

**AREA AGENCY ON AGING  
FOUR-YEAR PLAN:  
Fiscal Years 2011-2015**

**SECOND YEAR OF THE PLAN:  
Fiscal Year 2013  
July 1, 2012 - June 30, 2013**

**Tooele County  
Area Agency on Aging**

**for  
The Older Americans Act**

**Utah Department of Human Services  
Division of Aging and Adult Services**

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## **I. APPROVAL PROCESS**

The Older Americans Act of 1965, as amended through 2006, requires that each Area Agency on Aging (AAA) develop an area plan. This is stated specifically in Section 306(a) of the Act as follows:

Each area agency on aging designated under Section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with Section 307(a)(1).

In accordance with the Act, each AAA is asked to furnish the information requested on the following pages. Responses will form the report of progress in achieving goals set for the planned activities for the second year of the four-year Area Plan FY 2011 - 2015 (July 1, 2012 - June 30, 2013). Once completed, this document will be submitted to the Division of Aging and Adult Services for review and comment. The State Board of Aging and Adult Services will subsequently examine all responses and consider the document for final approval by June of 2012.

## II. SIGNATURES

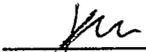
Appropriate signatures are requested to verify approval of the Area Plan.

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### AREA PLAN UPDATE

July 1, 2012 to June 30, 2013

1. The Area Plan update for Fiscal Year 2013 has been prepared in accordance with rules and regulations of the Older Americans Act and is hereby submitted to the Utah Department of Human Services, Division of Aging and Adult Services, for approval. The Area Agency on Aging assures that it has the ability to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area (Ref. Section 305[c]). The Area Agency on Aging will comply with state and federal laws, regulations, and rules, including the assurances contained within this Area Plan.

Director, Area Agency on Aging  Date 5-23-2012

Agency Name: Tooele County Area Agency on Aging  
Agency Address: 59 East Vine Street, Tooele, Utah 84074

2. The Area Agency Advisory Council has had the opportunity to review and comment on the Area Plan Update for Fiscal Year 2013 (Ref. 45 CFR Part 1321.57[c]). Its comments are attached.

Chairman  Date 23 May 2012  
Area Agency Advisory Council

3. The local governing body of the Area Agency on Aging has reviewed and approved the Area Plan Update for Fiscal Year 2013.

Chairman, County Commission or  Date 6/5/2012  
Association of County Governments

#### 4. Plan Approval

Director \_\_\_\_\_ Date \_\_\_\_\_  
Division of Aging and Adult Services

Chairman \_\_\_\_\_ Date \_\_\_\_\_  
State Board of Aging and Adult Services

### III. PROGRESS REPORT ON GOALS AND OBJECTIVES

Please review the progress made during the past year on the goals and objectives found in the AAA four-year plan. This summary should not exceed two pages in length. If additional supporting data are submitted, please place it in the attachments.

Please indicate specific goals and objectives planned for the second year (July 1, 2012 - June 30, 2013) of the four-year plan. Please indicate any changes or amendments to the four-year plan with a brief explanation for the change.

1. **Focusing on most vulnerable target populations – With current funding issues, the realities of limited resources may reduce the number of individuals served. Given that, when triaging clients and services, additional emphasis on reaching and serving frail, low income, minority and others should be prioritized. Efficiencies and initiatives for best practices in service delivery – Given current financial constraints, the need for improved efficiency and effectiveness in delivering services is more critical than normal.**

This last year Tooele County Aging Services has lead in the formation of the Tooele County Mobility Council. The purpose of this council was to coordinate transportation among agencies serving the transportation disadvantaged by restoring lost services, saving current services in trouble, and implementing new needed services. With the help of our partners we have applied for multiple grants and have been awarded over \$300,000 for transportation coordination, a new accessible vehicle, vehicle maintenance, and mobility management. These funds are to be utilized in the near future for a direct service for frail, low income, veteran, and minority seniors. In the next 2-3 years we will be able to report the full implementation of this program.

We have been blessed with generous donations from the community and individual donors. With these donations we will be able to provide matching funds for our 1<sup>st</sup> ever accessible vehicle. We will also be able to provide 72 hour kits including 9 shelf stable senior meals to the home bound seniors in our community.

We have centralized our dispatching and scheduling for our transportation services which has allowed us to become more efficient and be able to meet the transportation needs with a smaller driving staff. In the past each senior center dispatched transportation and did scheduling.

