AREA AGENCY ON AGING
FOUR-YEAR PLAN:
Fiscal Years 2024-2027

THIRD YEAR OF THE PLAN:
Fiscal Year 2026
July 1, 2025 - June 30, 2026

Tooele County
Area Agency on Aging

for
The Older Americans Act

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

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I. APPROVAL PROCESS

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

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

In accordance with the Act, each AAA is asked to furnish the information requested on the following pages. Responses will form the report of progress in achieving goals set for the planned activities for the third year of the four-year Area Plan FY 2024 - 2027 (July 1, 2025 - June 30, 2026). Once completed, this document will be submitted to the Division of Aging and Adult Services for review and comment. The State Board of Aging and Adult Services will subsequently examine all responses and consider the document for final approval by June of 2025.

II. SIGNATURES

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

AREA PLAN UPDATE
July 1, 2025, to June 30, 2026

1. The Area Plan update for Fiscal Year 2026 has been prepared in accordance with rules and regulations of the Older Americans Act and is hereby submitted to the Utah Department of Health and Human Services, Division of Aging and Adult Services, for approval. The Area Agency on Aging assures that it has the ability to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area (Ref. Section 305[c]). The Area Agency on Aging will comply with state and federal laws, regulations, and rules, including the assurances contained within this Area Plan.

Director, Area Agency on Aging _____ Date _____

Agency Name: Tooele County Area Agency on Aging _____

Agency Address: 151 N Main St, Tooele, UT 84074 _____

2. The Area Agency Advisory Council has had the opportunity to review and comment on the Area Plan Update for Fiscal Year 2026 (Ref. 45 CFR Part 1321.57[c]). Its comments are attached.

Chairman _____ Date _____
Area Agency Advisory Council

3. The local governing body of the Area Agency on Aging has reviewed and approved the Area Plan Update for the Fiscal Year 2026.

County Manager _____ Date _____

4. Plan Approval

Director _____ Date _____
Division of Aging and Adult Services

Chairman _____ Date _____
State Board of Aging and Adult Services

III. GOALS AND OBJECTIVES

Tooele County Aging Services uses a multi-facet approach to develop goals and objectives for the area plan. Aging Services is an integral part of the Tooele County Health Department (TCHD). Collaboration between the two departments led to the incorporation of Aging in all Health policies for TCHD. TCHD and Aging Services play a significant role in bringing together community partners to develop and conduct a comprehensive Community Health Assessment (CHA) for the population, including older adults in Tooele County. The CHA served as a roadmap for establishing health priorities aligned with Tooele County Aging Services' mission and vision. TCHD and Aging Services conducted surveys, focus groups, and interviews to understand the community's overall health status, including the community's most significant health challenges, strengths, and how to improve the community's overall health. The Community Health Improvement Plan (CHIP) process includes community partnerships to assist in implementing an action plan based on the data from the CHA. Tooele Health and Aging Services' most recent CHA identifies priorities to include preventing obesity and related chronic conditions, improving mental health (improving health access, preventing depression and suicide), and reducing substance abuse.

Tooele AAA incorporated valuable input from older adults and caregivers across our community to help shape our goals and objectives. Feedback focused on key concerns such as challenges faced by older adults in our county, access to resources and health programs, and the strengths within our community.

Tooele AAA goals and objectives are a framework for program development for the next four years with assistance from over 30 health and human service agencies and local businesses. The partnerships created by the Tooele County Aging Services and community agencies are vital to building a healthier community and meeting the needs of older adults.

Please indicate specific goals and objectives planned for the four-year plan in the following areas:

1. **Strengthening Older Americans Act (OAA) Core Programs** – Describe plans and include objectives and measures that will demonstrate progress towards:
    a. Coordination of Title III and Title VI Native American programs (Sec. 307(a)(21);
    b. Ensuring incorporation of the new purpose of nutrition programming to include addressing malnutrition (Sec. 330);
    c. Age and dementia friendly efforts (Sec. 201(f)(2);
    d. Screening for fall-related TBI (Sec. 321(a)(8);
    e. Strengthening and/or expanding Title III and VII services;
    f. Improving coordination between the Senior Community Service Employment Programs (SCSEP) and other OAA programs.

Coordination of Title III and Title VI Native American programs - Tooele AAA will maintain relationships with the two bands of the Goshute Nation located in Tooele County. The Skull Valley Band of Goshute is one of the two bands of the Goshute Nation, the other being the Confederated Tribes of the Goshute. The Skull Valley band has a reservation of 17,920 acres in Tooele County, at Skull Valley, Utah, and their membership is 127. The Confederated Tribes of the Goshute is located in Ibapah, Utah, approximately 165 miles southwest of Tooele City. Ibapah is in a remote location with a total population of 152 individuals, and there are approximately 30 people 60 years of age or older. The closest city is Wendover, Utah. SHIP counselors will facilitate presentations yearly with both at their Community Centers and assist with Medicare concerns and enrollment via phone. The AAA will arrange for Mom's Meals to deliver meals if there is a need in Skull Valley or Ibapah. A concentrated effort will be made to meet with the Tribal Council in both Skull Valley and Ibapah and determine if the needs of the older adults are being met. Tooele County Aging Services does not receive Title VI grants.

Ensuring incorporation of the new purpose of nutrition programming to include addressing malnutrition - All In-Home Service and Meals on Wheels (MOW) clients have a nutritional risk screening completed. If there is an indication of malnutrition, clients are encouraged to address this with their primary care provider. Staff continue to monitor these clients for risks associated with malnutrition and annual reassessment. Case managers/social workers visit clients face to face quarterly to monitor declines in health status and to coordinate services to assure their needs are being met. MOW clients are reassessed annually and linked to other food security services when needed. These services include referrals to the food pantry, linking them to SNAP benefits, and our MOW program, which currently does not have a waiting list. Tooele County AAA has volunteered to be a part of the Malnutrition Feasibility Pilot project with the state's Division of Aging and Adult Services during FY 2026.

