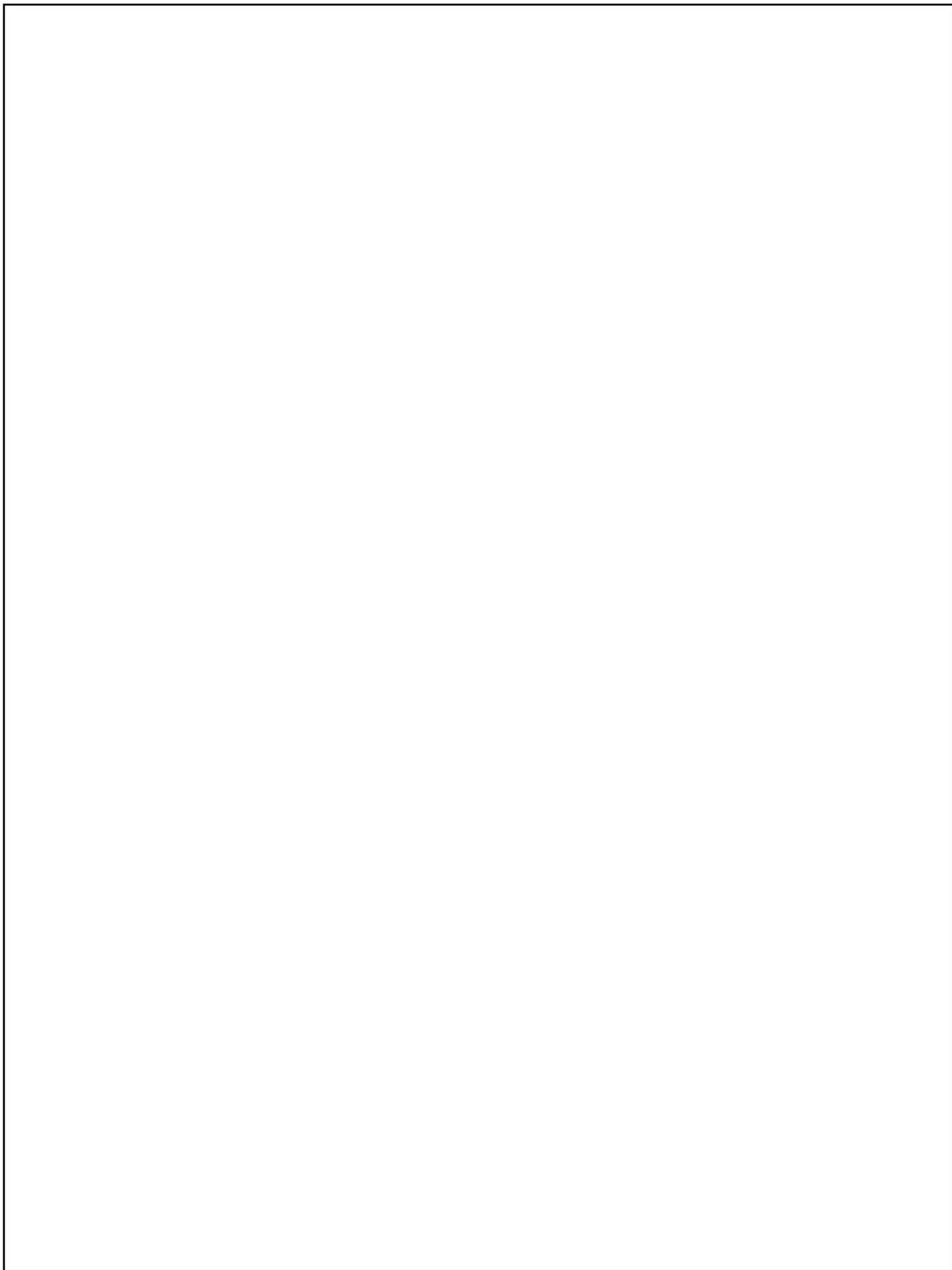


2006 ANNUAL REPORT

Utah State Division of Aging and Adult Services

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INTRODUCTION

Older Americans Act

The Older Americans Act (OAA) was passed by Congress in 1965, creating the first federal legislation devoted exclusively to addressing the needs and challenges of older Americans. Since its passage, the Older Americans Act, as amended through 2000, has provided funding and leadership in establishing a unique nationwide network of federal, state and local governments, and private providers serving the diverse needs of America's seniors. The Act can be viewed as a work in progress that has been amended on several occasions to address the changing needs of older Americans, most recently in the fall of 2006.

The first Older Americans Act established the Administration on Aging (AOA) in the federal Department of Health and Human Services, provided grants for demonstration projects and research on aging, training grants, financial support for state offices or units on aging, and funds for states to use in supporting projects for the aging population.

Amendments passed in 1969 established the National Older Americans Volunteer Program which provided for Retired Senior Volunteers and Foster Grandparents. In 1972, the Act was amended as a result of a series of nutritional research and demonstration projects to create a permanent nationwide nutrition program for the elderly. Amendments to the Act in 1973 required states to create planning and service areas and to designate a public or private non-profit agency to serve as the Area Agency on Aging (AAA) in each of these locations. Currently there are 655 such agencies in the United States which plan and coordinate services and opportunities for older persons on a regional basis, 12 of which are found in Utah.

Other amendments passed in the 1970s established the Senior Community Service Employment Program, awarded grants for low-income persons age 60 and over to work as senior companions, supplied surplus commodities to the nutrition program with assistance from the U. S. Department of Agriculture, and added a separate age discrimination act. Amendments passed near the end of the decade established the Long-Term Care Ombudsman program providing professional and volunteer ombudsmen who assist older persons living in long-term care facilities. During the 1980s, enacted amendments required the AAAs to address the needs of older persons with limited ability to speak English, established a federal office for Native American, Alaskan Native, and Native Hawaiian programs and increased an emphasis on services to the low-income minority elderly.

The most recent reauthorization of the OAA occurred in 2006 and further enhanced and enriched the Act. The amendment requires that area agencies on aging set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement. Older individuals with limited English proficiency and those residing in rural areas must be included. The bill clarified the need of AAAs to facilitate area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings. The bill requires information detailing how the area agency on aging will coordinate with the State agency responsible for mental health services and, in addition, develop long-range emergency preparedness plans.

Utah's Aging and Adult Services Program

The Division of Aging and Adult Services (DAAS) was created as Utah's State Unit on Aging in accordance with the Older Americans Act. By Utah statute (62A-3-104) the Division was granted the legal authority to establish and monitor programs that serve the needs of Utah's seniors. Local AAAs have been designated to cover all geographic regions of the state and have responsibility for providing a comprehensive array of services and advocacy for the needs of seniors residing in their areas.

In 1986, the Division was given the administrative authority for Adult Protective Services, a program to protect vulnerable adults from abuse, neglect, and exploitation. Adult Protective Services workers provide services designed to assist victims and prevent further abuse, neglect, and exploitation. Staff are located in a statewide system of offices and work in cooperation with local law enforcement to investigate cases involving seniors and disabled adults.

The Division has adopted the following Vision Statement, Mission Statement and Guiding Principles to communicate its purpose.

VISION STATEMENT

"OFFERING CHOICES FOR INDEPENDENCE"

MISSION STATEMENT

The mission of the Division of Aging and Adult Services is to:

- Provide leadership and advocacy in addressing issues that impact older Utahns, and serve elder and disabled adults needing protection from abuse, neglect or exploitation.
- Fulfill our vision of **offering choices for independence** by facilitating the availability of a community-based system of services in both urban and rural areas of the state that support independent living and protect quality of life.
- Encourage citizen involvement in the planning and delivery of services.

GUIDING PRINCIPLES

The Division of Aging and Adult Services believes that:

- Utah's aging and adult population has many resources and capabilities which need to be recognized and utilized. The Division has an advocacy responsibility for ensuring opportunities for individuals to realize their full potential in the range of employment, volunteer, civic, educational, and recreational activities.
- Individuals are responsible for providing for themselves. When problems arise, the family is the first line of support. When circumstances necessitate assistance beyond the family, other avenues may include friends, neighbors, volunteers, churches, and private and public agencies. The Division and its contractors are responsible to assist individuals when these supportive mechanisms are unable to adequately assist or protect the individual.
- Expenditure of public funds for preventive services heightens the quality of life and serves to delay or prevent the need for institutional care.
- Aging and Adult Services programs should promote the maximum feasible independence for individual decision making in performing everyday activities.
- An individual who requires assistance should be able to obtain services in the least restrictive environment, most cost-effective manner, and most respectful way.

Organizational Structure

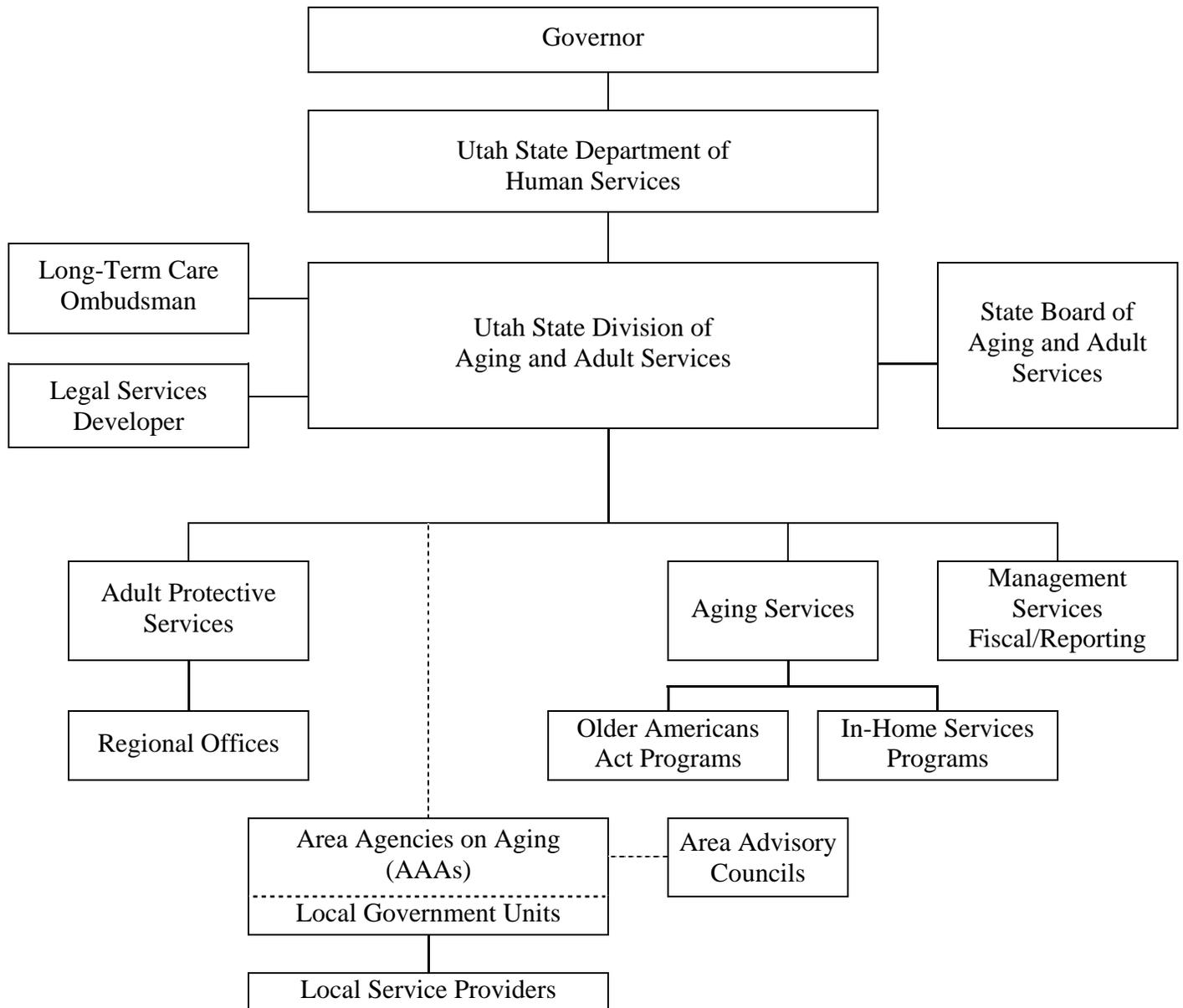
The Division has the responsibility to administer, deliver and monitor services to aging and vulnerable adult residents of Utah. To meet this responsibility, two program areas have been created: 1) Aging Services, and 2) Adult Protective Services.

The Aging Services Program is responsible for the provision of services needed by the elderly as set forth in the Older Americans Act and other enabling legislation funded by federal, state, and local governments. Aging services in Utah are delivered by local AAAs through contracts with DAAS.

The Adult Protective Services Program is mandated by state law to investigate all cases of reported abuse, neglect or exploitation of vulnerable adults. The program also offers services designed to protect abused, neglected, or exploited vulnerable adults from further victimization and assist them in overcoming the physical or emotional effects of such abuse. The following chart depicts the organizational structure of DAAS.

