

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**

Five County Area Agency on Aging

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, 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 2025.

II. SIGNATURES

Appropriate signatures are requested to verify 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: Five County Area Agency on Aging

Agency Address: 1070 West 1600 South Bldg. B St. George UT 84790

2. The Area Agency Advisory Council has had the opportunity to review and comment on the Area Plan Update for Fiscal Year 2023 (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 Fiscal Year 2023.

Chairman, County Commission or _____ Date _____
Association of County Governments

4. Plan Approval

Director _____ Date _____
Division of Aging and Adult Services

Chairman _____ Date _____
State Board of Aging and Adult Services

III. GOALS AND OBJECTIVES

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); *No significant changes or updates- we continue to coordinate outreach efforts with Paiute Indian Tribe of Utah, working with the Family Service Program Manager and social workers including outreach and education events, supporting benefit enrollment and access to services for native American elders. We have had representation on our Multi-Disciplinary Team (MDT). We met one of our goals this year by having the Family Service Program Manager on our Aging Advisory Council, but she has since left that position. Two goals for the upcoming year include new representation on our Aging Advisory Council and work toward sponsoring Evidence-based Programs, Caregiver and Veteran specific outreach with Paiute Tribe and the local Four Points Health.*
 - b. Ensuring incorporation of the new purpose of nutrition programming to include addressing malnutrition (Sec. 330); *No significant changes or updates- Our efforts to address senior nutrition include screening for malnutrition in various meal programs, helping clients access food resources like senior food boxes and SNAP benefits, and encouraging high-risk participants to seek medical support. Local food banks, run by many of the same department heads as senior centers, help foster collaboration. Staff also promote nutrition education and evidence-based programs. A contracted dietitian ensures menus meet dietary guidelines and offer support and feedback. Future goals include increasing educational opportunities related to addressing malnutrition and potentially securing more funding Nutrition supports and services. And working in conjunction with the State Dietician to identify effective and efficient ways to implement a follow-up system for high-risk clients without adding additional burden on already stretched staffing and resources at local level.*
 - c. Age and dementia friendly efforts (Sec. 201(f)(2); *No significant changes or updates- We continue to work closely with Memory Matters and Alzheimer's Association on the local level to include direct service delivery, care coordination, cross-referral, outreach, education, training, community forums and participation on advisory boards. We continue to support Utah Commission on Aging in efforts to develop a Master Plan on Aging for State of Utah. We continue to offer age and dementia specific education and training including Evidence based and Evidence informed. We continue to work with the State Alzheimer's disease and Related Dementia Program (ADRD) including coordination of the State plan for ADRD. We have nationally certified dementia care practitioners and a certified Montessori Dementia Care professional on staff. We have staff certified to teach several different dementia education and caregiver support programs, including Dementia Live, Dealing with Dementia, Caregiver Academy, Stress Busters, among others. We are working with Alzheimer's Association to support additional education and training of staff through their educational programs. We have a dedicated staff member working to increase community outreach, resulting in the growth of an additional support group in collaboration with Memory Matters along with our ongoing support group in Kanab and our online support group. Goals for the upcoming year include maintaining certification of adequate staff in the different caregiver and dementia education programs to expand our reach, and increase outreach efforts including to healthcare professionals, local elected officials, and community partners to increase age and dementia friendly efforts.*
 - d. Screening for fall related TBI (Sec. 321(a)(8); *No significant changes or updates- We will continue to partner with Utah Violence and Injury Prevention program in providing fall prevention programs in coordination with Title III-D and RSVP including evidence-based programs, community outreach and education through social media, mass media, partnership with healthcare provider, etc. The goal for the upcoming year will include continuing to assess capacity and potential resources including funding to expand the scope of fall prevention programming to include specific fall related TBI screening.*

This will include assessing the potential impact of changes at the Federal level due to recent restructuring, staff changes and potential funding changes which may have an impact on current partnerships with the Utah Department of Health and Human Services and the local health department.

- e. **Strengthening and/or expanding Title III and VII services;** *We continue to support development of a 3-to-5-year strategic plan for each County Council on Aging and respective senior centers. We continue to expand efforts in reaching different populations and building a better understanding of the cultural, ethnic, and unique life experiences and how that can influence and drive service delivery. In addition, we continue to collaborate with our local Paiute Tribe and Four Points Health to expand our reach to Native American elders. We continue facilitating a successful Multi-Disciplinary Team (MDT) and increase the capacity of LTC Ombudsman program through volunteer ombudsman recruitment. Our primary goal includes supporting improved data collections and reporting tools to accurately track outputs, outcomes, and performance measures to support community needs, success and effectiveness of programming allowing for continued and expanding partnerships and funding revenues.*
- f. **Improving coordination between the Senior Community Service Employment Programs (SCSEP) and other OAA programs.** *No significant changes or updates- goal will include a focus on connecting local senior centers with SCSEP (Easter Seals) along with other community partners to educate, connect and train older adults who are looking to get back into the workforce. We are currently in discussion with our Easter Seals (SCSEP) regarding becoming a host agency for SCSEP.*

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));** *No significant changes or updates- continued outreach, education, and screening of older adults as part of our I&A, intake, assessment, and options counseling process across all our programs including Nutrition and In-home, caregiver support to include monitoring for changes and increased risk for isolation. Offering telephone reassurance, friendly visiting, adult day, recreation and social activities through local Senior Centers, In-home programs, AmeriCorps Seniors (SCP and RSVP), and partnerships with Memory Matters (Good Morning Sunshine), Creative Age workshops at Southern Utah Museum of Art, and other community-based organizations. Providing education through community events, social media, mass media, newsletters, presentations, etc.*
- b. **Dissemination of information about state assistive technology entity and access to assistive technology options for serving older individuals (Sec. 321(a)(11));** *No significant changes or updates- Continue collaborative partnership with Utah Assistive Technology program (UATP), Utah State Extension, Independent Living Center (ILC) including participation on each other's advisory boards and councils. Helping individuals apply to assistance through UATP, ILC, Utah Council for Blind, Library for Blind, Services for Deaf and Hard of Hearing, among other public benefits and programs and educating community about these resources. Senior Centers offer laptops, computer labs, public Wi-Fi access and education training on technology for seniors.*
- c. **Providing trauma-informed services (Sec. 102(41));** *No significant changes or updates- we will continue to provide opportunities for staff to participate in Trauma-informed training with the goal of incorporating trauma informed training into new employee onboarding and continuing education providing a foundation to incorporate these practices into the daily work and interactions with the individuals they serve.*
- d. **Screening for suicide risk (Sec. 102(14)(G));** *No significant changes or updates- We continue to offer opportunities for staff to participate in Suicide Prevention and education training including QPR (Question, Persuade, and Refer). Our goal will be to have all staff receive Suicide Prevention Training and incorporate this training into our onboarding and ongoing staff training curriculum. We offered the VA S.A.V.E. training and CEU's to staff offered by Office of Suicide Prevention and Suicide Prevention Program through SLC VA HCS.*
- 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));** *No significant changes or update- outreach, screening, and referrals for*

immunizations are part of our general screening process along with outreach and education. Senior Centers also work with their local health departments in providing education, outreach and referral to immunization clinics and have sponsored immunization clinics at their centers. We will continue to identify additional ways to incorporate education, screening and referrals to immunizations across all programs.

