities and private property owners allow accessibility features of RTD stops and transit sites to make public transportation more senior-friendly					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Target Start Year**	**Target End Year**	**Comments**
1. Promote proper signage, ticketing and other features to ease access for seniors	RTD	HS-LCC, DRMAC	2016	2030	Build a user friendly transit system
OBJECTIVE 2 Increase senior knowledge of the RTD public transit system					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Target Start Year**	**Target End Year**	**Comments**
1. Implement Travel Training for Jefferson County residents	DRMAC	HS-LCC, RTD, Special Transit	2014	2030	
OBJECTIVE 3 Increase coordination between light rail, buses and local special transit providers					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Target Start Year**	**Target End Year**	**Comments**
1. Encourage RTD to take a lead role in coordinated service delivery	HS-LCC	RTD	2016	2030	
2. Encourage RTD to use senior-friendly and accessible low floor vehicles throughout the system	HS-LCC	RTD	2016	2030	Current light rail is not senior-friendly, some buses have high steps

Aging Well In Jefferson County, Colorado

Cross-Cutting Strategic Plans

This section of the Jefferson County Aging Well Plan contains Short-Term Strategic Plans covering the period 2011 through 2015. Certain topics such as accessing information and resources, and serving homeless elders and people aging with intellectual and developmental disabilities arose repeatedly in the Leadership Committee and the six workgroups as areas of concern. Given the number of people and the resources already dedicated to the Aging Well Project, participants decided to create Short-Term Plans for some of these cross-cutting topics, and in some cases, created short-term ad hoc working groups to develop the plans.

The following cross-cutting Short-Term Strategic Plans are included below in this section: (1) Accessing Information and Resources ("Access"), (2) Advocacy, (3) Special Populations: Persons with Intellectual and Developmental Disabilities (I/DD), Lesbian, Gay, Bisexual & Transgender (LGBT) Elders, and Homeless Elders, and (4) Sustainability of the Aging Well Project.

An Accessing Information and Resources Workgroup formed and met over a six month period. It was co-chaired by Pam Stephens, Jefferson County Public Health and Sue Bozinovski, Project Consultant. Others who assisted in developing the "Access" Strategic Plan included Brittani Trujillo - Jefferson County Options for Longterm Care, Colleen Shemesh - Exempla Lutheran Hospice, Edie Richey – City of Lakewood Senior Programs, Jane Yeager - Seniors' Resource Center, and Christine Schmidt - Jefferson County Public Health.

During the summer of 2010, Lori A. Ropa, Executive Director of the ARC in Jefferson County joined the Aging Well Project and led an ad hoc workgroup which significantly reworked the original Short-Term Plan for People with Intellectual and Developmental Disabilities. That reworked plan is included here. Individuals who worked with her included Dianne Hitchingham - Developmental Disabilities Resource Center (DDRC), JoLynn Osborne - The Arc in Jefferson County, Edie Richey - Lakewood Senior Programs, Rena Kuberski – Jefferson County Human Services, Louise Todd-Stoll - The Arc in Jefferson County, Stephanie Cline – DDRC, Jeanne Weis – The Arc in Jefferson County, Bruce Fritz – DDRC, Jane Weinberger – SRC-Evergreen, Lynn Robinson – Easter Seals Colorado, and Beverly Winters – DDRC.

The Advocacy, LGBT Elders, Homeless Elders, and Sustainability Plans were developed in large part by members of the Aging Well Leadership Committee at several monthly meetings in 2010.

1 Accessing Information and Resources

GOAL 1 – Jefferson County will have a coordinated system for accessing information and resources, and for providing care navigation, for older adults and their caregivers

OBJECTIVE 1 Maximize awareness of and use by county residents of existing, available Information, Referral and Assistance (I,R&A) resources

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Identify how other county governments provide access to information and resources for seniors and their caregivers for ideas to implement in Jefferson County	Aging Well Access Workgroup	Denver Regional Council of Governments (DRCOG), Boulder County Aging Services (Boulder County)	Internet, Trilogy, expertise and input from all organizations involved in Jefferson County Aging Well Project	Documentation re: other county-based systems and methods including costs and benefits. Use of this information by new Senior Services Network to be formed	June 2010 and Ongoing
2. Decide, after reviewing these methods, whether collaborating or connecting with those agencies and resources should be pursued and whether the ideas should be implemented in Jefferson County	Aging Well Access Workgroup	DRCOG, Boulder County, Trilogy, Jefferson County Human Services, Jefferson County Public Health, Seniors' Resource Center (SRC), Jefferson Center for Mental Health (JCMH), Exempla Lutheran, City of Lakewood Older Adult Programs	Expertise and input from all organizations involved in Jefferson County Aging Well Project, Trilogy	Decision whether to develop local information and assistance database or to collaborate with existing system	December 2010 and Ongoing
3. Encourage use and disseminate existing Information, Referral & Assistance resources (including assessment tools like Benefits CheckUp) in collaboration with these other organizations	Aging Well Access Workgroup	DRCOG, Boulder County, Trilogy, Jefferson County Human Services, Jefferson County Public Health, SRC, JCMH, Exempla Lutheran Hospital, City of Lakewood Older Adult Programs	Materials and information provided by DRCOG	Establish collaborative agreement with DRCOG and members of Jefferson County Senior Services Network	June 2010 and Ongoing
4. Promote DRCOG's Network of Care System by actively supporting its efforts. Disseminate information made available by DRCOG and encourage senior services provider organizations to enroll in the system	Aging Well Access Workgroup	DRCOG, Boulder County, Trilogy, Jefferson County Human Services, Jefferson County Public Health, SRC, JCMH, Exempla Lutheran, other senior assistance agencies in Jeffco, City of Lakewood Older Adult Programs	Materials and information provided by DRCOG Mechanisms to disseminate including media, agencies, distribution of materials, etc.	Utilize the DRCOG Network of Care System as a supportive I & R service in Jefferson County County seniors and their caregivers will have access to a high quality information and resources system	June 2010 and Ongoing

OBJECTIVE 2 Increase formal collaboration mechanisms among providers of all levels of Information, Referral and Assistance (I,R&A), and Care Navigation services for Jefferson County seniors and their caregivers					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Jointly seek and apply for funding for a Project Manager position(s) to guide the process of developing the Senior Services Network, the Care Navigator Collaborative, and the collaboration of Caregiver Support groups, as well as funding for marketing, start-up, community/participant education and awareness, and operational expenses	Seniors' Resource Center	Jefferson County Human Services, Jefferson County Public Health, JCMH, Exempla Lutheran Hospital, City of Lakewood Older Adult Programs, Jefferson County Access Workgroup	Support from Aging Well Leadership Committee including people to write proposal(s) for funding	Access funding to lead in the development of a network of agencies and a Care Navigator support system	January 2011 and Ongoing
2. Identify and invite participants to become members of Jeffco Senior Services Network	Seniors' Resource Center	Agencies in Jefferson County that provide assistance to senior community members	The network and collaborative relationships in the county	The development of a preliminary group of agencies interested in participating in the Jefferson County Senior Services Network	July 2011 and Ongoing
3. Develop a formal, ongoing Jeffco Senior Services Network of organizations providing I,R&A for Jefferson County organizations, and jointly create membership criteria, lay out expectations (e.g., around updating of information), etc., and provide orientation and training both for initial participants, as well as ongoing training for new agencies	Seniors' Resource Center	DRCOG, Boulder County, Trilogy, Jefferson County Human Services, Jefferson County Public Health, JCMH, Exempla Lutheran, other senior assistance agencies in Jefferson County, City of Lakewood Older Adult Programs	Agency staff, senior assistance organizations (Administration on Aging)	The development of a formal network of senior service agencies in Jeffco The development of governing policies and by-laws for this group	January 2012 and Ongoing
4. Identify agencies interested in participating in a formal Care Navigator Collaborative comprised of both those who are agency-based and independent in Jefferson County, and invite agencies/individuals to participate	Seniors' Resource Center	Agencies/individuals in Jefferson County that provide care navigation services to senior community members	The existing relationships between Care Navigators in Jefferson County	Care Navigators provide coordinated support and resources for seniors in Jefferson County	July 2012 and Ongoing
5. Create a formal Care Navigator Collaborative comprised of those who are both agency-based and independent in Jefferson County, decide upon location of meetings and agree on purpose of group, for example, to provide mutual support, draw knowledge from each other, and share information	Seniors' Resource Center	Agencies in Jefferson County that provide care navigation services to senior community members	The existing relationships between Care Navigators in Jefferson County	Care Navigators provide coordinated support and resources for seniors in Jefferson County	December 2012 and Ongoing

6. Identify agencies interested in participating in a formal collaborative of Caregiver Support Groups comprised of both those who are agency-based and independent in Jefferson County, and invite agencies/individuals to participate	Seniors' Resource Center	Agencies in Jefferson County that provide caregiver support services	The existing relationships between Caregiver Support agencies in Jefferson County	Caregiver support agencies provide coordinated support and resources for caregivers in Jefferson County	July 2012 and Ongoing
7. Create a formal collaboration of Caregiver Support Groups comprised of those who are both agency-based and independent in Jefferson County	Seniors' Resource Center	Agencies in Jefferson County that are involved with or provide Caregiver Support	The existing relationships between Caregiver Support agencies in Jefferson County	Caregiver support agencies provide coordinated support and resources for caregivers in Jefferson County	December 2012 and Ongoing
OBJECTIVE 3 Establish/designate a Jefferson County Virtual Resource/Call Center with a single entry phone number and website address					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Decide whether Resource/Call Center should pursue participation in federally-funded Aging and Disability Resource Center (ADRC) and apply for formal status and funding as appropriate	Jefferson County Aging Well Leadership Committee	Colorado Department of Human Services, DRCOG Area Agency on Aging	Collaborations between workgroups involved with Aging Well strategic planning	Funding for technological and staffing resources	January 2013 and Ongoing
2. Develop and reach agreements with new Senior Services Network members regarding three-tiered approach to be taken through Jefferson County	Seniors' Resource Center	Jefferson County Human Services, Jefferson County Public Health, JCMH, Exempla Lutheran Hospital, City of Lakewood Older Adult Programs	Funding from several sources, model agreements to borrow and modify	Participating Call Center partners will have formal agreements to coordinate and fund Call Center	January 2013 and Ongoing
3. Select (new or existing) easy-to-remember phone number (and web address) for Jeffco residents and continuously publicize	Seniors' Resource Center, Jefferson County Human Services	Members of Jefferson County Aging Well Leadership Committee	Use of existing number or funds to purchase new number and staff or link the number purchased	Jefferson County residents will have access to an easy-to-remember phone number and web address for senior and caregiver services	July 2013 and Ongoing
4. Create (or build on existing document) and maintain hard copy document with all known (i.e., cross-system) resources/services for Jeffco seniors	Jefferson County Senior Services Network	Agencies in Jefferson County that provide care navigation services to senior community members	Funds and staffing to develop, disseminate, update and give public access to this document	All Jefferson County residents have access to this comprehensive and up-to-date resource document	December 2013
5. Recommend either (1) creation or purchase of new county-level on-line resource database, or (2) customize existing (e.g., DRCOG or other) system to meet Jeffco's needs	Jefferson County Senior Services Network	Jefferson County Human Services, Jefferson County Public Health, Seniors' Resource Center, JCMH, Exempla Lutheran Hospital, City of Lakewood Older Adult Programs	Resources (funding) to purchase or customize a system	Information and resource system is customized and comprehensive for Jefferson County residents	December 2013
6. Identify funding needed annually and seek funding in partnership with stakeholders and business community	Jefferson County Senior Services Network	Jefferson County Human Services, Jefferson County Public Health, SRC, JCMH, Exempla Lutheran Hospital, City of Lakewood Older Adult Programs	Stakeholders' efforts, contacts with funders, funding to seek more funding	Dedicated funding for high quality informational materials and web-based system for accessing resources	Ongoing

