

Utah State Division of Aging and Adult Services

Annual Report

December 2003



**Offering Choices
for
Independence**



Photograph of seniors learning computers
at the division-sponsored Senior Technology
Showcase held November 21-22, 2003

2003 ANNUAL REPORT
(revised March 2004)
Utah State
Division of Aging and Adult Services

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Introduction

Older Americans Act

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

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

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

Other amendments passed in the 1970s established:

- the Senior Community Service Employment Program,
- awarded grants for low-income persons age 60 and over to work as senior companions,
- supplied surplus commodities to the nutrition program with assistance from the U. S. Department of Agriculture, and
- added a separate age discrimination act.

Amendments passed near the end of the decade established the Long-Term Care Ombudsman program providing professional and volunteer ombudsmen who assist older persons living in long-term care facilities. During the 1980s, enacted amendments required the Area Agencies on Aging to address the needs of older persons with limited ability to speak English, established a federal office for Native American, Alaskan Native, and Native Hawaiian programs and increased an emphasis on services to the low-income minority elderly.

The most recent reauthorization of the OAA occurred in 2000 and further enhanced and enriched the Act. The Act includes a new program, National Family Caregiver Support Program, designed to assist caregivers of frail elderly adults, and to a limited extent, grandparents raising grandchildren under the age of 18. The bill clarified the ability of Area Agencies on Aging to provide case management and information and referral services. The states must now assure that special needs of older individuals residing in rural areas will be taken into consideration and must describe how funds will be allocated to meet those needs. Also, the bill requires the Administration on Aging to develop, in collaboration with the aging network, a set of performance outcome measures for planning, managing and evaluating activities. The Division of Aging and Adult Services participated in the piloting of some of the proposed performance outcome measures.

Utah's Aging and Adult Services Program

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

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

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

Vision Statement

“Offering Choices For Independence”

Mission Statement

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

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

Guiding Principles

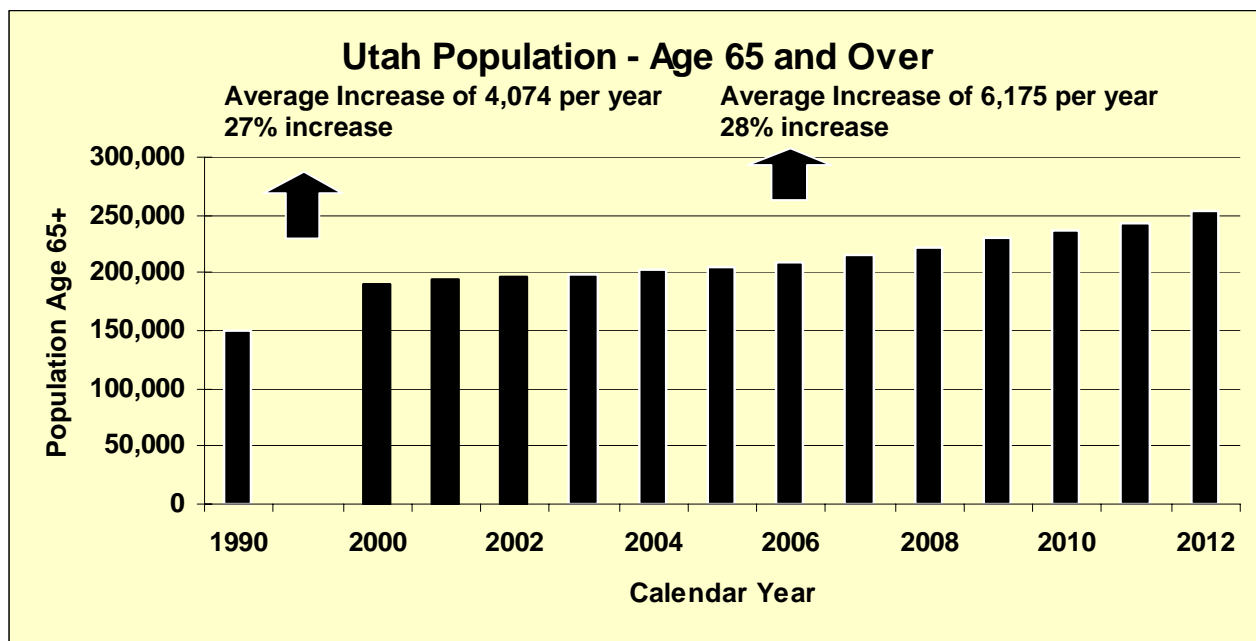
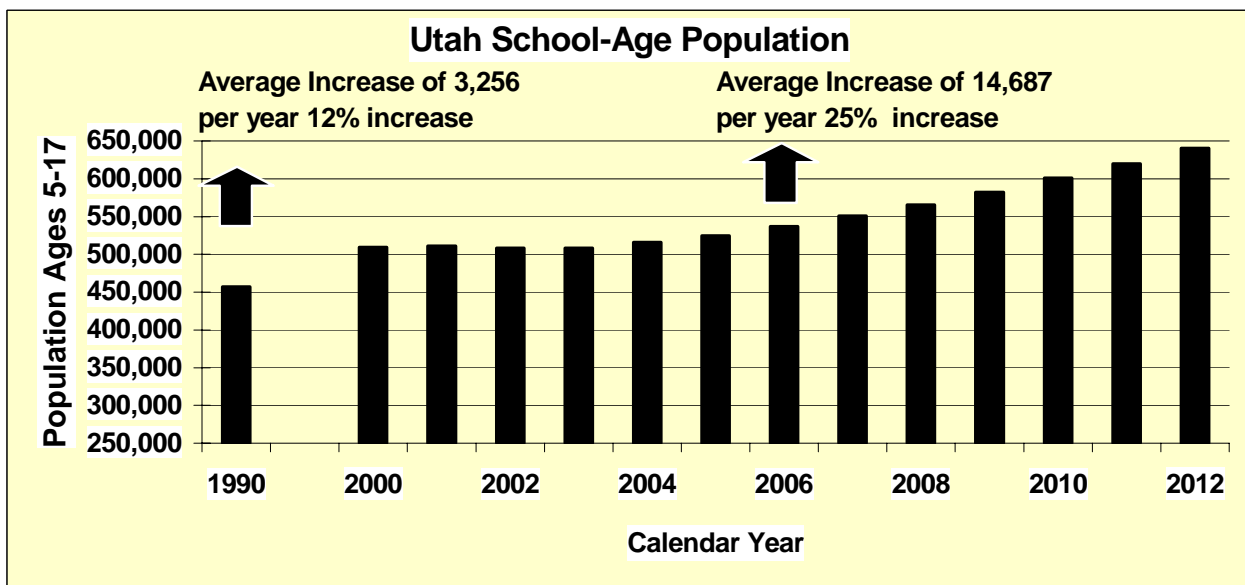
The Division of Aging and Adult Services believes that:

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

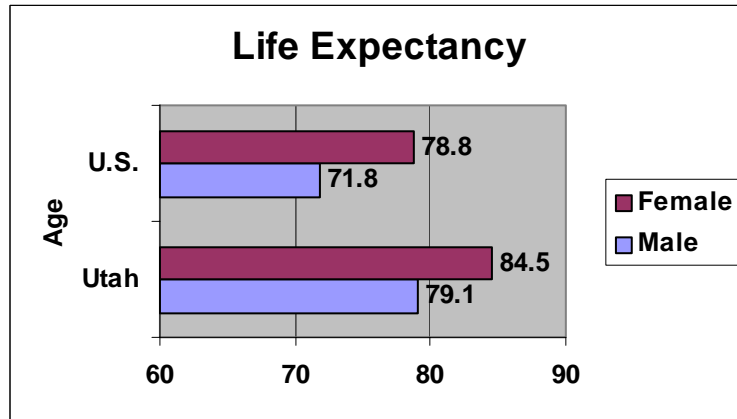
Issues and Challenges

Providing needed services to the senior population of Utah will become more challenging in the future due to increasing growth of this population. The U.S. Census Bureau predicts that the senior population in the U.S. will increase to 70.2 million by the year 2030, and that Utah's senior population (65 and older) will grow to 482,542 by the year 2030, for an increase of 165 percent from the year 2000.

Growth: While Utah is recognized as a State with a large young population, many are not aware that Utah also has one of the fastest growing older populations in the country. The following bar chart shows that Utah's school-age population will increase dramatically over the next 10 years, demonstrating a 25 percent increase. However, Utah's 65+ population will sustain a similar growth rate. In the past 10 years it increased 27 percent and the next 10 years it will increase by 28 percent.