Our new Home Delivered meal containers have been upgraded with the new food service contract. Home Bound seniors are now provided with a freeze, microwave, oven safe container with compartmentalizes the meal courses for increased visual appearance. In addition the new food service agreement with Trinity Services (AKA Canteen) has afforded us to continue meal serves with annual savings projected to be over \$50,000.

- 2. Empowering seniors in maintaining health, safety and independence – Using community resources and supports, in home services and other resources including evidence based preventive health models and abuse prevention resources, develop goals to allow seniors to remain in their homes and communities while creating healthy and safe environments.**

We have updated the aerobics being taught in the Tooele Center with a certified Arthritic Association instructor. Numbers in this class taught 3 times weekly have gone from 4 to over 20 per class. This class has also been taken to in home clients and taught on a one on one basis. We are seeking grant funds around \$3000 to increase this class to two other locations and to train another instructor. Next year we will be able to report on the progress made in this area.

This year we were fortunate enough to have the help of three Physician Assistant students from Torro University doing a course project for the community. These students helped us implement the vial of life program for our seniors including the homebound, and to kick off the yellow dot program in our county with the Tooele Senior center as a sign up location. These program help first responders assess medical needs quickly and can save lives.

- 3. Develop and strengthen community partnerships – set goals for using and developing community networks and partners to more effectively meet client needs and to build collaborative relationships that allow access to resources and assistance found outside of the traditional aging network.**

In addition to being involved with the Tooele Mobility Council. We have also participated in the community health improvement plan, just finished, for Tooele County. We have tried implementing the Vital Aging Project with Valley Mental Health, and have added some important members to our council on Aging, increasing partnerships. For example we now have a Tooele City councilman on our council and he has given us the opportunity to publish outreach materials in the city's monthly

newsletter. We continue to be active in all the boards and functions outlined in the Four Year Plan.

#### **IV. ACCOMPLISHMENTS FOR THE PAST YEAR**

**This section should be the "state of the agency" report. Discuss the agency's major accomplishments, what is working as planned, what effort did not work as planned, any disappointments experienced by the agency, barriers encountered, etc.**

First Thanks are owed to: the agency staff for their efforts, commitment and contribution to our mission and goals, the state division for the communication, leadership, and support, individual and organization donors, and our local and state decision makers who fund these programs.

Our agency has succeeded in the past year. We are happy to report that have been able to maintain no or very small waiting lists for our programs. We have been able to: organize the new Tooele Mobility Council, successfully renovated the Grantsville Senior Center, continue to operate the recently updated 10 page monthly newsletter for outreach, streamline senior transportation through central dispatching and scheduling, and operate bus service for Tooele County through a UTA contract. We have also begun a new contract with Trinity Services (AKA Canteen) for the purchase of our congregate and homebound meals. It is anticipated that this contract will save us 20% of our food materials cost and improve homebound meal delivery. The Caregiver Support conference held in November was a success with our largest attendance to date. Our senior centers are providing new activities and programs such as water color painting and wood carving classes. Several local newspaper articles have helped us to educate and reach out to the general public regarding our programs. Donations and volunteers keep coming and senior citizens continue to receive our services.

We have faced a few challenges this year, including: our staffing including volunteers has decreased. Volunteers of America lost its grant to help fund volunteer efforts. Easter Seals has not been able to replace their workers placed with us, as well as youth employment services. One of the local high schools had interns coming to do filing and data entry and that has stopped. We once had 5 inmates working 40 hours a week in our centers and that program has been withdrawn; although, we hope to receive 1 inmate worker once a week in the near future. We tried a new program with Valley Mental Health called the Vital Aging Project. This program has done very well in Salt Lake County. Although we have had training and complete support from Valley Mental Health, the scheduled courses had little or no attendance. We have not given up yet, but it may be that this program will not work in our area. We have also struggled to find participants in our Living with Chronic Conditions classes. Despite countless outreach drives and initiatives the attendance for these courses has barely met minimum

standards. Historically each of our senior centers has had a center board, but in 2011 the Tooele Senior Board disbanded. In response our agency helped organize a senior council.

Despite some setbacks it has been considered a positive year. The agency has met its goals and continues to strive to adapt and meet the needs of the aging population in Tooele County. We celebrate the success of being able to increase our service despite the difficulties surrounding our economic environment and the barriers created for volunteers.