OBJECTIVE 4 Increase participation by businesses in Jefferson County, in a coordinated system of accessing needed information and resources for seniors and their caregivers					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Identify list of Jefferson County businesses to incorporate into I, R&A coordinated system	Jefferson County Senior Services Network	Chambers of Commerce, Human Resources in small, mid-sized and large businesses located in the county, Jefferson County Human Services, Jefferson County Public Health, SRC, JCMH, Exempla Lutheran Hospital, City of Lakewood Older Adult Programs, agencies in Jefferson County that provide care navigation services to senior community members	Key contact information for all businesses within Jefferson County Time and people to develop comprehensive list	List of businesses serving Jefferson County and contact information	January 2014
2. Include businesses in all relevant communications from/with Jefferson County Senior Services Network, Care Navigator Collaborative, Resource/ Call Center and other activities related to Accessing Information and Resources	Jefferson County Senior Services Network	Jefferson County Human Services, Jefferson County Public Health, SRC, JCMH, Exempla Lutheran Hospital, City of Lakewood Older Adult Programs	List and contact information for all businesses in the county Time and people (staff and or volunteers) to add businesses to communications	All businesses within the county become part of the Jefferson County Senior Services Network communications activities	July 2014 and Ongoing
3. Actively seek and request input and suggestions from identified businesses	Jefferson County Senior Services Network	Jefferson County Human Services, Jefferson County Public Health, SRC, JCMH, Exempla Lutheran Hospital, City of Lakewood Older Adult Programs	Time and people to make these contacts	Relationships established between senior service provider community and county businesses Overall synergy and increased resources	July 2014 and Ongoing
4. Confer with businesses identified regarding funding needed for the various pieces of the I,R&A system in Jefferson County	Jefferson County Senior Services Network	Jefferson County Human Services, Jefferson County Public Health, SRC, Jefferson Mental Health, Exempla Lutheran Hospital, City of Lakewood Older Adult Program	Time and people to participate in conferring and funding discussions	Opportunities for funding are pursued jointly by business and senior services communities Resources are increased	July 2014 and Ongoing
5. Compile and share information on benefits to business community participating with a coordinated Access System for Jefferson County residents and employees	Jefferson County Senior Services Network	Jefferson County Human Services, Jefferson County Public Health, SRC, Jefferson Mental Health, Exempla Lutheran Hospital, City of Lakewood Older Adult Program	Time and people to research and pull this information together Access to business community willing to share and receive this information	Working caregivers in the county will know where to go for information resulting in improved productivity Strengthened relationships between senior services and businesses	July 2014 and Ongoing

2 Advocacy

GOAL 1 - Key stakeholders in Jefferson County will collaboratively advocate on behalf of seniors

OBJECTIVE 1 Increase advocacy by and for seniors on senior issues

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Identify key stakeholders in the county	Jefferson County Human Services	Jefferson County Council on Aging (JCCOA), Seniors' Resource Center (SRC), District Attorney's (DA's) Office, seniors, Developmental Disabilities Resource Center (DDRC), Senior Services in the various cities, Area Agency on Aging (AAA), local police departments, Colorado Senior Lobby (CSL), Department of Public Health, Volunteers of America (VOA), Apex Parks and Recreation, AARP, Jefferson Center for Mental Health (JCMH), St. Anthony's Health Passport, local newspapers, various senior non-profits	A person who can dedicate some time to this	Folks who can advocate on behalf of seniors will be identified Senior issues will be elevated to a higher level	January 2011
2. Meet individually with the key stakeholders to get their buy-in on the Aging Well Strategic Plan including advocacy priorities	Jefferson County Human Services	JCCOA, SRC, DA's Office, seniors, DDRC, Senior Services in the various cities, AAA, local police departments, CSL, Department of Public Health, VOA, Apex Parks and Recreation, AARP, JCMH, St. Anthony's Health Passport, local newspapers, various senior non-profits	A person who can dedicate some time to this	Assess the various key stakeholders' commitment to collaboratively advocating on behalf of seniors	July 2011
3. Seek champions to guide this goal including involving the Jefferson County Council on Aging	Jefferson County Human Services	JCCOA, SRC, DA's Office, seniors, DDRC, Senior Services in the various cities, AAA, local police departments, CSL, Department of Public Health, VOA, Apex Parks and Recreation, AARP, JCMH, St. Anthony's Health Passport, local newspapers, various senior non-profits	A person who can dedicate some time to this	Expand the number of people committed to this goal	July 2011

4. Promote creating a formal agreement which will guide the leaders in the community regarding collaborative advocacy including parties to be involved, population(s) to be served, processes to be followed, issues to be addressed, arenas to advocate, confidentiality, renewal of document, and termination of the agreement	Jefferson County Human Services	JCCOA, SRC, DA's Office, seniors, DDRC, Senior Services in the various cities, AAA, local police departments, CSL, Department of Public Health, VOA, Apex Parks and Recreation, AARP, JCMH, St. Anthony's Health Passport, local newspapers, various senior non-profits	A person who can dedicate some time to this	Senior issues will be formally evaluated in the county's advocacy efforts	December 2011
OBJECTIVE 2 Develop strategies for ongoing communication related to advocacy for key stakeholders					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Ask key stakeholders how they would like to receive information regarding senior issues	Champion(s) who will lead this effort	Members who sign the formal agreement	Champion(s)	Key stakeholders will have necessary information to guide their advocacy	April 2012
2. Come to consensus about receiving the information	Champion(s) who will lead this effort	Members who sign the formal agreement	Champion(s)	Key stakeholders will have necessary information to guide their advocacy	June 2012
3. Implement strategies	Champion(s) who will lead this effort	Members who sign the formal agreement	Champion(s)	Key stakeholders will have necessary information to guide their advocacy	August 2012
GOAL 2 - Community members (general public) will embrace advocating on behalf of seniors					
OBJECTIVE 1 Increase the number of people interested in advocating on behalf of senior issues					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Articles will be written and distributed to agencies to publish about key senior issues and how the general public can get involved	Champion(s) who will lead this effort	Members who sign the formal agreement	People who can coordinate this	The general public will be more educated about senior issues and how they can become involved Advocacy issues will result in more funding and services for seniors	December 2012
GOAL 3 - Advocacy efforts will be built on the strengths and assets of Jefferson County's seniors and caregivers					
OBJECTIVE 1 Improve the way seniors are viewed by the general population					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Write articles that cast seniors in a positive light	Champion(s) who will lead this effort	Members who sign the formal agreement	Someone to gather articles, write them and get them out into the community for publication	The perception of getting older will change	December 2012

3 Special Populations
People with Intellectual and Developmental Disabilities

GOAL 1 - Individuals with intellectual and developmental disabilities (I/DD) will have viable opportunities to engage in their community through employment and volunteer activities that will enrich their lives [Social & Civic Engagement]

OBJECTIVE 1 Promote employment of adults with intellectual and developmental disabilities through educating and encouraging potential employers to hire them

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Create list of potential jobs/tasks, including new or innovative opportunities/job structures that adults with I/DD could perform in the workplace	Developmental Disabilities Resource Center – Adult Vocational Services (DDRC-AVS)	Vocational Rehabilitation (Voc Rehab), Jeffco Workforce Center, Easter Seals Colorado, JFK Partners, Employment Link, Bayaud, Jefferson County Aging Well Social & Civic Engagement Workgroup	List of potential jobs, tasks, opportunities and job structures	People with intellectual and developmental disabilities (I/DD) will have additional employment opportunities Mechanisms to provide list to employers throughout Jefferson County	February 2011
2. Provide information about incentive programs for employers that hire adults with I/DD	DDRC-AVS	Voc Rehab, Bayaud, Jeffco Workforce Center, Easter Seals Colorado, JFK Partners, Employment Link, Jefferson County Aging Well Social & Civic Engagement Workgroup	Information on existing incentive programs	List of existing incentive programs and recommended strategies for implementing them in Colorado	December 2011
3. Advocate for funding for incentive programs that hire adults with I/DD	DDRC, The Arc in Jefferson County	Voc Rehab, Bayaud, Jeffco Workforce Center, Easter Seals Colorado, JFK Partners, Employment Link, Jefferson County Aging Well Social & Civic Engagement Workgroup	Compiled information regarding benefits of incentive programs provided to legislators	Funding allocated by Colorado legislature for employer incentives Employers will take advantage of incentives to hire people with I/DD	December 2015

OBJECTIVE 2 Increase access to volunteer opportunities for adults with intellectual and developmental disabilities

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Identify the specific skills that support volunteer contributions that may lead to employment for adults with I/DD	DDRC-Self Determination, The Arc in Jefferson County	DDRC-AVS & Volunteer Services, Aktion Club, United Way, all churches & congregations	Information about volunteer skills required	Increase skill set/employability and better connection of people with I/DD and their communities	June 2011
2. Identify volunteer opportunities for adults with I/DD in volunteer organizations	DDRC-Self Determination, The Arc in Jefferson County	DDRC-AVS & Volunteer Services, Aktion Club, United Way, all churches & congregations	Partners contributing information on volunteer opportunities, mentors	Increased involvement in community service Persons with I/DD will learn new leadership skills	June 2011

GOAL 2 - Ensure integration of the needs of people with intellectual and developmental disabilities and their caregivers into caregiving plans and activities [Caregiving and Supportive Services]

OBJECTIVE 1 Provide tools for caregivers of persons with I/DD to be effective in their roles

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Ensure that there is I/DD representation on the Jefferson County Caregiver Advisory Board that will be established	Jefferson County Aging Well Caregiving & Supportive Services Workgroup	DDRC, Jefferson County Department of Human Services (Jeffco Human Services), Jefferson County Council on Aging (JCCOA), disease specific organizations (i.e., Alzheimer's Association), caregivers, professionals in aging (i.e., case managers, social workers, home health agency administrators, etc.), Denver Regional Council of Governments Area Agency on Aging (DRCOG AAA)	People willing to serve on County Caregiver Advisory Board	There is meaningful and ongoing I/DD Community input into planning and implementing supports for caregivers	September 2011 and Ongoing
2. Create a track at the annual Jefferson County Caregiver Conference for caregivers of people with I/DD	Jefferson County Aging Well Caregiving & Supportive Services Workgroup	DD representative on Jeffco Caregiver Board, Jeffco Human Services, JCCOA, The Arc in Jefferson County, DDRC, caregivers, professionals in aging, disease specific organizations, Seniors' Resource Center (SRC)	Caregivers, service providers, family members, advocacy groups	Caregivers learn about issues that impact their care recipient, and feel supported in their role	November 2012 and Annually Thereafter
3. Ensure that caregiver classes that are offered welcome people with intellectual and developmental disabilities and their caregivers, and address their needs sufficiently	Seniors' Resource Center	The Arc in Jefferson County, DDRC, service providers	Partners meet with SRC as curriculum is developed	Issues that impact people with I/DD are addressed and included in training as necessary	November 2011 and Ongoing
4. Ensure that caregiver support groups that are developed welcome all caregivers including those who serve people with I/DD	DDRC	Jefferson Center for Mental Health (JCMH), caregivers, professionals in aging, DDRC Aging group, The Arc in Jefferson County, Easter Seals Colorado	I/DD information disseminated to caregiver support groups	Caregivers address personal issues that impact both them and their care recipient, and feel supported in their role	December 2011 and Ongoing

OBJECTIVE 2 Integrate into existing and new eldercare training, information on the unique issues related to caregiving for persons with intellectual and developmental disabilities					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Include I/DD-focused component in all new and existing training and certification programs for elder caregivers	Red Rocks Community College, SRC	College for Living, recreation centers, Kaiser Permanente, St. Anthony's Health Passport, all agencies that provide personal care	Curriculum is developed and shared widely among partners	Caregivers are trained and knowledgeable on issues that impact their caregiving of persons with intellectual and developmental disabilities	June 2015

OBJECTIVE 3 Increase awareness of community resources available to caregivers of persons with intellectual and developmental disabilities					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Create links on the websites of organizations that serve people with I/DD to connect caregivers to resources	Jefferson County Aging Well Caregiving & Supportive Services and Basic Needs Workgroups	The Arc in Jefferson County, DDRC, service providers	All partners responsible for own website Access to web links and permission to use them	Links that provide caregivers easy, immediate access to other resources from one website	June 2011
2. Provide printed information for people who do not have Internet access or who are unable to use a computer; distribute this information through appropriate channels	Jeffco Human Services	The Arc in Jefferson County, DDRC, service providers, Jefferson County Aging Well Caregiving & Supportive Services and Basic Needs Workgroups	Printed resources	Information is available in recreation centers, senior centers, libraries, and via gerontologists	August 2011

OBJECTIVE 4 Utilize skills and abilities of people with intellectual and developmental disabilities to increase and strengthen the caregiving workforce					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Identify skills required for caregiving employment that people with I/DD have developed and direct them to employment opportunities	DDRC-AVS	Voc Rehab, Jeffco Workforce Center, job centers	Employment options, organization connections, trainers, facility	Documented list of skills required for caregiving employment	December 2014
2. Identify people with I/DD who would like to work in the field of caregiving	DDRC-AVS	Voc Rehab	Employment options, organization connections, trainers, facility	List of people with I/DD interested in caregiving employment	January 2015
3. Provide training for people with I/DD who would like to work in the field of caregiving	DDRC-AVS, DDRC-Human Resources training department	Jeffco Workforce Center, Voc Rehab, Personal Assistance Services of Colorado (PASCO)	Employment options, organization connections, trainers, facility	People with I/DD will have additional employment opportunities and more caregiving needs in the community can be filled	March 2015
4. Get trained I/DD individuals placed and employed	DDRC-AVS	Job centers	Curriculum, employment options, organization connections, trainers, facility	Placement in employment site	December 2015

GOAL 3 – Work with the community to promote models that offer housing choices for aging adults with intellectual and developmental disabilities [Housing]