- 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. *No significant changes or updates- We continue to utilize and expand the use of technology and virtual programming developed due to necessity during the public health emergency and which has now become a vital and critical component of service delivery including efficiencies. Many of our Senior Centers have continued to offer curbside/grab-n-go meals to support additional methods and opportunities for nutritious meals for older adults. We will continue our work with the State Unit on Aging and the State Association to discuss ways to incorporate new innovative service delivery models.*
- 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)); *no significant changes or updates- Five County continues to manage the following in-home programs: Alternatives, Caregiver Support, Aging Waiver (AW) and VD-Directed Care (VDC). We continue to serve veterans connected with the Las Vegas Veteran's Healthcare Administration, as well as our veterans connected to SLC VA. Through our Veteran Benefits access and assistance programs, we continue to help veterans in applying for and enrolling in veterans' benefits, including Aide and Attendance, VDC, Veteran Caregiver Support, etc. We continue to have one of the largest waiting lists for AW alongside Salt Lake County and Mountainland AAA. As a result, a primary goal is to identify how to increase funding both through advocacy for additional funding at the State and Federal level, but we will also be looking for ways to identify local funding to help support an ever-growing senior community in Southern Utah.*
 - 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)); *no significant changes or updates- We work closely with local, state and national partners to support and advocate for a comprehensive, coordinated LTC system including management of existing programs, supporting options counseling, benefit enrollment support, and through collaboration/partnerships with healthcare, VA, community based organizations, and through advocacy efforts with State Unit on Aging, State Association and other State & National Associations.*
 - 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)); *no significant changes or updates- We will continue to focus efforts and advocacy on assuring choice and opportunities for individuals to have care needs met in the least restrictive setting based upon individual needs and wishes which includes prioritizing home and community based care as an alternative to facility care while continuing to assure the health and safety of the individual.*
 - d. Working towards the integration of health, health care and social services systems, including efforts through contractual arrangements; *no significant changes or updates- We continue to manage a variety of sub-contracts with home and community-based providers across a variety of services to meet client specific needs. We also have contractual, MOU's and/or partnerships with local health care providers, State Health Department/DHHS, Veterans Administration, Alzheimer's Association, and Memory Matters to not only support in-home services but in supporting evidence-based*

health prevention programs, Caregiver Support, and Dementia Care, etc.

e. Incorporating aging network services with HCBS funded by other entities such as Medicaid. *As previously noted, we have worked with the 1915c waiver programs through Medicaid for more than 28 years.*

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)); *No significant updates or changes- We support best practices through the use of evidence-based and evidence-informed programs in supporting caregiver education and training. We also believe in providing opportunities for staff to expand their knowledge and skillsets across a wide spectrum of needs- including person centered care, trauma informed care, dementia care, dementia specialists, and suicide preventions, etc. We work closely with local, state and national organizations and partners as outlined in the initial plan. Goals remain the same in focusing on improved data collection and use of this data to support additional advocacy and funding including at local level and through foundation and grants in addition to State and Federal funding.*
- b. Strengthening and supporting the direct care workforce (Sec. 411(a)(13)) *no significant changes or updates- Overall workforce challenges appear to be leveling out to some extent; however, they continue to impact services and service delivery including the quality of care. We have and will continue to be strong advocates in supporting equity including fair provider rates and wages in recruiting quality workforce; including supporting regular rate increases (COLA's) associated with state and federal funding allocations to AAA's and other community-based organizations, including provider rates under Medicaid and Medicare. And in advocating funding to support gaps in service delivery.*
- c. Implementing recommendations from the RAISE Family Caregiver Advisory Council (<https://acl.gov/programs/support-caregivers/raise-family-caregiving-advisory-council>); *no significant changes or updates- The majority of what is outlined in the RAISE recommendations is already being implemented as a part of our AAA and Caregiver program and outlined through our plan and under our accomplishments section. Primary goals include working with the State Unit on Aging staff to review current caregiver assessments as well as other in-home program assessments to assure they contain sensitive and inclusive language for disparate caregivers. Expansion and use of volunteers across all programs is already a priority, which includes caregiver services and support. We continue to support financial and workplace security to support family caregivers providing employee-centered and flexible workplace policies and practices including an agency wide strategic plan to include development of additional policies and practices that support caregivers. We will continue to work with Utah Commission on Aging and that State Master Plan on Aging, the DAAS Caregiver Support Program, ADRD and state aging plan, Alzheimer's Association, RAISE Advisory Council among others including many local partners. We will continue to focus on expanding efforts to support caregivers through expansion of local services, and collaboration, supporting research, data and evidence-based practices to include training for staff to teach evidence based and evidence informed caregiver and dementia education programs.*
- d. Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families (<https://www.gksnetwork.org/>). *No Significant changes or updates: We will continue to expand our support of grandfamilies and kinship care through coordinated efforts with the Children's Service Society for Families, Child Services, Family Support Centers, Independent Living Center, Learning Center for Families, Care and Childcare. To identify additional resources and ways to better connect with grandfamilies and kinship placements, including providing additional education and training, we will also connect with resources and Assistance through the National Technical Assistance Center. We recently connected Dr. Schola Matovu with the University of Utah College of Nursing who is doing a study on Grandparent Caregiving in Utah. She is currently going through the DHHS IRB process, and we are looking forward to collaborating to better support grandfamilies and kinship care. In addition, the Five County AAA Director has been asked to share her personal experience as part of this study and participate in a podcast, as a grandparent who had guardianship and raised a grandchild.*

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. *No significant updates for changes- We continue to maintain strong relationships with APS both at the state and local levels, as well as with the Office of Public Guardianship, Medicaid Fraud Unit, local law enforcement and other community partners in efforts to support Elder Justice. This includes continuing our local Multi-disciplinary Team (MDT), providing a forum to staff difficult cases and identify solutions. And an additional goal for the coming year will be to research options to expand MDT to some of our other rural communities building upon existing community coalitions/groups. We will continue to support outreach, education and training regarding prevention, detection, and reporting of elder abuse, neglect, and exploitation; including outreach through social media, webinars, health fairs, conferences and other events; including resources offered through our Senior Medicare Patrol (SMP). We will continue to support our local Ombudsman Program managed through our AAA, including maximizing limited funding through recruitment of volunteer Ombudsman.*

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.

Senior Centers, Nutrition & Supportive Services:

Beaver County: This county continues to maintain three centers in Beaver, Minersville, and Milford. Due to lack of interest in Minersville seniors coming back to that center after the pandemic, as well as workforce challenges, their MOW meals continue to be prepared and delivered out of the Milford center. They outreach to their Native American population and currently have three Native Americans participating in the home-delivered program. The program encourages them to attend activities, trainings, and congregate meals at the center when possible. Assistance is provided if they need help emailing the Native American programs and addressing other concerns. Efforts are made to ensure meals are nutritious and filling. Pamphlets on healthy eating and preventing malnutrition are distributed at senior centers and sent to participants. They try to combat social isolation by encouraging the seniors to come to the centers for meals, and they utilize the local newspaper to get the word out. They are looking forward to receiving an ADA van in May which will help get more seniors to meals and doctor appointments. Their staff did a training webinar on elder abuse and how to spot signs and handle abuse. They are once again fully staffed at the Milford and Beaver centers. This is a continuing challenge due to a lack of people working outside the home and lack of competitive wages in this rural area. The priority for the next year is getting the Minersville seniors to come back to the center and getting the congregate meals up and running there. They are also going to try and get the funding to start having annual health fairs again, as they were cut from the budget last year. Their final goal is to find grants to help build a new senior center in Beaver. Their current building is used for public events and creates issues with parking and smoothness of service delivery. They are not finding any current limitations on service delivery besides those noted.

Garfield County: This county has senior centers in Panguitch, Escalante, and their newest center in Tropic, all provide meals Tuesday, Wednesday, and Thursday. They struggled this past year maintaining the meal site for HDM in Antimony, which was done through the school district which had to close for a few weeks. However, they were able to resolve this challenge and are now preparing meals again in Antimony. The program supports efforts to reach the Native American population. Currently they have one participant in the home-delivered meals program and encourage them to engage in training and entertainment. Clients receive regular wellness checks and phone calls, along with information on food resources. Assistance is provided for groceries, medication, and mail, especially during illness. Efforts to prevent elder abuse include law enforcement talks on scams and participation in Elder Abuse

Prevention by APS. The program is expanding transportation for shopping and medical visits and encouraging social dining. Rising food costs and increased illnesses have impacted meal services. The organization aims to maintain a one-month food supply, monitor essential needs like oxygen and backup power, and assist with fuel vouchers for medical trips. There is also a focus on improving seniors' technology skills, especially with cell phones and life alerts. Socialization is promoted through shared meals including dessert of soft-serve ice cream, a favorite of the seniors. They were able to receive a new MOW vehicle last year with County providing Match to funding from Five County/DAAS/OAA. They are still working to increase participation at the new Senior Center in Tropic for the Bryce Valley area.