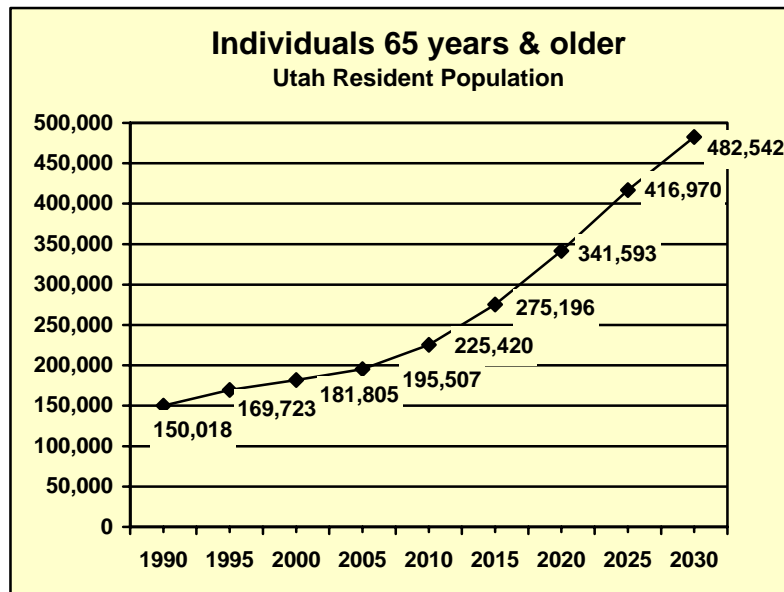


Utah continues as the nation's "youngest state." Its median age of 27 years is eight years younger than the U.S. median of 35. Despite its youthfulness, Utah's population is growing older and living longer. Utah's total population growth from 1990 to 2000 demonstrates that Utah was the **fourth fastest** growing state in the U.S. In addition, the 65+ population in Utah was the **sixth fastest** growing in the

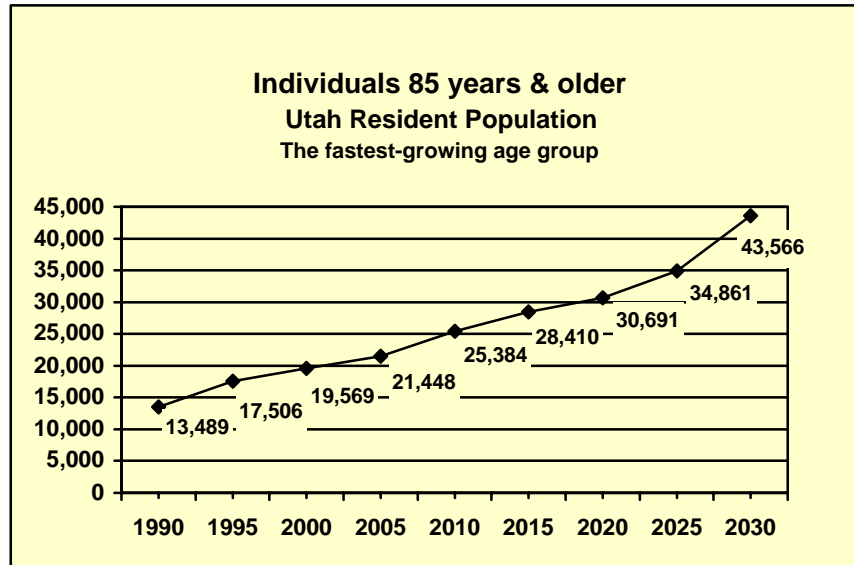


U.S. Utah is tied for second with Minnesota in longest life expectancy in the U.S. (Hawaii is first). Utah is also unique for having the lowest poverty rate for 65+ individuals in the country at only 5.1 percent. All of these factors result in a series of unique opportunities and challenges regarding the future of Utah's seniors. Demographic projections for the 65+ and 85+ populations in Utah highlight this unique growth.

The following charts show that Utah's 65+ population will increase by **165 percent** between 2000 and 2030. The actual population numbers are 181,805 in 2000 to an estimated 482,542 in 2030.



In addition, the 85+ population in Utah will increase by **123 percent** between 2000 and 2030. The actual population number is 19,569 in 2000 and is estimated to be 43,566 in 2030.



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

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

There is concern that the predicted growth of those needing services will overwhelm the existing programs and services that are currently being provided to Utah’s older citizens. There is a need to invest in planning and designing better ways to articulate the impact that the aging of Utah’s population will have upon the current service delivery systems, while at the same time maintaining a solid foundation of current services for existing individuals over the age of 65.

Needs Assessment Survey: During fiscal year 2002, the Division of Aging and Adult Services, in cooperation with the Area Agencies on Aging and Utah State University, conducted the first public statewide needs assessment survey of seniors since 1978. A specially developed survey questionnaire was sent to 6,000 randomly selected Utahns aged 55 and over. The names were selected from the pool of Utahns with driver licenses and those receiving services from the Medicare program. Of the 6,000 sampled, over 60 percent responded. The results of the survey were released in a series of volumes and widely distributed to, among others, the Area Agencies on Aging, the federal Administration on Aging, the Governor’s Office of Planning and Budget, the Legislative Fiscal Analyst’s Office, and the public media.

In addition to distributing copies of the survey results, presentations based upon the survey and emerging population information obtained during the 2000 census were made to many organizations including the Legislative Health and Human Services Committee, the Utah Gerontological Society and a special presentation by the executive director of the Department of Human Resources to the Governor’s Cabinet.

Connecting Seniors Project: The Division’s Connecting Seniors Project was initiated as part of the Governor’s 1,000-day Initiative. The project’s primary objective is to enhance the lifestyle of Utah’s citizens by providing a vehicle through which more seniors could and would take advantage of the resources offered on the Internet. The scope of this project has included technical assistance, computer

training and awareness, and internet-accessible sites (central locations where seniors can access internet resources). The agency has focused on rural areas of the state to bring seniors this technology. The most visible accomplishments of this project so far have included:

1. Sponsoring the Senior Technology Showcase at the South Towne Exposition Center in Sandy. The event attracted over 2,200 seniors and 65 vendors;
2. Providing Internet access for those living at the Delta Sands senior apartments in Delta, as well as in Senior Centers in the cities of Payson and Tremonton.

Generous contributions from various private entities have contributed to the Connecting Seniors Project's success.

The Senior Technology Showcase is the first exposition dedicated to introducing seniors and their families to computer technology. A major emphasis of the Showcase was providing seniors with skills needed to safely use computers to continuously engage with their communities and families. Attendees were able to attend over 60 workshops on subjects ranging from basic introduction to computers to how to conduct one's banking, or register one's vehicle. In addition to the workshops, over 50 vendors, presenting the latest in computer technology, participated in the Showcase.

Outcome Measures Study: As part of a federal Administration on Aging (AoA) project, the Division of Aging and Adult Services (DAAS) collected information on client satisfaction with three different services provided to them with funding from the Older Americans Act. The three services were:

1. Home-delivered meals provided by Bear River AAA and Mountainland AAA,
2. Case management services provided by Bear River AAA and Southeastern AAA, and
3. Transportation services provided by San Juan County AAA.

Home-Delivered Meals: The home-delivered meal survey was handed to the client with the meal. Clients were to mail the survey back to the state agency. Approximately 50 percent of the surveys (from 358 clients) were returned for analysis. Results were summarized from the 11 survey questions.

Overall, clients are very satisfied with both the quality of the home-delivered meals and the number of meals received. Equally important, over 90 percent reported that their health was better because of the meal they received, and 83 percent reported that their sense of feeling safe had improved knowing that someone would be coming with a meal and visiting with them.

Case Management Services: Case management services are designed to help locate, coordinate and monitor necessary and appropriate services for the individual. The case management survey was mailed to each client receiving case management services during a specific time frame.

Approximately 73 percent of the surveys were returned for analysis. Results were summarized from the 13 questions in the survey.

One-hundred percent of the clients who responded reported that they were satisfied with case management services. The strongest response of 91.3 percent, showed that the case manager was kind and could be contacted by the client when needed. Approximately 83 percent of the respondents stated case managers do a good job setting up care. When asked if the case manager had failed to secure services, was rude, or was unwilling to be called to solve problems, none of the responses were negative.

Transportation Services: The transportation survey was conducted in one of the most rural areas of the state, with some clients living several miles from the nearest town or services such as senior centers. Surveys were mailed to most clients, with a Navajo-speaking interpreter interviewing Navajo clients. Approximately 55 percent of the surveys were returned for analysis.

Overall, clients were satisfied with the transportation services provided. The strongest responses of 92.1 percent, reported that drivers arrived as scheduled and passengers arrived at their destinations on time. Approximately 90 percent stated that they receive the number of rides they need and that drivers help passengers into and out of homes and the van. Clients (84 percent) responded that they get to the places they need/want to go and the drivers were polite.

