

AREA PLAN
TITLE III and TITLE VII

OLDER AMERICANS ACT

SAN JUAN BASIN
AREA AGENCY ON AGING
REGION 9



The sun setting is no less beautiful than the sun rising

STATE FISCAL YEARS 2012-2015

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INTRODUCTION

The mission of the San Juan Basin Area Agency on Aging (AAA) is to enhance the dignity and quality of life of the more than 15,000 older adults who live in the five rural counties of Colorado's Region 9: Archuleta, Dolores, La Plata, Montezuma, and San Juan counties.

Our agency is guided by a four-year Area Plan, required by the State of Colorado, that is in turn structured by the overarching strategic goals of the Administration on Aging (AoA). Our Agency, through the help of the Regional Advisory Council members, service contract providers, and the AAA Executive Director, conducted six Area Plan community meetings/presentations throughout Region 9. We used the congregate meals sites to facilitate holding the Area Plan presentation meetings. These meetings allowed the public to voice questions, concerns, and comments regarding services in their area as well as the area plan.

Through the survey and interview process, in which community members participated, we surveyed clients and other interested parties in our region in order to assess their needs and concerns. We wanted to know what the priorities of the region's seniors are and how we are currently performing in meeting those needs. How can we spread our message and reach more people? The information we have gathered for the four-year Area Plan will help define the manner in which these needs are met through targeted programs and services.

The San Juan Basin AAA is one of only two stand-alone non-profit agencies in the state. Therefore, we have a governing Board of Directors. Seniors from the five counties of Region 9 elect two directors from each county, and each county also appoints a County Commissioner as a third director to serve on the Board. The AAA Board of Directors meets bi-monthly and addresses financial, operational, and strategic issues.

In order to facilitate the involvement of older persons, and other interested persons and organizations in the region, in developing and implementing our Area plan, the AAA establishes and supports an advisory council. The Regional Advisory Council on Aging (RACOA) advises the AAA Board relative to the four-year plan and assesses, evaluates and approves the Area Plan. RACOA monitors existing services to assure that they successfully meet the needs of the aging population in the region. The RACOA also advocates for meeting the continuing needs of the aging, and assess and evaluates as yet unmet needs.

The Regional Advisory Council on Aging, consists of three volunteer members from each county. At least 50% of the members of the council should be age 60 or older. Volunteers are approved by the council after it is determined that there is no potential conflict of interest. The RACOA meets four times a year from March – October. Our Agency has at least three vacant RACOA positions. We are always looking for people interested and willing to serve in this capacity.

SECTION I: EXECUTIVE SUMMARY

Describe trends impacting the region, where the AAA wants to be in 2016 (vision), specifically how it will get there (strategies), and how these strategies will benefit eligible consumers of *Older Americans Act* programs (outcomes).

What services will the AAA provide over the next four years? How will the services be provided?

The AAA is responsible to provide services directly, or contract for services, under the provisions of the Older Americans Act. Our programs include: home delivered meals, group meals in senior centers, legal services, assisted transportation, home care, home repairs and maintenance. Home care includes homemaker, personal care and respite services. Other services include elder abuse prevention, information and referral, health insurance counseling, client assessment and care management, employment services and volunteer opportunities, and an ombudsman service program. Services are available to all persons over the age of 60 and availability of certain services may differ by county. Due to the rural nature of Region 9, many elders live in remote and isolated conditions, and our programs and services provide a lifeline of support and connectivity for these seniors. The AAA provides most of the services through service provider contracts.

- Access Services:
 - Assisted Transportation
 - Outreach (in some cases, this is a non-compensated service all contractors must provide)
 - Information and Assistance (in some cases, this is a non-compensated service all contractors must provide and we fund it internally as well)

- Case Management
- In-home services:
 - Homemaker
 - Home Chore
 - Personal Care
 - Home Repair
- Legal Assistance Services:
 - Legal Counseling and Representation
 - Community Education on Legal Matters
 - Information and Assistance on Legal Matters
- Nutrition Services
 - Congregate Meals
 - Home-delivered Meals
 - Nutrition individual counseling
 - Nutrition education (large groups)
- Health Promotion – dental assistance
- Long Term Care Ombudsman Program and Elder Abuse Prevention Program
- National Family Caregiver Programs:
 - Outreach
 - Information and Assistance
 - Screening & Evaluation
 - Transportation
 - Respite Personal Care
 - Respite Homemaker
 - Material Aid – medication management, screening, and education to prevent incorrect medication use and adverse drug reactions shall be included as one of the categories of service
 - Supplies – meals for caregivers

The AAA staff, providers and RACOA hosted 8 Area Plan meetings throughout Region 9. Region-wide input was obtained from consumers who are currently benefitting from Title III services and any family members that wanted to participate in the survey. We advertised the survey in the local newspaper in Silverton and in all of the Senior Center newsletters. Section II, in this Plan

elaborates on some of the responses to the questions that were asked on the survey questionnaire. An overwhelming concern that was expressed was transportation and maintaining independence. There was also some concern about reaching the more isolated senior members within each respective community. The meeting and survey distribution dates were as follows:

Archuleta County:	Tuesday, September 14, 2010 @ 1:00 pm (Pagosa Springs) Public meeting Thursday, September 16, 2010 @ Noon (Arboles)
Dolores County:	Tuesday, December 7, 2010 @ Noon (Cahone)
La Plata County:	Tuesday, October 12, 2010 @ Noon (Durango) Public Meeting Friday, October 15, 2010 @ Noon (Bayfield) Thursday, December 2011 @ Noon (Ignacio)
Montezuma County:	Thursday, September 23, 2010 @ Noon (Cortez) Public Meeting Town of Dolores & Mancos via Senior Newsletter
San Juan County:	Thursday, September 30, 2010 @ Noon (Silverton)

LOOKING BACK AT 4 YEARS OF SERVICE– below are the actual units of service for some of the core services over the past 4 years.