Kane County: In addition to continued coordination with Five County AOG/AAA, UDOT< Southwest Public Health and many other community partners to improve the lives of Seniors in the county to live independent, healthy and productive lives; a new group of local community partners have joined as a sub-committee to the Kane COA to further this mission bringing more options to seniors in Kane County. Congregate and HDM are served 3 days a week as they make nutritiously dense meals going above and beyond to provide a variety of different dishes incorporating fresh fruits and vegetables whenever possible as well as dense in protein. They also continue to provide to-go packaged meals since the pandemic for those who are not homebound but are reluctant to participate in congregate setting. In the event, the center needed to be closed, they could offer to-go meals for congregate participants as well. Pre-pandemic they had 2 long MOW routes but broke them down into 3 manageable routes and moved the primary kitchen to Kanab ensuring preparation of fresher higher quality food to majority while still getting meals to the furthest delivery in a timely manner. With the local food bank, Kane County Care and Share, run by the same department head, eligible seniors can easily access food boxes. During the intake/assessment process cross referrals can be made between programs. Kane County Active Living Centers continue to encourage seniors to participate in congregate meals and other social activities at the senior center to address social isolation. They partner with local newspapers, post through their social media page and distribution of local newsletter to keep seniors informed of resources and activities happening not only at the senior center but throughout the community, including things such as free tax preparation, wellness and fitness programs, education such as elder abuse prevention, watercolor classes and other recreational activities. USU Extension in Kane County is working on a grant to bring technology classes to adults that need assistance collaborating with local libraries. Both Centers continue to have capacity to stream classes virtually. The Kanab kitchen received a much-needed upgrade this past year with financial help from the County Commission and Five County/DAAS/OAA funding. They were able to "move in" June 2024 and are still learning all the cool things that their combi-oven will do (refer to attachment 1). In February, they had a Sweetheart's Lunch where senior had the opportunity to share some advice about love and get their pictures taken at a photo booth (refer to attachment 1). Employees participated in a flash mob to entertain the seniors on St. Patrick's Day (refer to attachment 1). On April 4th they celebrated International Carrot Day with a menu packed full of carrots and made sure everyone knew that they "Carrot a lot about them. Staff wore bunny ears, shared carrot facts and gave prizes with some carrot trivia. They have added some new classes: including watercolor, AFEF and stepping one. They developed a new community partnership with local nutritionists who are coming in to offer classes on diabetes. They have struggled this past year with maintaining their HDM trucks due to all the wear and tear. They are working with Five County/DAAS/OAA funds with match coming from County commission to purchase a new HDM vehicle this year. The Kane County campus where the Senior Center is located has been going through additional construction including completing a recreation building which will benefit the community including the seniors, but this has been a challenge dealing with ongoing construction. Priorities for the coming year include balancing continued inflationary factors including rise in cost of food and other supplies while still offering healthy meals that meet the OAA requirements. As a rural, isolated community they will continue to work on creative solutions for this and other economic problems that plague those 60 and older with our greatest resource, our local community. Recent downsizing by the

local health department will impact some educational and health prevention/promotion programs that were being offered by staff from the Health Department; including diabetes education, fall prevention, safe driving. There is concern about how other reorganizational changes, staffing reduction and potential funding cuts will impact on already limited resources. Kane County recently hired a new volunteer center coordinator, and they are hoping to partner to bring more volunteers to the centers as well as service opportunities to serve seniors in the community. The Kane COA board is planning to start a movie series for seniors in the community as well as a "Hoe Down" with Kanab City's "Old Folks Day" in October.

Iron County: They have two centers, one in Cedar City and one in Parowan, and both provide congregate, and home delivered meals. They have a new County Council on Aging Coordinator, Stephanie Rainey, who replaced Ron Morrow. She is doing a great job of increasing activities and participation. The local Paiute Indian tribe enjoys attending events at the Cedar Center, including lunch, Bingo, and recently started participating in the Sewing group. The center also supports tribal members through the Meals on Wheels program. They focus on educating seniors and homebound individuals, with outreach efforts through phone calls, visits, and educational packets on nutrition and local resources. The center offers "Get Moving" exercise classes, such as Fit and Fab, Yoga & Tai Chi, to boost mood and energy, encouraging socialization, volunteering, and provides transportation for those unable to drive. They distribute flyers for online classes and assist seniors in accessing them, while also planning in-person technology safety classes. The center prioritizes safety, cleanliness, and elder abuse awareness, with staff and volunteers trained in these areas. Elder Abuse prevention training will be a requirement for all new staff and strongly encouraged for all volunteers. Additionally, the center collaborates with the local Health Department and provides emergency resources to both in-house and homebound seniors. Last summer, the Senior Center resumed hosting monthly dances from June to September, featuring live bands and attracting 45-60 seniors each time. They also reintroduced a coffee/tea/hot chocolate bar, which became very popular and helped seniors feel more comfortable, especially in winter, and increasing opportunity for increased socialization. The addition of a bike rack encouraged biking seniors to visit the center while providing a safe place for their bikes. The center also brought back the newsletter, which they hope will continue to grow, they have also seen consistent growth in participation in Bingo, exercise classes, and the Meals on Wheels program. Overall, county population growth has increased demand for the Meals on Wheels program, putting increased pressure on volunteer drivers. There was a tough period with high volunteer turnover, leading to missed routes and employees taking on extra duties, causing some delays. Additionally, the program has struggled to transport seniors to activities like exercise classes due to part-time staff, creating scheduling challenges. The center is considering starting a new exercise program in Parowan, in addition to the current weekly Chair Yoga, but faces challenges in finding someone willing to be trained and volunteer or work for lower pay. They are also exploring building and parking improvements to ensure better accessibility and safety for seniors, particularly addressing issues with a ramp that collects water and ice in bad weather. Additionally, they are looking into adding new activities to attract more seniors and offer more variety, though the support needed is still uncertain.

Washington County: The Washington County Council on Aging (COA) is dedicated to enhancing the well-being of seniors in our community by addressing social isolation and promoting active engagement. Recognizing the detrimental effects of loneliness on older adults, the COA has implemented a proactive outreach initiative involving regular phone calls to seniors. These calls serve multiple purposes: providing companionship, assessing well-being, and informing seniors about upcoming events and services at local senior centers. Through personalized interactions, COA staff and volunteers offer emotional support and ensure that seniors are aware of the various programs designed to enrich their lives. For instance, the St. George Senior Citizen Center offers a range of activities, including exercise classes, art workshops, and health screenings, all aimed at fostering physical and mental well-being.

Similarly, the Enterprise Senior Citizen Center hosts events like Cardio Drumming sessions and art classes, providing opportunities for socialization and skill development. To measure the effectiveness of these outreach efforts, the COA monitors indicators such as increased attendance at events, enhanced participant satisfaction, and feedback from seniors regarding their social engagement levels. By maintaining open lines of communication and offering diverse programs, the Washington County COA strives to combat loneliness and promote a vibrant, connected community for all seniors. The Washington COA is dedicated to safeguarding the well-being of seniors by proactively addressing issues such as elder abuse, neglect, and financial exploitation which involves organizing educational sessions featuring guest speakers who specialize in topics pertinent to senior safety and protection. By hosting these informative events, the COA aims to empower seniors with the knowledge and tools necessary to recognize and respond to potential threats. Collaborations with local experts and organizations enhance the effectiveness of these presentations, ensuring that attendees receive accurate and up-to-date information. Additionally, the COA provides resources and referrals to agencies equipped to offer further assistance. Through these initiatives, the Washington County COA strives to create a safe and supportive environment where seniors can thrive without fear of exploitation or harm. Over the past year, the Washington County Council on Aging (COA) has achieved significant milestones in enhancing the well-being and engagement of our senior community. A notable accomplishment is the substantial increase in field trips, which have played a crucial role in combating loneliness and promoting socialization among seniors. Our senior center clubs have experienced remarkable growth, reflecting the diverse interests of our members. The Garden Club, Ukulele Group, Oil Painting, Acrylic Painting, and Watercolor classes have all seen increased participation. Additionally, we've introduced a monthly card-making class (refer to attachment 2) and various craft sessions, including quilting projects aimed at creating donations for those in need. Holiday luncheons have become more popular than ever, with attendance reaching new heights (refer to attachment 2). This trend extends to our congregate lunches, which have hit an all-time high in participation, underscoring the importance of communal meals in fostering connections. To cater to a wider range of interests, we've added new game classes such as Shuffleboard, Mahjong, Five Crowns, and Mexican Train. These activities provide both mental stimulation and social interaction. Our commitment to physical health is evident in the addition of new workout equipment, including treadmills, and the enhancement of our clay ceramics and sculpting classes with updated tools and materials. Collaborations with external organizations have allowed us to offer free health screenings, ensuring that our seniors have access to essential health services. These partnerships have been instrumental in promoting overall well-being within our community. Looking ahead, the COA remains dedicated to expanding and enriching the programs and services offered at our senior centers, continually striving to meet the evolving needs and interests of Washington County's older adults.

