



Laying The Groundwork For Expanded Senior Health Services In Custer County, Colorado

Final Report to the West Custer County Hospital District Board

EXECUTIVE SUMMARY

Custer County faces an unprecedented demographic situation that calls for comprehensive action. As the oldest county in Colorado, with a median age of 58.6 years and 35.7% of residents aged 65 and older, the community faces critical gaps in senior services that threaten the ability of residents to age in place successfully. This report presents an analysis of current service gaps, a phased plan to tackle those gaps, and a sustainable funding approach to address these challenges.

The WCCHD Long Range Advisory Committee survey and follow-on research revealed unsettling service deficits: 181 seniors desire home health care services where none currently exist, 162 seniors require home care services with only 12 currently served, and 122 seniors requested assisted/independent living options with only 16 beds available. The annual operating cost to *completely* bridge these critical gaps exceeds \$3 million. Though that initial survey and the rough gap analysis here do not provide deeply accurate or granular detail to the needs of our county's seniors, it at least gives us a general idea of the scope of it.

Knowing that tackling these gaps all at once is impractical, this plan proposes solutions that are approached in phases, both in implementation and in funding.

Services and resources of key importance over the near term, and which were more readily quantified, are the focus of this report. Services that are more health-specific and critical to quality of life and aging in place within Custer County are addressed here, including home care, home health care, senior living options, and to a lesser extent, transportation.

This comprehensive plan proposes a strategic four-phase approach spanning five years, beginning with foundation-building activities in October 2025 and culminating in a self-sustaining service delivery model by 2030. The strategy leverages existing community resources, establishes new partnerships, and creates sustainable revenue streams while maintaining the rural character that makes Custer County a uniquely attractive place to live and retire.

Critical Success Factors

Implementation Champion: The Board must immediately designate a specific individual to champion this effort through the first 18 months, with clear accountability metrics and potentially a small stipend to ensure commitment.

Minimum Viable Service Strategy: Rather than attempting to address all needs simultaneously, this plan recommends starting with the Senior Navigator position as a "proof of concept" to demonstrate immediate impact and build credibility for expanded funding.

Bridge Funding Requirements: Given typical 6–12-month grant cycles, securing \$50,000 in immediate bridge funding from WCCHD and HRRMC is critical to maintain momentum while pursuing larger grants.

Survey Insights *(from 2023 Survey: 2,242 mailed, 238 responded [10.6%])*

- **86%** interested in home health/hospice
- **77%** need home support services
- **79%** prioritize transportation
- **73%** want rehabilitation services
- **58%** interested in independent living or retirement community

Summary of Estimated Service Gaps and Cost to Bridge Them

Service	Current Capacity	Current Demand	Current Gap	Gap in 2030	Estimated Annual Cost to Completely Bridge Current Gap
Home Care (non-medical)	30 seniors	162	132	161	\$1,006,720
Home Health Care (Medical)	0	181	181	221	\$2,032,160
Transportation (Health Needs)	85-95	166	71	87	\$665,750
Independent Living (Beds)	15-16	122	106	129	\$6,042,140 (capital)

Methodology Note: The demand numbers shown are adjusted for survey response rate. We calculated the raw demand by applying survey percentages to the total senior population, then adjusted by the 10.6% response rate to reflect those most likely to utilize services.

Key Challenges Identified

Based on the survey data and insights from local research:

- 1. Severe Shortage of Services and Assisted Living/Independent Living Services:**
 - Assisted/Independent living facilities are insufficient to meet demand
 - Both home care and home healthcare services are critically underdeveloped
- 2. Workforce Shortages:**
 - Limited availability of trained caregivers and healthcare professionals
- 3. Funding Constraints:**
 - Lack of dedicated funding streams to expand senior care infrastructure
- 4. Rural Accessibility Issues:**
 - Geographic isolation makes service delivery more complex
- 5. Limited Data Specificity:**
 - The survey was too generalized to fully capture nuanced needs

6. Lack of Clear Ownership Structure :

- No designated champion or accountability framework
- Vague interim committee structure risks implementation failure

Recommended Implementation Strategy

Phase 1 (October 2025 – October 2026): Foundation Building

- Designate Implementation Champion with clear success metrics
- Establish Senior Service Navigator position
- Form dedicated nonprofit organization
- Launch initial fund development
- Coordinate with existing services

Phase 2 (November 2026 - December 2027): Service Expansion

- Enhance home care capacity by 25 seniors
- Launch volunteer coordinator program
- Expand telehealth services
- Begin home health service planning
- Establish formal MOUs with existing providers

Phase 3 (2028): Comprehensive Growth

- Conduct feasibility study for expanded senior housing
- Achieve financial sustainability
- Establish regional leadership model
- Launch Medicare Advantage partnerships
- Deepened service integration

Phase 4 (2029-2030) Sustainability and Regional Leadership

- Revenue modeling and diversification
- Regional development model – training and transfer
- Technology Program integration across system
- Corporate partnership expansion

Funding Strategy

Total Potential Funding: \$3.4 Million

- Foundation grants for capacity building
- Federal and state program funding
- Community fundraising initiatives

- Fee-for-service revenue development
- Corporate sponsorship packages
- Medicare Advantage care coordination fees

Goals for 5-Year Plan

By 2030:

- 200+ seniors receiving comprehensive services
- Self-sustaining service delivery model
- Serve as a regional model for rural senior care
- Economic impact to community of \$2.5+ million annually
- 50+ jobs created in healthcare and support services

Next Steps

1. **URGENT:** WCCHD Board names Implementation Champion (October 1-7, 2025)
2. Gather WCCHD Board input on plan
3. Establish an interim working committee to manage Phase I (until formation of nonprofit)
4. Initiate action on Phase 1 activities starting October 1, 2025
5. Begin grant application submissions by November 2025
6. Develop cadence of regular Community engagement and partnership development
7. Establish quarterly progress reviews and adaptive management
8. Implement comprehensive data collection systems for continuous improvement

This comprehensive approach addresses critical gaps while building sustainable, community-based solutions that honor Custer County's rural character and meet the complex needs of its aging population.



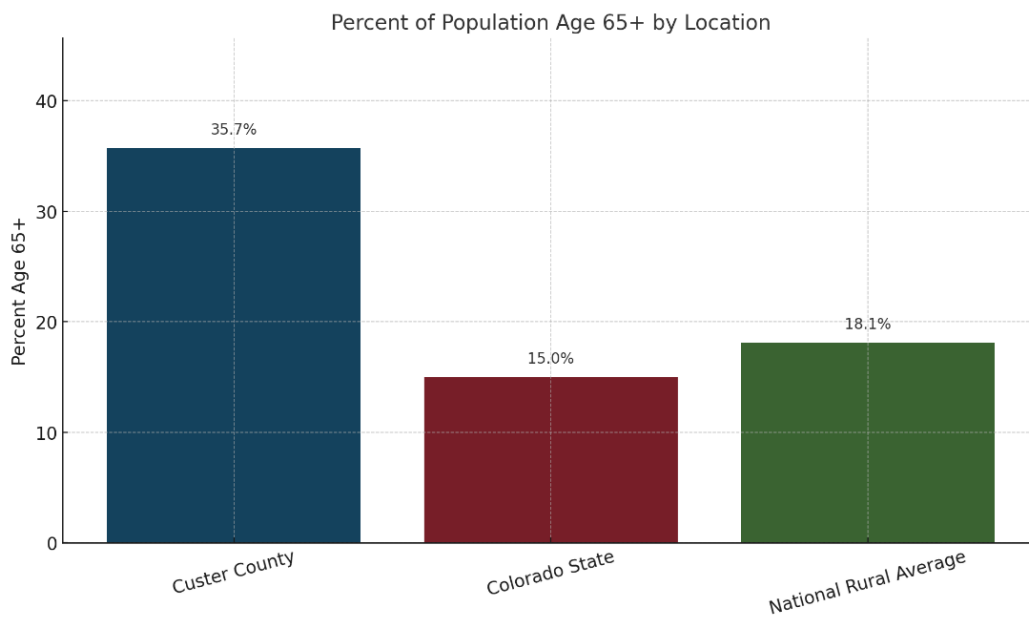
BRIDGING THE GAP: CURRENT SERVICES AND CAPACITY VS. CURRENT AND FUTURE DEMAND

Current Demographics and Service Landscape

Custer County represents a unique demographic profile that distinguishes it dramatically from both state and national averages. With a total population of 5,553 residents, the county serves as home to 1,982 individuals aged 65 and older, comprising 35.7% of the total population. This percentage is more than twice that of the Colorado state average of 14.96% and significantly exceeds the national rural average of 18.1%.

The median age of 58.6 years in Custer County stands in stark contrast to Colorado's median age of 37.5 years, highlighting the concentrated aging population that characterizes this mountain community. This demographic reality creates both challenges and opportunities for service delivery, requiring specialized approaches tailored to the unique needs of an older adult population.

Location	Total Population	Median Age	Percent 65+	Population 65+
Custer County	5,553	58.6	35.7	1,982
Colorado State	5,809,445	37.5	15.0	882,557
National Rural Average		43.2	18.1	



Recent research indicates that rural areas nationwide face significant workforce challenges in serving aging populations. Rural communities have approximately 35% fewer home health aides per 1,000 older adults compared to urban areas, with only 32.8 home health aides available per 1,000 seniors in rural settings versus 50.4 in urban areas. Similarly, rural areas maintain 17% fewer nursing assistants relative to their senior populations, with 20.9 nursing assistants per 1,000 older adults compared to 25.3 in urban areas.

These statistics are not surprising to anyone who knows Custer County well. We've long struggled to secure and maintain a sustainable workforce in the community, and that reality must feature strongly in any solutions we implement.

Current Senior Resources and Services Available

Existing Service Infrastructure

The current senior service infrastructure in Custer County operates through a limited and disconnected network of providers and organizations. Thankfully, in a concerted effort to address this challenge, the **Custer County Consortium on Aging** came into being in 2024 through a grant provided by the Methodist Church. The volunteers serving the consortium have done an exemplary job creating a resource available both in print and online, “Landing Well,” that comprehensively details senior services available across the valley and the region (available at <https://landingwellwmv.org/>). This consortium represents a valuable existing resource that can be leveraged and expanded to meet growing demands.



VALI Assisted Living/In-Home Care (a locally based nonprofit) currently provides home



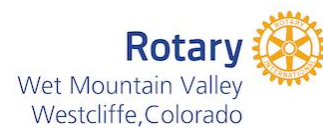
care services to approximately 12 seniors in the county, with capacity of up to 30. While VALI has expressed capacity and willingness to expand services, their current reach addresses only a fraction of the identified need and desires of the community. The organization's current client profile consists primarily of individuals covered by Medicaid but VALI

offers reasonable private-pay options for those who can cover the costs themselves. Serving additional private-pay clients will allow this valuable service to become more sustainable and increase its ability to serve those in need.

VALI also provides the community with its only assisted living option, a 16-bed facility located in Silver Cliff. This facility, while critically important, serves only a small percentage of those who may eventually require and desire assisted living services in the Wet Mountain Valley as they age.