OBJECTIVE 1 Advocate for the development and/or modification of welcoming, affordable, available and accessible housing for aging adults with intellectual and developmental disabilities

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Identify and remove barriers that are prevalent at existing housing options	Jefferson County Aging Well Housing Workgroup	Homeowners Associations (HOAs) and neighborhoods for age 55 and up, local housing authorities, JCCOA, Housing Colorado NOW	Survey tool and volunteers to identify barriers	Barriers in existing housing options will be identified and addressed for potential removal	December 2011

OBJECTIVE 2 Assist aging adults with intellectual and developmental disabilities to modify their existing homes so that they can age in place

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Identify and develop resources and funding mechanisms to support home modifications	DDRC, local housing authorities	Brothers Redevelopment, Rebuilding Together, Homebuilders Foundation of Metro Denver, Love Inc., Jefferson County Aging Well Housing Workgroup, Housing Colorado NOW, SRC, VOA	Funding and collaboration	Aging adults with I/DD will have the accommodations needed to remain in their homes as they age	December 2014

OBJECTIVE 3 Work with local community organizations to develop new housing models that work for aging adults with intellectual and developmental disabilities

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Identify partner agencies and develop relationships that enable input on development of housing models	DDRC	Local housing authorities, Brothers Redevelopment, homebuilders, County & City Planning & Zoning, Jefferson County Aging Well Housing Workgroup, Housing Colorado NOW	Partner agency initiative and willingness to collaborate	Housing models appropriate for aging adults with I/DD are available	December 2013 and Ongoing
2. Advocate with housing organizations to build units for and welcome people with I/DD	DDRC, The ARC in Jefferson County	Jefferson County Aging Well Housing Workgroup, local housing authorities, Brothers Redevelopment, homebuilders, County & City Planning & Zoning, Housing Colorado NOW	Information for use in conducting advocacy efforts Funding and collaboration	Housing models appropriate for aging adults with I/DD are identified and eventually made available	December 2015

GOAL 4 - Increase adequate and safe transportation options for aging adults with intellectual and developmental disabilities while improving existing options [Transportation and Mobility]

OBJECTIVE 1 Increase and improve training of transportation providers and users

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Encourage transportation providers to have people with I/DD train provider staff on how to operate successful transportation services for people with I/DD	Colorado Association of Transit Agencies (CASTA)	Colorado Dept. of Transportation (CDOT), RTD, Easter Seals Colorado, area transportation providers, Jefferson County Human Services Transportation Local Coordinating Council (HS-LCC), Denver Regional Mobility & Access Council (DRMAC)	Guide for people with I/DD to use for training providers	Transportation providers will successfully support all people with I/DD in using transportation	December 2015
2. Engage people with intellectual and developmental disabilities in training their peers on how to use transportation services successfully	CASTA	CDOT, Easter Seals Colorado, DDRC, The Arc in Jefferson County, Jefferson County HS-LCC, DRMAC	Guide for people with I/DD to use for training other people with i/DD	More people with I/DD will be able to access transportation services	December 2015
3. Find appropriate funding sources to support training	CASTA	RTD, Easter Seals Colorado, area transportation providers, Jefferson County HS-LCC, DRMAC	Grant-making tools, foundation and corporate information	Funding will be available for needed training	December 2014

OBJECTIVE 2 Support adequate assisted transportation services and resources for all aging Jefferson County residents with intellectual/developmental disabilities

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Promote collaboration between existing service agencies to increase affordable and safe transportation options	Jefferson County HS-LCC	Area transportation providers, DRMAC, SRC, JCCOA	Intern	All providers will be involved and actively communicating and collaborating	April 2011
2. Identify interested people from the I/DD world to participate on transportation task forces including the county-level local coordinating council and support this advocacy work	The Arc in Jefferson County	DDRC, area transportation providers, Jefferson County HS-LCC, SRC, DRMAC, JCCOA	Interested people are identified and commit to participation on the various task forces	I/DD issues will be well represented and addressed	January 2011
3. Help develop a call center to coordinate transportation routes and maximize transportation opportunities	Denver Regional Mobility and Access Council (DRMAC)	Jefferson County HS-LCC, DRCOG, RTD, area transportation providers	CDOT grant, signed participation guidelines and agreements, GPS units on all vehicles connected to the call center	Operational call center	November 2011 and Ongoing
4. Advocate for increased state and local funding	DRMAC, DRCOG	JCCOA, CASTA, Jefferson County HS-LCC, senior and DD advocacy organizations, area transportation providers	Volunteer or intern time	Address service needs as population increases	June 2011 and Ongoing
5. Encourage other federally or privately funded programs to provide dollars for services	Jefferson County HS-LCC, DRMAC	JCCOA, CDOT, DRCOG, all federally-funded human services programs and senior care/service facilities	Federal program funds	Services will increase and be as efficient as possible	June 2011 and Ongoing

GOAL 5 - Provide supports to aging adults with intellectual and developmental disabilities who are facing emergency situations [Basic Needs: Emergency Preparedness]

OBJECTIVE 1 Help aging adults with intellectual and developmental disabilities create plans to implement in case of emergencies

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Provide I/DD individuals, their families, and agencies with training on how to develop a plan in case a short-term emergency occurs (e.g., power outage, blizzard, etc.)	Jefferson County Sheriff's Office of Emergency Management (OEM)	DDRC, The Arc in Jefferson County, Emergency personnel from area agencies, Jeffco Public Health Emergency Preparedness Office, American Red Cross, Jefferson County Human Services	Models of emergency plans and items needed	People with I/DD will successfully survive short-term emergencies	December 2013 and Ongoing
2. Ensure all people with I/DD have ways to provide proof of identity in case of emergency	DDRC, The ARC in Jefferson County	Jefferson County Human Services, Jeffco Sheriff's OEM	Providers of identity cards	People with I/DD will have proof of identity if they cannot articulate their names	December 2012 and Ongoing
3. If a significant emergency occurs that requires large-scale evacuation, implement plans to move people in comprehensive services north to other community center board areas	DDRC	Imagine!, Foothills Gateway, The Arc in Jefferson County, all area emergency resources, Jeffco Public Health Emergency Preparedness Office, American Red Cross, Jeffco Sheriff's OEM, Jeffco Human Services	Community-wide plans are in place	All people aging with I/DD will be safe in emergencies	October 2011 and Ongoing

GOAL 6 - Provide adequate financial assistance for people with intellectual and developmental disabilities through governmental sources, opportunities to earn income, and other sources [Basic Needs: Income/Financial Support]

OBJECTIVE 1 Explore all funding sources to increase and expand options to meet basic needs

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Continue to lobby and advocate for adequate funding from state and Medicaid sources so no person with I/DD age 60 and over has to wait for services	DDRC, The ARC in Jefferson County	Colorado Alliance for Retired Americans, Colorado legislature, lobbyists, Senior and DD advocacy organizations, State of Colorado DD, Aging & Medicaid Departments, JCCOA, Jefferson County Aging Well Basic Needs Workgroup	Knowledge of, and access to, Colorado legislature, access to U.S. Senators and Representatives for Colorado	No wait lists for Medicaid and other public programs serving persons with I/DD Persons with I/DD will have adequate funding for basic needs	December 2015
2. Explore alternate and nontraditional funding sources to increase and expand options to meet basic needs	DDRC	The Arc in Jefferson County, Jefferson County Aging Well Basic Needs Workgroup	Knowledge of grant making, foundations, corporations, and other sources	People with I/DD will have adequate funding to meet basic needs	December 2015

GOAL 7 - Ensure that people aging with developmental and intellectual disabilities have legal representation when it is needed [Basic Needs: Legal Assistance]

OBJECTIVE 1 Make information about available legal services accessible for people with intellectual and developmental disabilities and their caregivers

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Work with community agencies to let them know Colorado Legal Services has legal assistance available to many people age 60 and older	DDRC	The Arc in Jefferson County, Colorado Legal Services, The Legal Center, volunteer attorneys, Jefferson County Aging Well Basic Needs Workgroup	Notice of available assistance	People with I/DD age 60 and over will get the legal assistance they need	December 2011 and Ongoing
2. Collaborate with Jefferson County District Attorney's office to include abuse of people with I/DD in the program for elder abuse	The Arc in Jefferson County	Jefferson County District Attorney, DDRC, Jefferson County Aging Well Basic Needs Workgroup	Time, willingness and interest from DA's Office	Abuse of people with I/DD will be addressed promptly	January 2012 and Ongoing
3. List attorneys who work with families on legal issues affecting people with I/DD, i.e., special needs trusts, guardianship, etc.	DDRC	The Arc in Jefferson County, Jefferson County Aging Well Basic Needs Workgroup, Colorado Bar Association, The Legal Center, Colorado Guardianship Alliance	List of attorneys	People with I/DD and their caregivers will know where to turn for assistance	January 2011 and Ongoing

GOAL 8 - Ensure adults aging with intellectual and developmental disabilities are receiving fair and appropriate medical care [Physical/Mental Health]

OBJECTIVE 1 Educate aging adults with intellectual and developmental disabilities and their caregivers on what medical care they should expect as they age

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Provide list of age-appropriate health recommendations to people with I/DD and their caregivers	DDRC	The Arc in Jefferson County, Jefferson County Aging Well Health & Mental Health Workgroup	List of age-appropriate health recommendations	People with I/DD and their caregivers are aware of and can advocate for procedures and treatments doctors should be performing and timetables	December 2013 and Ongoing

GOAL 9 - Ensure that all aging adults with intellectual and developmental disabilities have a person acting as an advocate for them for medical issues [Physical/Mental Health]

OBJECTIVE 1 Increase available education and materials on durable medical power of attorney, living wills and medical proxy for persons aging with intellectual and developmental disabilities and their caregivers

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Provide classes and workshops for people aging with I/DD and their families to educate them on the options for medical decision making and the new Colorado forms	DDRC	The Arc in Jefferson County, The Iris Project, Life Quality Institute	Informational materials, New Colorado decision-making forms	All people with I/DD will have someone identified and documented to assist as needed with medical decisions	December 2015

Lesbian, Gay, Bisexual & Transgender (LGBT) Elders

GOAL 1 – Promote equal access to services and programs along the Continuum of Care (i.e., community to in-home to institutional) for LGBT elders

OBJECTIVE 1 Increase awareness among service providers of the strengths and special needs of LGBT elders in the county

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Develop plan (including dates, locations and trainers) to replicate Project Visibility (Best Practice) training throughout Jefferson County. [note: plan may include need for grant proposal writing]	Jefferson County Human Services	Boulder County Aging Services, DRCOG Area Agency on Aging, Jefferson County Council on Aging, Aging Well Project participants, service providers, LGBT community leaders	Training materials from Boulder County Project Visibility, human services staff time, volunteers throughout county willing to be trained and then do training, copying costs, funding from grants	Providers serving seniors in the county will improve their services for elders	June 2011
2. Implement plan over next 5 years to train as many service providers using Project Visibility template in Jefferson County as possible.	Jefferson County Human Services	Boulder County Aging Services, DRCOG Area Agency on Aging, Jefferson County Council on Aging, Aging Well Project participants, service providers, LGBT community leaders, LGBT-friendly businesses	Training materials from Boulder County Project Visibility, human services staff time, volunteers throughout county willing to be trained and then do training, service providers willing to become trained and incorporate ideas into management and service provision, copying costs	Increased sensitivity among providers serving Jefferson County's older population Increased equity in access and provision of services to elder LGBT community members	July 2011 and Ongoing
3. Promote attendance by providers serving elders throughout Jefferson County of Gay and Gray in the West Conference and other activities aimed at raising awareness of LGBT issues	SAGE of the Rockies	Jefferson County Council on Aging, service providers, LGBT community members	Publicity materials to disseminate, online links to conference information, people throughout aging network willing to publicize and encourage attendance by service providers and others	More people within Jefferson County with heightened awareness of LGBT issues Better service provision for LGBT elders and their caregiving families	October 2012 and Ongoing

GOAL 2 – Maximize aging well–related information resources for LGBT elders

OBJECTIVE 1 Increase availability and awareness of LGBT Support Groups/Networks in Jefferson County