YEAR 2010	B	C-1	C-2	B	E	D
	Asst. Transp. number of rides	Number of community meals or units	Number of Home delivered meals	Chore & In-home (hours)	Care-giver (hours)	Dental & health promo.
Archuleta	2,517	8,157	2,093			
Dolores	3,037	2,184	1,914	1,140	271	
La Plata	2,502	10,171	14,030	1,137		
Montezuma	2,744	10,652	4,934			
San Juan		481		321		
Montezuma Health Dept.				16	19	0
SJBHD				1,049	2,393	0
Nutrition Counseling		73				
Nutrition Ed		196				

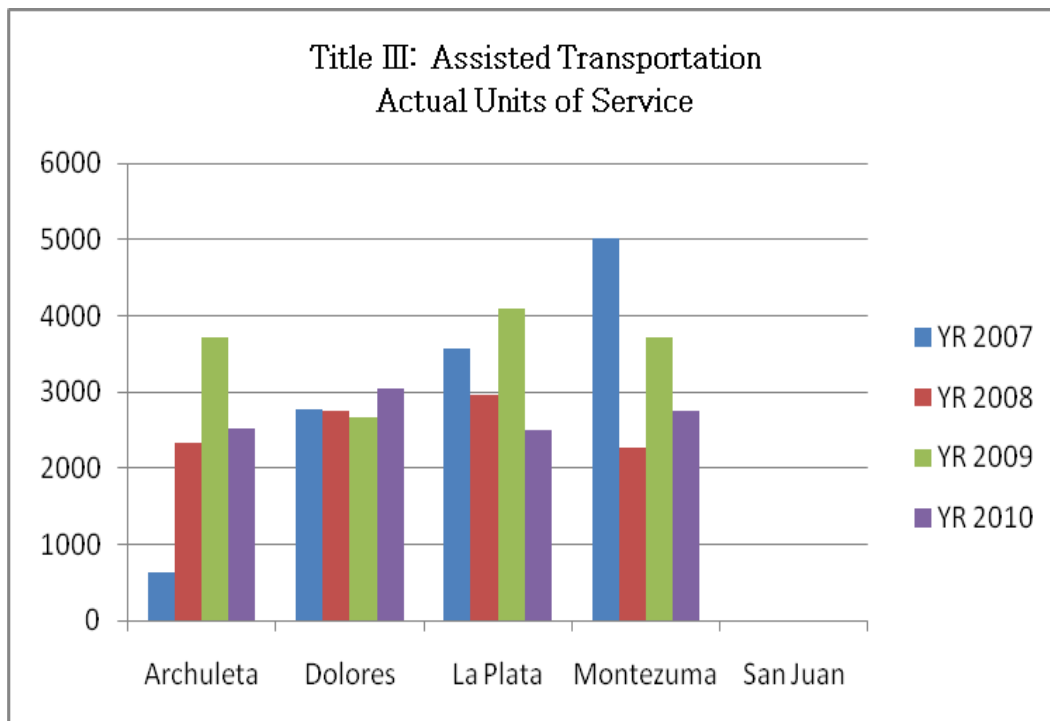
YEAR 2009	B	C-1	C-2	B	E	D
	Asst. Transp. number of rides	Number of community meals or units	Number of Home delivered meals	Chore & In-home (hours)	Care-giver (hours)	Dental & health promo.
Archuleta	3,726	5,247	2,059			
Dolores	2,669	2,248	1,738	693	163	
La Plata	4,101	12,377	17,540	1,251		
Montezuma	3,723	10,036	4,319			
San Juan		583		161		
Montezuma Health Dept.				465	460	30
SJBHD				1,134	2,022	34
Nutrition Counseling		22				
Nutrition Ed		22				

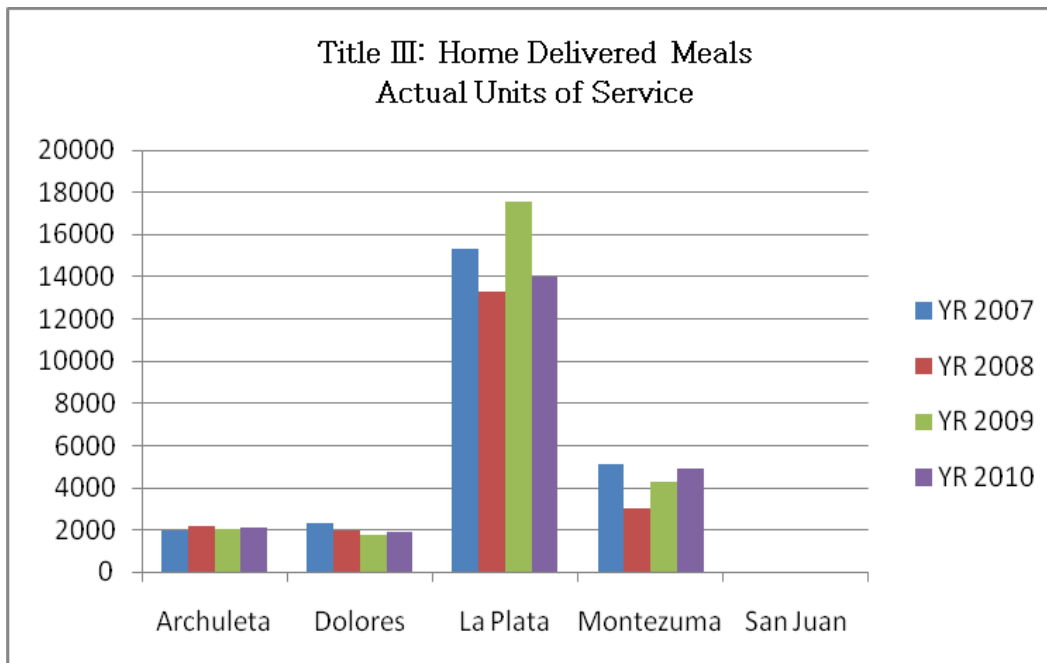
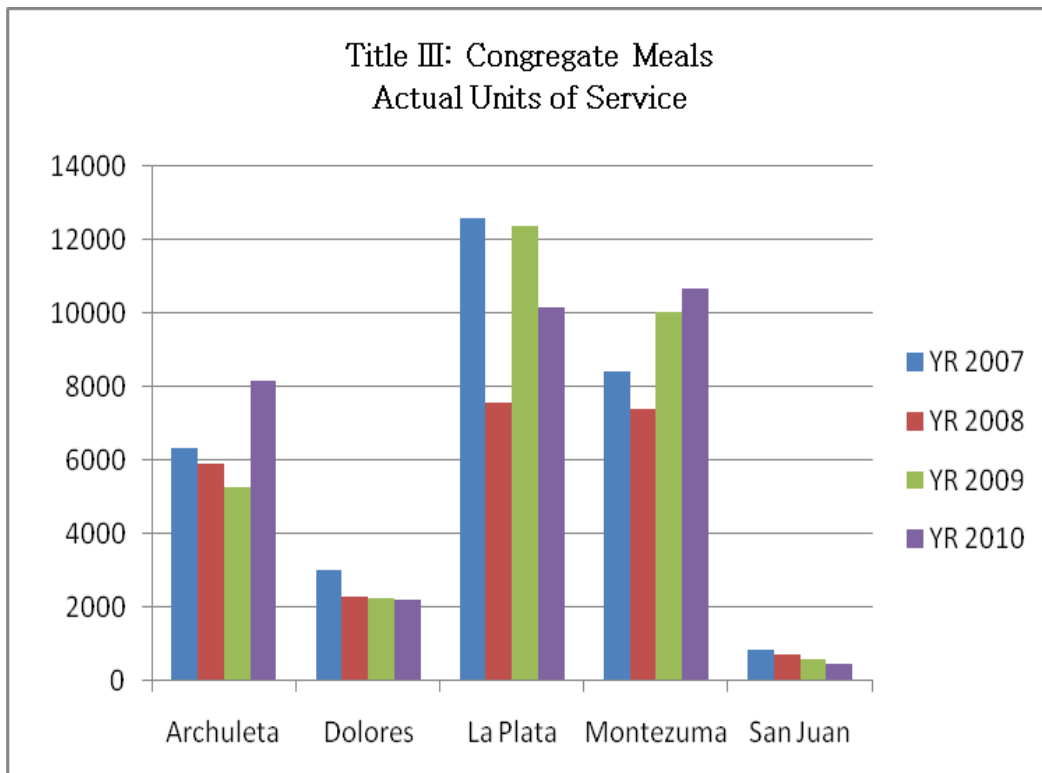
YEAR 2008	B	C-1	C-2	B	E	D
	Asst. Transp. number of rides	Number of community meals or units	Number of Home delivered meals	Chore & In-home (hours)	Care-giver (hours)	Dental & health promo.
Archuleta	2,323	5,888	2,161			
Dolores	2,754	2,286	1,991	708	175	
La Plata	2,952	7,556	13,296	426		
Montezuma	2,274	7,386	3,000			
San Juan		728		161		
Montezuma Health Dept.				361	936	13
SJBHD				1,409	2,022	12
Nutrition Counseling		22				
Nutrition Ed		23				