Transportation services currently serving seniors in Custer County include the Wet Mountain Valley Rotary Van Service, MedRide, Golden Gate Manor Transportation, and services available through the Upper Arkansas Area Council of Governments (UAACOG-AAA). Transportation is either from a client's home to a local clinic or to a distant medical provider that can be located as far afield as Colorado Springs or Pueblo.

Quantifying with each provider the number of unique seniors served each month, the number of drivers serving seniors, and the local vs. distant nature of seniors' needs proved challenging for the purposes of this project. Data included in this report, therefore, are estimates derived from interviews with providers, and serve as a scope of services available, not granular numbers. The estimates suffice for our purposes here.



WMV Rotary Van Service indicated that they could serve twice the number of local seniors than they currently do, and other services have capacity as well. WMV Rotary Van Service currently has 21 volunteer drivers (an impressive number for this small community!) but they consistently express a desire for more. The Custer County Health Center has a van originally intended to provide shuttle services to health care in Salida and other local towns but now it sits mostly unused.

The challenging rural geography and long distances between services often creates barriers for seniors seeking access care, though our research indicated that the current limitation may be partially due to lack of awareness and coordination between providers, rather than a just a shortage of transportation options.

As UAACOG-AAA deepens its activity in transportation services, they will play an increasingly significant role in coordinating and expanding these vital services.

Competition and Cooperation Analysis

Understanding the existing provider landscape and establishing clear lanes of responsibility is critical for success. Current analysis reveals:

Provider Mapping:

- VALI: Primary provider for assisted living (16 beds) and limited home care (12 clients)
- Custer County Consortium on Aging: Information and referral hub

- Rotary Van Service: Transportation coordination
- HRRMC/Health Center: Medical services
- Public Health: Prevention and wellness programs

Recommended Cooperation Framework:

1. Establish formal MOUs with each provider defining:
 - Service territories and specializations
 - Referral protocols
 - Data sharing agreements
 - Joint funding opportunities
2. Create monthly provider coordination meetings: Transition with Custer County Consortium on Aging meetings
3. Develop unified intake and referral system
4. Share training resources and costs



Critical Partnership: VALI should be positioned as a formal implementation partner rather than parallel operator, with the new nonprofit focusing on coordination, navigation, and capacity building rather than direct service competition.

Healthcare Infrastructure

Heart of the Rockies Regional Medical Center

(HRRMC) serves as the primary healthcare anchor for the region, though the county itself lacks a hospital facility. This creates dependencies on regional healthcare providers and emphasizes the importance of home-based and preventive care services to reduce the need for emergency transportation to distant facilities.



The **Custer County Health Center**, operated by HRRMC and co-located in the West Custer County Hospital District's Westcliffe facility, provides local primary care services, but specialized geriatric care and comprehensive case management services remain limited. The integration between healthcare providers and local services requires strengthening to create seamless care coordination for aging residents.



Custer County EMS, part of the West Custer County Hospital District, provides 24/7 emergency medical services (911 services) including ambulance transportation to local hospitals located in Salida, Canon City, and Pueblo. EMS' care for senior residents is excellent, and their regular contact with seniors (e.g., when a senior needs a "lift" service) can be tapped into more effectively when it comes to disseminating and gathering valuable information.

Telehealth Infrastructure represents an emerging opportunity started by the West Custer County Library District, with recent grant funding securing three telehealth "kits" that include laptops, hotspots, pulse oximeters, thermometers, and other basic monitoring



equipment. One kit remains at the library while two travel throughout the community (through the cooperation of WMV Rotary Van Services) providing a foundation for expanded telehealth services.

At the time of this report, the library was still striving to make the service more widely known in the area, so telehealth is still an under-utilized resource.

Veterans Services

Veterans Service Officer Dominic Edgington provides specialized support for the county's veteran population, representing a valuable resource for coordinating benefits and services for aging veterans. Given the demographic profile of the county, veterans services represent a significant component of the senior population requiring specialized attention and coordination.



Current and Projected Demand Analysis

Service Demand Assessment

The 2023 Long Range Advisory Council Survey, while limited in scope with only 238 responses from 2,242 mailed surveys (10.6% response rate), provides valuable insights into community needs and preferences. The survey results indicate strong demand across multiple service categories:

- **86% expressed interest** in home health and hospice services (205 respondents)
- **77% indicated need** for home support services including shopping and home upkeep (183 respondents)
- **79% identified transportation** to medical care as a priority (189 respondents)
- **73% expressed interest** in rehabilitation services including physical therapy, occupational therapy, speech therapy, and dialysis (173 respondents)
- **58% indicated interest** in independent senior living options (137 respondents)

While the survey provides directional guidance, its limitations include grouping multiple service types within single questions, lack of quantification regarding household size and timing of need, and absence of questions regarding payment willingness or insurance coverage information.

Projected Population Growth

Current demographic projections indicate continued aging of the existing population, with the 65+ cohort expected to grow steadily through 2030. The baby boomer generation continues to age into Medicare eligibility, creating sustained demand for senior services over the planning horizon.

Colorado statewide projections show the population aged 65 and older increasing by 35% over the next decade. Based on Custer County's overall growth rate from 2020-2024, the senior population can be conservatively expected to grow from 1,982 to potentially 2,425 individuals by 2030, representing over 40% of the total projected population.

Service Gap Quantification

Based on survey data and demographic analysis, current service gaps represent significant unmet need across multiple categories:

Comprehensive Service Gap Analysis Table

Service Category	Current Capacity	Adjusted Current Demand*	Current Gap	2030 Projected Gap	Annual Cost to Bridge
Home Health Care (Medical)	0	181	181	221	\$2,032,160
Home Care (Non-Medical)	30	162	132	161	\$1,006,720
Independent/Assisted Living	16 beds	122	106 beds	129 beds	\$6,042,140**
Transportation (Medical)	85-95	166	71	87	\$665,750

**Adjusted for 10.6% survey response rate to reflect those most likely to utilize services **Capital investment required; annual operating costs estimated*

Home Health Care (Medical): Currently unavailable in the county, with 181 seniors expressing need. This represents the most critical gap, requiring skilled nursing services, wound care, medication management, and post-hospitalization care.

Home Care (Non-Medical): Only 12 seniors currently receive services despite 162 indicating need. This includes assistance with activities of daily living, meal preparation, transportation, and household maintenance.

Independent Living: 16 beds available versus 122 seniors expressing interest, representing a significant housing gap for those seeking age-appropriate community living options.

Transportation: 85-95 seniors currently have access to transportation services while 166 express need, creating a 71-person gap in this essential service.

Financial Cost Estimates to Close Service Gaps

Current Gap Closure Costs

Based on existing data and rural cost adjustments, bridging current service gaps requires substantial annual investment:

- **Home Care Services:** \$1,006,720 annually to serve 132 additional seniors
- **Home Health Care:** \$2,032,160 annually to establish and operate medical home health services for 181 seniors
- **Expanded Assisted/Independent Living:** \$6,042,140 total annually to develop 106 additional independent living beds

The total annual operating cost to address current gaps for even just home care and home health care is over \$3 million, well beyond Custer County's capabilities right now, emphasizing the need for diversified funding strategies and phased implementation approaches.

Cost-Effectiveness Analysis

Rural Cost Factors significantly impact service delivery expenses. Home health aide hourly rates range from \$29-42 per hour in rural areas due to recruitment and retention challenges, compared to \$25-35 in urban markets. Travel time between clients adds 30-60 minutes per visit, increasing service costs while reducing efficiency.

Economies of Scale become important considerations in rural service delivery. Initial programs serving 50 seniors may operate at \$40,000-50,000 per person annually, while larger programs serving 150+ seniors can achieve \$30,000-35,000 per person through improved efficiency and shared administrative costs.

Technology Integration offers opportunities to reduce long-term costs while improving service quality. Telehealth programs can reduce in-person visits by 20% for routine monitoring and consultation, while remote monitoring devices can provide early intervention capabilities to prevent costly emergency interventions.



Action Items: Fine-tune the Gap Analysis for Funding and Investment Purposes

Continue detailed demographic analysis with WCCHD and HRRMC

- Timeline: October 2025 – October 2026
- Responsible Party: Senior Navigator, WCCHD Board
- Budget Required: \$5,000

- Success Metric: Comprehensive demographic report completed

Finalize financial cost estimates for service delivery models

- Timeline: June 2026 – June 2027
- Responsible Party: WCCHD, HRRMC, Senior Services Navigator
- Budget Required: \$8,000
- Success Metric: Cost analysis report with 3 validated service models

Develop Medicare/Medicaid eligibility analysis

- Timeline: Q1 2026
- Responsible Party: Senior Services Navigator
- Budget Required: \$3,000
- Success Metric: Database of eligible seniors by service type

PHASED SERVICE IMPLEMENTATION PLAN: THE FIRST 5 YEARS

Strategic Implementation Approach

The complexity and scale of senior service needs in Custer County require a carefully orchestrated implementation strategy that builds capacity incrementally while establishing sustainable operations. This five-year plan prioritizes high-impact, lower-cost initiatives that create immediate value while laying the groundwork for comprehensive service expansion.

The phased approach recognizes the rural context of service delivery, acknowledging limited infrastructure, workforce challenges, and the need to demonstrate early successes to build community confidence and support. Each phase builds upon previous accomplishments while expanding service capacity and sustainability.

Minimum Viable Service Strategy

Rather than attempting to launch all services simultaneously, this plan recommends a focused "Minimum Viable Service" approach with the following priorities:

Priority 1: Senior Service Navigator (Proof of Concept)

- Launch by April 2026
- Demonstrate immediate impact through:
 - 50 seniors served in first 90 days
 - 25% reduction in crisis calls to EMS
 - \$100,000 in benefits accessed for seniors
- Use success metrics to build credibility for expanded funding

Priority 2: Volunteer Coordination

- Build on Navigator success
- Target 50 active volunteers by end of Year 1
- Document volunteer hours as match for grant applications

Priority 3: Home Care Expansion

- Partner with VALI to fill existing capacity first
- Add new capacity only after demand proven
- Use data from Navigator to target highest-need seniors



Five-Year Implementation Overview

Year 1 (2025-2026): Foundation Building

- Senior Service Navigator (\$100,000)
- Nonprofit Formation (\$15,000)
- Initial Fund Development (\$10,000)
- Bridge Funding Secured (\$50,000)

Year 2-3 (2026-2027): Service Expansion

- Home Care Expansion (25 seniors) (\$190,000)
- Volunteer Coordinator (\$65,000)
- Telehealth Enhancement (\$25,000)
- Home Health Planning (\$50,000)
- Provider MOUs Established

Year 4-5 (2028-2030): Comprehensive Growth

Housing Feasibility Study (\$75,000)

Service Integration (\$150,000)

Sustainability Achievement

Regional Model Development

Medicare Advantage Partnerships

Phase 1: Foundation Building (October 2025 – October 2026)

Implementation Champion and Accountability Structure

Immediate Action Required: The WCCHD Board must designate a specific Implementation Champion by October 7, 2025. This cannot be a committee - it must be an individual with:

Champion Profile:

- Senior leadership experience in healthcare or nonprofit management
- Established relationships in Custer County
- Available 10+ hours per week for first 6 months
- Direct reporting relationship to WCCHD Board Chair

Accountability Framework:

- Weekly progress reports to Board Chair
- Monthly presentations to full Board

- Quarterly community updates
- Success metrics tied to specific deliverables:
 - Month 1: Launch team formed, bridge funding secured
 - Month 3: Grant writer retained, first application submitted
 - Month 6: Navigator hired, nonprofit formed
 - Month 12: 50 seniors served, \$350,000 raised

Compensation: Consider \$1,000/month stipend for first 6 months to ensure commitment

Senior Service Navigator Program

The establishment of a **Senior Service Navigator** position represents the cornerstone of the initial implementation strategy. This role serves as the central coordination point for all senior services, providing information, referral, advocacy, and case management support to seniors and their families.

