Fiscal Year 2020 -2023 Area Plan





Davis COUNTY

Davis County Health Department
Senior Services
Area Agency on Aging



Utah Department of Human Services
Division of Aging and Adult Services

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I. APPROVAL PROCESS

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

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

In accordance with the Act, each AAA is asked to furnish the information requested on the following pages. Responses will form the report of progress in achieving goals set for the planned activities for the fourth year of the four-year Area Plan FY 2020 - 2023 (July 1, 2019 - June 30, 2023). 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 2019.

II. SIGNATURES

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

AREA PLAN UPDATE

July 1, 2019 to June 30, 2020

1. The Area Plan update for Fiscal Year 2020 has been prepared in accordance with rules and regulations of the Older Americans Act and is hereby submitted to the Utah Department of Human Services, Division of Aging and Adult Services, for approval. The Area Agency on Aging assures that it has the ability to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area (Ref. Section 305[c]). The Area Agency on Aging will comply with state and federal laws, regulations, and rules, including the assurances contained within this Area Plan.

Director, Area Agency on Aging _____ Date _____

Agency Name: Davis County Health Department, Senior Services

Agency Address: PO Box 618, Farmington, Utah 84025

2. The Area Agency Advisory Council has had the opportunity to review and comment on the Area Plan Update for Fiscal Year 2016 (Ref. 45 CFR Part 1321.57[c]). Its comments are attached.

Chairperson _____ 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 2020.

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

4. Plan Approval

Director _____ Date _____
Division of Aging and Adult Services

Chairperson _____ Date _____
State Board of Aging and Adult Services

III. GOALS AND OBJECTIVES

Davis County Senior Services utilized a multi-prong approach to develop goals and objectives for this area plan. The 2018 Davis4Health Community Health Assessment (CHA) provided data regarding areas of success and need within the county. In turn, the CHA guided inclusive development of strategic directives for Davis4Health and local Human Service Directors. Community priorities acknowledge disparities and seek to achieve health and social equity, especially for households with lower income and minority populations. Additionally, a community survey assessed knowledge, concerns, and priorities among older adults and caregivers. The specific goals to follow reflect these assessments and align with community priorities.

The complementary programs, practices, and promotions of public health and OAA programs remain integrated in Davis County, with Senior Services and the Health Department working together to improve our community across the lifespan. The Health Department provides foundational support and technical assistance for Davis4Health, the county community health improvement collaborative, and the Davis County Human Service Directors. Both groups work to improve our community through the power of partnerships, collaboration, and strategic alignment around Davis County's top health and social priorities.

Partners participate in Davis4Health activities such as the CHA, Community Health Improvement Plan (CHIP), and Human Service Directors. Members provide guidance for CHA process and content, prioritize indicators, share data when possible, collect community feedback, advocate for resources to support process, etc. Over 50 different health and human service agencies and community groups participate in Davis4Health, Human Service Directors, and the priority workgroups. Collaboration is critical. All partners have a stake in creating a healthier community and no single agency can address the leading health and social challenges of the county alone.

Davis County Health and Human Service Priorities:

- Adverse childhood experiences (ACEs), trauma, and resilience: to become a trauma informed community, building resilience, providing a safe, supportive & connected environment; & provides access to treatment for those who have experienced trauma.
- Access to Behavioral Health Services and Treatment: Behavioral health services become more accessible through promotion of existing resources, new screening and referral tools, an increase in effective prevention programs & better trained helping professionals.
- Opioid Death Prevention: Reduce poisoning deaths by the year 2020
- Suicide Prevention: Reduce suicide deaths by the year 2020
- Stability: Low-income residents are economically stable
- Health: Every resident is mentally healthy
- Safety: Decrease incidents of interpersonal violence

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

1. **Coordination of Title III and Title VI Native American programs** – As relevant to your area, describe coordination efforts between your AAA programs and Title VI programs that are being delivered in your area, as well as plans for future coordination and partnerships. **N/A**

2. **Integration of health care and social services systems** – The Administration for Community Living has in recent years encouraged better coordination and integration between local social services programs and local health care services. Describe any efforts in your AAA to coordinate these efforts, as well as any plans for coordination in the future.

   Several identified community health priorities integrate the health and social services systems and address the needs and priorities identified in our community survey. The Senior Services 2019 community survey asked respondents to identify some of the critical issues facing older adults: 61% being lonely/isolation, 58% worry about losing independence, and 44% having something meaningful to do.

   Outcome Goal
   Increase the prevalence of less than seven not good mental health days a month. (Mental health includes stress, depression, and problems with emotions, BRFSS.)

Less than 7 days not good	Davis	Utah
60+	89.7	89.5

   Mental health remains intricately interlaced with physical health and the ability to undertake healthy behaviors, especially for older adults and stressed caregivers. Addressing the issues of trauma, depression, suicide and mental health access requires a community approach integrating traditional health and human services agencies.

   Initiatives:

   - Promote and increase awareness of activities to decrease social isolation among older adults and caregivers.
     - Caregiver information, support, education, and services
     - Community dining and socialization
     - Volunteering, community wellness, prevention, and support services
   - Actively collaborate in community led multidisciplinary groups addressing ACEs/trauma, access to behavioral health, and interpersonal violence.
   - Identify best practices and implement training to become a trauma-informed agency.