YEAR 2007	B	C-1	C-2	B	E	D
	Asst. Transp. number of rides	Number of community meals or units	Number of Home delivered meals	Chore & In-home (hours)	Care-giver (hours)	Dental & health promo.
Archuleta	629	6,321	1,965	2		
Dolores	2,765	3,010	2,300	1,032	157	
La Plata	3,563	12,570	15,329	701		
Montezuma	5,010	8,413	5,135			
San Juan		842		28		
Montezuma Health Dept.				203	1,135	12
SJBHD				418	1,778	26

State General funds play a large portion of the annual actual units of service and are not counted in the above tables, years 2010-2007. Title III funds, in some cases account for 63% of the total actual units of service.

Analysis of trends for core services over the last 4 years (2007 – 2010):





Evaluating the past four years of service and considering the input we received from our Area Plan surveys, we have determined the need to continue the services that we are already providing. Seniors expressed a great need for

maintaining their independence and being mobile. There were some concerns about not having adequate healthcare providers in the area and providers not accepting Medicare or Medicaid patients. In addition, having affordable senior healthcare coverage was a common concern and maintaining chores around the house. It is important to mention that overall; seniors who are receiving services from the senior center were generally satisfied with the existing services and programs that are currently being offered. There is no evidence that would lead us to believe we have to expand services in one area or discontinue a service in another area. During some of the Area Plan meetings, there were a few people who voiced concern that we are not reaching out to the more isolated members of our community. Suggestions were made to increase collaboration efforts in order to ensure that specific members of the community were being reached and were not being forgotten. In addition, there were suggestions that we could do a better job in reaching more minority groups, but others argued that some had the support of extended and long time family members.

The Native populations proved to be a difficult area to survey. SUCAP's senior center director recently retired and there has been some difficulty getting the Area Plan survey distributed and filled out effectively. We received 10 surveys from older adults attending the SUCAP meal site in December 2010. Ute Mountain Utes were given a copy of the survey. The Agency spoke to Rufina Weeks and she agreed to access the elders receiving services. The AAA was not able to do a presentation in Towaoc, due to other Area Plan presentation commitments. The AAA is committed to working with both tribes for Region 9 collaboration efforts that include a Region 9 transportation coalition and an Elder Justice Community Collaboration effort. SUCAP and Ute Mountain Ute tribes are on the list and are informed and invited to the meetings. A SUCAP representative has made it to both transportation meetings, and the Mountain Utes have never returned calls or emails thus far for both coalitions. We will continue to keep both tribes in the communication loop as meetings are set for the coming months (and years).

Goals for the next 4 years: in addition to continued services mentioned above, the AAA has some additional goals to pursue over the next four years.

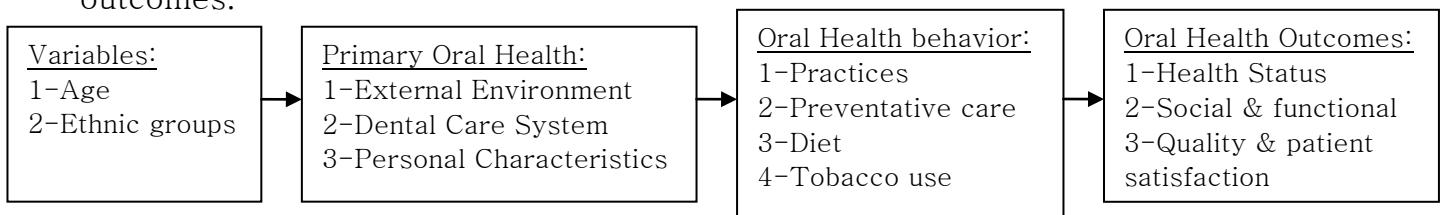
- Participating member in the Region 9 Transportation Coalition – a monthly meeting consisting of for-profit, nonprofit and government entities. The coalition has established training goals to serve high risk seniors and disabled persons. The long-term goal of the coalition is to hire a mobility manager to coordinate region wide transportation services, identify and pursue funding resources that will enhance transportation services in Region 9.
- Lead role in the Elder Justice Community Coalition for Region 9 – a strategic plan that brings various support service sectors together to address elder abuse prevention in Region 9. The goal of the coalition is to bring resources, help, awareness, training opportunities and create a cohesive network throughout Region 9. This is a long term goal that has the potential to continue for many years to come.
- VDHCBS – Veteran Directed Home and Community Based Services. We are interested in creating a network and building partnerships with the Veterans offices throughout Region 9 and medical centers that support Veteran care in the state of Colorado. Over the next four years, we will explore the possibilities that will help serve the needs of mentally or physically disabled Veterans. We will explore partnerships that will help access the long-term needs of long-term support programs and allow them to live independently at home. If we are successful, we will apply for support based on guidelines offered by AoA and the Lewin Group.
- Recruit & establish volunteers for the Long-term Care Ombudsman Program. Continue our efforts to speak on behalf of residents by extending our services through a volunteer Ombudsman program.
- Forming an ARCH (Adult Resource for Care & Help) for Region 9. Taking all the efforts mentioned above and tying them together to form an ARCH. This effort will broaden our efforts in diversifying our funding partners and expand services to people who are hard to reach. A regional collaboration is a critical step for cohesive and effective services in Region 9.
- Disease and Fall prevention The AAA is committed to collaborative efforts to assist in helping to reduce the number of fall injuries in our elderly population as well as seek additional funding for diabetes education.

What evidence-based health promotion or disease prevention programs does the AAA currently provide and plan to provide? Please be specific on how evidence-based health promotion will be provided throughout the PSA.