This position also serves a crucial data collection role. With standard operating procedures put in place, and through consistently collecting data, this person can carefully track the current capacity and current needs on a real-time basis. This data will be critical in providing the information we need to substantiate the case for financial support to any potential funding source, be it a government agency or a private foundation.



Navigator Responsibilities include:

- Conducting comprehensive assessments of individual senior needs
- Connecting seniors to existing community resources and services
- Maintaining updated resource directories and service inventories
- Tracking service requests and outcomes through systematic data collection
- Advocating for seniors with service providers and insurance systems
- Coordinating care transitions and service integration

Qualification Requirements include certification as a community health worker with additional training in aging services, Medicare/Medicaid systems, and care coordination. The navigator should possess effective communication skills, cultural competency, and familiarity with rural community dynamics.

Workforce Reality Check: Given Custer County's limited workforce, consider:

- Remote/hybrid position with 2-3 days in county
- Partnership with HRRMC to "share" navigator with Chaffee County initially
- "Grow your own" program: Train existing community member with stipend support
- Explore Colorado's Rural Health Corps for placement assistance

Partnership Integration is critical and will ensure the navigator works closely with the Custer County Consortium on Aging, VALI Assisted Living/In-Home Care, and Custer County Public Health to enhance existing information and referral services rather than duplicating efforts.

In early 2025, the Custer County Consortium on Aging began investigating the Healthy Aging Village Model, and the Helpful Village software that was eventually developed to answer a need for online coordination of the services the model provides. The Senior Services Navigator position could serve a key role in being the primary administrator for the model and software in Custer County. The Healthy Village Model and software are described at the end of the Phase I section.

Budget:

- Annual Salary: \$65,000
- Benefits (30%): \$19,500
- Operating Expenses: \$15,500
- Total Annual Cost: \$100,000

Establish Dedicated Senior Services Nonprofit

Form a nonprofit organization focused on coordinating senior services in Custer County. Establishing a 501(c)(3) nonprofit organization provides the legal framework for sustainable service delivery, grant eligibility, and community ownership of senior services.

Key components:

Organizational Structure includes a community-representative board of directors, professional staff leadership, and advisory committees bringing specialized expertise in healthcare, finance, and community development.

Governance Development establishes policies, procedures, and oversight mechanisms ensuring accountability, transparency, and compliance with nonprofit regulations. Board development includes training in nonprofit governance, fiduciary responsibility, and strategic planning.

Operational Integration coordinates the nonprofit's activities with existing community organizations, avoiding duplication while maximizing collaborative impact and resource efficiency.

The new nonprofit's board should be comprised of representatives of stakeholders in senior services in Custer County:

- Public Health
- WCCHD
- Veterans Services
- VALI
- Library representative
- WMV Rotary Van Services
- UAACOG-AAA
- 4-8 community members including seniors and caregivers

Initially the nonprofit can be formed with fiscal sponsorship under WCCHD or HRRMC. This allows for fundraising while awaiting the IRS determination letter.

The Healthy Aging Village Model and Helpful Village Software

"A Healthy Aging Village is a community-based model designed to support older adults in aging well—physically, socially, and emotionally—while remaining in their own homes and communities for as long as possible. It's rooted in the idea that people thrive when they have access to support, connection, and resources that promote independence and wellbeing.

The Village model allows older adults to age in place with the support of their peers. Simply put, a Village is a neighborhood-based membership organization that is governed by its members. Volunteers and paid staff provide support for seniors and connections to affordable services which include anything from transportation services to health and wellness programs that allow seniors to confidently age in their own home."



-From the Helpful Village website (<https://www.helpfulvillage.com/what-is-a-village>)

As mentioned previously, earlier this year the Custer County Consortium on Aging began investigating the Village Model for its own work and recently started reviewing the software that the Village Model developed, Helpful Village.

The Village Model was adopted in Chaffee County to serve its own senior population, starting out as a nonprofit, Ark Valley Helping Hands. According to Sara Bertelsen, Custer County Director of Public Health, the activities of the nonprofit simply became too large for it to manage, and the organization was subsumed under Chaffee County's Public Health Department.

Service Integration: Considering the overall coordinating role of the Senior Services Navigator and considering the recommendation detailed in this report to form a local nonprofit that oversees the implementation of this project, pulling both the Navigator and the service and software implementation fully into our plan makes good sense.

During Phase I, careful communication and coordination with the Custer County Consortium on Aging needs to continue in earnest. Subsuming the Consortium into the nonprofit needs to be discussed carefully starting Q4 2025.

With the establishment of the Senior Services nonprofit, both the Navigator and the Helpful Villages software could fall under its activities.



Technology Implementation Plan

- Month 1-2: Evaluate Helpful Village vs. alternatives (*in process within Custer County Consortium on Aging*)
- Month 3: Select platform and negotiate pricing
- Month 4: Designate daily system administrator (Navigator or volunteer)
- Month 5: Train initial user group (10-15 seniors)
- Month 6: Launch with 25 active users
- Ongoing: Weekly tech support sessions at library

Launch Initial Fund Development

Even the initial steps will require funding. Initial funding should be sought to recruit and place the Senior Services Navigator, who for the time being, may be housed or under the auspices of WCCHD while the nonprofit gets established.

Initial funding is most readily obtained through foundation capacity building grants and community fundraising efforts. WCCHD and HRRMC should also be approached for "seed funding" this effort or taking part in a matching or challenge grant initiative through 2026.

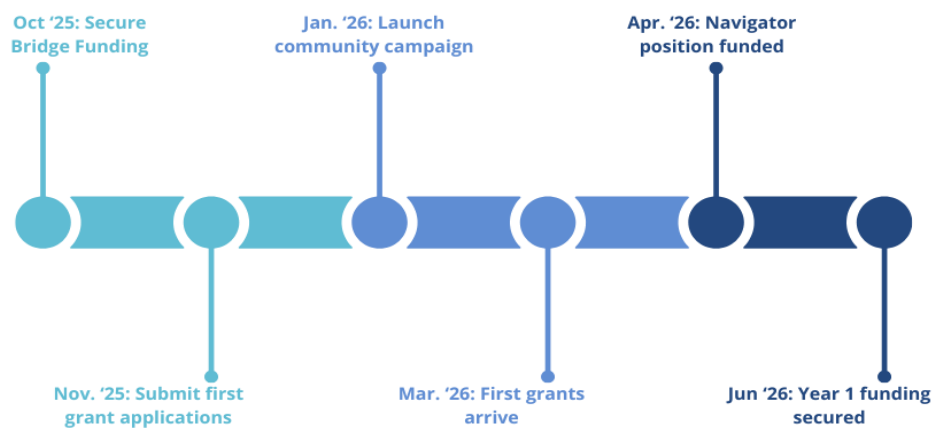
Bridge Funding Strategy:

Given typical 6–12-month grant cycles, immediate bridge funding is critical:

Sources:

- WCCHD/HRRMC: \$50,000 (from reserves or reallocation)
- Local business sponsorships: \$10,000
- Individual major donors: \$10,000
- **Total Bridge Funding Target: \$70,000**

Funding Timeline for Initial steps:



Political and Community Navigation Strategy

Stakeholder Influence Mapping:

Champions (High Influence, High Support):

- WCCHD Board Members
- Key medical providers
- Active Consortium members

Allies (Low Influence, High Support):

- Senior community members
- Family caregivers
- Local churches

Skeptics (High Influence, Low Support):

- Competing service providers
- Tax-conscious community members
- Those questioning "another nonprofit"

Engagement Strategy:

1. Monthly "Coffee with Community" sessions starting October 2025
2. One-on-one meetings with skeptics before public launch
3. Clear messaging addressing:
 - "Why another organization?" (Coordination, not competition)
 - "Why now?" (Demographic crisis requires immediate action)
 - "What's different?" (Data-driven, sustainable model)
4. Early involvement of influential skeptics in planning process



Phase I Action Items

Week 1-2 (October 1-14, 2025):

- WCCHD Board names Implementation Champion with clear authority
- Champion recruits 3-person "launch team" from existing staff/volunteers
- Schedule meeting with HRRMC leadership for bridge funding discussion

Week 3-4 (October 15-31, 2025):

- Launch volunteer driver recruitment campaign (costs nothing, high visibility)
- Create simple Google Doc resource directory consolidating existing services
- Issue RFP for grant writing services

Month 2 (November 2025):

- Host "Senior Services Summit" with all stakeholders (target 50+ attendees)
- Secure first \$10,000 local business sponsorship
- Begin formation of nonprofit – Draft and submit Form 1023 and form Board
- Submit first grant applications

December 2025 – October 2026

- Launch "Friends of Custer Seniors" membership program (\$100/year target)
- Complete stakeholder influence mapping
- Establish monthly community coffee meetings
- Expand fund development efforts with nonprofit determination (approx. June 2026)
- Navigator and volunteer training in Helpful Villages software and other systems for data tracking
- Establish regular cadence of local media and social media communications
- Weekly and monthly metrics tracked

Phase 2: Service Expansion (November 2026 - December 2027)

Enhanced Home Care Services

Building upon VALI's existing capacity, Phase 2 focuses on expanding non-medical home care services to reach 25 additional seniors. This expansion leverages existing infrastructure while demonstrating community impact and building operational experience.

Service Components include:

- Personal care assistance (bathing, dressing, grooming)
- Household management (cleaning, laundry, meal preparation)
- Companion services and social engagement
- Transportation to medical appointments and essential errands
- Medication reminders and basic health monitoring

There is no need to replace what VALI is already doing. On the contrary, a concerted effort needs to be made regarding how to support and coordinate with VALI's efforts.

VALI is undertaking a focused fundraising effort in August of 2025 to raise general operating funds and is committed to a more consistent fund development program in the future. Funds will serve to strengthen both the existing assisted living services and the home care program.

Any program that moves forward as the result of this report, particularly under the coordination of HRRMC, WCCHD, and the Consortium, needs to coordinate closely with VALI on how to augment their efforts.

Formal VALI Partnership Framework:

MOU Components:



- New nonprofit focuses on navigation, coordination, and capacity building
- VALI maintains direct service delivery with expanded support
- Shared training programs and costs
- Joint grant applications for service expansion
- Unified intake and referral system
- Monthly coordination meetings

Step 1: CCCA, HRRMC and WCCHD collaboration on communication program to the community on availability of services.