Age and dementia friendly efforts - Dementia Dialogues, Dealing with Dementia, and Dementia Live are taught and will continue to be taught twice a year by our certified gerontologist and social workers. Aging staff support and empower caregivers through education and support groups such as the Alzheimer's Association Support Group and the Parkinson's Support Group. Dementia friendly activities are held quarterly. Tooele County Aging Services is a part of the Risk Reduction Learning Collaborative and participates in the Utah Alzheimer's Disease and Related Dementias Coordinating Council and supports the priorities from the 2023-2030 Utah Alzheimer's Disease and Related Dementias State Plan.

Screening for fall related TBI - Many of our evidence-based programs (Stepping On, Tai Chi, Walk With Ease, Living Well With Chronic Conditions) provide screening for fall related TBI. Fall Prevention Awareness Day will be celebrated every Fall, and a physical therapist will present on falls and what can be done to prevent them. Aging collaborates with Health Promotion on these programs and presentations as well and health educators attend these events and promote their programs. All In-Home Services and

MOW's assessments address Activities of Daily Living, and when there is concern about a client being at risk for falls, additional screening is performed. In-Home Services programs address mobility and fall risk during all quarterly reviews.

Strengthening and/or expanding Title III and VII services - Over the next four years, our agency will work to strengthen and expand our Title III services. We currently provide Homemaker, Home-Delivered Meals, Case Management, Congregate Meals, Transportation, and Caregiving Services to as many clients and participants as our funding allows. We will also work to strengthen and expand our Title VII services. We currently provide Long-Term Care Ombudsman services, work to prevent elder abuse, neglect, and exploitation, support elder rights, have a current contract to provide legal assistance, and provide benefits outreach, counseling, and assistance programs to the level our funding allows. The older adult population in our community continues to grow, and our programs and services are becoming more and more popular and in demand. We welcome expanding our Title III and Title VII programs and services; however, we are limited due to current funding restraints.

Improving coordination between the Senior Community Service Employment Programs (SCSEP) and other OAA programs - Our agency participates in monthly Tooele Area Enhanced Multidisciplinary Team (MDT) meetings to staff difficult cases concerning vulnerable adults in our area, provide training, collaboration, and share resources. This meeting includes members from law enforcement, adult protective services, legal representatives, social workers, case workers, ombudsman, hospital personnel, local behavioral health, care coordinators, environmental health, community resource center director, and many others. We have a robust volunteer program, and we have also started a new program in our agency working with AmeriCorps UServeUtah. Senior Companions is a volunteer program specifically for seniors in need of socialization. This program allows seniors to serve as companions to other seniors in need. A Volunteer Appreciation Event will continue to be held annually to thank and recognize all Aging Services volunteers. We plan to increase all volunteer programs over the next four years.

2. **Post-COVID-19 Efforts** – Describe plans and include objectives and measures that will demonstrate progress towards:
    a. Educating about the prevention of, detection of, and response to negative health effects associated with social isolation (Sec. 321(a)(8));
    b. Dissemination of information about state assistive technology entities and access to assistive technology options for serving older individuals (Sec. 321(a)(11));
    c. Providing trauma-informed services (Sec. 102(41));
    d. Screening for suicide risk (Sec. 102(14)(G));
    e. Inclusion of screening of immunization status and infectious disease and vaccine-preventable disease as part of evidence-based health promotion programs (Sec. 102(14)(B) and (D));
    f. Incorporating innovative practices developed during the pandemic that increased access to services, particularly for those with mobility and

transportation issues as well as those in rural areas.

Educating about the prevention of, detection of, and response to negative health effects associated with social isolation - Tooele County Aging Services educates all program participants about prevention, detection of, and responses to the negative health effects associated with social isolation. Socialization opportunities are provided daily to in-person participants and often virtually as well. Regular meetings continue to have a virtual option for attendance. Transportation continues to be provided, and transportation services and options have been expanded across Tooele County. Technological improvements have been made across the division as well. More TV's, laptops, tablets, web cams, speakers, AV equipment, etc., have been purchased, provided, and installed to support more virtual offerings. Preventing social isolation will continue to be a priority over the next four years.

Dissemination of information about state assistive technology entity and access to assistive technology options for serving older individuals - Dissemination of information about state assistive technology and access to assistive technology options for serving older adults will continue to be provided.

Providing trauma-informed services and screening for suicide risk - Aging staff are trained in being trauma-informed, and all services are provided in a trauma-informed manner. All clients are screened for suicide risk, and all AAA staff are trained in suicide prevention. Our goal is also to increase social norms supportive of help-seeking and recovery. We continue to partner with Prevention Services, the faith-based community, and other human service agencies to increase awareness of suicide prevention and mental health resources. Training is provided related to mental health awareness to staff, clients, and participants. There is increased support for survivors of trauma and suicide loss.

Inclusion of screening of immunization status and infectious disease, and vaccine-preventable disease as part of evidence-based health promotion programs - Inclusion of screening of immunization status and infectious disease and vaccine-preventable disease is part of the evidence-based health promotion programs offered. Aging Services work with health educators and community partners to provide outreach to high-risk individuals, specifically the older adult population.

Incorporating innovative practices developed during the pandemic that increased access to services particularly for those with mobility and transportation issues as well as those in rural areas – Case manager social workers and community partners work together to connect older adults with community agencies and transportation services to ensure that individuals have increased mobility and information in native languages and focused services for the underserved, rural, and vulnerable populations.

