

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

**FOURTH YEAR OF THE PLAN:
Fiscal Year 2027
July 1, 2026 - June 30, 2027**



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 fourth year of the four-year Area Plan FY 2024 - 2027 (July 1, 2023 - June 30, 2027). 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 2026.

II. SIGNATURES

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

AREA PLAN UPDATE

July 1, 2026 to June 30, 2027

1. The Area Plan update for Fiscal Year 2027 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: _____

Agency Address: _____

2. The Area Agency Advisory Council has had the opportunity to review and comment on the Area Plan Update for Fiscal Year 2027 (Ref. 45 CFR Part 1321.57[c]).

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 Fiscal Year 2027.

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

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

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.

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 entity 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 effort did not work as planned, any disappointments experienced by the agency, barriers encountered, etc.

TOOELE COUNTY AGING SERVICES FY26 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 2025 Annual Report.

Please see on [the Tooele County Health Department Website](#):

**Tooele County Community Health Assessment
Tooele County Community Health Improvement Plan
2025 Annual Report**

Tooele County Aging Services, the designated Area Agency on Aging for Tooele County, continues to serve as a vital resource for older adults, caregivers, and families by promoting independence, health, safety, and quality of life. Aging Services remains a division of the Tooele County Health Department, allowing for strong collaboration with public health, behavioral health, emergency preparedness, and countywide initiatives.

During FY26, Tooele County Aging Services was actively involved in countywide strategic planning efforts. This collaboration helped ensure the needs of older adults were represented in broader county planning and public health priorities.

Under current leadership, the agency continued to strengthen organizational culture, expand partnerships, pursue innovation, and balance day-to-day service delivery with long-term planning. FY26 reflected continued momentum in building a modern, responsive, and compassionate aging services system for Tooele County.

Major Accomplishments

Nutrition Services

Nutrition services remain one of the agency’s most impactful and visible programs. During the year, Aging Services provided:

- **22,832 congregate meals**
- **52,133 home delivered meals**

These meals do more than meet nutritional needs—they reduce isolation, provide regular wellness checks, and connect older adults to additional supportive services. Meal quality monitoring, participant feedback, vendor coordination, and menu oversight continued throughout the year.

Meals on Wheels Fleet Expansion

To strengthen nutrition delivery capacity and reliability, Tooele County Aging Services purchased an additional Meals on Wheels vehicle during FY26. This investment improved fleet readiness, increased route efficiency, and expanded service into Stockton, Utah, allowing the agency to better meet the growing demand for home delivered meals across the county.

Senior Center Engagement

The Tooele and Grantsville Senior Centers remained active community hubs promoting wellness, recreation, education, and social connection. Combined centers recorded:

- **33,242 visits**

Programs included holiday events, fitness opportunities, educational presentations, games, social activities, support groups, creative aging opportunities, and engagement activities designed to reduce loneliness and strengthen community connection.

Technology, Innovation, and Digital Inclusion

Tooele County Aging Services continued expanding technology access and digital inclusion opportunities for older adults, positioning the agency as a leader in innovative aging services.

Programs and initiatives during FY26 included:

- Beginner and advanced computer classes for older adults
- Virtual activities such as virtual vacations, virtual chocolate tasting events, and online enrichment programs
- Stronger Memory classes to support brain health and lifelong learning
- A virtual corner in the senior center newsletter highlighting online resources and opportunities
- Continued partnership with Tech Charities to help older adults obtain no-cost or low-cost devices
- Partnership with AARP to host watch parties and educational webinars focused on technology, health, and aging in place

- Exploration of grants to purchase devices and pursue the Senior Planet licensing program for expanded technology education

These efforts help reduce isolation, improve digital confidence, increase access to information and telehealth, and support independence for older adults.

Caregiver and Supportive Services

The agency continued providing essential support to caregivers and vulnerable older adults through information, referral, case support, and specialized programming. Ongoing services included:

- Alzheimer's caregiver support
- Parkinson's support group
- Widow/widower support group (**The Next Chapter**)
- SHIP/Medicare counseling assistance
- Outreach and resource navigation

These services help older adults remain independent and connected within the community.