The AAA administers and coordinates the dental assistance program. There is some evidence that suggests that lower income or those with less awareness or education of oral disease prevention is a growing concern. A study conducted by R.M. Anderson and P.L. Davidson has found health outcomes in ethnic minority populations have experienced greater tooth loss and an increase in the rate of oral disease and morbidity. There is also a growing concern of a lack of affordable or adequate healthcare in Region 9. Many of our dental healthcare providers do not accept Medicare or Medicaid coverage and older adults have very little alternatives. In addition, the research highlights some of the most serious oral functioning impairments among aging adults:

- Perioral and oral mucosal tissue pathologies (cancers and precancerous formations)
- Severe untreated caries and periodontal diseases
- Tooth loss from oral diseases and conditions
- Systematic diseases from side effects from medications
- Orofacial pain

The prevention or assistance in the treatment of the same is a plan that the AAA would like to provide. The AAA has identified just a few oral health providers who are willing to work with consumers on a sliding scale. Since Title III funds are limited and tend to run out before the end of the fiscal year, the relationships we bridge with oral healthcare providers are critical to help prevent serious oral health problems. This is an area that is particularly concerning for some of our most vulnerable consumers, those who have very little income and may lack the necessary transportation to visit an oral health care provider. Some of the outcomes and advantages with dental assistance can contribute to an overall well sense of being, a favorable self-image and the ability to maintain nutrition and health by having adequate oral health function. Dental restoration or artificial teeth are just several ways in which we can reach our goals to provide health promotion, disease prevention and evidence based outcomes.



Source: <http://adr.sagepub.com/content/11/2/203>

Describe how information from community input influenced the decision-making on prioritization of services, changes in services, and improvements in service delivery.

The surveys that we distributed at the various senior center meals sites had a tremendous impact on the way we prioritize the services. The AAA has no plans for dramatic change in the services we currently offer, but the Agency is actively pursuing ways to improve some of the services. Assisted transportation is one area that we feel can be improved. Our efforts in being a member of the Region 9 Economic Development District of Southwest Colorado are just one attempt to collaborate and improve transportation options throughout Region 9.

The AAA prioritizes based on the ACA - Hierarchy of Needs
Basic needs (Includes such things as hunger, thirst, bodily comforts, physical needs)

- Nutrition Services (home-delivered and congregate meals)
- Transportation Services
- In-home Services (homemaker and personal care services)

Safety (Comprises being secure and out of danger.)

- Material Aid
- Chore/Home Repair Services
- Legal Assistance
- Ombudsman/Elder Abuse Prevention
- Care management
- Screening/Evaluation Services
- Information and Assistance

Psychological (The need to be affiliated with others. In the absence of this, many people become susceptible to loneliness, social anxiety, and depression.)

- Counseling Services
- Caregiver Support Services (respite care, support groups, etc.)
- Health Promotion/Education Services
- Outreach and Public Information

Consider other factors such as experience, performance and capability of delivering service, cost of service and geographic service area.

- Identify un-served and underserved areas and populations.
- Identify any services/products not provided under current investments.



Who are the most vulnerable clients in the region? How will the funding request prioritize the most vulnerable clients' needs during the next four years?

Our most vulnerable clients in Region 9 are those who are low or very low income, homebound, frail, disabled and those with high nutritional risks.

What outreach activities will the AAA pursue to provide services to Native American Elders? (Answer required for Regions 3A, 7, and 9.)

Our most significant Native American Elders are the Southern Ute, Ute Mountain Ute and Navajo tribal members. For older adults who are of a minority status, the AAA will continue to look at ways to better serve these populations. We continue to have a positive working relationship with SUCAP. During the last desk audit in January 2010, the AAA learned that SUCAP also receives Title VI funds. In addition, the Southern Ute Tribe is the second wealthiest tribe in the United States. The Southern Ute Tribe have been very successful in taking care of their tribes' people with Casino revenues, Title VI funds, and other opportunities they receive from local and foundation grant awards. They also administer an AmeriCorps contract in which they have domestic volunteers helping them with specific areas that include education, outreach, and various other elder services. As a result, SUCAP requests very little of the OAA Title III funds from the AAA.

In the spring of 2010, AAA made a connection with the Ute Mountain tribal members. They have indicated an interest to collaborate with the AAA. Some of the areas we identified are the Elder Justice Collaboration Coalition that the AAA initiated and formed in Region 9 and our dental assistance program. We are committed to inviting them to the EJCC meetings and they are also a member of the Region 9 Transportation Coalition.

Describe how the AAA will address any wait list(s) it has?

We currently do not have wait lists for services and in addition, no one is turned away for services. In the event of OAA Title III funds running out, most services are continued and other resources subsidize or match Title III funds (mostly at the Senior Centers). The only other exception is for homemaking, personal care, caregiver services and other services; it is customary for the AAA to alert consumers of the availability of funds for the next grant cycle. It is common that a consumer will find other resources with providers in the region and those who may or may not have an AAA contract. This may occur for Title III funds for Parts B (chore, homemaker, personal care); Part D (health promotion) and we have not witnessed running out of funds for Part E (caregiver).

Example: Last fiscal year, a low-income woman from Montezuma County needed several teeth extracted and a set of dentures. At the time of her call to the AAA office, dental funds were expended and the Old Age Pension program was discontinued. She told the staff at the AAA office that it was not a dire emergency. She has lived with missing teeth for 5 years and she had no problem waiting a few more months. The woman said that she was committed to setting aside a portion of her social security check and establishing a payment plan with her dentist and wait until Title III funds were available. Soon after July 1, 2010, she made an appointment with her dentist and services were rendered. Title III funds paid for roughly 45% of her dental work. She waited less than 4 months before she could proceed with the dental services she desired.

In a case like this, the AAA tries to help as much as possible. When Title III funds run out for a program that is not adequately funded (like dental), we have very little resources within the AAA. We have no choice but to refer the consumer to other providers in Region 9 or the consumer must wait for funding for the next grant cycle. The AAA is diligently seeking other funding opportunities, but dental is a very difficult service area to find funds.

LEGAL ASSISTANCE SERVICES:

How will the AAA educate the community and reach out to older adults in need of legal assistance?

Our Colorado Legal Service (CLS) partners visit the Senior Centers and talk about legal services – Pagosa Springs and Durango. In 2009, CLS offered to present at the Senior Centers in Region 9, as indicated under the contract, but a number of them did not respond to the offer for a brief visit and presentation. Over the next four years, we will attempt the offer again. CLS also gets referrals from: Judges, Court Clerks, Private Attorneys, Department of Social Services, Long Term Care Ombudsman, The Women’s Resource Center, Pinion Project, Axis Mental Health Center, law enforcement, existing and former clients. Arthur Jacobs, our legal service provider is a CLE presenter for the local bar on public benefits.