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Identify existing information sources, put together and disseminate LGBT Resource Directory (could be on-line, paper or both) for Jefferson County elders including identification of LGBT-friendly and knowledgeable agencies and organizations	LGBT Community Center of Colorado	Parents & Friends of Gays & Lesbians (PFLAG), SAGE of the Rockies, Jefferson County Democrats LGBT Caucus, Mile High Church, LGBT Group at SRC-Evergreen, Jefferson County Human Services, LGBT elder county residents	Knowledge of resource listings from existing LGBT Groups, for example LGBT Yellow Pages for Colorado, foundation funding, individuals and organizations willing to work on and raise awareness of LGBT issues in Jefferson County	Resource Directory for elder LGBT Community in Jefferson County that includes support group details (locations, focus, etc.) Empowerment of LGBT elders and their caregiving families	June 2011 and Ongoing
2. Ongoing updating of LGBT Resource Directory and comparing of listing with needs of county's LGBT elders	LGBT Community Center of Colorado	Parents & Friends of Gays & Lesbians (PFLAG), SAGE of the Rockies, Jefferson County Democrats LGBT Caucus, Mile High Church, LGBT Group at SRC-Evergreen, Jefferson County Human Services, LGBT elder county residents	Foundation funding Individuals and organizations willing to work on and raise awareness of LGBT issues in Jefferson County	Resource Directory for elder LGBT Community in Jefferson County that includes support group details (locations, focus, etc.) Empowerment of LGBT elders and their caregiving families	June 2012 and Ongoing

GOAL 3 – Create widespread understanding and acceptance of all elders, in particular older adults who identify as LGBT

OBJECTIVE 1 Increase knowledge of various sectors (e.g., business, non-profit, general public, etc.) about realities of LGBT aging for county residents

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Existing information about the special needs and circumstances of LGBT elders is compiled and strategically and widely distributed	LGBT Community Center of Colorado	Parents & Friends of Gays & Lesbians (PFLAG), SAGE of the Rockies, Jefferson County Democrats LGBT Caucus, Mile High Church, LGBT Group at SRC-Evergreen, Jefferson County Human Services, LGBT elder county residents, Chambers, Non-Profit Associations	Interns and/or grant funding to compile this information if not already available	Needs of LGBT elders openly acknowledged and incorporated into program planning, implementation, etc. Improved feelings of safety and validity among LGBT elders	December 2011 and Ongoing
2. New information is collected if needed, including inclusion of questions for LGBT elders in surveys, focus groups and other surveys and studies of elders	LGBT Community Center of Colorado	Parents & Friends of Gays & Lesbians (PFLAG), SAGE of the Rockies, Jefferson County Democrats LGBT Caucus, Mile High Church, LGBT Group at SRC-Evergreen, Jefferson County Human Services, LGBT elder county residents	Individuals committed to monitoring all surveys and input collected from older Jefferson County residents, willingness of survey takers, researchers to add LGBT to demographic section of data collection Interns and/or grant funding to compile this information, if not already available	Information about elder LGBT community's special needs will be available for programs and services and public understanding	December 2012 and Ongoing
3. Develop and offer series of awareness-raising sessions with businesses, non-profits, families, etc.	LGBT Community Center of Colorado	Parents & Friends of Gays & Lesbians (PFLAG), SAGE of the Rockies, Jefferson County Democrats LGBT Caucus, Mile High Church, LGBT Group at SRC-Evergreen, Jefferson County Human Services, LGBT elder county residents, Chambers, Non-Profit Associations	Will likely need dedicated grant and/or program funding to accomplish	Various "sectors" within Jefferson County will have increased awareness of LGBT aging issues and can incorporate knowledge into programs, services, communications Increased feelings of security and acceptance by LGBT seniors in the county	December 2011 and Ongoing

OBJECTIVE 2 Public policy related to seniors will take into account special issues/needs/circumstances of LGBT elders

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Monitoring of proposed state legislation and local policies that relate to aging including LGBT elders	Jefferson County Council on Aging	Jefferson County Legislative Liaisons from all departments, all electeds at all levels serving within the county, Colorado Senior Lobby, boards of state agencies	Commitment by groups and or individuals to look at existing legislative and policy information from the LGBT perspective Existing information about proposed policies and legislation pertaining to seniors	Input focused on representing LGBT elder community will be made known and can influence final decisions and policies Improvements in various life arenas for elder LGBT residents in county	January 2011 and Ongoing
2. Jefferson County senior advocates will take account of the perspectives of LGBT elders when testifying or sending positions on proposed policies and legislation	Jefferson County Council on Aging	Jefferson County Legislative Liaisons from all departments, all electeds at all levels serving within the county, Colorado Senior Lobby, boards of state agencies	Dedicated and committed individuals and organizations willing to take this task on Testimony in writing and in-person when needed	Voices of LGBT elders residing in Jefferson County will be counted and made known Support of Jefferson County residents will add to larger influence/presence before decision-makers	January 2011 and Ongoing

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
3. Disseminate and discuss widely information developed by Aging Well Project (including especially the Housing Workgroup) around policies and planning needed to address special needs of LGBT elders	Jefferson County Human Services	Jefferson County Aging Well participants, Jefferson County Council on Aging, members of existing "Senior Commissions" at municipal level (e.g., Lakewood, Wheat Ridge, etc.)	Materials from Aging Well Project Volunteers and paid staff working together to distribute materials and lead discussions	Changes in policies and programs will be guided by updated and accurate information about LGBT elder aging	January 2011 and Ongoing

Homeless Elders

GOAL 1 - Individuals 60 years of age and older will have affordable, stable and permanent housing with services that meet their basic needs

OBJECTIVE 1 Jefferson County will increase housing options from emergency to transitional to permanent for its seniors

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Create an acceptable, working definition of "homeless" for Jefferson County	Heading Home Committee	Jeffco Action Center, Family Tree, Veteran's Administration, Human Services, Jeffco Housing Authority, Metro West Housing Solutions, Stride, Jefferson Center for Mental Health (JCMH), elected officials, senior housing experts, MCPN	Multiple agencies agreeing to meet and come up with a definition. Many agencies sit on the Heading Home Committee	The community will have a common definition that may be different than Denver County's By having a common definition, the community will be able to focus their resources in order to eradicate the problem	January 2012
2. Identify the agencies in the county/metro area that are serving the over 60 years of age homeless population now and whether or not the resources are adequate to meet the need	Heading Home Committee	Jeffco Action Center, Family Tree, Veteran's Administration, Human Services, Jeffco Housing Authority, Metro West Housing Solutions, Stride, JCMH, elected officials, senior housing experts, MCPN	Agencies that sit on the Heading Home Committee	Resources will be identified Need and availability will be compared	January 2013
3. Identify how many homeless people in the county are over the age of 60 years. Assess how many of these people have issues such as mental health, substance abuse and/or are veterans	Heading Home Committee	Jeffco Action Center, Family Tree, Veteran's Administration, Human Services, Jeffco Housing Authority, Metro West Housing Solutions, Stride, JCMH, elected officials, senior housing experts, MCPN	Agencies that sit on the Heading Home Committee	Need and resources can be compared	January 2014
4. Research promising practices including work the faith community may be doing with this population	Heading Home Committee	Jeffco Action Center, Family Tree, Veteran's Administration, Human Services, Jeffco Housing Authority, Metro West Housing Solutions, Stride, JCMH, elected officials, senior housing experts, MCPN	Time and person to do this	Models can be presented to those who may be interested in replicating it	January 2012
5. Seek funding to establish housing options	Heading Home Committee	Jeffco Action Center, Family Tree, Veteran's Administration, Human Services, Jeffco Housing Authority, Metro West Housing Solutions, Stride, JCMH, elected officials, senior housing experts, MCPN	Person to research and write proposals for funding	Funding will be found	January 2015
6. Approach housing agencies that may be interested in establishing this type of housing (based on information received about need)	Heading Home Committee	Jeffco Action Center, Family Tree, Veteran's Administration, Human Services, Jeffco Housing Authority, Metro West Housing Solutions, Stride, JCMH, elected officials, senior housing experts, MCPN	Person to do the education and outreach to agencies	One or more agencies will be interested in establishing various types of housing for older individuals	December 2015

7. Assess how foreclosures of homes belonging to those age 60 and over is impacting the homeless situation	Heading Home Committee	Jeffco Action Center, Family Tree, Veteran's Administration, Human Services, Jeffco Housing Authority, Metro West Housing Solutions, Stride, JCMH, elected officials, senior housing experts, MCPN	Person to do the research on this issue	We will have a better understanding of the various ways in which homelessness happens	December 2012
OBJECTIVE 2 Increase awareness of the homeless/affordability issue in the county					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Work with the Heading Home Committee on this issue	Build off of the Heading Home Committee	Jeffco Action Center, Family Tree, Veteran's Administration, Human Services, Jeffco Housing Authority, Metro West Housing Solutions, Stride, JCMH, elected officials, senior housing experts, MCPN	Interested agencies and individuals	The issue will become elevated	June 2012
2. Submit articles in newspapers, etc. that highlight this issue	Build off of the Heading Home Committee	Jeffco Action Center, Family Tree, Veteran's Administration, Human Services, Jeffco Housing Authority, Metro West Housing Solutions, Stride, JCMH, elected officials, senior housing experts, MCPN	Numerous agencies in the community can contribute articles	Communities will develop more empathy for this population and may be more willing to address this issue	January 2011 and Ongoing
3. Identify possible local ordinances that may keep homeless out	Build off of the Heading Home Committee	Jeffco Action Center, Family Tree, Veteran's Administration, Human Services, Jeffco Housing Authority, Metro West Housing Solutions, Stride, JCMH, elected officials, senior housing experts, MCPN	Person(s) who has time to research the ordinances	Communities that have such ordinances will re-think their stance	June 2012

OBJECTIVE 3 Increase case management to assess and meet the basic needs of homeless persons					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Provide a mental health status exam. Provide services, if warranted	Jefferson Center for Mental Health's Senior Reach Program	Jeffco Action Center, Family Tree, Veteran's Administration, Human Services, Jeffco Housing Authority, Metro West Housing Solutions, Stride, JCMH, elected officials, senior housing experts, MCPN	Someone who can do such an exam	Individuals will have their mental health needs met	January 2012
2. Assess medical status of individual	MCPN	Jeffco Action Center, Family Tree, Veteran's Administration, Human Services, Jeffco Housing Authority, Metro West Housing Solutions, Stride, JCMH, elected officials, senior housing experts, MCPN	A person who can dedicate some time to do this	Individuals will have medical needs met	January 2012
3. Assess need for medical benefits and how to meet that need	MCPN	Jeffco Action Center, Family Tree, Veteran's Administration, Human Services, Jeffco Housing Authority, Metro West Housing Solutions, Stride, JCMH, elected officials, senior housing experts, MCPN	A person who can dedicate time to do this	Individuals will have medical needs met	January 2012
4. Assess financial situation of person and help meet/connect the person with available resources	Human Services-Financial Assistance and/or Workforce	Jeffco Action Center, Family Tree, Veteran's Administration, Human Services, Jeffco Housing Authority, Metro West Housing Solutions, Stride, JCMH, elected officials, senior housing experts, MCPN	Staff	Person will have the financial resources available to meet their basic needs	January 2012
5. Assess the supportive resources available to the individual through family and friends	Human Services-Financial Assistance and/or Workforce	A Care Navigator	A person able to do this	Support systems for individual will be identified and possibly accessed	January 2012
6. Assess the potential of exploitation or abuse and neglect of the individual by others	Jefferson County Human Services	DA's office, police jurisdictions, others listed above	County Human Services staff	Seniors will be safe and free from abuse and exploitation	January 2012
7. Assess spiritual needs of person and assist them in meeting those	Faith Community	All agencies involved with older persons	Inter-faith person who can assist an individual	Individual will have spiritual needs met	January 2013

4 Sustainability

GOAL 1 - The Aging Well in Jefferson County Project will continue

OBJECTIVE 1 Increase participation in Aging Well effort to promote its continuation					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Contact members of the business community, medical professionals, the faith community and others to be a part of the project	Jefferson County Human Services	Chambers of Commerce, hospitals, the faith community	Staff time	More people will be involved in the project in order to continue the work	June 2011 and Ongoing
2. Ask non-profits, government agencies, faith communities, businesses and others to include aging issues in their plans	Jefferson County Human Services	Chambers of Commerce, hospitals, the faith community	Staff time	The Strategic Plan for Aging Well will be represented in various different arenas and thus "A thriving community for aging well" will be realized	January 2011 and Ongoing
3. Dedicate paid staff to the project by asking agencies to put time for employees into job descriptions	Jefferson County Human Services	Seniors' Resource Center, all agency members of the Jeffco Aging Well Leadership Committee	Mainly staff time but also supplies to promote the project and hold conferences that focus on aging	Staff will have dedicated time to spend on this project	December 2013
OBJECTIVE 2 Increase the community's knowledge about the project					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Contact the media	Jefferson County Human Services	County's e-newsletter, partner agencies' newsletters, Prime Time for Seniors, 50+ Seniors Marketplace News, Your Hub, The Denver Post	Staff time	Residents of Jefferson County will know what is happening on the Aging Well Project Ongoing news articles will be distributed quarterly	April 2011 and Ongoing
2. Present information/ findings about the project to various stakeholders including sharing information with all newly elected officials	Jefferson County Human Services	Members of the Leadership Committee and their agencies	Staff time	Stakeholders will have a better understanding of the project and will promote it amongst their staff	January 2011 and Ongoing
3. Bring leaders in the community together at least annually to discuss senior issues and this project	Jefferson County Human Services and Seniors' Resource Center	Elected officials, Chambers of Commerce, faith community, housing authorities, Jefferson Center for Mental Health, St. Anthony Hospital, Total Community Options, District Attorney, Jefferson County Public Health, Planning and Zoning, LogistiCare, Developmental Disabilities Resource Center, Lutheran Family Services, Jefferson County Council on Aging, Assisted Living Facilities and Nursing Homes, Libraries, Parks and Recreation Centers	Staff time and a place that will host a luncheon	Senior issues will become elevated amongst leaders in the community	April 2011 and Every Year Thereafter