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

   Achieving health and social equity begins by acknowledging the population is diverse and disparities exist. Among older adults and caregivers, such disparities may include lack of access to healthcare, especially through a lack of transportation, lack of financial resources to pay for healthcare and prescriptions, low-income households, and requiring long-term supports and services. The agency will continue activities to support caregivers, people living with Alzheimer's or dementia and their caregivers through person centered counseling, information, respite services, training, and education.

   Objective: Continue provision of home delivered meals to meet the needs of homebound individuals determined to be at nutritional risk.
   Outcome Goal:
   - 80% of recipients will feel less lonely because someone stops by;
   - 90% will report that the meals helped them eat healthier foods
   - 90% will report the program helped improve their health
   - 80% will report the deliveries help them feel more secure in their home

   Objective: Increase the ability of older adults to access the programs and services they need.
   Outcome Goal: 85% of older adults receiving transportation services to community dining sites, grocery shopping, or health appointments will report the service provided increased social ties or perceived social support.

4. **Planning for the future** – Describe plans for strengthening and expanding aging services in your AAA, including plans to start, stop or change service offerings, and ways to strengthen the local aging network to ensure continuity and longevity of services and programs.

   Davis County Senior Services and the Utah Association of Area Agencies on Aging (u4a) members continue coordinated efforts and conversations with a diverse group of potential third party payers, including insurance companies, non-profits, and community organizations. Together, through aligning priorities, the network is achieving significant success, including recent increased funding. Currently, the agency represents the state network as part of a Falls Alliance collaborative effort to enact systems change with EMS response to falls among older adults and increased communication to primary care providers, AAAs, and health care payers.

   Initiatives
   - Actively participate in multidisciplinary collaborations advocating for the needs, issues,

and concerns of older individuals and their caregivers to support community aging options and age-friendly communities.

5. **ACL Discretionary Grants** – ACL offers a number of discretionary grants (including Alzheimer's Disease Support Services Program (SDSSP), Evidence-based Disease and Disability Prevention Programs, Senior Medicare Patrol (SMP) and programs that support community living. Please describe any of these programs that your AAA has been involved with, as well as any plans for future participation with any of these grants.

   Davis County Senior Services continues actively pursuing opportunities to meet community needs through utilizing various discretionary grants, and works with both UDOH and DAAS supporting state level applications. During this last year the agency received ACL Discretionary grant funding via the Utah Department of Health to implement Tai Chi for Arthritis and Fall Prevention, an evidence-based program with proven outcomes to help reduce falls.
   Senior Services is also working with the University of Utah to help study malnutrition risks in our clients receiving Meals on Wheels. This project also received funding through an ACL discretionary grant.

   The agency also seeks grant and funding opportunities to implement evidence-based programs targeting seniors, chronic diseases, and caregivers. SHIP, SMP, and MIPPA programs play an increasingly important role as we strive to educate our rapidly growing senior and caregiver populations. During the next several years, we anticipate a significant increase in the number of seniors living in poverty, a change from the status in the area, requiring innovative approaches to identify and target this group. Senior services is appreciative of UDOH and the University of Utah for applying for ACL Discretionary grants that help the area agencies on aging aid and improve the lives of older adults.

6. **Participant-Directed/Person-Centered Planning** – Describe your current and planned efforts to support participant-directed/person-centered planning for older adults and their caregivers across the spectrum of aging services.

   The agency continues to expand knowledge and utilization of person centered planning within all of our in-home services and case-management programs. Currently 100% of the case managers practice person centered planning, reinforced through trainings and requirements of multiple programs. During this next year, the agency will train non-case management staff and volunteers on person centered thinking, planning, and practices.

7. **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.

   Senior Services Elder Rights services include the Long-Term Care Ombudsman, Abuse & Prevention – Coalition for Abuse Prevention of the Elderly (CAPE), and Senior Medicare Patrol.

CAPE strives to increase awareness, response, resources, and agency coordination to prevent and address situations of abuse, neglect, and financial exploitation of vulnerable adults. During the past year, the coalition met monthly to share information, enhance awareness of definitions, trends, and resources. Case review and staffing is also a part of each meeting. Coalition members represented a variety of sectors and backgrounds: Senior Services, Adult Protective Services, Law Enforcement, Banking and Financial Advisors, Elder Law, Davis Behavioral Health, Utah Attorney General's office of Medicaid Fraud, Volunteers, and Victims.

Outcome Goal: **75% of Davis County older adults will know where to seek help and information to prevent elder abuse or financial exploitation.**

Community survey results revealed that only 42% know where to seek help for elder justice issues. Only 42% are familiar or very familiar with the signs/symptoms, and 18% are not sure where they could seek help or report.

Initiatives

- Continue to increase community awareness of fraud, scams, abuse, neglect, and exploitation.
- Continue advocacy efforts and information sharing with CAPE, Davis Human Services providers, and interpersonal violence coalitions.

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.