What specific services (scope of work) will be provided? The attorney and/or legal services agency and supervising attorney shall be identified and its functions described.

The AAA, through CLS service contracts provides access to justice to vulnerable individuals.

- a) Site visits and brief presentation on elder abuse education at Senior Centers or other location in the five counties; one visit per county at a location to be determined by CLS after consultation with the AAA director. Site visits may also include individual consultations with seniors who have legal problems listed in the priority categories below, to be scheduled in advance of the site visits. Visits to additional locations in each county will be contingent upon funding availability and upon requests from seniors at alternate sites for presentations by CLS on elder abuse education or on other topics chosen by the seniors. Any additional site visits may also include individual consultation with seniors who have legal problems listed in the priority categories below, to be scheduled in advance of the site visits. Since the San Juan Basin Area Agency on Aging is not able to reimburse CLS for travel time, visits to senior sites will occur in conjunction with travel by CLS staff to each county for purposes related to CLS service to its indigent clients (such as meetings with indigent clients or court appearances on behalf of indigent clients) when possible, so that travel costs, other than mileage, will not accrue to the Area Agency on Aging.
- b) As necessary and as funding allows, persons may receive services at the office of CLS. Senior Outreach Staff will assist with client referral. Older persons with legal problems listed in the priority categories below will receive advice and/or representation to the extent possible within the funding provided and depending upon available resources. Older persons whose legal problems fall within the below listed priority categories may be provided with advice and/or representation only if funding exists to serve them, and if an evaluation of their legal challenges results in a determination that assistance with such legal matters will be consistent with a focus on Seniors with the greatest social or economic need.

Legal Service Category Priorities

- Public benefits and utilities shut off
- Landlord-tenant problems, such as persons being evicted
- Simple wills, POAs, medical durable power of attorney, and living wills

- Consumer issues such as advocating for persons harassed by debt collectors
- Emergency Limited Long Term Care guardianship and domestic problems, such as abuse
- Elder Abuse Education presentations at senior sites.

How will the scope of work assist older adults in need of assistance due to mistreatment or exploitation?

CLS assists older adults who are exploited financially. Based on the cases we have seen in the past several years, financial exploiters are a credit card company. Financial exploitation by family and friends is not a common application in the Durango CLS office. Some may be ashamed to apply. We do see some applications from older adults who have transferred assets to family or friends and not done it prudently under the regulations. CLS generally stays away from asset transfers cases to create public benefits eligibility and refer those to specialized private attorneys.

What is the plan to reach the 3% minimum funding requirement for legal assistance services funded through Part B?

In-kind is a percentage of expenditures in the following categories: space, equipment rental, general office supplies, telephone, library, dues & fees, and litigation expenses. It is attributed to the OAA requirements, based on the 3% of office time spent on legal service activities. So far this year based on our timekeeping information, Arthur Jacobs has worked 64.2 hours on AAA activities. This is 5.98% of the total office hours. 5.98% of this total is \$701.75. CLS anticipates that they will exceed the amount of the match (\$746) for the current grant. Pro Bono comes from Southwest Bar Volunteer Legal Aid, Inc. for Archuleta, La Plata and San Juan County.

Ombudsman Services:

As part of the Colorado Long Term Care Ombudsman program, enacted in 1990, and co-coordinated with the Colorado Legal Center for People with Disabilities and Older People, our agency also advocates for residents of thirteen Long Term Care facilities in Region 9. This includes nursing homes and assisted living facilities, with a total of 680 beds. 384 beds are in skilled care nursing homes, and 295 are in assisted living facilities. Ombudsman is a Swedish word which means “one who speaks on behalf of another.” The AAA employs two,

part-time Ombudsmen. One is located in Durango and serves La Plata and Archuleta counties. The other is in Cortez and serves Dolores and Montezuma counties. Their role is to conduct regular site visits to Long Term Care facilities, nursing homes and assisted living facilities, and monitor and address complaints and concerns. In addition, the Ombudsmen also educate families, and counsel seniors on the selection of long-term care facilities. All persons 60 and older, and people living on fixed monthly incomes, are also eligible for this program, whether they live in a long-term care facility, their own home, or in the home of a relative.

A 2008 US Department of Health and Human Services study of 16,000 nursing homes found 94% to be in violation of federal health and safety standards. A survey of 800 seniors and their families revealed that seniors fear going into a nursing home and losing their independence more than death. And, 82% of baby boomers fear their parents will be mistreated in a nursing home. 89% fear their aging parents will be unhappy there. Other data indicates that 60% of residents in nursing homes and assisted living facilities receive no visitors of any kind. Likewise, studies have shown a direct correlation between adequate funding, the number of beds visited, and the effectiveness of Ombudsman programs.

Every year World Elder Abuse Awareness Day is celebrated globally on June 15. It is a worldwide consciousness raising effort to heighten awareness of this widespread problem which ranges from financial exploitation to severe abuse and neglect. But it's only one day in a year, and the problem is growing.

How will the AAA educate the community regarding ombudsman services?

The AAA has a dedicated information page about the Ombudsman program on the Agency's website. The two Region 9 Ombudsmen promote the program by using Colorado Legal Services (CLS) brochures and business cards. The business cards are glued or stapled to the CLS brochures and are distributed in libraries, long-term care facilities, hospitals, health centers, senior centers, just to name a few. The Region 9 Ombudsmen attend Adult Protection meetings, Resident Council meetings, and on occasion, facilitate presentations about the role of a long-term care Ombudsman. In addition, the website has a direct link to the email address for each Ombudsman and their phone number.

How will the AAA ensure that adequate resources are provided to the ombudsman program to meet all program requirements, including facility visits; complaint investigation; consultation; community education; participation in resident council meetings; facility surveys, and other required activities; and required certification training?

The AAA has Long-Term Care Ombudsman job descriptions in place that meet all of the criteria mentioned above. The resources received by Title III funds are just a portion of the annual budget for Ombudsman services. In addition, the AAA is committed to diversifying their funding resources by increasing their pool of additional funding partners. For example, in September, the AAA applied for a grant opportunity to help increase the capacity of Ombudsman services, specifically with regard to elder abuse. The application was awarded and helped pay for travel, salaries and allows the Ombudsman serving Montezuma County to work an extra 10 hours per week on elder abuse issues. The grant will expire in June 2011. The AAA is already pursuing other efforts to continue funding for the next 3 years by applying for grant opportunities with the Daniels Fund and the Colorado Health Foundation (a grant period of 3 years).

The lead ombudsman, including the supervising agency, shall be identified and its functions described. The AAA had one Long-term Care (LTC) Ombudsman for the past 8 years. It was not until July 1, 2010, that the AAA hired a second part-time LTC Ombudsman to serve Region 9's 6,551 square mile service area. This area includes 663 assisted and independent living beds. The AAA had no reason to assign a Lead Ombudsman in our region until recently. It is the intention of the AAA to identify a Lead Ombudsman on or before July 1, 2011. The functions of the Lead Ombudsman are described below:

GENERAL SUMMARY:

Under the direction of the AAA Director,

The Long-term Care Lead Ombudsman provides service to residents with elevated, more complex questions and concerns regarding their stay at either the independent or assisted living facility, in which they reside.