Volunteer Contributions

Volunteers remain critical to the success of Aging Services programs. During FY26, volunteers contributed:

- **69 volunteers**
- **4,936 volunteer hours**

Volunteers supported Medicare Open Enrollment, meal delivery, senior center operations, activities, education, participant assistance, tax preparation support, and special events.

Operational Improvements and Modernization

Data Systems Upgrade

The agency successfully transitioned from Mon Ami to SeniorStat for client and service data management.

This transition modernized data collection and reporting processes, improved route management for home delivered meals, strengthened accountability, enhanced reporting accuracy, and positioned the agency for more efficient long-term operations.

Fleet Management Technology Upgrade

Tooele County Aging Services implemented Simply Fleet to improve management of Meals on Wheels vehicles and agency fleet operations. The system supports digital vehicle inspections, maintenance tracking, service scheduling, documentation, and improved oversight of county transportation assets.

This upgrade strengthens safety, accountability, preventive maintenance practices, and long-term reliability of vehicles essential to nutrition service delivery.

Service Delivery Efficiency

Staff continued refining internal procedures, route management, reporting systems, and communication practices to improve responsiveness, accountability, and customer service across all Aging Services programs.

Innovation, Recognition, and Community Leadership

One Kind Act a Day Initiative

Tooele County Aging Services continued to build a culture of compassion, belonging, and connection through partnership with One Kind Act a Day. Initiatives included kindness corners/writing centers, kindness book clubs, kindness bingo, volunteer recognition, kindness messages to Meals on Wheels participants, intergenerational service projects, kindness displays, and center-wide engagement activities.

Tooele County Aging Services was one of only three organizations statewide to receive a **One Kind Act a Day Community Award** at the 2026 Kindness Summit held April 10, 2026, at University of Utah.

Healthy Brain Initiative Leadership

Tooele County Health Department was selected as the **only health department in Utah** and among early implementers nationally to launch the Healthy Brain Initiative Roadmap, a collaboration between the Alzheimer's Association and the Centers for Disease Control and Prevention.

Tooele County Aging Services staff played an important role in convening community leaders, advocates, and partners to identify local strengths, barriers, and solutions that promote cognitive health, dementia awareness, physical activity, and healthy aging across the lifespan.

Grants and External Funding

Tooele County Aging Services continued to pursue and secure grant-supported opportunities that enhance services and quality of life for older adults. During FY26, the agency was selected for the **Social Services Block Grant (SSBG)** to provide essential social services to at-risk and low-income populations, and participation in the statewide **Kaleidoscope Creative Aging Initiative**, bringing professionally led arts programming to older adults through external grant funding and statewide partnership support.

The agency also benefited from grant-funded partnerships that support innovation, wellness, training, and community engagement opportunities.

Staff Development and Organizational Excellence

Franklin Covey 7 Habits Training

All Aging Services staff successfully completed the FranklinCovey **7 Habits of Highly Effective People** training as part of countywide professional development efforts.

This training reinforced principles of personal responsibility, teamwork, communication, leadership, time management, and service excellence. Completion of the program reflects the agency's commitment to continuous improvement, a positive workplace culture, and investment in employee growth.

Professional Leadership and Growth

Agency leadership continued investing in professional development and evidence-based practice. During FY26, the Director of Aging Services continued graduate studies in Gerontology at University of Utah while leading the Area Agency on Aging full-time.

This ongoing educational advancement strengthens agency leadership capacity and supports application of current research, evaluation methods, and best practices directly into local aging programs.

Public Awareness, Prevention, and Community Education

Tooele County Aging Services continued to promote public education campaigns focused on health, safety, emotional well-being, and healthy aging for older adults.

During Suicide Prevention Awareness Month, the agency shared prevention resources, messages of hope, and crisis support information through senior center communication channels and social media, helping reduce stigma and increase awareness that help is available.