See Appendix A

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

(ii) 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 affect older individuals;

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

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

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

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

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

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

Section 306(a)(6)(D): Advisory Council
Establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, representatives of older individuals, local elected officials, providers of veterans health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

Section 306(a)(6)(E): Program Coordination
Establish effective and efficient procedures for coordination of:

- **(i)** entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and,
- **(ii)** entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

Section 306(a)(6)(G): Native American Outreach
If there is a significant population of older individuals who are Native Americans, in the planning and service area of area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

Section 306(a)(7): Coordination of Long-Term Care
Provide that the area agency on aging will facilitate the coordination of community based long term care services designed to enable older individuals to remain in their homes, by means including:

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

Section 306(a)(8): Case Management Services
Provide that case management services provided under this title through the area agency on aging will:

- **(i)** not duplicate case management services provided through other Federal and State programs;
- **(ii)** be coordinated with services described in subparagraph (A); and,
- **(iii)** be provided by a public agency or a nonprofit private agency that:
  - (1) gives each older individual seeking services under this title a list of agencies that proved similar services within the jurisdiction of the area agency on aging;
  - (2) gives each individual described in clause (i) a statement specifying that the individual has a

right to make an independent choice of service providers and documents receipt by such individual of such statement;

(3) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing the services; or,

(4) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii)

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

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

Section 306(a)(10): Grievance Procedure

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

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

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

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

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

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

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

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

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

Provide assurances that the area agency on aging will:

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be

provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;
(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

Section 306(a)(14): Appropriate use of Funds
Provide assurance that funds received under this title will not be used to pay any part of a cost (including administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title

Section 306(a)(15): No Preference
Provide assurance that preference in receiving services under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and\
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

TITLE VII: ELDER RIGHTS PROTECTION

Chapter 1: General Provisions

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

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

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

Chapter 2: Ombudsman Program

Section 704(a): Organization and Area Plan

Description of Ombudsman Program

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

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

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

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

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

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

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

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

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

Section 712(c): Reporting System

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

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

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

Section 712(h): Administration

The State agency shall require the Office to:

(1) prepare an annual report:

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

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

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

(D) containing recommendations for:

(i) improving quality of the care and life of the residents; and

(ii) protecting the health, safety, welfare, and rights of the residents;

(E) (i) analyzing the success of the program including success in providing services to residents of board and care facilities and other similar adult care facilities; and

(ii) identifying barriers that prevent the optimal operation of the program; and

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

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

(3) (A) provide such information as the Office determines to be necessary to public and private agencies, legislators, and other persons, regarding:

(i) the problems and concerns of older individuals residing in long-term care facilities; and

(ii) recommendations related to the problems and concerns.

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

Section 712(f): Conflict of Interest

The State agency shall:

(1) ensure that no individual, or member of the immediate family of an individual, involved in the designation of the Ombudsman (whether by appointment or otherwise) or the designation of an entity designated under subsection (a)(5), is subject to a conflict of interest;

(2) ensure that no officer or employee of the Office, representative of a local Ombudsman entity, or member of the immediate family of the officer, employee, or representative, is subject to a conflict of interest;

(3) ensure that the Ombudsman:

(A) does not have a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service;

(B) does not have an ownership or investment interest (represented by equity, debt, or other

financial relationship) in a long-term care facility or a long-term care service;

(C) is not employed by, or participating in the management of, a long-term care facility; and

(D) does not receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility; and

(4) establish, and specify in writing, mechanisms to identify and remove conflicts of interest referred to in paragraphs (1) and (2), and to identify and eliminate the relationships described in subparagraphs (A) through (D) of paragraph (3), including such mechanisms as:

(A) the methods by which the State agency will examine individuals, and immediate family members, to identify the conflicts; and

(B) the actions that the State agency will require the individuals and such family members to take to remove such conflicts.

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

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

Section 712(j): Noninterference

The State must:

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

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

Will you assure that your agency will not interfere with the official functions of ombudsman representatives as defined in The Older Americans Act section 712 (a) (5) (B) and that representatives will be able to report any interference to the State?

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

Section 721(a): Establishment

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

Section 721(b)(1-2)

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

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

V. AREA PLAN PROGRAM OBJECTIVES

Supportive Services

Title III B Program Objective	Persons Served Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
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.	22	0	452	150
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.	1	0	10	100
Homemaker (1 hour): Provide assistance to persons having difficulty with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.	2	0	179	150
Chore (1 hour): Provide assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.	0	0	0	100
Adult Day Care/Adult Day Health (1 hour): Provision of personal care for dependent adults in a supervised, protective, congregate setting during some portion of a 24-hour day. Services offered in conjunction with adult day 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.	0	0	0	10
Assisted Transportation (1 one-way trip): Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.	184		4681	200
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.			13000	75

Legal Assistance (1 hour): Provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.			164	
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.			90	
Information and Assistance (1 contact): A service for older individuals that (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are 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.			19,000	
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.			14,500	

* Persons assessed and determined eligible for services

TITLE III C-1 Congregate Meals

Title III C-1 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Congregate Meals (1 meal): Provision to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting, a meal which: a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture; b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and, d) provides, if three meals are served, together, 100 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.	1,234	0	27,522	450
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.	14	0	171	200
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.			90	

* Persons assessed and determined eligible for services

TITLE III C-2 Home-Delivered Meals

Title III C-2 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Assessment/Screening (1 Hour): Administering standard examinations, procedures or tests for the purpose of gathering information about a client to determine need and/or eligibility for services. Routine health screening (blood pressure, hearing, vision, diabetes) activities are included.			985	
Home-Delivered Meals (1 meal): Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which: a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; d) 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 cur-rent daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and 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.	697	0	83,870	150
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.	14	0	171	0

* Persons assessed and determined eligible for services

TITLE III D
Preventive Health

Title III D Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Evidence-based Health Prevention Programs Stepping On (Falls Prevention)	49		263	
CDSMP / Tomando / DSMP	67		248	
EnhanceFitness	86		3076	
Tai Chi for Arthritis and Falls Prevention	83		149	

* 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.	3000		4500
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.	220		925
Counseling/Support Groups/ Training: Estimate the number of individuals who will receive counseling/support groups/training.	70		600
Respite: Estimate the number of clients who will receive respite services using NFCS funds.	71		2225
Supplemental Services: Estimate the number of clients receiving supplemental caregiver services using NFCS funds.	10		71