The Lead LTC Ombudsman will be responsible for advocating, providing information, and investigating to resolve complaints relating to long-term care facilities and community-based services.

The Lead LTC Ombudsman will create, recruit, and train a volunteer Ombudsman program to serve the residents throughout Region 9. Attached, please find the Long-term Care Ombudsman Program brochures, which provide a list of the long-term care facilities throughout Region 9.

The Lead LTC Ombudsman will work with the AAA Director to ensure that all reporting requirements are met from all funding partners. Some financial compilation responsibilities may be required.

The Lead LTC Ombudsman will work with the AAA Director to help identify additional funding opportunities for the ombudsman program and will be required to assist in the proposal writing process for Ombudsman related services.

OTHER DUTIES:

Responsible to help track monthly budget allocated for Ombudsman program, the planning and implementation of required Ombudsman training certifications, and grant narrative and budget reports for Ombudsman services.

MINIMUM QUALIFICATIONS:

Education, Knowledge, and Skills

1. Strong problem solving and analytical skills sufficient to identify issues and proposed solutions to customers and management.
2. Requires PC software applications skills that include Microsoft Word, Excel, Power Point, Publisher.
3. Must be able to cope and adapt to a high level of stress.
4. Requires strong written and verbal communication skills.
5. Ability to express empathy and understanding of customer patient situations.
6. Excellent interpersonal and customer service skills in order to reverse a poor customer service experience into a positive one. Independent decision making capability, strong organizations skills, and ability to meet deadlines. Ability to display a high level of professionalism.

SECTION II: DEMOGRAPHY, TRENDS, AND INPUT

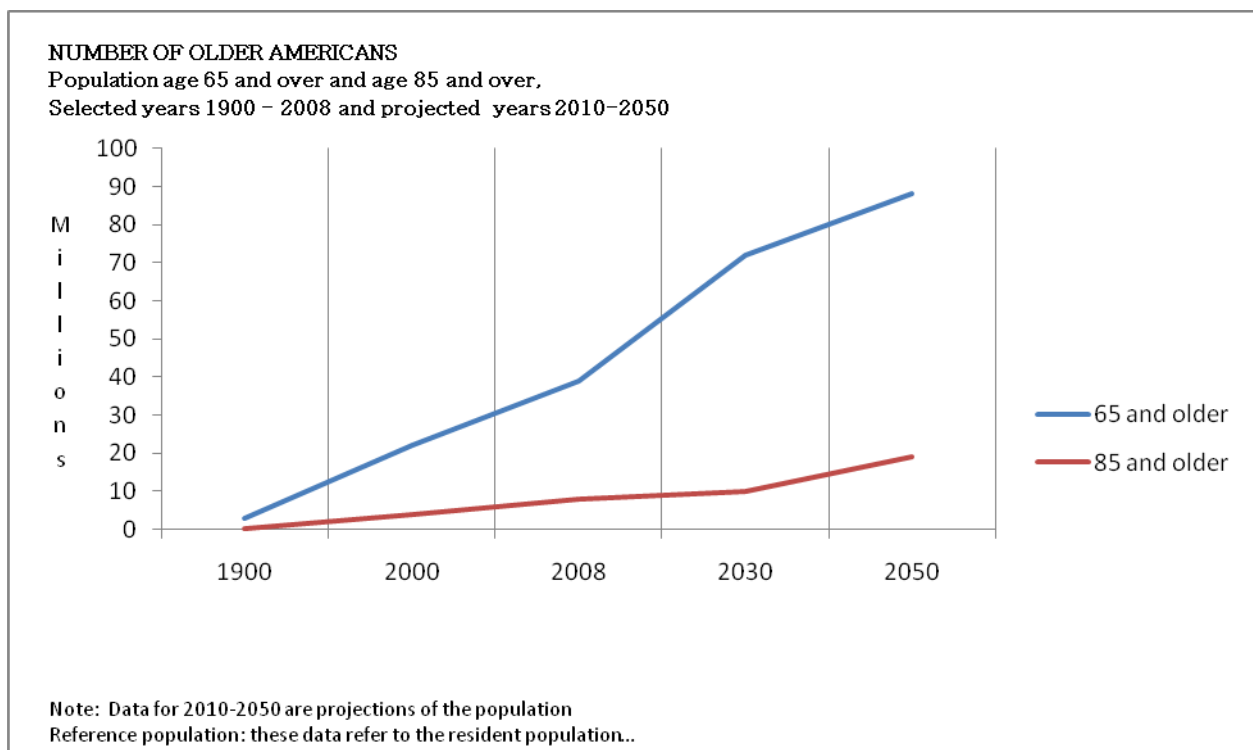
Population per County in Region 9:

	ARCH	DOL	LAP	MONT	SAN JUAN	Region 9	State of CO
2009 Estimated Population	12,424	1,953	51,664	25,676	560	92,227	5,024,748
Hispanic/Latino (*)	1,659	71	4,571	2,263	41	8,605	735,601
Tribes (*)			11,259	2,200			
Over 65 (*)	1,484	310	5,661	3,574	57		311,442
Disabled 65+ (*)	372	178	1,554	1,478	64	3,274	53,242
Veterans 65+ (*)	203	59	844	531	25	1,662	85,385
Poverty 65+ (*)	616	220	3,060	2,220			
Below poverty 65+ (*)	80	41	422	416			

Source: (*) 2000 Census and 2009 population estimates

Region 9: Population Estimates for people, ages 60 years to 99 years old					
	2011	2012	2013	2014	2015
Archuleta	2,975	3,145	3,321	3,475	3,617
Dolores	450	457	472	490	491
La Plata	9,963	10,684	11,410	12,181	12,946
Montezuma	6,114	6,342	6,581	6,814	7,079
San Juan	154	155	169	172	184
Total	19,656	20,783	21,953	23,132	24,317

Source: <http://dola.colorado.gov/dlg/demog/index.html>



SOURCE: U.S. Census Bureau, Decennial Census, Population Estimates and Projections.

In 2008, 39 million people age 65 and over lived in the United States, accounting for 13% of the total population. Baby boomers (born between 1946 and 1964), will start turning 65 in 2011, and the number of older people will increase dramatically during the 2010-2030 period. The oldest-old population (ages 85 and older) reached 5.7 million in 2008. The growth rate of older population is projected to slow after 2030, when the last baby boomers enter the ranks of the older population. Some researchers predict that death rates at older ages will decline more rapidly than is reflected in the U.S. Census Bureau's projections, which could lead to faster growth of the older population.