Utah State Division of Aging And Adult Services

Organizational Chart



Population Growth of Seniors in Utah

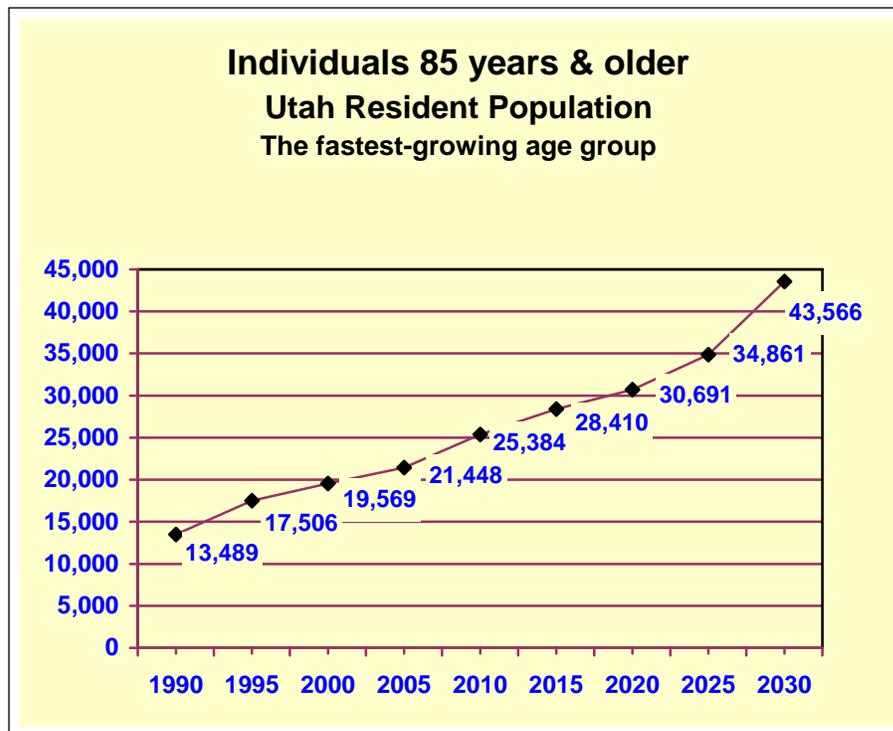
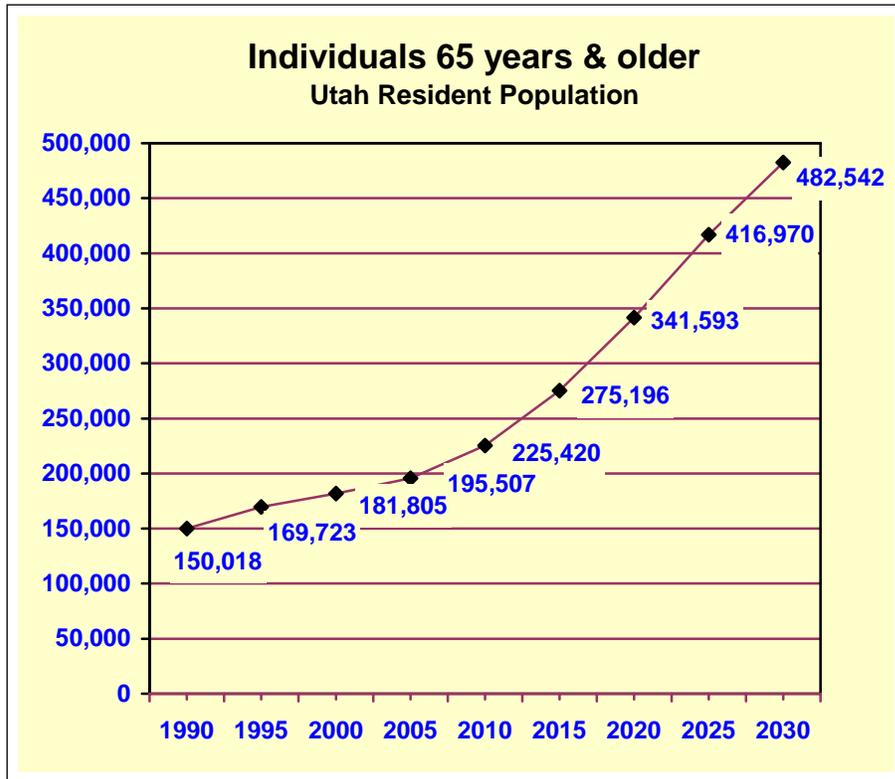
Providing needed services to the senior population of Utah will become more challenging in the future due to increasing growth of this population. The U. S. Census Bureau predicts that the senior population in the U. S. will increase to 70.2 million by the year 2030, and that Utah's senior population (65 and older) will grow to 482,542 by the year 2030.

Utah continues as the nation's "youngest state." Its median age of 27 years is eight years younger than the U. S. median of 35. Despite its youthfulness, Utah's population is growing older and living longer. The following charts show that Utah's 65+ population will increase by **165 percent** between 2000 and 2030. In addition, the 85+ population in Utah will increase by **123 percent** between 2000 and 2030. The actual population number of those 85+ was 19,569 in 2000 and is estimated to be 43,566 in 2030.

The "baby boomer" cohort, those born between 1946 and 1964, will dramatically increase the 60+ population group beginning in 2006. The projected annual increase of the 60+ group starting in 2006 will be three times the increase observed between 1993 and 2006.

According to the 2000 census, Utah has the sixth most rapidly increasing population age 65 and older in the nation. The predicted aging of the state is a situation that has been created by two main factors: 1) the increase in longevity due to better health, sanitation, nutrition, and medicine and, 2) the "baby boomer" cohort reaching retirement age. There is concern that the predicted growth of those needing services will overwhelm the existing programs and services currently provided to Utah's older citizens. There is a need to invest in planning and designing better ways to articulate the impact that the aging of Utah's population will have upon the current service delivery systems, while at the same time maintaining a solid foundation of current services for existing individuals over the age of 65.

Population Projections of 65+ and 85+ Year Old Individuals in Utah



Source: Demographic & Economic Analysis, Governor's Office of Planning & Budget, 2000

Recent Activities of the Division of Aging and Adult Services

Century Club Celebration

The Twentieth Annual Century Club of Utah Celebration, hosted by Governor Huntsman and First Lady Mary Kaye, honored 43 of Utah's oldest citizens, those who have reached the age of 100 years. The celebration was held at the Utah State Fair Park, and attendees were invited to the Governor's Mansion afterward for a special tour.

When a Utahn turns 100, the Governor sends a letter welcoming the centenarian to the Century Club, along with a framed certificate of membership and a specially-made brass lapel pin engraved with "100".

The census reported that 155 centenarians were living in Utah in the year 2000. However, 115 centenarians are listed on the records kept in DAAS. Their ages and counties of residence are shown on the following charts.

Utah's Centenarians			
Breakout by Age:			
<u>Age</u>	<u>Women</u>	<u>Men</u>	<u>Total</u>
108	1	0	1
107	0	0	0
106	2	2	4
105	5	2	7
104	3	0	3
103	5	5	10
102	13	5	18
101	29	3	32
100	39	2	40
Totals:	96	19	115
Counties of Residence:			
Beaver	1		
Cache	4		
Carbon	1		
Davis	12		
Emery	1		
Garfield	1		
Iron	1		
Juab	1		
Morgan	1		
Rich	1		
Salt Lake	50		
San Juan	4		
Sanpete	4		
Uintah	3		
Utah	15		
Wasatch	1		
Washington	7		
Weber	7		
TOTALS:	115		

State Board of Aging and Adult Services

The Board of Aging and Adult Services is the program policymaking body for DAAS. The seven-member Board is appointed by the governor and confirmed by the State Senate. Members are chosen from both rural and urban areas of the state and the Board is nonpartisan in its composition. The Board meets on a monthly basis and regularly hears from Division staff and the Chair of the Utah Association of Area Agencies on Aging (U4A), a group that represents Utah's 12 AAAs. While most of the meetings are held in Salt Lake City, the Board conducts several of its monthly meetings in rural Utah. During all meetings members of the public are invited and encouraged to participate and present their concerns to the Board.

Responding to the challenges facing Utah as its population ages, the Board commissioned the development of four one-page position papers reflecting its opinion on issues that the state needs to attend to, especially in light of the demographic changes that will be exacerbated when the "baby boomers" reach retirement age in 2011.

The position papers included: 1) Transportation issues, 2) In-home and Community-Based Services, 3), Improving Preventive Health Services for the Senior Population, and 4) Caregiver Support Services. A copy of the papers can be found in Appendix I on Page 25.

On an annual basis, the Board is called upon to review and approve the plans that explain how the AAAs will utilize the federal funds allocated to the State in furtherance of the Older Americans Act. The actual format of the plan is developed by the Division and approved by the Board. The Annual Plan for 2006, in addition to reporting the number of services provided to eligible seniors, provided information regarding each agency's accomplishments during the previous year. Appendix II on Page 31 contains a report on the numeric and programmatic accomplishments of each area agency as reported to the Board.

Urban, Rural and Specialized Transportation Association

During 2006, the Division continued its active participation in the Urban, Rural and Specialized Transportation Association (URSTA), in order to stay informed of statewide transportation issues. Additionally, the Division joined the Department of Transportation, Department of Health, and other agencies in forming the United We Ride Task Force, which is reviewing interagency transportation issues statewide through a federal grant cosponsored by the Federal Transportation Administration and the Administration on Aging.

ADMINISTRATION

The Division receives policy direction from a seven-member Board of Aging and Adult Services appointed by the governor and confirmed by the State Senate.

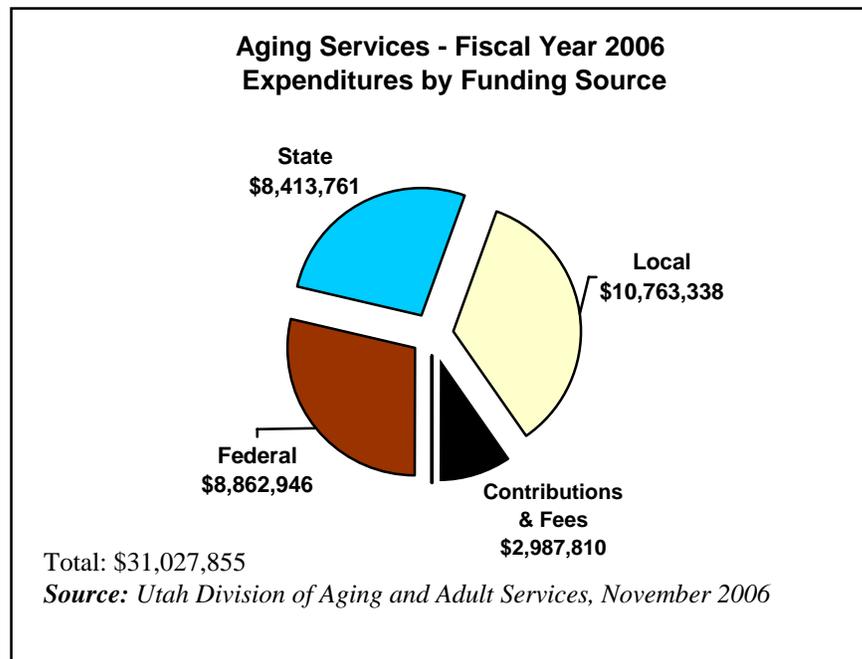
SERVICE DELIVERY

I. AGING SERVICES

The Division contracts with units of local government or Associations of Governments to operate AAAs. A funding formula is used to allocate funds to the AAAs, who are responsible for the planning, development and delivery of aging services throughout their geographic areas. The AAAs, in turn, contract with local service providers and/or provide services directly to meet the identified needs of their elderly population. The services available within a service area may include, but are not limited to, congregate and home-delivered meals, information and referral, volunteer opportunities, transportation, and a variety of in-home services including Homemaker, Personal Care, Home Health Care, and Medicaid Home and Community-Based Aging Waiver Services. Several other services are available as set by local priorities. A list of AAAs is located on page 67.

A. Funding Aging Services Programs

There is a variety of funding sources for the programs administered by the Division's Aging Services, including federal, state and local governments. The following figure shows the percentage and amount of the total aging services budget that each of the major sources contributes. The federal share is received through allocations authorized by the Older Americans Act. The Utah Legislature appropriates state funds, with local funding coming from counties, private contributions, and the collection of fees.



B. Review of Aging Program Fiscal Year 2006 Activities

The Division of Aging and Adult Services was created as Utah's State Unit on Aging in compliance with the Older Americans Act. By State Statute 62A-3-104, the Division is granted the legal authority to establish and monitor programs that serve the needs of Utah's seniors.

The following is a review of the services available through the Division and the AAAs to help the elderly and their families deal with the challenges created by the aging process.

1. Health Promotion and Disease Prevention Program

“When Health is absent, Wisdom cannot reveal itself, Art cannot become manifest, Strength cannot be exerted, Wealth is useless and Reason powerless” Herophiles - 300 B.C., Father of Anatomy

Evidence Based Health Promotion Programming is the future to improving health and preventing disease among our older adults.

In 2006, DAAS began to focus on training programs that exemplify proven outcomes for better health. Future planning will emphasize health promotion programming in communities throughout Utah through the dissemination of public knowledge on issues related to aging supported by experts in the fields of medicine, nursing and gerontology and help professionals. Our goal is to establish a standard of excellence for activities and services in the aging field. The Division will continue working with the Utah Gerontological Society whose conference in 2006 demonstrated new outlooks for challenges ahead with the upcoming boomers.

2. Community Senior Centers

Seniors and their family members, or others from the community, entering a senior center can expect to find help, information and/or referral. See the chart on the next page for a listing of the services and programs.

Services and Activities for Persons Age 60+

Advocacy

- Adult Protective Services
- Housing Resources
- Interpretation and Translation
- Legal Assistance Information
- Legislative Issues
- Long-term Care Ombudsman

Counseling and Education

- Caregiver Support
- Chronic Disease Education
- Computer Technology
- Disability Support
- Grief Support Group
- Health Insurance Information
- In-Home Services
- Life Enrichment Classes
- Medication Management
- Mental Wellness Advice
- Retirement Facts

Health Promotion

- Exercise Classes:
 - Stretching
 - Endurance
 - Strength training
- Health Screening
- Injury Prevention
- Nutrition
- Self Maintenance

Community Opportunities

- Fundraising
- Information and Referral
- Boards and Committees
- Volunteering

Recreation and Socialization

- Arts and Crafts
- Dances
- Excursions
- Cultural Events
- Leisure
- Sports

Services

- Nutritious Meals
- Transportation
- Older Worker Programs
- Immunizations
- Pantry Foods

Congregate Meals	Home-Delivered Meals (HDM)
<p>The congregate meal program provides one meal a day that meets 33 1/3 percent of the recommended dietary requirements for elderly persons at approximately 103 meal sites across the state. These meals are made available to individuals age 60 and over. Nutrition education is provided to all participants and good health habits are continually encouraged.</p> <p>A confidential contribution is encouraged by those who receive these meals. The suggested contribution amount is established by the local AAAs. These contributions covered 25 percent of the total expenditures in FY 2006 and are used to enhance the congregate meals program.</p>	<p>The HDM program provides one meal a day that meets 33 1/3 percent of the recommended dietary requirements for elderly persons who are age 60 or over, home-bound, and have limited capacity to provide nutritionally-balanced meals for themselves. Other in-home services are provided when identified through assessment.</p> <p>Home-delivered meals are delivered to the participants' homes five days a week, except in some rural areas where funding may limit delivery to only four days a week with a waiver approval. Through the assessment process, an effort is made to assure that those with severity of need receive meals. Contributions are encouraged in an amount set by the local AAAs and go directly to the HDM Program. In FY 2006, contributions to the program covered 22 percent of the total expenditures. Due to funding limitations, there are still unserved and underserved areas of the state.</p>

CONGREGATE MEALS FISCAL YEAR 2006	
• Unduplicated Persons served:	24,850
• Meals served:	901,434
• Total expenditures:	\$5,030,877
• Contributions by seniors:	\$1,249,016
• Average cost per meal*:	\$5.59

HOME-DELIVERED MEALS FISCAL YEAR 2006	
• Unduplicated Persons served:	9,685
• Meals served:	1,165,453
• Total expenditures:	\$6,385,041
• Contributions by seniors:	\$1,406,113
• Average cost per meal*:	\$5.47

*Cost includes direct costs (food, labor, transportation), indirect costs (screenings, education), and administration costs.