3. **Expanding Access to HCBS** – Describe plans and include objectives and measures that will demonstrate progress towards:

a. Securing the opportunity for older individuals to receive managed In-Home and community-based long-term care services (Sec. 301(a)(2)(D));
b. Promoting the development and implementation of a state system of long-term care that is a comprehensive, coordinated system that enables older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers (Sec. 305(a)(3));
c. Ensuring that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services for older individuals who: reside at home and are at risk of institutionalization because of limitations on their ability to function independently; are patients in hospitals and are at risk of prolonged institutionalization; or are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them (sec. 307(a)(18(A)-(C));
d. Working towards the integration of health, health care and social services systems, including efforts through contractual arrangements; and
e. Incorporating aging network services with HCBS funded by other entities such as Medicaid.

Securing the opportunity for older individuals to receive managed In-Home and community-based long-term care services - Tooele County Aging Services' main goal is for older adults in our community to age in place in their homes. Our case managers social workers visit clients monthly by phone, face to face each quarter, and reassess annually. In-Home Services programs are dependent upon the amount of funding received.

Promoting the development and implementation of a state system of long-term care that is a comprehensive, coordinated system that enables older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers - Our case manager social workers are always assessing if the client's needs could be better met in a different environment. If the client wishes to return to the community, all efforts are made to make this a reality. Case managers social workers consider safety and health risks along with client wishes and have conversations with the clients and their families about these topics.

Ensuring that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services for older individuals who: reside at home and are at risk of institutionalization because of limitations on their ability to function independently; are patients in hospitals and are at risk of prolonged institutionalization; or are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them - Case manager social workers work closely with all care providers when determining a plan of care for our clients.

Working towards the integration of health, health care and social services systems, including efforts through contractual arrangements - We are actively working toward the integration of health, health care, and social service systems through collaborative efforts, including contractual arrangements. One key strategy involves monthly multi-disciplinary team (MDT) meetings where we review complex cases involving vulnerable older adults in difficult circumstances, particularly those who are not currently receiving services but may be in need. These meetings provide a structured forum for collaboration across sectors to identify and implement solutions that address individual needs. Our ongoing goal is to conduct, facilitate, and participate in these monthly meetings to support coordinated care and improve outcomes for older adults in our area.

Incorporating aging network services with HCBS funded by other entities, such as Medicaid - We integrate aging network services with Home and Community-Based Services (HCBS) funded by other entities, such as Medicaid, through the delivery of In-Home services that support older adults. This includes incorporating services funded by Medicare and Medicaid as part of our care offerings. In addition, we remain committed to providing up-to-date information to the community, partner agencies, hospitals, health care providers, care centers, and home health agencies about the full range of services offered by Tooele's Area Agency on Aging.

4. **Caregiving Efforts** – Describe plans and include objectives and measures that will demonstrate progress towards:
    a. Documenting best practices related to caregiver support (Sec. 373(e)(1));
    b. Strengthening and supporting the direct care workforce (Sec. 411(a)(13))
    c. Implementing recommendations from the RAISE Family Caregiver Advisory Council (https://acl.gov/programs/support-caregivers/raise-family-caregiving-advisory-council); and
    d. Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families (https://www.gksnetwork.org/).

Documenting best practices related to caregiver support - Tooele County Aging Services case managers social workers will take a new approach to documenting best practices related to caregiver support by keeping a list of best practices in each client's folder that will be taken with them to clients' homes each month. This allows them to cover a different topic each month with the caregivers. This has worked well with other AAA's so we will take the same approach, so caregivers are not getting all of their information at once, and it prevents them from feeling overwhelmed. This will allow caregivers to better learn the material if it is given in smaller, more consumable amounts. Support groups are also held monthly or even twice a month, and new topics are covered in each meeting.

Strengthening and supporting the direct care workforce - We work closely with contracted home health agencies. Our case managers are all licensed Social Workers, and they have regular contact with home health agencies discussing current clients and other clients in need of services. Case managers meet one-on-one with each client and

their families when admitting them to In-Home Service programs. During this meeting, patient-centered care plans are developed, and this plan is modified as needed to meet the client's needs. This is a patient-centered approach, identifying each client's individual needs. We also take a front door to back door approach, assessing the home so referrals can be made to the appropriate agencies in other areas. Case managers and community partners work together closely and are aware of the many community resources and services offered in our area. They provide this information to older adults, identifying services they would like to use or may need. Services such as housing/rentals, food assistance, mental health, and public benefits assistance. After these meetings, referrals to these agencies are made to connect clients to the services. If additional help is needed, case managers help current clients, and community partners help non-clients get whatever help is needed for them to be successful.

Implementing recommendations from the RAISE Family Caregiver Advisory Council - We will support implementing the recommendations from the RAISE Family Caregiver Advisory National Strategy to Support Family Caregivers. Supporting these goals by increasing awareness of and outreach, advancing partnership and engagement, strengthening services and supports, ensuring financial and workplace security, and expanding data, research, and evidence-based practices.

Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families - We will work to coordinate with the National Technical Assistance Center on Grandfamilies and Kinship Families to enhance the level of support families receive.

5. **Elder Justice** – Describe any current and/or planned activities to prevent, detect, assess, intervene, and /or investigate elder abuse, neglect, and financial exploitation of older adults.

Describe any current and/or planned activities to prevent, detect, assess, intervene, and /or investigate elder abuse, neglect, and financial exploitation of older adults - Preventing, detecting, assessing, and addressing elder abuse, neglect, and financial exploitation remains a core priority of our agency. A key strategy in this effort is ongoing staff training, with elder abuse consistently emphasized as a critical topic. The Statewide Area Agency on Aging (AAA) partners with Adult Protective Services (APS) to provide specialized training and educational presentations. These are delivered through annual conferences, regular staff meetings, and presentations to the Council on Aging. Additionally, All Aging staff meetings include dedicated time to discussing elder abuse-related concerns, including issues such as malnutrition.