Surveys participants were asked to answer questions about services on the following scale:

Very Important	5	4	3	2	1	Least Important
Strongly Agree	5	4	3	2	1	Strongly Disagree

We also had an option for people to check either Not Applicable (N/A) or Don't Know (D/K). Below are the results of the surveys in each County throughout Region 9:

Archuleta County: Trends and Input for 47 returned surveys	
Question	Percentage of responses
Male	43%
Female	57%
Married	46%
Lives Alone	46%
Rating of Very Important	Percentage of responses for 5 & 4
Assisted Transportation	54%
Congregate Meals	85%
Home Delivered Meals	77%
Health Promotion (dental)	61%
In-Home Services	46%
Home Chore	32%
Legal Services	30%
Ombudsman	45%
Are we serving the needs adequately?	Percentage of responses for 5 & 4
Assisted Transportation	22%
Congregate Meals	62%
Home Delivered Meals	38%
Are people satisfied, overall?	35%
<p>COMMENTS/INPUT: 84% of the respondents felt that they had the support of family and friends.</p> <p>Health Care comments/concerns:</p> <ul style="list-style-type: none"> ➤ Blood pressure tests. ➤ More dental assistance. ➤ Does not feel the County helps in Arboles. ➤ Communication with Senior Center. ➤ Better Veterans assistance. ➤ More services for people who live 10 miles or more out of town (meals). ➤ Doctors not accepting Medicare patients. 	

- Free services to low income individuals.
- Need a ride to Durango for my medical needs.
- Natural Health.
- Too much paperwork to fill out for Medicare/Private Insurance.

Suggestions:

- Wants to attend senior driving classes.
- Senior transportation to Durango.
- A new Veterans Service Officer.
- Need to create more jobs and improve roads.
- Create affordable transportation to Durango.

Concerns for the next 4 years:

- Paying credit card bills and not having anything left over. Also, worried about not being able to afford groceries.
- Not being able to play sports.
- Getting old.
- Staying alive.
- My health.
- Hanging in there.
- Challenges in the winter with snow removal.
- Distance from health care services.
- Finding resources to fund health care.
- My income.
- Help at home.
- Middle income places to live.
- Finding work.
- Downtown and Uptown in Pagosa Springs need to work together.
- Getting to the grocery store (the downtown grocery store closed).
- Rising cost of groceries/utilities. Home maintenance.

Dolores County: Trends and Input for 22 returned surveys	
Question	Percentage of responses
Male	27%
Female	73%
Married	45%
Lives Alone	55%
Rating of Very Important	Percentage of responses for 5 & 4
Assisted Transportation	86%
Congregate Meals	94%
Home Delivered Meals	81%
Health Promotion (dental)	71%
In-Home Services	91%
Home Chore	73%
Legal Services	73%
Ombudsman	73%
Are we serving the needs adequately?	Percentage of responses for 5 & 4
Assisted Transportation	77%
Congregate Meals	100%
Home Delivered Meals	100%
Are people satisfied, overall?	100%
<p>COMMENTS/INPUT: 100% of the respondents felt that they had the support of family and friends.</p> <p>Health Care comments/concerns:</p> <ul style="list-style-type: none"> ➤ Cheaper healthcare. ➤ Cheaper healthcare & prescriptions. ➤ Affordable medication. ➤ I'm so glad we have these programs – so much better than the old days. <p>Suggestions:</p> <ul style="list-style-type: none"> ➤ Our leader is doing an incredible job for us! ➤ We have a very capable director who is doing an excellent job with our senior programs. ➤ Home delivered restrictions are too difficult for many. ➤ Articles in the paper are good. <p>Concerns for the next 4 years:</p> <ul style="list-style-type: none"> ➤ Being able to live alone. ➤ Home care. ➤ Getting my wife and child up here. 	

- Aging, health issues, being able to take care of our homes, ourselves.
- (3) Not being able to drive to the doctor anymore.
- Old age.
- Mobility.
- (2) Not being able to take care of myself.
- Living.
- Aging and healthcare.
- Health related issues.
- Transportation for shopping.
- I have macular degeneration, so I can't drive.
- Sometimes I need help, but I just don't tell anybody.
- Surviving.
- Keeping up with the cost of living.

(#) indicates more than one person had the same comment/concerns.

La Plata County: Trends and Input for 78 returned surveys	
Question	Percentage of responses
Male	22%
Female	71%
Married	35%
Lives Alone	43%
Rating of Very Important	Percentage of responses for 5 & 4
Assisted Transportation	85%
Congregate Meals	98%
Home Delivered Meals	84%
Health Promotion (dental)	84%
In-Home Services	76%
Home Chore	76%
Legal Services	74%
Ombudsman	79%
Are we serving the needs adequately?	Percentage of responses for 5 & 4
Assisted Transportation	96%
Congregate Meals	67%
Home Delivered Meals	65%
Are people satisfied, overall?	62%
COMMENTS/INPUT:	
73% of the respondents felt that they had the support of family and friends.	

Health Care comments/concerns:

- Would like to start a health care discussion group.
- (2) More physicians in Bayfield.
- Choice on whether or not we want insurance. Do not like government healthcare bill.
- (2) More doctors who accept Medicare/Medicaid.
- Appreciate flu shots every year.
- Better service for Veterans.
- The Senior Center should offer healthcare.
- Very little for people who are deaf.
- Better healthcare benefits and affordable for people 65+ .
- Being informed.
- Primary healthcare providers and limited resources.

Suggestions:

- Transportation is poorly represented. Need more flexible schedules (Bayfield).
- Use larger print for next survey.
- Durango Senior Center is doing an outstanding job in providing activities.
- The Durango Senior Center does a WONDERFUL JOB.
- What's going on with no funding for healthcare clinics?
- Need more transportation in Durango. The lunches are good!
- The suggested donation increase for lunches limits my attendance.
- Better bathrooms in senior housing facilities.

Concerns for the next 4 years:

- (2) Have more than 2 meal days (in Bayfield).
- Snow.
- Heart disease.
- (4) Mostly health issues.
- (2) Living independently.
- Drive my car and walk without assistance.
- (2) Transportation to and from Senior Center (Bayfield).
- (4)Aging.
- Home chores.
- (2) Staying alive, being healthy and getting around.
- Walking is a daily challenge.
- Helping my children, financially.
- (2) Affordable housing.
- (2) Healthcare coverage.
- Moving to an assisted living facility.

- (2) My annual income.
- Living alone.
- Health concerns.
- Living on a fixed budget.
- I need rides to and from town (Durango).
- Walking.
- My eyesight.
- Finances.
- Trying to sell our farm.
- Staying alive.
- Trying to sell our property so we can move back to Michigan where we have family and support for emergency purposes.

(#) indicates more than one person had the same comment/concerns.