Additional outreach efforts during the year included education related to emergency preparedness, caregiver support, dementia awareness, Medicare counseling, nutrition services, and community resources.

Emergency Preparedness and Public Safety

Emergency preparedness remained an important focus during FY26. Aging Services coordinated preparedness messaging and education for older adults regarding severe weather, power outages, supply planning, and 72-hour emergency readiness. Participants were encouraged to maintain emergency supplies, medication readiness, communication plans, and personal preparedness strategies.

The agency also continued internal planning to support continuity of operations for meal delivery, senior center services, and vulnerable older adult outreach during emergencies or hazardous weather events.

Community Partnerships

Tooele County Aging Services maintained strong partnerships with:

- Utah Department of Health and Human Services
- Utah Association of Area Agencies on Aging
- Alzheimer's Association
- local healthcare providers
- behavioral health partners
- county departments
- nonprofit and faith-based organizations

These collaborations strengthen the local aging network and improve service access.

What Is Working Well

- Strong utilization of nutrition services and senior center programs
- Positive participant response to activities and meal services
- Dedicated staff committed to service excellence
- Strong volunteer support
- Effective collaboration with county leadership and public health

- Success securing grant-funded opportunities
- Recognition for kindness and community innovation
- Strong investment in staff development and training
- Expanded public education and prevention outreach
- Modernization of fleet and data systems
- Continued focus on reducing isolation and supporting caregivers

Barriers and Challenges Encountered

Rising Costs

Like aging providers nationwide, the agency continues to face increased costs related to food, supplies, transportation, staffing, and contracted services. Balancing quality services with available funding remains an ongoing challenge.

Workforce Capacity

Recruiting and retaining staff and volunteers continues to require attention, particularly for specialized, part-time, or high-demand service roles.

Rural Access and Transportation

Serving a geographically large county with rural and frontier communities continues to create challenges related to transportation, outreach, and equitable access to services.

Increasing Complexity of Need

Older adults are presenting with more complex needs related to dementia, caregiver stress, behavioral health, housing instability, and social isolation. Meeting these needs requires continued coordination, innovation, and partnership.

Facility and Infrastructure Challenges

The aging condition of the Tooele Senior Center is one of the agency's most pressing long-term challenges and a barrier to optimal service delivery.

The current building requires frequent maintenance and repairs related to plumbing, HVAC, roofing, kitchen equipment, electrical systems, doors, flooring, windows, and general wear associated with an older facility. These recurring issues create operational disruptions, increase maintenance costs, and can negatively impact participant experience, staff efficiency, and overall service delivery. Recent work orders have included roof leaks and water damage, heating issues, steam table failures, restroom

repairs, cracked windows, accessibility concerns, exterior plumbing issues, and other ongoing facility needs.

While staff and county maintenance teams have worked hard to address issues as they arise, the current building no longer fully reflects the modern, welcoming, accessible, and efficient senior center environment older adults deserve.

A new or significantly renovated Tooele Senior Center would better support nutrition services, wellness programming, accessibility, safety, energy efficiency, and future growth of the county's aging population. Investment in updated senior center infrastructure remains an important long-term priority.

Efforts That Required Adjustment

The agency continued efforts to reduce reliance on grab-and-go meal models and encourage in-person congregate dining whenever possible. This has been successful overall while still allowing flexibility for caregivers, illness, transportation barriers, and special circumstances.

During FY26, the agency also ended the routine practice of leaving Meals on Wheels deliveries in coolers without direct participant contact, a temporary model that had expanded during the COVID-19 period. Returning to more direct meal delivery supports participant safety, wellness checks, and meaningful social interaction between drivers and older adults, which remains an important benefit of the program.

Programming and outreach strategies also continue to evolve to meet changing participant interests, schedules, and community needs.