- Goal: Fill current Home Care capacity

Step 2: Coordinate with VALI on staff recruitment and training efforts. VALI certainly bears the responsibility of its own staffing and training but could use the full-throated support of other community organizations.

- Goal: To serve 25 additional seniors with home care will require the addition of about 3 additional PCPs.
- Cost: Estimate fully loaded cost of a contract PCP
 - Training: \$2,300 each, total of \$6,900 for training
 - For additional summary of costs involved, see Appendix A attached.

Expanded Volunteer Program Development

As the Helpful Village model (or a similar model under coordination of the new nonprofit) develops, the need for a paid Volunteer Coordinator will arise. This would be best suited for housing within the new nonprofit, as the nonprofit can focus fundraising on capacity building grants for the role and services.

A robust volunteer program multiplies service capacity while engaging community members in supporting their aging neighbors. Research demonstrates that well-structured volunteer programs can provide substantial value equivalent to paid services.

The Volunteer Coordinator Role manages recruitment, training, scheduling, and supervision of community volunteers. This position requires skills in volunteer management, training coordination, and community outreach.

Training and Certification ensure volunteers receive appropriate preparation for their roles, including background checks, safety training, boundary setting, and ongoing supervision. Specialized training prepares volunteers for working with seniors with cognitive impairment or physical limitations.

Recognition and Retention programs maintain volunteer engagement through appreciation events, continued education opportunities, and meaningful feedback on their contributions to community wellbeing.

Telehealth Program Expansion

Leveraging the existing telehealth infrastructure, Phase 2 expands access through the library partnership and community outreach. The three existing telehealth kits provide the foundation for broader program development.

Technology Components include:

- Laptop computers with high-resolution cameras for video consultations
- Cellular hotspots providing reliable internet connectivity
- Basic monitoring equipment (pulse oximeters, thermometers, scales)
- Ring lighting for optimal video quality during consultations
- Simplified interfaces designed for senior users

Service Integration connects telehealth capabilities with HRRMC providers, specialty consultants in Colorado Springs and Pueblo, and geriatric specialists. Regular "virtual office hours" provide routine check-ins while urgent consultation capabilities address immediate health concerns.

Training and Support ensure seniors feel comfortable using telehealth technology through one-on-one training sessions, simplified instruction guides, and ongoing technical support through the library partnership.

The newly formed Senior Service nonprofit will coordinate tightly with the Custer County Library and the WMV Rotary Van Service to expand services. Collaborative funding can be sought to support the expansion.



Home Health Services Launch

Phase 2 introduces the initial planning and development of home health services through a certified home health agency, in our case, through identifying a suitable partner with which to more carefully quantify the need and the costs involved, and then to coordinate a successful launch in the community. This addresses the critical gap in medical home health care identified in the needs assessment.

Staffing Strategy will need to be developed to address rural workforce challenges through competitive compensation, flexible scheduling, geographic clustering of visits, and partnerships with regional healthcare systems for clinical support and supervision.

Anecdotally, Leadville lacked home health care services until only recently. Enhabit expanded into the area for one sole reason: a qualified healthcare professional that could provide the services moved into Leadville.

Initiating home health services in Custer County could begin with something so "simple": attracting a qualified home health care professional to the area, with the cooperation of a certified home health agency like Enhabit.

Step 1: Open discussion and coordination with Enhabit and other home health agencies with a regional presence. Establish what expanding would look like, and what requirements need to be satisfied.

Step 2 (can be done simultaneously with Step 1): More carefully quantify the demand for home health care in Custer County to substantiate an agency's expansion and to make a case for support

Step 3: Evaluate the nature and costs of attracting staff, look into collaborating on training and recruitment. The nonprofit could evaluate a nonprofit/private/public partnership.

Continued Development and Implementation of Fund Development

Phase 2 requires expanded fundraising to support service growth. The nonprofit should develop a comprehensive fund development plan (described later in this document) that includes:

- Annual giving campaigns targeting individual donors
- Grant portfolio management for government and foundation funding
- Corporate partnership development
- Fee-for-service revenue streams
- Special events and community fundraising

Revenue Innovation Strategies:

Medicare Advantage Partnerships:

- Develop care coordination agreements with MA plans
- Target \$50,000 annual revenue by Year 3
- Focus on plans with high Custer County enrollment

Corporate Sponsorship Packages:

- "Gold" sponsors (\$10,000): Logo on van, website, materials
- "Silver" sponsors (\$5,000): Website and newsletter recognition
- "Bronze" sponsors (\$2,500): Newsletter recognition

"Friends of Custer Seniors" Membership:

- \$100 annual membership
- Benefits: Newsletter, volunteer opportunities, annual recognition
- Target: 200 members by end of Year 2



Phase 2 Action Items:

- **Expand home care services with VALI**
 - Timeline: July 2026 start
 - Target: 25 additional seniors
 - Investment: \$35,000 for training and coordination
- **Hire volunteer coordinator**
 - Timeline: September 2026
 - Salary: \$45,000 plus benefits
 - Expected outcome: 50 active volunteers by end of Phase 2
- **Launch telehealth expansion**
 - Timeline: October 2026
 - Equipment investment: \$25,000
 - Target: 100 seniors using service by end of phase
- **Expand fund development efforts**
 - Strengthen annual giving campaigns and initiate major donor program
 - Continue to population and execute on annual grants calendar
- **Begin home health planning**
 - Timeline: Q4 2026 - Q4 2027
 - Planning budget: \$50,000
 - Deliverable: Partnership agreement and implementation plan

Phase 3: Comprehensive Growth (January 2028 - December 2028)

Feasibility Study for Expanding Independent Living and Assisted Living in Custer County

Phase 3 will begin to address the critical shortage of age-appropriate housing through careful analysis of senior living development. This major capital project requires substantial planning, funding, and community coordination.

Launching and managing a feasibility study for independent living, and even expanding existing assisted living capacity, should be the first step. It's often overlooked, and because of that, the establishment of senior living facilities is often fraught with failure in both development and in funding.

The feasibility study needs to explore multiple approaches including:

- New construction of purpose-built senior housing
- Renovation and conversion of existing facilities
- Partnership with regional developers specializing in senior housing
- Modular or innovative construction approaches reducing costs and timeline
- Financial modeling of capital development costs, operating cost, and resident fee structures

Financial Modeling

The senior living/assisted living feasibility study results will need to evaluate construction costs, ongoing operations, and resident fee structures that remain affordable for local seniors while ensuring long-term sustainability.

Service Integration and Care Coordination

Phase 3 emphasizes integration across all service components, creating seamless care coordination that addresses the full spectrum of senior needs. The newly formed nonprofit, with the now full-time support of the Senior Services Navigator and any additional staff that have been retained will be key in this continued integration. This integrated model improves outcomes while achieving operational efficiencies.

Care Coordination protocols should be established and strengthened at this time, ensuring smooth transitions between service levels, from home care through increasing levels of support.

Technology Integration between Helpful Villages (or similar software) can expand telehealth capabilities, incorporating remote monitoring for chronic conditions, and utilizes smart home technologies that support aging in place while providing safety monitoring.



Phase 3 Action Items

- Identify professional firm to conduct a focused feasibility study for expanding assisted and independent living
- Continue to carefully integrate the existing service components; effort to be led by the Senior Services Navigator under the auspices of the newly formed nonprofit
- Integrate technology capabilities between stakeholder organizations to the extent possible (ever keeping in mind client/patient privacy)

Phase 4: Sustainability and Regional Leadership (January 2029 - December 2030)

Financial Sustainability Achievement

Phase 4 focuses on achieving long-term financial sustainability through diversified revenue streams, operational efficiency, and strategic partnerships. The goal is to create a self-sustaining model that can continue operations without ongoing subsidies.

Revenue Diversification includes:

- Medicare and Medicaid reimbursement for qualifying services
- Private pay services for higher-income seniors
- Insurance partnerships and managed care contracts
- Fee-for-service offerings including care management and consultation
- Grant funding for innovation and expansion initiatives

Operational Efficiency will be further strengthened through shared services, technology automation, and continuous quality improvement reduces per-unit costs while maintaining service quality.

Regional Model Development

By 2030, Custer County's senior services program can serve as a model for other rural communities facing similar challenges. This regional leadership role provides opportunities for additional funding, technical assistance contracts, and collaborative service delivery:

Knowledge Transfer through documentation, training programs, and consultation services shares successful strategies with other rural communities while generating additional revenue streams.

Collaborative Networks with other rural senior service providers enable shared purchasing, joint grant applications, and coordinated service delivery across broader geographic areas.

Technology Program Integration

Technology Partnerships and Innovation

Modern senior care increasingly relies on technology solutions that can overcome geographic barriers while providing cost-effective monitoring and intervention capabilities. Rural communities can leverage technology partnerships to access enterprise-level capabilities at reduced costs.

Remote Monitoring Technologies include:

- Wearable devices tracking vital signs, activity levels, and emergency situations
- Smart home sensors monitoring movement patterns, medication adherence, and environmental safety
- Medication management systems providing reminders and tracking compliance
- Emergency response systems enabling immediate contact with family or emergency services

Corporate Partnership Opportunities should be explored with technology companies maintaining charitable programs specifically supporting rural healthcare initiatives. These partnerships can provide equipment, training, and ongoing technical support at reduced costs.

Telehealth Expansion beyond basic consultations can include:

- Specialist consultations with geriatricians, cardiologists, and other specialists
- Mental health and behavioral health services addressing rural gaps in psychiatric care
- Chronic disease management programs for diabetes, hypertension, and other common conditions
- Medication therapy management and pharmaceutical consultations



Risk Mitigation and Contingency Planning During Comprehensive Growth

Key Risk Factors and Mitigation Strategies:

Risk 1: Grant Funding Delays

- Trigger Point: No major grants by Month 6
- Mitigation: Activate bridge funding Phase 2 (\$25,000)
- Pivot Strategy: Focus on fee-for-service and membership revenue

Risk 2: Navigator Recruitment Failure

- Trigger Point: No qualified candidates by March 2026
- Mitigation: Expand to remote/hybrid position
- Pivot Strategy: Contract with regional organization for shared position

Risk 3: Low Senior Engagement

- Trigger Point: <25 seniors served by Month 6
- Mitigation: Door-to-door outreach campaign
- Pivot Strategy: Focus on highest-need seniors identified by EMS

Kill Criteria:

- Less than \$100,000 raised by end of Year 1
- Fewer than 30 seniors served by Navigator in first year
- Board unable to maintain quorum for 3 consecutive months
- Inability to establish nonprofit status by December 2026

Monthly Dashboard Metrics:

- Seniors contacted/served
- Volunteer hours logged
- Funds raised vs. budget
- Grant applications submitted/pending/awarded
- Partnership agreements active
- Media mentions and community engagement



Action Items: Phased Implementation Plan

Phase 1 Actions (October 2025 - October 2026)

- **Form interim working committee**
 - Timeline: October 1-15, 2025
 - Members: WCCHD, HRRMC, VALI, Public Health
 - Charter: Oversee implementation until nonprofit formed
- **Begin nonprofit formation**
 - Timeline: November 2025 start
 - Legal budget: \$15,000
 - Target 501(c)(3) approval: June 2026
- **Recruit Senior Navigator**
 - Timeline: January-March 2026
 - Salary range: \$60,000-70,000
 - Start date: April 1, 2026
- **Launch initial fundraising**
 - Timeline: November 2025 - March 2026
 - Target: \$100,000 for Navigator first year
 - Sources: Foundations and community support

Phase 2-4 Actions (2027-2030)

- **Scale existing services**
 - Quarterly targets for service expansion
 - Annual evaluations of impact
 - Continuous quality improvement

- **Develop housing solutions**
 - 2028: Complete feasibility study
 - 2029: Secure development financing
 - 2030: Begin construction/renovation
- **Achieve sustainability**
 - 2028: 25% earned revenue
 - 2029: 40% earned revenue
 - 2030: 60% earned revenue

INITIAL FUND DEVELOPMENT PLAN

Comprehensive Funding Strategy Overview

The scale and complexity of expanding senior services in Custer County requires a sophisticated funding approach that combines multiple revenue streams, leverages public and private partnerships, and builds toward long-term sustainability. The total funding requirements of approximately \$3.4 million over five years demands strategic sequencing of funding applications and careful alignment of funding sources with appropriate project phases.