To further strengthen prevention and intervention efforts, a multidisciplinary team (MDT) was developed in coordination with APS. This group meets monthly and includes representatives from over twenty local agencies. APS staff play an active role in these meetings by offering education, insights, and collaborative case support.

The Ombudsman Program is also expanding its impact within care facilities. Two staff members are certified ombudsmen working to increase program visibility and accessibility. The ombudsman team plans to increase training sessions in assigned care facilities and will continue presenting annually to both the All Aging All Staff meeting and the Council on Aging.

We also take a proactive approach in educating the community. Elder abuse awareness presentations are offered during programs, meals, and special events. Our goal is to become the community's trusted resource for information on senior fraud, waste, and abuse. To support this, we provide weekly social media messaging and share awareness materials from the Department of Health and Human Services Division of Aging and Adult Services. Information is also disseminated through the Senior Center's *Active Aging* newsletter and the local newspaper, focusing on fraud, scams, and abuse prevention.

Information is shared from the Senior Medicare Patrol (SMP) newsletters in both English and Spanish to staff and the wider community. Outreach efforts are designed to engage underserved populations, with bilingual staff and volunteers available to support Spanish-speaking clients and ensure their translation needs are met.

Additionally, we maintain a contract with Utah Legal Services and actively participate in the statewide Legal Services Workgroup, further supporting our commitment to protecting older adults through legal advocacy and support.

IV. ACCOMPLISHMENTS FOR THE PAST YEAR

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

TOOELE COUNTY AGING SERVICES FY25 HIGHLIGHTS

Tooele County Aging Services is a part of the Tooele County Health Department. Tooele's AAA was involved in the development of the Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and the 2024 Annual Report.

Please see:
Tooele County CHA
Tooele County CHIP
2024 Annual Report

Tooele County Aging Services FY25 Accomplishments Narrative

State of the Agency

One of our greatest accomplishments this year has been the exceptional Aging Services team we've built. In a field where turnover is common, 83% of our staff—15 out of 18 employees—have remained with us for over a year. This continuity has allowed us to strengthen our internal culture and consistently provide high-quality services to the older adults of Tooele County. Together, we live out our mission and vision: enhancing the health and well-being of older adults and fostering a healthy, safe community where every individual can reach their full potential.

To support staff retention, we spotlight a team member each month and actively promote the value of our programs by presenting goals and outcomes to both the health department and the Council on Aging—showcasing the meaningful impact of our work.

This past year brought a steady rhythm of meetings, reports, audits, infrastructure updates, policy revisions, and contract compliance—all navigated successfully. Our team has consistently exceeded expectations, demonstrating resilience through both challenges and routine operations. We've built a stable, collaborative, mission-driven foundation that we're proud to be part of. Cross-training was prioritized to ensure service continuity during extended absences such as maternity or medical leave.

Professional Development

Staff participated in a range of impactful training, including *The Human Need for Belonging*, *Creating a Culture of Safety*, *The Four Stages of Psychological Safety*, *Vicarious Trauma Training*, and *Frontline Staff Leadership Training (Customer Service)*. Additional sessions included *Reframing Aging*, *Primary Prevention 101*, and *The Five Pillars of Health*. All staff and volunteers completed *Counseling in the Streets* training, and many attended the *Trauma-Informed Awareness Seminar*.

Staff also took part in high-impact events like the *Older Adult Mental Health Awareness Day Symposium*, *Elder Abuse Prevention Conference*, and *Older Americans Act Training*. Our commitment to lifelong learning extended to state and national conferences including the *Generations Conference*, *USAging 2024*, *MAG's Caregiver Conference*, and the *Consumer Voice Conference for LTC Ombudsmen*. All county-required training, including important subjects like *Harassment Prevention* and *Defensive Driving*, were completed.

Additionally, our Gerontologist and Social Worker became certified Dementia Live Coaches. I attended the *Governor's Symposium on Utah's Aging Population*, learned about the WISE initiative, and later participated in a WISE listening session.

This ongoing investment in staff strengthens our ability to serve, advocate, and innovate—reinforcing the deep sense of belonging and shared purpose that defines Tooele County Aging Services.

National Recognition

We are extremely proud to be the recipient of the **2025 USAging Innovations Award** for *The Next Chapter*, a program that fills a critical gap for widows and widowers. Designed for former caregivers suddenly facing isolation and an altered routine, the program offers monthly gatherings where participants can grieve, learn, and rebuild purpose together. Sessions are participant-driven—covering practical topics such as financial transitions, grief management, self-care, and local resources—ensuring content stays relevant and empowering.

Beyond education and peer support, *The Next Chapter* reconnects older adults with their community through low-cost, high-interest outings: stargazing nights, museum visits, local author talks, historic film screenings, public art tours, and new physical activities like horseshoe pitching. By leveraging partnerships, volunteers, grants, and in-kind donations, the program remains cost-effective and sustainable. It exemplifies our capacity to innovate and respond to evolving community needs.

Community Engagement & Partnerships

Tooele County Aging Services has made meaningful strides in expanding community engagement and cultivating strong partnerships. This year, we deepened relationships across healthcare, education, local government, tribal communities, and nonprofits to create a more inclusive and connected community.

We serve on the Human Services Advisory Committee Board, the Advisory Council for UServe Utah AmeriCorps Seniors, and participated in Communities That Care's key leader orientation. We supported broader community assessments, promoted the Utah Community Needs Assessment, and completed the Behavioral Health Support Survey.

