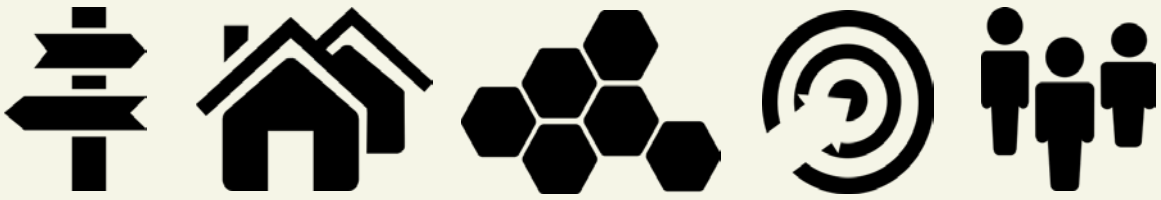
utah department of
human services

2016 ANNUAL REPORT and Directory of Services

Division of Aging and Adult Services

195 North 1950 West, Salt Lake City, Utah 84116
telephone (801) 538-3910 ▪ facsimile (801) 538-4395 ▪ www.daas.utah.gov



2016 ANNUAL REPORT and Directory of Services

Utah State Division of Aging and Adult Services

Table of Contents

UTAH MODEL OF CARE

A strategic framework to guide our department-wide purpose, which is to strengthen lives by providing children, youth, families and adults individualized services to thrive in their homes, schools and communities.

BIG GOAL | Reduction in overall repeat client engagement in our most restrictive services

Prevention	Self-Reliance	Partnership	Operational Excellence	People & Culture
				
Implement prevention and early intervention strategies to reduce risk, trauma and intergenerational cycles of isolation and poverty	Support families and individuals safely in their homes, school and communities for sustainable success	Improve outcomes through family accountability, interagency collaboration, public/private alliances and community supports	Seek, share, and improve upon best practices and demonstrate effectiveness through data and measurable results	Support employee career development, confidence, professional judgement and cultural competency

MEASUREABLE TARGETS

EVIDENCE

Informed by National System of Care Core Values: *Community Based; Family Driven, Youth Guided; Culturally and Linguistically Competent; and* ***Guiding Principles:*** *Broad Array of Effective Services and Supports; Individualized, Wraparound Practice Approach; Least Restrictive Setting; Family and Youth Partnerships; Service Coordination; Cross-Agency Collaboration; Services for Young Children; Services for Youth and Young Adults in Transition to Adulthood; Linkage with Promotion, Prevention and Early Identification; Accountability.*

utah department of human services

www.hs.utah.gov/model-of-care

DAAS Introduction

Nels Holmgren
Director:
DAAS
801-538-3921
nholmgren@utah.gov

Michael Styles
Assistant Director:
OAA
801-538-4641
mstyles@utah.gov

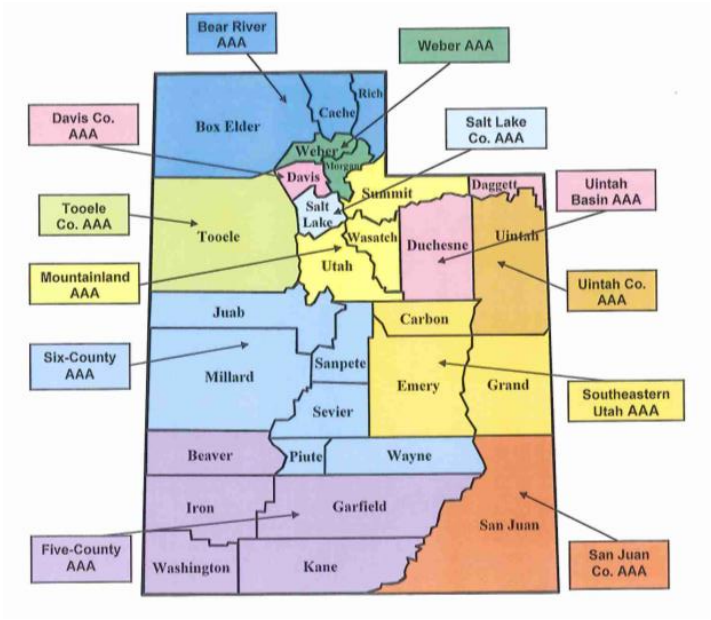
Nan Mendenhall
Assistant Director:
APS
801-538-4591
nmendenh@utah.gov

I. *Older Americans Act (OAA)*

Congress passed the OAA in 1965, creating the first federal legislation devoted exclusively to addressing the needs and challenges of older Americans. Since its passage, the OAA, as amended through 2000, has provided funding and leadership in establishing a unique nationwide network of federal, state, and local governments as well as private providers serving the diverse needs of America's seniors. The OAA can be viewed as a work-in-progress and has been amended on several occasions to address the changing needs of older Americans, most recently in the fall of 2006.

The first OAA established the ***Administration on Aging (AoA)*** in the ***US Department of Health and Human Services (HHS)*** and provided grants for training, demonstration projects, and research on aging. It also offered financial support to state offices or units on aging and state funding for projects supporting the elderly.

Amendments passed in 1969 established the National Older Americans Volunteer Program, which provided for Retired Senior Volunteers and Foster Grandparents. Because of a series of nutritional research and demonstration projects, the OAA was amended in 1972 to create a permanent nationwide nutrition program for the elderly. Additional amendments to the OAA in 1973, required states to create Planning and Service Areas (PSA) and to designate a public or private non-profit agency to serve as an Area Agency on Aging (AAA) in each location. Today, the current 629 agencies nationwide plan and coordinate services and opportunities for older persons on a regional basis. Utah is proud to support the aging population with twelve agencies devoted to aging. (See list in Appendix II)



Other amendments passed in the 1970s established the Senior Community Service Employment Program (SCSEP), awarded grants for low-income persons age 60 or older to work as senior companions, added a separate age discrimination act, and with assistance from the ***U.S. Department of Agriculture***, supplied surplus commodities to the nutrition program. Amendments passed near the end of the decade established the Long-Term Care Ombudsman program, providing professional and volunteer ombudsmen to assist older persons living in long-term care facilities.

The most recent reauthorization of the OAA occurred in 2006, further enhancing and enriching the act. The amendment requires AAAs to set specific objectives, consistent with state policy, for providing services to older individuals with the greatest economic and social need and those at risk for institutional placement. Older individuals with limited English proficiency and those residing in rural areas must also be included. The bill clarified AAAs' needs to facilitate area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings. The bill requires information detailing how the AAAs will coordinate with the state agency responsible for mental health services and develop long-range emergency preparedness plans.

II. 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 OAA. By Utah statute ***(62A-3-104)***, DAAS was granted the legal authority to establish and monitor programs serving the needs of Utah's seniors. Local AAAs have been designated to cover all geographic regions of the state and are responsible for providing a comprehensive array of services and advocacy for the needs of seniors residing in these PSAs.

In 1986, DAAS was given the administrative authority for Adult Protective Services (APS), a program to protect vulnerable adults from abuse, neglect and exploitation. APS employees assist victims and work to prevent further abuse, neglect, and exploitation. Staff is located in a statewide system of offices and work in cooperation with local law enforcement to investigate cases involving seniors and disabled adults.

DAAS 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 impacting older Utahns and serve elder and disabled 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 supporting independent living and protecting quality of life. • Encourage citizen involvement in the planning and delivery of services.

GUIDING PRINCIPLES

The Division of Aging and Adult Services believes:

- Utah's aging and adult population has many resources and capabilities, which need to be recognized and utilized. The division has an advocacy responsibility for ensuring 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 or 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 services in the least restrictive environment, most cost-effective manner and most respectful way.