* 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	Mission / Purpose	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
IIB Supportive Services & local funding					
Telephone Reassurance Advocacy Counseling/Support/Training Diagnosis Education/Training	D F E, C, B			956 3,499 397 87 26,930	
Friendly Visiting/Socialization Information and Assistance Participation	D			70,895 14,737 48,813	
Recreation Shopping Supervision	A, B, D A, B, D, E			37,345 256 5,792	
Physical Activity Education/Training Assessment	B, D				
VD-HCBS (Veteran's Admin)	**A,B,D,E, F**	15		180	

* Persons assessed and determined eligible for services

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

Mission/Purpose Codes:

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

STATE-FUNDED PROGRAMS

Service Code	Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Number of Persons Not Served
ALM	**Home and Community-based Alternatives Program:**** Service designed to prevent premature or inappropriate admission to nursing homes, including program administration, client assessment, client case management, and home- and community-based services provided to clients.	144 3928 units	16	180
RVP	**Volunteer:** Trained individuals who volunteer in the Retired Senior Volunteer Program, Foster Grandparent Program, and Senior Companion Program.	330		

* 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.	23 684 units	9	

* Persons assessed and determined eligible for services

VI. REAFFIRMATION OR AMENDMENTS TO THE FOUR-YEAR PLAN

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

1. PRIORITY OF SERVICES

Supportive Services
- Senior Centers
- Transportation
- Volunteer opportunities for individual engagement and purpose

Nutrition Services

Caregiver Support
- Education, classes, and training
- Information, Access, Outreach
- Case Management and Respite Care

Elder Justice
- CAPE, community awareness

Health & Wellness
- Evidence-based health prevention programs

2. SERVICE PROVIDERS

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

PROVIDER NAME	GOODS/SERVICE(S)	AGREEMENT TYPE
Utah Legal Services	Legal Services	Contract
Trinity Services Group	Congregate & Homebound Meals	Contract
Amerisource Bergen	Liquid Supplement/Boost	Contract
Carpenter Paper	Paper Products for Meals	Contract
1st Alert	PERS	Contract
Alert Utah	PERS	Contract
Applegate Home Health Care/Hospice	Homemaker/PCA	Contract
Acumen Fiscal Agent	Fiscal Services	Contract
All Calls Medical	PERS	Contract
At Home Services	Homemaker	Contract
ADT	PERS	Contract
Brightworks Cottage	Daycare	Contract
Community Nursing Home Health	Homemaker/PCA	Contract
Caregiver Support Network	Homemaker/Chore	Contract
Country Niche Adult Day Care	Day Care	Contract
Connect America	PERS	Contract
Canyon HHC	Homemaker/PCA	Contract
Comfort Keepers	Homemaker/PCA	Contract
Dignity HHC	Homemaker/PCA	Contract
Everest Home Health Care	Homemaker/PCA	Contract
Home Instead Senior Care	Homemaker/PCA	Contract
Homewatch Caregivers	Homemaker/PCA	Contract
Legacy House of Bountiful	Respite/LTC Facility	Contract
LiveLife Alarm	DME	Contract
MedSource	DME	Contract
Medscope	PERS	Contract
Pioneer Medical	PERS	Contract
Pur Foods/Moms Meals	HDM	Contract
Red Rock	Homemaker/PCA	Contract
Rescue Alert	PERS	Contract
Rocky Mtn Care Clfd	Respite/LTC Facility	Contract
Right at Home	Homemaker/PCA	Contract
South Davis Home Care	Homemaker	Contract
Suzy's Senior Companionship	Homemaker/PCA	Contract
Tender Personal Care	Homemaker	Contract
Wasatch Home Helpers	Homemaker/PCA	Contract
Welcome Home	ALF/Respite	Contract

3. DIRECT SERVICE WAIVERS

The State Plan shall provide that no supportive services, nutrition services, or in-home services (as defined in section 342[I]) 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.

Nutrition (Congregate and Home Delivered Meals)

We provide congregate and home delivered meals through three (3) senior centers, one community center, and to seniors who are homebound. There are no other providers of home delivered meals on a broad scale within the PSA. There are no other potential providers of community/congregate meals within Davis County. No one else in the county operates nutrition services in senior centers or is a potential provider of home delivered meals. Selected through a competitive bidding process, we contract with an outside provider, Trinity Services Group, for food preparation, including menu development, purchasing, cooking, and packaging meals. Volunteers and staff deliver to homebound qualified individuals and serve meals at the senior centers.

Health and Wellness – Health Prevention Services (IIID, Evidence-based)

Senior Services and the Health Department provide multiple evidence based classes and programs. Funding sources include OAA, ACL Discretionary grants, and substantial local tax dollars. Staff and volunteers teach the courses. Payment is not required to attend, although a suggested client contribution amount is provided.

Transportation

Accessible transportation for older adults in Davis County remains challenging. Handi-Trans provides limited services in the county, and the qualification process is cumbersome and difficult for seniors to complete without assistance. The department has tried other avenues to provide transportation, such as calling upon family, church members, friends and neighbors, but these means have proven unsatisfactory. The AAA provides limited transportation to non-emergency healthcare appointments within the PSA. Additionally, through a collaborative FTA 5310 grant, four agencies provide transportation vouchers, reimbursing volunteer drivers taking individuals to needed medical appoints. Senior Services offers transportation to, from centers, and to grocery stores twice weekly. The agency remains an active participant with the area Mobility Council, organized under the Wasatch Front Regional Transportation Council, to coordinate, align, and increase transportation access for seniors and adults with disabilities.

