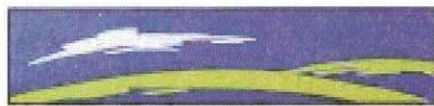


FOUR-YEAR AREA PLAN  
TITLE III and TITLE VII

*Older Americans Act  
and  
State Funds for Senior Services*

East Central Council of  
Local Governments



Area Agency on Aging  
Region V

*STATE FISCAL YEARS 2016-2019  
(July 1, 2015 to June 30, 2019)*

## **Statutory Basis**

Area Agencies on Aging (AAA) were formally established in the 1973 Older Americans Act (OAA) comprehensive services amendments. The Administration on Aging oversees the Older Americans Act funds, requiring that each individual AAA submit a Plan for how they will use the OAA funds to achieve the initiatives set forth by the Agency for Community Living (formerly the Administration on Aging) to the respective States.

Under the Older Americans Act, (as amended through Public Law 110-246 effective May 22, 2008), each Colorado AAA is required to develop an Area Plan for their Planning and Service Area at a frequency determined by the State. Each Plan shall be based on a uniform format for Area Plans within the State prepared in accordance with OAA Section 307(a)(1).

The Colorado State Unit on Aging (SUA) Policy Directive 15-04 is the Planning Assistance document provided to each of sixteen Colorado AAAs for respective their Area Plans.

### **STATE UNIT ON AGING POLICY DIRECTIVE 15-04 PURPOSE**

To provide AAA's planning assistance and necessary forms. The overall purpose of the Area Plan is for each AAA to realize its full potential by articulating the prioritization, range and delivery of services to older adults, their caregivers and other eligible consumers during the period between State Fiscal Years 2016 and 2019.

### **SUA POLICY DIRECTIVE 15-04 INTRODUCTION**

The following sections are to help guide and focus the Area Plans for more uniformity and continuity as a whole. All Area Agencies on Aging (AAAs) shall include the in Section X Area Plan Checklist the page numbers where information is found in the column titled: Page Numbers Where Information is Located. Area Agencies on Aging may incorporate additional information into the area plan beyond the requirements of this Planning Assistance document.

# TABLE OF CONTENTS

## Contents

SECTION I: EXECUTIVE SUMMARY .....	5
SECTION II: PUBLIC INPUT .....	7
SECTION III: VOLUNTEERS: CURRENT AND FUTURE PROGRAMS .....	9
SECTION IV: QUESTIONS .....	9
SECTION V: DEMOGRAPHICS .....	14
SECTION VI: TITLE III / VI COORDINATION .....	15
SECTION VII: OUTCOMES, STRATEGIES, AND PERFORMANCE INDICATORS.....	15
SECTION VIII: FORMS .....	20
Attachment A: Direct Service Waiver Request .....	27
Attachment B: Meal Sites .....	28
Attachment C: Community Focal Points and Senior Centers.....	31
Attachment D: Regional Advisory Council Membership.....	35
Attachment E: Statement of Intent/Signature Page .....	36
SECTION IX: AREA PLAN IMPLEMENTATION.....	23
SECTION X: AREA PLAN CHECKLIST .....	26

## **Background on the Older Americans Act, State Funds for Senior Services and the East Central Area Agency on Aging**

The Older Americans Act was signed into law on July 14, 1965, establishing the Administration on Aging at the Federal level in the U.S. Department of Health and Human Services. The Act is intended to assist elderly Americans maintain their dignity and live independently in their own communities by removing barriers to independent living and providing continual care for vulnerable older individuals. As a result of this Act, community-based services and nutrition services programs for America's older adults was established, and the national structure of the "Aging Services Network" was formed. Under the Older Americans Act, the network is charged with the responsibility for promoting the development of a comprehensive and coordinated system of home and community based services for eligible older persons 60 years of age or older and their caregivers. Through its Title III and VII Programs, the OAA identifies Federal funds to be used by the State and by local communities to provide and develop aging services.

The Older Coloradans Act established Older Coloradans programs and cash fund that, together with a General Funds portion, is known as State Funds for Senior Services (SFSS). The General Assembly appropriates SFSS monies that are distributed to AAAs to provide services and supports that mirror the service standards and requirements outlined in the Older Americans Act.

*"NOT A WORLD AWAY – JUST A WORLD APART"* and *"The Other Colorado...Colorado's Outback"* are just two of the previous "tag lines" used by the East Central Council of Local Governments (ECCOG) to describe this region in East Central Colorado. Both accurately describe this region. The Area Agency on Aging (AAA) is a division of the ECCOG, and is charged with the task to ensure that support and nutrition services are available and accessible to the region's older citizens, particularly those with the greatest social and economic need. This plan hopes to describe the efforts of the ECCOG's Area Agency on Aging in addressing sustainable home and community based services which are provided directly by the AAA, or through contractual arrangements with other agencies, to assist older adults in maintaining their independence, health, and quality of life in their own homes for as long as possible. The AAA will utilize federal Older Americans Act grant funds in conjunction with state, county and other local funds to plan for, monitor and fund an array of programs in Cheyenne, Elbert, Kit Carson and Lincoln counties.

The Older Americans Act intends that the East Central AAA serve as the focal point and be the leader relative to aging issues on behalf of older adults in the planning and service area and to serve as the advocate and focal point for older adults in the community. The primary goal of the East Central AAA is to develop a comprehensive and coordinated system of services for the primary residents aged 60 and over. Mission statement: *To ensure that support and nutrition services are available and accessible to the older population of Cheyenne, Elbert, Lincoln & Kit Carson counties, particularly those with the greatest social or economic needs. We shall achieve this mission by providing services directly or through contractual arrangements with other*

*agencies to assist elders in maintaining their independence, health, and quality of life, in their own homes for as long as possible.*

Every four years, each AAA is required to develop an Area Plan that focuses on the activities, services and programs that increase or at least assist in maintaining their independence and well-being of residents aged 60 and over within our community and enhancing a comprehensive and coordinated community-based system. It is difficult to adequately plan for a future given uncertain funding and the negative community perception of “government” agencies. The AAA will provide technical assistance to other agencies or civic organizations; continue to improve/develop techniques to reach and assist older adults; as well as continue to develop educational mechanisms.

## **SECTION I: EXECUTIVE SUMMARY**

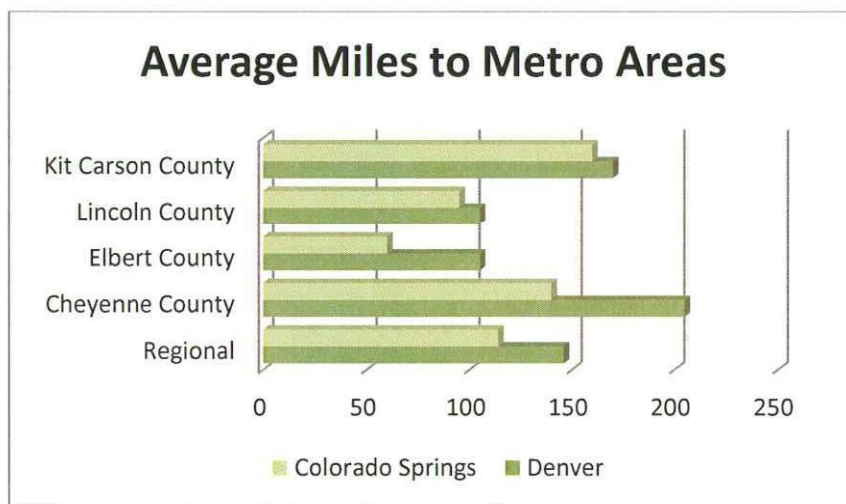
The Area Plan provides the Area Agency on Aging’s primary blueprint of action. The Executive Summary incorporates the essential points of the Area Plan.