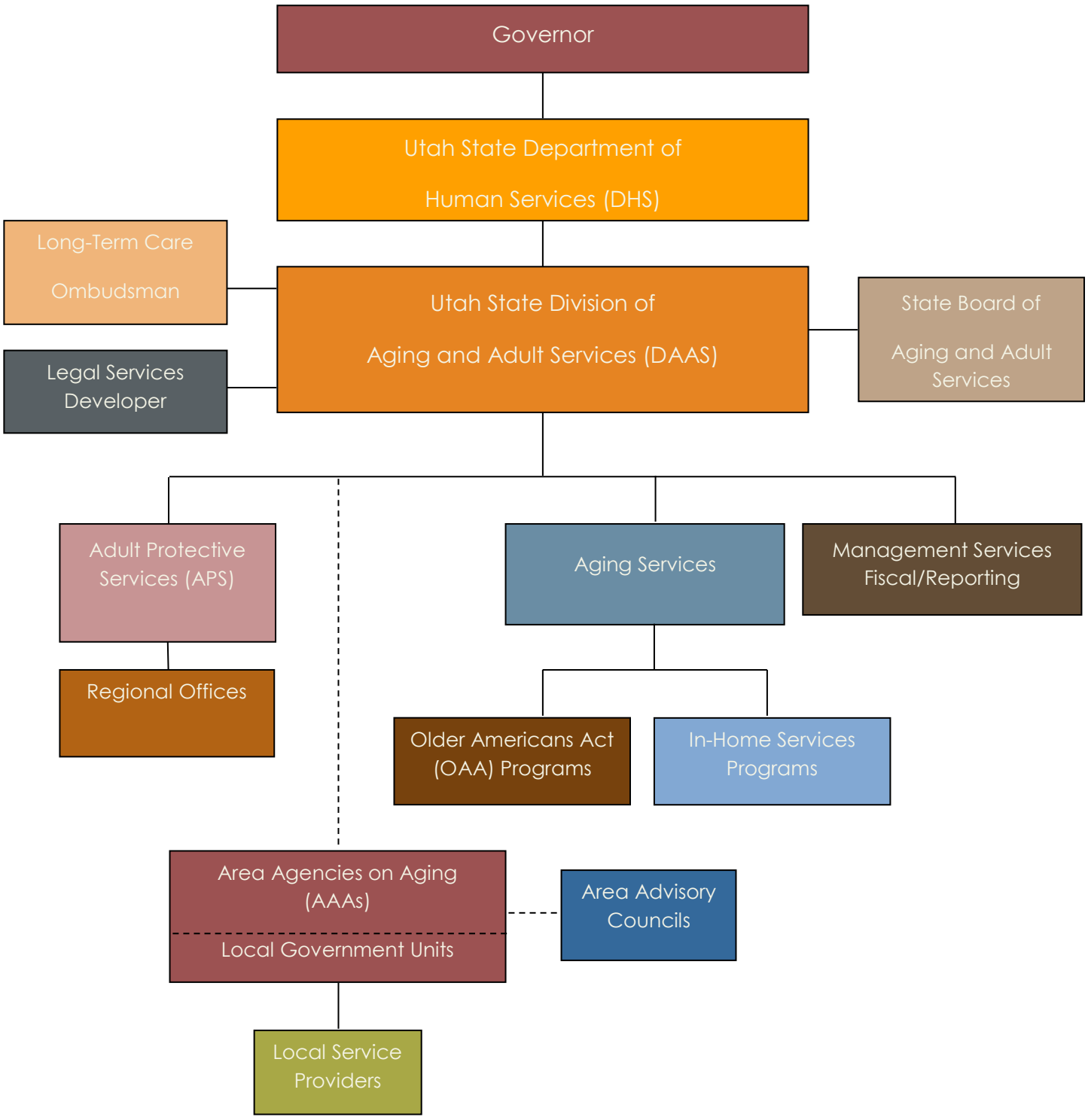
III. Organizational Structure

DAAS has the responsibility to administer, deliver and monitor services to aging and vulnerable adults in Utah. To meet this responsibility, two program areas have been created: 1) Aging Services and 2) Adult Protective Services.

The Aging Services Program is responsible for the provision of services needed by the elderly as set forth in the OAA and other enabling legislation funded by federal, state and local governments. Aging services in Utah are delivered by local AAAs through contracts with DAAS.

State Law mandates APS investigate all cases involving allegations of reported abuse, neglect or exploitation of vulnerable adults. Investigators collaborate with law enforcement and community partners to offer 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.

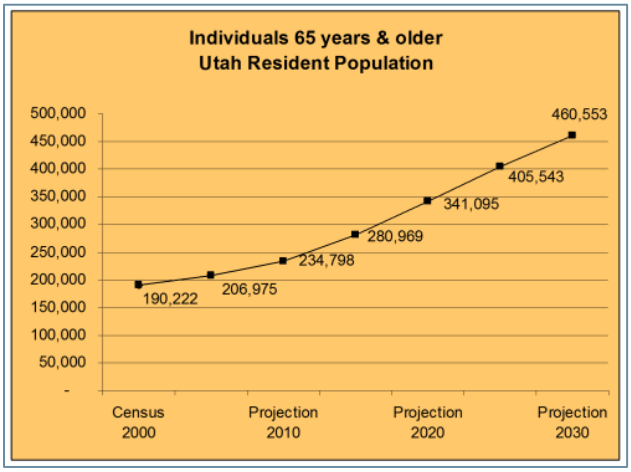
The following chart depicts the organizational structure of DAAS:

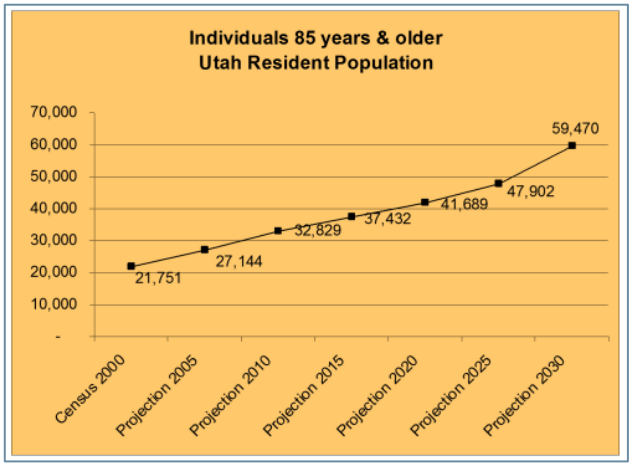


IV. Population Growth of Seniors in Utah

Providing needed services to the senior population of Utah will become more challenging in the future due to the rapid current growth in seniors nationwide. The U.S. Census Bureau predicts the senior population in the United States will increase from approximately 40.2 million in 2010 to 88.5 million by the year 2050. Similarly, Utah's senior population (65 and older) is predicted to grow from current levels of 259,184 to 460,553 by the year 2030.

Utah continues as the nation's "youngest state" according to the 2010 census. Its median age of 29.2 years is eight years younger than the US median of 36.8. Despite its youthfulness, Utah's population is growing older and living longer. The following charts show Utah's 65 and older population will increase by 145 percent between 2000 and 2030. The 85 and older population in Utah increased by 42.5 percent between 2000 and 2010.



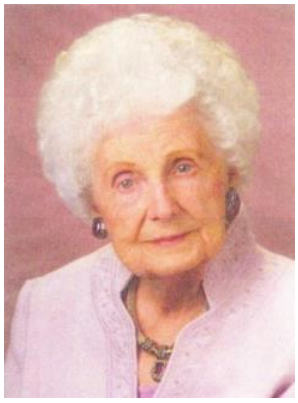


Data Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005. Compiled by the U.S. Administration on Aging

According to the 2010 census, Utah had the seventh most rapidly increasing population in the nation of those aged 65 and older. The predicted aging of the state is a situation created by two main factors: 1) the increase in longevity due to better health, sanitation, nutrition and medicine and 2) the baby boomer cohort, those born between 1946 and 1964, reaching retirement age. Beginning in 2006, the baby boomer cohort has dramatically increased the size of the 60 and older population group. Since 2006, the projected annual increase of the 60 and older group has been three times the increase observed between 1993 and 2006. There is concern the predicted growth of those needing services will overwhelm existing programs and services currently provided to Utah's older citizens. There is a need for investment in improved methods to articulate the impact Utah's aging population will have on current service delivery systems, while continuing to provide a solid foundation of current services for existing individuals more than the age of 65. The Division will continue to refine its planning for the growth and trends in Utah's senior population.

V. Recent Activities of the Division of Aging and Adult Services

A. The Century Club of Utah



Betrice R. Payne, 107 yrs. young

The 30th Annual Century Club of Utah Celebration, hosted by Governor and Mrs. Gary R. Herbert and Lieutenant Governor Greg Bell, honored Utah's oldest citizens who have reached the age of 100 years or more on August 28, 2016 at the Viridian Event Center in West Jordan, Utah.

When a resident of Utah turns 100 years old, DAAS staff assist the Governor in sending a letter welcoming the Centenarian to the Century Club, along with a framed certificate of membership and a specially-made lapel pin engraved with "100-Centenarian".

DAAS published the Governor's 2016 Century Club of Utah Yearbook, containing pictures and brief life stories of 64 of Utah's Centenarians. The yearbook is a useful historical resource as well as a valuable tool for family history research and is available at ***http://www.daas.utah.gov/*.**

The 2010 census reported 186 Centenarians are living in Utah. As of December 2016, 130 Centenarians are listed on the records kept in DAAS. Their ages and counties of residence are shown on the following charts.

Utah's Centenarians – February 2017 Breakout by Age			
Age	Women	Men	Total
109	1	0	1
108	0	0	0
107	0	0	0
106	2	1	3
105	7	0	6
104	9	5	13
103	9	3	12
102	20	7	28
101	24	13	36
100	17	9	28
*99	6	0	3
TOTAL	**95**	**38**	**133**

* Individuals turning 100 by the end of 2016

Utah's Centenarians Counties of Residence – December 2016	
Beaver	1
Box Elder	2
Cache	5
Carbon	0
Daggett	0
Davis	9
Duchesne	0
Emery	0
Garfield	0
Grand	1
Iron	0
Juab	0
Kane	1
Millard	1
Morgan	0
Piute	0
Rich	1
Salt Lake	70
San Juan	1
Sanpete	2
Sevier	0
Summit	1
Tooele	3
Uintah	2
Utah	13
Wasatch	0
Washington	8
Wayne	0
Weber	9
TOTAL:	**133**

August 2016 Centenarian Celebration

Mrs. Melba Colvin, 102 yrs. old, with Gov. Herbert and First Lady

Mr. James Gerardi, 101 yrs. old, with Gov. Herbert and First Lady

Mr. Orlando Hardcastle, 100 yrs. old, with Gov. Herbert and First Lady

Mrs. Gwen Jackman, 102 yrs. old, with Gov. Herbert

Mrs. Phyllis Chatwin, 101 yrs. old, with Gov. Herbert and First Lady

Mrs. Louise Tuck, 103 yrs. old, with Gov. Herbert and First Lady

B. State Board of Aging and Adult Services

The State Board of Aging and Adult Services is the program policy making body for DAAS. The seven-member Board is appointed by the Governor and confirmed by the State Senate. Members are selected from both rural and urban areas of the state and the Board is nonpartisan in its composition. The Board meets six times a year and regularly hears from Division staff and the Chair of the Utah Association of Area Agencies on Aging (U4A), a group representing Utah's twelve AAAs. During all meetings, members of the public are invited, encouraged to participate and present concerns to the Board.

Responding to the challenges facing Utah as its population ages, the Board maintains four one-page position papers reflecting its opinion on issues the State needs to address, especially in light of the demographic changes exacerbated as baby boomers continue to reach retirement age. The position papers discuss: 1) Transportation Issues, 2) Improving In-

home and Community-based Services, 3) Improving Preventive Health Services and 4) Caregiver Support Services. A copy of the papers can be found in ***Appendix I***.

On an annual basis, the board is called upon to review and approve the plans explaining how AAAs will utilize federal funds allocated to the State in furtherance of the OAA. The format of the plan is developed by the Division and approved by the Board. The Annual Plan for Federal Fiscal Years 2012 to 2016, provided information regarding each agency's accomplishments during the previous year in addition to reporting the number of services provided to eligible seniors.

C. *Urban, Rural, and Specialized Transportation Association*

DAAS continues its active participation in the Utah Urban, Rural and Specialized Transportation Association (URSTA), in order to stay informed of statewide transportation issues. Additionally, DAAS joined the Utah Department of Transportation, Utah Department of Health and other agencies in participating in the United We Ride Task Force, which reviews and promotes interagency transportation issues statewide through a federal grant co-sponsored by the Federal Transportation Administration and the AoA.