Case Management

We provide IIIB and caregiver case management 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 requiring the provision of services by formal service providers. Contracted organizations provide the designated formal service, eliminating any potential conflict of interest.

4. PRIORITY SERVICE WAIVER

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

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

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

SERVICE CATEGORY	DESCRIPTION OF REASON FOR THE WAIVER
Access:	Not applicable
In-Home:	Not applicable
Legal Assistance:	Not applicable

5. ADVISORY COUNCIL

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

Council Composition	**Number of Members**
60+ Individuals	6
60+ Minority Individuals	2
60+ Residing in Rural Areas	0
Representatives of Older Individuals	10
Local Elected Officials	1
Representatives of Providers of Health Care (including Veterans Health Care if applicable)	2
Representatives of Supportive Services Provider Organizations	6
Persons With Leadership Experience in the Voluntary and Private Sectors	8
General Public	9
Veteran	2
Total Number of Members (May not equal sum of numbers for each category)	11

Name and address of chairperson:
Ralph Vaughan, Davis County Senior Services, PO Box 618, Farmington, UT 84025

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

Davis County Health Department
Senior Services Advisory Council
2019 Meeting Schedule

Davis County Health Department
22 South State Street
Board Room
Clearfield, UT 84015

Held on the 3rd Friday every other month
Time: 10:30 am- 12:00 pm

February 15, 2019
April 19, 2019
June 21, 2019
August 16, 2019
October 18, 2019
December 20, 2019

VII. POPULATION ESTIMATES

Population Group	Number*	Number Served in Planning and Service Area	Estimate of People Needing Services
Age 60+	49,383	11,500	40,000
Age 65+	34,226	6,500	26,000
Minority Age 65+ (estimate)	3030	600	2700

*Population data from American FactFinder, 2017 Utah population by county.