Montezuma County: Trends and Input for 67 returned surveys	
Question	Percentage of responses
Male	35 %
Female	65%
Married	57%
Lives Alone	22%
Rating of Very Important	Percentage of responses for 5 & 4
Assisted Transportation	67%
Congregate Meals	86%
Home Delivered Meals	82%
Health Promotion (dental)	52%
In-Home Services	60%
Home Chore	55%
Legal Services	55%
Ombudsman	68%
Are we serving the needs adequately?	Percentage of responses for 5 & 4
Assisted Transportation	38%
Congregate Meals	73%
Home Delivered Meals	68%
Are people satisfied, overall?	44%
COMMENTS/INPUT:	
43% of the respondents felt that they had the support of family and friends.	

Health Care comments/concerns:

- (4) Would like weekly exercise classes.
- Hearing aids and dental assistance for seniors.
- More specialists in Cortez. More primary care providers.
- No more cuts.
- Alzheimer's.
- A senior healthcare plan (dental, glasses, health).
- Doctor's office not accepting Medicare.
- Reduce healthcare costs.
- Help with eye glasses and hearing aids.

Suggestions:

- We have a great cook and site coordinator in Mancos.
- Things are going well in Mancos.
- I wish we did not have Styrofoam plates & cups (Mancos).
- We need our commodities in Mancos.
- Not enough doctors.
- We miss Tai Chi classes (in Mancos).
- Transportation to Durango.

Concerns for the next 4 years:

- Financial.
- Old age.
- (2) Walking.
- Getting to Durango to see specialists.
- Back problems.
- My ability to get to the Senior Center (Town of Dolores).
- Standing.
- Next year, I plan to move to HUD senior housing, but I have a hard time keeping the faith that it will happen.
- Medicare benefits for seniors.
- Learning how to manage with no legs.
- My health and to keep working so I can supplement my small pension and S.S.
- Being able to stay in my home. My savings is shrinking and S.S. is not enough.
- Running out of money.
- Lack of funding for senior citizen programs.
- Staying alive.
- Keeping Medicare.
- (2) Home chores.

- Healthcare costs.
- Getting glasses and diabetes education.
- Loss of vision, brain function and mobility.

(#) indicates more than one person had the same comment/concerns.

San Juan County: Trends and Input for 13 returned surveys	
Question	Percentage of responses
Male	62%
Female	38%
Married	62%
Lives Alone	23%
Rating of Very Important	Percentage of responses for 5 & 4
Assisted Transportation	33%
Congregate Meals	53%
Home Delivered Meals	38%
Health Promotion (dental)	57%
In-Home Services	38%
Home Chore	15%
Legal Services	15%
Ombudsman	30%
Are we serving the needs adequately?	Percentage of responses for 5 & 4
Assisted Transportation	N/A - no services
Congregate Meals	54%
Home Delivered Meals	N/A - no services
Are people satisfied, overall?	28%
COMMENTS/INPUT:	
Less than 1% the respondents felt that they had the support of family and friends.	
Health Care comments/concerns:	
<ul style="list-style-type: none"> ➤ I have chosen to live in an isolated community. Do not need government help. ➤ Free blood pressure checks. ➤ Transportation to healthcare providers in Durango. ➤ We need a pharmacy. Or a weekly drop off from one out of the area. ➤ I want to know about life expectancy drops of women of low income over 55. ➤ Nurses do not do house calls and it would be a great benefit to our seniors. 	

Suggestions:

- There are not many options in Silverton. I knew that when I moved here.
- More social networking is needed in this town.
- I love the social meals at the Brown Bear Café.
- A Senior Center would be nice.
- I would like to see adequate funding for seniors to promote independent living and transportation to Durango or Montrose.

Concerns for the next 4 years:

- Senior services should not be an entitlement program. We don't need government hand-outs and we need lower taxes.
- Obama.
- Snow.
- Obama Care and Democrats.
- We have no senior center here. We are isolated.
- Too many liberals and Obama.
- Home chores.
- Surviving.

SECTION III: TARGETING, PREFERENCE, AND PRIORITY

What strategies will the AAA use to implement preference and priority?

The *Older Americans Act* states that “preference and priority” must be given to:

- Consumers with greatest social need;
- Consumers with greatest economic need;
- Low income minority consumers; and
- Consumers residing in rural areas.

The AAA will continue to work closely with professionals who work with older adults of these targeted groups including medical providers, Single Entry Point agencies, Adult Protection workers, and our providers who provide home delivered meals.

The AAA brochure was revised in 2010, and we are working diligently to get the brochure out to the various Chambers of Commerce, the Senior Centers, and other public locations such as libraries and hospitals. We are also trying to distribute them to doctor offices that may see particularly frail older adults. In

addition, we have revised our long-term care facilities brochure, created a website and have created a dental assistance information form. This is barely scratching the surface. We would like to use the website for more outreach, resources and referrals to our providers throughout Region 9. It is our goal to create various PDF forms that users can access for additional information about our services or our network of providers. For example, we would like to create PDF files for simple wills, our Agency brochure, the long-term facility brochure, and our dental assistance form.

The AAA plans to seek out cultural diversity training for our regional ombudsman and other area professionals who work with seniors of minority status. We have initiated or joined two Region 9 coalitions. The first one is a Region 9 Transportation Coalition and the second is an Elder Justice Collaboration Coalition. Both groups are exploring training and identifying and prioritizing areas of need. As a transportation coalition member, we are exploring grant opportunities that will help us train coalition members to reach some of our most vulnerable and ethnically diverse population groups.

Through our region's Long Term Care Committee, a network of professionals who work with seniors meet monthly to share ideas and identify clients in greatest economic or social need. This network has proven to be an excellent tool in targeting individuals required by the Older Americans Act. Furthermore, our regional Ombudsmen work closely with our local Alzheimer's Association, in providing cross-referrals and outreach to frail or disabled seniors.

The AAA also targets individuals who are economically or socially needy by supporting senior focal points and meal sites that are in areas of high concentration of these seniors. We continue to strive to "bring services to the people," even when they are in very rural areas.

SECTION IV: FORMS

Please see the Excel Attachment for Forms.

- Attachment A: Area Plan Service Projections – **not required**
- Attachment B: Area Plan Fiscal Projections – **not required**
- Attachment C: Direct Service Waiver Request – **N/A**
- Attachment D: Meal Sites
- Attachment E: Community Focal Points and Senior Centers
- Attachment F: Regional Advisory Council Membership
- Attachment G: SJBAAA brochure
- Attachment H: Long-Term Care Ombudsman brochure

Please submit one signed original and one electronic copy of the Area Plan to the State Unit on Aging by **Monday, January 31, 2011**. Please send the signed original via regular mail to:

The Colorado Department of Human Services
Division of Aging and Adult Services
Attention: Rochelle Hayes
1575 Sherman Street, Tenth Floor
Denver, CO 80203.

Please send the electronic copy by email attachment to Rochelle.Hayes@state.co.us, Todd.Swanson@state.co.us and your program specialist.