## V. AREA PLAN PROGRAM OBJECTIVES

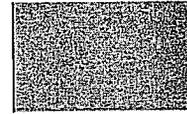
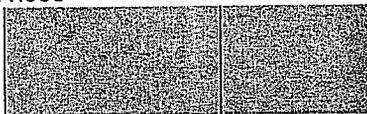
### Supportive Services

Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
<p><b>Case Management (1 case):</b> Assistance either in the form of access or care coordination in the circumstance where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of case management includes assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and re-assessment, as required.</p>	10	0	36.5	
<p><b>Personal Care (1 hour):</b> Provide personal assistance, stand-by assistance, supervision or cues for persons having difficulties with one or more of the following activities of daily living: eating, dressing, bathing, toileting, and transferring in and out of bed.</p>	8		518	
<p><b>Homemaker (1 hour):</b> Provide assistance to persons having difficulty with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.  <b>Chore (1 hour):</b> Provide assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.  <b>Adult Day Care/Adult Day Health (1 hour):</b> Provision of personal care for dependent adults in a supervised,</p>	7		171.5	

<p align="center"><b>Title III B Program Objective</b></p> <p>protective, congregate setting during some portion of a 24-hour day. Services offered in conjunction with adult day care/adult health typically include social and recreational activities, training, counseling, meals for adult day care and services such as rehabilitation, medication management and home health aide services for adult day health.</p>	<p align="center"><b>Persons Served - Unduplicated Count</b></p>	<p align="center"><b>Persons Waiting for Services*</b></p>	<p align="center"><b>Estimated Service Units</b></p>	<p align="center"><b>Estimated Number of Persons Not Served</b></p>
<p><b>Assisted Transportation (1 one-way trip):</b> Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.</p>			50	
<p><b>Transportation (1 one-way trip):</b> Provision of a means of transportation for a person who requires help in going from one location to another, using a vehicle. Does not include any other activity.  <b>Legal Assistance (1 hour):</b> Provision of legal advise, counseling and representation by an attorney or other person acting under the supervision of an attorney.  <b>Nutrition Education (1 session):</b> A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.</p>			6411  33  12	

\* Persons assessed and determined eligible for services

**Information and Assistance (1 contact):** A service for older individuals that (A) provides the



<p style="text-align: center;"><b>Title III B Program Objective</b></p>	<p style="text-align: center;"><b>Persons Served - Unduplicated Count</b></p>	<p style="text-align: center;"><b>Persons Waiting for Services*</b></p>	<p style="text-align: center;"><b>Estimated Service Units</b></p>	<p style="text-align: center;"><b>Estimated Number of Persons Not Served</b></p>
<p>individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.</p> <p><b>Outreach (1 contact):</b> Interventions initiated by an agency or organization for the purpose of identifying potential clients and encouraging their use of existing services and benefits.</p>				

\* Persons assessed and determined eligible for services

### TITLE III C-1 Congregate Meals

Title III C-1 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
<p><b>Congregate Meals (1 meal):</b> Provision to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting, a meal which:</p> <ul style="list-style-type: none"> <li>a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture;</li> <li>b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences;</li> <li>c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and,</li> <li>d) provides, if three meals are served, together, 100 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.</li> </ul>	831		39524	
<p><b>Nutrition Counseling (1 hour):</b> Provision of individualized advice and guidance to individuals, who are at nutritional risk</p>				

Title III C-1 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.				
<b>Nutrition Education (1 session):</b> A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.			12	

\* Persons assessed and determined eligible for services

**TITLE III C-2  
Home-Delivered Meals**

Title III C-2 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
<b>Assessment/Screening (1 Hour):</b> Administering standard examinations, procedures or tests for the purpose of gathering information about a client to determine need and/or eligibility for services. Routine health screening (blood pressure, hearing, vision, diabetes) activities are included.			300	
<b>Home-Delivered Meals (1 meal):</b> Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which: <ul style="list-style-type: none"> <li>a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture);</li> <li>b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences;</li> <li>c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and</li> <li>d) provides, if three meals are served, together, 100 percent of the current daily DRI; although there is no requirement regarding</li> </ul>	145		20080	

	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
<p align="center"><b>Title III C-2 Program Objective</b></p> <p><b>Home-Delivered Meals (cont'd):</b> the percentage of the current daily RDA which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.</p>			5	
<p><b>Nutrition Counseling (1 hour):</b> Provision of individualized advice and guidance to individuals, who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.</p>				