**RESPONSE:** This agency will make every effort to review its current service delivery system and implement changes whenever possible and more cost effective...as well as attempt to maintain current levels of services. In the past several years, the levels of service and unduplicated clients for the registered services has decreased slightly; however, the agency continues to attempt to attract the “young ” older residents and recently retired individuals of the region to participate. The regional Help MATE program (financial assistance for dental needs, eyeglasses, hearing aids, mobility related equipment, etc.) typically serves older adults who don’t participate in any of the “registered” services, and they are provided with information about other services available to them. Those clients are not tracked by the system, so the number of unduplicated clients receiving services by the Area Agency on Aging has actually increased, due to the availability of this service, funded wholly with State Funds for Senior Services. The unavailability of State funds would eliminate this service entirely. Increased local tax commitment for senior programs is not in the cards, as our small local governments also find themselves struggling to maintain the level and variety of current services. County Commissioners have made it a matter of policy that the county will not assume additional liability for any federal...or state...sponsored program that is in danger of reducing services due to lack of adequate funding. This agency typically will only fund the mandated (required) services on a minimal part-time basis during the next four years. If necessary, reductions in the level of services currently being provided may be necessary over the next four years. There is no plan to increase organizational capacity. In fact, we have found it necessary, and in some cases have made it a matter of policy that whenever possible, as staff resign or retire, positions and duties are restructured and reassigned to combine, and often eliminate a full or part-time position, both in administrative and operational functions. Because we are a limited, part-time, service agency, increasing the organizational capacity is not an option...or necessary...unless and until on-going increased funding is received which would make it necessary to increase organizational capacity that the current part-time staff are unable to fulfill. This regions staff is well known to the community, knowledgeable about the community and trusted by the community. They go

above and beyond in daily efforts to provide efficient/effective services. The leadership of the agency has been able to maintain services which promote independence and increase the quality of life for the regions older adults, through frugal monitoring of resources. Administration strives to maximize available financial resources to meet the growing demand for programs and services.

*Key fact:* Older Adults want to maintain their independence; Older Adults are concerned about their health; Older Adults are concerned about their financial security; some populations of older adults are particularly at risk.

Public transportation systems in the region are almost non-existent. There are no taxi services, commercial airline services or passenger rail service. The region no longer has a commercial bus service; the only modes of transportation are private carrier or the limited, part-time public transit service known as the Outback Express operated by the ECCOG.



**Goals/Outcomes:**

**Maintaining independence:**

- Social Inclusion – Continue to provide outreach and information and referral services which are designed to provide access to services and programs
  - Provide funding for the region-wide senior services coordinators
  - Attend provider meetings to coordinate effort to address needs
  - Ongoing updates for both the Area Agency on Aging and Outback Express websites and brochures
  - Provide information to the news media regularly on topics pertinent to older adults
- Support an appropriate continuum of services
- Continue to work with the Outback Express in developing additional/alternative transportation services

Plan to target services:

- Provide funding for outreach and information & referral services through a network of senior services coordinators located throughout the region
- Provide those senior services coordinators with the tools, materials and training to inform residents about the services available and how to access them
- Attend meeting with other agencies or service providers to disseminate information about services
- Continue to update and publicize the human services directory and area agency website
- Work with news media to provide information on topics pertinent to older adults

## SECTION II: PUBLIC INPUT

The primary foundation of the Area Plan is the voice of the consumer. The aspirations, strengths, and needs of each Planning and Service Area (PSA) should guide the Area Plan.

The AAA shall conduct at least one public input meeting on the Area Plan to provide an opportunity for older adults, local government officials, key informants, and other interested parties to provide input to the Area Plan. Adequate published notice must be extended to increase older adults' opportunity to participate. AAAs shall retain documentation of each public input meeting (through recorded or written minutes) and a list of participants. The meetings should consider current and future service and support needs of older adults and the issues, challenges, and opportunities facing the Region. Describe the number, dates, and locations of the public input meetings. Documentation of public meetings may be identified as an attachment to the Area Plan. Discuss how those attending informed the Area Plan.

**RESPONSE:** One public input meeting was held for the region on March 3, 2015 in Limon at the Hub City Senior Center. One public hearing was held for the region, at the Community Building in Limon, in conjunction with the Senior Services and Transit Advisory Board (SSTB) on April 9, 2015. Both meetings were open to the public and all relevant comments and responses were incorporated into this document. Copies of the documents were made available to the general public and other area agencies upon request. These were also available on the ECCOG's website ([www.eccog.com](http://www.eccog.com)) and the AAA's website (<http://ecaaa.tripod.com>). The final 4-Year Plan was reviewed and approved at the April 9, 2015 meeting of the SSTB. The ECCOG Board of Directors reviewed and approved the 4-Year Plan at its April 1, 2015.

The AAA received 29 responses to the survey regarding the prioritization of services for the next four years. Based on these responses and input from the public meetings, program staff, service providers, the ECCOG Board of Directors and the Senior Services and Transit Advisory Board, services were prioritized as follows, from most important to maintain to least important:

- Nutrition Meals/Nutrition Counseling/Education/Screening
- Ombudsman
- Homemaker Services
- Material Aid (financial assistance)
- Information & Referral
- Respite Care
- Transportation
- Legal
- Health Promotion and Medicine Management

Most notable was 4 years ago transportation service ranked 3<sup>rd</sup> and the current survey ranked transportation as 7<sup>th</sup> in overall importance. Ombudsman moved from 4<sup>th</sup> to 2<sup>nd</sup> under the current survey. As always, legal service ranked very low just above health promotion.

The AAA will continue to coordinate training and information sharing meetings involving staff from all agencies in an effort to ensure that needy individuals do not fall through the cracks. Our field staff is long-tenured within their respective communities. This longevity, coupled with the sparse population, gives our people a unique ability to be personally acquainted with nearly all persons over the age of 60. We are able to observe when clients and potential clients can no longer provide for themselves with daily living needs such as transportation, nutritious meals, or home cleaning/maintenance. Our continuing close working relationship with other service providers in the region, and with the local governments, gives us the unique opportunity to channel our program information to their clients...many of whom are means tested and known to be in economic need.

It is difficult to find dependable part-time staff in the region; the unemployment rate is around 4%. Not surprising, the highest rate is Elbert County at 5% with Cheyenne County the lowest at 3%. These rates are expected to decrease in the next four years. Those who are looking for work want full time hours with benefits. Friends and family can do some things as volunteers/neighbors to help mitigate needs once they develop, but cannot, and should not, be relied on for all needed services.

*Caregiver Services:*

The AAA will contract with service providers to provide respite care and financial assistance to grandparents raising their grandchildren.

*Outcome:* Because of support received through National Family Caregiver Support funds, caregivers' health will be improved; caregivers will suffer less depression; and have improved access to information and services.

*Transportation Services:*

The AAA will purchase bus tickets from the regional transit system known as the *Outback Express* for the full cost of the ticket and offer them to adults over the age of 60 for a suggested donation.



*Outcome:* Older adults have access to available transportation service because Local Officials agree to cross county boundaries and co-mingle available funding to allow the *Outback Express* to provide service on a regional level, improving access to health care and reach community services.