We increased public outreach by participating in local events like *Night Out Against Crime*, the *Spring Women's Health Expo*, the *Latino Health Fair*, and *Wendover's Open House and Health Fair*. We brought monthly dinners and social activities to Wendover and expanded efforts to serve Spanish-speaking and LGBTQ+ older adults.

Collaborations with local partners helped us distribute bilingual elder abuse prevention materials, work with victim advocates, and assist the Grantsville Library's Digital Navigator proposal. We continue to offer virtual Social Security options. We also attended *Alzheimer's Advocacy Day* and the *AmeriCorps Senior Recognition Event*. Support from organizations like the Social Security Administration, Harris Community Village, Switchpoint Coffee, Key Bank, Workforce Services, and others enhanced our efforts. We offered more virtual programming than ever before. We continued professional memberships to align with best practices and advocacy priorities.

We strengthened our partnerships with tribal communities by providing Medicare Open Enrollment support to the Confederated Tribes of Goshute in Ibapah and sharing Indigenous Aging Resources with NatSU Healthcare, operated by the Skull Valley Band of Goshute. NatSU staff participated actively in our Trauma Awareness Seminar, and we initiated collaboration with Sacred Circle to support training for staff working with

older adults. Medicare counseling was also offered countywide, supported by a staff-created plan comparison spreadsheet that improved enrollment assistance.

We celebrated *National Family Caregiver Month*, *Senior Center Month*, and *Older Americans Month*, honoring both caregivers and our County Council's ongoing support.

Our dementia education efforts expanded through the Alzheimer's Association's Risk Reduction Learning Collaborative and promotion of the "10 Healthy Habits for Your Brain" initiative.

Volunteerism

Volunteers remain vital to our mission. We implemented new protocols, interest surveys, and policies that were adopted county-wide. We remain committed to training, recognizing, and supporting our volunteers as essential partners in aging services.

Program Expansion and Innovation

In FY25, we significantly expanded programs and services:

- **New offerings**: *Caregiver Talking Points*, *Stress Busters*, *Stronger Memory* sessions, *Computer Classes*, *Community Gardening, LiveFit Summer Challenge,* and new *Fraud Prevention* education
- **Creative Aging**: Increased arts programming, including concerts, folk dancing, and museum visits
- **Accessibility**: Introduced voice amplifiers, magnifiers, and visual impairment supports
- **Veterans Directed Care**: Increased clients and assisted with Salt Lake County
- **Dementia support**: Added dementia-friendly activities and created new bilingual brochures
- **Navigation**: Updated our website, Eldercare Locator, and 211 listings
- **Resource partnerships**: Collaborated with Tech Charities, Habitat for Humanity, HEAT, and AARP Tax Aid
- **Council on Aging**: Achieved full representation, hosted expert speakers, and trained in Medicare, transit, and home-based medical support

Health Department Collaboration

We supported the Tooele County Health Department's Community Health Assessment and Improvement Plan, ensuring older adult voices were represented.

Immunization Campaign

In 2024, we launched a comprehensive Older Adult Immunization Campaign. Through newsletters, flyers, social media, and TV ads, we raised awareness about vaccine safety, side effects, and access. Staff were trained, and vaccines were offered at events and to homebound clients. A survey showed 74% of senior center attendees saw the campaign; 90% found it helpful, and 71% said it prompted vaccination.

Mental Health Supports

We prioritized mental wellness by including mental health content in every newsletter, joining the *Comprehensive Suicide Prevention Workgroup*, promoting *One Kind Act a Day*, and encouraging Mental Health First Aid training. We're also working to establish regular chaplain visits at senior centers.

Emergency Preparedness

We updated evacuation plans, installed new generators, and added cleanup kits at both senior centers. Staff completed CPR, First Aid, FEMA ICS training, and we coordinated countywide emergency exercises. Through donations clients received smoke and CO detectors, shelf-stable meals, 72-hour meal kits, emergency essential kits, and "Caregiver Kits." We promoted "Tooele Ready" and hosted seasonal safety events and presentations.

Pursuing Additional Funding

We applied for the RRF Foundation for Aging, HUD's Home Modification Grant, the Tooele Human Services Block Grant, and the Tooele Recreation Grant. We successfully secured the **Utah Arts and Museums Creative Aging Grant**.

Local partnerships kept costs low while enhancing programs. Civic groups like the Elks and Eagles sponsored events and entertainment. Boy Scouts offered free car winterization. Local school groups like Future Farmers of America and bands provided donations and entertainment. Library partners helped build intergenerational garden beds. Local businesses like Walmart, Broken Arrow Construction, and the Association of Realtors donated gifts, supplies, and experiences to enrich older adults' lives.

Challenges

As Tooele County grows, so does the demand for aging services. Flat funding limits our ability to scale programs despite increased need. Recruiting and retaining skilled professionals remains difficult amid competitive job markets. Yet we continue to prioritize cross-training, staff development, and innovative service models to sustain high-quality care.

Most importantly, we've remained focused on elevating the voices of those we serve and responding to the real-life needs of our aging community.

V. TITLE III – PROGRAM DESCRIPTION AND ASSURANCES

TITLE III
AREA PLAN: PROGRAM DESCRIPTION AND ASSURANCES

Each area agency on aging (AAA) must maintain documentation to confirm the following assurance items. Such documentation will be subject to federal and state review to ensure accuracy and completeness. By signing this four-year plan document, the area agency on aging agrees to comply with each of the following assurances unless otherwise noted in the document.