The following profile of HDM recipients describes the typical participant and what may be expected in future years. As medical advances allow people to live longer, seniors are experiencing increased chronic illness, which limits their ability to adequately care for

themselves. The HDM Program helps meet the needs of these individuals. An increased demand for this service is expected.

- Age: 70% are 75 years of age or older.
40% are 85 years of age or older.
 - Female: 75%
 - Lives alone: 95%; Requires assistance with ADLs*
 - Receives at least five meals per week
 - One third of recipients require special diets (low sodium, high protein, diabetic, etc.)
 - Receives nutrition education
- * *ADL = Activities of Daily Living*

3. The Home and Community-Based Alternatives Program

The Home and Community Based Alternatives Program is Utah's state funded in-home services program for frail, low-income adults. During fiscal year 2006, 1,066 adults received services statewide. While the stated goal of the program is to prevent premature placement in nursing facilities, additional benefits to individuals include enhancement of their quality of life, promotion of independence in one's own home and general well-being.

Of the array of services offered, the first service is case management. Every Area Agency in Utah has professional case managers who specialize in the issues of aging, understanding the local community resources, and who are committed to providing excellent service. Although clients must meet age and financial eligibility guidelines in order to receive services in the home, the Home and Community Based Alternatives Program is the most flexible of all in-home programs and, as such, provides a broad spectrum of services which may include personal care, homemaker services, transportation, respite to caregivers, and chore services.

Throughout the State, case managers have furthered the commitment to client directed care. This model of providing in-home services emphasizes the client's involvement with care planning whenever possible. The Alternatives Program supports even those clients who wish to hire their own care providers. Flexibility is a core strength of the Alternatives program, as once eligibility has been established, the service package is designed to meet a client's unique needs.

At the national level, successful state-funded programs are being studied in order to gain understanding about how to serve seniors more cost effectively. Utah's Alternatives Program was one of several state programs selected to participate in a round table discussion on this important topic as planning for aging baby boomers continues.

The following chart profiles the use of services in this program during FY 2006:

The Alternatives Program: FY 2006									
<ul style="list-style-type: none"> • Homemaker • Personal Care and Home Health Aide • Other Services <ul style="list-style-type: none"> - Home-Delivered Meals - Respite/Adult Day Care - Transportation 	<ul style="list-style-type: none"> • Individuals Served 1,066 • Expenditures: State Funds \$3,884,503 • Fees \$55,572 <li style="padding-left: 40px;">Local Funds \$195,670 • Average Annual Cost per Client \$3,884 • Age of Clients: <table style="margin-left: 20px; border: none;"> <tr> <td style="padding-right: 20px;">Under 60</td> <td style="text-align: right;">18%</td> </tr> <tr> <td style="padding-right: 20px;">60 – 74</td> <td style="text-align: right;">24%</td> </tr> <tr> <td style="padding-right: 20px;">74 – 84</td> <td style="text-align: right;">33%</td> </tr> <tr> <td style="padding-right: 20px;">85+</td> <td style="text-align: right;">25%</td> </tr> </table> 	Under 60	18%	60 – 74	24%	74 – 84	33%	85+	25%
Under 60	18%								
60 – 74	24%								
74 – 84	33%								
85+	25%								

4. National Family Caregiver Support Program

For five years (1996-2000) Utah administered a state-funded respite program for caregivers. During that period of time a little a little over 1,000 caregivers received respite care services. Today Utah’s caregivers have a much wider array of support services available to them including the traditional respite care. Since the reauthorization of the Older Americans Act and the enactment of the National Family Caregiver Support Program (NFCSP) in 2000, over 2,300 caregivers have received respite services and thousands more caregivers have been able to access critical services to help them provide care to a loved one, and to also protect their well being.

With the expansion of services caregivers can receive information about programs and services and access information about the available resources. Case managers now help them access those resources. Education/Training/Support is available for caregivers to help them learn more about their role and the system. Other services such as financial and legal counseling, assistance with transportation and more are offered on a limited basis.

With the most recent reauthorization of the OAA 2006, there is a commitment to provide outreach and services to a broader audience of family caregivers under the NFCSP. The reauthorization includes providing caregiver services to an older adult who cares for a child of any age with a disability; allowing participation of a grandparent or relative caregiver beginning at age 55 and clarifying that an older individual may receive services if providing care for a child related through blood, marriage, or adoption; and authorizing caregiver support for relatives responsible for the care of an individual of any age who is diagnosed with Alzheimer’s disease or a related neurological disorder. Priority is given to caregivers of relatives with Alzheimer’s disease who are over age 60. Also, the current changes authorize all title III programs for fiscal years 2007-2011 with an increased appropriation level to \$187 million over five years for the NFCSP.

The updated OAA will modernize community-based long-term care systems by empowering consumers to make informed decisions about their care options, give people greater control over the types of services they receive, create more opportunities for high-risk individuals to avoid institutional care, and enable more seniors to live healthy lives in their communities. Changes in the OAA support and complement ongoing changes in the Medicare and Medicaid programs to provide increased options for and greater integration of home and community-based care and services for older and disabled individuals and to help rebalance health and long-term care for the 21st Century.

Supporting family caregivers is of the utmost importance due to their key role in upholding American family values and honoring the desire of many older adults to live at home and stay close to their families as long as possible. Utah could not meet its long-term care obligations without contributions from family caregivers. It is widely known that the vast majority of older people prefer to live in their current residences. By giving informal care, family members honor their relative's wishes to remain at home.

The NFCSP will continue to focus on identifying and serving families who are the most economically or socially isolated, although it is not necessary to be in a low-income category to receive services. There are no financial eligibility requirements to receive services through this program.

The usual access point for these services is the local Area Agency on Aging. Caregivers across the state can learn about the resources and services available to them through the agencies.

Work continues with the Utah Commission on Aging, where caregiver issues are being examined, including issues that impact employed caregivers. Discussions with employers of several Utah companies include caregiver-specific topics such as the need for developing a caregiver support network at the workplace, and addressing the needs of the "sandwich" generation of workers caring for parents as well as children.

The Utah Coalition for Caregiver Support, formed in March 2002, is a statewide partnership of approximately 30 organizations. It meets regularly to discuss the issues that impact caregivers throughout the state. In addition to the ongoing distribution of The Family Caregiving in Utah booklet, which was developed by the coalition, and contains helpful information about services related to caregiving issues and is available by contacting syudell@utah.gov the coalition has co-sponsored the reprinting of Respite Services – Enhancing the Quality of Daily Life for Caregivers and Care Receivers, a booklet to assist caregivers in learning how to have a more quality respite experience. Copies of this booklet are available at <http://aging.utah.edu/gerontology/>.

5. Home and Community-Based Medicaid Aging Waiver Program

For the past 14 years, the Division has administered the Utah Home and Community-Based Medicaid Aging Waiver Program. The Aging Waiver program provides home and community-based services to individuals who are in the home setting but require the types of services provided by nursing facilities and would be expected to enter a nursing facility through the Medicaid program within a very short period of time if they could

not obtain in-home services from the waiver program. During the Program's 14 years in operation, 3,445 frail elderly have been served. In FY 2006, Utah's Home and Community-Based Medicaid Aging Waiver Program served 755 elderly Utahns, enabling them to continue residing in their own homes rather than being placed in nursing facilities.

Aging Waiver services are available statewide to seniors age 65 and over who meet criteria for nursing home admission and Medicaid financial eligibility. Services provided to eligible seniors include homemaker, adult day health services, home health aide, home-delivered meals, non-medical transportation, etc.

In 2006, a new waiver was granted for the next five years.

HOME AND COMMUNITY-BASED MEDICAID AGING WAIVER	
Services Provided:*	% of clients
•Homemaker:	78%
•Emergency Response:	69%
•Home-Delivered Meals:	39%
•Med Equip/assistive technology	34%
•Adult Day Health Services:	15%
•Respite and Transportation:	27%
* Most clients receive several services, therefore the total exceeds 100%.	
Cost Data on the Waiver	
Other Waiver Facts:	
•Total individuals served:	755
•Total expenditures:	\$3,750,840
•Annual average cost per client:	\$4,968

6. Other Older Americans Act Services

Older Americans Act Title III-B funds are used to provide a wide variety of services that enable Utah's seniors to maintain their independence. Remaining at home in a community with which they are familiar is a high priority for Utah's seniors. When illness or disability limits seniors' ability to perform tasks necessary to live independently, outside assistance is requested. With funds made available from the Older Americans Act in the categories of access, legal, in-home and optional services, the AAAs provide services to help families and caregivers maintain seniors in their own homes and communities. The agencies also provide information and presentations on a wide range of topics of interest to seniors, such as health and medical issues, taxes, budgeting and personal finance, insurance, Medicare, estate planning, consumer fraud, etc.

The AAAs also assist many seniors with chores that are difficult or impossible to do themselves, such as lawn work, snow removal, and minor house repairs. Friendly

visitors, telephone reassurance, and volunteer services do much to alleviate problems that homebound seniors face if they are alone and isolated. Transportation is critical for seniors whose frailty prevents them from driving or who have limited access to public transportation services.

7. Senior Health Insurance Information Program (SHIP)

The Centers for Medicare and Medicaid Services (CMS) in 2006, contracts with DAAS to educate Medicare beneficiaries about Medicare and its benefits. Division staff trained approximately 150 SHIP volunteers for this program. The volunteers are educated in all aspects of senior health insurance issues. The topics covered include Medicare, Medicaid, Social Security, Medicare Supplement, and Long-Term Care. The Division partners with many state, federal and other agencies that participate in the delivery of the training across the state. The focus for the year was continued education of the Medicare Part D prescription drug program. The educational process was handled through group presentations, public media methods, mailings, and one on one counseling.

Utah – State Data

Total Medicare Beneficiaries in Utah	242,104
Total Medicare Beneficiaries with Prescription Drug Coverage	215,563
Total Percentage with Drug Coverage in Utah	89%
Beneficiaries with Drug Coverage from Medicare or Former Employers*	187,051
Beneficiaries with Other Creditable Coverage**	28,512
Percentage with Other Creditable Coverage	12%

8. The State Long-Term Care Ombudsman Program

The Utah Ombudsman Program responds to concerns and complaints about the quality of care and quality of life of residents living in long-term care facilities: nursing homes, assisted living facilities, swing bed hospitals, transitional care units and small health care facilities. In Utah, there are 268 facilities with 13,779 licensed beds. The state program currently has 6.7 FTEs responding to the complaints and doing investigative and advocacy work for the entire state of Utah. Ombudsmen have responded to 1,431 cases and 2,867 complaints this last year. Due to ongoing updates from a national consistency-reporting program, the methods in which cases and complaints are counted has continued to change. Altercations between residents were not counted for a portion of last year, and this year there has been a change in the definition of consultations. Some cases handled by the Ombudsman will now be counted as consultations rather than complaints, thus reducing the number of complaints from previous years. However, the workload for local ombudsmen continues to grow with more visits to assisted living facilities and an increase in the seriousness of cases. Along the Wasatch Front, volunteers continue to give the program a needed boost.

9. Title V: Senior Community Service Employment Program (SCSEP)

The Senior Community Service Employment Program (SCSEP), also known as Title V of the OAA is a job training program for seniors over the age of 55. The program places

seniors in a community service setting to obtain work skills necessary for job placement in the regular work community. During fiscal year 2006, Utah finished the year with a job placement rate of 45 percent. SCSEP had major legislative changes during the last year, requiring the Division to implement new state rules to reflect the changes in the federal SCSEP program. The Division also directed the development of the Coordinated Services State Plan for the Department of Labor.

THE AVERAGE TITLE V ENROLLEE	
• Age: 55–59	28 %
• Female	70 %
• High school graduate	31 %
• Annual income below poverty level of \$8,240	95 %
• Minimum Title V wage	\$5.15 per hr.

10. Legal Assistance Services: The Role of the Legal Services Developer

The Older Americans Act deems senior legal assistance a priority service. Accordingly, the Act requires that each state employ a Legal Services Developer to ensure that priority is given to senior legal assistance programs. The Act requires the establishment of legal services related to income assistance, health care, long-term care, nutrition, housing and utilities, protective services, defense of guardianship, abuse, neglect, exploitation, and age discrimination. The Legal Services Developer’s role is to (1) provide state leadership in securing and maintaining the legal rights of older persons; (2) coordinate the provision of legal assistance programs; and (3) improve the quality and quantity of services by developing a comprehensive system of legal services targeting older persons in greatest social and economic need while providing an array of legal services to all older Utahns.

In 2004, the Developer and the Division Director, conducted a groundbreaking project of surveying the types of legal problems that seniors encounter, as well as determining what legal service is most needed by seniors. Since that time the Developer has worked to implement the findings of the survey. According to the legal needs study, a guidebook is the second most requested service among Utah’s seniors. Given that the last guidebook was published over a decade ago, it needed to be rewritten entirely. This year the Developer has been writing and editing the book. The book will cover many elder law topics including financial exploitation, estate planning, consumer law, and advance directives among other topics. The book will be disbursed throughout Utah. The Developer has raised all the necessary funds to print the book.