Over the past year, the Washington County Council on Aging (COA) has encountered several challenges. A significant concern has been staff retention. The COA has been exploring strategies to enhance job satisfaction and stability among its employees to address this issue. Inflation has also posed difficulties, particularly with rising food prices, impacting the ability to provide nutritious meals without repetitive menus. This mirrors broader trends observed across Utah, where senior nutrition programs have faced increased demand and higher operational costs. Similarly, the cost of supplies for crafts and recreational classes has escalated, necessitating careful budgeting to sustain these valuable programs. During peak times, ensuring safe and accessible parking for seniors has become increasingly challenging. The COA is assessing potential solutions to improve parking facilities and enhance accessibility for all attendees.

Attracting younger seniors to the centers remains a priority, as there is a need to shift perceptions that senior centers cater exclusively to older demographics. Efforts are underway to introduce programs and activities that appeal to individuals who have recently turned 60, fostering a more inclusive environment. Another focus is extending the same quality programs offered at the St. George Senior Citizen Center to the rural center in Enterprise, Utah. The Enterprise Senior Center currently offers a variety of activities,

including Cardio Drumming, sign language classes, and art sessions. The COA is committed to ensuring that seniors in rural areas have access to a comparable range of services and activities as those in urban centers. In the coming year, a primary focus for the Washington County COA is to support seniors in managing budgets and fixed incomes amid rising inflation. Recognizing the financial challenges that increased living costs impose, the COA plans to implement several initiatives aimed at alleviating these burdens. **Financial Education Workshops:** The COA will organize workshops to provide seniors with practical budgeting strategies and information on accessing financial assistance programs. These sessions will cover topics such as expense tracking, prioritizing essential costs, and identifying potential areas for savings. **Access to Assistance Programs:** Collaborating with organizations like Utah Community Action, which offers programs such as HEAT Utility Assistance and Nutrition assistance, the COA aims to connect seniors with resources that can help offset utility and food expenses. **Affordable Nutrition Options:** The COA will continue to provide nutritious meals through its senior centers and the Meals on Wheels program, ensuring that seniors have access to affordable and healthy food options. **Resource Navigation Support:** Staff and volunteers will assist seniors in navigating various financial assistance programs, including Medicare Savings Programs that help with premiums and other costs. By implementing these initiatives, the Washington County COA aims to empower seniors with the knowledge and resources necessary to manage their finances effectively, promoting financial stability and overall well-being in the face of economic challenges

Advisory Council: The Five County Aging Advisory Council meets on a quarterly basis rotating between the different counties/centers who host the location and meal after the meeting (see attachment 3). We generally hold these meetings in person with a virtual option. As needed, due to weather or other factors, we have conducted a meeting entirely virtually. We have had an At-large representative on the council from the Paiute tribe and Alzheimer's Association this past year. However, due to staffing changes within the Paiute Tribe we do not currently have a representative but plan to reach out about a new representative. We are also hoping to add an additional at-large representative from another community partner in addition to the representatives from each County Council on Aging. We are still working to get our Caregiver Advisory Council back up and running, which has been a bit of a challenge since coming out of the pandemic (refer to attachment 3). We are still looking at holding virtual meetings due to the large service coverage area and holding meetings bi-annually instead of quarterly. We hope these changes will help given the makeup of this board, being primarily professional and caregivers who cannot always get away from work or their caregiving duties for an in-person meeting but can more easily jump on a virtual/video call for the meeting. The Senior Corp advisory councils, one for RSVP and one for SCP and FGP continue to meet in-person and are well attended. We are also continuing to hold quarterly, in person, County Council on Aging Coordinator meeting; which are not officially required by State or Federal regulation; but provide a great opportunity to discuss programming changes and updates helping improve overall coordination, understanding of program rules and regulations and the opportunity for best practices and exchange of ideas among the different coordinators and their senior center operations along with Five County AAA leadership and staff.

Community Outreach: The AAA prioritizes community engagement, particularly for vulnerable populations, but faces challenges in reaching such a large and diverse service area due to socio-economic factors, workforce issues, and inflation. Despite these obstacles, virtual services have helped expand our reach, especially in rural areas, though funding along with staff and provider shortages remains a concern. Successful programs, including RSVP Evidence-Based initiatives, are delivered both in-person and virtually, with volunteers playing a key role. The organization advocates for expanded virtual services statewide and collaborates on projects to support statewide outreach, education and access. Additionally, social media platforms and a monthly newsletter are used to connect with seniors, caregivers, and community partners, though limited staffing affects content production. Over the 90-day period from mid-January to mid-April- we had 462 Facebook followers, with 52 posts and a total reach of 3.3k. Our recent posts with the highest reach include Senior Conference Save the Date, Utah Elder

Justice Conference, and Veterans Benefit posts. We had 939 Site sessions, 2,132 page views on our website with 870 unique visitors reached, which did decrease slightly from last year. Our 23rd annual Senior's Conference with vendor fair; held on May 16th. Our theme this year: "This Ain't My First Rodeo – a Health and Wellness Roundup". The website can be found at:

www.southernutahseniorsconference.org. (Please refer to attachments 4 for pictures from last year and this year's flyer). We have a skilled Options Counselor who also became certified case managers this past through the National Academy of Certified Care Managers (NACCM). She assists with I&R calls, completes comprehensive screening and intakes for in-home services and refers individuals to programs and resources both within our AAA and community partners. Our Options Counselor averages between 35-45 calls a week, which does not include calls being routed directly to specific program staff. We continue to utilize Mon Ami to house our I&R, screening and intakes. Links to our Website and social media pages: www.areaagencyonagingfivecounty.org www.facebook.com/AgingFiveCountyUtah/ www.youtube.com/channel/UCDPDA_DPsG4ulp2icxbw5Vw

Preventative Health Programs: Our agencies success with preventative health programs can be credited to not only having excellent staff committed to the success of these programs but the use of lay/volunteer leaders supported through RSVP in conjunction with great collaboration with community partners and the leveraging resources with funding from: Utah Department of Health, Title III-D, RSVP Grant, IHC Foundation, and in-kind support. We currently have 14 CDSMP (Tomando), 11 DSMP, 13 CPSMP, 6 AFEP, 16 Tai Chi, 11 Stepping On and WWE certified instructors, as well as master trainers: 4 CDSMP/DSMP/CPSMP and 2 Stepping On Master Leaders. We have had 568 individuals participate in these programs with 248 completers- those who attended the minimum number of sessions for proving positive outcomes according to the evidence-based criteria. For additional details about our Preventative Health Programs please refer to the summary under our Senior Corps Program and other sections.

Home & Community Based Program & Case Management Team – Workforce challenges post pandemic has stabilized over the past year. There continues to be challenges with recruiting licensed SSW level case management staff, but we have been able to work with some of our existing staff to become certified under the National Academy of Certified Case Managers (NACCM) as an approved alternative to the SSW in meeting the requirements for Aging Waiver case managers. Bethany Hill was certified through NAACM passing her test in October of this past year. Even though workforce challenges are lessening for our agency; we continue to suggest the State Medicaid Agency consider re-evaluating the higher licensing/certification requirements for the Medicaid Waivers to allow for case managers/staff with equivalent education/experience to provide case management for the waivers given these ongoing workforce challenges impacting other AAA's as well. With other states who have Medicaid waiver programs not requiring the same level of licensure/certification. We have an excellent team of social workers, nurses and support staff working with our Home & Community Based Programs. We lost a couple of our contracted nurses for Aging Waiver over the past year but are currently bringing on a new nurse to help manage workload for Aging Waiver OA/RN responsibilities. We have two nationally certified Dementia Care Practitioners including our HCBS Director who is also certified through the International Council of Certified Dementia Practitioners as a Certified Montessori Dementia Care Professional (CMDCP). We continue to have staff trained and certified to provide Stress Busters, Caregiver Academy and Dealing with Dementia. This past year we have had three staff certified to teach Dementia Live and are working with Alzheimer's Association to have at least one staff member go through their Empowered Caregiver training. This will also provide access to additional educational and training materials available through the Alzheimer's Association. We continue to be a Music and Memory site, but this has been on hold over the past couple of years. We hope to get this back up and running over the next year. Our HCBS Director, in addition to being an SSW and Certified Dementia Care Practitioner, is a Therapeutic Recreation Technician (TRT) and has used these skills and training to develop educational materials and resources including dementia activity toolkits to support individuals with Dementia and their caregivers.

She has also used her skills and expertise to develop caregiver training and conduct support groups. We continue to maintain a contractual relationship with the Veteran's Administration/UDVMA to maintain a Veteran Service Officer on staff. Our newly created Caregiver Support Program Specialist has helped us get back on track with our Caregiver Support Program activities over the past year including targeted outreach efforts, increasing collaboration with community partners and getting more Caregivers on respite services. PRISM/PEGA continues to have its challenges, but staff are adapting and become more efficient in navigating the system and continuing barriers.