D. 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.

Aging Services

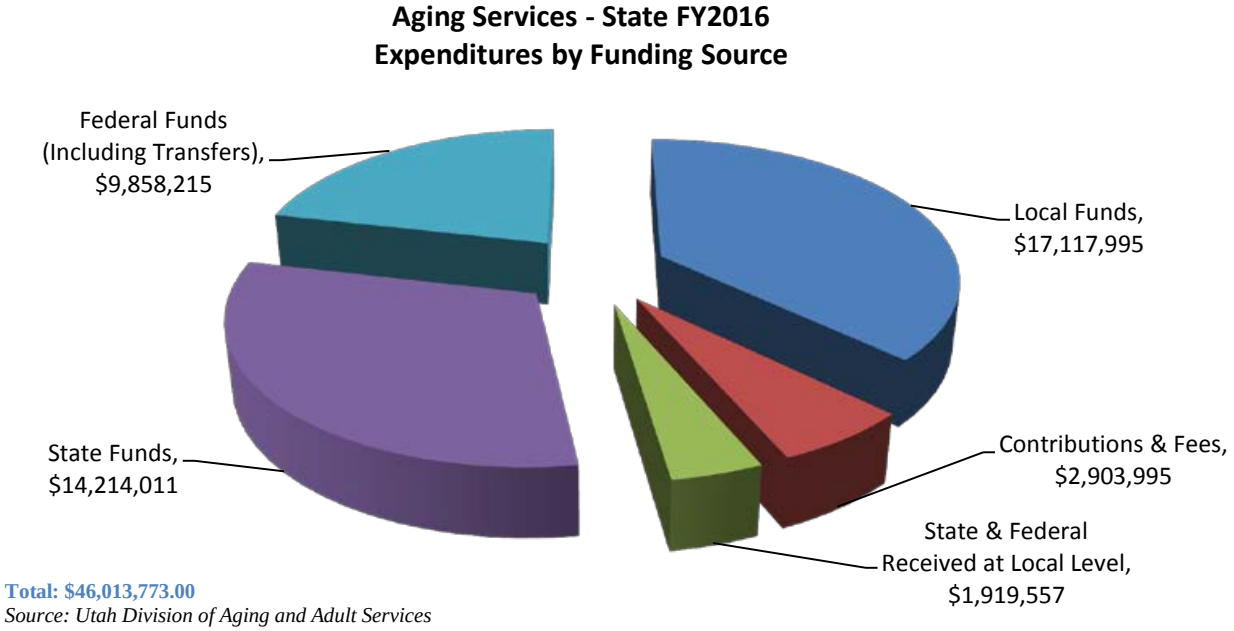
Michael Styles
Assistant Director
801-538-4641
mstyles@utah.gov

Service Delivery

The Division contracts with units of local government or Associations of Governments to operate AAAs. A funding formula is used to allocate funds to Utah's AAAs, which are responsible for 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, family caregiver support 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. Funding Aging Services Programs

There are 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 each major source contributes. The federal share is received through allocations authorized by the OAA. The Utah Legislature appropriates state funds, with local funding coming from counties, private contributions and the collection of fees.

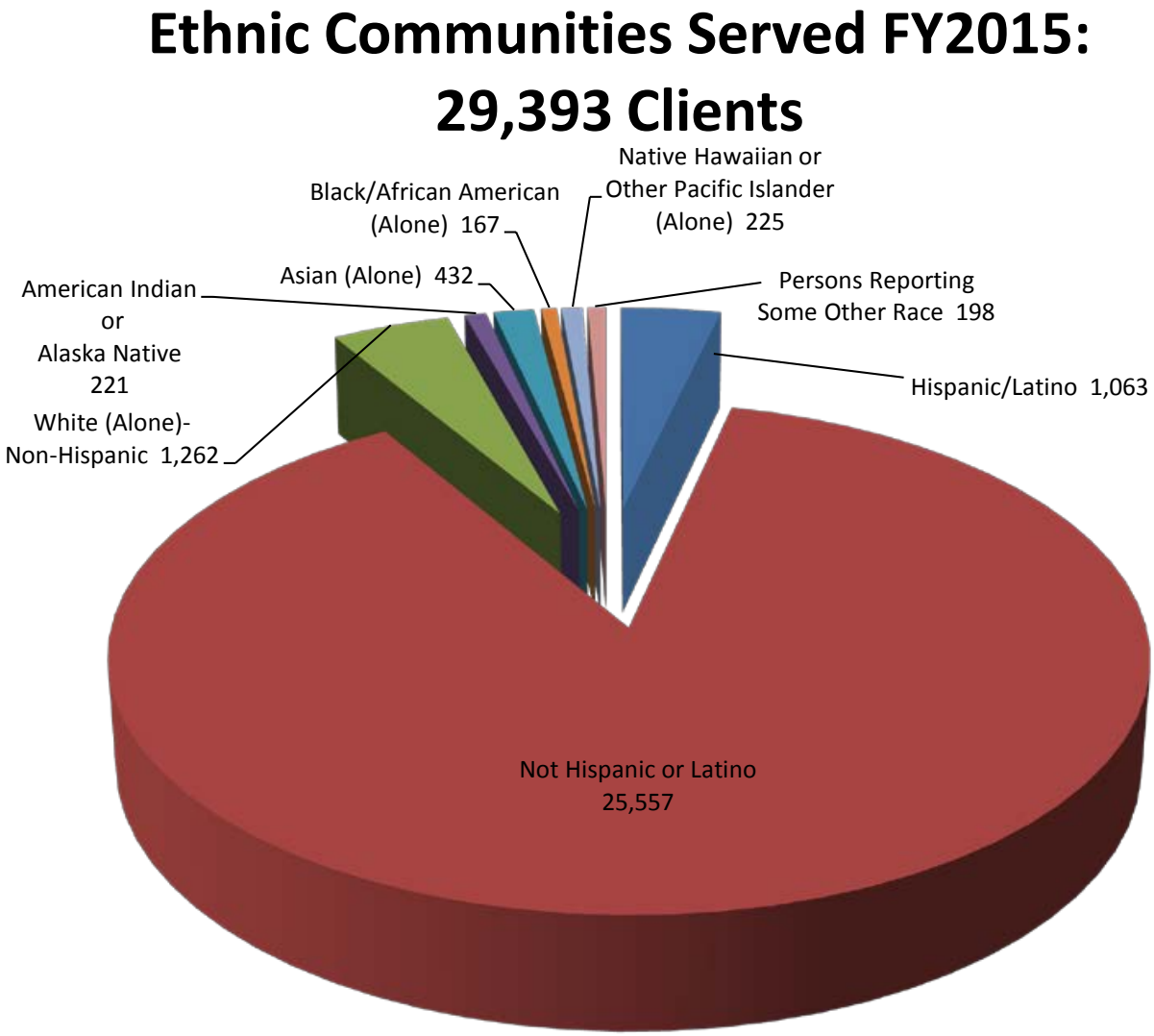


Total: $46,013,773.00
Source: Utah Division of Aging and Adult Services

B. Review of Aging Program Fiscal Year 2016 Activities

The following sections are a review of the services available through the Division and AAAs to help the elderly and their families deal with the changes and challenges inherent with the aging process. A constant theme in both the Utah Departments of Health and Human Services is the belief in collaborations between older adults and public/private partners to improve the quality of life and health for Utah's aging population.

During the 1980s, enacted OAA amendments required the AAAs to address the needs of older persons with limited English speaking ability, established a federal office for Native American, Alaskan Native and Native Hawaiian programs and increased an emphasis on services to elderly low-income ethnic minorities.



Nutrition and Health Program

Charlotte Vincent
Program Manager
801-538-3925
cvincent@utah.gov

Nutrition Program

Why Nutrition is Important

Proper nutrition makes it possible to maintain health and functionality, positively impacting the quality of life in older adults. As primary prevention and health promotion, nutrition counseling reduces chronic disease risk and addresses problems, which can lead to more serious conditions. As a component of chronic disease management, medical nutrition therapy (MNT) slows disease progression and reduces symptoms. Older adults who routinely eat nutritious food and drink adequate amounts of fluids are less likely to have complications from chronic disease and require care in a hospital or other facility.

Eighty-seven percent of older adults have one or more of the three most common chronic diseases, hypertension, diabetes and coronary heart disease, all of which are preventable or treatable in part with appropriate nutrition services.

According to the ***National Council on Aging, Fact Sheet: The Unseen U.S. Health Crisis of Malnutrition***, people over 60 are also affected by malnutrition. Many people think malnutrition refers only to people who are undernourished and appear emaciated. However, malnutrition is actually a broad term defined as the insufficient, excessive or imbalanced consumption of nutrients – and yes, many people in the U.S. are malnourished. People who are malnourished can appear to be overweight, underweight or perfectly "healthy". Being malnourished places Americans at risk for serious health consequences and creates significant costs to the U.S. healthcare system. A misperception is that malnutrition only impacts third world countries. However, many Americans are malnourished due to contributing causes such as poor diet and/or chronic disease.

Impact and Consequences of Malnutrition

Poor nutrition or malnutrition can result in the loss of lean body mass, leading to complications that negatively impact a broad range of health outcomes and increase healthcare costs, including:

- Reduced recovery from surgery/disease
- Impaired wound healing
- Increased susceptibility to illness/infection
- Risk of fall
- Longer hospital stays

- Increased hospital readmissions
- Prolonged stays in rehabilitation facilities
- Earlier admission to long-term care residential facilities, such as nursing homes

The ***Administration for Community Living Research Brief*** published October 2015, states the OAA Nutrition Program (NP) is not simply focused on meal provision or nutrition outcomes, but on how to maintain the health and functionality of older adults in the community. To maintain health and functionality, the OAA indicates that the OAA NP has specific purposes in addition to the overall OAA purposes. These specific purposes focus on how the role of nutrition contributes to:

1) Reducing hunger and food insecurity
2) Promoting socialization
3) Promoting health and well-being
4) Delaying adverse health conditions

Detailed information is provided from the ***Administration for Community Living (ACL) about Nutrition Services in OAA Title III c.***

FOR THE FIRST TIME IN ONE PLACE, THE *HUNGER IN OLDER ADULTS* REPORT:

- **Examines national programs** that address the needs of seniors, silos in these systems, and potential strategies to make them more effective;
- Synthesizes publicly available research and information **from government, organizations, academic studies, aging services reports and technical assistance materials;**
- **Examines the multiple ways that State Units on Aging (SUAs) tackle food insecurity** to better address senior hunger issues within their state;
- Illuminates some of the challenges and opportunities for the community-based nutrition services network **in serving older adults; and**
- **Recommends actions for leaders and advocates** to better communicate, coordinate or collaborate, and develop more effective interventions.