The Developer also conducted a groundbreaking study and evaluation of Utah’s Adult Protective Services (APS) program. The study looked at a stratified random sample of APS cases. The results of the study showed the areas that APS was doing well in and areas that needed improvement.

This year the State of Utah with assistance from the Center for Social Gerontology will develop an Elder Rights plan.

The Developer continues to act as a statewide leader in elder law by giving presentations on a national and state level to attorneys and seniors about elder law topics, writing articles for publication, giving advice to attorneys and seniors, and ensuring that seniors are able to find legal resources they need.

The Developer's important initiatives and programs include on-going work with several legal services providers and elder law stakeholders, such as Utah Legal Services, the AAAs, the Center for Social Gerontology, and Utah Bar Association's Needs of the Elderly Committee.

II. ADULT PROTECTIVE SERVICES

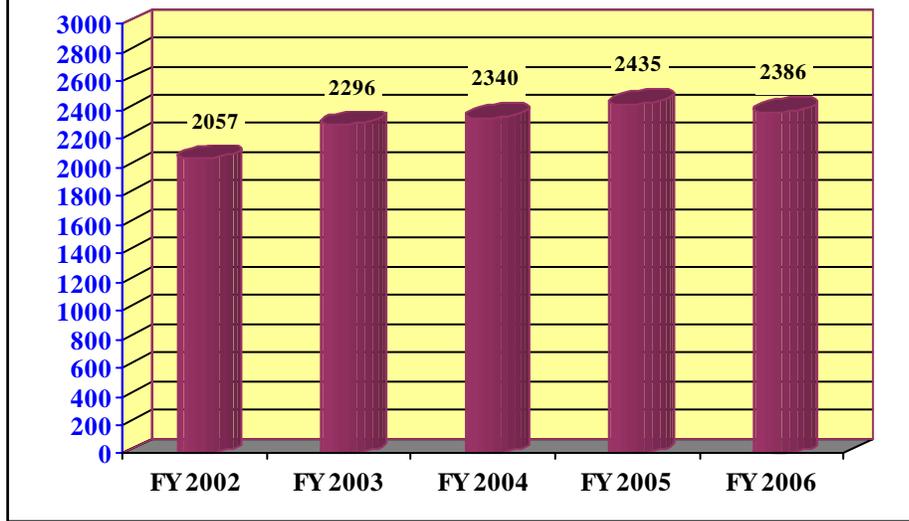
DAAS is responsible for the administration of Adult Protective Service Programs (APS). Within the administrative structure of the Division, the director of Adult Protective Services has statewide administrative responsibility for the program. Adult Protective Services are delivered by Division staff through APS Regional Offices. A complete list of the APS Regional Offices is located on Page 69.

Federal and state statutes require that vulnerable adults, including elderly and mentally or physically impaired adults, be protected from abuse, neglect and exploitation. APS is mandated to investigate allegations of abuse, neglect and exploitation of any vulnerable adult. APS investigators are located throughout the state and intervene, with law enforcement as necessary, to stop the abuse, neglect and exploitation, and provide services or referrals to vulnerable adults or their families for services which will protect them from further harm.

Participation in services provided by APS is voluntary for vulnerable adult, unless mandated by a court order. Any services provided to the vulnerable adult are to be paid by the recipient whenever possible. Most clients are referred to community programs for assistance. If community services are not available, short-term limited services may be provided by Adult Protective Services. Adult Protective Services encourages the vulnerable adult, families and other agencies to assume as much responsibility as possible for the care and protection of these individuals.

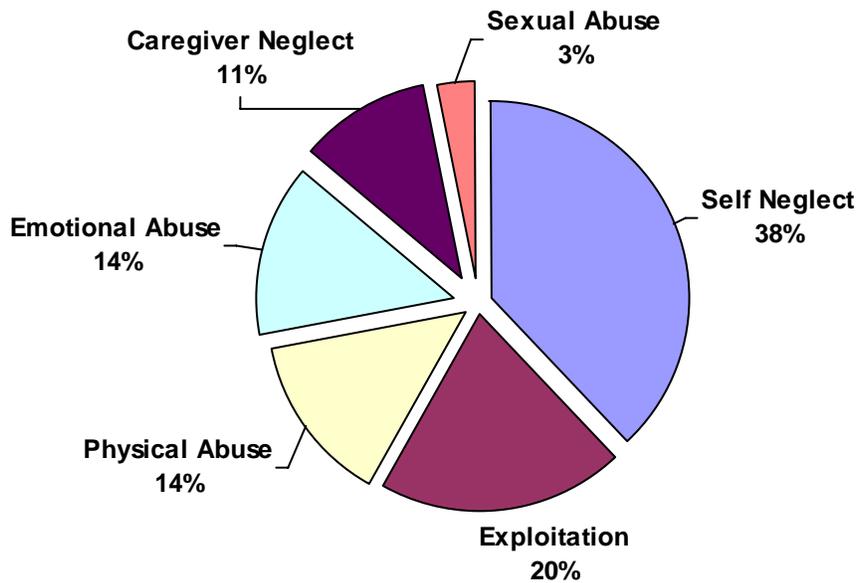
Abuse, neglect and exploitation of vulnerable adults continues to be one of society's most alarming problems. The following chart reflects the number of investigations completed by Adult Protective Services.

Adult Protective Services Investigations



The following chart shows the results of investigations by type of substantiated allegation during FY 2006.

Adult Protective Services Investigation Results



A. Investigation

Utah has a mandatory reporting law requiring anyone who suspects the abuse, neglect or exploitation of a vulnerable adult to report the situation to either law enforcement or the local Adult Protective Services Intake (800-371-7897). Upon receiving a report of suspected abuse, neglect or exploitation of a vulnerable adult, statute requires that APS conduct an investigation to determine the validity of the allegations. If it is determined that abuse, neglect or exploitation has occurred, the Adult Protective Service worker will assess the situation and recommend a course of action to protect the individual from further abuse. State statute requires law enforcement to conduct an investigation of identified perpetrators and to file criminal charges when the evidence supports that action.

The following charts illustrate a profile of the Adult Protective Services clients and perpetrators.

Typical Client	
Age: 60 – 89	61%
Female	61%
Self-Neglecting	38%
Lives In Own Home	75%

Perpetrators	
Age:	
30-59	62%
Relationship To Victim:	
Family Member/Relative	62%

B. Training

It is estimated that only a small percentage of cases of abuse, neglect, or exploitation of vulnerable adults is ever reported to the proper authority. Low reporting may be a result of lack of awareness/education regarding the program. During FY 2006, the state continued efforts to enhance awareness of vulnerable adult abuse and revisions made recently to the Civil and Criminal Law (U.C.A. § 62A-3-301 and U.C.A. § 76-5-111). The program has provided 451 hours of training to approximately 9,437 individuals throughout the state, including, but not limited to, law enforcement officials, first responders, long-term care professionals, home health professionals, medical professionals, financial institutions, and senior citizens. Education, collaboration, and cooperation continue to be effective tools in recognizing and preventing vulnerable adult abuse.

C. Emergency Protective Payments

Emergency Protective Payments are issued to eligible individuals in emergency situations to meet essential life-sustaining needs. Payments are intended to assist the client in avoiding a situation that could lead to a protective need or premature institutionalization. Payments assist with services such as emergency shelter, utilities, and clothing. When feasible, the client repays the funds received.

APPENDICES

Appendix I

BOARD POSITION PAPERS

Transportation Issues Among the Aging Population (Priority 1)

As the “boomer” generation (birth years 1946-1964) ages, the increase in the senior citizen population will intensify demands on an already inadequate transportation system.

- Transportation is critical to remaining independent in one’s home, which is a strong desire among the senior population. Access to transportation helps seniors avoid becoming dependent on others for shopping, recreation, and medical care.
- The most common means of transportation for seniors is still their own automobile. Drivers over age 40 represent 46 percent of all licensed drivers in Utah. The 40- to 59-year-old population (baby boomers) makes up 65 percent of this group. Thus, a large number of Utah’s drivers will be aging in the next two decades.
- Aging drivers are perceived by some to be less safe. Aging drivers may be forced to continue to drive their own vehicle beyond a time when they may do so safely because no alternative transportation exists.
- The rare but highly publicized accidents involving older drivers may result in efforts by some individuals for more stringent licensing requirements, further reducing elderly mobility if no alternative public transportation is made available.
- For urban areas, services such as those provided by the Utah Transit Authority continue to expand, but will not be able to keep pace with the aging population’s transportation needs without substantial increases in funding.
- Rural seniors face additional roadblocks to remaining independent due to lack of public transportation.

The Board of Aging and Adult Services believes that Utah needs to do more to ensure that Utah’s transportation system will meet the challenge of the aging population. The Board urges the Legislature to support the following initiatives.

- Increase funding for senior transportation programs to address the increase in fuel costs
- Add funding to the Meals on Wheels program to address the increase in fuel costs.
- Improve local capacity by supporting the one-time funding request for transportation equipment such as vans and ADA equipped busses.

Improving Home and Community-Based Services for Utah's Seniors (Priority 2)

Utah has traditionally emphasized meeting the needs of our children, but we actually rank sixth nationally in population growth for individuals over the age of 65. Between the years 2000 and 2030, the 65 plus population is projected to grow 123 percent, a rate faster than our elementary school aged population. There is a clear need to focus on senior needs as well as children.

Longer life spans often mean an increase in chronic conditions. For example, 39 percent of individuals over 70 require one or more assistive devices to meet their needs. Additionally, 50 percent of people 85 and older will develop Alzheimer's disease.

Most people say that they do not want to "end up" in a nursing facility. Fortunately, there are many options for long-term care in our state. Where, not long ago, the choices were living with one's children or going to the "rest home," many Utahns today can age at home with the assistance of in-home service providers.

Family caregivers provide much of the in-home care needed by their loved one to remain at home. Care through public and private in-home service providers is not meant to replace the family, but to supplement family care, thus allowing the individual's health and safety to remain intact while they age at home.

In-home services programs provide benefits in at least three important ways:

- Improved quality of life. Individuals can age in the place of their choosing, with the dignity and respect they desire.
- Empowerment and control for consumers and their families for as long as possible. With professional case assistance, clients are able to choose the types of services needed and whom they want to provide the services.
- Diversion from early nursing home placement saves public funds. The state's cost for nursing home placement in Utah averages \$23,944 annually. In-home services programs cost average \$3,200 annually.

In-home and community programs allow older people to avoid premature institutionalization. A limited number of services are available to individuals 18 and older; the majority of public funding serves those 60 years and older.

Funding these programs is unique in that it draws on federal, state, and in some places, county dollars. The demands for in-home services will continue to increase as our aging population increases.

The current systems are barely adequate to meet today's needs and our systems of service delivery, housing and medical care for seniors will certainly be overwhelmed by the upcoming surge of aging baby boomers. It is essential to begin planning now.

Improving Preventive Health Services for the Senior Population (Priority 3)

Poor health is not an inevitable consequence of aging. But four out of five seniors have at least one chronic condition and at least half of all seniors have two or more chronic ailments that undermine their mental and physical health, limit their ability to care for themselves, and erode their quality of life.

If we don't do more to prevent chronic health conditions, the costs will simply overwhelm the present system. For instance:

- In FY 2000, U.S. spending on health care for the elderly totaled \$615 billion - more than a third of the federal budget. By FY 2010, it is projected that this will be \$1,050 billion, the year before the baby boomers turn 65.
- During the next decade, there will be a 25 percent increase in the number of people over the age of 65, with an even greater increase in the number over the age of 85.

Focusing on health promotion and prevention can significantly improve overall health and save costs. There is an ever-growing body of research that demonstrates that health promotion and prevention can improve health status, reduce the impact of disease, delay disability and the need for long-term care.

The challenge is to apply what we already know more broadly so we can reach all of Utah's older adults. Utah's Board of Aging and Adult Services has identified three key areas to significantly improve health for older adults:

- Physical Activity At least 30 minutes several days a week can prevent or reduce heart disease, hypertension, diabetes, arthritis, and improve mental health. Only 16 percent of adults 65-74 report participating in regular physical activity.
- Immunization Vaccination against pneumonia and influenza is 80 percent effective. In 1999, less than 40 percent of older adults report being immunized against influenza and 33 percent against pneumonia. In the U.S., over 50,000 adults 65 years and older die each year of pneumonia and influenza.
- Fall Prevention Improving strength and balance can reduce falling. More than \$20 billion is spent annually on fall related injuries.

The emphasis of public health officials must shift from focusing only on the younger population to include the increasing numbers of seniors. This can be accomplished by:

- Promoting increased collaboration between public health and aging services network.
- Improving capacity of aging network to introduce evidenced based programs that can improve health status of seniors, lessen the impact of disease, and delay disability and the need for long-term care.

Caregivers: Supporting Those Who Care for Utah's "Greatest Generation" (Priority 4)

Government and businesses must prepare to provide resources for caregivers who face the responsibility of caring for an older parent, relative or friend.

The Facts Clearly Show a Compelling Need for Caregiver Support.

- One in four American adults are long-term caregivers.
- Nearly two-thirds of adults under 60 believe they will have to care for an older relative in the next ten years.
- Total lost productivity due to caregiving exceeds \$11.4 billion per year.
- The replacement cost for an experienced employee is 93 percent of the employee's salary.

The Government and Employers can Support Caregivers in the Workplace.

Clearly, caregivers need support in the workplace. Employers should make needed elder care information, such as accessing assistance, home care, respite, bill paying and other services available to employees.

But information is only the beginning. On-site care management for employees through human resource agencies could include benefits such as community referral assistance, in-house caregiver support seminars, group legal services, and flexible work schedules. These benefits may help employees maintain a healthier balance between work and other responsibilities, and in turn, employers enjoy a healthier, more productive workforce.

Supporting Caregivers Provides an Immediate and Tangible Benefit.

Employees who receive on-site care management services may be less likely to quit due to the stress of caregiving. Employers can help employees identify and access resources thereby decreasing their burden and allowing them to focus on their work.

Employers can retain valuable, experienced employees by creating flexible work schedules, including part-time options. Flexibility can allow employees to assist care receivers with their needs while maintaining positive work habits.