#### *Nutrition Services:*

Project SMILE (Shared Moments In Living and Eating) is the AAA-operated nutrition program for older adults in the region. The AAA will continue the nutrition program on a direct service basis. Nutrition education will be provided to all program participants monthly through newsletters and the agency will continue its nutrition screening efforts.

Nutrition education and counseling will be provided through a contract with a registered dietitian. Should an individual be identified as “at-risk” nutritionally through the nutrition screening portion of the assessment process, a letter will be sent to the individual suggesting they contact their doctor, other health professional, or they may contact the agencies dietitian who can provide counseling on their nutritional health.

*Outcome:* Older adults will be healthier and have improved well-being through participation in nutrition programs.

### **SECTION III: VOLUNTEERS: CURRENT AND FUTURE PROGRAMS**

The Plan shall list the Older Americans Act/State Funding for Senior Services (OAA/SFSS) programs that are in place as of May 2015 and any additional programs that the AAA is considering implementing during the course of the Area Plan. The Plan shall describe the AAA’s current volunteer program(s) and the total number of volunteers at the time of the writing. The Plan shall describe any projected expansion of the volunteer program(s) during the course of the Area Plan.

**RESPONSE:** Due to the nature of services and sparse population of the region, the AAA only has volunteers for the congregate and home-delivered meal program. The AAA serves congregate meals and delivers meals to home-bound individuals through 100 volunteers at the meal sites and as drivers. These volunteers are trained on sanitation and food safety procedures.

It is extremely difficult to recruit volunteers for other services. This region is typically agriculture in nature and many area residents who are at retirement age are still working on the family farm/ranch.

### **SECTION IV: QUESTIONS**

The Area Plan covers State Fiscal Years 2016-2019 (July 1, 2015 through June 30, 2019.) The

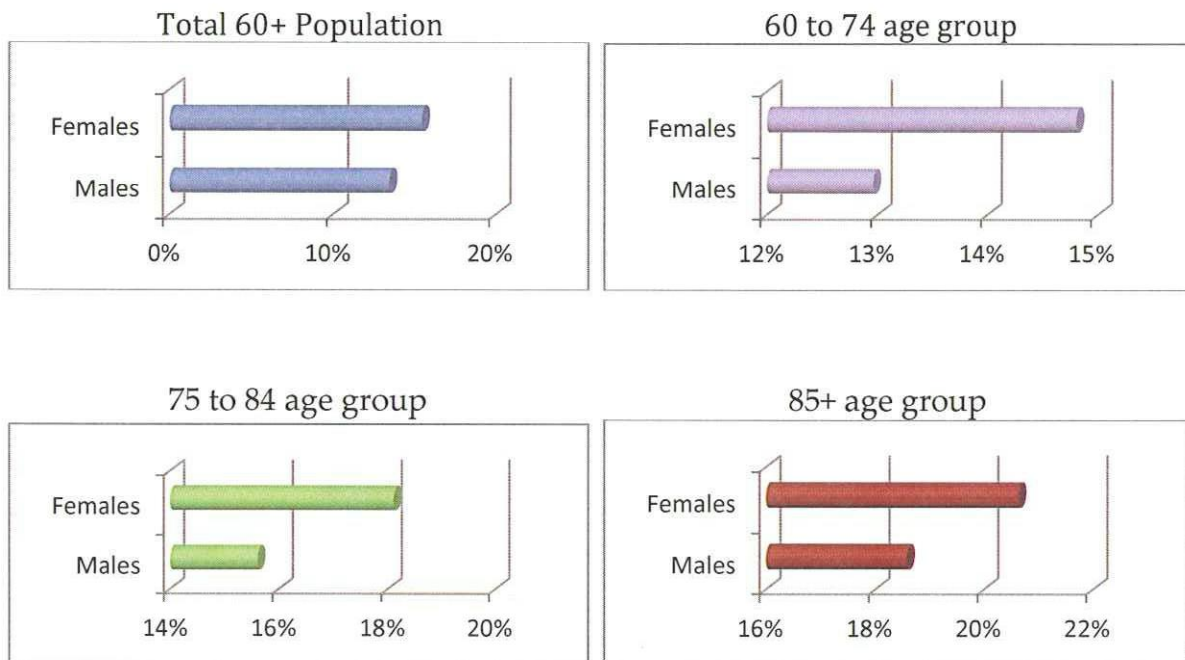
Plan shall respond specifically to each of the questions.

1. Describe the unserved and underserved clients in the PSA. Please refer to:

[http://dola.colorado.gov/cms-base/sites/dola.colorado.gov.gis-cms/files/projects/seniorctr/senior\\_ctr.html](http://dola.colorado.gov/cms-base/sites/dola.colorado.gov.gis-cms/files/projects/seniorctr/senior_ctr.html)

**RESPONSE:** According to latest population estimates, the 60+ population represents over 21% of the region’s population. According to those same estimates, the 60 to 75 age group is expected to increase by 14% and the population between the ages 75 and 84 is expected to increase by 17%, those over the age of 85 is expected to increase by 20 % in the next 4 years, placing an increased demand for services on an already limited, part-time service agency.

Increase in population from 2016 to 2019:



Source: [http://dola.colorado.gov/demog\\_webapps/pagCategory.jsf](http://dola.colorado.gov/demog_webapps/pagCategory.jsf)

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

**RESPONSE:** As grant funds for the various programs administered by ECCOG’s Area Agency on Aging are awarded on a year-to-year basis, it may be necessary for the agency and/or service provider to limit service hours and examine operations to determine if those over 75 have been

given more accessibility. Should this be necessary, the agency/provider will place eligible persons under the age of 75 who request service on a waiting list. Priority will be given to those individuals targeted by the Older Americans Act and Older Coloradans Act, with due consideration to the amount of time kept on the list.

The increase in time spent by agency staff to continue to educate themselves and provide more outreach could negatively impact service provision.

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

**RESPONSE:** This AAA will be taking steps to register all transportation and material aid consumers (Project Help MATE) receiving dental services, eye care, hearing aids, mobility related devices and emergency alert/response systems. Many of these consumers are typically not those using any other AAA services and this will result in an increase in the number of unduplicated consumers.

Project SMILE staff and volunteers will be encouraged to provide outreach to those eligible consumers not now participating and gather the required information from consumers who have not given sufficient information to register them. These efforts should result in better data collection and reporting of unduplicated consumers.

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

**RESPONSE:** The AAA will be partnering with the Lincoln Community Hospital to provide a “Stepping On” exercise program. This evidence-based health promotion program does meet the Administration on Aging’s goal and the future definition of highest-level criteria that becomes effective October 1, 2016.

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

**RESPONSE:** This AAA does not currently have any Federal Discretionary Grant Programs.

6. Describe how the AAA takes advantage of opportunities through the Affordable Care Act (e.g. Colorado Choice Transitions (Money Follows the Person Program), Community-Based Care Transition Program, etc.)

**RESPONSE:** This AAA does not currently utilize any Affordable Care Act programs.

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

**RESPONSE:** Per the Older Americans Act, the AAA assures that it will give priority to legal assistance to vulnerable older adults to offer advice, counsel, and legal intervention for eligible consumers regarding issues such as public benefits, health care, financial exploitation, consumer problems, advanced directives, guardianship, abuse, neglect and age discrimination. However, legal assistance is not a high priority or highly utilized in this region; the AAA continues to reach out to those who need assistance through posters at meal sites/post offices/grocery stores and ads in the newspapers. The AAA will develop a package of educational materials to provide to older adults and their families containing information on advance directives, powers of attorney, etc.

The AAA contracts with Randa Davis-Tice to provide the following legal services.