DOWNLOAD THE EXECUTIVE SUMMARY

DOWNLOAD THE FULL REPORT

READ THE PRESS RELEASE

Community Senior Centers

As part of a comprehensive community strategy, senior centers can offer services and activities both within and outside the senior center, as well as link participants with resources offered by other agencies. Senior center programs consist of a variety of individual and group services/activities including but not limited to the following: health and wellness, arts and humanities programs, intergenerational activities, employment assistance, information and referral services, social and community action opportunities, transportation services, volunteer opportunities, educational opportunities, financial and benefits assistance, and meal programs. Senior centers also serve as a resource for the entire community in developing innovative approaches to addressing aging issues, gaining information on aging, and providing support and training for family caregivers, professionals, lay leaders and students.

In the past twenty years, Senior Centers have undergone major changes. The National Council on Aging and National Institute of Senior Centers reports centers now need to work with many community partners, human service agencies,

volunteer organizations, citizen groups, various city departments, government agencies, AAAs and other community-wide planning and policy-making groups to support growth while continuing existing services. While service-delivery systems are growing more sophisticated, Senior Centers now must also play a critical role as the community focal point for older adults within the system. In addition, a wide range of needs exists due to the large amount of diversity in age, income and ethnic backgrounds as well as physical and mental conditions of older Americans. This growing diversity of the older population impacts program planning and scheduling, needs of families and caregivers and intergenerational interests groups. With an array of public and private funding sources available it is imperative centers strive to become proficient in pursuing funding and resources to meet the growing needs of seniors. Senior Centers must also clearly define relationships and channels of communication in the community's aging network and establish ethical guidelines for their operations.

NCOA's National Institute of Senior Centers (NISC) offers the nation's only ***National Senior Center Accreditation Program***. To advance the quality of senior centers nationwide, NISC developed the program with nine standards of excellence for senior center operations. These standards serve as a guide for all senior centers to improve their operations today—and position themselves for the future. Fourteen of Salt Lake County's Senior Centers have completed accreditation status.

CONGREGATE MEALS	HOME-DELIVERED MEALS (HDM)
The Congregate Meal program provides one meal a day that meets one-third of the dietary reference intake for elderly persons at approximately 105 meal sites across the state (and eight sites which are not state-funded). These meals are made available to individuals age 60 and over. Nutrition education is provided to all participants and good health habits are continually encouraged. Those who receive these meals are encouraged to give a confidential financial contribution. The local AAA establishes the suggested contribution amount. These contributions covered 22 percent of the total expenditures in FY 2016 and are used to enhance the Congregate Meals program.	The HDM program provides one meal a day for elderly persons who are age 60 or over, home bound and have limited capacity to provide nutritionally balanced meals for themselves. These meals provide one-third of the dietary reference intake required. Other in-home services are provided when identified through assessment. Home-delivered meals are delivered to the participants' homes five days a week, except in some rural areas where funding may limit delivery to only three or four days a week with a waiver approval. Through the assessment process, an effort is made to assure those with severity of need receive meals. Contributions are encouraged in an amount set by the local AAAs and go directly to the HDM Program. In FY 2016, contributions to the program covered 20.4 percent of the total expenditures. Due to funding limitations, there are still unserved and underserved areas of the state.

The following profile of Home-Delivered Meals (HDM) recipients describes the typical participant and what may be expected in future years:

- Thirty-eight percent are seventy-five years of age or older**;** thirty-three percent are 85 years of age or older
- Sixty-two percent are female; thirty-nine percent male

- Forty-three percent live alone but one-third need assistance with and have more than three ADLs (Activities of Daily Living) and more than three IADLs (Instrumental Activities of Daily Living)
- Forty-one percent live in rural areas of the state.
- All receive some nutrition education at least twice per year. Most receive at least five meals per week

According the ***Mathematica Policy Research Report for AOA***, the average cost of a congregate meal was $10.69 and home-delivered was $11.06 meal (weighted) in the United States. The average cost of a congregate meal was $12.13 and home-delivered meal (weighted) was $14.32 by the Western geographic region. Statistics for Utah are shown in the tables below:

CONGREGATE MEALS – FY2016	
Unduplicated Persons served	22,305
Meals served	682,314
Total expenditures	$5,986,932
Contributions by seniors	$1,316,397
Average cost per meal*	$8.77

HOME-DELIVERED MEALS – FY2016	
Unduplicated Persons served	9,391
Meals served	1,147,757
Total expenditures	$7,838,383
Contributions by seniors	$1,598,828
Average cost per meal*	$6.83

**Cost includes direct costs (food, labor, transportation), indirect costs (screenings, education), and administration costs.*

As medical advances allow people to live longer, seniors are experiencing increased chronic illness, which limits their ability to adequately care for themselves. The HDM Program helps meet the needs of these individuals. With the growing elderly population it is expected there will be an increase in demand for this service.

Cost-Benefit Support: The cost of one day in a hospital roughly equals the cost of one year of OAA Nutrition program meals. One month in a nursing home costs about the same as providing mid-day meals five days a week for about seven years.

(2007 State program report. US Administration on Aging Web site ***http://www.aoa.gov/AoARoot/Program_Results/SPR/2007/Index.aspx#national.*** *Last modified September 21, 2015. Accessed January 16, 2013.) see when this article was last modified. If it has changed, change this notation.*

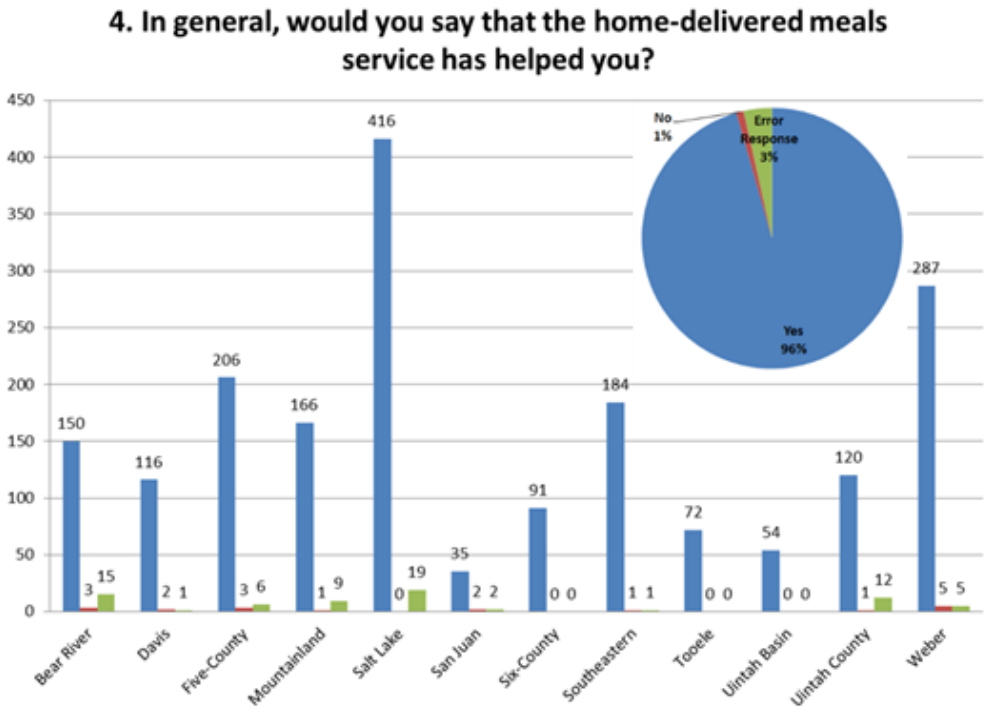
POMP Home Delivered Meals Survey

The Administration for Community Living (ACL, formerly known as the Administration on Aging) developed the Performance Outcome Measurement Project (POMP). This was a multi-agency collaboration involving ACL along with state and local Agencies on Aging. The intent was to assist in assessing program performance of State Units on Aging (SUA), Area Agencies on Aging (AAA), along with helping ACL to meet both the accountability provisions of the Government Performance and Results Act (GPRA) and the Office of Management and Budget's (OMB) Program assessment requirements.

The Utah Division of Aging and Adult Services (DAAS)/SUA along with its twelve AAAs collaborated to utilize the POMP survey tool to assess the adequacy and benefits of Home Delivered Meals (HDM) throughout the State of Utah.

UTAH IS THE FIRST STATE IN THE NATION TO COMPLETE THE POMP HOME DELIVERED MEALS SURVEY COLLECTING VALUABLE DATA AND SETTING THE BAR FOR OTHER STATES TO FOLLOW.

A questionnaire was distributed to every participant of the Meals on on Wheels Program in 2014. A total of 4,648 surveys were distributed with a return of 2,009. After deleting the surveys with recognition errors, the total number of surveys used in the study was 1,972. This represents a forty-two percent return rate.