Making the Right Moves to Support Caregivers

Working together, the state and the business community should:

- Provide information regarding caregiver support programs.
- Develop tax-incentives for employers who support caregiver support programs.
- Provide tax credits for family caregivers.
- Establish on-site care management services for employees.
- Develop and maintain a web-based caregiver assistance resource site.

Appendix II

AREA AGENCY ON AGING REPORTS

BEAR RIVER AREA AGENCY ON AGING – FY 2006

Counties

Box Elder
Cache
Rich

Populations

		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<u>60+</u>	Box Elder					
	Cache					
	Rich					
	<u>Total</u>	6,491	6,615	6,739	6,885	7,067
		10,010	10,324	10,666	11,057	11,518
	444	457	474	488	496	
	<u>16,945</u>	<u>17,396</u>	<u>17,879</u>	<u>18,430</u>	<u>19,081</u>	
<u>65+</u>	Box Elder	4,833	4,900	4,977	5,051	5,122
	Cache	7,293	7,494	7,708	7,863	8,061
	Rich	323	341	360	372	384
	<u>Total</u>	<u>12,449</u>	<u>12,735</u>	<u>13,045</u>	<u>13,286</u>	<u>13,567</u>
<u>75+</u>	Box Elder	2,156	2,187	2,229	2,272	2,303
	Cache	3,502	3,510	3,544	3,586	3,650
	Rich	152	163	178	189	192
	<u>Total</u>	<u>5,810</u>	<u>5,860</u>	<u>5,951</u>	<u>6,047</u>	<u>6,145</u>
<u>85+</u>	Box Elder	542	559	566	566	544
	Cache	1,109	1,113	1,111	1,117	1,130
	Rich	42	42	50	45	46
	<u>Total</u>	<u>1,693</u>	<u>1,714</u>	<u>1,727</u>	<u>1,728</u>	<u>1,720</u>

The following accomplishments were listed by the Bear River AAA in its annual plan update, May 2006.

- The most significant accomplishment this year has been our work with the Medicare Part D program. Health insurance counselors and volunteers in the district have met with over 2,000 people individually providing enrollment assistance and conducting a total of 12 enrollment fairs throughout the district (Tremonton, Stone, Idaho, Randolph, Garden City, Richmond, Lewiston, Logan, Hyrum, Brigham City), and sent Medicare Part D information packets to over 600 people. Five more events are planned before May 15, 2006.
- Caregiver support groups in Cache and Box Elder continue to function successfully serving over 50 families.
- The Bear River AAA has worked with a local care provider and USU to conduct a Caregiver assessment of local employers. Data from over 200 employers is currently in the process of being compiled. Personal contact will be made to provide caregiver information and resources to employers upon their request.
- Implemented a caregiver newsletter that reaches over 200 people monthly.
- Successfully advocated for seniors in several difficult cases in the Long-Term Care Ombudsman program including the release from jail and appropriate placement of a long-term care resident and more extensive monitoring of a facility with severe quality of care issues.
- The Brigham City Senior Center hosted “our Best Health Fair ever” in October 2005. Over 600 seniors visited 45 different provider booths. In addition to health services, information on Medicare Part D was provided.
- Each of the staff members of the Brigham City Senior Center received the Mayor’s Award for Excellence following the April 2005 flooding in Brigham City. The staff responded very effectively and worked to provide extra meals for staff and volunteers that were involved with the disaster.
- The Bear River Health Department has utilized the Cache Senior Center’s kitchen as a training site this year.
- Renovation (some planned and some emergency) in Cache, Brigham City, and Tremonton Senior Centers were begun. The Cache center was able to utilize CDBG funds to replace the roof, front doors, and flooring in the building; Brigham City lowered the ceiling in the big hall and has plans to remodel office spaces this summer; and the Tremonton center unfortunately had to replace the furnace this winter as the boiler for the existing furnace died. Despite several chilly months while the replacement was in process, the center was still able to provide services for the seniors.
- Classes at the senior centers continue to expand. Brigham City added classes in soap making, card making, digital photography, and knitting/crocheting. The Tremonton center lost a classroom and their computer lab to USU Extension; however, the extension programs

have brought more community members to the center for participation in the senior programs.

- Completed an update of the Bear River Senior Resource Guide.
- BRAG is in the process of obtaining 501c3 status to assist with fundraising efforts for the programs operated through the BRAG office.
- Implemented personal attendant services as a care option in our in-home programs.

Barriers and Disappointments

- This year revolved around inadequate funding. We are already experiencing the impact of the baby boom generation in several program areas and the minimal amounts of additional funding we receive from state and federal sources is simply inadequate. We have begun discussions with center directors and AAA staff about the future funding of our programs and what services we can realistically provide with the resources that are available.
- It was especially disappointing that there have been no additional financial resources this year to help fund the Medicare Part D enrollment efforts. We have utilized over \$30,000 trying to provide assistance through senior centers, BRAG, and the SHIP 1-800 number. We will not be able to continue to provide that kind of additional funds for the ongoing Medicare Part D counseling which is likely to continue through this next year.

DAVIS COUNTY AREA AGENCY ON AGING – FY 2006

County: Davis

Populations

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<u>60+</u>	31,709	33,219	34,664	36,146	37,719
<u>65+</u>	22,076	23,006	23,940	24,725	25,602
<u>75+</u>	9,583	9,899	10,204	10,542	10,888
<u>85+</u>	2,434	2,519	2,656	2,764	2,870

The following accomplishments were listed by the Davis County AAA in its annual plan update, May 2006:

- Golden Years Senior Center, located in Bountiful, increased the number of clients participating in water coloring, oil painting, tai chi, line dancing, and strength training. Instructors are often retired professionals. For example, wood carving class students produce professional, beautiful pieces of art. This center started a successful movie theater with new and old movies shown weekly with popcorn included. The Golden Years Center advisory board was created in 2005. This active board recommends events, trips, and other activities to the center director and conducted surveys to ascertain the kinds of activities and to develop ways to include all center attendees.
- Autumn Glow Senior Center, located in Kaysville, flourished this past year. New classes have been implemented and activities and trips have been accomplished. Some of the classes include a monthly evening dance, monthly movie outing at Kaysville Theater, mystery trips, billiard tournaments, scrapbooking, organ lessons, and weight training. The Center director has tried to create an active environment that is more appealing to younger seniors.
- Heritage Senior Center, located in Clearfield, updated the computer lab by acquiring several surplus computers. The Applied Technology Center provided students to teach basic and advanced computer skills to seniors. A scrapbooking class and yoga class were also started. Several other new classes are slated to begin in 2006. The walking program sponsored by Alpine Medical was tremendously successful and provided wonderful incentives.
- Approximately 45 presentations on caregiving have been made to church groups, employers, civic leaders, service providers and community organizations. The goal of the Utah Caregiver Support Program is to educate the community about the needs of those providing care and the services available to caregivers. Other goals for the program are to reduce waiting list numbers and length of time on waiting list, as budget and staffing permits, to pursue additional grant monies, to help increase numbers served within the program and to rebuild our Caregiver Coalition and Educational support groups.
- The Medicaid Aging Waiver Program of Davis County met the goal to provide an objective intake system. The system provided an assessment and eligibility process through an Operating Agency and client service monitoring through Case Management. This arrangement reduced any problems with conflict of interest.

- The goal for the Alternatives Program is to reduce waiting list numbers and length of time on the waiting list, as budget and staffing permits. Two new case managers were hired to assist in accomplishing this goal, which increased the numbers served by approximately 20 clients. One of the new case managers brings skills dealing with mental health issues to the team.
- Davis County AAA developed a coalition to assist with the enormous task of educating county residents about Medicare Part D. Church groups, employers, civic leaders, service providers and community organizations received presentations on Medicare Part D to increase awareness of enrollment. Staff and volunteers manned phone banks to answer questions and address concerns of residents. The Medicare Part D program occupied a major portion of time at the senior centers this past year. The center directors and volunteers were trained to answer questions and assist seniors with enrollment.
- The Home-Delivered Meals Program completed the process of computerizing the program to communicate authorization to the Centers. This has resulted in a drastic decrease in the time it takes to bring a client on to the program by eliminating paperwork. Policies were developed addressing transportation, communication, emergencies, and other issues. Three new vans and four ovens were purchased.
- Davis County has one part-time ombudsman who works under 20 hours per week. He supervises two additional volunteers who are certified by the state. This year the team made 163 routine visits and made contact with 636 individuals. There was a total of 89 complaints and 36 completed cases.
- The Senior Services Think Tank is an advisory group for the Health Department Director and Senior Services Division formed in February 2006. The advisory groups' objective is to assess the effectiveness and make recommendations for improvement for each program in Senior Services. Membership includes Health and Division Administration, Commissioner Page, Lorna Koci, Jerry Hess, Steve Baker, Alan Ormsby, Dwight Adams, and other guests as the need arises. Some of these ad- hoc members have included Shauna O'Neil, Peter Hebertson, Nels Holmgren, and other staff members.

Barriers/Disappointments/Challenges:

- Valley Foods became the food service provider in Davis County in 2005. This change was made largely due to financial consideration and resulted in widespread dissatisfaction with the quality of the food both at the Centers and the home-delivery program. There has been a decrease in the numbers of seniors attending the centers for meals.
- In March 2006, the agency's medical transportation services were increased from two days per week to five days per week. Now clients can be transported to the VA Medical Center and to McKay Dee Hospital in Ogden.
- During the later part of 2005, Aging Services experienced problems in management. As a result, several top level administrators left the department in January 2006 which included the Director of Aging, Director of Weatherization, Assistant Director of Aging, and the accountant.
- In February 2006, Aging Services was placed under the health department as a division.

FIVE-COUNTY AREA AGENCY ON AGING – FY 2006

Counties

Beaver
Garfield
Iron
Kane
Washington

Populations

		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<u>60+</u>	Beaver	998	994	1,001	1,015	1,033
	Garfield	920	942	964	983	1,004
	Iron	4,830	5,027	5,234	5,469	5,711
	Kane	1,510	1,547	1,575	1,611	1,649
	Washington	28,098	29,439	30,878	32,335	33,791
	<u>Total</u>		<u>36,356</u>	<u>37,949</u>	<u>39,652</u>	<u>41,413</u>
<u>65+</u>	Beaver	755	735	713	686	656
	Garfield	687	680	675	674	682
	Iron	3,496	3,637	3,782	3,911	4,036
	Kane	1,148	1,169	1,192	1,208	1,228
	Washington	22,430	23,410	24,425	25,406	26,420
	<u>Total</u>		<u>28,516</u>	<u>29,631</u>	<u>30,787</u>	<u>31,885</u>
<u>75+</u>	Beaver	353	336	318	292	266
	Garfield	310	299	290	297	286
	Iron	1,607	1,666	1,709	1,771	1,829
	Kane	550	560	571	588	599
	Washington	12,027	12,642	13,213	13,831	14,364
	<u>Total</u>		<u>14,847</u>	<u>15,503</u>	<u>16,101</u>	<u>16,779</u>
<u>85+</u>	Beaver	102	87	77	55	36
	Garfield	57	56	59	55	52
	Iron	392	394	409	424	438
	Kane	147	152	162	165	167
	Washington	3,398	3,718	4,065	4,365	4,666
	<u>Total</u>		<u>4,096</u>	<u>4,407</u>	<u>4,772</u>	<u>5,064</u>

The following accomplishments were listed by the Five-County AAA in its annual plan update, May 2006

- Accomplishments for this past year have been in the areas of improving existing services and the ability to report on the delivery of those services. We have encouraged the seeking out of grant monies to improve senior centers. In addition, we have worked hard to ensure our RTZ GetCare computer reporting system is functional in every county of our PSA. CDBG funding was obtained from the Five County Association of Governments to expand

the Cedar City Senior Citizens Center. Construction on the Center started in the fall of 2005 and will be completed in the spring of 2006. With the help of the Hot-Shot Home-Delivered Meals vehicles obtained last fiscal year, we were able to keep Home-Delivered Meals going to clients in Cedar City from the Parowan Center while the Cedar City Center was closed.

- Beaver County has obtained CDBG monies to rebuild the Milford Senior Citizens Center. These monies will be made available for the project during 2006-2007.
- CDBG funds were obtained for the Beaver Senior Citizens Center to help with an ADA-centered remodel of the Center. The project was completed during this past fiscal year.
- The Hurricane Senior Citizens Center has obtained CDBG funding to develop architect plans and drawings for a remodel and addition for that center. CIS (Community Impact Board) funding is being sought for the construction phase of the project.
- Agency staff has worked hard to get the GetCare Computer reporting system fully functional in the Five County Area. Great strides have been achieved this past year, but we have been somewhat frustrated at how long it has taken RTZ to respond to concerns related to using this program.
- The “Making the Link” program has continued to be successful. This project works to connect caregivers to resources through their physician's offices. We have contacted over 44 physicians’ offices in Washington County and distributed 17 physician packets and over 115 caregiver packets, which included display boards and brochures to be posted in the physicians’ waiting rooms. Members from our Caregiver Advisory Council continue to volunteer their time distributing these materials. In addition, with the help of members of our Council in the Cedar City area, we will be expanding the “Making the Link” project to Iron County. We will also be making follow up visits to physician offices that agreed to participate.
- The MIC (Molina Independence Care) Program is in its second year and is proving to be successful. We continue to contract with Molina Health Care to act as the case management agency for the Long-Term Care, Managed Care Initiative for the Five County Area. We have over 40 clients on the program and continue to add new clients every month.
- This year, in addition to our Caregiver Client Satisfaction Survey, we developed client satisfaction surveys for the AW, Alternatives and MIC programs. In distributing all but the Caregiver Survey, we had between a 65 – 71 percent response rate. From the preliminary results of the survey, clients' services were positive. The results of these surveys will enable us to provide feedback to the providers as well as our case management team regarding level of service.
- With the Medicare Part D prescription drug coverage program going into effect this year, we have been actively involved in providing information, resources and assistance to our consumers to enable them to make informed decisions regarding their prescription drug coverage and in choosing the appropriate plan. In addition, the Caregiver Advisory Council decided to help the seniors advocate for Medicare Part D reform by providing information

and resource tools the seniors can use as they speak to their legislators regarding concerns and problems with the current structure of the program.