\* Persons assessed and determined eligible for services

**TITLE III D  
Preventive Health**

Title III D Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Aerobics			<u>480</u>	
<u>Foot clinics, blood pressure clinics, flu shots</u>			<u>700</u>	
<u>Chronic conditions class</u>			<u>30</u>	

\* Persons assessed and determined eligible for services

**TITLE III E**  
**National Family Caregiver Support Program (NFCSP)**

Title III E Program Objective	Persons Served	Persons Waiting for Services*	Estimated Service Units
<b>Information:</b> Estimate the number of individuals who will receive information, education and outreach activities in order to recruit caregivers into your program.	50		50
<b>Assistance:</b> Estimate the number of clients who will receive assistance in accessing resources and information which will result in developed care plans and coordination of the appropriate caregiver services.	17		50.25
<b>Counseling/Support Groups/Training:</b> Estimate the number of individuals who will receive counseling/support groups/training.	40		120
<b>Respite:</b> Estimate the number of clients who will receive respite services using NFCS funds.	14	3	476
<b>Supplemental Services:</b> Estimate the number of clients receiving supplemental caregiver services using NFCS funds.	6	3	48

\* Persons assessed and determined eligible for services

## OTHER OLDER AMERICANS ACT SERVICES

Other Services Profile (*Optional*): List other services and the funding source.

Service Name and Funding Source	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served

\* Persons assessed and determined eligible for services

**Note:** There are no restrictions on the number of other services which may be reported.

**Mission/Purpose Codes:**

- A= Services which address functional limitations
- B= Services which maintain health
- C= Services which protect elder rights
- D= Services which promote socialization/participation
- E= Services which assure access and coordination
- F= Services which support other goals/outcomes

## STATE-FUNDED PROGRAMS

Service Code	Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Number of Persons Not Served
ALM	<b>Home and Community-based Alternatives Program:**</b> Service designed to prevent premature or inappropriate admission to nursing homes, including program administration, client assessment, client case management, and home- and community-based services provided to clients.	80	3	165
RVP	<b>Volunteer:</b> Trained individuals who volunteer in the Retired Senior Volunteer Program, Foster Grandparent Program, and Senior Companion Program.	0	0	

\* Persons assessed and determined eligible for services

\*\* Quarterly and annual reporting requirements by service area will still be required. (Example: case management, home health aide, personal care, respite, etc.)

## MEDICAID AGING WAIVER PROGRAM

Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Number of Persons Not Served
<b>Purpose:</b> A home and community-based services waiver offers the State Medicaid Agency broad discretion not generally afforded under the State plan to address the needs of individuals who would otherwise receive costly institutional care provided under the State Medicaid plan.	10	3	100

\* Persons assessed and determined eligible for services

## VI. REAFFIRMATION OR AMENDMENTS TO THE FOUR-YEAR PLAN

This section allows the AAA to annually reaffirm, with documentation, the information found in its four-year plan. It is important to include documentation with the request for any waivers, including descriptions and justifications for the request. This section provides an opportunity to discuss any modifications the agency is requesting to amend in the four-year plan. The following areas should be included, and any others that the AAA would like to add:

### 1. PRIORITY OF SERVICES

- A. Alternatives/ In Home Services:
- B. Nutrition:
- C. Transportation:
- D. Senior Centers:
- E. Outreach Services:

### 2. SERVICE PROVIDERS

List all providers from whom the agency will purchase goods or services with Title III funds to fulfill area plan objectives. Specify the goods or services being purchased and the type of agreement made with the provider, i.e., subcontract, vendor, memorandum of agreement, etc.:

AGREEMENT PROVIDER NAME	GOODS/SERVICE(S)	TYPE
Cory Hansen	Nutritionist/ Dietician	Written
Utah Legal Services	Legal Services for the elderly	Written
Trinity Services AKA Canteen	Meals/ Nutrition	Written

### 3. DIRECT SERVICE WAIVERS

The State Plan shall provide that no supportive services, nutrition services, or in-home services (as defined in section 342[1]) will be directly provided by the State Agency or an area agency on aging, except where, in the judgment of the State Agency, provision of such services by the State or an area agency on aging is necessary to assure an adequate supply of such services, or where such services are directly related to such state or area agency on aging administrative functions, or where such services of comparable quality can be provided more economically by such state or area agency on aging.

Is your agency applying for any Direct Service Waivers?  
Yes  No

If yes, list the services for which waivers are being requested and describe the necessity for the direct service provision.