When asked which activities clients were able to get to more often, approximately 66 percent of the respondents reported shopping, 58 percent social/recreational events, 47 percent senior center/lunch and about 32 percent listed the doctor/health care.

Health Care: Health care is the most significant issue facing Utah's senior citizens. The number of seniors who are 85 years of age and older is growing rapidly and is expected to number 43,566 individuals by 2030. This is a 123 percent increase in 85+ population from the current year. A majority of these individuals have chronic illnesses and disabilities that affect their daily activities. As seniors become frailer, they require more intensive services. The national prediction is that the number of seniors needing assistance with basic tasks will double between 1990 and 2030. More options should be available to these individuals to enable them to remain in their homes and communities. Medicaid and Medicare programs assist these individuals, but the challenges associated with adequate funding continues. The aging network of professionals hopes to enhance quality of life and significantly address budgetary concerns by supporting seniors in their home and community and preventing premature institutionalization. This is accomplished through providing home health care, home-delivered meals, and other supportive services.

Studies of the hospitalization trends, patterns, and experiences of older adults are an important element in determining the impact of older adults on health care resources, the adequacy and accessibility to health care, as well as the cost and quality of the health care they receive. In a report "Hospitalizations Among Older Adult Utahns" the Utah Department of Health reports that the number of annual hospital discharges involving older adults increased by more than one-quarter from nearly 38,000 in 1992 to more than 48,000 in 1998. Coronary atherosclerosis and other heart disease and pneumonia accounted for the most frequent health problems. Over three of five hospital discharges among older adults involved a procedure. Coronary artery bypass surgery was listed as the primary procedure that had the longest average length of stay, the highest mean hospital charges, and the highest rate of in-hospital mortality. With the high costs of health care, it is increasingly important to help seniors maintain their health and educate them about programs that promote a healthy lifestyle.

Wellness Activities: Quality lifestyles are essential. The Division, in cooperation with the Utah Department of Health, is promoting "step it up for health sake" to increase physical activity in health promotion. This program encourages adults in their 60s and younger to adopt walking more steps, up to 10,000 per day. The Division is a member of the Utah State Council on Health and Physical Activity, a group representing aging, health, community agencies and advocates. The Council's mission is to identify strategies for meeting the health, nutrition, and aerobic and strength training activities in ways that encourage independence and individual choice.

Another concern is the management of prescription drugs by the elderly population. While people 65 and older represent less than 13 percent of the population, they consume one-third of all prescription drugs and 50 percent of all over-the-counter drugs and herbal products. Utah's aging population has a greater number of chronic illnesses that increase in severity as time progresses requiring even more drug therapy. Physicians, pharmacists, and other health professionals need to talk to seniors about the medications they are taking and give them the appropriate information when new medications are prescribed. This includes dosages, how and when to take the medication, duration of therapy, how to know if the drug is relieving the symptoms or exhibiting side effects and what to do if problems occur.

The Division, in cooperation with the Area Agencies on Aging, the Utah Medical Association Foundation and a number of pharmaceutical companies, developed a "medication checkbook" that provides seniors with a place to record the medications they are taking. Television and radio spots were produced to advise seniors about the availability of the checkbooks, and the "Check Your Health" web site was modified to provide opportunity for seniors to request the checkbook online. Over 40,000 checkbooks have been distributed to seniors, many through senior centers, hospital outpatient clinics, and physician offices.

Transportation: One of the most frequently mentioned needs of elderly seniors, who are trying to remain independent, is the availability of a reliable and accessible source of transportation. Circumstances change as people age, either by choice, environment or ability. Some become unable to transport themselves to places for critically needed services. Social commitments and family obligations still remain an important aspect of a person's overall physical and mental well-being. Public transportation is often restricted to the urban areas of the state and is mostly directed to the needs of younger employed populations. Special transportation services provided for those with functional limitations have restrictive qualifying criteria and require paperwork to access and schedule service.

The transportation program offered through Area Agencies on Aging suffers from a lack of adequate vehicles, trained staff and drivers, funds for insurance, gasoline, maintenance and frequency of trips, and accessibility. Transportation for medical appointments, shopping and other normal functions of independent living are often restricted to those seniors in greatest need. Lack of adequate transportation can lead to social isolation and may result in depression and the need for medical attention. The current transportation service delivery system is not meeting today's needs nor is it equipped to meet the increased needs of a rapidly growing elderly population which will double in size in the next 20 years.

Housing: One of the most frequently stated desires of people as they age is the ability to reside in their own homes. It is estimated that approximately 90 percent of seniors over the age of 65 reside in their own homes. Many of these seniors, however, have one or more multiple functional limitations of daily living that necessitate a physical modification in the home to support their continued residence. More assistive devices and home modifications are needed to provide a safe environment, when it is medically feasible and safe for the senior to stay at home. In addition, access to an array of supportive services including home-delivered meals, homemaker chores, and personal care are needed to allow them to remain at home.

For those seniors who are not physically able to remain in their own homes, alternative living arrangements including group homes, supportive boarding homes and assisted living facilities are preferred and are more economical than being cared for in a traditional nursing facility. Unfortunately, such alternative group living arrangements are either too costly for a significant number of seniors, not in accordance with prevailing zoning or state rules, or not available within the community. Keeping

seniors at home and in the community requires affordable and adequate housing as well as creative types of housing for seniors who are not able to remain in traditional living facilities.

Employment: Many seniors are delaying the time when they will enter the retirement arena. For some seniors it is necessary to continue working or to find work to enable them to meet expenses. The Senior Community Service Employment Program (SCSEP) provides a minimum wage and training for low-income seniors to learn new skills, thus helping them become more employable. Senior workers are a valuable asset to any company. Employment provides motivation to maintain social contacts and to stay involved in meaningful activities.

Information/Referral - Access to Information: The lack of current, comprehensive and easily accessed information about services can effectively deny a senior the opportunity to remain independent. While many entities purport to have information services available, there is no single source where a person may seek information about aging network services. Too often a senior citizen and/or a family member seeks assistance when a crisis occurs and immediate help is needed. Lack of a single entity that can either provide the information requested or know where the information can be obtained often results in either no help being provided or a senior unnecessarily being placed in an overly restrictive setting. Current information systems need to be expanded and linked to other information centers, forming an information repository that can be easily accessed by the public. The Division is working on the development of a senior-friendly web site that will enable seniors to utilize the Internet to gain access to information and to connect with needed services and to communicate electronically with family and friends. In addition, the Division is a member of the "Real Choice" grant committee that is working on the development of an information system that will provide Utahns with a no-wrong-door approach to obtaining information about available social services.

Long-Term Care Solutions: While every effort is made in assisting seniors to remain independent, the Division recognizes that some will require care in a long-term setting. Attention needs to be given, however, to ensure that such care is provided in the least restrictive environment and for the shortest period of time. The Division has been a participant in the Utah Health Policy Commission's Long-Term Care Technical Advisory Group. Recommendations developed by the group include ideas for cost sharing, education and information, prevention efforts, and respect for the individual. In addition, the Division continues to be an active participant in the Olmstead Planning Committee that is working on the development of a plan to insure that Utahns are offered opportunities for care in the least restrictive environment.

Long-Term Care Ombudsman Program: Many programs, including the Medicaid Home and Community-Based Waiver Program and the Alternatives Program, provide alternatives to nursing home placement. However, over 10,000 Utahns live in skilled nursing facilities, assisted living facilities or other long-term care settings. For many individuals who have dementia, Parkinson's disease, heart disease or a combination of conditions, these facilities are the only alternative. The Long-Term Care Ombudsman Program acts solely on behalf of frail elderly residents who live in these facilities. The LTC Ombudsmen strive to solve problems and resolve complaints to increase the quality of life for the residents. They advocate for and protect the rights of this vulnerable population.

There has been a great increase in the number of assisted living facilities being built in the past decade. On the Wasatch Front it is becoming more and more difficult for ombudsmen to make regular visits to all the facilities, conduct community education, and participate in resident councils. Complaint investigations seem to demand most of the program's resources. In FY 2002, approximately 3,782 complaints were registered with the ombudsman program statewide. This is a 344 percent increase

since 1993, yet the funding for ombudsman staffing has not increased. The challenge is to complete all investigations without allowing this process to consume the entire program. Developing working relationships with facilities and residents through training and regular visits has suffered with this increased complaint load. More systemic and prevention advocacy is essential to a good program. This includes educating the public, monitoring regulators and working to improve oversight, supporting legislation, and other interventions that enhance the overall quality of care in nursing homes and other long-term care facilities.