Health Promotion and Disease Prevention Program

The definition of healthy aging according to the ***National Council on Aging*** (NCOA) is *"A broad concept which is more than just physical health status or absence of disease: it encompasses many other important aspects of health, including intellectual, emotional, social, vocational and spiritual health. If any of these critical areas are out of balance, optimal healthy aging may be impaired. Behavior and lifestyle choices impact each of these aspects of health: therefore, any program designed to facilitate optimal health in aging must address these areas of optimal health through education, behavior modification and supportive environments."* [1]

Health promotion and disease prevention programs are necessary to reduce medical costs, to prevent premature institutionalization, and to save taxpayers' dollars. These programs can also help prevent depression among the elderly, reduce limitations of daily living activities caused by chronic diseases and lack of exercise and increase the quality of life among older adults. According to a report released by Trust for America's Health in July 2008, an investment in ***Strategic Disease Prevention Programs in Communities*** would have the potential Annual Net Savings and Return on Investment (ROI) of $3.70 to $1.00 within five years. Which would mean if Utah invests $10 per person per year (a total of $89 million), the potential ROI would be $3.70 to $1.00 or $329,300,000. Detailed information is provided from the ***Administration for Community Living (ACL) about Disease Prevention and Health Promotion Services (OAA Title III D)***.

[1] ***http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/HA_CommunityPartnerships.pdf***

Until August 31, 2016, DHS in partnership with the ***Utah Department of Health***, the Utah Department of Medicaid and the ***Aging Disability Resource Center*** received two grants from AoA for Chronic Disease Self-Management Education Programs. These grants enabled the State of Utah, with the ***Utah Arthritis Foundation*** and other partners to provide education and training, advocacy and services to individuals with chronic disease(s).

Detailed information is provided from the ***Administration for Community Living (ACL) about Chronic Disease Self-Management Education Programs***.

January 1, 2016 through December 31, 2016 there were 623 participants in Chronic Disease Self-Management Workshops with 456 being completers (attend 4 of 6 sessions) of the workshops. Detailed reports are provided from the ***Utah Arthritis Program (UAP)***.

Utah has a big Falls Prevention Initiative. Detailed information is provided from the ***Administration for Community Living (ACL) about Falls Prevention***

In Utah the program Stepping On was funded by a grant from the Administration for Community Living (ACL) as a falls prevention initiative. In Utah from October 1, 2015 through September 30, 2016, 783 participants participated in workshops that educated them and prepared them to help prevent falls. Complete details report is provided from the ***Administration for Community Living (ACL)***. The National Council on Aging has produced the ***2016 Impact Report*** about how senior programs have improved the lives of older adults from now until 2020.

Throughout 2016, Utah continued to have a great need for more widespread use of evidence-based interventions. Currently, evidence-based programs are available on a limited basis for individuals living with the effects of arthritis, diabetes, falls and heart disease. In Utah, current evidence-based programs for chronic conditions include:

- Arthritis Foundation Self-Management Program
- Arthritis Foundation Exercise Program
- Arthritis Foundation Aquatics Program
- Arthritis Foundation Walk with Ease
- Chronic Disease Self-Management Program
- Diabetes Self-Management Program
- Enhanced Fitness
- Functional Analysis Screening for Falls
- "Matter of Balance, A Falls Program"
- "Stepping-On, A Falls Program"
- Home Health Diabetes Case Management Program
- Aging Mastery Program

The Department of Health also has a Heart Disease and Stroke Prevention Program located within a local HMO system, which is available to the members of the HMOs.

National Family Caregiver Support Program

Nancy Madsen
Program Manager
801-538-3926
nmadsen@utah.gov

The National Family Caregiver Support Program (NFCSP) established in 2000, enabled Utah to expand services to those providing care to an aging family member, friend, or neighbor. Prior to this from 1996-2000, Utah administered a state-funded respite program for caregivers. During that period a little over 1,000 caregivers received respite care services.

Supporting family caregivers is of the utmost importance due to their key role in upholding American family values and honoring the desire of many older adults to live at home and stay close to their families for as long as appropriate. Utah could not meet its long-term care obligations without contributions from family caregivers. Research indicates that the vast majority of older people prefer to live in their current residences. By providing informal care, family members honor their relative's wishes to remain at home, and save the nation over $450 billion each year in uncompensated care-preventing premature institutionalization. Many studies report that caregivers who receive services to support their caregiving efforts from NFCSP experience a decrease in the negative effects of caregiving, including decreases in stress, anxiety and depression, enabling them to provide care longer.

The NFCSP has no financial eligibility requirements in order to receive services, and focuses on identifying and serving families who are the most economically or socially isolated. The usual access point for these services is the local Area Agency on Aging. Caregivers across the state can learn about the resources and services available by contacting these agencies.

With the reauthorization of the OAA in 2006, there was a commitment to provide outreach and services to a broader audience of family caregivers under the NFCSP. The reauthorization included providing caregiver services to a non-parent adult who cares for a child of any age with a disability; allowing participation of a grandparent or relative caregiver beginning at age fifty-five and clarifying that an older individual may receive services if providing care for a child related through blood, marriage, or adoption; and authorizing caregiver support for relatives responsible for the care of an individual of any age who is diagnosed with Alzheimer's disease or a related neurological disorder. Priority is given to caregivers of relatives with Alzheimer's disease who are over age sixty.

The updated OAA modernized community-based long-term care systems by empowering consumers to make informed decisions about their care options, giving people greater control over the types of services received, creating more opportunities for high-risk individuals to avoid institutional care, and enabling more seniors to live healthy lives in their communities. Changes in the OAA have supported and complemented ongoing

changes in the Medicare and Medicaid programs to provide increased options for, and greater integration of, home and community-based care and services for older and disabled individuals and to help rebalance health and long-term care for the twenty-first century.

The Older American's Act was reauthorized again after almost five years after it had expired. It was signed into law on April 19, 2016 by President Barack Obama and is effective for FY 2017 through FY 2019. With respect to the NFCSP, the Administration for Community Living (ACL) states that current law was clarified stating that older adults caring for adult children with disabilities and older adults raising children under 18 are eligible to participate in the NFCSP. These new definitions allow the NFCSP to be more inclusive in serving older-relative caregivers, including people who are age 55 or older and parents of individuals with disabilities. 372(a). It further clarifies that a state may use not more than 10 percent of the total (federal and non-federal share) available to the state to provide support services to older-relative caregivers. 373(g)(2)(C).

The enactment of the NFCSP and subsequent reauthorizations of the OAA have enabled thousands of caregivers to receive respite services. Thousands more have been able to access critical services to protect their well-being and help them provide care to a loved one.

Utah Caregiver Support Program

Utah's caregivers continue to have a wide array of support services available to them including the traditional respite care and options for supplemental services as needed. Caregivers receive information about programs and resources along with guidance on how to access those resources. Education, training, and support are also available to help caregivers learn more about their caregiving role and working within the system. Other services such as financial and legal counseling, assistance with transportation, and more are offered on a limited basis.

The chart below shows the comparison of total caregivers serving elderly individuals in each category of the Utah Caregiver Support Program for FY2014, FY2015, and the current FY2016 year:

	FY2014	FY2015	FY2016
Counseling/Support Groups/Caregiver Training	643	559	1,989
Respite Care	494	544	504
Supplemental Services	268	251	205
Self-Directed Care	0	0	0
Access Assistance	1,966	1,510	2,286
Information Services	949,900	763,488	250,994

The chart below shows the comparison of total grandparents and other elderly caregivers serving children in each category of the Utah Caregiver Support Program for FY2014, FY2015, and the current FY2016 year:

	FY2014	FY2015	FY2016
Counseling/Support Groups/Caregiver Training	0	0	0
Respite Care	22	23	00
Supplemental Services	0	5	0
Self-Directed Care	0	0	0
Access Assistance	0	25	0
Information Services	0	0	0

All AAAs were monitored in person by the State Program Manager during this fiscal year. A concentrated focus has continued for case managers within the Area Agencies on Aging to place an increased emphasis on empowering clients during their time on the UCSP. Mentoring was provided with challenging cases as well as ideas for finding new caregivers. Case managers have been encouraged to provide specific documentation in their monthly case notes of their efforts to provide information, education, and/or strength-based training to each client that is germane to their particular challenges in caregiving, with the goal of increasing self-reliance and reducing the recidivism rate of those clients that stay on the program for multiple years. To this end, the State Program Manager has formed strong associations with the Utah Alzheimer's Association, Utah AARP, and others described in the section below on partnerships. All have been very generous in providing information and materials to the State offices and local Area Agencies on Aging that are beneficial to our family caregiver clients.

2016 State of Utah Caregiver Survey

The Utah Division of Aging and Adult Services (DAAS)/SUA along with its twelve AAAs collaborated to utilize an adaptation of the Performance Outcome Measurement Project (POMP) survey tool to assess the adequacy and benefits of the Caregiver Support Program throughout the State of Utah.

The Administration for Community Living (ACL, formerly known as the Administration on Aging) developed the POMP survey. This was a multi-agency collaboration involving ACL along with state and local Agencies on Aging. The intent was to assist in assessing program performance of State Units on Aging (SUA) and AAAs along with helping ACL to meet both the accountability provisions of the Government Performance and Results Act (GPRA) and the Office of Management and Budget's (OMB) Program assessment requirements.

The purpose of the 2016 Caregiver Survey was to assess if the program is having a positive impact on family caregivers and their ability to care for their care receivers. A questionnaire was distributed to every client receiving respite services in the Utah Caregiver Support Program during FY 2016. A total of 478 surveys were distributed in September 2016 with a return of 192 responses. This represents a forty percent return rate.

Significant findings include:

a. Eighty-two percent of caregivers report the UCSP is delaying the placement of the senior they are caring for into institutional care.

b. Eighty percent of caregivers report they are able to remain in their role as a caregiver for a longer period.

c. Fifty-three percent of caregivers state they are in a better position to continue being a caregiver without government-supported assistance.

Rosalyn Carter Institute for Caregiving

The Rosalyn Carter Institute for Caregiving has a goal to increase the use of "science that works" to support both professional and family caregivers. The Institute provides a structured training program and certification process for an *evidence-based intervention designed to provide* the greatest chance of improving the health and well-being of caregivers. This includes a newly-launched toolkit on evidence-based programming for seniors.

On June 23, 2015, a representative from the Rosalyn Carter Institute for Caregiving came to Utah for the purpose of training Case Managers in this evidence-based intervention. Several individuals attended the training and some Case Managers from Mountainland and Five-County AAAs were certified. The program has been implemented in these two AAAs for FY 2016. Results of this intervention will be forthcoming in the annual report for 2016.