Section 305(c): Administrative Capacity

An area agency on aging shall provide assurance, determined adequate by the State agency, that the Area Agency on Aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Section 306(a)(1): Provision of Services

Provide, through a comprehensive and coordinated system for supportive services, nutrition services, and where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area, covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have the greatest economic need (with particular attention to low income minority individuals and older individuals residing in rural areas) residing in such area, the number of older individuals who have the greatest social need (with particular attention to low income minority individuals) residing in such area and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior center in such area, for the provision of such services or centers to meet such need;

Section 306(a)(2): Adequate Proportions

(a) Each area agency on aging…Each such plan shall--
(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) In-Home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

and assure that the area agency will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

Section 306(a)(4)(A): Low Economic, Minority and Rural Services

(i) The area agency on aging will-

(aa) 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;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared –

identify the number of low-income minority older individuals in the planning and service area;

(I) describe the methods used to satisfy the service needs of such minority older individuals; and

(II) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

Section 306(a)(4)(B): Low Economic, Minority and Rural Services Outreach

Provide assurances that the area agency on aging will use outreach efforts that will:

(i) identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(i) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance

Section 306(a)(4)(C): Focus on Minority Older and Rural Older Individuals

Contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

Section 306(a)(5): Assurance for the Disabled

Provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

Section 306(a)(6)(A): Accounting for the Recipients' Views

Take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan:

Section 306(a)(6)(B): Advocacy

Serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating , and commenting upon all policies, programs, hearings, levies, and community actions which will effect older individuals;

Section 306(a)(6)(C): Volunteering and Community Action

(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families; and

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that:

I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act.

Section 306(a)(6)(D): Advisory Council

Establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, representatives of older individuals, local elected officials, providers of veterans health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters

relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

Section 306(a)(6)(E): Program Coordination

Establish effective and efficient procedures for coordination of:

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and,

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

Section 306(a)(6)(F): Mental Health Coordination
Coordinate any mental health services provided with funds expended by the area agency on aging for part B with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations; and

Section 306(a)(6)(G): Native American Outreach

If there is a significant population of older individuals who are Native Americans, in the planning and service area of area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

Section 306(a)(7): Coordination of Long-Term Care

Provide that the area agency on aging will facilitate the coordination of community based long term care services designed to enable older individuals to remain in their homes, by means including:

(i) development of case management services as a component of the long term care services; consistent with the requirements of paragraph (8);
(ii) involvement of long term care providers in the coordination of such services; and,
(iii) increasing community awareness of and involvement in addressing the needs of residents of long term care facilities;

Section 306(a)(8): Case Management Services

Provide that case management services provided under this title through the area agency on aging will:

(i) not duplicate case management services provided through other Federal and State programs;
(ii) be coordinated with services described in subparagraph (A); and,
(iii) be provided by a public agency or a nonprofit private agency that:
(1) gives each older individual seeking services under this title a list of agencies that proved similar services within the jurisdiction of the area agency on aging;
(2) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
(3) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing the services; or,
(4) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii)

Section 306(a)(9): Assurance for State Long-Term Care Ombudsman Program

Provide assurance that area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

Section 306(a)(10): Grievance Procedure

Provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

Section 306(a)(11): Services to Native Americans

Provide information and assurances concerning services to older individuals who are Native Americans (referred to in the paragraph as “older Native Americans”), including---

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

Section 306(a)(12): Federal Program Coordination

Provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described inn section 203(b) within the planning and service area.

Section 306(a)(13)(A-E): Maintenance of Integrity, Public Purpose, Quantity and Quality of Services, Auditability

Provide assurances that the area agency on aging will:
(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency--
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

Section 306(a)(14): Appropriate use of Funds

Provide assurance that funds received under this title will not be used to pay any part of a cost (including administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title

Section 306(a)(15): No Preference

Provide assurance that preference in receiving services under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and\

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

TITLE VII: ELDER RIGHTS PROTECTION

Chapter 1: General Provisions

Section 705(a)(6)(A): General Provisions

An assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3:

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
  (i) public education to identify and prevent elder abuse;
  (ii) receipt of reports of elder abuse;
  (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent, and
  (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

Chapter 2: Ombudsman Program

Section 704(a): Organization and Area Plan
Description of Ombudsman Program

Section 712(a)(5)(D)(iii): Confidentiality and Disclosure

The State agency shall develop the policies and procedures in accordance with all provisions of this subtitle regarding confidentiality and conflict of interest. [This is R510-200-8(B)(9) for confidentiality and R510-200-7(A)(e) for conflicts of interest using the definitions outlined in state and federal law]

Section 712(a)(5)(C): Eligibility for Designation

Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall:

(i) have demonstrated capability to carry out the responsibilities of the Office;
(ii) be free of conflicts of interest;
(iii) in the case of the entities, be public or nonprofit private entities; and
(iv) meet such additional requirements as the Ombudsman may specify.

Section 712(a)(5)(D): Monitoring Procedures

(i) In General: The State agency shall establish, in accordance with the Office, policies and procedures for monitoring local Ombudsman entities designated to carry out the duties of the Office.

Section 712(a)(3)(D): Regular and Timely Access

The Ombudsman shall ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;

Section 712(c): Reporting System

The State agency shall establish a statewide uniform reporting system to:

(1) collect and analyze data relating to complaints and conditions in long-term care facilities and to residents for the purpose of identifying and resolving significant problems, and

(2) submit the data, on a regular basis.