Looking Forward

Tooele County Aging Services remains committed to continuous improvement, innovation, and person-centered service. Priorities moving forward include:

- Protecting and strengthening nutrition services
- Expanding caregiver and mental health supports
- Increasing outreach to underserved populations
- Supporting healthy aging and brain health
- Strengthening volunteerism and partnerships
- Pursuing grants and innovative opportunities
- Continuing staff development and leadership growth

- Expanding prevention and public education efforts
- Continuing modernization of systems and fleet
- Addressing long-term facility and infrastructure needs
- Maintaining high quality, accountable public service

Tooele County Aging Services is proud to continue serving older adults with compassion, professionalism, and dedication while adapting to the changing needs of the 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 2019 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 in 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.	2		35	
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.	0		0	
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.	2		416	
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 dependent adults in a supervised, protective, congregate setting during some portion of a 24-hour day. Services offered in conjunction with adult day	0		0	

Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
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. Legal Assistance (1 hour): Provision of legal advise, counseling and representation by an attorney or other person acting under the supervision of an attorney. 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.			1195 50 0	

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, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are			3398	
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Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
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.				
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.			559	

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	764	0	22832	0

Title III C-1 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
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. Grab-and-Go Meals (A) During disaster or emergency situations affecting the provision of nutrition services; (B) To older individuals who have an occasional need for such meal; and/or (C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need.	30	0	150	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 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
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.			2114	

TITLE III C-1

Tooele County Aging Services prioritizes in-person congregate dining opportunities because shared meals promote nutrition, social connection, wellness checks, and reduce isolation among older adults. However, to maintain flexibility and meet occasional participant needs, the program may offer Grab-and-Go/To-Go meals under Title III-C1 as a complement to, not a replacement for, the congregate meal program. These meals will be used on a limited, exception basis during emergencies or service disruptions, when an older adult has an occasional need such as illness, a medical appointment, caregiving responsibilities, transportation barriers, or another temporary circumstance that prevents them from staying onsite, and when appropriate individualized circumstances support access for those with greatest economic or social need. Tooele County Aging Services will monitor usage to ensure this option enhances rather than diminishes congregate participation, and Grab-and-Go meals will remain the exception rather than the norm.

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.			114	
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	343	0	52133	0

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
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 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

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	243		7391	
Senior Farmers Market Nutrition Program	65		3020	

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.	839		475571
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.	4		46
Counseling/Support Groups/Training: Estimate the number of individuals who will receive counseling/support groups/training.	50		142
Respite: Estimate the number of clients who will receive respite services using NFCS funds.	1		2
Supplemental Services: Estimate the number of clients receiving supplemental caregiver services using NFCS funds.	4		74

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			170	
Interpretation/Translation III B			255	

Service Name and Funding Source	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Recreation III B			12202	
Letter Writing/Reading III B			240	

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

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.	14	22	22
RVP	Volunteer: Trained individuals who volunteer in the Retired Senior Volunteer Program, Foster Grandparent Program, and Senior Companion Program.	22	8	7

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.	10	0	0

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.:

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

Name and address of chairperson:
Alicia Suazo, 64 N 150 W Unti 101, Tooele, UT 84074
Email: falconssss@aol.com

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

☒ 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+	12500	1195	642
Age 65+	8200	1126	334
Minority Age 65+	1800	260	170

IX. SPECIFIC QUESTIONS ON PROGRAM ACTIVITIES

1. Is the use of AI allowed for your local ombudsman team? If possible, provide a link to any policies governing its use.

The use of AI is permitted for our local ombudsman team in a limited and supportive capacity. Tools such as ChatGPT are used to assist with refining written communication (e.g., emails or general messaging) and to support understanding of regulations. For example, publicly available regulations have been uploaded into the tool so staff can efficiently search for specific requirements and request plain language summaries to improve comprehension and application.

AI is not used for decision-making, case management, documentation of complaints, or any activity involving confidential or personally identifiable information. Staff are intentional about protecting resident confidentiality and do not enter any identifying or sensitive information into AI tools.

At this time, there is no formal written policy governing AI use that we are aware of; however, staff adhere to all applicable confidentiality, ethics, and data privacy standards and use AI cautiously and appropriately as a supplemental tool.

a. Does this permission or policy extend to other programs?