- a) Public benefits (Medicaid, OAP, SSI) Appeals; Guardianship/Conservatorship; Medicare/Insurance problems.
- b) Medical directives; Powers of Attorney; Wills.

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

**RESPONSE:** The AAA assures it has guidelines in choosing and evaluating providers of legal assistance. Pursuant to the OAA, the legal assistance provider is the entity best able to provide the representation on the primary issues; demonstrate the experience and/or capacity to deliver legal assistance; is subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions or regulations governing eligibility for such assistance under that Act and governing membership of local governing boards); will attempt to involve the private bar in legal assistance activities authorized under this Title, including groups within the bar furnishing legal services to older adults on a pro bono and reduced fee basis. The legal assistance provider completes an annual evaluation by the State Legal Services Developer in order to assure they are up-to-date on relevant information; and obtain advice from the State Legal Developer as needed.

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

**RESPONSE:** The AAA Lead Ombudsman has identified the long-term issues as:

- Complaint resolution;
- Required visits to Long-Term Care facilities;

- Public education and information, including increasing awareness of the program and long-term care issues;
- Resident and Family Council development and activities;
- Identify systemic issues;
- Professional development and continuing education for local Ombudsman;
- Disparities in caring for elders;
- Program administration;
- Data system entry; and/or
- Internal quality assurances.

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

**RESPONSE:**

- Public awareness of the Ombudsman Program and how it advocates for long-term care and resident issues;
- Continue to develop positive relationships and coordinate services with local groups and agencies;
- The Lead Ombudsman or the designated backup will attend monthly/quarterly Adult Protection Services team meetings.

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

**RESPONSE:** The primary duty of the Lead Ombudsman is to develop and provide oversight of the regional Ombudsman Program, ensuring all Federal and State Statutes, Regulations, Policies and Procedures are upheld.

Others duties include:

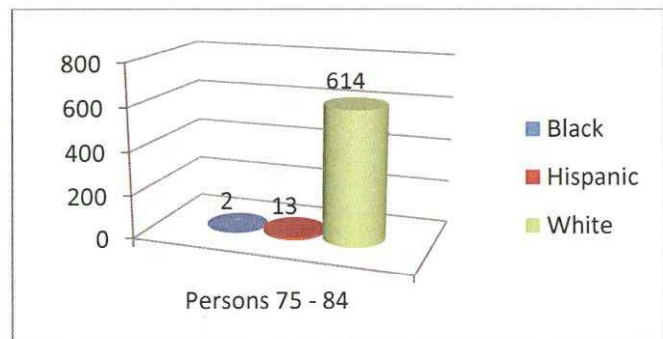
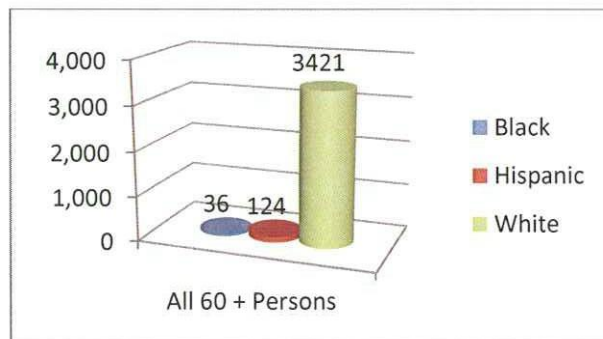
- The Lead Ombudsman will assure all required visits are conducted; complaints responded to and resolved, while continued response to facility and individual consultations;
- Meet monthly with local Ombudsman to review and provide guidance regarding complaints, health facility inspections surveys, and local system issues, reporting, and training needs;
- Ensure that all local Ombudsman are fully trained, and to solicit training needs from the local ombudsman and direct caregivers;
- The Lead Ombudsman maintains a good working relationship with the Colorado Long-Term Care State Ombudsman, conferring on identified or possible systemic issues; confers with other regional Lead Ombudsman in solving problems;

- As needed, consult with the State and Local Lead Ombudsman for interpretation of State, Federal, and Colorado Department of Public Health and Environment Regulations, Rules, and Policies, for clarification;
- Lead and Regional Ombudsman will attend State Training for re-certification of Ombudsman credentials.

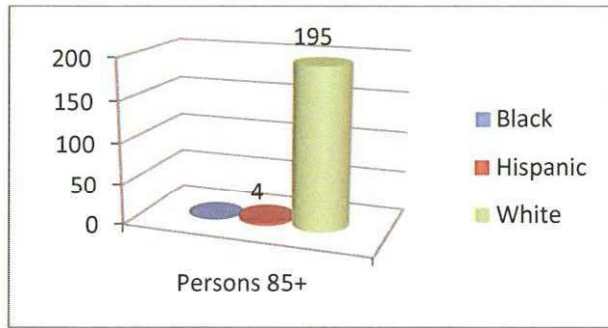
## SECTION V: DEMOGRAPHICS

Area Agencies on Aging are required to review the changes in population over the four years of the Area Plan for only two cohorts of older adults. These are (1) the population between the ages of 75 and 84 years old and (2) the population of older adults age 85 and up (85+). Using the State Demographer’s Website to the Population by Age and Gender [https://dola.colorado.gov/demog\\_webapps/pagCategory.jsf](https://dola.colorado.gov/demog_webapps/pagCategory.jsf), identify how the population in these two groups will change in the PSA in the next four years. All regions (except for 2A, 2B, 3A, and 3B) may select their region from the top drop down and *user selected age groups* from the second drop down menu. Regions 2A, 2B, 3A, and 3B will need to select their county(ies).

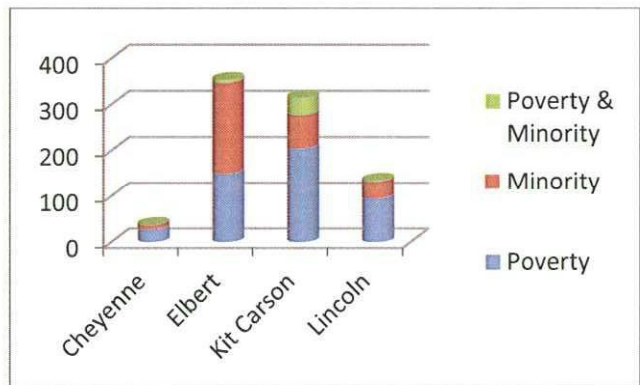
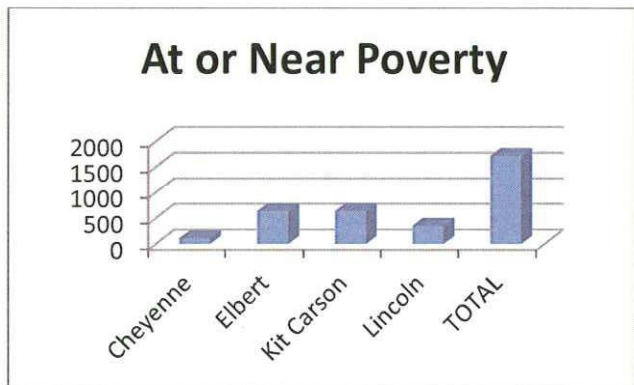
**RESPONSE:** The four counties comprise an area of about 8,400 square miles consisting of flat or gently rolling terrain. The sparseness of the region’s population...three counties have an average of 2.3 people per square mile (with Elbert county having an estimated 12.6 people per square mile)...coupled with geographic size and distance from metropolitan areas, has caused the Area Agency to dwell more intently on the definition of social need as “rural isolation”. The small population and accompanying economic situation in the region have limited the availability of goods and services...or have priced those goods and services beyond the range accessible to many of those aged 60 years and older. Historically, the economy of the region has been agricultural. Elbert County has been agriculturally focused mainly on cattle and poultry production and while these activities still contribute to the local economy, more of the county’s basic income is now derived from residents who commute to jobs in the metro area. In Lincoln County, the economy is traditionally farming and ranching and while this continues to be the backbone of the local economy, the largest single employer is now the Limon Correctional Facility. Cheyenne and Kit Carson County’s economy is based on agriculture. Goods and services catering to retired residents are also important contributors to the local economy.