In-Home Services – With workforce challenges stabilizing; we have been able to accept new AW clients when the State has opened the waiting list. Since January we have been assigned 8 new clients to add to the program and have the staff capacity to add more depending on funding/budgets. We currently have 34 clients and have used 42 slots so far in FY25 with the 8 pending. We currently have one of the highest Aging Waiver applicants lists in the State, with 56 clients on the waiting list as of January 30th. This past year, we have been able to refocus efforts and case management staff time on other programs, in particular, our Caregiver Support programs; but also, Alternatives and Veteran Directed which were being negatively impacted by staff who had to focus their time on the Medicaid Waivers, in particular New Choices Waiver and the transition over to PEGA. For the Alternatives program, we currently have 47 clients on services and our applicant list is currently at 78. We are excited to continue working toward paperless files as we have implemented the Mon Ami care plan system for Alternatives and Caregiver which includes case notes, care plans, and other required documents and forms that are now accessible through the Mon Ami care plan system. This includes a provider portal for receipts and verification from providers of service authorizations and care plans. We are happy to report that our yearly audit was able to be done entirely paperless by DAAS Program Specialists for Alternatives and Caregiver. The Caregiver program has probably been most impacted by prior workforce/case management shortages. By discontinuing CM for NCW we were able to direct more staff time over to the Caregiver Support Program in addition to adding a new Caregiver Support Program Specialist. We were able to take our entire caregiver waitlist and added 24 clients who needed respite services. In addition, we have our program specialist, and another case manager does additional community outreach including with community-based organizations and local healthcare clinics about caregiver support and services along with additional staff time dedicated to providing more education and caregiver training. We currently have three support groups- one virtual, one in Kanab, and one in St. George. We continue to collaborate with Memory Matters including a contractual agreement to provide services to caregivers in our community, from outreach, education, training, support groups, care consultation, and adult day care/respite along with supporting friendly visiting as a volunteer station for RSVP through their "Good Morning Sunshine program".

Our VD-HCBS program is growing substantially, and we currently have 24 clients on the program, adding an average of one client each month. We maintain a collaborative relationship with Las Vegas VA and still have one client going there, and are hopeful that we will get additional referrals through the Las Vegas VA, opening more clients we can serve through both the Salt Lake and Las Vegas VA. All Veterans still reside in the Five County area, but Veterans have the choice of which VA healthcare system they want to use. In addition, with the ability to assist Veteran's in applying for VA benefits through our VSO and Benefit Enrollment Program, additional Veterans can access VA benefits including Aide and Attendant, VA healthcare, VA Caregiver Support, and other VA programs, freeing up space for clients on AW, Alternatives, and the National Caregiver Support Program. Our biggest concern and challenge for the coming year will be concerns about potential provider shortages and negotiating rates. Our contracts are up for renegotiation at the end of this year, and we are concerned about willingness of providers to negotiate provider rates with increases that do not significantly impact service delivery and number of clients we are able to serve for Caregiver and Alternatives program. We are looking at some ways to set up these contracts in the coming year that may allow for better negotiation of the rates.

The following is a list of services/programs we are providing for caregivers:

a. Stress Busters Program: Evidence-based programs that provides support to family caregivers of persons with dementia or a chronic illness. It's been proven to: improve the quality of life of family caregivers who are providing care to an older loved one and help caregivers manage their stress and cope better with their lives. The program consists of nine weekly 90-minute sessions by two trained group facilitators. (Refer to attachment 5)

b. Rosalyn Carter Institute Dealing with Dementia includes a four-hour workshop in a classroom setting for family or professional caregivers for people living with dementia. Topics include insight into caregiving experience, easily understandable explanation of dementia, best practices in caregiving, problem solving around dementia behaviors, and tips for caregivers to find selfcare and stress management.

c. Making the Link: We continue to have requests from physician offices for these packets. And we also prepare and distribute packets to home care, emergency medical providers, community partners, and at the Early State Memory Loss Education Series sponsored by Memory Matters and supported by Five County.

d. Caregiver Academy: Caregiver Academy using the Managing Care guide, is a series of six workshops, developed by SL County Aging, to help caregivers better manage a care environment and learn the skills to find time to re-energize and add quality back into their daily lives.

e. Music & Memories: licensed as a Music and Memory site providing technology and an individualized playlist to individuals with dementia and their caregivers. We are also part of the Utah Coalition for Music and Memory.

f. Caregiver Talking Points: program developed by Kathy Nelson at Salt Lake County Aging; it includes a set of 25 worksheets covering the full continuum of care created to be coaching tools for case managers as well as training materials for groups. Salt Lake County generously shared the program and the training materials with the other AAAs in addition to providing facilitator training. Five County recently trained 5 staff.

g. Other Caregiver Services: Three support groups; "Teatime with Kristi" using a virtual platform and in-person support groups in Kanab and St. George. We have great success with our AAA Five County Newsletter which includes information on caregiving, upcoming events, and classes. We have a closed Caregiver Facebook page with posts related to caregivers and opportunities for caregivers to connect with each other. In addition, our regular Facebook page, Website, blogs, YouTube, and Pinterest page include information and resources to support caregiving.

h. Community Partnership: In addition to our partnerships with Alzheimer's Association and Memory Matters as noted previously; we have developed a partnership with the Utah Tech Nursing Program where we present on the Area Agency on Aging services for older adults and Caregivers each semester to their Nursing Students. We also collaborated with the VAMC and their Caregiver Support Program and presented at the Advancing States Summit on March 27, 2025. We also present 1-2x a year to local law enforcement and first responders as part of their Crisis Intervention Training.

Veteran's Services, LTC Options Counseling & Benefit Enrollment Center - We continue to serve as an Aging & Disability Site providing I&R and LTC options counseling within the confines of current funding limitations with an FTE options counselor; and COVER to COVER (Connecting Older Veterans, especially Rural, to Community or Veteran Eligible Resources, aka C2C) site. We continue to pool different funding sources to maintain our Veteran Service Officer with current funding enabling us to sustain a full-time VSO position. Our VSO is fully vetted and granted access to the National Veterans Benefit Management System (VBMS). From January 1, 2024 – December 31, 2024, Five County VSO has completed 535 fully developed VA Benefit Claims, 298 Misc. VA Benefit Claims, 44 Fully Developed VA healthcare claims meeting in person with 260 Veterans or family members over the phone. We have attached a couple of Veteran's Success Stories to show the positive impact this support has on the veteran and their family. (refer to attachment ____). Funding sources include: the Utah Department of Veteran and Military Affairs, The National Council on Aging as part of our BEC grant, Caregiver Support Funding to support caregivers of Veterans in accessing benefits, and a grant through Jen Morgan at USU

and Utah Department of Health through the Rural Veteran Health Access Program (RVHAP). Unfortunately, this spring we lost our Veteran Benefit specialist and Advocate, Christee Blake. Given current funding, we are unsure if this position will be filled. Our Benefit Enrollment Center grant with the national Council on Aging will end in September of this year. We are waiting to hear if these grants will be available for another grant cycle. We are a little concerned about the changes happening at the Federal level whether NCOA will continue to receive the MIPAA funding that has supported these grants to local community-based organizations across the nation. Which would greatly impact not only the support we provide through C2C/VSO in supporting our Veterans but with supporting other Medicare eligible individuals in accessing other public benefits such as food stamps, LIS/MSP, Medicaid, Heat assistance, etc. Given the significant impact of these programs and the critical support C2C and the VSO have on the lives of Older Veteran's, their caregivers, and families; we are committed to doing all we can to sustain funding. Even with our Veteran's numbers remaining high, the impact of the pandemic has continued to affect our overall numbers for the Benefit Enrollment Center in assisting Medicare recipients in applying for other public benefits. We continue to make strides to get these numbers up but in January our lead BEC staff person needed to go on extended FMLA, and we have been helping cover the program through existing staff but with new staff having to learn the program it has further delayed our efforts to get our numbers back up to pre-pandemic levels. So far this year, from July 2024 – February 2025, we assisted 108 Medicare beneficiaries, completing 284 applications. In addition to working with our local senior centers, Paiute Indian Tribe, and other community partners; we are looking at additional ways to coordinate with our CAP programs for referrals into BEC. The Five County CAP and Utah Food Bank collaborated on the expansion of a new food pantry in the Hurricane area, and it is up and fully running, with office space for case managers or BEC specialists to meet with people. We have also added additional posts about BEC to our social media outreach efforts. We still have plans to recruit volunteers again to assist with outreach and enrollment, however, a lot of volunteer interest is from SUU college age students who want an ongoing opportunity versus only helping during open enrollment.