Hartford Change AGEnts Initiative

On May 21, 2015, the Gerontological Society of America (GSA) approved a small Hartford Change AGEnts Initiative Action Award for Dr. Jacqueline Eaton at the University of Utah. She is one of seven awardees nationally who has been selected for funding to implement a meaningful one year practice change project. The start date for this project is June 1, 2015 and the end date is May 31, 2016. DAAS has agreed to provide interprofessional collaboration and supportive partnership through time, expertise, and networking abilities to this unique arts-based Action Award.

This project has two specific aims: 1) collaborate with early and experienced caregivers to create an ethnodrama targeting early caregiver intervention, and 2) disseminate caregiving resources while increasing publicity and support through professional performances of the resulting ethnodrama to the wider community. Three professional performances of the ethnodrama will be given targeting policymakers, aging professionals, and the community at large. The overarching goal of this project is that early caregivers in Utah will have a heightened awareness and greater understanding of available resources, the Utah Caregiver Support program will be more accessible to early caregivers, and Utah legislators will be more aware of caregiving needs in the state.

Forms and Reporting

In October 2015, a final NAPIS Categories compilation was distributed to all AAAs with criteria for categorical reporting in NAPIS along with examples for each category in the UCSP. This was the result of research through the Administration on Community Living (ACL) as well as gathering input for examples from the AAA Directors and staff. Inservice training by the state program manager was provided to all AAAs during this fiscal year. AAAs have found this compilation to be helpful in creating consistency of their numbers across the state for our year-end state report.

Updated Intake and Assessment forms were rolled out on January 1, 2016. The new forms are fillable PDFs that can be edited and saved at any point in the process. The Assessment includes several Best Practice forms that can be filled out over the course of several visits to provide strength-based training and education to caregiver clients. Topics include home safety, nutrition, later life wishes, and additional resources caregivers may be interested in. The forms can be filled out online or printed, and the transition has been seamless from previous versions.

Veteran Outreach

An increased effort has been placed this year on assisting caregivers of Veteran care recipients to the Veterans Administration (VA) for services. Qualifying veterans are able to access beneficial services at a higher rate and for much longer than they can on the UCSP. Several AAAs have had a member of their staff trained as a Veteran Service Officer (VSO) in order to assist potential clients in accessing services through the VA.

Other AAAs throughout the state have participated in the Veteran Directed Home and Community Based Services Program (VD-HCBS). This program provides Veterans the opportunity to self-direct their long-term supports and services and continue to live independently at home. Eligible Veterans manage their own flexible budgets, decide for themselves what mix of goods and services best meet their needs, and hire and supervise their own workers. Through an Options Counselor, the Aging & Disability Network provides facilitated assessment and care/service planning, arranges fiscal management services, and provides ongoing options counseling and support to Veterans, their families and caregivers. More can be read about this program on a national level by visiting: http://www.acl.gov/Programs/CIP/OCASD/VDHCBS/index.aspx

FY2016 AAA Highlights:

A great work is continuing to move forward in each of the twelve Area Agencies on Aging. Throughout the state on the local level and in addition to respite and supplemental services, numerous family caregivers participated in caregiver conferences, attended caregiver support groups and educational opportunities, and were provided with options counseling. It is evident that agency directors and case managers are very dedicated, know their clients and communities very well, and are serving them in an exceptional manner. A few highlights emphasizing the various aspects of the Caregiver Support Program throughout the State of Utah are as follows:

Bear River AAA has become extremely dedicated in reaching out and finding all veterans in their service area. Director Michelle Benson states that their staff has created an “Are You a Vet?” culture. Every caller or contact that is made is asked that question. Debbie Crowther has been trained as a Veteran Service Officer and performs a significant amount of outreach. She trains other AAAs with Jennifer Morgan who is with the ADRC. She is actively involved in finding veterans and works closely with the Utah State counterpart. As a result, several individuals have been taken off programs and waiting lists and are now receiving services through the VA. They are additionally involved in the VD-HCBS program which has been described earlier in this report.

Davis County AAA Caregiver Advisory Council accomplished has several goals this fiscal year. Council members presented and sponsored the caregiver education series which is offered several times a year and has approximately 30 in attendance each session, and they sponsored the Rejuvenation Event for caregivers during Caregiver Month in November 2015. They were active in distributing senior services information to physician offices, HR Departments at various employers, and disseminated information to local businesses, restaurants,

and more to promote marketing for the caregiver program. They have continued the Pinterest boards, Facebook posts, and Twitter, work towards increasing the number of caregivers receiving the monthly newsletter.

Five County AAA: The Rosalyn Carter Institute (RCI) evidence-based caregiver training has been highly successful at Five County and they are thrilled. At this time, none of the three RCI clients have required respite services due to the exceptional training they are receiving from case managers assigned to them. This program encourages "natural supports" where caregivers gain increased knowledge regarding aging in place/in the community, increase self-reliance, and learning to care for themselves as caregivers. During this fiscal year, three different case managers oversee one RCI client each in order to have the case manager benefit from the excellent resources and training in the RCI program itself. When these clients rotate off, the plan is to utilize different case managers with new clients.

Mountainland AAA: The Care Partners program continues to build with community and university student volunteers who provide companionship and respite to family caregivers in their service area. The AAA sponsored billboards and newspaper ads, and AARP did a blast e-mail in an effort to grow the program. Mountainland has since received a $20,000 CDBG grant to develop this program further. Another notable accomplishment this year for Mountainland AAA is their sponsorship of a 10-week training series for GrandFamilies in their area in order to support grandparents caring for care receiver that are not on the Caregiver Support Program.

Salt Lake County Aging: Under the direction of Kathy Nelson, SLCO has partnered with three local libraries around the county for their caregiver education workshops (Caregiver Academy). These classes are in a six-part series offered in the morning or evenings twice a year now. Classes include Caregiving 101; Compassionate Fatigue and Building Resilience; Family Dynamics: Involving the Family; Setting Good Care Boundaries; Coping with Difficult Behaviors, and In-Home and Facility Care Choices.

San Juan County: The iPad project that was started last year has been very successful. One iPad is dedicated to the Caregiver Program and the case manager can check this out to clients for one month at a time. There are three iPads in Monticello and one in Blanding, all of which have been loaded with several resources and are in rugged cases to protect them. One couple who speaks only Spanish and are fairly isolated was able to use the iPad in their native language. This has been a wonderful out-of-the-box idea that has been an extremely rewarding venture.

Six County: Utilizing the model for Dementia Reminiscence/Activity Kits that Sheri Reber from Five County shared at the OAA Annual Training in April 2016, utilized some of their Caregiver funding at the end of this fiscal year to purchase and assemble smaller versions of these kits. The kits will be given to caregiver clients on UCSP as well as other family caregivers who are not formal clients in the coming months. In the Six County region, Scott notes that there are not providers in the more remote areas who can serve caregivers but this is one way Six County has found to serve them. Through the efforts and mentoring of the case managers, the heartwarming stories are already coming in of how beneficial these kits have been in helping to relieve caregiver stress.

Southeastern Utah AAA: There is a strong partnership between this AAA and Active Re-Entry in their area. During this fiscal year, a new form has been instituted between the AAA and Active Re-Entry to meet the needs

of clients on AAA programs or utilizing options available at Active-Re-Entry. This form was created by envisioning a new mindset of "starting at the door," (of their home) and thinking about what seniors need to make their lives easier and not just manageable? Items on this form include assistive technology equipment (ramp, wheelchair, lift hair, restroom aids, etc.); equipment loan bank program; low vision/vision loss program; Veterans Benefits Services; Music & Memory Program (consumer needs to be home-bound); friendly visitor program (consumer needs to be lonely/homebound); community integration (socialization); power scooter/wheelchair training; nursing home diversion; nursing home transition; home evaluations. Support groups are also offered for low vision; active access; caregivers; and grief support. In fact, it is the grief support groups that are the most well-attended.

Additionally, in this service area, home health providers are the best source of client referrals. After a presentation by Director Shawna Horrocks at the local hospital, the discharge planner has also begun referring patients to the AAA for programs, including the UCSP.

Tooele County: A four-part caregiver education series was presented in April 2016 that included 1) a class on "how to" techniques and tips for providing care presented by a home health agency; 2) how to lower costs for medications and supplies presented by a local pharmacist; 3) all about Medicare presented by a SHIP counselor and the admissions director at Willow Springs; and lastly, 4) advice from a seasoned caregiver in Tooele, and Jamie Zwerin, case manager, on local resources. Additionally, the second annual and highly successful Senior Health Fair was held that featured several caregiver resources and classes.

Uintah Basin: With respect to outreach, a new website and link to the Aging Services Facebook account has proven to be the best way for caregivers in this rural area to find Aging Services and access information and assistance. Additionally, all caregiver clients are educated individually on other Aging Services programs including HEAT, weatherization, food pantry, housing, the 24/7 Helpline with the Alzheimer's Association, etc.

Uintah County: In this rural area, home health agencies have proven to be the most consistent source of referral for caregiver clients when Medicare stops paying for provided services. In addition, information regarding the Caregiver Support Program is provided to home delivered meal clients who have a caregiver. A monthly newsletter is also sent out every month to caregivers by one of the case managers.

Weber County: Weber County has a highly successful caregiver education series every Fall and Spring that has anywhere from 25-50 individuals attending. Attendance has increased every year. Participants learn about these classes via newspaper ads and word-of-mouth. Creative titles and a variety of subjects are offered. Of note as well, case manager Rebecca Tanner has recently begun a Facebook page where she posts daily tips for caregivers.

State of Utah Longitudinal Caregiver Survey:

During DFY2016 and at the request of the AAA Directors, the Caregiver Support Program Manager assisted the AAA Directors to develop a new statewide longitudinal caregiver survey. This survey will combine an outcome-based approach with a caregiver satisfaction approach. The AAAs will no longer send out satisfaction surveys on the local level. After several months, the longitudinal survey was completed and placed online in a SurveyMonkey account. A hard copy version was also created for caregivers who do not choose to utilize the internet. A fillable PDF version was created for case managers to utilize in the field if a client requests

assistance in filling the survey out. All hard copy surveys are entered into SurveyMonkey. The survey was launched on July 1, 2016, and the data can be analyzed both on a statewide level or local level with several filters at any time.