Source: [http://dola.colorado.gov/demog\\_webapps/pagCategory.jsf](http://dola.colorado.gov/demog_webapps/pagCategory.jsf)



*During the next four years, it is expected that there will be a 17% increase in the 75 - 84 age population and a 20% increase in the population over the age of 85*



Source: [http://dola.colorado.gov/demog\\_webapps/pagCategory.jsf](http://dola.colorado.gov/demog_webapps/pagCategory.jsf)

## SECTION VI: TITLE III / VI COORDINATION

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

**RESPONSE:** Not Applicable

## SECTION VII: OUTCOMES, STRATEGIES, AND PERFORMANCE INDICATORS

The outcomes and performance indicators listed below are a required component of the Area Plan with no change in language. Suggested strategies for achieving the designated goals are listed. AAAs may include additional outcomes, strategies, and/or performance

indicators. The others, not listed as required, include suggestions from the AAAs during the strategy planning sessions. In areas that identify survey language as a component of the indicator, the SUA will provide the language to be incorporated into the survey.

## **1. UNSERVED AND UNDERSERVED**

### **Unserved and Underserved Outcome**

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

### **Unserved and Underserved Strategies**

- Targeting, outreach, and provision of service to low-income and low-income minorities as well as individuals with greatest social need (e.g. living alone).
- Performance-based contracting
- Increase efficiencies

### **Unserved and Underserved Performance Indicators**

Performance Indicator 1: Increased number of unduplicated clients statewide.

Performance Indicator 2: 80% of consumers identify the services received through OAA/SFSS maintain or improve their independence.

## **2. CAREGIVER PROGRAMS**

### **Caregiver Program Outcome**

Because of support received through the OAA/SFSS Caregiver Services, caregivers will feel supported, exhibit greater self-efficacy, and have improved access to information and services.

### **Caregiver Program Strategies**

- Expand caregiver support groups in areas of high poverty
- Expand locations or number of caregiver conferences.
- Increase information available through newsletters and other forms of media.
- Increase access to evidence-based groups for caregivers, for example, CDSMP classes are open to caregivers of individuals with chronic health conditions and can be paid for with Title III-E funding.
- Arrange respite so caregivers can participate in events, support groups, etc.
- Develop caregiver mentoring program.



- Develop or expand caregiver support groups for minorities.

### **Caregiver Program Performance Indicators**

Performance Indicator 3: Number of caregivers served.

Performance Indicator 4: 80% of NFCSP clients report in annual surveys that they feel supported by the NFCSP and express feelings of greater self-efficacy.

## **3. TRANSPORTATION PROGRAMS**

### **Transportation Program Outcome**

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

### **Transportation Program Strategies**

- Expand types of rides available to consumers beyond nutrition and medical.
- Require providers receiving transportation funds be active in Regional Coordinating Councils.

### **Transportation Program Performance Indicators**

Performance Indicator 5: 90% of transportation clients indicate transportation was available to access necessary services in the community when needed.

Performance Indicator 6: Number of registered transportation clients and rides provided.

## **4. LEGAL ASSISTANCE PROGRAMS**

### **Legal Assistance Outcome**

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

### **Legal Assistance Strategies**

- Services rendered are dictated by client needs, as articulated in the Priority Services in the Older Americans Act.

- Require greater specificity in the contract regarding the types of cases handled by each local service provider (by October 1, 2016).
- Utilize mechanisms available to resolve the client’s problem, including willingness to negotiate or to bring to court or to an ALJ Hearing.
- Promote adherence to Statewide Standards for Title IIIB Legal Assistance in Colorado.

### **Legal Assistance Performance Indicators**

Performance Indicator 7: Number of persons who receive legal assistance through Title III and SFSS.

Performance Indicator 8: Number of service units provided through Title III and SFSS.

Performance Indicator 9: Number of unduplicated clients that legal assistance could not serve.

Performance Indicator 10: Number of clients referred to other appropriate agencies or resources.

## **5. OMBUDSMAN PROGRAMS**

### **Ombudsman Program Outcome**

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

### **Ombudsman Strategy**

- Ombudsmen receive the information and training sufficient to allow them to perform the responsibilities and duties of the position.
- Each AAA assures Ombudsman Program has legal representation when needed by the local legal assistance program.

### **Ombudsman Performance Indicators**

Performance Indicator 11: Number of training sessions attended by certified Ombudsman each year.

Performance Indicator 12: Number of certified ombudsman in region each year.

Performance Indicator 13: Number of facilities regularly visited not in response to a complaint.

Performance Indicator 14: Number of complaints handled and resolved per year.

Performance Indicator 15: Number of Ombudsman consultations.

## **6. NUTRITION PROGRAMS**

### **Nutrition Program Outcome**

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

### **Nutrition Program Strategies**

- Expand congregate sites' number of meals per week to at least 5 meals per week.
- Expand locations of congregate meal sites in locations in un(der)served areas of high poverty.
- Expand number of home delivered meals sent per week to home delivered meal recipients to at least 5 meals per week.
- Initiate or expand use of Market Meals program.
- Initiate or expand use of farm to table.
- Add evening, weekend, or morning meals.
- Serve a second or third meal to older adults identified through nutrition screening to be at nutritional risk and/or socially or economically in need.

### **Nutrition Program Performance Indicators**

Performance Indicator 16: Number of persons who receive congregate and home delivered services per year.

Performance Indicator 17: 90% of congregate nutrition program meal clients state obtaining transportation to the meal site was very easy or somewhat easy.

Performance Indicator 18: 90% of congregate nutrition program meal clients report that during the past year someone from the Nutrition Program provided information or referred them to places to learn about financial, social, or health services that are available to them or told them how to get the help.

Performance Indicator 20: 90% of home delivered meal clients report that during the past year someone from the Nutrition Program provided information or referred them to places to learn about financial, social, or health services that are available to them or told them how to get the help.

Performance Indicator 21: 90% of congregate nutrition program meal clients report they are

very satisfied or somewhat satisfied with opportunities to spend time with other people at the meal site.

Performance Indicator 22: 90% of congregate nutrition program meal clients report that the nutrition program has helped them to live independently and stay in their own home.

Performance Indicator 23: 90% of home delivered meal program clients report that the nutrition program has helped them to live independently and stay in their own home.

## SECTION VIII: FORMS

The forms required in the Area Plans are included as separate attachments. All attachments are required to be completed with the exception of *Attachment A: Direct Service Waiver Request*. Only AAAs requesting waivers need to submit Attachment A.

### **Attachment A: Direct Service Waiver Request**

Only AAAs providing services directly will submit this form. Waivers for all OAA/SFSS Programs, including those for priority services, are allowable to permit demonstrations and to promote innovations or improve service delivery providing the waiver will not diminish services already provided. A direct service is identified for any service funded with non-administrative funding.

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

### **Attachment B: Meal Sites**

This form provides information about each Title III congregate meal site and home delivered meal provider.