OBJECTIVE 3 Increase the number of collaborations amongst the various providers in Jefferson County					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Continue to be aware of what already exists in Jefferson County and build off of them	Jefferson County Human Services	Members of the Leadership Committee and their agencies	Staff time	Collaborations will expand, streamlining services will occur	April 2011 and Ongoing
2. The Aging Well Project members will work together to brainstorm and create collaborations which will serve seniors better	Jefferson County Human Services	Members of the Leadership Committee and their agencies	Staff time	Collaborations will expand, streamlining services will occur	April 2011 and Ongoing
3. Develop collaborations that have short term "wins" in order to bring others on board and create momentum	Jefferson County Human Services	Members of the Leadership Committee and their agencies	Staff time	Collaborations will expand, streamlining services will occur	April 2011 and Ongoing
4. Improve coordination of services to seniors	Jefferson County Human Services	Members of the Leadership Committee and their agencies	Staff time	Collaborations will expand, streamlining services will occur	April 2011 and Ongoing

GOAL 2 - Existing workgroups will continue meeting, sharing information and creating collaborations and "wins"

OBJECTIVE 1 Increase knowledge, information and referral and services provided to Jefferson County residents					
Strategies	**Potential Lead Agency**	**Potential Partners**	**Resources Needed**	**Key Outcomes**	**Target Completion Date**
1. Have participants share in meetings what their organizations are doing to plan/prepare for the aging of Jefferson County's population	Jefferson County Human Services	Members of the Leadership Committee and their agencies	Staff time	Providers of services will be more knowledgeable about the resources available	January 2011 and Ongoing
2. Identify an agency which will "house" this project for ongoing oversight of the project	Jefferson County Human Services	Members of the Leadership Committee and their agencies	Staff time	This agency will make sure the project continues	January 2011 and Ongoing

Aging Well In Jefferson County, Colorado

Conclusions and Recommendations

Throughout this Strategic Plan for Aging Well, many concluding remarks have been included. In addition, recommended future strategies, policies and activities have been suggested. While most of those have been focused specifically on certain topics such as Housing or Transportation & Mobility, the items included in this section are relevant in a broad sense to all of the work done by the Aging Well participants over the past two+ years. The conclusions and recommendations described below, if carried out over the coming years, will move Jefferson County further along the path to being a truly livable county for all ages.

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 wide-ranging 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 focus point for stakeholders and other interested parties.
5. Many items were deemed priority, reflected in the numerous goals, objectives, and action steps outlined in the short- and long-term 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 for others 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 will likely 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 already, 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 Process going.

- Follow short-term Sustainability Plan that was developed.
- Have staff at Jefferson County Human Services assigned to this Project on an ongoing basis so Lead Agency role will be maintained.
- Allow staff from the various county divisions to continue to participate as workgroup chairs and in various other capacities.
- Continue Leadership Committee and Workgroup Chairpersons meetings.
- Recruit new people to join 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 annually.

- 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.
- Decide upon future date(s) for review and revisions to long-term strategic plans. Consider developing long-term plans for those topics that were not developed this go around.

3. Regularly review the overall progress of the Jefferson County Aging Well Project.

- Receive and review annual reports from workgroups using prescribed reporting format.
- Review and report to Rose Community Foundation the status of the seed money projects.
- 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.
- Publicize annually Aging Well Project accomplishments/successes.

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) liaisons to Aging Well. Assure ongoing dialogue especially around areas where JCCOA was listed as Potential Lead Agency or Potential Partner Agency.
- Consider appointing Aging Well liaisons to any regular ongoing Human Services advisory groups that meet, e.g., Children/Youth Leadership Committee, JEFFTAAG (Jefferson County Transportation Action & Advocacy Group), the county-wide Health Access group, and others.
- Building upon previous Jefferson County-based efforts, place increased emphasis on Minority Aging issues and concerns by, for example, forming a Minority Aging Task Force or holding a Minority Aging Forum with key partner agencies.

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://humanservices.jeffco.us

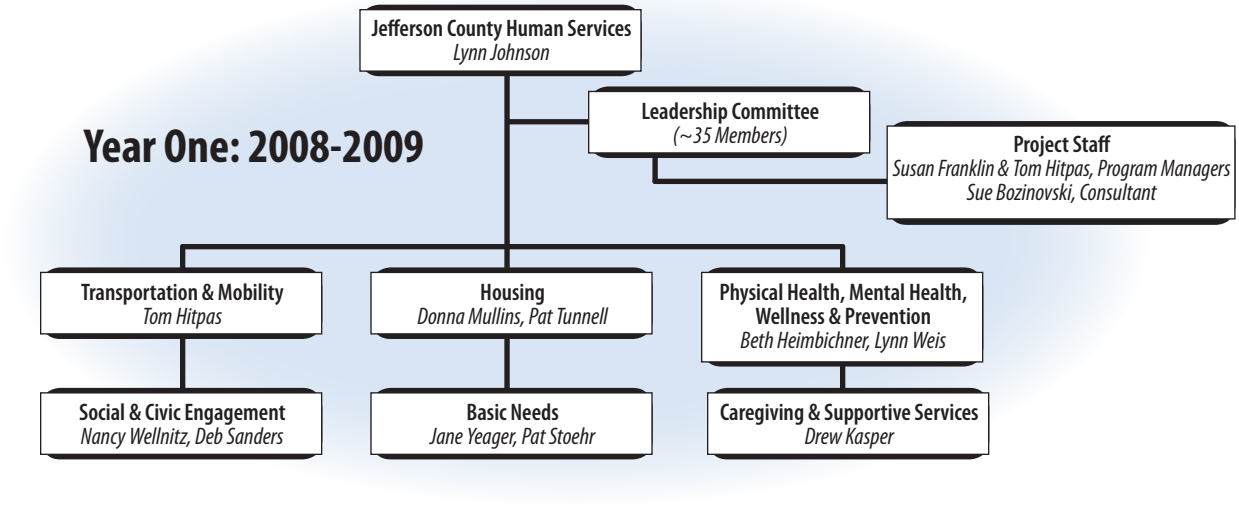
Aging Well In Jefferson County, Colorado

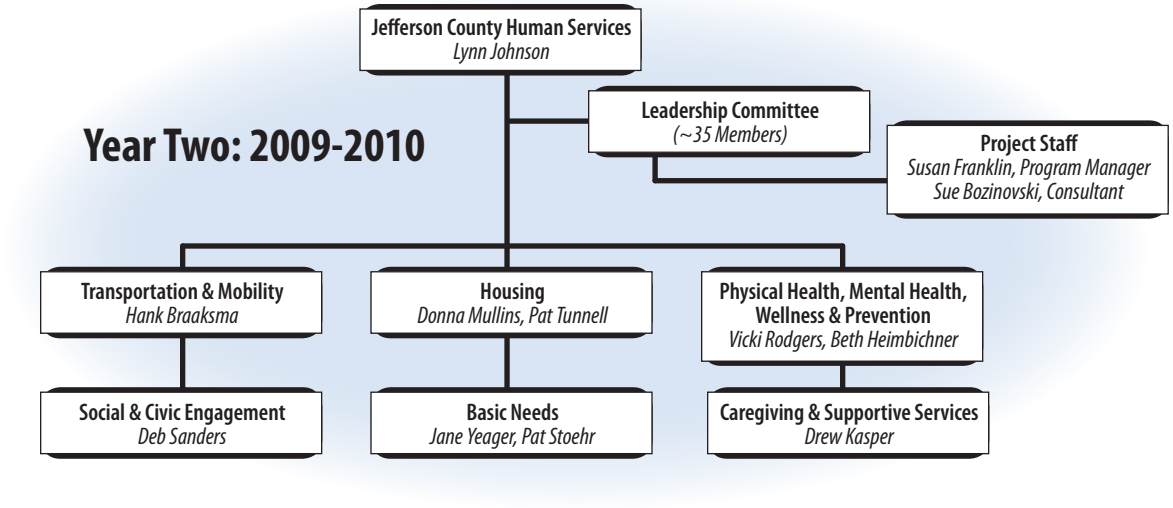
Attachments

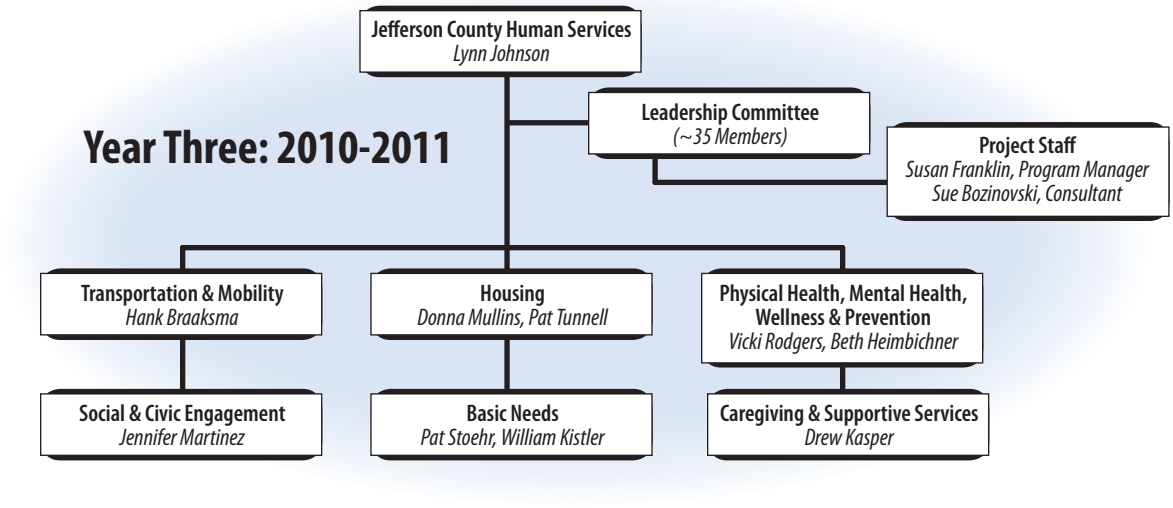
1. Aging Well Organizational Charts (Years One, Two, and Three in separate charts)
2. Population Maps and Information
3. Report Template for Workgroups to Use in Year 3 and Beyond

Aging Well Organizational Charts

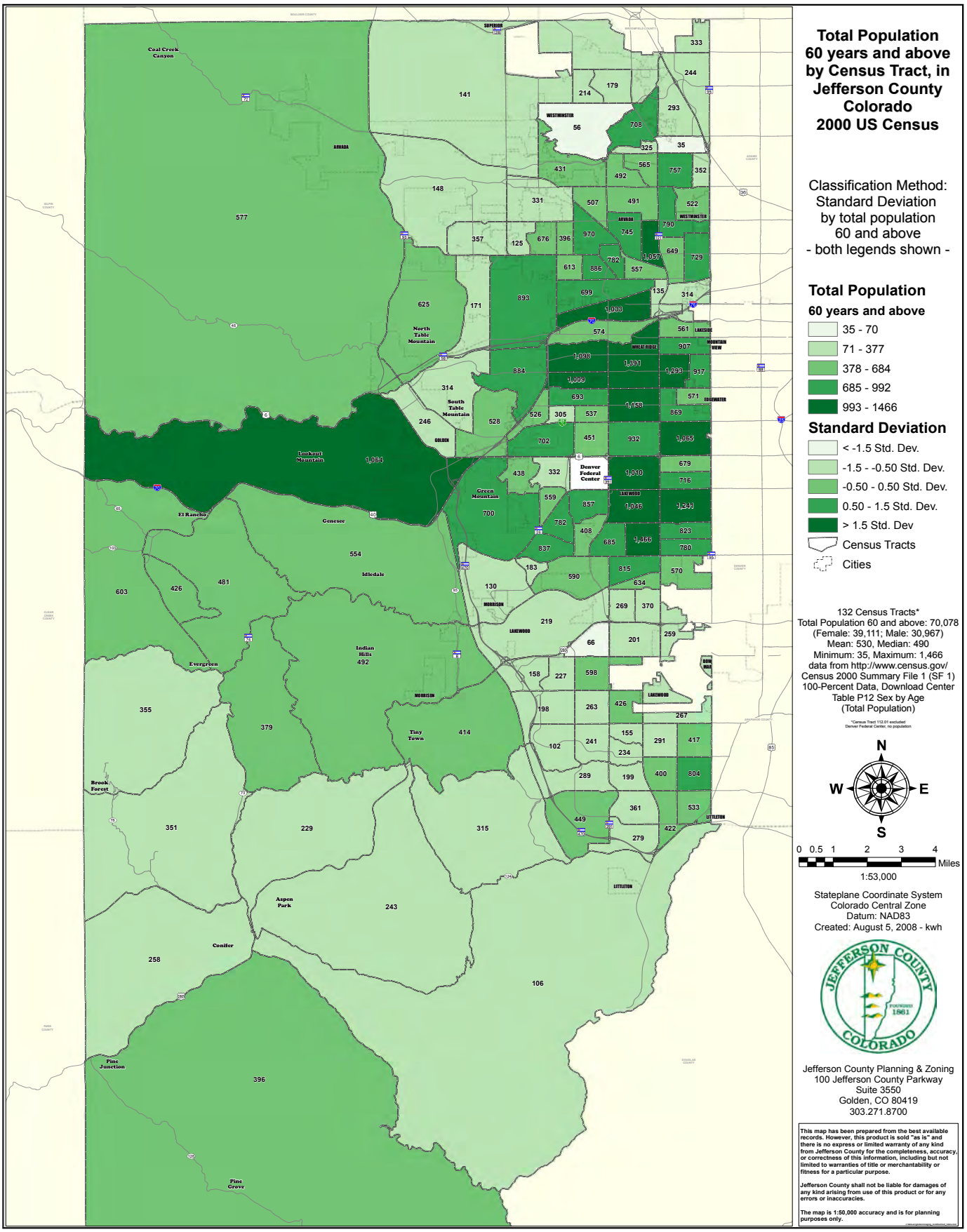
The Aging Well Project Organizational Charts are presented below for each of the first three years including the names of the chairs for each workgroup:

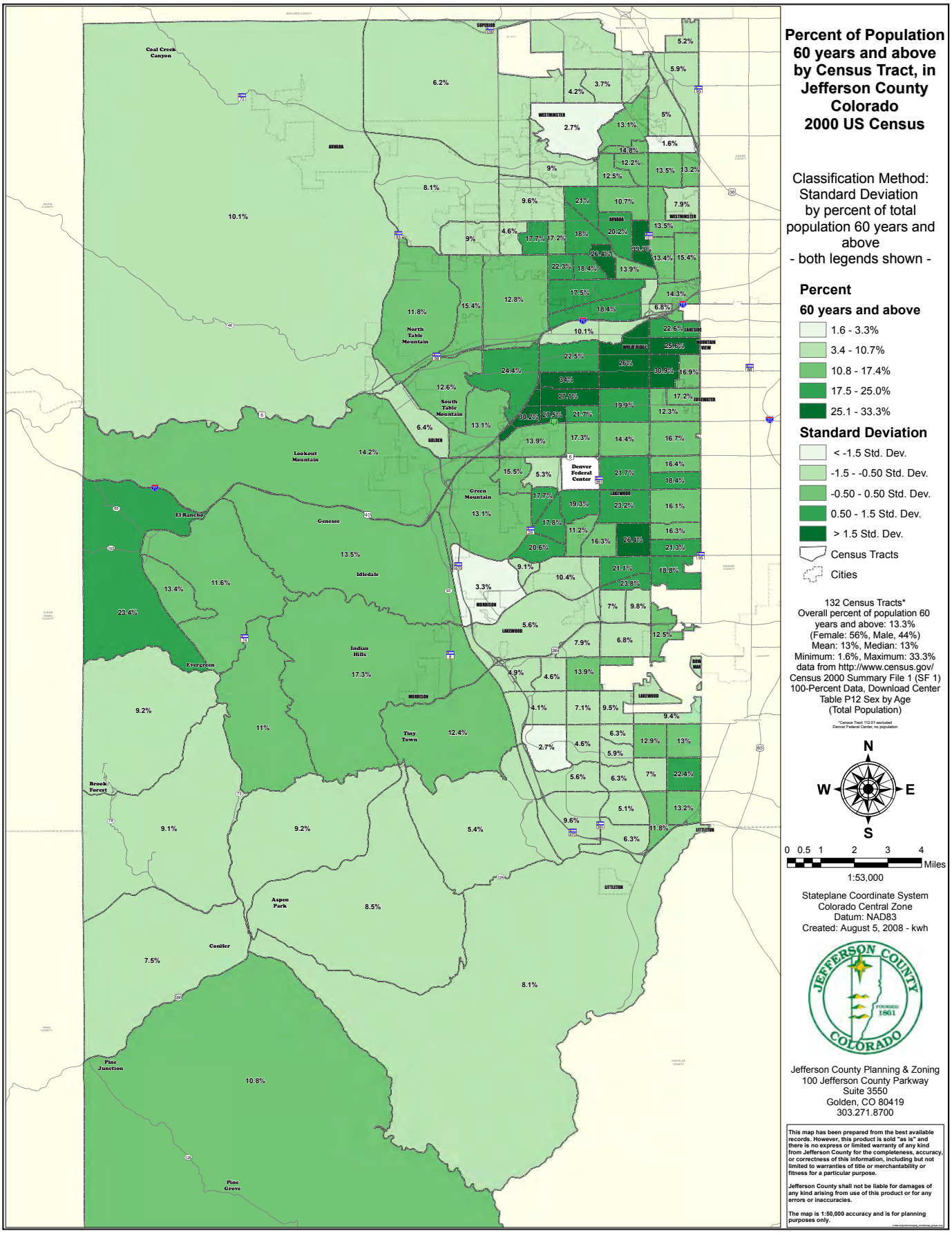






Population Maps and Information




Percent of Population 60 years and above by Census Tract, in Jefferson County Colorado 2000 US Census
Classification Method: Standard Deviation by percent of total population 60 years and above
- both legends shown -
Percent 60 years and above
1.6 - 3.3%
3.4 - 10.7%
10.8 - 17.4%
17.5 - 25.0%
25.1 - 33.3%
Standard Deviation
< -1.5 Std. Dev.
-1.5 - -0.50 Std. Dev.
-0.50 - 0.50 Std. Dev.
0.50 - 1.5 Std. Dev.
> 1.5 Std. Dev.
Census Tracts
Cities
132 Census Tracts*
Overall percent of population 60 years and above: 13.3%
(Female: 56%, Male, 44%)
Mean: 13%, Median: 13%
Minimum: 1.6%, Maximum: 33.3%
data from http://www.census.gov/
Census 2000 Summary File 1 (SF 1)
100-Percent Data, Download Center
Table P12 Sex by Age
(Total Population)
*Census Tract 112.01 excluded
Denver Federal Center, no population
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Stateplane Coordinate System
Colorado Central Zone
Datum: NAD83
Created: August 5, 2008 - kwh
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FOUNDED 1861
Jefferson County Planning & Zoning
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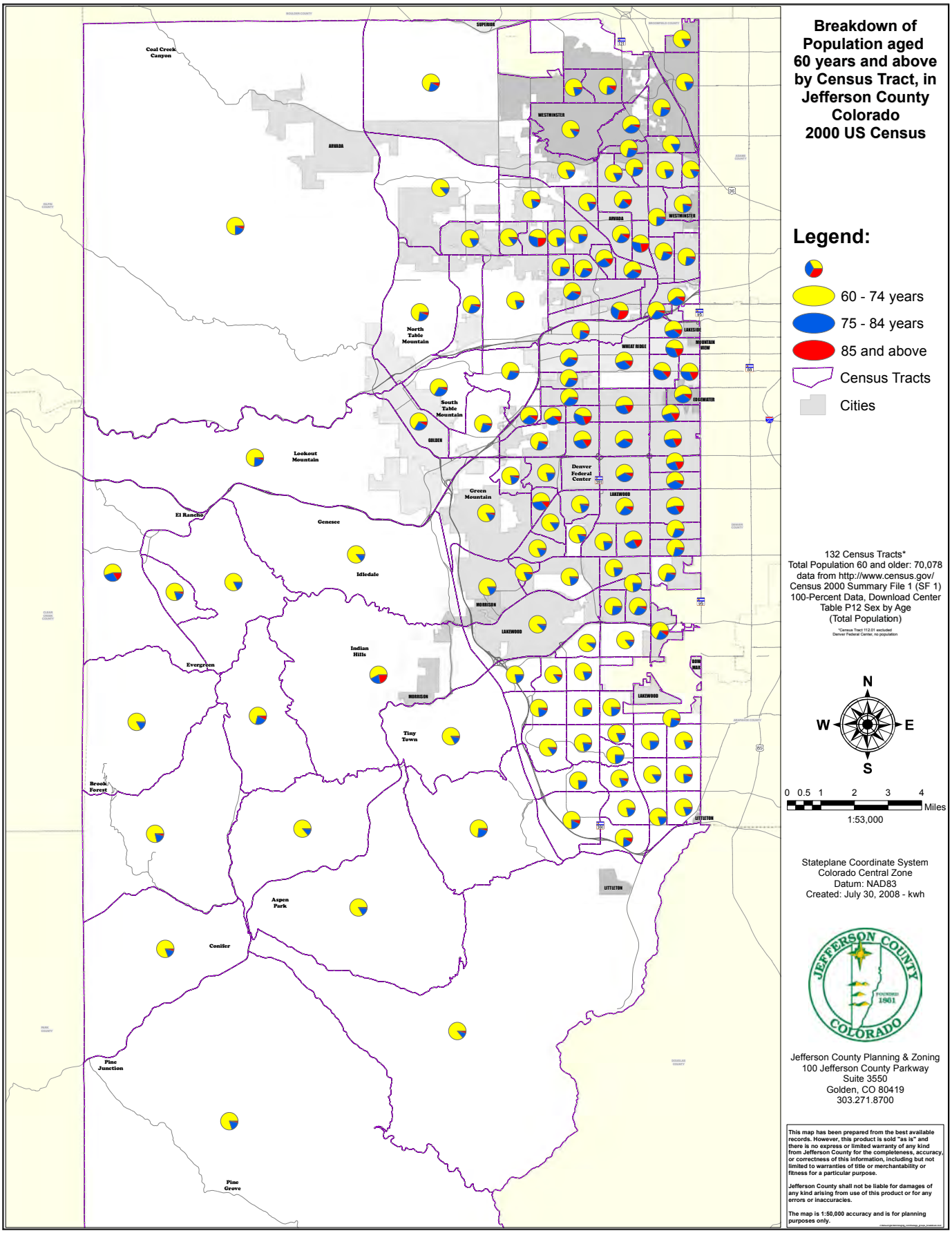
SUPERIOR
WESTMINSTER
ARVADA
North Table Mountain
South Table Mountain
GOLDEN
Lookout Mountain
El Rancho
Genesee
Idledale
Green Mountain
Denver Federal Center
LAKEWOOD
MORRISON
Indian Hills
Evergreen
Tiny Town
Brook Forest
Aspen Park
Conifer
Pine Junction
Pine Grove
LITTLETON
LAKESIDE
WHEAT RIDGE
MOUNTAIN VIEW
EDGEWATER
BOW MAR