VIII. SPECIFIC QUESTIONS ON PROGRAM ACTIVITIES

Appendix A

Senior Services 2018 Annual Report

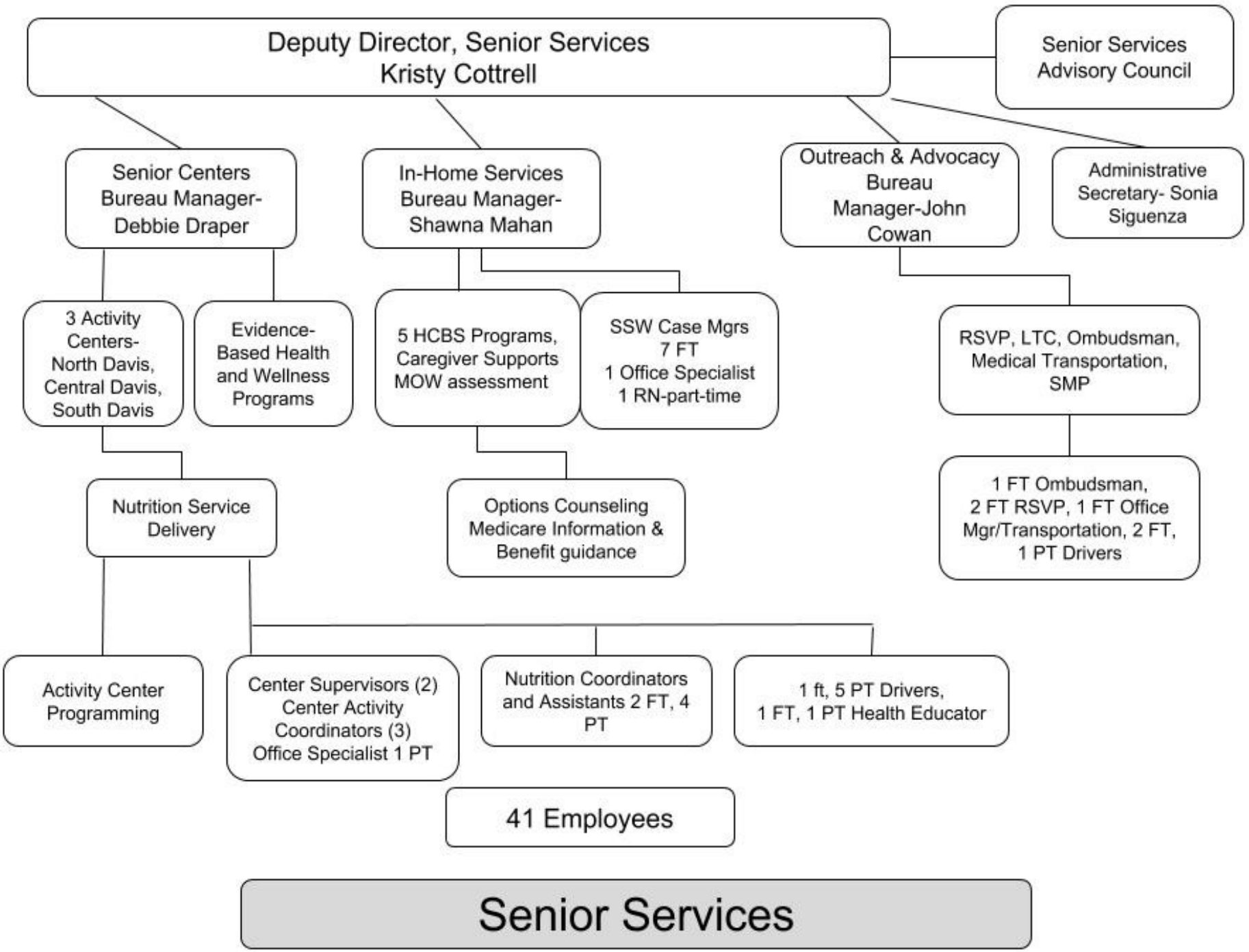
SENIOR SERVICES

AN AREA AGENCY ON AGING



2018 ANNUAL REPORT

Davis COUNTY


Deputy Director, Senior Services
Kristy Cottrell
Senior Services Advisory Council
Senior Centers Bureau Manager- Debbie Draper
In-Home Services Bureau Manager- Shawna Mahan
Outreach & Advocacy Bureau Manager-John Cowan
Administrative Secretary- Sonia Siguenza
3 Activity Centers- North Davis, Central Davis, South Davis
Evidence-Based Health and Wellness Programs
5 HCBS Programs, Caregiver Supports MOW assessment
SSW Case Mgrs 7 FT 1 Office Specialist 1 RN-part-time
RSVP, LTC, Ombudsman, Medical Transportation, SMP
Nutrition Service Delivery
Options Counseling Medicare Information & Benefit guidance
1 FT Ombudsman, 2 FT RSVP, 1 FT Office Mgr/Transportation, 2 FT, 1 PT Drivers
Activity Center Programming
Center Supervisors (2) Center Activity Coordinators (3) Office Specialist 1 PT
Nutrition Coordinators and Assistants 2 FT, 4 PT
1 ft, 5 PT Drivers, 1 FT, 1 PT Health Educator
41 Employees
Senior Services

Nutrition Services
Meals on Wheels & Senior Centers

111,392 meals
1/3 daily nutrition

Senior Centers

27,522 meals

Providing
- Socialization
- Recreational And
- Learning opportunities

Meals on Wheels

83,870 meals

Delivering more than a meal!

We provide crucial socialization and safety checks too

Meals on Wheels

1 Volunteer Army

700 Homebound Seniors

~ 360 Meals Daily

9 Delivery Routes

3 Senior Centers

South Davis - Central Davis - North Davis

This core Older Americans Act program provides nutrition services through Meals on Wheels and community meals at area senior centers. Clients receiving MOW must be homebound.

Senior Services staff conduct initial and annual in-home assessments, determining nutritional risk and functional level of "activities of daily living" (ADL) and "instrumental activities of daily living" (IADL). Assessment results are used to develop a person-centered plan to maintain independence and community living. Both services ask for a suggested contribution for meals. Services are provided regardless of ability to pay.



2018	MOW	Senior Centers
Total Unduplicated	697	1231
High Nutritional Risk	66.30%	16.70%
Suggested Contribution	$3.50	$3.00
Total Senior Contributions	$115,782.32	$31,019.46
Total Expenditures	597,941.92	598.215
Federal/State Funds	435,567.00	283,347.00

Caregiver Support

Options Counseling, includes information and resources to caregivers in gaining access to services

Case Management, Respite Care, & limited supplemental services

Caregiver education classes and training

Dementia Dialogues



The Caregiver program supports family and informal caregivers in their efforts to care for their loved ones at home for as long as possible. Davis County Senior Services works in conjunction with other state and community-based services to provide a coordinated set of supports. Studies have shown that these services can reduce caregiver depression, anxiety, and stress as well as enable caregivers to provide care longer, thereby avoiding or delaying the need for costly institutional care.

Eligible Program Participants

- Adult family members or other informal caregivers age 18 ± providing care to individuals 60 years of age and older
- Adult family members or other informal caregivers age 18 ± providing care to individuals of any age with Alzheimer's disease and related disorders
- Older relatives (not parents) age 55± providing care to children under the age of 18; and
- Older relatives, including parents, age 55± providing care to adults ages 18-59 with disabilities

Family caregivers present their unique needs and preferences for the types of programs and services they wish to receive at any given point in time. Senior Services case managers utilize a person-centered approach to support the caregiver and care receiver.

- 4,142 Caregivers received information about the types of supports and services available in the community
- 5,624 Caregiver newsletters were sent out monthly by mail and email to Caregivers.
- 120 Caregivers received guidance and support to access services.
- 88 Caregivers enrolled and received case management, care planning, and coordination to access supports and services.
  - 70 received respite care
  - 69 received limited supplemental services

Implemented and Redesigned education and support classes offered through the new caregiver Academy & Dementia Dialogues classes. Provided a total of 195 service units.

Program funding includes client contributions, local, state, and federal monies, 2018 expenditures totaled $180,915.



Supportive Services

Finding Options

Information and Referral/Assistance

Transportation

Case Management/Coordination

In-home Services

Include homemaker, chore, personal care

Legal Services

Insurance Counseling (Medicare, Medicaid, Fraud)



In-home Services Bureau

Provides case management, person-centered planning, and arranging home and community based services (HCBS), also known as long-term supports and services (LTSS), for 5 distinct programs with similar aims, keeping people at home, in the community, in the least restrictive environment for as long as possible.

Alternatives

This HCBS program provides case management and in-home services for low-income seniors and adults with disabilities who are at risk of placement into facility based long-term care. The vast majority of participants are seniors, although the program may use up to 10% of state funding to serve at risk adults under age 60. Funding sources: state, local, client fees.