Meal Site Name/Address (Column B): If available, list the contact name, street address, phone number, email address, and fax number of each meal site in the PSA.

Which Program(s) Operate Out of This Site? (Columns C and D): Please list the C1 and C2 programs that operate out of the site.

Is the site a central or commissary kitchen? (Columns E and F): Please indicate “yes” or “no.”

Which meal is served / delivered each day? (Columns G, H, and I) Check the site(s), which serve one or more than one complete meal per day. Each meal served must provide at least one-third of the current Recommended Daily Allowance (RDA), Dietary Reference Intakes (DRI), and the United States Department of Agriculture (USDA) Dietary Guidelines for older adults. If more than one meal per day is served, a minimum of 66 2/3% of the RDA, DRI, and USDA Dietary Guidelines must be provided for two meals and a minimum of 100% of the RDA, DRI, and USDA Dietary Guidelines must be provided for three meals. The second and third meals must be served at another mealtime. Note: Providers may only serve a second or third meal if this has been included in the Overview of Services section of the Area Plan.

Number of Days of the Week C1 Meals are Served: List the number of days of the week each meal site serves meals using C1 and/or state funds.

Number of Days of the Week C2 Meals are Delivered: List the number of days of the week each meal site delivers meals using C1 and/or state funds.

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

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

Name/Address/ Phone Number: (Column A) - List the name, address, city, zip code, and telephone number of each senior center and/or focal point facility within the PSA.

Focal Points: (Column B) Check the box if the facility is a Focal Point (the term "focal point" means a facility established to encourage the maximum co-location and coordination of services for older individuals.)

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

Title III-B: (Column D) Check the box if the facility is funded through Title III-B. Indicate if the facility is a senior center and a recipient of Title III B funds for Senior Center Operations. Do not check if the Senior Center is a congregate nutrition site and only receiving Title III C Nutrition funds.

**Attachment D: Regional Advisory Council Membership**

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

**Attachment E: Statement of Intent/Signature Page**

This is the transmittal form for the Area Plan. The notification of grant award will not be issued until the required signatures are received. Signatures of the Area Agency on Aging Director, Area Agency on Aging Advisory Council Chair, and Governing Board of the Area Agency on Aging Chair are required.

**SECTION IX: AREA PLAN IMPLEMENTATION**

**SUMMARY OF OUTCOMES PERFORMANCE INDICATORS**

	9/30/16	9/30/17	9/30/18	9/30/19
<b>OUTCOME ONE UNSERVED AND UNDERSERVED: Increase the number of people served and number of quality services provided through the Older Americans Act and State Funding for Senior Services.</b>				
PERFORMANCE INDICATOR 1: Increased number of unduplicated clients statewide.				
PERFORMANCE INDICATOR 2: 80% of consumers identify the services received through OAA/SFSS maintain or improve their independence.				
<b>OUTCOME TWO CAREGIVERS: Because of support received through the OAA/SFSS Caregiver Services, caregivers will feel supported, exhibit greater self-efficacy, and have improved access to information and services.</b>				
PERFORMANCE INDICATOR 3: Number of caregivers served.				
PERFORMANCE INDICATOR 4: 80% of NFCSP clients report in annual surveys that they feel supported by the NFCSP and express feelings of greater self-efficacy.				
PERFORMANCE INDICATOR 5: 90% of transportation clients indicate transportation was available to access necessary services in the community when needed.				
<b>OUTCOME THREE TRANSPORTATION: Older adults have transportation available to access health care, maintain social interaction, and reach community and social services.</b>				
PERFORMANCE INDICATOR 5: 90% of transportation clients indicate transportation was available to access necessary services in the community when needed.				
PERFORMANCE INDICATOR 6: Number of				

	9/30/16	9/30/17	9/30/18	9/30/19
registered transportation clients and number of rides provided.				
<b>OUTCOME FOUR LEGAL ASSISTANCE PROGRAMS: Resources are effectively expended on legal issues faced by those most in need and for which other legal assistance is not available.</b>				
PERFORMANCE INDICATOR 7: Number of persons who receive legal assistance through Older Americans Act and State Funding for Senior Services.				
PERFORMANCE INDICATOR 8: Number of service units provided.				
PERFORMANCE INDICATOR 9: Number of clients referred to other appropriate agencies or resources.				
<b>OUTCOME FIVE OMBUDSMAN PROGRAM: Resources are effectively expended on issues faced by those most in need and for which other assistance is not available.</b>				
PERFORMANCE INDICATOR 10: Number of training sessions attended by certified ombudsmen each year.				
PERFORMANCE INDICATOR 11: Number of certified ombudsmen in state.				
PERFORMANCE INDICATOR 12: Number of facilities regularly visited not in response to a complaint.				
PERFORMANCE INDICATOR 13: Number of complaints handled and resolved per year.				
PERFORMANCE INDICATOR 14: Number of ombudsman consultations.				
<b>OUTCOME SIX NUTRITION: Older adults will access nutrition services, socialization, and community resources to promote independence.</b>				
PERFORMANCE INDICATOR 16: Number of persons who receive congregate and home delivered meal services.				
PERFORMANCE INDICATOR 17: 90% of congregate nutrition program meal client's state				



	9/30/16	9/30/17	9/30/18	9/30/19
obtaining transportation to the meal site was very easy or somewhat easy.				
PERFORMANCE INDICATOR 18: 90% of congregate nutrition program meal clients report that during the past year someone from the Nutrition Program provided information or referred them to places to learn about financial, social, or health services that are available to them or told them how to get the help.				
PERFORMANCE INDICATOR 19: 90% of home delivered meal clients report that during the past year someone from the Nutrition Program provided information or referred them to places to learn about financial, social, or health services that are available to them or told them how to get the help.				
PERFORMANCE INDICATOR 20: 90% of congregate nutrition program meal clients report they are very satisfied or somewhat satisfied with opportunities to spend time with other people at the meal site.				
PERFORMANCE INDICATOR 21: 90% of congregate nutrition program meal clients report that the nutrition program has helped them to live independently and stay in their own home.				
PERFORMANCE INDICATOR 22: 90% of home delivered meal program clients report that the nutrition program has helped them to live independently and stay in their own home.				

**SECTION X: AREA PLAN CHECKLIST**

<u>Section</u>	<u>Section Contains Information and Approved</u>	<u>Y/N</u>	<u>Page Numbers Where Information is Located.</u>	<u>Section to be Revised</u>
<u>Executive Summary</u>	Incorporate essential points. Describe outcomes and strategies.	Y	5	
<u>Public Input</u>	Describe number, dates, and locations of the Public Input Meetings. Discuss how public input informed Area Plan.	Y	7	
<u>Volunteers, Current/Future Programs</u>	List programs in place as of July 1, 2015. List additional programs the AAA is considering implementing.	Y	9	
<u>Eleven Questions</u>	Each question answered?	Y	10	
<u>Demographics</u>	Review the changes in population for two cohorts: of 75 and 84 years old and age 85 and up. Comment on how increases in these two cohorts may affect budgeting and planning of services.	Y	14	
<u>Title III/VI Coordination</u>	Regions that provide both Title III and Title VI nutrition programs shall describe the coordination of the programs.	Y	15	
<u>Forms</u>	Attachment A? Only AAAs requesting waivers will submit this form. Attachment B? Attachment C? Attachment D? Attachment E?	Y Y Y Y	27 28 31 35 36	
<u>Area Plan Implementation</u>	Implementation form properly filled out. (Please remember, implementation of the Area Plan will be reviewed during program evaluations by SUA staff.)	N/A	23	

Please submit one signed electronic copy of the Area Plan to the State Unit on Aging by **Monday, May 8, 2015** to [Todd.Swanson@state.co.us](mailto:Todd.Swanson@state.co.us). Should you have any questions regarding the Area Plan, please contact Todd Swanson by phone at 303-519-9992 or 303-866-2651 or by email at [Todd.Swanson@state.co.us](mailto:Todd.Swanson@state.co.us).