Breakdown of Population aged 60 years and above by Census Tract, in Jefferson County Colorado 2000 US Census
Legend:
60 - 74 years
75 - 84 years
85 and above
Census Tracts
Cities
132 Census Tracts*
Total Population 60 and older: 70,078
data from http://www.census.gov/
Census 2000 Summary File 1 (SF 1)
100-Percent Data, Download Center
Table P12 Sex by Age
(Total Population)
*Census Tract 112.01 excluded
Denver Federal Center, no population
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Miles
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Stateplane Coordinate System
Colorado Central Zone
Datum: NAD83
Created: July 30, 2008 - kwh
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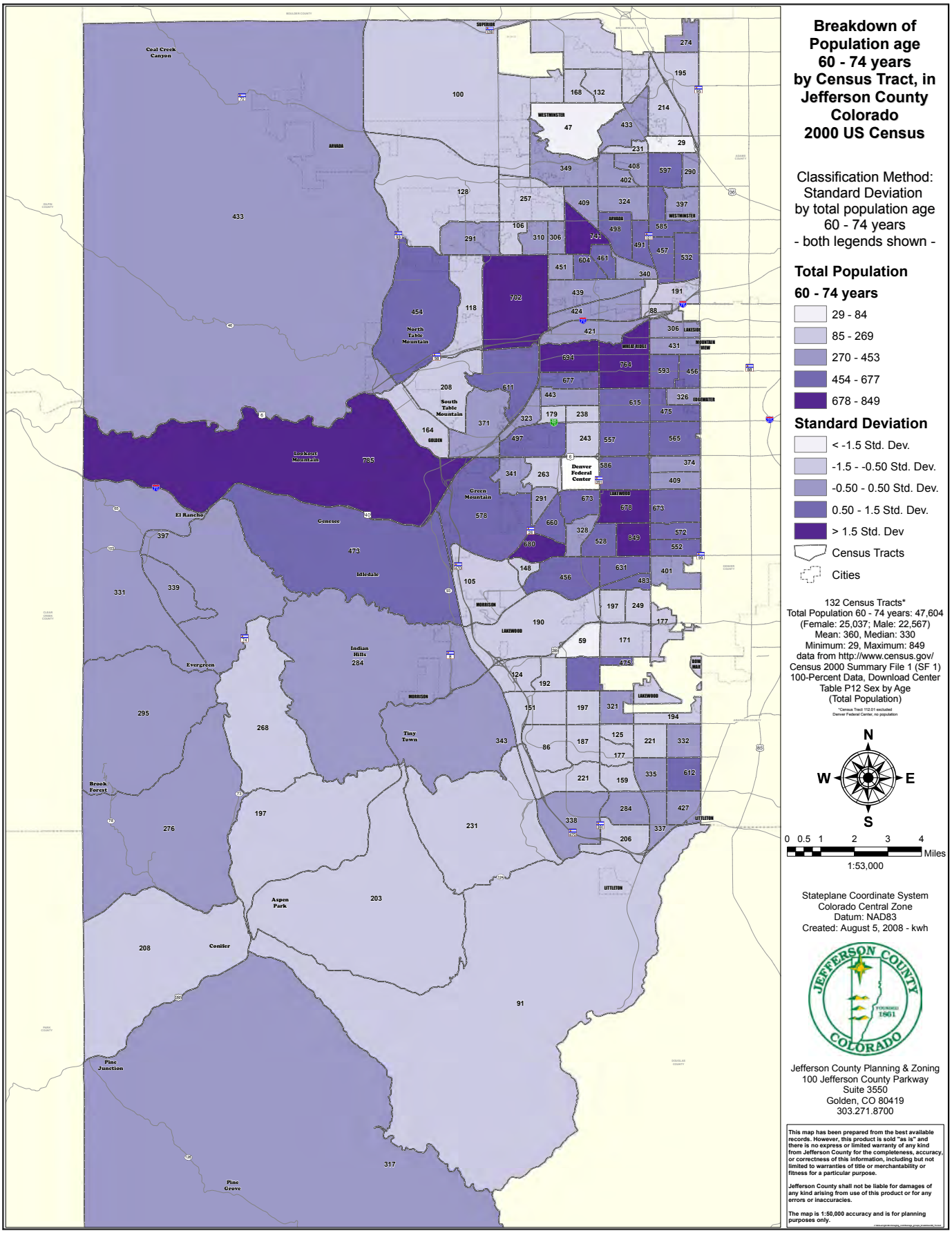
Breakdown of Population age 60 - 74 years by Census Tract, in Jefferson County Colorado 2000 US Census
Classification Method: Standard Deviation by total population age 60 - 74 years - both legends shown -
Total Population 60 - 74 years
29 - 84
85 - 269
270 - 453
454 - 677
678 - 849
Standard Deviation
< -1.5 Std. Dev.
-1.5 - -0.50 Std. Dev.
-0.50 - 0.50 Std. Dev.
0.50 - 1.5 Std. Dev.
> 1.5 Std. Dev
Census Tracts
Cities
132 Census Tracts*
Total Population 60 - 74 years: 47,604
(Female: 25,037; Male: 22,567)
Mean: 360, Median: 330
Minimum: 29, Maximum: 849
data from http://www.census.gov/
Census 2000 Summary File 1 (SF 1)
100-Percent Data, Download Center
Table P12 Sex by Age
(Total Population)
*Census Tract 112.01 excluded
Denver Federal Center, no population
N
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Stateplane Coordinate System
Colorado Central Zone
Datum: NAD83
Created: August 5, 2008 - kwh
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Evergreen
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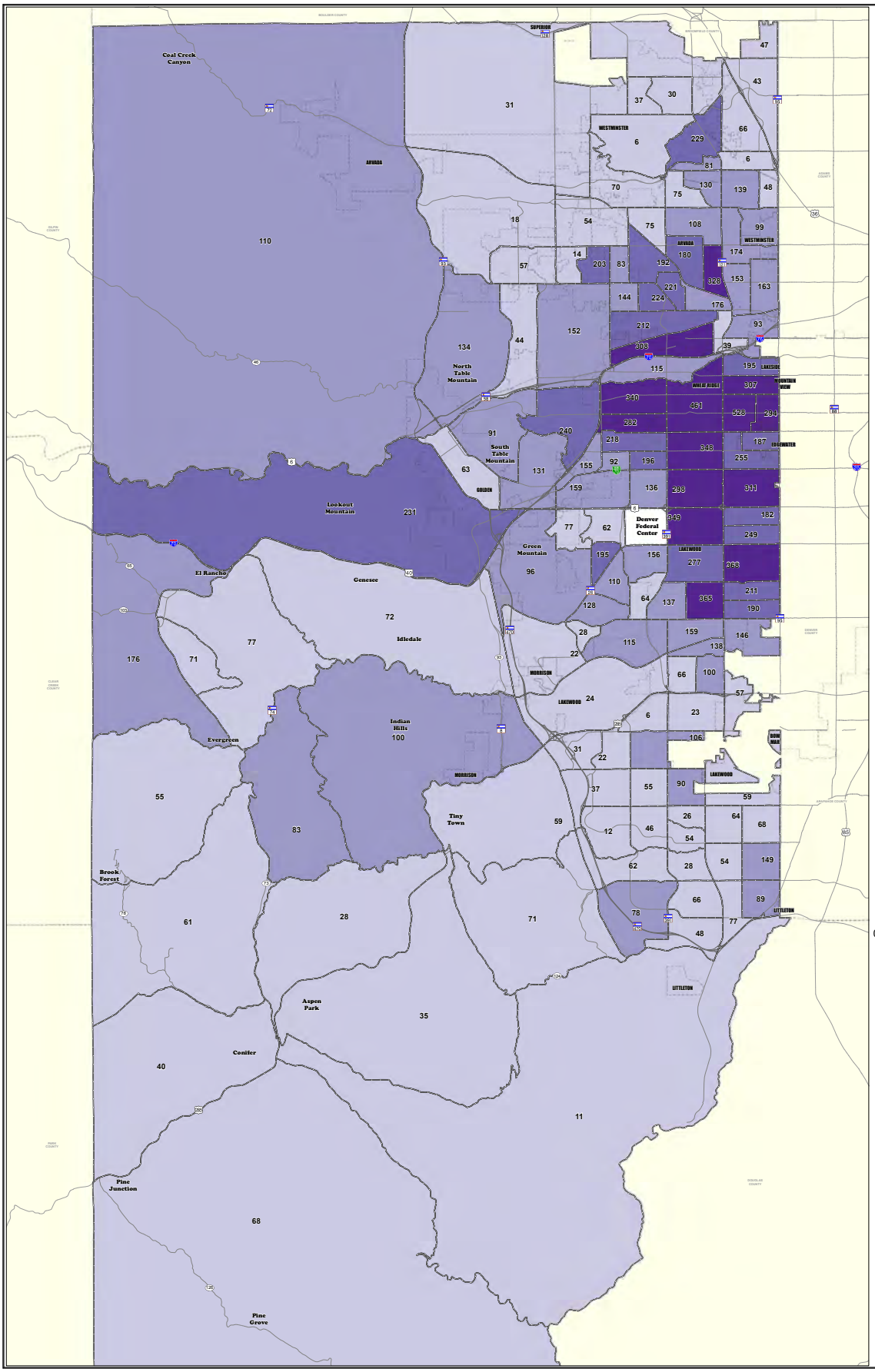
Pine Junction
Pine Grove
LITTLETON
BOW MAR
WHEAT RIDGE
EDGEWATER
MOUNTAIN VIEW
LAKESIDE



Breakdown of Population age 75 - 84 years by Census Tract, in Jefferson County Colorado 2000 US Census

Classification Method:
Standard Deviation
by total population age
75 - 84 years
- both legends shown -

Total Population 75 - 84 years

- 6 - 77
- 78 - 178
- 179 - 279
- 280 - 528

Standard Deviation

- < -0.50 Std. Dev.
- -0.50 - 0.50 Std. Dev.
- 0.50 - 1.5 Std. Dev.
- > 1.5 Std. Dev.
- Census Tracts
- Cities

132 Census Tracts*
Total Population 75 - 84 years: 16,857
(Female: 10,038; Male: 6,819)
Mean: 130, Median: 93
Minimum: 6, Maximum: 528
data from http://www.census.gov/
Census 2000 Summary File 1 (SF 1)
100-Percent Data, Download Center
Table P12 Sex by Age
(Total Population)

*Census Tract 112.01 excluded
Denver Federal Center, no population

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1:53,000

Stateplane Coordinate System
Colorado Central Zone
Datum: NAD83
Created: August 5, 2008 - kwh