Medicaid Aging Waiver

Seniors age 65+ meeting nursing home admission criteria, Medicaid income guidelines, and desire to age at home can receive services through this program. Case managers arrange in-home supportive services that allow the adult to live safely at home.

New Choices Waiver

Medicaid eligible residents in skilled nursing facilities can receive case management and LTSS that allow them to move into a less restrictive environment, at home in the community, or assisted living. Serves eligible adults of all ages.

Veteran Directed Home & Community Based Services (VD-HCBS)

Veterans meeting nursing home facility admission receive person centered case management to help them direct, hire, and employ personal care assistance allowing them to remain at home. Serves eligible veterans of all ages.



Supportive Services

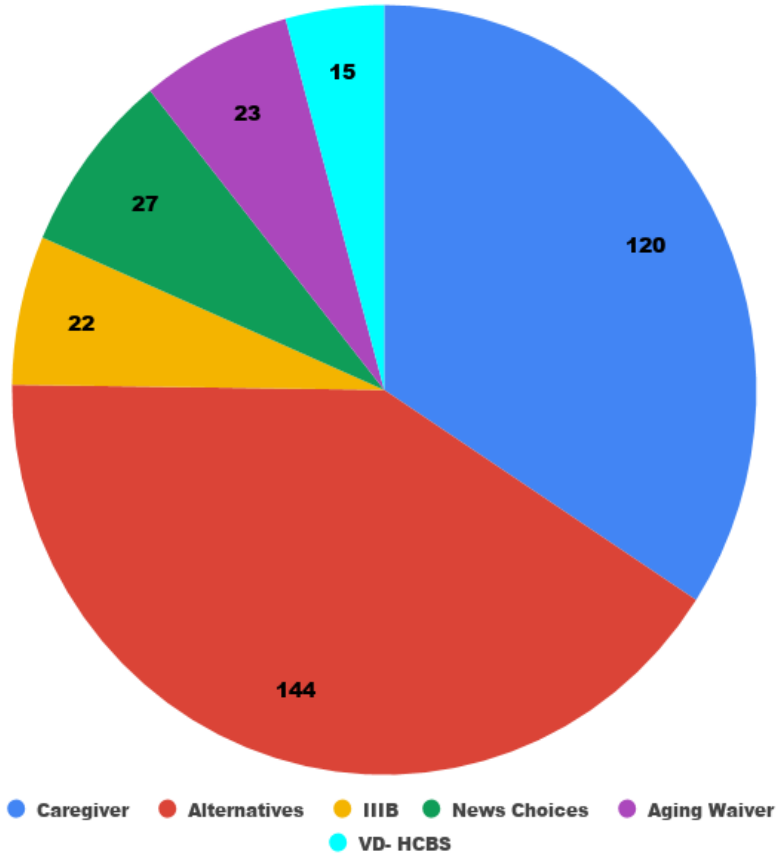
Helping older adults and their caregivers learn about and access the many options available to maintain living at home and in the community is a critical function of Senior Services staff and volunteers. The **In-home Services Bureau** assigns at least one case manager to assist via telephone and in-person every day. We provide connections to trustworthy local support resources, linking those who need assistance with local agencies and community-based organizations that serve older adults and their caregivers. Whether help is needed with services such as meals, home care or transportation, or a caregiver needs training and education or a well-deserved break from caregiving responsibilities, Senior Services is there to point that person in the right direction

Legal Assistance

Davis County Senior Services helped 164 older adults or their caregivers access legal assistance in 2018. Services are provided through contract and volunteer attorneys.



2018 Unduplicated Clients
Case Management & In-home Services



COMMUNITY PROVIDERS

Senior Services contracts with community organizations, both private and non-profit to provide respite care and in-home supports and services.



Supportive Services

The Outreach & Advocacy Bureau offers one-on-one assistance to assist older adults and people with disabilities select the best transportation options to meet their needs and use the transportation options available in the community.



Transportation Stories

This year saw tremendous growth for the Senior Medical Transportation program. Additional volunteer drivers were added which made it possible for more medical transportation trips to be provided to older adults in need. 2,451 more trips were provided in 2018 as compared to 2017. The UTA Voucher program, which allows older adults to reimburse self-selected drivers, grew 63% over last year.

SENIOR TRANSPORTATION 2018 AT-A-GLANCE

9 Vehicles

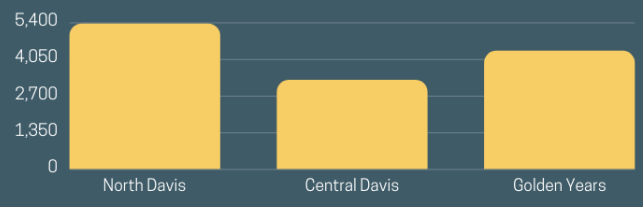
9 Paid Staff
2 Volunteers New!

12,987
one-way trips provided to and from Senior Activity Centers

4,367
one-way trips provided to non-emergency medical appointments - a 128% increase

588
vouchers issued as part of the UTA Voucher Program - a 63% increase

SENIOR ACTIVITY CENTER TRIPS



Senior Activity Centers provide transportation to and from all 3 centers Monday-Friday and offer a variety of trips that include: grocery shopping, community events, scenic tours, day trips, and lunch outings.