National Family Caregiver Support Program: The enactment of the Older Americans Act Amendments of 2000 (Public Law 106-501) established an important new program, the National Family Caregiver Support Program (NFCSP). The program was developed by the Administration on Aging (AoA) of the U.S. Department of Health and Human Services. It was modeled in large part after successful programs in states such as California, New Jersey, Wisconsin and Pennsylvania, and after listening to the needs expressed by hundreds of family caregivers in discussions held across the country.

The Utah Family Caregiver Support Program (UFCSP) received a congressional allocation of \$573,563 in FY 2001; \$658,988 in FY 2002; and \$721,945 in FY 2003. Most funds are allocated to states through a congressionally mandated formula that is based on a proportionate share of the 70+ population. The program calls for all states, working in partnership with local Area Agencies on Aging (AAA) and faith-based and community service providers and tribes to offer five direct services that best meet the range of caregivers' needs, including:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to supportive services;
- Individual counseling, organization of support groups, and caregiver training to assist caregivers in making decisions and solving problems relating to their roles;
- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

Eligible populations have been identified as family caregivers of older adults (age 60 years and older); and grandparents and relative caregivers of children not more than 18 years of age (including grandparents who are sole caregivers of grandchildren and those individuals who are affected by mental retardation or who have developmental disabilities).

States are required to give priority consideration to: 1) persons in greatest social and economic need (with particular attention to low-income, minority individuals); and 2) older individuals providing care and support to persons with mental retardation and related developmental disabilities.

In cooperation with Area Agencies on Aging, Utah has passed new administrative rules to help define the way the Utah Family Caregiver Support Program will operate across the state. Caregiver support programs have grown from just providing respite care to offering a full array of services to help those who are currently caregivers. Through its many partnerships, the Division is able to disseminate important information about resources and services to the community in order to prepare them for future caregiving responsibilities.

The following are some examples of activities throughout the state:

- Weber AAA purchased advertising space at the local theaters to promote their caregiver support program and services;
- Five-County AAA has developed a resource center and lending library for caregiver support information and has done a preliminary needs assessment survey to determine the needs of caregivers in their planning and service area;
- Bear River AAA has partnered with Utah State University to do informal focus groups to determine the caregiver needs in their area. Also, all caregivers receiving services from the AAA receive a monthly newsletter to keep them informed and connected to the current activities.

The Utah Coalition for Caregiver Support has brought together over 30 partner organizations that are committed to working towards a better world for caregivers. The Coalition has several accomplishments to its credit:

1. A searchable calendar of events that is a centralized place for Utahns to learn about conferences, workshops, classes, groups and other activities across the state that are related to the needs of caregivers. The calendar can be accessed at www.caregiversevents.utah.gov.
2. A booklet "Family Caregiving in Utah" is a resource guide for caregivers and is the result of the collaboration of coalition members, most notably AARP. Requests for the booklet may be made by calling (801) 538-3910.
3. Collaboration with The Arc of the U. S. to host a conference on bringing the aging network and the disabilities network together to learn about each other's network and share resources.
4. A training from the AARP Foundation to assist the coalition membership in strengthening the work they do.

State Four Year Plan – Fiscal Years 2004 – 2007: During this past year the Division completed a four-year plan in order to receive funding from the Older Americans Act of 2000 and submitted this plan to the Administration on Aging (AoA) for approval. Utah's plan is for a four-year period spanning four consecutive federal fiscal years, beginning on October 1, 2003 of the first year and concluding on September 30, 2007 of the fourth year. The four year plan lists all necessary assurances contained in the Older Americans Act of 2000. It also includes a complete description of Utah's objectives with the specific tasks to complete the objectives.

Development of this plan is a cooperative effort involving more than the DAAS staff. It is the result of input from Utah's 12 Area Agencies on Aging, the State Board on Aging and Adult Services, the State Advisory Council, the general public, and other concerned agencies and organizations throughout the state.

The Division has received approval of the plan with compliments from AoA reviewers regarding how the plan was organized and written.

Organizational Structure

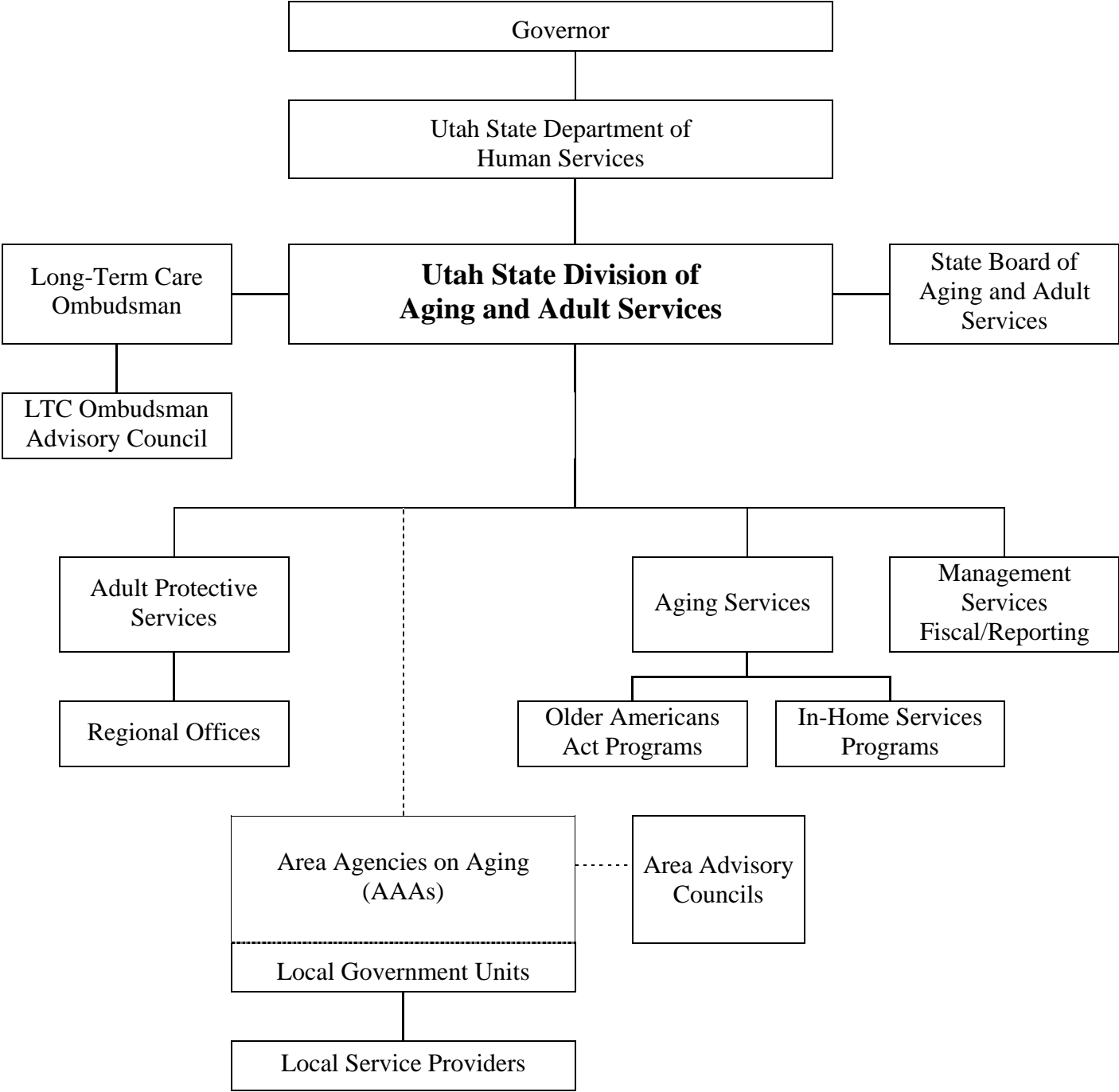
The Division has the responsibility to administer, deliver and monitor services to aging and vulnerable adult residents of Utah. To meet this responsibility, two program areas have been created: Aging Services, and Adult Protective Services.

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

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

Utah State Division of Aging and Adult Services

Organizational Chart



Administration

The Division receives policy direction from a seven-member Board of Aging and Adult Services appointed by the Governor and confirmed by the State Senate. The Utah State Advisory Council on Aging and Adult Services, composed of seniors and advocates for seniors, identifies and studies issues related to aging services, and reports its findings and recommendations to the Board and the Division. The Council is chartered by the Utah Association of Area Agencies on Aging.