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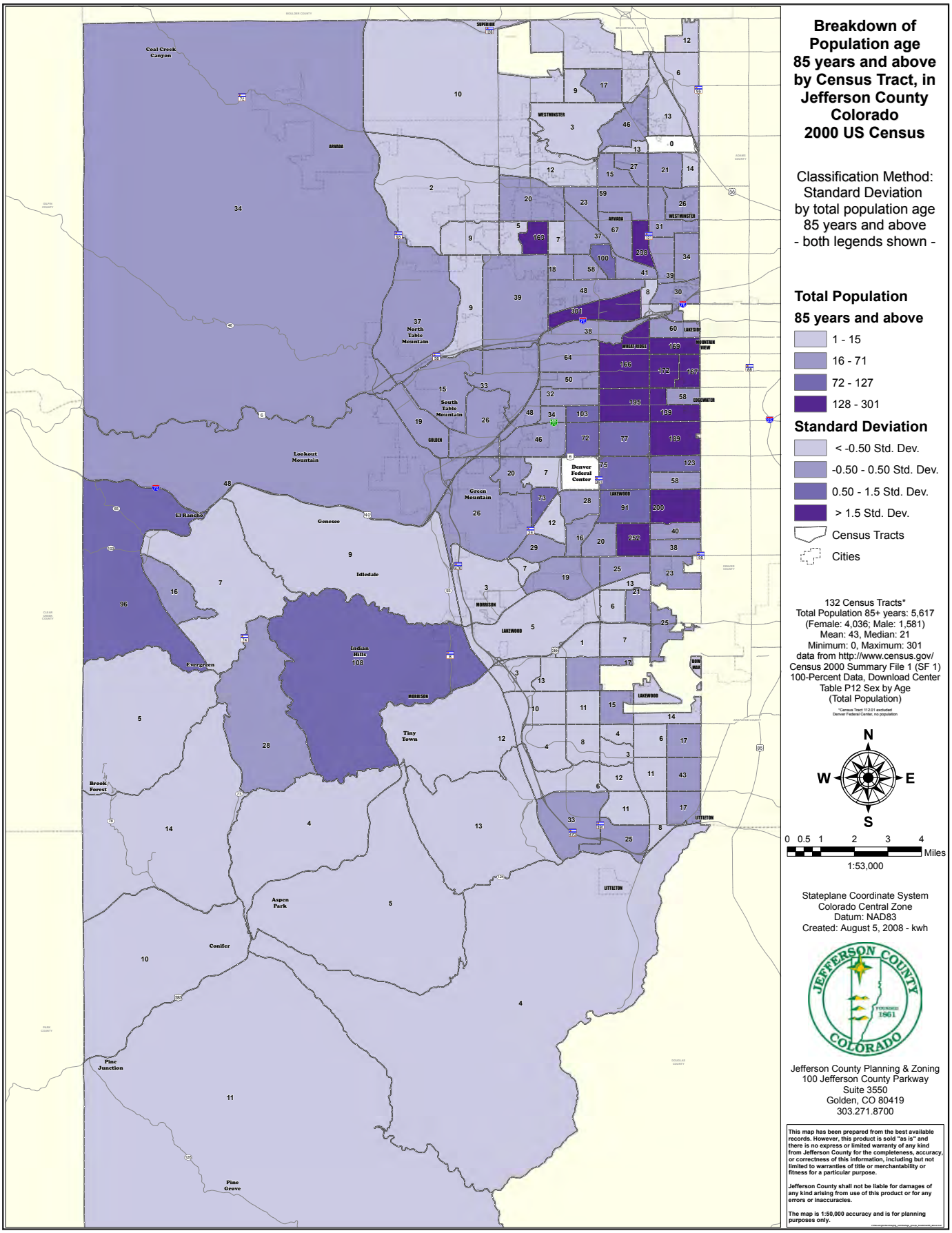
Breakdown of Population age 85 years and above by Census Tract, in Jefferson County Colorado 2000 US Census
Classification Method: Standard Deviation by total population age 85 years and above - both legends shown -
Total Population 85 years and above
1 - 15
16 - 71
72 - 127
128 - 301
Standard Deviation
< -0.50 Std. Dev.
-0.50 - 0.50 Std. Dev.
0.50 - 1.5 Std. Dev.
> 1.5 Std. Dev.
Census Tracts
Cities
132 Census Tracts*
Total Population 85+ years: 5,617
(Female: 4,036; Male: 1,581)
Mean: 43, Median: 21
Minimum: 0, Maximum: 301
data from http://www.census.gov/
Census 2000 Summary File 1 (SF 1)
100-Percent Data, Download Center
Table P12 Sex by Age
(Total Population)
*Census Tract 112.01 excluded
Denver Federal Center, no population
N
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1:53,000
Stateplane Coordinate System
Colorado Central Zone
Datum: NAD83
Created: August 5, 2008 - kwh
Jefferson County Planning & Zoning
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Idledale
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Indian Hills
Tiny Town
Brook Forest
Aspen Park
Conifer
Pine Junction
Pine Grove
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South Table Mountain
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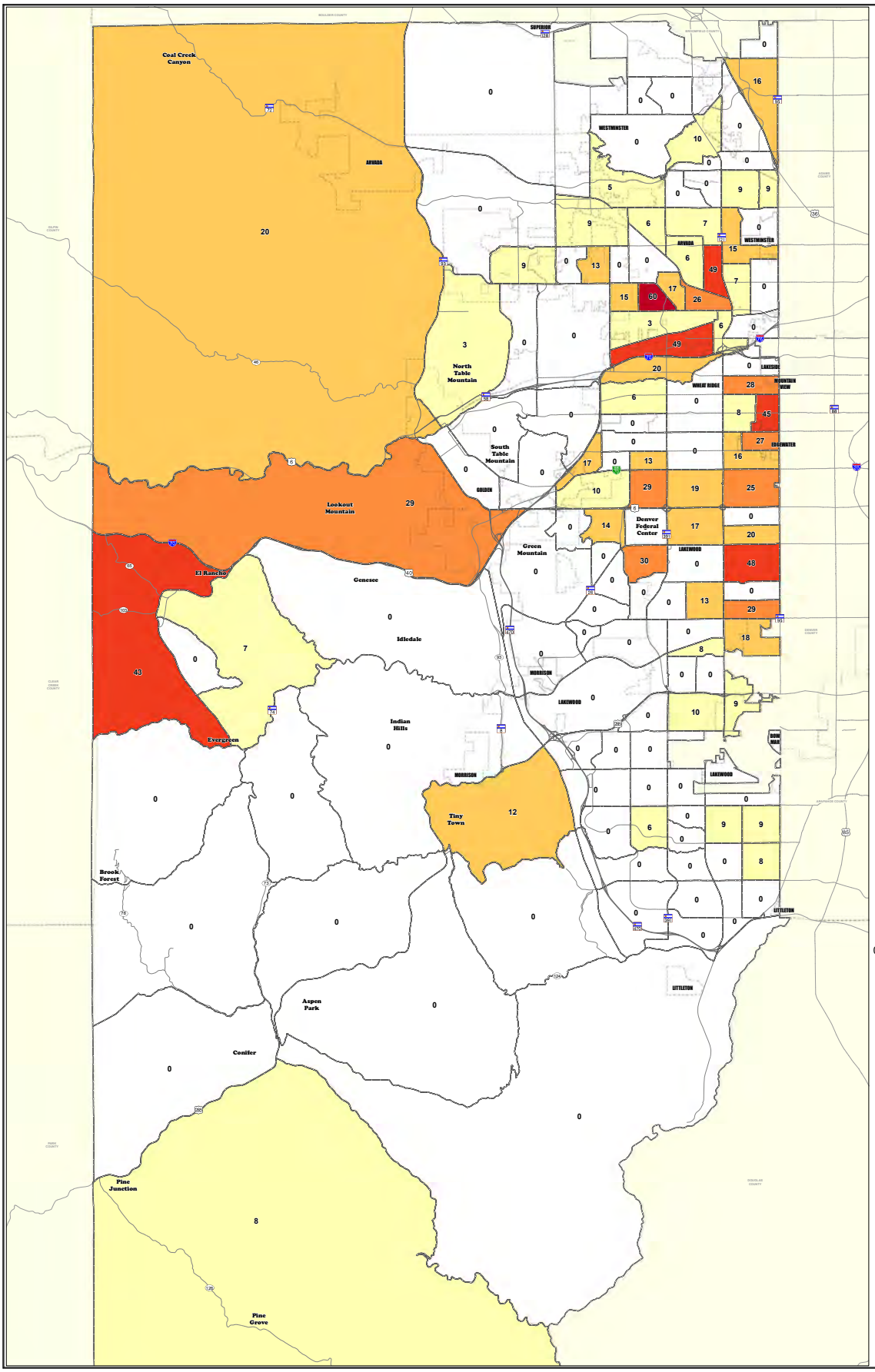
LITTLETON
EDGEWATER
WHEAT RIDGE
MOUNTAIN VIEW
SUPERIOR



Population age 65 - 74 years below Poverty Status in 1999 by Census Tract, in Jefferson County Colorado 2000 US Census

Classification Method: Standard Deviation by total population age 65 - 74 years, below Poverty Status in 1999 - both legends shown -

Total Population 65 - 74 years

- 3 - 11
- 12 - 24
- 25 - 37
- 38 - 50
- 51 - 60

Standard Deviation

- < -0.50 Std. Dev.
- -0.50 - 0.50 Std. Dev.
- 0.50 - 1.5 Std. Dev.
- 1.5 - 2.5 Std. Dev.
- > 2.5 Std. Dev.
- Census Tracts
- Cities

56 Census Tracts*
Total Population 65 - 74 years, below Poverty Status in 1999: 979
Mean: 17, Median: 13
Minimum: 3, Maximum: 60
data from http://www.census.gov/
Census 2000 Summary File 3 (SF 3)
Sample Data, Download Center
Table P87 Poverty Status in 1999 by Age

*77 of 133 Census Tracts have a value of "0" and were excluded

N W E S

0 0.5 1 2 3 4 Miles

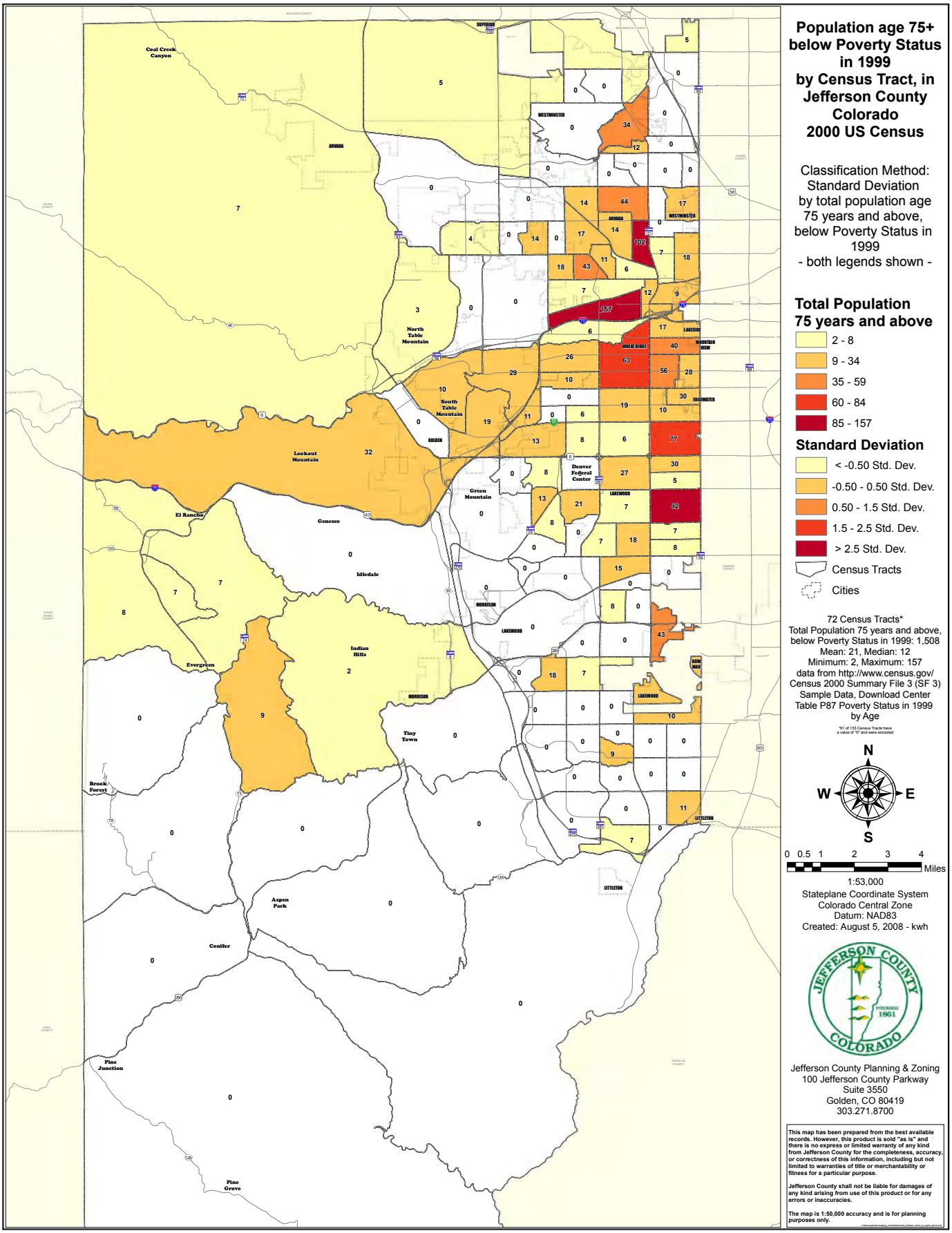
1:53,000
Stateplane Coordinate System
Colorado Central Zone
Datum: NAD83
Created: August 5, 2008 - kwh

Jefferson County Planning & Zoning
100 Jefferson County Parkway
Suite 3550
Golden, CO 80419
303.271.8700

This map has been prepared from the best available records. However, this product is sold "as is" and there is no express or limited warranty of any kind from Jefferson County for the completeness, accuracy, or correctness of this information, including but not limited to warranties of title or merchantability or fitness for a particular purpose.

Jefferson County shall not be liable for damages of any kind arising from use of this product or for any errors or inaccuracies.

The map is 1:50,000 accuracy and is for planning purposes only.


Population age 75+ below Poverty Status in 1999 by Census Tract, in Jefferson County Colorado 2000 US Census
Classification Method: Standard Deviation by total population age 75 years and above, below Poverty Status in 1999
- both legends shown -
Total Population 75 years and above
2 - 8
9 - 34
35 - 59
60 - 84
85 - 157
Standard Deviation
< -0.50 Std. Dev.
-0.50 - 0.50 Std. Dev.
0.50 - 1.5 Std. Dev.
1.5 - 2.5 Std. Dev.
> 2.5 Std. Dev.
Census Tracts
Cities
72 Census Tracts*
Total Population 75 years and above, below Poverty Status in 1999: 1,508
Mean: 21, Median: 12
Minimum: 2, Maximum: 157
data from http://www.census.gov/
Census 2000 Summary File 3 (SF 3)
Sample Data, Download Center
Table P87 Poverty Status in 1999 by Age
*61 of 133 Census Tracts have a value of "0" and were excluded
N
W
E
S
0 0.5 1 2 3 4 Miles
1:53,000
Stateplane Coordinate System
Colorado Central Zone
Datum: NAD83
Created: August 5, 2008 - kwh
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Coal Creek Canyon
ARVADA
WESTMINSTER
North Table Mountain
South Table Mountain
GOLDEN
Lookout Mountain
El Rancho
Genesee
Idledale
Green Mountain
Denver Federal Center
LAKEWOOD
MORRISON
Indian Hills
Evergreen
Tiny Town
Brook Forest
Aspen Park
Conifer
Pine Junction
Pine Grove
LITTLETON
WHITE RIDGE
EDGEWATER
BOW MAR

Report Template for Workgroups to Use in Year 3 and Beyond

Yearly Report due July 31 of each year for the Project Year August-June

Report should be no more than three (3) pages

1. List your project's goals and objectives as outlined for this year. Describe:

- Progress made on each goal and objective-if goals or objectives were not met, please explain.
- If any goals or objectives were changed, added or deleted, give the rationale for these changes, and
- Describe the difficulties encountered in pursing your goals and objectives.

2. What are the main lessons learned from this past year? (For example, what did you learn about the population you are serving? The problem or issue you are addressing?) Based on what you learned, how will you improve or change your process next year?

3. What would you like others to know about your project in order for them to assist you in the future?

4. Describe your plan for next year. What will you focus on? Who do you need to add around the table? How will you move your plan forward?

5. If you have a human interest story to share regarding how your workgroup helped a person or a community, please share it.