- We continue to enhance and increase community awareness of resources and services available to seniors and caregivers. This is the third year we will be co-sponsoring a Seniors Conference with the Alzheimer's Association, the Senior Centers and the Volunteer Center. The conference has been very successful with good attendance from seniors, providers and the community. We also continue to make presentations for several community agencies including the Iron County Chamber of Commerce, The Washington County Social Workers Luncheon, assisted livings facilities, nursing homes, home health providers and others. We also presented again this year to the St. George Police Department regarding senior issues with APS and the Alzheimer's Association.
- We continue to participate in health fairs and other community events where we discuss the services available for our aging population. As part of this we provide a variety of information and resources, which includes handbooks and guides such as our Caregiver Handbook, which is a valuable asset for caregivers. In addition, we reproduced a Hospice Brochure developed by Weber County Aging Services. We have also increased the materials and information available in our resource libraries and distribute over 200 monthly Caregiver Newsletters.
- The Caregiver Advisory Council is very active and has been successful in fulfilling many of the program goals, including community awareness, enhancing resources, enhancing communication among healthcare providers, training with local law enforcement, increasing resources and informational materials, enhancing respite options and many more.
- New providers were added to better meet the needs of our clients and to provide additional options and resources. Two new homemaking options were set up this year, and the numbers of respite providers were increased. Training opportunities for caregivers were increased offering a training component prior to the local support group in St. George.
- The case managers continue to work closely with other service providers. The local Senior Centers and the County Council on Aging Coordinators are an invaluable resource for our clients, especially in rural areas. We continue to work closely with Red Rock Center for Independence to access services including equipment and home modifications, and with the Alzheimer's Association in coordinating support groups, training, respite care and other resources for people with Alzheimer's or related dementia. The agency works closely with the Volunteer Centers and their Senior Companion Program. Case managers work with the Community Health Center and the Doctor's Free Clinic. As we plan for the future of aging services in our area, we need to look at an ever increasing and changing aging population. As the baby boomers enter their "golden years", their expectations and needs may be very different from the seniors that we currently serve. It is our hope that we can begin to look at these issues and address them on a local, state and national level.

MOUNTAINLAND AREA AGENCY ON AGING – FY 2006

Counties

Summit
Utah
Wasatch

Populations

<u>60+</u>		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
	Summit	4,318	4,759	5,241	5,782	6,275
	Utah	39,857	41,469	43,162	44,954	46,664
	Wasatch	2,332	2,453	2,574	2,715	2,849
	<u>total</u>	<u>46,507</u>	<u>48,681</u>	<u>50,977</u>	<u>53,451</u>	<u>55,788</u>
<u>65+</u>	Summit	2,649	2,941	3,260	3,574	3,898
	Utah	28,012	29,037	30,066	31,009	32,013
	Wasatch	1,622	1,685	1,746	1,817	1,881
	<u>total</u>	<u>32,283</u>	<u>33,663</u>	<u>35,072</u>	<u>36,400</u>	<u>37,792</u>
<u>75+</u>	Summit	943	1,033	1,134	1,270	1,391
	Utah	12,843	13,015	13,231	13,537	13,783
	Wasatch	652	661	681	704	718
	<u>total</u>	<u>14,438</u>	<u>14,709</u>	<u>15,046</u>	<u>15,511</u>	<u>15,892</u>
<u>85+</u>	Summit	201	229	265	298	342
	Utah	3,484	3,531	3,599	3,710	3,718
	Wasatch	133	131	132	137	138
	<u>total</u>	<u>3,818</u>	<u>3,891</u>	<u>3,996</u>	<u>4,145</u>	<u>4,198</u>

The following accomplishments were listed by the Mountainland AAA in its annual plan update, May 2006.

- The petitioning of Utah County to become the Area Agency on Aging for Utah County has been beneficial in two important areas. First, it raised the awareness and recognition of the growing senior population and the need for more services with elected officials and the general public. Second, elected officials throughout our service area have a much greater understanding of the function of the AAA with the associated services and they have accepted a greater role in overseeing and administering the AAA.
- The AAA accepted the responsibility, without supplemental funding being available, to assist seniors and family members in understanding and assisting with enrollment in the Medicare Part D prescription drug program. We estimate that by the end of the fiscal year we will have assisted about 2,000 individuals in person or over the telephone.
- Changes in the administration of the Aging Waiver In-Home Services Program have been significant and time consuming. The AAA has responded by managing and providing services to clients in a seamless and undisruptive manner on their behalf.
- Home-Delivered Meals services were increased in Summit County by increasing the number of days meals were provided from two to five days each week.
- A new contract to improve legal services available to seniors in Wasatch County and Summit County was instituted. Our Advisory Council on Aging has been actively involved in educating and advocating for additional resources for the Ombudsman Program.
- The initial contact from seniors and family members with the AAA has improved to providing better customer service.
- The development of our database continues to improve the management of our services and reporting capabilities and accuracies.
- Staff have responded and maintained a high customer service levels in spite of the demand for Medicare prescription drug coverage assistance and the effort to change the designated Area Agency and planning and service area.

SALT LAKE COUNTY AREA AGENCY ON AGING – FY 2006

County

Salt Lake County

Populations

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<u>60+</u>	119,470	124,679	129,845	135,629	141,580
<u>65+</u>	82,857	85,629	88,559	91,360	94,505
<u>75+</u>	37,924	38,113	38,383	38,922	39,514
<u>85+</u>	10,644	10,789	11,008	11,268	11,466

The following accomplishments were listed by the Salt Lake County AAA in its annual plan update, May 2006.

- Salt Lake County Aging Services' single most significant activity during the past year has been its work in support of the implementation of the new Medicare Part D Prescription Drug Benefit. In order to successfully educate and enroll seniors in this new benefit, Aging Services applied for and received grant funds from The Center for Medicare and Medicaid Services, the National Council on Aging and Utah Legal Services. These grants enabled us to hire an additional nine part-time staff positions to assist with Part D education and enrollment efforts. Our Outreach Program was asked to test the Center for Medicare and Medicaid Services' Training Module #9, one of the new modules that will be used to implement the Medicare Drug benefit beginning in January 2006. We were one of very few agencies to participate in this test. We were selected because of our success rate in enrolling seniors in the new Prescription Benefit. Our program's efforts were also one of three selected nationwide to be highlighted by the National Association of Area Agencies on Aging and the National Association of State Units on Aging for its successful efforts in implementing this grant. In addition, our efforts to enroll seniors on the Prescription Drug Benefits Program and other drug assistance programs were profiled as an Exemplary Practice by Medicare Rx Outreach.org. (Please visit the website at http://www.medicarerxoutreach.org/best_practices.cfm.) We organized, developed and led a coalition of agencies that is helping seniors understand the new Medicare Part D and Advantage Programs. We developed training for the Part D program to give to agency caregivers; trainings were provided in the fall of 2005. We assisted people with Medicare in enrolling on the Part D low-income subsidy program. The Outreach Program's staff worked hard to educate the staff of other agencies that work with seniors about the prescription drug benefit. We also facilitated the efforts of My Medicare Matters teams that was assigned to Salt Lake County. We trained their staff and facilitated the scheduling of their presentations and sign-up efforts. We hosted a "town meeting" type event at the Columbus Senior Center to promote Part D. The event was part of HHS Secretary Leavitt's nationwide bus tour to promote this program. The auditorium was filled with seniors and the event was covered on television and in the newspapers. So far, through March 31, 2006, we have helped 4,402 seniors enroll in Part D, the low income subsidy program or some other prescription assistance program. Of this total, 626 seniors were helped with enrollment in the low income subsidy. Our massive educational effort on this new benefit reached 143,005 people.

- The Alternatives Program staff worked with the Salt Lake City Housing Authority to partner resources to place new Service Coordinators in the City's senior housing facilities. We also worked on standardizing and streamlining the housing Service Coordinator program based on best practices as well as standards issued by the American Association of Service Coordinators and HUD. The Service Coordinators work in eight senior housing facilities helping residents with their problems and linking them with needed services.
- We distributed 45,000 copies of the 2005 edition of the 55+ Senior Resource Directory. We had a very successful fundraising drive for the 55+ Directory and Senior Expo with over \$120,000 in donations received.
- The Meals on Wheels Program volunteer component continued to grow during the year. During 2005, volunteers delivered an incredible 122,086 meals for the program, 49 percent of all the meals served.
- The Liberty Senior Center held its 13th annual Senior Health & Resource Fair on May 26th. This Resource Fair is an annual activity of the Project CARE Coalition. Project CARE was an AoA grant-funded project with the objective of building a partnership between our agency and other public and private organizations. This coalition continues to thrive 13 years later.
- We had a great many media activities in May to help recognize Older Americans Month in Salt Lake County. These included an op-ed piece by Norma Matheson on volunteering, a KSL-TV interview with Norma, a three-part story in the Deseret News, and articles in many of the local papers throughout the valley, such as the Utah Spirit, and KRCL and KCPW radio stations. A letter about Older Americans Month by County Mayor Peter Corroon also appeared in the Valley Journals.
- Of the 153 program participants in the Healthy Aging Program's ESL classes, 98 either completed requirements for the next skill level and advanced to a higher level or progressed within their current skill level.
- The Caregiver Support Program presented at the Salt Lake City Police Department's "Crisis Intervention Team" training for officers of law enforcement agencies from around the state. Staff presented on "Responding to a person with dementia – and Aging Services as a resource for officers". The Program also collaborated with Granite Community Education to offer both single-session and a six-week series of classes for caregivers. Granite provided the site and advertising through their brochures that were mailed to every home in the district.
- The Ombudsman Program made arrangements to partner with AARP in recruiting new Ombudsman volunteers. This will be an ongoing partnership and may develop a model that can be used statewide. AARP's first mailing to recruit volunteers yielded eight interested individuals.
- The Senior Employment Program participated in the 1st annual, 'Second Chance' Job & Resource Fair for ex-offenders. Sponsored by the Department of Workforce Services, this event represented a new collaboration between DWS, the Dept. of Adult Probation and

Parole, the Senior Employment Program and other community partners. Employment information geared toward older, ex-offender jobseeker was provided by SEP along with other information about the services available through Aging Services.

- We made significant progress in the participant ID card scanning project in senior centers this past year. All centers are now up and operating on this automated data collection system.
- The RSVP program developed an award for volunteers, Inspire by Example, which was presented in April. FM 103.5 radio station sponsored the award and sold \$2,000 worth of air time to Associated Foods to promote the award and produce a 60 second public service announcement about the RSVP Program.
- The remodeling project at the Friendly Neighborhood Center continued. Phase One, the work on the ground floor of the center, was completed. The seniors and staff were thrilled with the result. Publicity for the re-opening ceremony included television and print coverage. Phase Two, the remodeling of the center's basement space is now underway and is expected to be completed later in 2006.
- The Alternatives Program arranged for Certified Nursing Services to provide free "balance" clinics and fall-risk assessments in eight of the senior housing facilities in the County.
- Some form of a breakfast meal is now being offered in every senior center. We began a very successful salad alternative to the main entrée one day a week at the Sandy Center. It is very well accepted and we will be expanding to it other centers in 2006.
- We started successful Diabetes support groups in several senior centers. They are well attended and seem to be changing behaviors.
- We began providing nutrition education information to Meals on Wheels recipients in February using informational placemats and messages printed on the clear Mylar film that covers the meal trays. We also highlighted Older Americans Month, the Senior Expo and our own programs on the Mylar meal covers.
- Many West Jordan seniors signed up to help West Jordan City build a fantastic playground in the remodeled West Jordan Park. This was the largest project of its kind in the state and was built and financed by public donations and hard work. No tax money was used to build this playground. The seniors also donated a quilt to raffle to raise funds for the project.
- Of the 891 residents in the eight senior housing developments that the Alternatives Program's Service Coordinators serve, 610 residents received assistance from their Service Coordinators. This assistance included such things as referrals to community services, assistance with accessing public programs (such as HEAT) and enrollment in Medicare Prescription programs. The Service Coordinators arranged for flu and health clinics, exercise classes, multi-cultural education programs, and safety programs. They advocated for residents who were having difficulty with resolution of financial issues or those who may be being denied entitlement benefits. One example of the range of services the coordinators provide comes from Capitol Villa, a very ethnically diverse building. A resident there who is

single, handicapped, and wheelchair dependent had quit eating and grocery shopping. He had severe edema in both feet, was not managing his money and not keeping his apartment clean. The Service Coordinator helped him make arrangements to get to his physician's office to have his edema cared for and order home health visits. The Service Coordinator taught him how to budget and keep his bills under control, how to access other community resources for meals and shopping; she found him donated bedding and additional clothing. She also met with his church leaders to engage them in giving him additional support as he had not family or friends.

- The Department of Labor's Older Worker Programs sent a national consulting team to evaluate ten state-sponsored Senior Community Service Employment Programs around the county. Utah hosted one of these consultants in April. Since Salt Lake County operates the largest SCSEP program administered under DAAS, we hosted a half-day focus group of older job seekers as well as a half-day program evaluation for this team. The feedback we received was very positive as was the information sent to DOL. As a result, the consultant recommended that the State of Utah be included on the list of 'Best Practice' states.
- Ninety caregivers and agency representatives attended the Caregiver Support Providers' Planning Conference in June. Four breakout discussions wrestled with 1) Medicare Part D and how to enroll in this new benefit for Medicare-covered persons; 2) housing for older adults in our area, subsidized housing, eligibility and waiting lists; 3) understanding the causes and remedies for seniors who live at risk for self-neglect, neglect, abuse, and exploitation; and 4) new services, products and assistive devices. Participants identified major needs including transportation for seniors, affordable and accessible housing, mental health services and in-home services as well as communication (emergency response systems, long-distance-monitoring for health, etc). Participant feedback was very positive.
- During Healthy Aging Month in September, the Healthy Aging Program held a 'Healthy Aging Day' at the West Jordan Senior Center and the Gene Fullmer Recreation Center. The event included a mile walk and various other health-related activities throughout the day. We collaborated with County Parks and Recreation, the Health Department and West Jordan Healthy City.
- We initiated a media blitz in early July as temperatures neared 100, to warn seniors of the dangers of high temperatures and solicit donations of fans from the community. The story was picked up by KSL-TV, the Tribune and the Deseret News. We received over 70 donated fans that were distributed to seniors who live without air conditioning or a swamp cooler.
- The Healthy Aging Program worked with the State's Office of Refugee Resettlement to prepare the state's application for funds to assist the elderly refugee population in becoming U.S. citizens and retaining their federal benefits. Notice was received in early August that the grant had been funded but at a reduced level (\$47,505, instead of the \$197,448 requested.) The state will sub-contract these funds to Aging Services who will do part of the grant's work and also sub-contract with other community agencies for the remainder of the project's activities.
- The final unsubsidized job placement rate for our Senior Employment Program was 48.5 percent for the year ending June 30, 2005. Since the Program's national mandate is to work

specifically with seniors who have serious barriers to employment and since the national placement rate goal has been 20 percent, the Senior Employment Program was very pleased with these results.