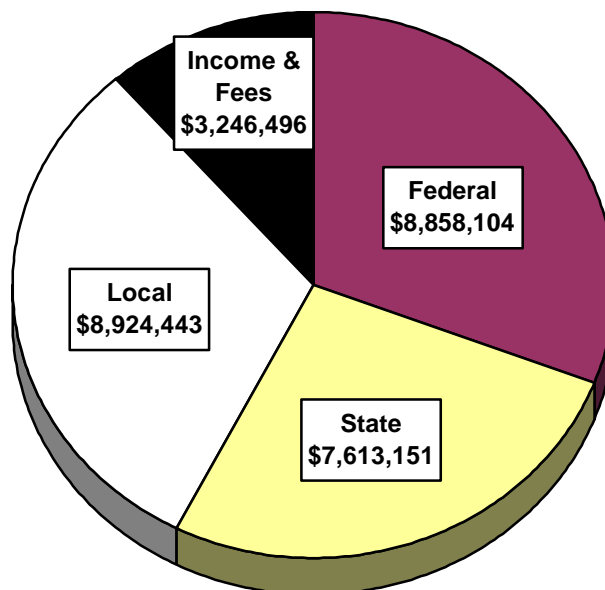
Service Delivery

I. Aging Services

The Division contracts with units of local government or Associations of Governments to operate Area Agencies on Aging (AAA). A funding formula is used to allocate funds to the AAAs, which are responsible for the planning, development and delivery of aging services throughout their geographic areas. The AAAs, in turn, contract with local service providers and/or provide services directly to meet the identified needs of their elderly population. The services available within a service area may include, but are not limited to, congregate and home-delivered meals, information and referral, volunteer opportunities, transportation, and a variety of in-home services including homemaker, personal care, home health care, and Medicaid Home and Community-Based Aging Waiver Services. Several other services are available as set by local priorities. A list of AAAs is located on page 31.

A. Funding Aging Services Programs

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



Source: Utah Division of Aging and Adult Services, December 2003 (Total: \$28,642,194)

B. Review of Aging Program FY 2003 Activities

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

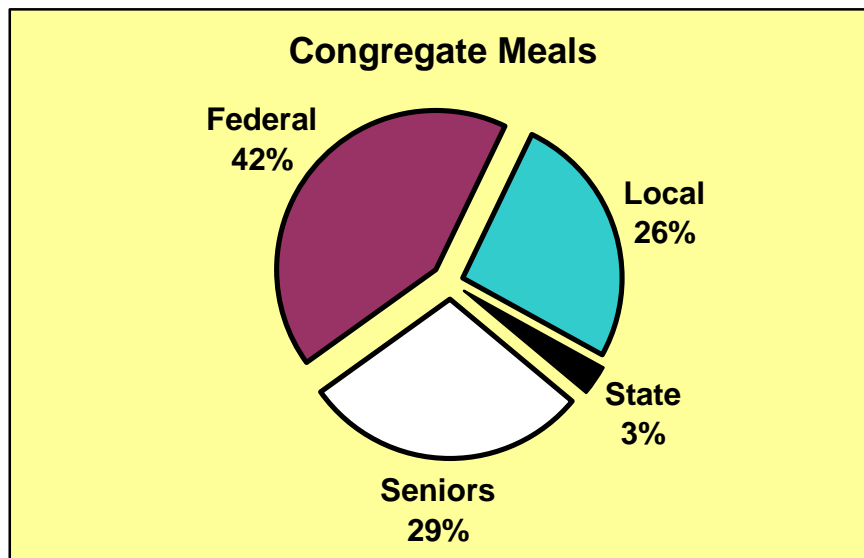
The following is a review of the services available through the Division and the AAAs to help the elderly and their families deal with the problems created by the aging process.

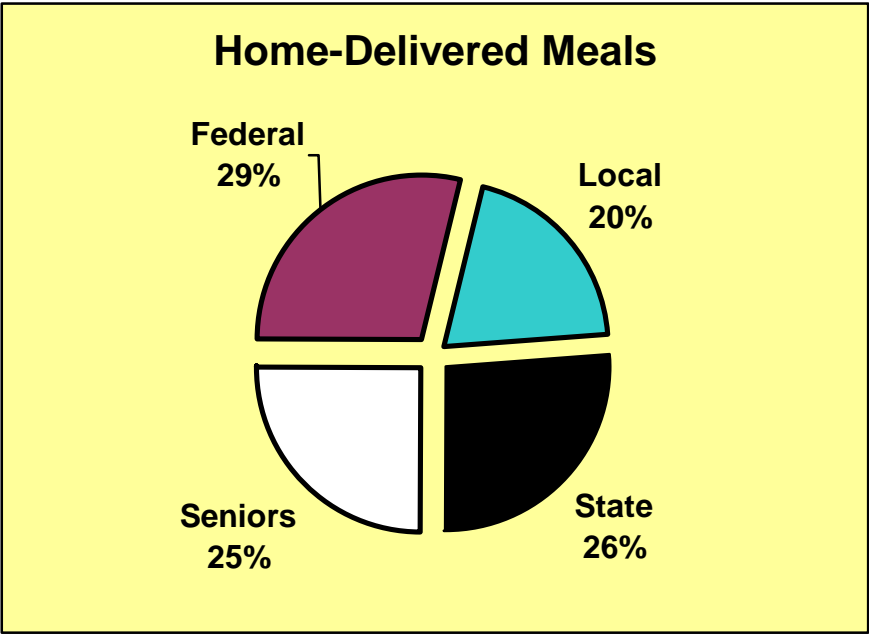
1. Nutrition Program

Good nutrition for all ages is central to good health and fitness, but it is crucial as seniors age and physical capacity declines. Research shows that when seniors do not eat nutritionally well-balanced diets they often display symptoms similar to those of serious disease or illness, which may result in costly and often unnecessary treatment. To contribute to good health and reduce the problems associated with malnutrition, a nutrition program has become a central part of the Division's delivery system. The Nutrition Program consists of nutrition screening and assessment, home-delivered meals, congregate meals, and nutrition education. In 2003, these programs served 32,333 seniors who received meals that were aimed at enabling them to remain at home and in their community.

The power of good nutrition can help seniors keep their independence. Poor nutrition and poor intake of water and other fluids (hydration) are the leading causes of morbidity and mortality in the elderly population. Good nutrition and hydration leads to fewer illnesses, fewer post surgery complications, shorter hospital stays and less money spent on medications.

The following charts show how the Aging Services' congregate and home-delivered meals programs were funded during Fiscal Year 2003.





Congregate Meals	Home-Delivered Meals
<p>The congregate meal program provides one meal a day that meets 33 1/3 percent of the recommended dietary requirements for elderly persons at approximately 100 meal sites across the state. These meals are made available to individuals age 60 and over.</p>	<p>The home-delivered meals program provides one meal a day that meets 33 1/3 percent of the recommended dietary requirements for elderly persons who are age 60 or over, home-bound, and have limited capacity to provide nutritionally-balanced meals for themselves.</p>
<p>A confidential contribution is encouraged by those who enjoy these meals. The suggested contribution amount is established by the local Area Agencies on Aging. These contributions equaled 29 percent of the total expenditures in FY 2003 and are used to enhance the congregate meals program.</p>	<p>Home-delivered meals are delivered to the participants' homes five days a week, except in some rural areas where funding may limit this to only four days a week with a waiver approval. Through the assessment process, an effort is made to assure that those with severity of need receive meals. Contributions are encouraged in an amount set by the local Area Agencies on Aging and go directly to the Home-Delivered Meals Program. In FY 2003, contributions to the program accounted for 25 percent of the total expenditures. Due to funding limitations, there are still unserved and underserved areas of the state.</p>

Congregate Meals Fiscal Year 2003		Home-Delivered Meals Fiscal Year 2003	
Unduplicated persons served:	23,175	Unduplicated persons served:	9,158
Meals served:	942,010	Meals served:	1,050,725
Total expenditures:	\$4,855,316	Total expenditures:	\$5,727,266
Contributions by seniors:	\$1,388,454	Contributions by seniors:	\$1,397,118
Average cost per meal:	\$5.15	Average cost per meal:	\$5.45

Typical Home-Delivered Meal Recipient: The following profile provides information of a typical home-delivered meal recipient and what may be expected in future years. As medical advances allow people to live longer, seniors are experiencing increased chronic illness, which limits their ability to adequately care for themselves. The Home-Delivered Meals Program helps meet the needs of these individuals. An increasing demand for this service is expected.

- Age: 70% are 75 years of age or older.
40% are 85 years of age or older.
- Gender: 75% are female
- Lives alone: 95%; Requires assistance with ADLs*
- Receives at least five meals per week
- 1/3 of the recipients require special diets (low sodium, high protein, diabetic, etc.)
- Receives nutrition education

* ADL = *Activities of Daily Living*

2. The Home and Community-Based Alternatives Program

Diverting people from premature health facility placement is the goal of this program, which served 1,803 people throughout the state in 2003. By providing a variety of supportive services in the home, quality of life and independence are enhanced.