Modern rural healthcare financing increasingly relies on innovative funding models that move beyond traditional grant dependency toward sustainable revenue generation. Successful programs combine startup grant funding with earned revenue, fee-for-service income, and ongoing philanthropic support to create resilient financial foundations.

Realistic Funding Timeline

The Reality Check: Most grant cycles require 6-12 months from application to funding. This timeline shows when money actually arrives vs. when it's needed:

Near-term funding timeline:

- Oct 2025: Need \$10K (grant writer) → Use bridge funding
- Nov 2025: Submit first grants → Awards expected May 2026
- Dec 2025: Need \$15K (legal) → Use bridge funding
- Jan 2026: Launch community campaign → Revenue begins Feb
- Mar 2026: Need \$25K (Navigator recruit) → Use early donations
- Apr 2026: First grants arrive → Replenish bridge funding
- May 2026: Navigator starts → Ideally funded from grants

Critical Gap: May 2026 may require additional bridge funding until grants arrive.

Foundation Funding

As the availability of federal and state funding become more tenuous and unreliable, we must look toward private sources.

Private foundation funding represents a significant opportunity for program development and sustainability. Owing to significant cuts in federal and state funding, private foundation funding has become significantly more competitive as more organizations find their

government funding pipeline drying up. Creativity and perseverance are key in pursuing private sources of funding.

Regional Community Foundations including the **El Paso County Community Foundation** and **Pueblo Community Foundation** may provide funding for programs serving multi-county regions including Custer County.

Local Foundations and family foundations with connections to the region may provide targeted support for specific program components or capital projects.

Foundation and other private funding should be sought for the initial phases of this project. A number of foundations are keen on what are termed "capacity building" grants, as they poise a young nonprofit for sustainable growth, rather than creating a constant need.

Primary Foundation Targets

A broad net must be cast across potential foundation targets, and to that end, a list of the top foundations and trusts that have supported Colorado based senior services projects is attached in **Appendix F**.

- **Total Foundation Target Year 1: \$275,000**

Federal Grant Opportunities

Federal funding sources are becoming scarcer, and their reliability is tenuous. They often have administrative requirements that small organizations find overwhelming. During the first five years of this project, these sources should be carefully vetted, timelines and deadlines identified well in advance, and their requirements carefully reviewed. Timelines with government grants can be terribly protracted.

USDA Rural Development Programs

USDA Rural Development offers multiple funding streams specifically supporting rural housing and community development initiatives that align with senior service expansion goals.

Section 515 Rural Rental Housing Program provides mortgage loans for developing rental housing for low-income households, with 60% of current residents being elderly or disabled. While new Section 515 funding has been limited recently, existing programs may provide partnership opportunities.

Section 504 Home Repair Program offers loans and grants to very low-income homeowners for necessary repairs and accessibility improvements, directly supporting aging in place objectives.

Community Facilities Direct Loan & Grant Program supports essential community facilities including senior centers, healthcare facilities, and multipurpose community buildings that could house expanded senior services.

Innovative Funding Models

These innovative models are offered for the Board’s exploration. When resources get scarce, we must be creative! These models will not be appropriate for every project, but may be appropriate for some, and can be introduced once the nonprofit gets its feet on the ground, and solid collaboration is in place with key stakeholders in the community. You can find a more detailed list of innovative models in **Appendix B**.

Social Impact Bonds and Pay-for-Success Models

Social Impact Bonds represent innovative financing mechanisms where private investors fund social programs with repayment tied to measurable outcomes. Rural senior care programs can demonstrate clear success metrics including reduced hospitalizations, delayed nursing home placement, and improved quality of life measures.

Pay-for-Success Contracting with Medicare Advantage plans or state Medicaid programs could provide sustainable funding for programs that demonstrate measurable healthcare cost savings through preventive intervention and care coordination.

Public-Private Partnerships

Healthcare System Partnerships with HRRMC and regional health systems could provide clinical oversight, referral sources, and shared funding for programs that reduce emergency department utilization and hospital readmissions.

Corporate Partnerships with regional employers, technology companies, and service providers can provide equipment, expertise, and funding support through corporate social responsibility programs.

Community-Based Funding Strategies

Community Fundraising Campaigns leveraging local connections and pride in community can generate substantial support for senior services. Rural communities often demonstrate strong philanthropic support for initiatives that directly benefit community members.

Faith-Based Organization Partnerships can provide both funding and volunteer support, as many congregations maintain strong commitments to caring for aging members.

Revenue Generation and Sustainability Models

Fee-for-Service Revenue Streams

Medicare and Medicaid Reimbursement provides the foundation for sustainable revenue generation. Certified home health services, PACE programs, and other qualifying services can generate substantial reimbursement revenue. The PACE program has not announced their next funding cycle yet, but it can be carefully planned for now—it's a complex application and grant administration process, and in fact, initial funding by PACE funds the qualification and preparation for the program itself.

Private Pay Services for seniors not qualifying for public programs can generate additional revenue while serving the full spectrum of community needs. Market research suggests demand for private pay services among higher-income seniors in the community. Several services in Custer County, including VALI Home Care services and WMV Rotary Van Services have private pay options and stated that they have ample capacity to serve more seniors with existing staff.

Insurance Partnerships with Medicare Advantage plans and private insurers can provide contract revenue for care coordination, chronic disease management, and preventive services.

Specific Revenue Innovation Opportunities

Let's drill down into how some of these models could be implemented in Custer County:

Medicare Advantage Care Coordination:

- Partner with top 3 MA plans in county
- Negotiate per-member-per-month care coordination fees
- Target: \$20/member/mo. for 100 high-risk seniors = \$24,000/year
- Scale to 250 seniors by Year 3 = \$60,000/year

Property Tax Check-off Program:

- Work with County Treasurer to add voluntary check-off
- Model: Summit County's successful program
- Target: 500 households x \$50 average = \$25,000/year

Corporate Sponsorship Tiers:

- Title Sponsor (\$25,000): "Company Senior Navigator Program"
- Platinum (\$10,000): Vehicle wraps, major event naming
- Gold (\$5,000): Website, newsletter, event recognition
- Silver (\$2,500): Newsletter and event recognition

"Custer Cares" Monthly Giving:

- Target 100 donors at \$25/month = \$30,000/year

- Automatic bank draft or credit card
- Recognition levels and benefits

Estate Planning Initiative:

- Partner with local attorneys for free estate planning seminars
- Promote planned giving options
- Target: 2-3 major bequests within 5 years

Funding Timeline and Sequencing Strategy

Year 1 (2026): Foundation and Community Funding

Primary Focus: Grant applications for startup and capacity-building funding

- Community fundraising campaign launch
- Initial foundation grants
- **Funding Targets:** \$275,000

Years 2-3 (2027-2028): Expansion and Diversification

Primary Focus: Service expansion and revenue diversification

- Expanded foundation funding
- Matching and challenge grant development
- Corporate partnership development
- Expanded fee-for-service offerings
- **Funding Targets:** \$1,050,000

Years 4-5 (2029-2030): Sustainability Achievement

Primary Focus: Financial independence and model replication

- Reduced grant dependency
- Creative funding model revenue
- Consulting and technical assistance revenue
- Regional partnership development
- **Funding Targets:** \$2,560,000 annually, including, for example,
 - Consulting revenue: \$100,000
 - Creative funding model revenue: \$100,000-200,000
 - Ongoing grants: \$300,000



Risk Mitigation and Contingency Planning for Fund Development

Funding Risk Assessment

Grant Competition Risk: High competition for federal grants requires exceptional application quality and early submission. Mitigation includes professional grant writing support and multiple application submissions.

Regulatory Change Risk: Changes in Medicare, Medicaid, or other reimbursement policies could impact revenue projections. Mitigation includes diversified revenue streams and advocacy for rural healthcare funding.

Economic Downturn Risk: Community fundraising and fee-for-service revenue may decline during economic challenges. Mitigation includes building reserve funds and maintaining multiple funding sources.

Contingency Strategies

Phased Implementation Adjustments: Program phases can be extended or modified based on funding availability without compromising core service delivery goals.

Partnership and Volunteer Enhancement: Deeper partnerships with existing organizations can reduce funding requirements while maintaining service levels.

Service Prioritization: Core services can be maintained while optional services are delayed or eliminated if funding falls short of projections.



Action Items: Fund Development Plan

- **Retain grant writer for initial funding phase**
 - Timeline: October 2025 – February 2026
 - Responsible Party: Working Committee
 - Budget Required: \$10,000
 - Success Metric: Joint funding strategy developed
- **Develop grants calendar for the first 18 months**
 - Timeline: October 1 - November 1, 2025
 - Responsible Party: Grant writer
 - Budget Required: Included in grant writer services
 - Success Metric: Grant calendar complete
- **Launch first annual community fundraising campaign**
 - Timeline: January 1 - December 31, 2026

- Responsible Party: Grant writer with volunteer support
 - Budget Required: \$10,000
 - Success Metric: \$50,000 raised from 200+ donors
- **Continue annual fund development planning and execution**
 - Timeline: January 1, 2027 - December 31, 2030
 - Responsible Party: Development Director (hire by Jan 1 2027)
 - Budget Required: \$70,000 annually
 - Success Metric: \$200,000+ raised annually
- **Develop financial modeling around creative funding options**
 - Timeline: January 1 - June 30, 2028
 - Responsible Party: Financial Consultant
 - Budget Required: \$12,000
 - Success Metric: Long-term sustainability plan approved

CONCLUSION AND NEXT STEPS

The demographic transformation of Custer County presents both significant challenges and unprecedented opportunities to create innovative, sustainable solutions for rural aging. This comprehensive plan provides a roadmap for addressing critical service gaps while building a model that can serve other rural communities facing similar challenges.