## **DIRECT SERVICE WAIVER REQUEST**

We hereby request approval of a Waiver to provide the direct services listed below.

1. Nutrition Service
2. Transportation Service
3. Information & Referral Service
4. Outreach Service
5. Ombudsman Service
- 6.

Please attach documents describing the direct service to be provided including organizational structure and planned methods of program services delivery.

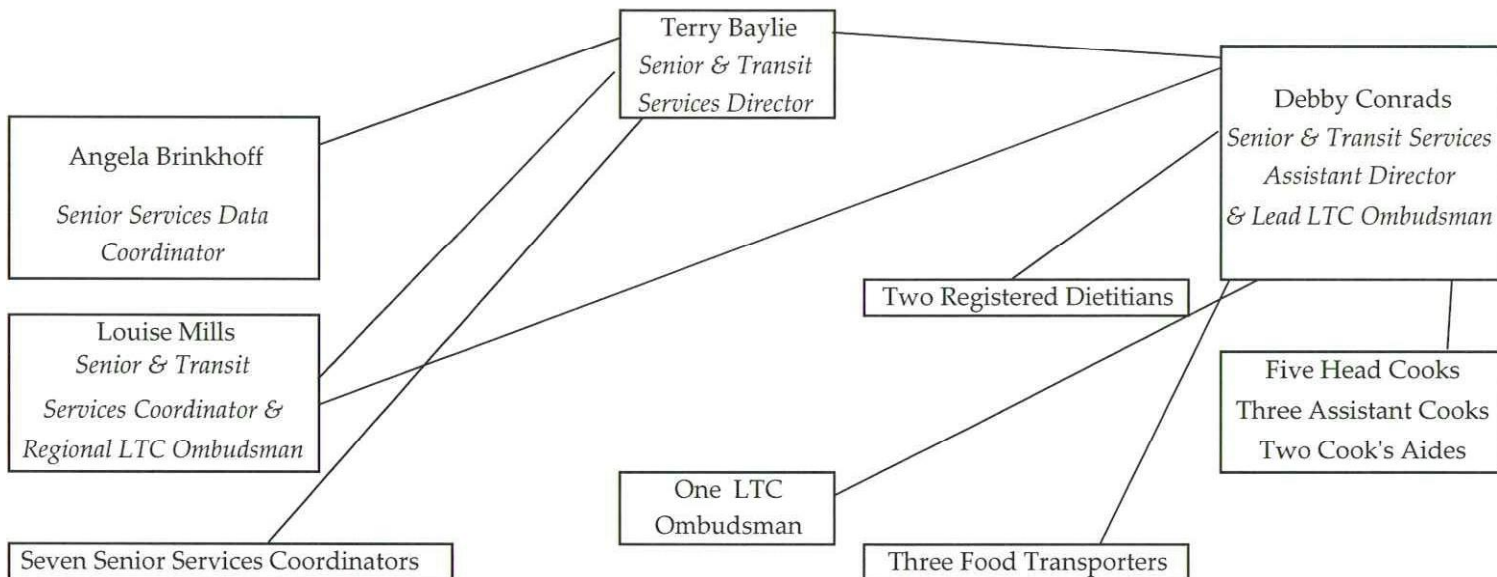
**PLEASE NOTE:** If the Waiver Request is incomplete, this may result in a delay of the approval of the Area Plan.

**Public Hearing** on the 4-Year Plan was held on Thursday, April 9, 2015 at the Limon Community Center. in Limon. The hearing was officially opened at 1:15 pm by Vice-Chair David Crisman.

AAA Director Terry Baylie explained the proposed plan , also providing information regarding how the information in the plan was obtained and how it will be used.

The hearing officially closed at 2:20 pm. More information is available through the official Minutes, available upon request.

**Area Agency on Aging Organization Chart**



**Direct Service Delivery Methods:**

**Transportation** service...bus tickets will be purchased from the *Outback Express*, the ECCOG's coordinated public transit system for the full cost and offered to older adults for a suggested donation. The primary emphasis on trips will be for medical purposes, visits to nursing homes, essential shopping, nutrition meal stats, and other Title III activities.

**Nutrition services:** Project SMILE (Shared Moments In Living and Eating) is the AAA-operated nutrition program for older adults in the region. Hot congregate and home delivered meals are available twice weekly, 5 days per week region-wide. Nutrition education will be provided to all program participants; the AAA will continue to use the nutrition screening tool in efforts to identify nutritionally "at-risk" 60+ adults.

Outreach and information and referral services are provided on a region-wide basis through a system of senior services coordinators in each county. On-going educational and training opportunities for these staff members continues to be a priority for the Area Agency. **Information & Referral** and **Outreach** will be provided as a direct service through the service coordinations located in each of the counties.

**Ombudsman** service will be provided by two AAA paid ombudsmen, one providing service in the City of Burlington; the other providing service for the rest of the region.

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

1.	SITE NAME/ADDRESS MEAL SITE COORDINATOR PHONE/FAX/EMAIL ADDRESS	WHICH PROGRAM(S) OPERATE OUT OF THIS SITE?		IS THIS SITE A CENTRAL OR COMMISSARY KITCHEN?		ARE MEALS PREPARED ON SITE?		IF MEALS ARE NOT PREPARED ON SITE WHERE ARE THEY TRANSPORTED FROM?	WHICH MEAL IS SERVED/DELIVERED EACH DAY?			DAYS OF THE WEEK C-1 MEALS ARE SERVED	DAYS OF THE WEEK C-2 MEALS ARE DELIVERED
		C-1	C-2	YES	NO	YES	NO		BREAKFAST	LUNCH	DINNER		
	Western Elbert County Senior Center 438 Comanche Kiowa, CO 80117 Doris Ehlmann, Center President 303-621-2561	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbert	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W & F	W & F
	Simla Seniors 420 Pueblo Simla, CO 80835 Lora Erwin, Cook 719-541-2525	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Wed /Month	3 Wed /Month
	Cheyenne Wells Senior Center 245 S I E Cheyenne Wells, CO 80810 Annette Weber, Senior Services Coordinator 719-767-5445	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M & W	M & W
	Kit Carson Senior Center 107 Main Street Kit Carson, CO 80825 Annette Weber, Senior Services Coordinator 719-962-3468	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cheyenne Wells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Every Wed	Every Wed
	McArthur Senior Center 350 Hollowell Burlington, CO 80807 Lois Henry, Senior Services Coordinator 719-346-7986	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M & W	M & W