The Alternatives Program provides services to a client's residence based on assessment by a professional case manager who works for the Area Agency on Aging. Although clients must meet income and eligibility guidelines to receive services, the Alternatives Program is the most flexible of the in-home service programs and, as such, can provide a wide array of services to promote function in the client's home. Any fees that are assessed are based on the individual's ability to pay.

Services include, but are not limited to, case management, homemaker, personal care, respite care, personal emergency devices, and adult day care. If these services were not available, the adults who have functional or mobility limitations would likely require placement in a long-term care facility far earlier in their lives, with a corresponding decrease in quality of life and increase in expense. Funding limitations and lack of

providers restrict the range of services available across the state. The following chart profiles the use of services in this program during FY 2003:

The Alternatives Program	
Homemaker	Individuals Served: 1,803
Personal Care & Home Health Aide	Expenditures: State Funds: \$3,722,330
	Fees: \$86,500
Other Services <ul style="list-style-type: none"> • Home-Delivered Meals • Respite/Adult Day Care • Transportation 	Local Funds: \$160,967
	Average Annual Cost per Client: \$2,202
	Age of Clients: Under 60: 10%
	60 - 74: 31%
	74 - 84: 35%
	85+: 24%

3. Utah Family Caregiver Support Program

As medical advances allow people to live longer, seniors are living with increased chronic illness, which frequently limits their ability to adequately care for themselves. The national prediction is that the number of seniors needing assistance with basic tasks will double between 1990 and 2030. In response to these data, the aging network has been actively developing in-home and community-based services to create more options for seniors who choose to remain in their homes and communities.

The National Family Caregiver Support Program (NFCSP) was established with the enactment of the Older Americans Act Amendments of 2000. Approximately \$125 million has been appropriated to states and allocated through a congressionally mandated formula that is based on a proportionate share of the 70+ population.

Providing care to a frail, sick, or incapacitated adult or elderly spouse, parent or adult child is a very demanding and exhausting activity, especially when combined with other activities in the caregiver's life. At times, the demands on the caregiver become so great that the caregiver's physical and emotional health and well-being are seriously affected. Services provided through the program enable caregivers to continue to perform caregiving activities for a longer period of time and promote maintaining a healthy balance in their own lives.

The Utah Family Caregiver Support Program differs from other in-home services programs in that these services can only be provided on a temporary and short-term basis, and are available to caregivers of people 60 years of age or older, to grandparents (60+) providing care to a child up to the age of 18, and to older individuals providing care and support of persons with mental retardation or related developmental disabilities. The program enables the caregiver, in consultation with the professional care coordinator, to obtain identified services that will provide relief and enable them to continue their caregiving duties.

The program, currently administered in Utah by the 12 Area Agencies on Aging with local community-service providers, allows for the provision of five basic services to assist family caregivers, including:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to available supportive services;
- Individual counseling, organization of support groups, and training to caregivers to assist them in making decisions and solving problems relating to their caregiving roles;
- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

In response to the multitude of needs of family caregivers, many organizations are developing and implementing programs to support their efforts. While caregivers are the backbone of the long-term care system, there is a lack of a comprehensive approach on reaching out and providing them with quality and relevant information that supports them in their difficult roles. Often opportunities are lost because efforts are not coordinated and adequately publicized. To address these problems, the Division was an active participant in the organization of the Utah Coalition for Caregiver Support. The Coalition is composed of caregivers, care receivers and many statewide organizations, both public and private, which provide services for caregivers. In collaboration, the group serves as a catalyst to develop a statewide system to deliver services to caregivers, facilitate and promote discussion or civic action to address the needs of family caregivers, and coordinate programming efforts.

Currently, the Utah Coalition for Caregiver Support works with the Real Choice Systems Change Grant to disseminate information related to caregivers and their needs. Beginning in March 2002, the Utah Coalition for Caregiver Support grew to include 32 member organizations from around the state. With regular monthly meetings, this diverse group comes together on the issue they all share – caregiving. This Coalition has begun to produce results. A booklet, “Family Caregiving in Utah” was developed to assist caregivers in navigating the caregiving maze. This valuable resource guide for caregivers is a result of the collaboration of coalition members, most notably AARP. This booklet is available by calling 538-3910.

In a continuing effort to bring information about services and resources to our aging population and their caregivers, the Coalition has collaborated with the Division of Aging and Adult Services to develop a website and a searchable calendar of events. The calendar of events is a centralized place for Utahns to learn about conferences, workshops, classes, groups and other activities across the state that are related to the needs of caregivers. Visit the calendar at www.caregiverevents.utah.gov.

The Division’s Utah Family Caregiver Support Program is continually exploring new ways to assist caregivers and collaborates with more than three dozen organizations including AARP, The Arc of Utah, and the Division for Services for People with Disabilities to assure that caregiver needs are identified and addressed.

The following chart details the utilization of services for each of the five categories of services under the Caregiver Support Program.

Service	Total Individuals Served*	Federal Funds	State Funds	Local Funds
Information	18,387	\$61,558	\$45,145	\$18,667
Assistance	2,866	\$158,305	\$101,176	\$51,882
Counseling/Support	2,268	\$53,967	\$33,899	\$6,739
Respite	501	\$277,853	\$164,305	\$39,681
Supplemental Services	275	\$16,938	\$11,725	\$8,688
Funds Expended		\$568,621	\$356,250	\$125,657
Total funding – all sources = \$1,050,528				
Average cost per client for respite care = \$1,016				

*Duplicated counts due to many people utilizing more than one service

This is the first full year that the Utah Family Caregiver Support Program was able to collect data in all categories of services.

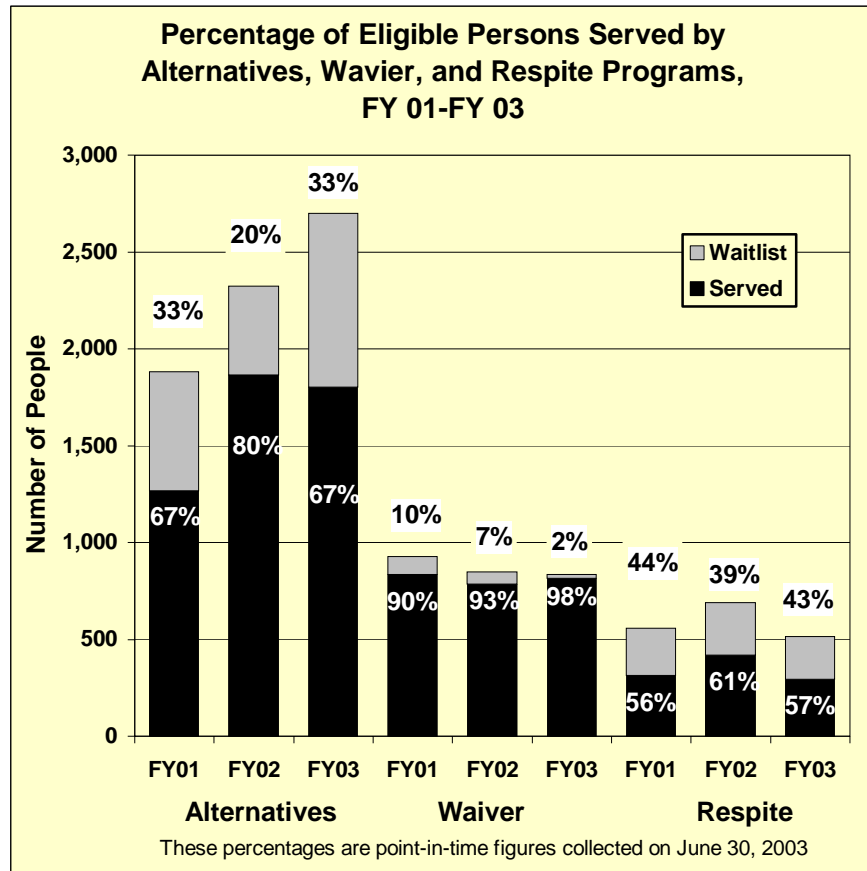
4. Home and Community-Based Medicaid Aging Waiver Program

In FY 2003, Utah's Home and Community-Based Medicaid Aging Waiver Program served 815 elderly Utahns, enabling them to continue residing in their own homes rather than being placed in long-term care facilities.

Aging Waiver services are available to seniors age 65 and over who meet criteria for nursing home admission and Medicaid financial eligibility. Services provided to eligible seniors include homemaker, adult day care, home health aide, home-delivered meals, non-medical transportation, etc. The following chart profiles the utilization of services under this program in FY 2003.

Home and Community-Based Medicaid Aging Waiver	
Services Provided:*	
Homemaker	70%
Emergency Response	64%
Home-Delivered Meals	20%
Adult Day Care	6%
Respite and Transportation	17%
* Most clients receive several services, therefore the total exceeds 100%.	
Cost Data on the Waiver	
Other Waiver Facts:	
Total individuals served	815
Total expenditures	\$2,552,369
Annual cost per client	\$3,132

The following chart demonstrates the percentage of eligible clients receiving services in three categories as of June 30, 2003. The waiting list contains a list of individuals who have requested or their caregivers have requested assistance, and funding is the only factor preventing them from receiving services.