Senior Corp Volunteer Programs – We have been able to increase our overall number of volunteers for both Senior Companion (SCP) and Foster Grandparent (FGP) but continue to have some challenges with getting up to capacity with continued turnover in volunteers primarily due to health issues. However, overall, we are meeting our performance measures for both these grants. The SCP/FGP coordinator does a great job with outreach and recruitment efforts but there are still several factors including inflation resulting in many low-income seniors going back into the workforce and as noted, a significantly higher number of volunteers dealing with health issues and having to discontinue their service with the program. Additionally, the income eligibility for volunteers when recruiting creates a barrier for those who want to serve but or over the income eligibility. We were able to decrease our overall VSY's (Volunteer Service years) this past year under our new grant cycle to better align with the current capacity. We currently have 13 FGP volunteers serving an average of 669 hours a month of tutoring /mentoring in our local schools. And 19 SCP volunteers serve an average of 978 hours a month of companionship to seniors and individuals with disabilities. Included are some pictures from recognition events (Refer to attachment 7). Our Retired Senior Volunteer Program (RSVP) is getting back to pre-pandemic levels and doing better overall with volunteer recruitment and service delivery. In addition, the RSVP Director does a great job with outreach and recruitment, because RSVP does not target low-income senior volunteers, there is a larger pool to recruit from. We also have some great community partnerships with Telephone Reassurance and several of our Evidence based programs and the options of offering some of these programs virtually creates additional opportunities for both volunteers and participants. Our Telephone Reassurance services have struggled some with reaching clients who need these services but with support of a program assistant they have been working to outreach to identify more clients who could benefit from the program. We continue partnership with Memory Matters as a volunteer site with their Good Morning Sunshine program. We continue to have great success with the virtual programming for our Evidence based programs with many of our volunteers preferring to continue to teach virtually while

others have gone back to being in-person. While there have still been some challenges with filling classes, we are seeing increased participation. The RSVP staff do a great job in outreach and marketing efforts, including working closely with a variety of community partners, from the senior centers to healthcare providers, public health, local faith-based organizations and other community-based organizations. Our RSVP Director continues to look at creative ways to engage the community, volunteers, and consumers. Our biggest challenge for the coming year is uncertainty at the federal level regarding changes under the current administration which may impact on some of the funding and grants to the Utah DHHS through CDC and ACL. Some grant funding for Fall Prevention recently ended and there is uncertainty about whether these grants will be offered again. In addition, with the recent loss of 5 Community Health Workers through our local health department, some of these staff were working on collaboration with our RSVP to co-teach some of the Evidence-based programs and provide outreach and advertisement for these classes. We currently have 89 unduplicated volunteers throughout the Five County areas exceeding our minimum requirement of 83. 43 of these volunteers are placed in Evidence-based health promotion programs. Year to date, we have served a total of 251 individuals: telephone reassurance clients with 46 Volunteers, 32 individuals participated in CDSMP/DSMP, 20 in CPSMP, 229 in AFEP and 224 in Tai Chi combined, and 63 participated in Walk with Ease and Stepping On combined. We recently certified/re-certified 8 Tai Chi for Arthritis leaders (refer to attachment 8). We have 4 master leaders for CDSMP, DSMP, CPSMP, three of whom are volunteers. We also have two volunteers certified as master leaders for Stepping On. Master leaders are qualified to train/certify other leaders for these programs. We continue to have a part-time assistant to support the RSVP Director with outreach, recruitment and training, support with virtual classes and technology among other activities. Eight of our volunteers were honored again this year at the Annual AARP Utah Volunteer Recognition and Andrus Award Celebration. (Refer to attachment ____)

Senior Health Insurance Information Program & Senior Medicare Patrol - This past year, the SHIP and SMP programs have continued to increase outreach and getting back to in person activities. With limited funding/resources for these programs, we have one full time staff person who splits her time between BEC, SHIP and SMP. This staff person needed to take FMLA this spring, and her duties have been covered by two case managers, who are doing a great job. The SHIP program had 186 beneficiary contacts and reached 2,220 people through group outreach. We also had 32 Part D or Medicare Advantage Plan enrollments this last year. The SHIP staff have been doing a lot more outreach and enrollment events in the community including at the local senior centers, working with local Paiute Tribe to coordinate outreach events, health fairs and other community events. They continue to send out Medicare Messages for both the Senior Center and the Five County AAA newsletters along with Facebook posts. We will continue to combine our outreach for all our Benefit programming including SHIP/SMP, Benefit Enrollment Center, Veterans Benefits/VSO staff will focus on Medicare Benefits and Fraud preventions activities and BEC staff focus on other public benefits.

Long Term Care Ombudsman Program - With limited State and Federal funding and no local funding; we only have three part-time staff working in the program which equates to around one FTE, but we have a significant number of long-term care facilities which continue to grow in our service area which is also challenging with a large geographic service area. We now have 45 LTC facilities with a total of 2,704 beds, up 47 beds from last year. Snow Canyon Retirement Homes recently opened, which brought in 58 new Assisted Living & Memory care beds which are included in the count above. We are not expecting any more facilities to open this year in St. George or our surrounding areas. With no additional funding and only one FTE to cover not only referrals and complaints, but all the other ombudsman responsibilities including walk-throughs, discharge notices, resident councils, training, and outreach, this is challenging, and I commend our staff for managing large workloads with integrity and resilience. Given these limitations in funding, we must prioritize staff time for referrals and complaints, addressing discharge notices, documentation/reporting, and walk-throughs quarterly with other activities managed as needed and time permits. But staff have done a great job given limited time and resources- between Oct 2023 – March 2024 they had 58 open cases, provided information and consultation to 479 participants which does

not include 179 facility staff, completed 118 routine visits and 39 non-routine visits, visiting every facility in our service area. We currently have one lead ombudsman who spends on average 5-8 hours, one part time (20 hours week) Ombudsman who primarily covers Washington County and a part time (10 hours week) Ombudsman who covers the other 4 Counties. The lead Ombudsman, in addition to managing incoming referrals, case staffing, monitoring compliance and follow through with reporting and data entry, assists with the discharge notices and backs up the other Ombudsman to manage high volume of complaints and investigations. This past year we were able to onboard two volunteer Ombudsman and they have helped our staff workload tremendously. Unfortunately, our Hurricane-based volunteer got another job and was unable to continue her efforts with us, so we have, at this time, only one volunteer Ombudsman.

Other accomplishments/challenges in Five County Programming

- a. We continue to contract with Utah Legal Services. They have provided 120 hours of legal advice/services to 45 individuals through March 31st. Based upon reports from Utah Legal Services they received the most request for legal advice in the following areas: Number one was housing issues (private landlord/tenant, homeownership/real property, subsidized housing, mobile homes), followed by collect/repo/Def/Garnish and then contracts and warranties. This is a change for prior years where Wills and Estates was usually the number one request for legal services. However, this does align with concerns related to inflationary factors, and lack of affordable housing due to rising housing costs.
- b. We continue to work with APS including with the Elder Justice Multi-Disciplinary Team (MDT) and continue to have active participation from community members. Case staffing seem to ebb and flow with some months not having any staffing and other months having several. When we do have cases, we have great participation from the members in bringing forward their expertise and suggestions to help with the cases and in addressing anything impacting the individual's ability to obtain needed support and services in the community.
- c. Our 23rd Annual Senior's Conference and Resource Fair with the theme "This Ain't My First Rodeo" was on May 16, 2025, at the Heritage Center in Cedar City; The County/Senior Centers in the rural areas will usually bring a bus of seniors so senior from across the Five County area can attend. Refer to attachment 4 for flyer and pictures from prior year's conference).
- e. We continue to offer Companion Pets including robotic dogs and cats that are placed in the homes of isolated older adults and individuals with Alzheimer's or another dementia. It has been effective in helping decrease stress and agitation in someone with Alzheimer's or other dementias. It has also been shown to combat social isolation and depression among older adults.
- f. Staff turnover has stabilized for our agency but remains a major challenge for community-based organizations and our in-home providers, exacerbated by inflation, and stagnant funding. Funding has not kept up with inflation, rising service costs, or the increasing older adult population, particularly in Southern Utah, which has a large population of people aged 55+. Workforce shortages make it hard to recruit and retain staff, as we cannot compete with private sector wages. Senior Centers face similar struggles, with inflation impacting both workforce stability and service delivery. Additionally, rising housing costs, especially in St. George, are making it harder for employees to afford living expenses, while seniors on fixed incomes are being priced out of the housing market; including affordable rentals, which are becoming increasingly scarce. As of April 2024, the medium rent for a 1-bedroom apartment in St. George is \$1,604, with housing expenses 25% higher than national average. With the average monthly social security only \$1,978 with at least 1 in 4 older adults relying on social security for 90% of their income. Overall cost of living is 8% higher in St. George than national average. Even in some of our more rural areas affordable rentals are becoming difficult to find with demand exceeding availability; and in many areas homeowner and landlords are finding it more lucrative to provide short term rentals for tourists coming to the area to visit the many national parks and other tourist attractions.