Section 712(h): Administration

The State agency shall require the Office to:

(1) prepare an annual report:

(A) describing the activities carries out by the Office in the year for which the report is prepared;

(B) containing and analyzing the data collected under subsection (c);

(C) evaluating the problems experienced by, and the complaints made by or on behalf of, residents;

(D) containing recommendations for:
(i) improving quality of the care and life of the residents; and
(ii) protecting the health, safety, welfare, and rights of the residents;

(E)(i) analyzing the success of the program including success in providing services to residents of board and care facilities and other similar adult care facilities; and
(ii) identifying barriers that prevent the optimal operation of the program; and

(F) providing policy, regulatory, and legislative recommendations to solve identified problems, to resolve the complaints, to improve the quality of care and life of residents, to protect the health, safety, welfare, and rights of residents, and to remove the barriers;

(2) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other government policies and actions that pertain to long-term care facilities and services, and to the health, safety, welfare, and rights of residents, in the State, and recommend any changes in such laws, regulations, and policies as the Office determines to be appropriate;

(3) (A) provide such information as the Office determines to be necessary to public and private agencies, legislators, and other persons, regarding:
(i) the problems and concerns of older individuals residing in long-term care facilities; and
(ii) recommendations related to the problems and concerns.

(These three assurances were added to the ombudsman section in May, 2003)

Section 712(f): Conflict of Interest

The State agency shall:

(1) ensure that no individual, or member of the immediate family of an individual, involved in the designation of the Ombudsman (whether by appointment or otherwise) or the designation of an entity designated under subsection (a)(5), is subject to a conflict of interest;
(2) ensure that no officer or employee of the Office, representative of a local Ombudsman entity, or member of the immediate family of the officer, employee, or representative, is subject to a conflict of interest;
(3) ensure that the Ombudsman:
(A) does not have a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service;
(B) does not have an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service;
(C) is not employed by, or participating in the management of, a long-term care facility; and
(D) does not receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility; and
(4) establish, and specify in writing, mechanisms to identify and remove conflicts of interest referred to in paragraphs (1) and (2), and to identify and eliminate the relationships described in subparagraphs (A) through (D) of paragraph (3), including such mechanisms as:
(A) the methods by which the State agency will examine individuals, and immediate family members, to identify the conflicts; and
(B) the actions that the State agency will require the individuals and such family members to take to remove such conflicts.

Section 712(a)(3)(E): Representation Before Governmental Agencies

The Ombudsman shall represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;

Section 712(j): Noninterference
The State must:

(1) Ensure that willful interference with representatives of the Office in the performance of the official duties of the representatives (as defined by the Assistant Secretary) shall be unlawful.

(2) Prohibit retaliation and reprisals by a long-term care facility or other entity with respect to any resident, employee, or other person for filing a complaint with, providing information to, or otherwise cooperating with any representative of, the Office.

Will you assure that your agency will not interfere with the official functions of ombudsman representatives as defined in The Older Americans Act section 712 (a)

(5) (B) and that representatives will be able to report any interference to the State?

Chapter 3: Programs for the Prevention of Elder Abuse, Neglect and Exploitation

Section 721(a): Establishment

In order to be eligible to receive an allotment under section 703 from funds appropriated with this section, and in consultation with area agencies on aging, develop and enhance programs for the prevention of elder abuse, neglect, and exploitation.

Section 721(b)(1-2)

(1) providing for public education and outreach to identify and prevent elder abuse, neglect, and exploitation;

(2) ensuring the coordination of services provided by area agencies on aging with services instituted under the State adult protection service program, State and local law enforcement systems, and courts of competent jurisdiction;

VI. AREA PLAN PROGRAM OBJECTIVES

Supportive Services

Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Case Management (1 case): Assistance either in the form of access or care coordination in the circumstance where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of case management includes assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and re-assessment, as required.	3		28	
Personal Care (1 hour): Provide personal assistance, stand-by assistance, supervision or cues for persons having difficulties with one or more of the following activities of daily living: eating, dressing, bathing, toileting, and transferring in and out of bed.	2		30	
Homemaker (1 hour): Provide assistance to persons having difficulty with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.	3		346	
Chore (1 hour): Provide assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.	0		0	
Adult Day Care/Adult Day Health (1 hour): Provision of personal care for	0		0	

Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
dependent adults in a supervised, protective, congregate setting during some portion of a 24-hour day. Services offered in conjunction with adult day care/adult health typically include social and recreational activities, training, counseling, meals for adult day care and services such as rehabilitation, medication management and home health aide services for adult day health.				
Assisted Transportation (1 one-way trip): Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.	0		0	
Transportation (1 one-way trip): Provision of a means of transportation for a person who requires help in going from one location to another, using a vehicle. Does not include any other activity.			1476	
Legal Assistance (1 hour): Provision of legal advise, counseling and represent-ation by an attorney or other person acting under the supervision of an attorney.			46	
Nutrition Education (1 session): A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.			0	

- Persons assessed and determined eligible for services

Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Information and Assistance (1 contact): A service for older individuals that (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, includeing information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.			3172	
Outreach (1 contact): Interventions initiated by an agency or organization for the purpose of identifying potential clients and encouraging their use of existing services and benefits.			114	

* Persons assessed and determined eligible for services

TITLE III C-1

Title III C-1 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Congregate Meals (1 meal): Provision to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting, a meal which: a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture; b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and, d) provides, if three meals are served, together, 100 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.	776	0	24195	0
Nutrition Counseling (1 hour): Provision of individualized advice and guidance to individuals, who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or	0	0	0	0

Title III C-1 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.				
Nutrition Education (1 session): A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.			2247	

* Persons assessed and determined eligible for services

TITLE III C-2
Home-Delivered Meals

Title III C-2 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Assessment/Screening (1 Hour): Administering standard examinations, procedures or tests for the purpose of gathering information about a client to determine need and/or eligibility for services. Routine health screening (blood pressure, hearing, vision, diabetes) activities are included.			116	
Home-Delivered Meals (1 meal): Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which: a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and d) provides, if three meals are served, together, 100 percent of the current daily DRI; although there is no requirement regarding	348	0	50364	0