Approximately 98 percent of those needing services and identified as being eligible for the Aging Waiver and 67 percent of those eligible for the Alternatives Program were served during FY 2003. A much lower percentage (57 percent) of those seeking respite care were served. Inadequate funding was the reason individuals did not receive services.

5. Older Americans Act Optional Services

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

The Area Agencies on Aging also provides services that assist seniors with chores that are difficult or impossible to do for themselves, such as lawn work, snow removal, and minor home repairs. Friendly visitors, telephone reassurance, and volunteer services do much to alleviate problems which homebound seniors may face if they are alone and isolated. Transportation services are important for seniors whose frailty prevents them from driving or who have limited access to public transportation. The following chart illustrates how Utah's seniors have used these optional services during FY 2003.

Summary of Optional Services Provided Under Title III-B	
Service	Units
Transportation	303,160
Friendly Visitor	225,718
Information and Assistance	178,315
Education and Training	55,548
Telephone Reassurance	56,749
Assessment/Screening	23,513
Material Aide	18,344
Shopping	16,530
Outreach	15,246
Chore Maintenance	26,040
Personal Care/Home Health Aide	3,334
Total	922,497

6. Health Insurance Information Program

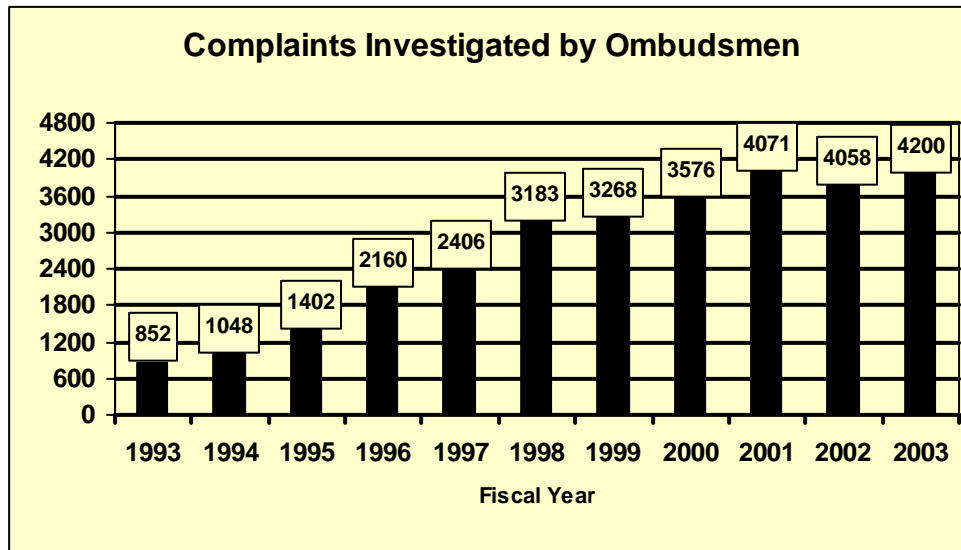
The Health Insurance Information Program (HIIP), funded through the Center for Medicare and Medicaid Services (CMS), operates in every county in Utah to assist seniors in understanding the complex nature of Medicare/Medicaid and supplemental insurance programs. The HIIP Program, by design, is operated at the local level with 111 volunteers statewide. The Division provides training and technical assistance to local staff and volunteers in cooperation with the Area Agencies on Aging.

The program coordinates with many allied agencies such as the State Insurance Commission, Social Security Administration, Division of Health Care Financing (Medicaid) to provide information requested by Utah's seniors. During FY 2003, approximately 5,400 individuals obtained individual assistance from this program. An additional 10,950 people received services through outreach programs and other activities.

7. The State Long-Term Care Ombudsman Program

Advocates for frail and vulnerable older adults who live in nursing care facilities, assisted living facilities, small health care facilities and adult foster care homes investigate and resolve complaints concerning care, treatment and residents' rights.

While Utah provides an array of services that often allow frail individuals to remain in their homes, over 10,000 Utahns have care needs that are so significant that receiving care at home is not possible. Ombudsmen are committed to helping these people whose choices are limited and who have limited control over their environment.



A full-time Ombudsman housed in the Division serves as the coordinator of the statewide program. Local Long-Term Care Ombudsmen in each of the Area Agencies on Aging are responsible for the investigation of complaints in their respective areas. There are seven full-time-equivalent positions and 19 volunteers at the local level to respond to the increasing volume of complaints and complicated concerns from the public. The program works very hard to improve the long-term care system, protect residents and resolve the concerns of residents and families. There has been a 393 percent increase in the number of complaints investigated in the past decade.

For the last few years the most common complaint categories continue to be residents' rights, resident care and quality of life. The unavailability or lack of properly trained long-term care staff seems to be a major factor in many of the concerns the Division coordinates.

8. Title V Senior Community Service Employment Program (SCSEP)

Title V of the Older Americans Act provides funding for subsidized part-time employment and training opportunities for low-income persons age 55 and older. Most participants enter the program due to barriers, which interfere with their ability to acquire the employment they were seeking. The most significant barriers that older

persons face as they seek employment are: age discrimination, gender, lack of job history, and below seventh-grade math and reading skills. The program's emphasis is to provide training and on-the-job experience as a transition into unsubsidized employment. The following charts summarize activities of the SCSEP Program and present a profile of clients served in FY 2003.

Senior Community Service Employment Program	
Persons served	223
Persons placed in unsubsidized employment	61
Expenditures	\$623,208
Annual cost per enrollee	\$2,795

The Average Title V Enrollee	
Age: 55 – 59	42%
Gender: Female	70%
Education: High school graduate	39%
Annual income below poverty level of \$8,240	89%
Minimum Title V hourly wage	\$5.15

In addition to the regular Title V program, Utah received a 502(E) grant, which allowed for SCSEP to place low income, eligible people into the job market through on-the-job training in Salt Lake County. This grant enabled Utah to serve an additional 61 individuals, placing 41 into unsubsidized jobs at an average wage of \$9.47 per hour.

9. Legal Assistance Services

Older Utahns face a variety of legal issues every day, ranging from health care insurance problems to housing issues to end-of-life planning. The Division makes sure there are legal assistance programs in place to help seniors protect their legal rights and maintain their autonomy and dignity. During FY 2003 a total of 1,292 clients received legal assistance.

The Older Americans Act recognizes legal and advocacy assistance as the core of a comprehensive elder rights system. Under Title III-B, funding is allocated to the Division and on to the Area Agencies on Aging, who then contract with Utah Legal Services, Inc., a non-profit law firm, as well as some private attorneys. These legal services providers offer free legal help to older persons in civil matters, prioritizing those elders in greatest social and economic need. The most common types of cases that are handled on behalf of older clients include: denials or terminations of government benefits (such as Medicaid, Medicare, Social Security, or Veterans),

tenants rights and housing issues, guardianship defense and other protective arrangements, long-term care problems, and some consumer fraud issues.

In addition, the Division's Legal Services Developer provides leadership in expanding legal and advocacy assistance to ensure that there are adequate, effective, and high quality legal assistance services available to older persons in Utah. The Developer coordinates with and provides training and technical assistance to the state's aging network staff (including long-term care ombudsmen and adult protective services workers), the local Area Agencies on Aging, legal services providers, the Utah State Bar and local bar associations, and community organizations. The Developer also assists pro bono or volunteer lawyer programs, that serve older clients. The goals of such assistance and coordination are to help older persons understand their legal rights, exercise choice, benefit from services and opportunities authorized by law, maintain rights (in particular, the rights of older persons with diminished capacity), plan ahead for possible illness and/or incapacity, and resolve disputes.