With our provider contracts due for renewal at the end of this fiscal year; we anticipate needing to negotiate higher reimbursement rates for Alternatives and Caregiver or risk not having an adequate provider pool. Without any increases in base funding along with increased costs of delivering services; we anticipate waiting lists will only continue to increase for in-home programs. We are looking at additional options for negotiating with providers to help buffer the impact of increased provider rates on already stagnant budgets. In addition to the work the AAAs in Utah are doing as part of our state association to advocate increased funding; we still have plans to work with our AOG Director's along with directors from other AOG's who in turn will also work with the Utah Association of Counties to educate our state and local elected officials in advocating for funding for the AAAs in support of the needs of older adults. We are collaborating with the Executive Director of our AOG and umbrella organization on a strategic plan to advocate for more local funding from cities and towns. While our county government provides significant match funding for senior centers, nutrition, and supportive services, additional funding from local cities is crucial, particularly in larger communities with substantial retirement populations that need age-friendly communities.

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 provide 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 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.	N/A	N/A	N/A	N/A
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.	N/A	N/A	N/A	N/A
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.	237	0	4608	1600
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.	245	0	6770	3600
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	N/A	N/A	N/A	N/A

Title III B Program Objective 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.	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Assisted Transportation (1 one-way trip): Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.	102	0	3473	350
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.		N/A	4393 3115	16781

- Persons assessed and determined eligible for services

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			12409	
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Title III B Program Objective 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. 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.	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
			17675	

* 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
<p>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:</p> <ul style="list-style-type: none"> 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. 	2024	0	50061	2100
<p>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.</p>	N/A	N/A	N/A	N/A

Title III C-1 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
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.			3115	

* Persons assessed and determined eligible for services

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

Title III C-2 Program Objective 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.	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Home-Delivered Meals (1 meal): Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which: <ul style="list-style-type: none"> 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 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. 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.	1526	0	143815	2500

Title III C-2 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
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.	N/A	N/A	N/A	N/A

* 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
Evidence Based: AFEP, CDSMP, DSMP, CPSMP, Stepping On, Tai Chi, WWE Note: III-D funds only used on these Evidence based programs			772	
Non-Evidence based: Health screenings, non-evidence based exercise and fitness classes, health education, etc.			26840	

* Persons assessed and determined eligible for services

TITLE III E
National Family Caregiver Support Program (NFCSP)

Title III E Program Objective	Persons Served	Persons Waiting for Services*	Estimated Service Units
Information: Estimate the number of individuals who will receive information, education and outreach activities in order to recruit caregivers into your program.	55082		424
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.	1166		1166
Counseling/Support Groups/ Training: Estimate the number of individuals who will receive counseling/support groups/training.	1122		490.50
Respite: Estimate the number of clients who will receive respite services using NFCS funds.	20	31	915.75
Supplemental Services: Estimate the number of clients receiving supplemental caregiver services using NFCS funds.	9	0	121

* 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
Public Information, Friendly visiting, Telephone Reassurance volunteer services, recreation, outreach, and training			177,211	

* 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

coordination

B= Services which maintain health

F= Services which support other

C= Services which protect elder rights

goals/outcomes

D= Services which promote socialization/participation

E= Services which assure access and

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.	47	78	600
RVP	Volunteer: Trained individuals who volunteer in the Retired Senior Volunteer Program, Foster Grandparent Program, and Senior Companion Program.	121	58	700

* 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.	34	57	300

* 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

Five County contracts with each of the counties in our jurisdiction to provide specific In-home service through the local Senior Centers, which includes chore services, friendly visiting, and telephone reassurance. Since the pandemic we have also added shopping, errands, pick-up and delivery of groceries, Rx's, mail, and other essential services under the category of Homemaking. As such, the local senior center intake worker/staff completes the assessment with the client rather than a case manager at the AAA level. To reduce the significant amount of time and cost associated with completing a second assessment tool, we are requesting a waiver to allow us to use the DAAS approved Nutrition Screening and Assessment tool rather than the HCB Alternatives Assessment. Since the Senior Centers already use the Nutrition Screening & Assessment Tool for individuals, they serve who receive Cluster 1 Registered Services and it will not require additional work and costs on the side of the AAA or the County to complete another assessment. Please note according to OAA the following services are Cluster 1 services: Personal Care, Homemaker, Chore, Home Delivered Meals, Adult Day Care/Health, and Case Management. Friendly Visiting and Telephone Reassurance are not cluster 1 registered services but are considered in-home services under the OAA and reported as such.

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
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PLEASE REFER TO ATTCHMENT 9 FOR LIST OF PROVIDERS

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 [X] No []

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

Five County AOG/AAA does not directly provide home delivered meals or meals at any congregate meal sites. We sub-contract the meal function to the County Councils on Aging in each of the Five Counties in our Jurisdiction. However, we are involved in the following program functions for the Nutrition programs:

- Collective Ordering of food, kitchen supplies from retailers, coordination of menu planning between meal sites and dietitian, sanitation and other compliance monitoring, and collection of nutrition reporting data.
- Local meal sites and County Councils on Aging do not have resources available to hire staff and carry out the above-mentioned functions on a county-by-county basis. With the overall support we provide to all five counties, it is not necessary for each of the individual meal programs to hire additional staff to complete these tasks, leaving more dollars available to put towards the actual cost of providing the meals for the elderly and enabling them to serve more individuals.
- By utilizing AOG/AAA staff for these program functions, we can reduce overall costs by 1) making group food/supply purchases, 2) working with one district dietitian to oversee menu planning, and 3) reduce multiple site personnel costs.

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.)

<u>SERVICE CATEGORY</u>	<u>DESCRIPTION OF REASON FOR THE WAIVER</u>
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	22
60+ Minority Individuals	
60+ Residing in Rural Areas	19
Representatives of Older Individuals	2
Local Elected Officials	
Representatives of Providers of Health Care (including Veterans Health Care if applicable)	
Representatives of Supportive Services Provider Organizations	2
Persons With Leadership Experience in the Voluntary and Private Sectors	7
General Public	
Total Number of Members (May not equal sum of numbers for each category)	29

Name and address of chairperson:

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

Yes No

Area Agency Advisory Council meetings schedule: July 29, 2025 _____
October 28, 2025 _____

January 27, 2026 _____
April 28, 2026 _____

VIII. POPULATION ESTIMATES

Population Group	Number*	Number Served in Planning and Service Area	Estimate of People Needing Services
Age 60+	68,444	34,000**	Over 7,000
Age 65+	54,133	26,500**	Over 5,000
Minority Age 65+	3,691	230	Over 600

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

**This number includes the estimated number of individuals (including) caregivers reached through Public Information and Information Services- (this number is increasing as we expand our reach through virtual services, Website, social media (Facebook, Pinterest, YouTube), Mass media, webinars, etc.

IX. SPECIFIC QUESTIONS ON PROGRAM ACTIVITIES

We are still learning all of the cool things that our Combi-oven will do!



Volunteers (voluntold, they would say) help assemble and reorganize the remodeled kitchen

Five County AAA Annual Plan FY26 |
Attachment 1



Mitch, Marie, and Maryanne, a few of our regulars in Kanab.



Some of the staff

Five County AAA Annual Plan FY26 |
Attachment 1



Valley center regulars; Ed & Ann, John & Lisa and Richard

Employees practiced and participated in a flash mob for our seniors for St. Patrick's Day. We had some of our seniors join in on the fun and dance with us. We handed-out green stickers to make sure no one was pinched as well as a note on the delivery trays to let the homebound know that we are lucky to serve them.