Public-Private Partnerships

AARP: Several AAAs are utilizing AARP's Prepare to Care publication which has topics that apply to all caregivers along with helpful forms they can utilize. These include: starting the conversation, making plans, how to work together as families in sharing the caregiving role, finding and accessing community resources, and caring for the caregiver. AARP has also provided us with Patient Designated Caregiver Cards to disseminate to all seniors.

Utah Alzheimer's Association: This non-profit association has been very generous in providing access to materials and complimentary family counseling for those families who are caring for care recipients with dementing diseases. A webinar was conducted by Kate Nederostek giving a tour of Utah's Alzheimer's Association website (www.alz.org/utah). Case managers are able to disseminate publications printed off the website to caregiver clients and others as well as utilize them in discussing topics of interest with their clients. Case managers have also been encouraged to familiarize their clients who have loved ones suffering from dementia with the Alzheimer's Association 24/7 Helpline. Cards with this information have been given to all case managers throughout the state.

Coordinating Council for Alzheimer's Disease & Related Dementias: The Utah State Legislature unanimously approved the Utah State Plan for Alzheimer's Disease and Related Dementias in 2012; however, no funding was provided to implement the goals and objectives of this plan. The 2015 legislative session finally approved funding and specialist Lynn Meinor was hired within the Department of Health where this program is housed. Lynn has recruited organized a very diverse council that meets bi-monthly at the Department of Health. The Division of Aging & Adult Services is represented on this council by the Caregiver Support Program Manager. These workgroups consist of 1) A Dementia-Aware Utah, 2) Health and Dignity for All with Dementia and Those at Risk, 3) Supported and Empowered Family Caregivers (led by Nancy Madsen, Caregiver Support Program Manager), 3) A Dementia-Competent Workforce, and 4) Expanded Research in Utah.

This very active and dynamic council has accomplished much in the first 18 months of existence. To be succinct, all workgroups are actively engaged in various aspects of the five goals, 18 broad recommendations and nearly 100 specific strategies outlined in the Utah State Plan. After a very successful Town Hall held in St. George, a second council has been formed in the Southern Utah area which is equally dynamic and growing. A Town Hall will be held in Logan, Utah during the new fiscal year with anticipation of a Northern Utah council forming soon after.

Of significant note, Dementia Dialogues, a basic practical training course leading to a dementia specialist certificate was brought to Utah and offered in August 2016 with over 125 attendees. Following this all day intensive training, 26 aging professionals were then trained as instructors from all areas of Utah. These instructors, many of whom include case managers in our Area Agencies on Aging as well as the Caregiver

Support Program Manager, have become actively involved in teaching the basic dementia course in their regions.

Family caregivers all over the State of Utah are already benefiting greatly from the efforts and work of this Coordinating Council. It is one of the most fast-moving and successful partnerships our Division could be involved with.

Hartford Change AGEnts Initiative: On May 21, 2015, the Gerontological Society of America (GSA) approved a small Hartford Change AGEnts Initiative Action Award for Dr. Jacqueline Eaton at the University of Utah. Under Dr. Eaton's lead, DAAS agreed to provide inter-professional collaboration and supportive partnership through time, expertise, and networking abilities to this unique arts-based Action Award. This award was one of seven nationally that was given funding to implement a meaningful one year practice change project. The project timeline was from June 1, 2015 to May 31, 2016.

This project had two specific aims: 1) collaborate with early and experienced caregivers to create an ethnodrama targeting early caregiver intervention, and 2) disseminate caregiving resources while increasing publicity and support through professional performances of the resulting ethnodrama to the wider community. Twenty-two diverse Utah family caregivers interviewed each other over four time periods. Their interviews were recorded, transcribed, analyzed, and the actual and exact words of the caregivers were woven into a compelling script.

Six professional performances of this research-based play were given targeting policymakers, aging professionals, and the community at large. The overarching goal of this project was to promote the needs of informal family caregivers and increase awareness and greater understanding of available caregiver resources, including the Utah Caregiver Support Program, for all targeted audiences. Aging and Caregiver resources were shared with all audience members at each performance. Evaluations from each performance have been very positive with a strong sentiment that "everyone" needs to see this, including policymakers. Family caregivers have felt validated in their difficult roles as they have watched the performance and have shared comments such as "I'm not alone, and some of the things I am feeling and thinking doesn't make me a bad person – it's normal." And "It validated my years of caregiving. It was therapeutic, refreshing, and accurate. It was a gift to me personally and I think to all in attendance."

Although the initial action award grant has ended, there have been continuing requests for performances of Portrait of a Caregiver. Additional grants are in the process of being applied for to fund further research and efforts of this project. In addition, Dr. Eaton and Nancy Madsen have been accepted to present the research for this project and our collaborative efforts between a public-private partnership at two prominent and professional aging conferences – the National American Society on Aging (ASA) and the International Association of Gerontology and Geriatrics (IAGG) in 2017.

Special Project: State Employees Who Balance Work & Informal/Family Caregiving

Ann Williamson, Director of the Department of Human Services, expressed interest in the prospect of an employer-based program to support state employees who also serve as informal or family caregivers. This research for this request was implemented and carried out through a Certified Public Managers Project which consisted of a consulting team of eight State employees from various departments over the course of twelve weeks. The Caregiver Support Program Manager participated as a member of this consulting team.

Preliminary discussions were held with Lana Stohl, Deputy Director for DHS (representing Ann Williamson); Nels Holmgren, Director for DAAS; and Michael Styles, Assistant Director for DAAS. Concerns were expressed that informal/family caregivers are not self-identifying, there is a lack of awareness of caregiver resources, and that caregiving responsibilities are having an impact on State employment.

The consulting team was requested to 1) recommend an internal support system with suggestions for internal policy, 2) provide suggestions that would empower State employees to define working parameters for how to balance family and career, 3) recommendations for a structured consistent practice among supervisors, and 4) scalability for this project to be implemented on a small and incremental basis starting with DHS State employees who work in the Multi-Agency State Office Building (MASOB).

For purposes of our research, a caregiver was defined as: a person who in a non-professional capacity assists with the support or care of another person, of any age, with incapacitating conditions, disabilities, chronic illness, vulnerability, and mental impairments. A needs assessment survey was created and sent to over 22,000 state employees with close to 4,000 responses which gave us a 99% confidence level with a plus or minus 3% margin of error. Of these responses, 1,990 identified as informal/family caregivers.

Data was analyzed and findings and recommendations were presented to Lana Stohl, Nels Holmgren, and Michael Styles as well as an audience of other invited guests. We recognized and the survey results supported that a successful outreach program reaching a wide variety of audiences would have various ways and methods for disseminating information and providing support. Therefore, four areas of recommendations were shared for inclusion in a successful outreach campaign which included: 1) internal sources, 2) an employee caregiver advocate,) recommendations for supervisor support and 4) external sources. Each area was discussed in detail with specific suggestions for implementation, estimated cost of each recommendation, and the impact on improvement for both the State of Utah and the State employee. These findings are documented and can be found in the offices of Lana Stohl, Nels Holmgren, Michael Styles, or Nancy Madsen.

Utah Coalition for Caregiver Support

Formed in March 2002, The Utah Coalition for Caregiver Support is a statewide partnership of approximately thirty organizations. UCCS meets regularly on a monthly basis to discuss the issues impacting caregivers throughout the state. Their vision is providing Utah caregivers with knowledge and access to resources, which support them. Their mission statement includes creating awareness of caregiving issues and improving the quality of life for caregiver and care recipients through advocacy, information, support, and access to resources.

Accomplishments this fiscal year include a new and informative website (***www.utahcares.org***) which is continuing to evolve in content. In addition, twelve diverse caregiver training modules were created in collaboration with Utah State University gerontological researchers. These can be easily accessed by consumers visiting the coalition website.

Home and Community-based Programs

Peggy Matlin
Program Manager
801-538-3923
pmatlin@utah.gov

The Home and Community-based Alternatives Program

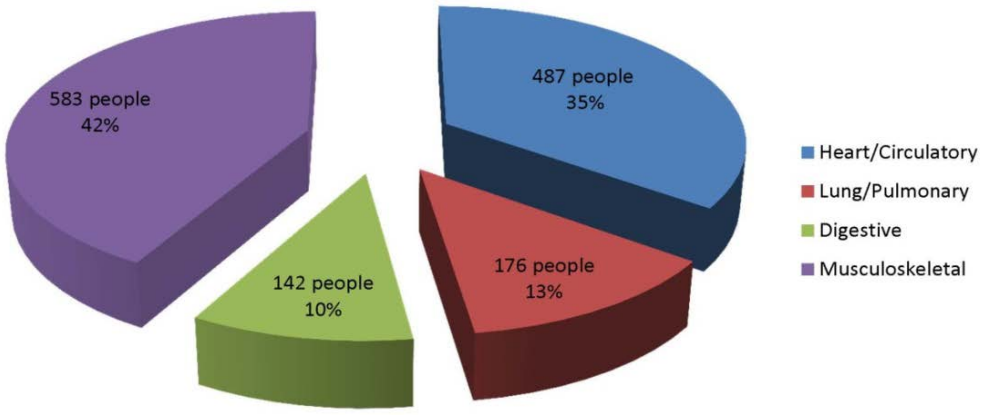
Developed and funded by the State of Utah, the Home and Community-based Alternatives Program provides in-home services, allowing people to remain in their homes and communities as they age, with cost-effective functional supports, thus reducing the need for nursing home placement.

Since its inception three decades ago, the stated goal of the program has been to prevent premature placement in nursing facilities, as well as to provide additional benefits to individuals including enhancement of the quality of life, promotion of independence in one's own home, and general well-being. The extreme escalating costs, of long-term care facilities, now an average of $68,561 per year for aging Utahns according to ***www.aarp.com***, using their long-term care calculator, contrast sharply with the average annual service costs of $3,816 for program participants.