II. Adult Protective Services

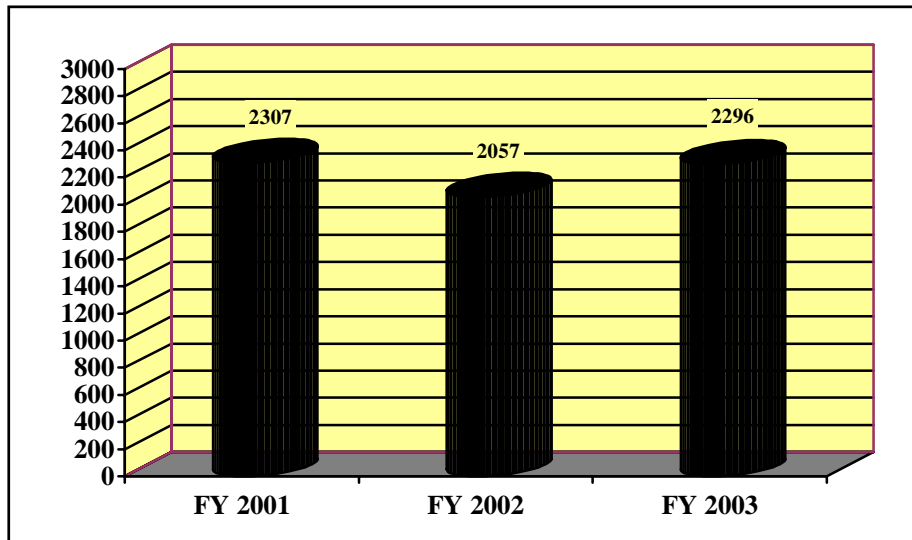
The Division is responsible for the administration of Adult Protective Services (APS). Within the administrative structure of the Division, there is an Associate Director of Adult Protective Services who has statewide administrative responsibility for the program. Services are delivered by Division staff through APS Regional Offices. A complete list of the APS Regional Offices is located on page 33.

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

Participation in services provided by the Division through Adult Protective Services is voluntary on the part of the vulnerable adult, unless mandated by a court order. Any services provided to the vulnerable adult are to be paid by the person whenever possible. Most people are referred to community programs for assistance. If there are no community services available, short-term limited services may be provided by Adult Protective Services. Adult Protective Services encourages the vulnerable adult, families and other agencies to assume as much responsibility as possible for the care and protection of these individuals.

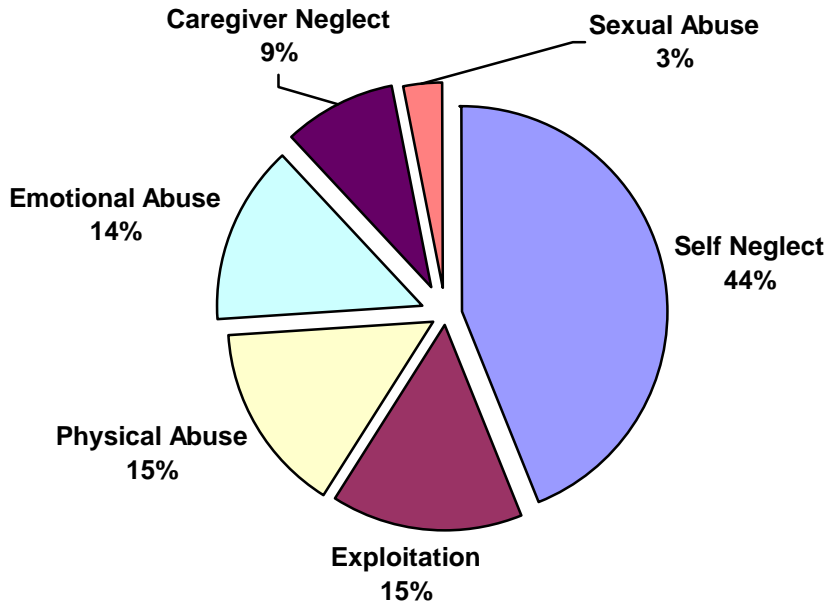
Abuse, neglect and exploitation of vulnerable adults continues to be one of society's most alarming problems. The following chart reflects the number of investigations completed by Adult Protective Services.

Adult Protective Services Investigations



The following chart shows the results of investigations by type of substantiated allegation during FY 2003.

Adult Protective Services Investigation Results



A. Investigation

Utah has a mandatory reporting law that requires anyone who suspects that abuse, neglect or exploitation of a vulnerable adult is occurring to report the situation to either law enforcement

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

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

Typical Client	
Age: 70 – 79	24%
80 – 89	23%
Female	64%
Self-Neglecting	44%
Lives In Own Home	74%
Prior Referral	41%

Perpetrators	
Age:	
18-29	20%
30-39	24%
40-49	27%
50-59	12%
Relationship To Victim:	
Family Member/Relative	67%
Unrelated Non-Caregiver	26%
Paid Caregiver/Non-Relative	7%

B. Training

Only one in ten cases of abuse, neglect, or exploitation of vulnerable adults are ever reported to the proper authority. Low reporting may be a result of lack of awareness/education regarding the program. During FY 2003, the state made a concentrated effort to enhance awareness pertaining to vulnerable adult abuse and to the recent revisions made to the Civil and Criminal Law (U.C.A. § 62A-3-301 and U.C.A. § 76-5-111). The program has provided 575 hours of training to approximately 9,500 individuals throughout the state, including, but not limited to, law enforcement officials, firefighters, long-term care professionals, home health professionals, medical professionals, financial institutions, and senior citizen centers. Education, collaboration, and cooperation continue to be important elements in recognizing and preventing vulnerable adult abuse.

C. Family Support Program

The services of the Family Support Program provide payments to increase the capabilities of families to care for eligible Adult Protective Services clients in a family setting when no other services are available. These services are intended to maintain the client in a family member's

home and prevent premature institutionalization and may include, but are not limited to, respite care, transportation, supervision, shopping and equipment purchases.

D. Emergency Protective Payments

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

E. Budget Reduction Impact

Adult Protective Services has seen its budget reduced by \$376,000 over the past three years. The results of these budget reductions have been the elimination of the Adult Day Care and Adult Foster Care programs and a reduction in funding for the Family Support Program.

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(435) 676-2281 (Panguitch)

Fax: (435) 673-3540

E-Mail: brasmussen@fcaog.state.ut.us

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Wayne

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Fax: (801) 229-3671

Website: www.mountainland.org

E-Mail: tlivingston@mountainland.org

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Carbon, Emery, Grand

Maughan Guymon, Director

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Director: C. Ronald Stromberg (801) 538-4391
Manager, Support Services: Jerry Callister (801) 538-4592
Training Specialist: Elizabeth Sollis (801) 538-4339

To Make A Referral

Salt Lake County: 801-264-7669
All Other Areas of the State: 1-800-371-7897

NORTH Box Elder Cache Davis Morgan Rich Weber	Joan Heninger 2540 Washington Blvd 3 rd Floor Ogden, UT 84401 (801) 626-3385 FAX: 626-3153	2540 Washington Blvd. 3 rd Floor Ogden, UT 84401 (801) 626-3385 FAX: 626-3153 Counties: Weber Morgan	1350 E 1450 S Clearfield, UT 84015 (801) 776-7309 FAX: 776-7383 County: Davis	1050 S 500 W Brigham, UT 84302 (435) 734-4046 FAX: 734-4078 County: Box Elder	115 W. Golf Course Rd Suite B Logan, UT 84321 (435) 787-3425 FAX: 787-3444 Counties: Cache Rich
CENTRAL Salt Lake Summit Tooele Wasatch	Diane Stewart 645 E 4500 S Salt Lake City UT 84107 (801) 264-7613 FAX: 268-5422	645 E 4500 S Salt Lake City, UT 84107 (801) 264-7669 FAX: 268-5422 County: Salt Lake	1764 Prospector Ave Park City, UT 84060 (435) 645-8703 FAX: 649-0351 Counties: Wasatch Summit	305 N Main Tooele, UT 84074 (435) 833-7358 FAX: 833-7345 County: Tooele	
SOUTH / EAST Beaver Garfield Iron Juab Kane Millard Piute Sanpete Sevier Utah Washington Wayne Carbon Daggett Duchesne Emery Grand San Juan Uintah	Matt Lyman 835 E. 300 N. Suite 700 Richfield UT 84701 (435) 896-2792 FAX: 893-2054	835 E 300 N Suite 700 Richfield, UT 84701 (435) 896-2790 FAX: 893-2054 Counties: Millard Sevier Piute Wayne 150 E Center Street Suite 1500 Provo, UT 84606 (801) 374-7036 FAX: 374-7278 County: Utah	50 S Main Suite 21 Manti, UT 84642 (435) 835-0629 FAX: 835-0798 Counties: Sanpete Juab 140 W 425 S (330-15) Roosevelt, UT 84066 (435) 722-6551 FAX: 722-6566 Counties: Daggett Uintah Duchesne	106 N 100 E Cedar City, UT 84720 (435) 865-5672 FAX: 865-5666 Counties: Iron Beaver Garfield 475 W Price River Dr Suite #262 Price, UT 84501 (435) 636-2394 FAX: 636-2397 Counties: Carbon Emery	377 B Riverside Drive St. George, UT 84790 (435) 674-3942 or (435) 674-3943 FAX: 674-3939 Counties: Washington Kane 1165 S. Highway 191 Suite #1 Moab, UT 84532 (435) 259-3729 FAX: 259-3739 Counties: Grand San Juan