Nutrition

Case Management

#### 4. PRIORITY SERVICE WAIVER

**Reference(s):** OAA Section 306(a)(2), 306(b)(1)(2)(A)(B)(C)(D), 307(a)(22)  
State Rule R110-106-1

Indicate which, if any, of the following categories of service the agency is not planning to fund with the minimum percentage of Title III B funds specified in the State Plan, with the justification for not providing services. **Attach appropriate documentation** to support the waiver request as follows:

- 1) Notification of public hearing to waive Title III B funding of a service category,
- 2) A list of the parties notified of the hearing,
- 3) A record of the public hearing, and
- 4) A detailed justification to support that services are provided in sufficient volume to meet the need throughout the planning and service area. (See State Rule R805-106 for specific requirements.)

#### SERVICE CATEGORY

#### DESCRIPTION OF REASON FOR THE WAIVER

**Access: Transportation:** Currently we have limited transportation options other than Dial-a-Ride and certain routes from UTA. We have negotiated a contract with UTA to provide two flex routes with wheelchair lifts and ability to deviate  $\frac{3}{4}$  of a mile off route. These routes follow a regular schedule through Tooele, Stansbury Park, Erda, and Grantsville Monday –Friday from 5am-7pm. We belong to two additional community transportation groups in which we hope to bring more transportation options to the community.

**In-Home:** We respect all the other groups and entities that work with the aging population in our county. We also realize the importance of coordinating our efforts and working together, given the amount of resources we have available. We work well together, refer to each other, and plan on maintaining a good relationship for the foreseeable future.

**Legal Assistance:** We contract with Utah Legal Services

**5. ADVISORY COUNCIL**

**References:** OAA Sections 306(a)(6)(F)  
FED 45 CFR Part 1321.57

<b>Council Composition</b>	<b>Number of Members</b>
60+ Individuals	9 _____
60+ Minority Individuals	2 _____
60+ Residing in Rural Areas	3 _____
Representatives of Older Individuals	3 _____
Local Elected Officials	2 _____
Representatives of Providers of Health Care (including Veterans Health Care if applicable)	1 _____
Representatives of Supportive Services Provider Organizations	_____
Persons With Leadership Experience in the Voluntary and Private Sectors	3 _____
General Public	_____
<b>Total Number of Members</b> (May not equal sum of numbers for each category)	9 _____

Name and address of chairperson:  
Jane Gillis- 289 Settlers Court, Tooele, Ut 84074

Does the Area Agency Advisory Council have written by-laws by which it operates?

Yes       No

Area Agency Advisory Council meetings schedule: 4<sup>th</sup> Wednesday of Every Month @ 1:30 pm \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## VII. POPULATION ESTIMATES

Population Group	Number*	Number Served in Planning and Service Area	Estimate of People Needing Services
Age 60+	6521	960	1304
Age 65+	4379	868	876
Minority Age 65+	679	134	136

\*Population data from the Governor's Office of Planning and Budget are provided for each county on the attached sheet.

## VIII. SPECIFIC QUESTIONS ON PROGRAM ACTIVITIES

1. **According to Rule 510-401 Utah Caregiver Support Program each AAA was to develop a Caregiver Advisory Council which would have the primary duty to conduct an annual caregiver satisfaction survey. Tell us about your successes in developing and directing the Advisory Council to conduct the caregiver satisfaction survey. Also please discuss the other interactions you currently have with the Advisory Council and how they have assisted you with the Caregiver Support Program.**

Tooele AAA has had an active Caregiver Advisory Council since 2004. They have successfully conducted an annual caregiver satisfaction survey each year as mandated by the Rule. The Council has also been very active in planning and participating in an annual Caregiver Conference for the past 8 years. Finally, because the members represent most of the provider agencies in the community, it offers a unique opportunity for them to get together and develop relationships that foster cooperation rather than competition for clients.

2. **With the 2006 Amendments to the Older American Act, services to grandparents raising grandchildren have been emphasized. Please tell us: (1) how you conduct outreach to this population; (2) what resources do you currently offer grandparents raising grandchildren; and (3) if you are currently not offering services to grandparents, what you will do to develop resources for this population and your time line to do this.**

(1) We have modified our caregiver brochure to include grandparenting as a service.  
(2) The primary resource we see ourselves offering is assisting grandparents to access the Grandfamilies program already available in the community. We would also offer case management as appropriate beyond what Grandfamilies offer if deemed helpful and not a duplication of services. (3) To date, we have not served any grandparents but remain ready and available if/when the request arises. We see our role as an addition to the Grandfamilies program not a competition with what they offer.