The evidence clearly demonstrates urgent need: 181 seniors requiring home health care where none exists, 132 seniors needing expanded home care services with minimal current capacity, and over 106 seniors seeking independent or assisted living options in a county with only 16 available beds. The annual investment of \$3 million eventually required to address these gaps represents a substantial commitment, but one that generates significant economic and social returns for the community.

The four-phase implementation strategy balances immediate need with long-term sustainability, beginning with high-impact, lower-cost initiatives that demonstrate community value while building toward comprehensive service delivery. The Senior Service Navigator position provides immediate coordination and advocacy while the systematic expansion of home care, home health, transportation, and senior living services addresses the full spectrum of aging needs.

Financial sustainability through diversified funding streams creates a realistic pathway from grant-dependent startup to self-sustaining operations. The combination of private grants, creative fundraising, private/public financing, government funding, community support, and earned revenue provides multiple pathways to financial stability while reducing risk through diversification.

The success of this initiative requires immediate action, strong community partnerships, and unwavering commitment to the vision of enabling Custer County residents to age with dignity in the community they call home. The October 1, 2025 implementation timeline provides sufficient lead time for preparation while maintaining urgency for addressing critical community needs.

This plan represents more than service expansion—it embodies a community's commitment to honoring its aging residents while creating sustainable solutions that preserve the rural character and strong community bonds that make Custer County unique. The investment in senior services generates economic activity, creates employment opportunities, and demonstrates the innovative spirit that characterizes successful rural communities.

The Board's review and support of this comprehensive plan will position Custer County as a regional leader in rural aging services while ensuring that current and future residents can age successfully in the community they have chosen as home.

Immediate Next Steps

The path forward requires decisive action and coordinated effort. The following steps outline the critical activities for launching this comprehensive initiative:

October 2025 - Launch Month

1. **WCCHD Board names Implementation Champion** (October 1-7)
2. **WCCHD Board approval** of initial steps of the comprehensive plan at regular meeting
3. **Form interim working committee** with representatives from key stakeholders
4. **Issue RFP for grant writing services** with rural health experience required
5. **Schedule initial community stakeholder meeting** for late October
6. **Champion secures bridge funding commitments** from WCCHD/HRRMC

November 2025 - Building Momentum

1. **Submit first capacity-building grant applications**
2. **Begin nonprofit formation process** with legal counsel
3. **Launch community awareness campaign** through local media and organizations
4. **Establish monthly progress reporting** to WCCHD Board
5. **Host first "Coffee with Community" session**
6. **Launch volunteer driver recruitment campaign**

December 2025 - January 2026

1. **Complete comprehensive grant calendar** for 18-month period
2. **Recruit nonprofit board members** from diverse community sectors
3. **Develop Senior Navigator job description** and recruitment plan
4. **Create community fundraising committee** with 7-10 members
5. **Secure first corporate sponsorship**
6. **Create simple resource directory (Google Doc)**

First Quarter 2026 - Implementation Begins

1. **Hire Senior Services Navigator** by April 1, 2026
2. **Launch Helpful Villages platform** with Consortium coordination
3. **Implement data collection systems** for real-time tracking
4. **Begin service coordination** with existing providers
5. **Host "Senior Services Summit"** for community buy-in
6. **Launch "Friends of Custer Seniors" membership program**



Measuring Success:

Year 1 Benchmarks (2026)

- Navigator hired and fully operational
- 50 seniors receiving enhanced services
- \$275,000 in funding secured
- Nonprofit organization established with active board
- 25 active volunteers recruited
- 3 corporate sponsors secured
- 100 "Friends" members enrolled

Year 3 Benchmarks (2028)

- 150 seniors served monthly across all programs
- Home health services launched with certified partner
- \$1 million annual operating budget achieved
- 10+ active community partnerships
- 50% of budget from earned revenue
- 100 active volunteers
- Formal MOUs with all key providers

Year 5 Goals (2030)

- 200+ seniors served with comprehensive services
- Self-sustaining financial model (60% earned revenue)
- Regional replication beginning in neighboring counties
- Best practices documented and shared statewide
- \$100,000 annual consulting revenue
- Medicare Advantage partnerships generating \$60,000+
- Housing feasibility study complete with funding identified

Monthly Success Metrics Dashboard (Template in **Appendix E**)

Track these metrics weekly for the first 6 months:

- Seniors contacted (target: 10/week)
- Seniors served (target: grows from 2 to 10/week)
- Volunteer hours (target: 20/week growing to 100/week)
- Funds raised (target: \$5,000/month average)
- Grant applications in process
- Media mentions (target: 1/week)
- Community meetings held, Partnership discussions active

Together, we can ensure that Custer County remains not just a place where people grow old, but a community where they age with grace, dignity, and the comprehensive support they deserve. The time for action is now—our seniors have waited long enough.



COMPREHENSIVE ACTION PLAN SUMMARY

Section	Action Item	Timeline	Responsible Party	Budget Required	Success Metric
CRITICAL	Name Implementation Champion	Oct 1-7, 2025	WCCHD Board	\$1,000/mo stipend	Champion appointed
CRITICAL	Secure bridge funding	Oct 7-31, 2025	Implementation Champion	\$0	\$50,000 committed
CRITICAL	Launch volunteer recruitment	Oct 15-31, 2025	Champion + volunteers	\$500	10 volunteers recruited
CRITICAL	Host Senior Summit	Nov 15-30, 2025	Working Committee	\$1,000	50+ attendees
Implementation Plan	Form interim working committee	Oct 1-15, 2025	WCCHD Board	\$0	Committee formed
Implementation Plan	Retain grant writer	Oct 15-Nov 1, 2025	Working Committee	\$5,000	Grant writer contracted
Implementation Plan	Form 501(c)(3) nonprofit	Nov 2025-Jun 2026	Working Committee	\$15,000	IRS approval received
Implementation Plan	Recruit Senior Service Navigator	Jan-Mar 2026	Nonprofit Board	\$10,000	Navigator hired Apr 2026
Implementation Plan	Launch enhanced home care with VALI	Jul 2026-ongoing	Navigator/VALI	\$35,000	25 additional seniors served
Implementation Plan	Implement telehealth expansion	Oct 2026	Library Partnership	\$25,000	3 new kits operational
Implementation Plan	Merge efforts with Consortium on Aging	Jan 2027	Nonprofit Board	\$5,000	Integration complete
Implementation Plan	Launch volunteer coordinator	Sep 2026	Nonprofit ED	\$65,000	50 active volunteers
Implementation Plan	Expand Helping Villages program	Oct 2026	Navigator	\$15,000	100 members enrolled
Implementation Plan	Begin senior housing planning	Q1 2028	Nonprofit Board	\$75,000	Feasibility study complete
Fund Development	Draft comprehensive grant calendar	Nov 2025	Grant Writer	Included	18-month calendar
Fund Development	Develop HRRMC Foundation partnership	Dec 2025	Working Committee	\$0	MOU signed
Fund Development	Launch community fundraising	Apr-Jun 2026	Development Comm.	\$10,000	\$50,000 raised
Fund Development	Secure Navigator funding	Jan-Mar 2026	Grant Writer	Included	\$100,000 secured
Fund Development	Develop sustainable funding model	2027-2030	Development Dir.	\$70,000	60% earned revenue

APPENDICES

Appendix A: Home Care and Home Health Care Cost Breakdown

Key Cost Drivers

1. Labor Costs:

- Hourly rate for home health aides: \$25-\$35/hour (national average for non-medical care)
- Rural surcharge for recruitment/retention: +15-20% (\$29-\$42/hour)
- Nurses or skilled medical professionals: \$45-\$75/hour (if medical care is needed)

2. Travel Time:

- Average round-trip distance per visit: 20-50 miles (Custer County's rural geography)
- Travel time per visit: 30-60 minutes (unpaid for aides but included in agency pricing)

3. Visit Frequency:

- Non-medical care (e.g., bathing, meal prep): 20-30 hours/month per senior
- Medical care (e.g., wound care, medication): 8-12 visits/month per senior

Estimated Annual Costs

Non-Medical Personal Care (e.g., Visiting Angels)

Cost Component	Calculation	Estimated Annual Cost
Hourly rate (incl. rural upcharge)	\$35/hour x 20 hours/month x 12 months	\$8,400-\$12,600 per senior
Travel costs (mileage + time)	20 miles/visit x \$0.67/mile + 0.5 hours unpaid travel x 20 visits/month	+\$1,200-\$2,400 per senior
Total per senior		\$9,600-\$15,000
Total for 132 seniors		\$1.27M-\$1.98M

Home Health Care (Medical, e.g., Enhabit)

Cost Component	Calculation	Estimated Annual Cost
Hourly rate (skilled nurse)	\$60/hour x 8 visits/month x 1.5 hours/visit x 12 months	\$8,640-\$12,960 per senior
Travel costs	40 miles/visit x \$0.67/mile x 96 visits/year	+\$2,572 per senior
Total per senior		\$11,212-\$15,532
Total for 181 seniors		\$2.03M-\$2.81M

Critical Considerations

1. Mixed Care Needs:

- Assume 60% non-medical and 40% medical care needs
- Weighted average total cost: ~\$1.98M-\$2.61M annually

2. Additional Costs:

- Administrative overhead: +20-30% for staffing, insurance, coordination
- Training and retention incentives: +\$2,000-\$5,000 per worker annually

Recommendations to Reduce Costs

1. Cluster Care by Geographic Area:

- Group seniors in nearby locations to minimize travel time/mileage

2. Leverage Telehealth:

- Use virtual check-ins for non-urgent needs (reduces in-person visits by ~20%)

3. Partner with Volunteers:

- Train volunteers for non-medical tasks (meal delivery, transportation)

4. Apply for Grants:

- Target rural health grants (e.g., HRSA's Rural Health Care Services Outreach Program)

Real-World Comparison

- Colorado State Average: \$60,000/year for full-time home health care (44 hours/week)
- Rural Adjustment: Costs in Custer County may be 15-25% higher due to travel and workforce challenges

Final Estimate

Service Type	Annual Cost per Senior	Total for Current Gap
Non-Medical (20 hrs./month)	\$12,000-\$16,000	\$1.58M-\$2.11M
Medical (8 visits/month)	\$14,000-\$18,000	\$2.53M-\$3.26M
Combined (60/40 split)	\$13,000-\$17,000	\$2.03M-\$2.81M

This estimate aligns with rural home health care cost trends in Colorado and accounts for the unique challenges of serving dispersed populations. A phased pilot program starting with 50 seniors would provide more precise data for scaling.