- The Ombudsman Resource Center's new Ombudsman Compendium included three chapters covering recruitment, training, and retention of ombudsmen (both paid and volunteers). Several pieces of material from our Ombudsman Program were selected for inclusion in this document because they exemplify some of the best practices related to recruitment efforts.
- We received notice that our Legacy Corps Program's sub-grant from the University of Maryland's Center on Aging was chosen to continue for a new three year funding cycle. The Program received a \$16,000 funding increase that will enabled us to increase the number of Legacy Corps members from the current level of 28 to 35 in 2006.
- The Alternatives and Outreach Programs assisted with the processing of older Hurricane Katrina evacuees and provided hands-on care for several elderly individuals. The Senior Centers Program established a "drop-in senior center" for the older adult evacuees at Camp Williams.
- The Senior Centers Program sponsored the 34th Annual Concours d'Elegance Car Show at the South Towne Expo Center in August. This was our most successful year yet for this event. Volunteers from senior centers contributed 1,140 hours and performed many tasks that we had in the past paid others to perform. Albertson's Food Stores was very supportive selling tickets to the event for us.
- Starting in late September, The Alternatives Program began working with 32 physical therapy students from the University of Utah as part of a Service Learning project. The students worked with 18 clients to conduct a variety of assessments including fall risk, balance, gait and others. We worked with the PT department last year; it was a valuable experience for both the students and our clients.
- Two new students from the Language Department at the University of Utah were assigned to assist with interpretation for our Russian-speaking Foster Grandparents and Senior Companions. The partnership with the Language Department has proved very valuable to our programs and the needs of our limited English-speaking volunteers.
- This year's Senior Expo was a great success - an estimated 8,500 people attended. We administered 2,800+ flu shots, up from 1,500 last year, and provided information and assistance to over 1,900 people on the new Medicare Part D drug benefit.
- The Healthy Aging Program provided 2,848 flu shots at the Senior Expo. We also held a drive-thru vaccination clinic for frail and handicapped seniors at the O.C. Tanner parking lot on October 29th; 116 shots were given. During October, we administered 3,966 flu shots.
- The highlight for the Caregiver Support Program was the big success of the "Heart of Caring" Conference for caregivers. Attendance more than doubled from last year and feedback was extremely positive. We co-sponsor this annual conference with IHC, ARUP

and the State of Utah. It's a day of information, resources, nurturing and networking and is scheduled on the Saturday of the Senior Expo weekend.

- Our partnership between the Sandy Senior Center and Alta View Hospital netted a beautifully designed, user-friendly brochure that explains the wellness resources offered at the senior center. The intention is to invite age-appropriate hospital discharge patients to join in at the center as they feel stronger so they can participate in exercise, nutrition, and socialization opportunities. In addition, we have trained volunteers at the center who visit with older patients at the hospital to add a personal note of friendship.
- The Sunday Anderson Westside Senior Center created a calendar of activities strictly for the older Tongan population. This group meets at the Center three times each week (Monday, Wednesday and Thursday). We have a volunteer who translates the calendar into Tongan.
- For the 15th straight year, the Salvation Army prepared and delivered Thanksgiving Day meals to our Meals on Wheels recipients.
- Once again this year, Aging Services' staff coordinated a Giving Tree project for the division's customers. We received coats, blankets, towels, and gift cards for food for 350 needy seniors through generous donations from employees of Salt Lake County, Questar Gas, Fieldstone Homes, the Worker's Compensation Fund, UTA, and the Retired Telephone Workers. When dropping off the gifts, many of the County employees thanked Aging Services staff for giving them the opportunity to help someone have a special holiday.

As a part of an initiative put forth by County Mayor Peter Corroon, Aging Services is in the development and implementation of performance measures aimed at improving certain critical areas of our operations. At the division level, Aging Services' measures for 2006 include:

- Maximize independence for Salt Lake County's frail older adults. Measure the percentage of those receiving planned in-home services who continue to receive them (includes customers in the Meals on Wheels, Alternatives, Caregiver Support and Senior Companion Programs). The target for this measure is 82 percent.
- Preserve the independence of Salt Lake County's active older adults. Measure the percentage of customers with a Nutrition Risk Score of 12 or greater for whom an intervention is completed (includes the Centers, RSVP/Bridges, Senior Companion and Foster Grandparent Programs). The target for this measure is 35 percent. Measure the repeat participation rate (includes the Centers, Healthy Aging, Transportation and volunteer programs). The target for this measure is 85 percent.
- Meet the demands of a rapidly expanding senior population. Measure the number of new customers served in the year. The target for this measure is 6,000 new customers.
- Provide world class customer service. Measure the customer satisfaction rates for customers and community partners. The target for this measure is 92 percent of responses rated as "good" or "excellent."

SAN JUAN COUNTY AREA AGENCY ON AGING – FY 2006

County

San Juan

Populations

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<u>60+</u>	2,095	2,169	2,252	2,338	2,417
<u>65+</u>	1,501	1,578	1,643	1,712	1,779
<u>75+</u>	731	759	787	814	836
<u>85+</u>	190	216	227	244	266

The following accomplishments were listed by the San Juan County AAA in its annual plan update, May 2006.

- The AAA has begun to provide limited services to senior clients in the LaSal area. This includes participating in the purchase of a handicap accessible van, which they use for transportation to doctor appointments, grocery shopping and sightseeing trips. The seniors are currently having lunch twice a month with the food being purchased through the San Juan County general fund. The county is in the process of applying for grant funds to build a permanent senior center in the community.
- San Juan County has again provided \$50,000 of general funds to the five senior centers located on the Navajo Nation Reservation. The AAA was instrumental in obtaining grant funds from the Utah Navajo Revitalization Fund to assist in capital building projects at those five senior centers.
- The agency has been lucky to still have a Home Health Agency operating in the County, but unfortunately we are experiencing a cutback in services and areas served.
- An additional County employee continues to assist our In-Home Case Manager with not only visits, but also provides interpretation services to the Native Americans which in turn saves both time and money.
- A representative from USU Extension is providing nutritional education in the centers.
- The Center Director is serving on the local community health committee representing senior issues.
- The AAA has been very successful in working with Active Re-entry to assist with building projects for porches, ramps, etc. for individuals in their homes.
- Utah Legal Services made several presentations in the area during the past year.

- The agency continues to provide medical transportation to individuals for out-of-town appointments.
- The San Juan County AAA continues to provide a monthly trip for seniors to travel to the nearest Wal-Mart in Cortez, CO to purchase some of their medications and supplies.

SIX-COUNTY AREA AGENCY ON AGING – FY 2006

Counties

Juab
 Millard
 Piute
 Sanpete
 Sevier
 Wayne

Populations

		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<u>60+</u>	Juab	1,100	1,112	1,131	1,143	1,160
	Millard	1,979	1,989	2,006	2,021	2,020
	Piute	340	337	335	340	345
	Sanpete	3,490	3,546	3,620	3,724	3,813
	Sevier	3,398	3,435	3,470	3,512	3,559
	Wayne	539	551	565	585	594
	<u>total</u>		<u>10,846</u>	<u>10,970</u>	<u>11,127</u>	<u>11,325</u>
<u>65+</u>	Juab	797	773	767	751	733
	Millard	1,427	1,420	1,417	1,383	1,356
	Piute	252	253	259	259	263
	Sanpete	2,600	2,615	2,637	2,646	2,655
	Sevier	2,562	2,570	2,587	2,583	2,583
	Wayne	399	406	417	420	434
	<u>total</u>		<u>8,037</u>	<u>8,037</u>	<u>8,084</u>	<u>8,042</u>
<u>75+</u>	Juab	329	297	281	261	246
	Millard	671	642	625	598	564
	Piute	94	87	80	79	80
	Sanpete	1,182	1,180	1,169	1,166	1,167
	Sevier	1,215	1,205	1,184	1,176	1,184
	Wayne	192	190	190	191	191
	<u>total</u>		<u>3,683</u>	<u>3,601</u>	<u>3,529</u>	<u>3,471</u>
<u>85+</u>	Juab	103	83	76	62	48
	Millard	139	131	128	121	124
	Piute	15	9	4	0	0
	Sanpete	303	280	286	287	278
	Sevier	318	320	317	312	309
	Wayne	46	46	41	37	44
	<u>total</u>		<u>924</u>	<u>869</u>	<u>852</u>	<u>819</u>

The following accomplishments were listed by the Six-County AAA in its annual plan update, May 2006.

- The AAA has assisted over 1,000 Medicare beneficiaries with Medicare Part D.
- The Six-County AAA received good state evaluations on all programs, except Ombudsman (a state evaluation was not completed). No corrective actions were issued.
- The RSVP Program is continuing to work with Homeland Security.
- The RSVP Manager attended a Pandemic Influenza Summit facilitated by US Department of Health and Human Services.

The Area Agency on Aging changed Directors in December 2005. The internal structure of the AAA has been evaluated with the following changes:

- Some AAA staff changes are being completed to eliminate fragmentation.
- Advisory Council is being reduced in size. Meetings will be conducted as advisory rather than informational.

SOUTHEASTERN UTAH AREA AGENCY ON AGING – FY 2006

Counties

Carbon
Emery
Grand

Populations

		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<u>60+</u>	Carbon	3,368	3,397	3,446	3,496	3,555
	Emery	1,725	1,778	1,834	1,891	1,945
	Grand	1,677	1,750	1,820	1,901	1,982
	<u>total</u>	<u>6,770</u>	<u>6,925</u>	<u>7,100</u>	<u>7,288</u>	<u>7,482</u>
<u>65+</u>	Carbon	2,479	2,462	2,451	2,425	2,420
	Emery	1,245	1,274	1,283	1,297	1,328
	Grand	1,204	1,230	1,272	1,323	1,366
	<u>total</u>	<u>4,928</u>	<u>4,966</u>	<u>5,006</u>	<u>5,045</u>	<u>5,114</u>
<u>75+</u>	Carbon	1,249	1,220	1,179	1,141	1,100
	Emery	544	537	531	520	532
	Grand	566	585	610	641	669
	<u>total</u>	<u>2,359</u>	<u>2,342</u>	<u>2,320</u>	<u>2,302</u>	<u>2,301</u>
<u>85+</u>	Carbon	334	341	323	329	325
	Emery	138	136	125	120	123
	Grand	147	158	168	173	193
	<u>total</u>	<u>619</u>	<u>635</u>	<u>616</u>	<u>622</u>	<u>641</u>

The following accomplishments were listed by the Southeastern Utah AAA in its annual plan update, May 2006.

Senior Nutrition Programs:

- Each County in the District increased its contributions to the HDM program that offset the ever-increasing costs of fuel, utilities, and personnel. As a result of that funding effort and with an increase in Project Income, no waiting lists were needed for the Nutrition programs.
- Carbon County purchased three new Hot Shot meal delivery vans in the last quarter of FY2006, and they have really helped ensure efficient delivery of hot and cold foods to meet the required food safety guidelines. One van will be in East Carbon and two will serve the Price/Helper/Wellington area.
- The new kitchen facilities in the Grand Center have provided wonderful meals for the congregate program, which increased service from around 70 clients per day to 120-130 clients per day. Grand County is providing additional funding for the program to offset

costs. It was anticipated that the new facility would bring in more clients, but the reality has more than satisfied the dream!

- The Emery County Commissioners have responded to the need for additional resources for the home-delivered meal programs increasing their local funding by an additional \$7,000 (now contributing over \$107,000 to the Nutrition Program). This increase came at a time when every other department in the county took cuts in their budget requests because of decreased revenues at the County level.
- Participation of seniors in Green River for congregate meals has risen from an average of 30 to 50 clients two days a week. Anticipation of a new senior center for that community and a new center director probably account for a good portion of this success story.

Senior Centers:

- Grand County has completed its new senior center, The Grand Center, and it has truly met the projected expectations of increased activity of the seniors in Grand County. In addition to the increases in the nutrition program, there is a marked increase in utilization of the facility for classes such as exercise, quilting, ceramics, cards, games, puzzles, art, stained glass classes, creative writing, as well as community meetings, activities, small conferences, and computer training. As I visit the Grand County Aging Council, the variety of activities goes on as new ideas are tried each month.
- The Karl Peterson Center in Price is also increasing its usage, as is the new East Carbon Center. The room where the congregate meals are served in Price is so full that they are now planning to raise funds for remodeling and improving that portion of the building to accommodate the increased usage. In East Carbon the congregate meals are growing because of the new facility, and the good leadership of the Carbon Aging Program Director. For many years, the seniors in East Carbon felt like they were forgotten, but the new Carbon Director, Debbie Kobe has focused on making sure they were included and received good equipment, top quality raw food product, and good programs. It has made a difference there.
- The Emery County Nutrition program has been able to increase the number of Home-Delivered Meals served without establishing a waiting list for clients on the program, and without decreasing the funding for the congregate meals. The County Commissioners were very supportive with providing increased funding for the Nutrition program.

In Home Programs:

- Levels of service and clients served have been maintained for the TAP and Respite programs, without resorting to a waiting list. There have been a couple of times when someone had to wait a day or two until resources could be found to accommodate their need, but they have been served in a timely manner.
- Medicaid Aging Waiver clients have increased this year, and the funding to cover the increased costs have also been available when we requested it. The Division staff were very helpful as we worked through providing slots and funding for this increase in clients. As of

the submission of this area plan, there are no qualified Medicare Aging Waiver clients on a waiting list in the District.