3. **Please describe your reporting processes for spending in the Alternatives Program. What barriers have you overcome in providing accurate reporting of costs-per-client? What barriers still exist to providing accurate information? How**

**has reporting client costs improved your ability to plan for growth in this and other in-home services programs?**

The CNA's keep track of the time spent in each clients home. At the end of the month this time is reported and each client is billed at a rate of \$14.00 per hour. We have some barriers associated with the distance between the client scheduling and client billing. Communication can be improved to make sure that the actual time billed per client is the same as the time scheduled for each client. Client cost reports help us to make sure we do not go over the \$750 allowance per client and if our budget allows for us to bring on more clients.

## **IX. SUPPLEMENTAL QUESTIONS FOR THE 2012 AAA ANNUAL PLAN**

- 1. With the addition of Title III E data being collected in NAPIS/Harmony, what is the most valuable information to you in determining if your program outcomes are being met? As state and federal decision makers seek evidence of proven results, what tangible data do you as a AAA already collect or could easily start collecting that would demonstrate that congregate and home delivered meals do make a difference for the participants?**

The most valuable information to our agency in determining if our program outcomes are being met is the quality of life for our participants. But the quality of life is measured in different ways with different programs. With our arthritic aerobics program, its fewer falls and more occasions out of the home because of renewed balance. For our foot clinics it is a decrease in foot problems. For blood pressure clinics it is better diagnosis from physicians due to informed patients.

In regard to home delivered and congregate meals making a difference in the lives of our participants, the data that we receive regarding how often individuals use this service can tell us a lot. Those who come for a congregate meal daily would not come for the meal if they did not think the meal makes a difference to them. The same logic is true with home delivered meals. If state and federal decision makers are more interested in data to show that these programs save money, or keep people from going to the hospital it may prove to be very difficult to find data to make that determination. However, the data showing consistent use of these programs shows that from the perspective of our participants these programs certainly make a difference.

- 2. In Utah we have been collecting fees in the Alternatives program since its inception in the 1970's. Are the fees we charge fair? Is it time to change the fee structure to reflect higher costs of providing services? Are you able to collect the fees effectively, and how are they used?**

It is hard to determine if the fee is fair. The costs associated with running the program are increasing, but client's incomes are not. It is a concern that increasing fees may become a barrier to some who need the service. A slight increase may be warranted, but with reservation. Currently a notice is sent to a client that has not paid their portion. With good communication the clients have been good about paying their portion. The fees collected are put back into the program.

- 3. Utah's older population continues to grow and so does the number of minority seniors in the state. What strategies does your agency have in place to address the concerns of minority Older Americans who wish to have care services provided by a provider which they can identify with? (e.g., someone who looks like them)**

To date we have not had this type of request. However, we have minority providers available. Should this accommodation be requested we can send minority providers to help with these services. In addition we have several bi-lingual employees who can communicate with Spanish speaking individuals seeking information. We also have access to other online tools for those speaking other languages.

- 4. Given the federal directives regarding evidence-based health promotion programs, how can this be achieved by your AAA while staying in budget?**

Some of these funds will have to come from local sources including municipal funds and donations. Our agency will also need to become proactive in seeking grants. In addition several of these programs can be run with the help of volunteers that are willing to meet the necessary criteria to put these programs together for seniors and at little cost.

- 5. Please report your outcomes or efforts in coordinating with State Adult Protective Services and other local programs in developing and enhancing programs to address elder abuse, neglect and exploitation in your communities. What decision making process do you currently**

**have in place for assessing referrals made by Adult Protective Services to your agency? What services do you plan to offer as supports to elders in your communities who have a protective need based on an APS investigation?**

We have had local law enforcement do presentations at our senior centers teaching seniors about some of the threats that are out there, and how to avoid them. We have also had Jilene Gunther present her book, *Navigating Your Rights*, to a group of about 80 seniors this past spring. Our staff who have contact with home bound seniors have a relationship with our local APS worker and submit referrals to her when appropriate. For many years our agency has contracted Long Term Care Ombudsman services out to Salt Lake County Aging Services. Beginning July 1, 2012 our agency will begin providing this service in house. This will allow us to have a better understanding of the conditions of our local long term care facilities. All of our services and resources are available to APS should a need to work together for the protection of an elder arise.