Appendix B: Innovative Funding Models to Support Expansion of Senior Care Services

Based on research and best practices from comparable rural communities, here are innovative funding models that could support expanded elderly care services without increasing taxes:

1. **Public-Private Partnerships (PPPs):** Collaborate with private sector entities to co-fund and co-manage elderly care services. This model leverages private sector efficiency and innovation while maintaining public oversight.
2. **Social Impact Bonds:** Implement pay-for-success models where private investors fund elderly care initiatives, and the government repays only if predetermined outcomes are achieved.
3. **Community-Based Funding:** Develop local fundraising initiatives and community foundations dedicated to supporting elderly care services.
4. **Reverse Mortgages:** Encourage the use of reverse mortgages to allow seniors to access their home equity to pay for care services.
5. **Home Equity Lines of Credit (HELOCs):** Promote HELOCs as a flexible way for seniors to finance their care needs.
6. **Subscription Models:** Implement services like membership programs that charge a fixed monthly fee for access to a network of elderly care providers.
7. **Technology-Enabled Cost Reduction:** Utilize technology to facilitate transparent and secure service delivery, potentially reducing administrative costs.
8. **Grant Stacking:** Actively seek and combine grants from government agencies, foundations, and corporations focused on elderly care innovation.
9. **Dedicated Elderly Care Investment Funds:** Create investment funds specifically focused on supporting and scaling elderly care services.
10. **Program of All-Inclusive Care for the Elderly (PACE):** Expand the PACE model, which combines Medicare and Medicaid funding to provide comprehensive care services.
11. **Technology-Enabled Care:** Invest in telehealth, remote monitoring, and other technologies that can reduce the cost of care delivery while improving outcomes.
12. **Volunteer Programs:** Develop robust volunteer networks to supplement paid care services, reducing overall costs.

13. Intergenerational Programs: Create programs that engage younger community members in providing support to seniors, fostering community connections, and reducing care costs.

14. Long-Term Care Insurance Partnerships: Work with insurance companies to develop more affordable and comprehensive long-term care insurance options.

15. Community Service Time Banks: Implement systems where community members can earn credits by providing services to seniors, which can be redeemed for services they may need in the future.

These innovative funding models focus on leveraging existing resources, engaging the private sector, and utilizing technology to expand elderly care services without relying solely on tax increases.

Appendix C: The GRACE Model for Innovative Senior Care

Here's a comparison of the **GRACE model** (Geriatric Resources for Assessment and Care of Elders) with other innovative funding models for elderly care, focusing on fiscal sustainability and practicality for rural communities:

GRACE Model Overview

- **Structure:** Team-based care coordination (nurse practitioners, social workers, physicians) for low-income seniors
- **Funding:** Primarily Medicare/Medicaid reimbursements + grants (e.g., CMS Innovation Center funding)
- **Key Features:**
 - Focuses on reducing hospitalizations through proactive home-based care
 - Integrates medical and social services
 - Relies on existing public funding streams rather than new taxes

Comparison with Other Models

Model	Funding Source	Strengths	Limitations	Best For
GRACE	Medicare/Medicaid + grants	Reduces costly hospitalizations; leverages existing public funds	Limited to Medicare/Medicaid-eligible seniors; less scalable in rural areas	Low-income seniors with complex needs
PACE	Medicare/Medicaid capitation	Comprehensive care (medical + social)	Requires high enrollment; complex setup	Seniors eligible for nursing-home care
Social Impact Bonds	Private investors + outcome-based govt. payouts	No upfront public cost; incentivizes results	Requires measurable outcomes; complex contracts	Communities with clear performance metrics
Reverse Mortgages	Seniors' home equity	Empowers seniors to self-fund care	Risk of financial exploitation; not all seniors qualify	Homeowners with significant equity
Volunteer Time Banks	Community labor exchange	Low-cost; builds social capital	Limited to non-medical tasks; scalability challenges	Small communities with strong social ties
Public-Private Partnerships (PPPs)	Private investors + govt. support	Shares financial risk; attracts innovation	Profit motives may conflict with care goals	Areas with private-sector interest

Key Differences

1. Funding Mechanism:

- GRACE relies on existing public funds (Medicare/Medicaid), avoiding new taxes but requiring eligibility compliance
- Models like Social Impact Bonds or PPPs involve private capital, reducing taxpayer burden but introducing profit motives

2. Scalability:

- GRACE and PACE depend on federal program eligibility, limiting reach in rural areas with sparse healthcare infrastructure
- Volunteer Time Banks and Reverse Mortgages are more grassroots but lack medical oversight

3. Innovation:

- Blockchain/DAO models are innovative but unproven for elderly care
- GRACE focuses on care coordination efficiency rather than novel funding

Why GRACE Aligns with Fiscal Conservatism

- **Cost-Neutral to Taxpayers:** Uses pre-existing Medicare/Medicaid funds more effectively
- **Preventive Care Focus:** Reduces expensive emergency care/hospitalizations (saves ~\$1,500 per patient annually in studies)
- **No New Bureaucracy:** Integrates with existing healthcare providers

Recommendation for Custer County

- **Short Term:** Pilot GRACE-inspired model in partnership with local clinics to leverage Medicare/Medicaid reimbursements
- **Medium Term:** Combine with a Volunteer Time Bank for non-medical support (e.g., meals, transportation)
- **Long Term:** Explore Social Impact Bonds for capital-intensive projects (e.g., building senior housing)

This hybrid approach minimizes tax increases while addressing both medical and social needs. GRACE provides the clinical backbone, while community-driven models manage non-medical gaps.

Appendix D: Implementation Champion Role Description

Position: Senior Services Implementation Champion **Reports to:** WCCHD Board Chair

Time Commitment: 10+ hours/week for first 6 months

Compensation: Consider \$1,000/month stipend for first 6 months, then volunteer

Key Responsibilities:

1. Lead formation of 3-person launch team by October 15, 2025
2. Secure \$50,000 minimum bridge funding by October 31, 2025
3. Oversee grant writer selection and first submissions
4. Coordinate stakeholder engagement and community outreach
5. Provide weekly progress reports to Board Chair
6. Lead nonprofit formation process
7. Oversee Senior Navigator recruitment

Required Qualifications:

- Senior leadership experience in healthcare, nonprofit, or government
- Established relationships in Custer County community
- Track record of successful project implementation
- Grant writing or fundraising experience preferred
- Passion for senior services and rural healthcare

Success Metrics:

- Month 1: Launch team formed, bridge funding secured
- Month 3: Grant writer retained, first application submitted
- Month 6: Navigator hired, nonprofit formed
- Month 12: 50 seniors served, \$275,000 raised

Selection Process:

- Board identifies 2-3 candidates by September 25, 2025
- Candidates present vision to Board at October 1 meeting
- Board selects Champion by October 7, 2025

Appendix E: Monthly Dashboard Template (NEW)

Custer County Senior Services Initiative Monthly Progress Dashboard - [Month/Year]

Key Performance Indicators:

Metric	Target	Actual	Variance	Notes
Seniors Contacted	40	___	___	
Seniors Served	10	___	___	
Volunteer Hours	80	___	___	
Funds Raised	\$5,000	___	___	
Grant Apps Submitted	2	___	___	
Media Mentions	4	___	___	
Partner Meetings	4	___	___	

Financial Summary:

- Beginning Balance: \$_____
- Revenue This Month: \$_____
- Expenses This Month: \$_____
- Ending Balance: \$_____
- Months of Cash on Hand: ____

Major Accomplishments:

1. _____
2. _____
3. _____

Challenges/Issues:

1. _____
2. _____
3. _____

Next Month Priorities:

1. _____
2. _____

3. _____

Risk Assessment:

- Grant Funding: Green/Yellow/Red
- Community Engagement: Green/Yellow/Red
- Staffing/Volunteers: Green/Yellow/Red
- Provider Cooperation: Green/Yellow/Red