Title III C-2 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Home-Delivered Meals (cont'd): the percentage of the current daily RDA which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.				
Nutrition Counseling (1 hour): Provision of individualized advice and guidance to individuals, who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.	0	0	0	0

* Persons assessed and determined eligible for services

TITLE III D
Preventive Health

Title III D Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Health Promotion – Evidence-Based Programs	280		7754	
Senior Farmers Market Nutrition Program	99		5360	

TITLE III E
National Family Caregiver Support Program (NFCSP)

Title III E Program Objective	Persons Served	Persons Waiting for Services*	Estimated Service Units
Information: Estimate the number of individuals who will receive information, education and outreach activities in order to recruit caregivers into your program.	395		223699
Assistance: Estimate the number of clients who will receive assistance in accessing resources and information which will result in developed care plans and coordination of the appropriate caregiver services.	8		91
Counseling/Support Groups/ Training: Estimate the number of individuals who will receive counseling/support groups/training.	50		604
Respite: Estimate the number of clients who will receive respite services using NFCS funds.	8		163
Supplemental Services: Estimate the number of clients receiving supplemental caregiver services using NFCS funds.	14		56

* Persons assessed and determined eligible for services

OTHER OLDER AMERICANS ACT

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

Service Name and Funding Source	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Assessment Screening III B			320	
Interpretation/Translation III B			248	
Recreation III B			8697	
Letter Writing/Reading III B			256	

* Persons assessed and determined eligible for services

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

Mission/Purpose Codes:

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

STATE-FUNDED PROGRAMS

Service Code	Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Number of Persons Not Served
ALM	**Home and Community-based Alternatives Program:**** Service designed to prevent premature or inappropriate admission to nursing homes, including program administration, client assessment, client case management, and home- and community-based services provided to clients.	16	36	36
RVP	**Volunteer:** Trained individuals who volunteer in the Retired Senior Volunteer Program, Foster Grandparent Program, and Senior Companion Program.	15	15	15

* Persons assessed and determined eligible for services

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

MEDICAID AGING WAIVER PROGRAM

Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Number of Persons Not Served
Purpose: A home and community-based services waiver offers the State Medicaid Agency broad discretion not generally afforded under the State plan to address the needs of individuals who would otherwise receive costly institutional care provided under the State Medicaid plan.	8	2	2

* Persons assessed and determined eligible for services

VII. REAFFIRMATION OR AMENDMENTS TO THE FOUR-YEAR PLAN

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

1. PRIORITY OF SERVICES

Nutrition Services

Home Delivered Meals
Congregate Meals
Emergency Shelf Stable Meals

Support Services

Information and Referral
Case Management and long-term supports and services
Senior Centers
Transportation
Volunteer opportunities for older adults

Caregiver Support Services

Educational Classes
Support Groups
Information, Access, and Outreach

Elder Justice

Multi Discipline Team (MDT) Meetings
Long-term Care Ombudsman
Senior Medicare Patrol (SMP) fraud prevention efforts

Health and Wellness

Evidence-based health promotion and prevention programming

2. SERVICE PROVIDERS

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

PROVIDER NAME	GOODS/SERVICE(S)	AGREEMENT TYPE
Utah Legal Services	Legal Services	Written agreement
Switchpoint	Meals/Nutrition	Written agreement
Mom's Meals	Meals/Nutrition	Written agreement
Home Instead	In-Home Services	Written agreement
Community Nursing Services	In-Home Services	Written agreement
Acumen	In-Home Services	Written agreement
Canyon Home Care & Hospice	In-Home Services	Written agreement
Visiting Angels	In-Home Services	Written agreement
ADT	In-Home Services	Written agreement
Connect America	In-Home Services	Written agreement
Choice Home Medical	In-Home Services	Written agreement
Little Meadow Cleaning Co	In-Home Services	Written agreement
Active Personal Care	In-Home Services	Written agreement
Latitude	In-Home Services	Written agreement
Dose	In-Home Services	Written agreement
RMC Personal Care LLC	In- Home Services	Written agreement
Safe Home Services LLC	Handyman Services	Written agreement

3. DIRECT SERVICE WAIVERS

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

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

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

4. PRIORITY SERVICE WAIVER

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

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

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

SERVICE CATEGORY	DESCRIPTION OF REASON FOR THE WAIVER
Access: N/A	
In-Home: N/A	
Legal Assistance: N/A	

5. ADVISORY COUNCIL

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

Council Composition	**Number of Members**
60+ Individuals	8
60+ Minority Individuals	2
60+ Residing in Rural Areas	3
Representatives of Older Individuals	9
Local Elected Officials	3
Representatives of Providers of Health Care (including Veterans Health Care if applicable)	2
Representatives of Supportive Services Provider Organizations	1
Persons With Leadership Experience in the Voluntary and Private Sectors	8
General Public	9
Total Number of Members (May not equal sum of numbers for each category)	12

Name and address of chairperson:
Pat Hearty, 598 N Cooley St, Grantsville, UT 84029
Email: p.hearty10@yahoo.com

Does the Area Agency Advisory Council have written by-laws by which it operates?
[X] Yes [ ] No

Area Agency Advisory Council meetings schedule:
Tooele Senior Center, 59 E Vine Street, Tooele, UT 84074
4th Wednesday of the month from 1-2 pm

VIII. POPULATION ESTIMATES

Population Group	Number*	Number Served in Planning and Service Area	Estimate of People Needing Services
Age 60+	11199	1071	575
Age 65+	7334	1008	299
Minority Age 65+	880	127	83

IX. SPECIFIC QUESTIONS ON PROGRAM ACTIVITIES