Disappointments and Barriers:

- An increase in requests to provide congregate meals more days per week at the Emery County Senior Centers continue to be unfulfilled because of the lack of funding. The Senior Centers at Huntington, Castle Dale, and Emery would like to serve two days per week, while Ferron and Green River already serve congregate meals two days per week.
- Lack of Adult Day Care facilities continues to be a problem for seniors and their caretakers in Emery and Grand Counties. Also Grand County needs an Assisted Living facility that would tie in very well with their master plan for a Continuum of Care Campus located in the same area as the new Senior Center. Finding a willing private for-profit agency to make initial investments continues to be the major hurdle to jump!
- As with some of the other rural areas of the state, our District continues to attract a disproportionate share of the seniors from other states, and the Wasatch Front who retire to our communities and expect supportive services, which do not exist and for which little funding is available. Fortunately, many of them have the resources, and good health to get along for a time. The worry comes with what will happen when they no longer have the good health, family infrastructure, or resources to support their move.
- The high cost of fuel and utilities continues to undermine all efforts to expand budgets to provide additional services. This impacts the program and is a clear barrier to quality of life issues. Many of the seniors are facing decisions that include choices of medicine or heat or food versus lights!

TOOELE COUNTY AREA AGENCY ON AGING – FY 2006

County

Tooele

Populations

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<u>60+</u>	5,521	5,851	6,171	6,528	6,875
<u>65+</u>	3,824	4,028	4,216	4,368	4,556
<u>75+</u>	1,593	1,632	1,676	1,719	1,767
<u>85+</u>	374	378	376	387	390

The following accomplishments were listed by the Tooele County AAA in its annual plan update, May 2006.

- The Tooele County AAA has had an exciting year. We have increased all of our in-home programs, including the Aging Waiver to waiting lists. This became short lived for the Waiver, however, because it looked liked we were going to overspend, and then three clients needed to go to the nursing home, so we are now assessing for new clients. With our Caregiver Support Program, we were able to not only spend the current budget, but also the carryover from previous years. To say this is an accomplishment or a disappointment needs to be seen.
- Through the County, we were able to purchase a new staff car and a new Ford Hotshot for home-delivered meals.
- We were hoping that we would be able to work the kinks out of our NAPIS report, with Get Care using our data from several cites to combine into one report.
- As director of the AAA, I am very proud of my staff and the volunteers that were recruited to help with the Medicare D Program. Thanks to the state, we were able to help over 150 seniors enroll, and we continue to help. The enrollment involved a lot of staff time, but it has been worthwhile when you see how seniors have benefited already.

UINTAH BASIN AREA AGENCY ON AGING – FY 2006

Counties

Daggett
Duchesne

Populations

		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<u>60+</u>	Daggett	246	258	265	274	287
	Duchesne	2,147	2,177	2,216	2,255	2,288
	<u>total</u>	<u>2,393</u>	<u>2,435</u>	<u>2,481</u>	<u>2,529</u>	<u>2,575</u>
<u>65+</u>	Daggett	180	186	194	206	218
	Duchesne	1,485	1,523	1,549	1,551	1,568
	<u>total</u>	<u>1,665</u>	<u>1,709</u>	<u>1,743</u>	<u>1,757</u>	<u>1,786</u>
<u>75+</u>	Daggett	80	89	99	99	108
	Duchesne	564	558	570	564	573
	<u>total</u>	<u>644</u>	<u>647</u>	<u>669</u>	<u>663</u>	<u>681</u>
<u>85+</u>	Daggett	12	13	14	14	20
	Duchesne	88	84	90	85	83
	<u>total</u>	<u>100</u>	<u>97</u>	<u>104</u>	<u>99</u>	<u>103</u>

The following accomplishments were listed by the Uintah Basin AAA in its annual plan update, May 2006.

Health Fair:

- The AAA presented its Fifth Annual Senior Health Fair on October 27 & 28, 2005 under the banner of “Get the Big Picture on Prescriptions and Wellness.” We extended the event to two days hoping to entice the younger senior. The fair included Thursday evening classes presented by Carol Rassmussen R.D with topics such as planning your retirement, long-term care options, and diabetes options. In coordinating with Home Health, flu shoots were available to seniors 65+. This health fair was designed as an outreach activity to provide health screening tests throughout the day and mini-lectures on various senior concerns. Coordinating with the Uintah Basin Medical Center we enlisted six doctors to give our mini-lectures; Dr. Mason, Bone and Joint Health; Dr Powell, Glaucoma/Cataracts; Dr. Smith, Sleep Apnea; Dr. Blake, Skin Cancer; Dr. Krzymowski, Colon Health; and Dr. Mitchell, Depression. North Eastern Counseling had a very interactive class on the bread recipe for relieving stress. Sally Anne Brown, Darren Hotton and Marge Edwards from the State Division of Aging presented six classes on Medicare D and talked to over 400 seniors. Health screening tests included Prostate screenings, Body Fat testing, Complete Blood Count and Glucose testing, and Bone Density testing. Some 22 booths ranging from the local H.E.A.T. Program, Senior Volunteer Programs, Tri County Health, American Cancer

Society, American Diabetes Association, Veteran Affairs, Parkside Manor, local Care Center, and Active Re-entry were located throughout the center offering information and referral pertaining to senior issues.

Medicare D:

- We counseled and enrolled over 1,000 seniors in our area. We took on difficult cases to help the Medicaid dual eligible with their first prescription refill when no one else would help. Our offices were open until 7:00 at night waiting on hold with Medicare to receive an answer for clients. The budget was exhausted, but there were seniors who still needed our help so we continued to enroll seniors in prescription drug plans in our community without monetary reimbursement because we cared.

Native American Outreach:

- The Gateway Senior Center has continued to exchange culture activities with five Native Americans who participate at the center. The Ute Indian Tribe donates transportation for these ladies to travel to the Gateway Senior Center in Duchesne. One of our seniors was invited to go on a buffalo hunt and had a fantastic experience.

UINTAH COUNTY AREA AGENCY ON AGING – FY 2006

County

Uintah

Populations

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<u>60+</u>	3,802	3,873	3,967	4,059	4,175
<u>65+</u>	2,772	2,799	2,827	2,857	2,874
<u>75+</u>	1,201	1,202	1,202	1,216	1,226
<u>85+</u>	286	279	279	280	289

The following accomplishments were listed by the Uintah County AAA in its annual plan update, May 2006.

- We have had excellent support from our County Commissioners this past year. They have been very helpful with all programs at the PSA. Our County Clerk-Auditor set up the Medicaid Waiver accounts on the county level and his help has been much appreciated.
- Weekend meals continue to be successful and the number of patrons continues to rise. By preparing our own meals, we have been able to keep the meal cost comparable even with rising food prices. With some menu changes and a new Food Supervisor, we are increasing our congregate meal counts.
- All of the programs set up during the past year have been working very well. The newspaper articles, radio spots, and promotion of other community programs have been getting the information to the area seniors. Davis Jubilee is still working with us to provide the “call and pick up” service for seniors needing food or medications. We have a monthly bingo game in which the manager from one of the local banks donates his time to call bingo and obtain prizes from the local merchants. The ladies have really enjoyed this activity.
- The Medicare Part D Program has brought many new clients into the center. Many of them have returned for congregate meals as well as other services.
- We currently have several local community groups using the building in the evenings for semi-weekly as well as monthly meetings. They include the Historical Society, Quilters Guild, Mountain Club, Current Topics, and Garden Society. The building is available for the Home Health Agencies to hold seminars or workshops as needed. Active Re-Entry uses our facility every other month for a cooking demonstration for their clients. Also, the Food Pantry participates by offering recipes and ideas on how to use the products they receive from the pantry.
- We have many activities planned this year including the annual health fair, our annual picnic in the park, talent show, billiard tournament, a volunteer recognition dinner, etc.

- We will continue to work with the Ute Tribe in transporting their elderly to congregate meals on Fridays. To date we only have one member using our services on a regular basis. We are trying to find ways to encourage more to participate.
- Our Site Manager is always finding more ways to make the center a fun place to spend time. A health trainer was recently found to do an exercise class two days a week. The Site Manager is also looking for someone to teach a Tai-Chi class. We are working with Parks and Recreation to see if they can help. We are also working with the hospital to encourage seniors to participate in the 500 Mile program. Many seniors attended a nutrition class in March. Our dietician, Linda McClellan, taught this class. She plans on having another class in the fall. These classes are always successful with more interested clients each time a class is held.
- We are planning to do some games for the Home-Delivered Meals clients. A home-delivered bingo game is one way we could make each day something to look forward to. Each day they receive lunch they would be given a number. The first participant with a Bingo would win a prize. This is one way we thought they could get involved and have some fun.
- A barrier we have encountered this past year is the Health Insurance Program funding being spent before the end of the fiscal year due to the new Medicare D program. Another barrier we are facing is that our facility is too small for all the services we are trying to provide and has many problems due to age. The Uintah County Commission is working on plans for a new facility in the near future. This will be such a boost to all the programs we provide.

WEBER/MORGAN AREA AGENCY ON AGING – FY 2006

Counties

Weber
Morgan

Populations

		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<u>60+</u>	Weber	29,849	30,800	31,735	32,721	33,696
	Morgan	1,169	1,215	1,245	1,298	1,354
	<u>total</u>	<u>31,018</u>	<u>32,015</u>	<u>32,980</u>	<u>34,019</u>	<u>35,050</u>
<u>65+</u>	Weber	21,516	21,989	22,494	22,929	23,489
	Morgan	800	843	862	883	906
	<u>total</u>	<u>22,316</u>	<u>22,832</u>	<u>23,356</u>	<u>23,812</u>	<u>24,395</u>
<u>75+</u>	Weber	10,517	10,507	10,583	10,730	10,782
	Morgan	284	289	298	306	314
	<u>total</u>	<u>10,801</u>	<u>10,796</u>	<u>10,881</u>	<u>11,036</u>	<u>11,096</u>
<u>85+</u>	Weber	2,944	3,034	3,106	3,144	3,169
	Morgan	55	47	49	47	40
	<u>total</u>	<u>2,999</u>	<u>3,081</u>	<u>3,155</u>	<u>3,191</u>	<u>3,209</u>

The following accomplishments were listed by the Weber AAA in its annual plan update, May 2006.

- The third year of the four year plan for the Weber Area Agency on Aging began and will end with a great amount of our energy being directed toward understanding, enrolling and navigating the difficulties presented by the implementation of the Medicare Part D prescription plan. However, it does represent a substantial accomplishment given its scope. In addition, the staff and volunteers of our agency have done a monumental job.
- Our Area Agency on Aging continued to face the need for developing new ways to serve more people with the same or less funding as costs increase. A refinement of our vision has been the subject of serious discussion with very few solutions surfacing to remedy budget problems with little hope for new local, state or federal funds. This process did result in a healthy evaluation of our service locations and it was decided after public meetings and lengthy council discussions to discontinue a small, poorly attended nutrition site which would allow us to invest the resources where there was greater need such as was found in Marriot/Slaterville City.
- Marriot/Slaterville built a senior center to accommodate their own cluster of seniors who had met together for activities completely independent of support from the AAA. They made their own arrangements for basic operations, but had a fairly underdeveloped nutrition service. We were able redirect some of the resources from the recently discontinued site to bolster their fledgling operation. Thanks to this partnership, we have been able to make contact with an entirely new pocket of seniors who had not surfaced at any other location, but have benefited from support other than the nutrition services.
- Continued collaboration with the Medicaid Long-Term Care Initiative is still providing options to nursing home placements through the Weber MACS Plan. This is especially true for many who would have otherwise required support from overextended Area Agency on Aging in-home services. It has proven to be a valuable component in the community's continuum of care and serves a critical niche.
- Lastly, transportation and nutrition services have become increasingly more expensive. Both The Ride and the Senior Nutrition Kitchen, which are the primary service providers for Weber County, have suffered from painful cost increases. The combination of gas and insurance costs have hurt them both and made them less able to serve even the same number of seniors let alone able to respond to growing demand. However, both services have successfully added business beyond the senior programs in order to raise additional money and spread some of their fixed costs. Almost 10% of their total business is now provided to this new funding source that has successfully contributed to the services without reducing availability for the seniors. It didn't solve the whole problem, but has made a big difference.

Appendix III

LISTS

**DIVISION OF AGING AND ADULT SERVICES
UTAH DEPARTMENT OF HUMAN SERVICES
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PHONE: (801) 538-3910
TOLL FREE: 1-877-424-4640
FAX: (801) 538-4395
Website: hsdaas.utah.gov**

Director: Assistant Director: OAA Assistant Director: APS
Alan Ormsby Nels Holmgren Diane Stewart
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DESIGNATED AREA AGENCIES ON AGING

September 05, 2006

Bear River Area Agency on Aging

Box Elder, Cache, Rich

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Fax: (435) 752-6962
E-Mail: michelleb@brag.utah.gov
Website: www.brag.utah.gov

Davis County Bureau of Health Promotions and Senior Services

Davis

Sally Kershisnik, Director of Family Health and Senior Services
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50 East State (P. O. Box 618)
Farmington, UT 84025
Phone: (801) 451-3377
Fax: (801) 451-3434
E-Mail: skershis@co.davis.ut.us
Web: www.co.davis.ut.us/agingservices

Five-County Area Agency on Aging

Beaver, Garfield, Iron, Kane, Wash.

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(435) 586-2975 (Cedar City)
(435) 676-2281 (Panguitch)
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Mountainland Dept. of Aging and Family Svcs: Summit, Utah, Wasatch

Scott McBeth, Director
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Salt Lake County Aging Services

Salt Lake

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San Juan County Area Agency on Aging

San Juan

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Six-County Area Agency on Aging

Juab, Millard, Piute, Sanpete, Sevier, Wayne

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Southeastern Utah AAA

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Tooele Co. Div. of Aging and Adult Services

Tooele

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Uintah Basin Area Agency on Aging

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Uintah County Area Agency on Aging

Uintah County

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Weber Area Agency on Aging

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