Senior Activity Centers



- Nutrition
- Health & Wellness exercise, screenings, evidence-based classes
- Education
- Transportation
- Finding Options
- Activities
- Socialization
- Insurance Counseling
- Volunteer Opportunities





Health & Wellness

- Evidence-based prevention and health promotion programs
- In 2018, 110 individuals participated evidence-based programs at senior activity centers and community locations.
- Implemented Tai Chi for Arthritis for Fall Prevention in two senior centers



3 Senior Activity Centers

North Davis (Clearfield)

Central Davis (Kaysville

South Davis (Bountiful)

Providing focal points for comprehensive service delivery in the community. Outreach and recruitment efforts pay particular attention to older individuals with the greatest social need, including low-income, minorities, and individuals with disabilities. Activities and services include community dining for lunch, supportive services, transportation, recreational, educational, and physical activities, including evidence-based prevention and health promotion programs.



Living Well with Chronic Conditions

ENHANCE FITNESS®

Stepping On
Building Confidence and Reducing Falls

Senior Activity Centers

The value of volunteer time in Utah is **$24.39** per hour (2017, Independent Sector). During 2018, volunteers provided **28,186** hours of service at 3 Davis County Senior Centers, delivering meals, serving lunch, teaching classes, and assisting seniors. Volunteers remain the lifeblood of any senior center.



RSVP, one of the largest senior volunteer organizations in the nation, is a Senior Corp Program under the federal Corporation for National & Community Service. Senior Services received $175,000 in federal funds to recruit, retain, and place volunteers in community priority areas. Davis County places the majority of volunteers in the Healthy Futures area to meet needs identified by the DCHD Community Health Assessment.

DAVIS CO. RSVP

Connecting retired and senior volunteers age 55+ with the people and organizations that need them most.

On April 1, 2018 RSVP started a new 3-year grant cycle with updated targets and performance measures. To meet our goals, volunteers are placed at 41 stations across Davis County including food pantries, senior activity centers, hospitals, wilderness parks, schools, libraries, museums, and animal shelters.

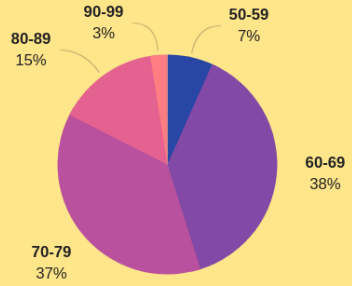
2018 ACCOMPLISHMENTS:

359 total RSVP volunteers have been recruited nearing the target of 375 volunteers

VOLUNTEERS

MONETARY VALUE $1,069,312

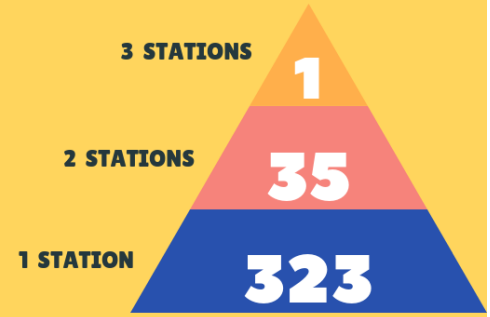
worth of service was provided in Davis County communities by RSVP Volunteers over the last 12 months totaling over 43,842 hours of service*



AGE BREAKDOWN OF VOLUNTEERS

Although the majority of RSVP volunteers are in their 60's and 70's, 63 volunteers are over the age of 80. Of these volunteers, 9 are age 90+.

OF VOLUNTEERS SERVING AT:



VOLUNTEER RECOGNITION

In September, RSVP Volunteer Grant Johnson received the *AARP 2018 Outstanding Utah Volunteer Award* for his service with the Coalition for Abuse Prevention of the Elderly (CAPE), and his tireless and passionate community outreach to educate older adults how to protect themselves from fraud and scams.



* The 2017 monetary value of volunteer time in Utah was $24.39 according to the Independent Sector.

Elder Rights

Long-term Care Ombudsman

Abuse & Prevention—Coalition for Abuse Prevention of the Elderly (CAPE)

Senior Medicare Patrol

CAPE

Strives to increase awareness, response, resources, and agency coordination to prevent and address situations of abuse, neglect, and financial exploitation of vulnerable adults. The coalition meets monthly to share enhance awareness of definitions, trends, and resources.

Coalition members represent a variety of sectors and backgrounds: Senior Services, Adult Protective Services, Law Enforcement, Banking and Financial Advisors, Elder Law, Davis Behavioral Health, Utah Attorney General's office of Medicaid Fraud, Volunteers, Victims.

LONG-TERM CARE OMBUDSMAN

Long-Term Care Ombudsmen are authorized by Federal and State laws to receive complaints, investigate those allegations, and then resolve them on behalf of residents of long-term care facilities (i.e. nursing homes and assisted living facilities). An ombudsman is an advocate for the resident.

2018 FFY Statistics

135 TOTAL NUMBER OF CASES



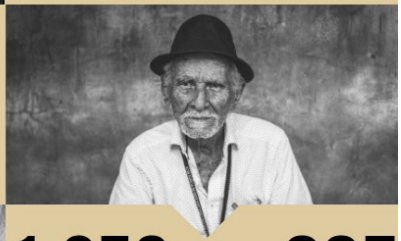


8 SKILLED NURSING

26 ASSISTED LIVING

 # OF LICENSED FACILITIES

203 TOTAL NUMBER OF COMPLAINTS





1,978 TOTAL EXISTING BEDS

335 NEW BEDS UNDER CONSTRUCTION

TOP 3 COMPLAINTS REPORTED

1. Equipment/Building
2. Discharge/Eviction
3. Care Plans & Resident Assesment/ Staff Failure to Respond to Residents