Champion Signature: _____ **Date:** _____

Appendix F: Initial Foundation Funding Targets

Foundations and Organizations Giving to Senior Health and Senior Living Programs from 2021-2025								
Ranked by Grants Given within the Funding Area								
Grantmaker Name	Contact	Street Address 1	City	State	ZIP Code	Telephone	E-mail	URL
Anschutz Family Foundation		555 17th St Ste 2400	Denver	CO	80202-3941	303-293-2338	info@anschutzfamilyfoundation.org	https://www.anschutzfamilyfoundation.o
A V Hunter Trust Incorporated		650 S Cherry St Ste 535	Denver	CO	80246-1897	303-399-5450	barbarahowie@avhunter	https://WWW.AVHUNTERTRUST.ORG
Melvin & Elaine Wolf Foundation		115 Wilcox St Ste 250	Castle Rock	CO	80104-2065	303-398-0275		https://WWW.THEMELVINELAINAWOLFFOUN
M S Doss Foundation Inc		PO Box 1677	Seminole	TX	79360-1677	432-758-2770		https://MSDOSS.ORG
Thrivent Charitable Impact & Investing	Molly Olson, Marketing Communications Specialist	PO Box 8072	Appleton	WI	54912-8072	612-844-4110	molly.olson@thrivent.co	https://THRIVENTCHARITABLE.COM
The US Charitable Gift Trust		1 Post Office Sq	Boston	MA	02109-2106	800-836-2414	gifttrust@ctcdelaware.co	https://www.uscharitablegifttrust.org
The Rod N McDonald Family Foundation		PO Box 4593	Greenwood Village	CO	80155-4593	303-777-4044		
Jewish Community Foundation Orange County	Taylor Davis, Donor Services & Database Administrator	1 Federation Way Ste 230	Irvine	CA	92603-0173	949-435-3490	taylor@jcfoc.org	https://www.jcfoc.org
Colorado Garden Show Inc		959 S Kipling Pkwy Ste 100	Lakewood	CO	80226-3904	303-932-8100		https://WWW.COLORADOGARDENFOUNDATION.
Ernest and Lillian E Campbell Foundation		PO Box 51	Julesburg	CO	80737-0051	970-474-3488		
Aspen Community Foundation	Kortney Hartman, Chief Financial Officer; Stephanie Gianneschi, Director Of Philanthropic Services	455 Gold Rivers Ct Ste 515	Basalt	CO	81621-8124	970-925-9300	kortney@aspencommuni	https://www.aspencommunityfoundation.org
							tyfoundation.org	
The George H Nettleton Home Inc		PO Box 8707	Prairie Village	KS	66208-0707	816-289-6585	susamnriffe@aol.com	https://GNETTLETON.ORG
Kenny Foundation Inc		270 Saint Paul St Ste 200	Denver	CO	80206-5133	720-642-7300		
Robert Hoag Rawlings Foundation	Jane Rawlings: Foundation President	301 N Main St	Pueblo	CO	81003-3247	719-544-2566	janer@rhrfoundation.org	https://RAWLINGSFOUNDATION.COM
JK Mullen Foundation		PO Box 3154	Greenwood Village	CO	80155-3154	303-722-3557		
Albert and Doris Pitt Foundation		8019 Concord Rd	Huntington Woods	MI	48070-1303	2483989800		
The Connie Burwell White and William W White Foundation		PO Box 18852	Denver	CO	80218-0852	303-351-2720	apply@whitefoundation	https://WWW.WHITEFOUNDATIONDENVER.ORG
The Huntly Foundation		901 E Cary St	Richmond	VA	23219-4003	8046975110		
John G. Duncan Charitable Trust		PO Box 505	St Louis	MO	63166-0505	888-730-4933		https://www.wellsfargo.com/private-foundations/duncan-charitable-trust/
Global Impact	Cassie Call, Managing Director, Marketing & Communications	2300 N St NW Ste 501a	Washington	DC	20037-1122	703-717-5200	cassie.call@charity.org	https://charity.org/
NATIONAL CHRISTIAN CHARITABLE FOUNDATION INC	Steve Chapman, Chief Creative Officer	1150 Sanctuary Pkwy Ste 350	Alpharetta	GA	30009-4736	404-252-0100	schapman@nationalchris	http://www.ncdgvng.com
Home Instead Charities	Kathy Miske, Operations And Program Manager; Lenli Corbett, Executive Director	13323 California St	Omaha	NE	68154-5240	402-455-0883	info@homeinsteadsenio	https://WWW.HOMEINSTEADCHARITIES.ORG
							rcarefoundation.org	
Ztyl Foundation		9325 Lark Sparrow Dr	Highlands Ranch	CO	80126-5226	720-352-1781		
Bohnen Family Foundation		1 Wolfe Ln	Colorado Springs	CO	80906-2439	719-473-1178		
Hawk Family Foundation		25 N Downing St Fl 12	Denver	CO	80218-3467	3037209080		
Mountain Pride		PO Box 6443	Avon	CO	81620-6443	970-510-0276		https://mountainpride.org/
Sadako K Judd Private Foundation in C/o Liz Collins		8410 Riviera Ave	Fort Myers	FL	33919-1656	206-387-2813		
Isec Foundation		Foundation Source 501 Silverside Rd	Wilmington	DE	19809	8008391754		
Centra Foundation Inc		PO Box 789	Columbus	IN	47202-0789	812-314-0282	lmorgan@centra.org	https://WWW.CENTRAFOUNDATION.ORG
The Dahms-Talton Foundation		935 Nancy St	Fort Morgan	CO	80701-3724	970-867-2888		
Colorado Hope Foundation		5725 Blue Sage Dr	Littleton	CO	80123-2715	303-795-2225		
TJF Foundation		8181 E Tufts Ave	Denver	CO	80237-2579	303-740-9400		
Vanderark Foundation		5500 E Peakview Ave Apt 3306	Centennial	CO	80121-3586	3037614040		
Baird Foundation Inc		777 E Wisconsin Ave	Milwaukee	WI	53202-5300	414-765-3500		
Mollie Mitchell & John Wilson Foundation		1550 Baneberry Ln	Golden	CO	80401-8584	303-526-1781		
Shopeck Family Foundation		155 Madison St	Denver	CO	80206-5433	303-331-0133		HTTP://WWW.SOCIUSFOUNDATION.ORG
Socius Foundation		99 Osgood Pl # 200	San Francisco	CA	94133-4629	415-456-4000		
Thompson Family Foundation		10240 Crooked Stick Trl	Lone Tree	CO	80124-8507	303-351-0050		
Jennifer Lynn Stroud Foundation		5949 Sherry Ln Ste 960	Dallas	TX	75225-8005	214-463-2600	help@jlsfoundation.org	
Claude and Marilyn Boles Foundation Inc		5120 Long Meadow Cir	Greenwood Village	CO	80111-3436	303-771-9594		
Xcel Energy Foundation		414 Nicollet Mall	Minneapolis	MN	55401-1927	612-215-5310	foundation@xcelenergy.	HTTPS://MY.XCELENERGY.COM/S/CO
El Pomar Foundation Employee Benefit Trust		10 Lake Cir	Colorado Springs	CO	80906-4201	719-633-7733		
Resource Capital Funds Foundation		1400 Wewatta St Ste 850	Denver	CO	80202-5548	720-946-1444		
Verizon Foundation		PO Box 627	Basking Ridge	NJ	07920-0627	908-559-2735		https://WWW.VERIZON.COM/ABOUT/RESPONSI

Foundations and Organizations Giving to Senior Health and Senior Living Programs from 2021-2025								
Ranked by Grants Given within the Funding Area								
Grantmaker Name	Contact	Street Address 1	City	State	ZIP Code	Telephone	E-mail	URL
Eben Ezer Lutheran Care Center Foundation		122 Hospital Rd	Brush	CO	80723-1702	970-842-2861		http://WWW.EBENEZER-CARES.ORG
Leo Hill Charitable Trust C/o Wayne Hutchens		400 S Steele St Unit 45	Denver	CO	80209-3535	303-877-5148		
Hunter Estelle Char-Main		PO Box 505	St Louis	MO	63166-0505	888-730-4933		
Colorado Gives Foundation		5855 Wadsworth Byp Ste A	Arvada	CO	80003-5462	720-998-5900	cmatthews@coloradogivesfoundation.org	http://ColoradoGivesFoundation.org
Daniels Fund		101 Monroe St	Denver	CO	80206-4467	303-393-7220	info@danielsfund.org	http://WWW.DANIELSFUND.ORG
The Harry and Jeanette Weinberg Foundation Inc		7 Park Center Ct	Owings Mills	MD	21117-4200	410-654-8500		http://HUWEINBERGFUNDATION.ORG
Florence Huss Memorial Fund for Bell Tower Residents		1400 O Day St	Merrill	WI	54452-3417	715-539-1460		
American Endowment Foundation	Josh Walker	5700 Darrow Rd	Hudson	OH	44236-5026	888-440-4233		
Violet M Johnson Family Foundation		PO Box 803878	Chicago	IL	60680-3878	312-630-6000		
Joslin-Needham Family Foundation C/o Farmers State Bank		PO Box 324	Brush	CO	80723-0324	970-842-5101		
Vanguard Charitable		45 Liberty Blvd Ste 220	Malvern	PA	19355-1419	888-383-4483	amin_farooqui@vanguardcharitable.org	http://vanguardcharitable.org
Millie High United Way, Inc.	Chelsea Carver, Chief Development Officer; Shelby Ross, Vice President, Marketing And Events	711 Park Ave W	Denver	CO	80205-2880	303-433-8383	Shelby.Ross@unitedwaydenver.org	http://www.unitedwaydenver.org
The Martin Family Foundation C/o Larry Bean	Laurie Vieira, Executive Director	PO Box 50190	Casper	WY	82605-0190	307-268-7128	info@martinfamilyfoundation.com	http://MARTINFAMILYFOUNDATION.COM
Phil and Ruth Spano Foundation		PO Box 40	Henderson	CO	80640-0040	303-669-1015		
Littleton Rotary Foundation Inc		PO Box 143	Littleton	CO	80160-0143	720-468-0478	ppanish@msn.com	https://portal.clubrunner.ca/3759/sitepage/littleton-rotary-foundation-2
NextFifty Initiative	Tiffany Welch	950 S Cherry St Ste 510	Denver	CO	80246-2602	303-547-1800	twelch@next50foundation.org	http://www.next50foundation.org
Theodore and Maxine Murnick Family Foundation Inc		85 Minniskink Rd	Short Hills	NJ	07078-1919	973-669-5510		
ROSE COMMUNITY FOUNDATION	Gretchen Lenamond, Chief Financial Officer	4500 Cherry Creek Drive South Ste 900	Denver	CO	80246	303-398-7400	info@rcfdenver.org	http://www.rcfdenver.org
Sietsema Ray Irrev Tua		PO Box 505	St Louis	MO	63166-0505	888-730-4933		
Shana Glassman Foundation		1400 Glenarm Pl Rm 100	Denver	CO	80202-5000	303-534-5005		
Alice R Barbanis Charitable Tr		PO Box 1620	Tulsa	OK	74101-1620	918-619-1526		
Charles L Hoyer Family Foundation		PO Box 30918	Billings	MT	59116-0918	888-791-4075		
Disabling Barriers	Alexis Christman	11605 Meridian Market Vw	Peyton	CO	80831-8237	719-574-5562	info@disablingbarriers.org	https://disablingbarriers.org
Colorado Springs Health Foundation	Carl Davis, Executive Director	PO Box 509	Colorado Springs	CO	80901-0509	719-985-8989	cdavis@csht.net	http://CSHF.NET
Marshall Inv Trust Uw FBO Chr		PO Box 634	Milwaukee	WI	53201-0634	503-464-3580		
American Online Giving Foundation Inc		40 E Main St Ste 887	Newark	DE	19711-4639	800-928-5415		http://www.onlinegivingfoundation.org/
Jip Family Foundation Inc		941 S Vine St	Denver	CO	80209-4620	303-393-0888		
The Scheffel Family Charitable Trust		2320 Kinney Ln	Reno	NV	89511-6568	415-608-7860		
Ang Charitable Gift Foundation		6295 Greenwood Plaza Blvd	Greenwood Village	CO	80111-4908	303-694-2190		
El Pomar Foundation		10 Lake Cir	Colorado Springs	CO	80906-4201	719-633-7733	grants@elpomar.org	http://WWW.ELPOMAR.ORG
Genesis Foundation		6794 S Yates Ct	Littleton	CO	80128-6424	720-480-9830		
The Denver Foundation	Genevieve Laca, Director Of Engaged Philanthropy; Jason Stoddart, Vice President Of Talent And Culture	1009 N Grant St	Denver	CO	80203-2908	303-300-1790	jstoddart@denverfoundation.org	http://www.denverfoundation.org
Conagra Brands Foundation	Robert Rizzo, Senior Director, Community Investment And Foundation	11 Conagra Dr # 11-360	Omaha	NE	68102-5011	402-240-4000	foundation@conagrafoods.com	http://www.conagrabrands.com
JEWISHcolorado	John Stillwell	300 S Dahlia St Ste 300	Denver	CO	80246-8136	303-321-3399	jstillwell@jewishcolorado.org	https://www.jewishcolorado.org
Koch Gwendolyn Tua #a Irrev-Main		PO Box 505	St Louis	MO	63166-0505	888-730-4933		
Louis R & Dorothy M Meister Foundation		1410 E 4th Ave	Denver	CO	80218-3910	303-870-2309		
Seegers Foundation		14140 Midway Rd Ste 202	Dallas	TX	75244-3672	214-891-0205		
Trailhead Institute	Sarah Lampe, President & Executive Director	1999 Broadway Ste 600	Denver	CO	80202-5706	303-910-4682	trailheadCEO@trailheadinstitute.org	http://TRAILHEAD.INSTITUTE
Schlessman Foundation Inc		8181 E Tufts Ave Ste 600	Denver	CO	80237-2579	303-831-5683	contact@schlessmanfoundation.org	http://WWW.SCHLESSMANFOUNDATION.ORG
Leadingage Inc		2519 Connecticut Ave NW	Washington	DC	20008-1520	202-783-2242	info@leadingage.org	http://WWW.LEADINGAGE.ORG
Delta Dental Plan of Colorado Foundation Inc	Adeeb Khan, Executive Director	6465 Greenwood Plaza Blvd Ste 900	Centennial	CO	80111-7107	303-741-9300	hello@ddpco.com	http://WWW.DELTADENTALCOFOUNDATION.ORG
Frank E Payne and Seba B Payne Foundation		225 W Wacker Dr Ste 2150	Chicago	IL	60606-1254	312-621-0590		G

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