6.	SITE NAME/ADDRESS MEAL SITE COORDINATOR PHONE/FAX/EMAIL ADDRESS	WHICH PROGRAM(S) OPERATE OUT OF THIS SITE?		IS THIS SITE A CENTRAL OR COMMISSARY KITCHEN?		ARE MEALS PREPARED ON SITE?		IF MEALS ARE NOT PREPARED ON SITE WHERE ARE THEY TRANSPORTED FROM?	WHICH MEAL IS SERVED/DELIVERED EACH DAY?			DAYS OF THE WEEK C-1 MEALS ARE SERVED	DAYS OF THE WEEK C-2 MEALS ARE DELIVERED
		C-1	C-2	YES	NO	YES	NO		BREAKFAST	LUNCH	DINNER		
	Creighton Senior Center 306 Main Street Flagler, CO 80815 Renee Fritzlner, Senior Services Coordinator 719-765-4516	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>			W & F	W & F
	Stratton Senior Center 132 Colorado Avenue Stratton, CO 80836 Louise Mills, Senior Services Coordinator 719-349-0150	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burlington	<input checked="" type="checkbox"/>			M & W	M & W
	Project SMILE Nutrition Site 100 Colorado Avenue Seibert, CO 80834 Jackie Levin, Site Manager 970-664-2325	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flagler	<input checked="" type="checkbox"/>			W & F	W & F
	Arriba Senior Center 404 Lincoln Avenue Arriba, CO 80804 LoDaisKaKay (Bobbie) Jaques, Senior Service Coordinator 719-768-3384	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hugo	<input checked="" type="checkbox"/>			T & T	T & T
	Hub City Senior Center 220 E Avenue Limon, CO 80828 Keith Caulkins, Senior Services Coordinator 719-775-2721	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hugo	<input checked="" type="checkbox"/>			T & T	T & T



## COMMUNITY FOCAL POINTS AND SENIOR CENTERS

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

CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER EMAIL	CONTACT	CHECK IF FACILITY IS:			CHECK IF LOCATION SERVES:	
		A FOCAL POINT	A SENIOR CENTER	FUNDED THROUGH TITLE III-B	PREDOMINANTLY LOW INCOME ELDERLY	PREDOMINANTLY LOW-INCOME MINORITY ELDERLY
1.	Western Elbert County Senior Center 438 Comanche Kiowa, CO 80117 Doris Ehmann, Center President 303-621-2561	X	X			
2.	Simla School 619 Pueblo Simla, CO 80835 719-541-2291	X				
3.	Cheyenne Wells Senior Center 245 S 1 E Cheyenne Wells, CO 80810 Annette Weber, Senior Services Coordinator 719-767-5445	X	X			
4.	Kit Carson Senior Center 107 Main Street Kit Carson, CO 80825 Annette Weber, Senior Services Coordinator 719-962-3468	X	X			
5.	McArthur Senior Center 350 Hollowell Burlington, CO 80807 Lois Henry, Senior Services Coordinator 719-346-7986	X	X			
6.	Creighton Senior Center 306 Main Street Flagler, CO 80815 Renee Fritzler, Senior Services Coordinator 719-765-4516	X	X			
7.	Stratton Senior Center 132 Colorado Avenue Stratton, CO 80836 Louise Mills, Senior Services Coordinator 719-349-0150	X	X			



## COMMUNITY FOCAL POINTS AND SENIOR CENTERS

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

	CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER EMAIL	CONTACT	CHECK IF FACILITY IS:			CHECK IF LOCATION SERVES:	
			A FOCAL POINT	A SENIOR CENTER	FUNDED THROUGH TITLE III-B	PREDOMINANTLY LOW INCOME ELDERLY	PREDOMINANTLY LOW-INCOME MINORITY ELDERLY
8.	Project SMILE Nutrition Site 100 Colorado Avenue Seibert, CO 80834 Jacque Levin, Site Manager 970-664-2325		X				
9.	Arriba Senior Center 404 Lincoln Avenue Arriba, CO 80804 LoDaisKaKay (Bobbie) Jaques, Service Coordinator 719-768-3384	Senior	X	X			
10.	Hub City Senior Center 220 E Avenue Limon, CO 80828 Keith Caulkins, Senior Services Coordinator 719-775-2721		X	X			
11.	Project SMILE Nutrition Site 24223 Eccles Elbert, CO 80106 Melissa Senter, Head Cook 303-648-9894		X				
12.	Project SMILE Nutrition Site 214 2nd Avenue Hugo, CO 80821 Dorain Pryor, Head Cook 719-743-2272		X				
13.	Agate School Agate Colorado 80101 719-764-2655		X				
14.	Arapahoe Community Church 16600 Michigan Avenue Arapahoe, CO 80802 719-767-5963		X				

## COMMUNITY FOCAL POINTS AND SENIOR CENTERS

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

CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER EMAIL	CONTACT	CHECK IF FACILITY IS:			CHECK IF LOCATION SERVES:	
		A FOCAL POINT	A SENIOR CENTER	FUNDED THROUGH TITLE III-B	PREDOMINANTLY LOW INCOME ELDERLY	PREDOMINANTLY LOW-INCOME MINORITY ELDERLY
15.	Vona Community Building Vona Colorado 80861	X				
16.	Bethune School Bethune Colorado 80815 719-346-7513	X				
17.	Karval Community Building Karval Colorado 80823	X				
18.	Wildhorse Community Building Wild Horse Colorado 80862	X				

### REGIONAL ADVISORY BOARD MEMBERSHIP

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

NAME	ORGANIZATION AFFILIATION
Edna Fross	Senior Center/Nutrition Site Representative - Kit Carson County
Marcia Eder	ECCOG Board appointment - Regional
Loren Lambert	Local Elected Official - Kit Carson County Commissioners
David Crismon	Senior Center/Nutrition Site Representative - Lincoln County
Beverly Newbanks	Local Elected Official - Lincoln County Commissioners
Patrick Ward	Local Elected Official - Cheyenne County Commissioners
J. R. Wehrman	Local Elected Official - Elbert County Commissioners
Nancyann Davidson	Senior Center/Nutrition Site Representative - Elbert County
Henrietta Owen	Senior Center/Nutrition Site Representative - Cheyenne County
Tara Gaynor	ECCOG Board appointment - Cheyenne County
Mary Curtiss	ECCOG Board appointment - Elbert County
Debbie Lamm	ECCOG Board appointment - Kit Carson County
Kelly Johnson	ECCOG Board appointment - Lincoln County

Please indicate on the chart below how many members are low income, minority, or over 60

LOW-INCOME	MINORITY	60 +
4	0	9

**STATEMENT OF INTENT**

**The Area Plan**

**Is hereby submitted for the**

**EAST CENTRAL AREA AGENCY ON AGING**

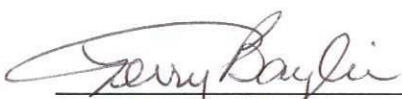
V  
**REGION**

**For the period** July 1, 2015 through June 30, 2019

This Area Plan includes all assurances plans under provisions of the Older Americans Act during the period identified. The Area Agency on Aging identified above shall assume full responsibility to develop and administer the Area Plan in accordance with the requirements of the Older Americans Act and related State regulations and policy. In accepting this authority, the Area Agency on Aging assumes responsibility to promote the development of a comprehensive and coordinated system of community services and to serve as the advocate and focal point for older persons in the planning and service area.

The four-year area plan has been developed in accordance with the rules and regulations specified under the Older American's Act and Staff Manual Volume 10, and is hereby submitted to the Colorado Department of Human Services, Division of Aging and Adult Services for review and approval.

**SIGNATURES:**

  
\_\_\_\_\_  
Terry Baylie, Director  
Area Agency on Aging

4/10/15  
DATE

  
\_\_\_\_\_  
David Crisman, Vice-Chair  
Advisory Board for the Area Agency on Aging

4-9-15  
DATE

  
\_\_\_\_\_  
Nancy Bogenhagen, Chair  
Governing Board for the Area Agency on Aging

April 04, 2015  
DATE