Yes, this approach is consistent across programs, including Nutrition, Caregiver Support, and Supportive Services. AI is used in a similar limited capacity to refine communication, support idea development, and assist with general information review. It is not used to replace professional judgment, make program decisions, or handle client-specific or confidential information.

2. In what specific areas do you feel most supported by DAAS staff, and where are there gaps?

Tooele County Aging Services feels well supported by DAAS program staff across program areas. Program managers are responsive, knowledgeable, collaborative, and consistently provide helpful guidance and technical assistance. We value the strong working relationships that exist between DAAS program staff and local AAAs.

Areas where additional support would be beneficial include statewide leadership around aging issues, legislative advocacy, data systems, and performance measurement development. While AAAs are responsible for local implementation and service delivery, stronger statewide coordination and leadership in representing aging issues at the legislative and policy level would be valuable. Increased visibility and advocacy for aging services statewide would help strengthen the network as a whole.

Additional support would also be beneficial in the areas of data collection, reporting systems, and the establishment of meaningful statewide performance metrics. More standardized tools, clearer expectations, and enhanced training would improve

consistency across AAAs and strengthen program evaluation efforts. Rather than focusing primarily on performance monitoring, continued collaboration on developing practical, measurable, and standardized metrics would be especially helpful.

a. In what ways can your AAA contribute to the support or mentorship of new directors in the network?

Tooele County Aging Services is always willing to support new directors by sharing experiences, answering questions, and providing practical insight into program operations, partnerships, and service delivery. Peer-to-peer collaboration is valuable, and we are happy to contribute in an informal mentorship capacity.

At the same time, we believe formal onboarding, training coordination, and statewide mentorship structure development are important state-level responsibilities. We are happy to assist and collaborate in those efforts, but feel DAAS is best positioned to lead and coordinate a consistent statewide approach for supporting new AAA directors.

b. What succession or transition plans do you currently have in place?

At this time, a formal succession or transition plan is not in place. This is an area identified for future development to ensure continuity of leadership and program stability.

3. How do you monitor subcontractors providing services?

Tooele County Aging Services monitors subcontractors through ongoing communication, regular meetings, and performance discussions. Subcontractors are engaged in consistent dialogue to review service delivery, address concerns, and ensure expectations are met.

a. Frequency and performance metrics:

Formal meetings with subcontractors occur at least every other month. During these meetings, we review service quality, responsiveness, participant feedback, and any operational issues. Monitoring also includes informal check-ins, observation, and review of service outcomes to ensure compliance with program requirements and standards.

4. Given the demographic shift as baby boomers increasingly enroll in OAA programs, what strategies are you implementing?

Tooele County Aging Services prioritizes listening to participant feedback and adapting services to reflect the preferences and expectations of the individuals we serve. We provide flexibility in programming and support participant-driven activities while offering the infrastructure, space, promotion, and resources needed to bring those ideas to life. This approach allows us to remain responsive, relevant, and engaging as the population we serve evolves.

5. With continued increases in contract rates, would your AAA support increasing the respite budget?

Yes, Tooele County Aging Services would support an increase in the respite care budget to better align with current private market rates and ensure caregivers have meaningful access to support. Currently, some providers are no longer willing to contract with us because reimbursement rates are lower than private pay. This creates challenges in maintaining a sufficient provider network and can directly impact service availability for our clients.

At the same time, while additional program funding is always needed, it is understood that funding increases must come from limited resources. There is concern that increasing respite funding without additional overall funding could negatively impact other critical programs.

a. What amount would you like to see?

An increase to a level that is more comparable to prevailing private respite care rates would be appropriate to ensure adequate provider participation, improve access to services, and better meet caregiver needs.

b. How would you adjust to ensure all services are still provided?

This remains a challenge. Any increase in respite funding would require careful balancing of available resources and may impact other program services. Adjustments could include prioritizing services based on need, exploring additional funding opportunities, strengthening partnerships, and continuing to seek operational efficiencies. However, without an overall increase in funding, trade-offs between programs may be unavoidable.