Come Join Us

CARD-MAKING CLASS

**GIFT
CARD
HOLDERS**

Call Carolyn for details

714-600-2065

**Tuesday, Dec. 10th
10:00am to 12:00pm
St. George Active Life Center • Room 1**

\$3.00 for 2 cards • Envelopes Provided

*Come join a fun group
of ladies.
We would  to have you!*



CHRISTMAS MEAL

**Friday
December 20th
11:30am to 12:30pm**



**ST. GEORGE
ACTIVE LIFE CENTER
245 N 200 W • St. George, UT**

Roast Beef w/Gravy
Au Gratin Potatoes
Peas & Carrots
Mixed Green Salad
Wheat Roll
Strawberry Poke Cake
Diet - Fruit Salad
Margarine
Ranch Salad Dressing

New Year's Feast

**Friday
December 27th
11:30am to 12:30pm**

Glazed Ham
Black-eyed Peas
Cabbage
Spinach Salad
Dinner Roll
Seasonal Fruit
Chocolate Chip Cookie
Margarine
Ranch Salad Dressing

**ST. GEORGE
ACTIVE LIFE CENTER
245 N 200 W • St. George, UT**

AGING & NUTRITION SERVICE ADVISORY COUNCIL FY 2023

Beaver County Advisory Council

Carma Sly
Calvin Sly
Pam McMullin
Dennis Cox

Garfield County Advisory Council ***

Judy Henrie
Ramona Sorenson
Pauline Prince
Fran Wilson
Sasha Haycock

Kane County Advisory Council

Wallace Gibson- Chair
Carolyn Banks
Beverly Dinsmore
Cindy Turnquist

Iron County Advisory Council***

Arlen Grimshaw
Kathy Jennings
Mark Jennings
Steve Davis

Washington County Advisory Council

Deanna Bringhurst
Sondra Akins
Sherri Racz
Gayle Rohde

COUNTY COORDINATORS: (non-voting/alternates)

Sheila Shotwell	Beaver County
Donna Chynoweth	Garfield County
Stephanie Rainey	Iron County
Jerica Bauer	Kane County
Jacob Browning	Washington County

***Iron and Garfield County Alternates assigned to attend regularly

At-Large Member

Tracy Heavyrunner Alzheimer's Association

**FIVE COUNTY
NATIONAL CAREGIVER SUPPORT PROGRAM
ADVISORY COUNCIL**

<u>MEMBER</u>	<u>REPRESENTING</u>
Brenda McKee – Co-Chair	RRCI- Independent Living Center
Jacob Browning	Washington County COA
Ron Morrow	Iron County COA
Jerica Bauer	Kane County COA
Donna Chynoweth	Garfield County COA
Sheila Shotwell	Beaver County COA
Karen Sevilla	Adult Protective Services
Bethany Hill	Options Counselor- Five County
Vacant	Alzheimer's Association
Vacant	Memory Matters of Utah
Vacant	Caregiver Iron County & NAMI
Vacant	LGBTQ+ Group
Vacant	Caregiver Washington County
Vacant	Caregiver Washington County

<u>FIVE COUNTY AAA SUPPORT STAFF</u>	<u>TITLE</u>
Sheri Reber	HCBS Director
Carrie Schonlaw	AAA Director
Kelly Reeder	Administrative Assistant

2025 SOUTHERN UTAH SENIORS CONFERENCE

HEALTH & WELLNESS ROUNDUP



THIS AIN'T MY FIRST RODEO!

SPEAKERS • VENDORS • LUNCH

MAY 16, 2025 8:30 AM

HERITAGE HALL, CEDAR CITY

REGISTER AT

WWW.SOUTHERNUTAHSENIORSCONFERENCE.ORG



2024 Southern Utah Senior Conference Wrap Up



Five County AAA Annual Plan FY26 | Attachment 5



Five County AAA Annual Plan FY26 | Attachment 7



Groovy Hearts and Disco Souls

(A poem for AmeriCorps Seniors: Senior Companions & Foster Grandparents)

In bell-bottom flair and tie-dye dreams,
They bring the sunshine, or so it seems.
With wisdom deep and spirits bright,
They Groove through days with heart and light.

Senior Companions, side by side,
Lending strength, a gentle guide.
They walk with grace, they laugh with care,
Spreading love just everywhere.

Foster Grandparents, cool and wise,
With kindness twinkling in their eyes.
They read, they rock, they teach, they play,
Turning gray skies into a brighter day.

No capes, no crowns, just comfy shoes,
But they're the heroes we all choose.
With disco souls and hearts so wide,
They bring the magic we can't hide.

AmeriCorps Seniors, full of groove,
In every hug, the world they move.
Age is just a number, friend-
Their groovy love will never end.



SENIOR COMPANIONS YEARS OF SERVICE

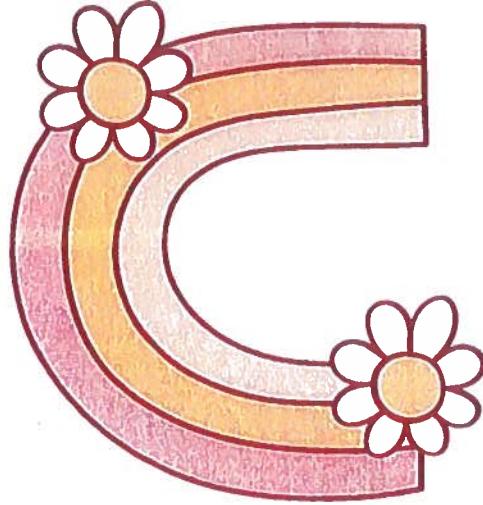
Volunteer	Serving Since	Hours Served
Jackie Baker	4-2021	2607
Trevie Clark	6-2024	268
Lavon Hinton	3-2013	10100
Mary Hoadley	7-2023	262
Betty Johnson	10-2019	4052
Margaret Kissner	3-2019	5099
Gary Nelson	3-2023	660
Paul Parker	12-2003	7177*
Gabrielle Saasta	2-2017	6988
Norma Baker	12-1999	13951*
Jane Brescia	3-2023	1487
Noel Degaetano	12-2024	100
Anne MacDonald	3-2014	10953
Bob MacDonald	3-2015	11146
Sharon Palmer	2024	113
Giuseppe 'Joseph' Perilli	2-2020	4115
Deanna Ray	2-2024	741
Barbara Whitton	11-2014	13646

SENIOR COMPANIONS YEARS OF SERVICE

FOSTER GRANDPARENTS YEARS OF SERVICE

Volunteer	Serving Since	Hours Served	Hours Served
Jay Allan	8-2023	825	
Charles Davis	7-2022	2010	
John Gordon	6-2009	12963	
Linda Jaynes	8-2013	10370	
Lorna Muir	2000	219**	
Teresa Nelson	10-2022	2259	
Emily Ortez	2010	3815	
Vicki Daughton	11-2013	13450	
Sandy Dee	10-2009	7171	
Nancy Kennedy	9-2019	2466	
Ronda Willis	3-2017	7698	

FOSTER GRANDPARENTS YEARS OF SERVICE



- Does not indicate Lifetime hours



Congratulations



Our RSVP AmeriCorps
Seniors
Volunteers are Certified
Tai Chi Leaders



They recertified to
continue teaching Tai Chi
for Arthritis Sun Style
with Master Leader
Becky Rahe



To find a class in the Five
County area, contact your
local senior center.



For more information
about becoming an RSVP
volunteer, Call
435-673-3548 X103



FIVE COUNTY AAA PROVIDERS

In-Home Services

Sub-Contract:

A Gentle Touch Home Care, Inc
Above and Beyond
Acumen (FMS)
ADT Security Services Inc
Always Best Senior Care
Amada Senior Care
Beaver Valley Home Health

Mytrex, Inc

Priscilla Johnson

Platinum Venture Group

Rescue Alert of Dixie

Rocky Mountain Home Care

Senior Helpers

Visiting Angels of Southern Utah

Zion's Way Home Health

Beehive Homes - Cedar

Beehive Homes - Washington Co
Cedar Heath and Rehab

Garfield Memorial Hospital

Garfield County Nursing Home
Helping Hands In-Home Care
Home Helpers

Heritage Home Assisted Living
Home Instead Senior Care

HomeStyle Direct

Horizon Home Health

Iron County Home Health
Kind Hearts Senior Care

Lifeline

Med Scope America

Memory Matters

Mom's Meals

Morning Sun (FTS)

Nutrition & Supportive Services

Subcontract:

Beaver County
Garfield County
Kane County
Iron County
Washington County

Venders:

Amazon
Belmont Gardening
Boulevard Home Furnishing
Cedar Lawn Care
Home Depot
Walmart
Oliver
Western Pest Control

Independent Contractors:

Gloria Johnson- Dietician
Donna Sutherland - RN
Amie Walton - RN