Case management is the primary service offered through the Home and Community-based Alternatives Program. Every AAA in Utah has professional case managers trained in the issues of aging and understanding local community resources. Utah's communities are varied and unique, and by understanding the local resources the case managers are able to provide excellent service. Clients must meet age, frailty, and financial eligibility guidelines to receive services under the Home and Community-based Alternatives Program; it is the most flexible of all in-home programs. This core flexibility allows case managers to design a service package that meets a client's unique needs once eligibility is established. Demand for Alternatives services continues to be high; currently more than 500 people around the state are waiting for services.

Current Client Diagnoses for Home & Community-Based Alternatives Program: November 2014

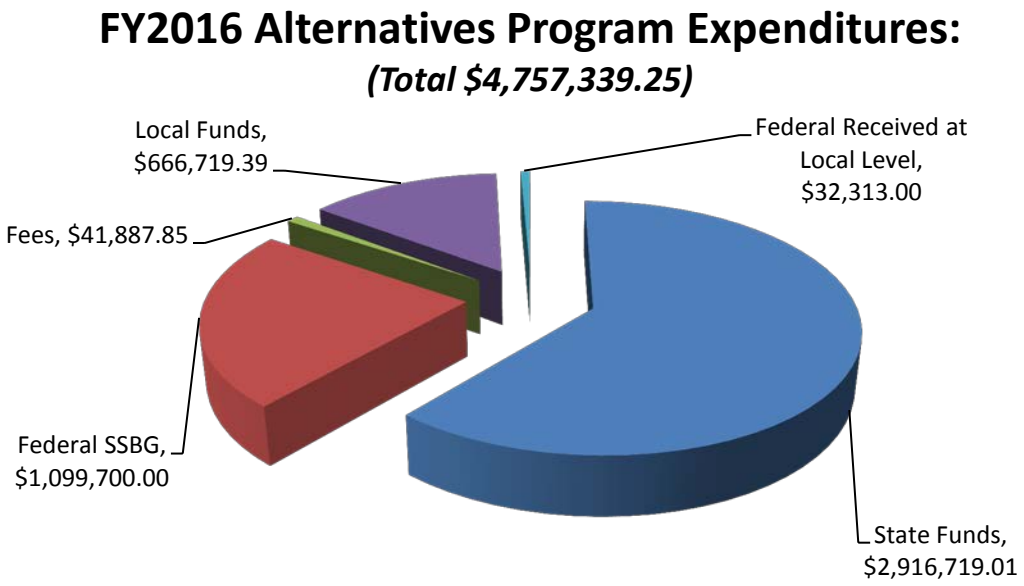
(Four categories from Health Insight which are related to risk for re-admissions within 30 days)



Throughout Utah, case managers remain committed to client-directed care. This in-home services model emphasizes the client's involvement with care planning and their families, whenever possible. The Alternatives Program supports even those clients who wish to hire their own care providers. In addition to case management, typical services provided by the

AAA include a broad spectrum of client assistance including personal care, homemaker services, transportation, respite to caregivers, and chore services, always building on the individual's strengths and resources.

Another feature of the Alternatives Program is cost sharing. People who receive services from this program are required to pay a fee based on their financial eligibility. Monthly fees are generally low, ranging from $8 to $38 per person. Asking clients to pay a small fee for services promotes consumer involvement, preventing the program from feeling like an entitlement. These fees offset about 1.5 percent of the annual program costs.



The following chart profiles the use of services in this program during FY2016:

The Alternatives Program: FY2016	
Homemaker - Personal Care and Home Health Aide	
Other Services - Emergency Response Buttons - Home-Delivered Meals	- Respite/Adult Day Care - Transportation
Individuals Served: 802	
Average Annual Cost per Client:	$4,164

The AoA has looked at state-funded home and community-based programs to learn what policies and practices seem to be most effective in providing services at the lowest costs. Utah was one of several states included in these discussions, receiving positive feedback on the model of service delivery and cost containment in Home and Community-based Alternatives Program. The clients on this program meet physical frailty criteria, mostly by their loss of function due to medical conditions and chronic disease diagnoses.

Home and Community-based Medicaid Aging Waiver Program

Tammy Wood
Program Manager
801-538-4645
twood@utah.gov

For the past twenty years, DAAS has administered the Utah Home and Community-based Medicaid Aging Waiver Program. The Aging Waiver program provides home and community-based services to individuals who are in the home setting, but require the types of services provided by nursing facilities and would be expected to enter a nursing facility through the Medicaid program within a very short period of time if they could not obtain in-home services from the Aging Waiver Program. During the Division's administration of the waiver, thousands of frail elderly have been served. In FY2012, Utah's Home and Community-based Medicaid Aging Waiver Program served 619 elderly Utahns, enabling them to continue residing in their own homes rather than being placed in nursing facilities.

Aging Waiver services are available statewide 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 health services, home health aide, home-delivered meals, non-medical transportation, etc. There are a total of eighteen services available.

In 2015, the Aging Waiver was approved for an additional five years.

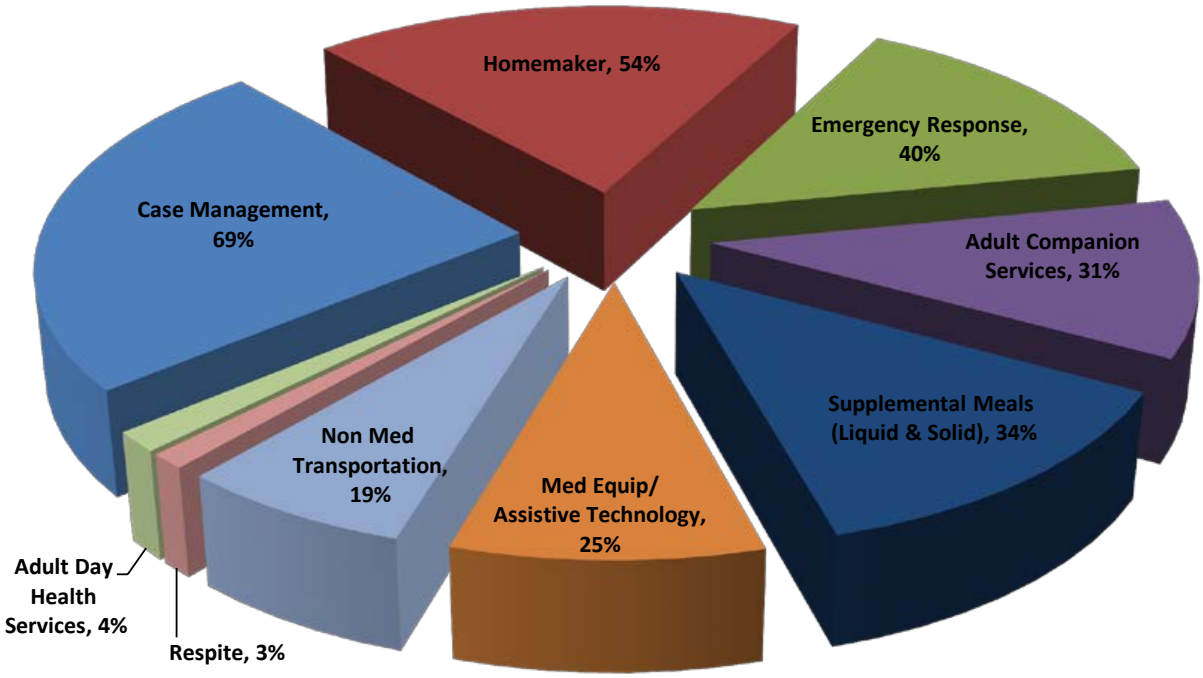
Other Waiver Facts

• Total individuals served	729
• Total expenditures	$5,146,828.35
Annual average cost per client	$10,452.10

HOME AND COMMUNITY-BASED MEDICAID AGING WAIVER COST DATA

FY 2016 Services Provided

(Most clients receive several services; therefore the total exceeds 100%)



Other Older Americans Act Services

Older Americans Act Title III-B funds are used to provide a wide variety of services enabling Utah's seniors to maintain independence. Remaining at home in a familiar community is a high priority for Utah's seniors. When illness or disability limits seniors' ability to perform tasks necessary to live independently, outside assistance is requested. With funds made available from the OAA in the categories of access, legal, in-home, and optional services, the AAAs provide services to families and caregivers who assist seniors living in their own homes and communities. 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 AAAs also assist many seniors with chores which are difficult or impossible to do for themselves, such as lawn work, snow removal, and minor house repairs. Friendly visitors, telephone reassurance, and volunteer services do much to alleviate problems homebound seniors face if they are alone and isolated. Transportation is critical for seniors whose frailty prevents them from driving or who have limited access to public transportation services.

The Long-Term Care Ombudsman Program

Daniel Musto
Program Administrator
801-538-3924
dmusto@utah.gov

The mission of the Utah Long-Term Care Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of long-term care facilities with the goal of enhancing the quality of life and care of residents.

The Long-Term Care Ombudsman Program is authorized by the federal Older Americans Act (42 U.S.C. SS 3058g) and Utah law (**62A-3-201**). The Office of the State Long-Term Care Ombudsman operates within DAAS under the Department of Human Services. DAAS contracts with twelve Area Agencies on Aging (AAAs) to provide ombudsman services throughout the state. AAA Ombudsman Programs utilize paid staff and volunteers, enhancing ombudsman services to residents.

The State of Utah has 117 nursing homes containing 9,130 beds and 209 assisted living facilities containing 8,322 beds. Ombudsmen regularly visit long-term care facilities to be accessible to residents and monitor conditions. The State Ombudsman Program consists of 1 paid full-time State Long Term Care Ombudsman, 9 AAA full-time certified Ombudsman employees, and 7 certified Ombudsman volunteers. These individuals investigate and work to resolve complaints made by or on behalf of residents within Utah's facilities. Licensed facilities include long-term care facilities: nursing homes, assisted living facilities, swing bed hospitals, intermediate care facilities for the intellectually disabled, transitional care units, and small health care facilities.

Ombudsmen Service Levels in Utah FFY16

Utah Ombudsmen received

1,187 cases opened, 1,184 cases closed, and 1,805 complaints received

TYPES OF COMPLAINTS	NUMBER
Residents' Rights	**602**
Abuse, Gross Neglect, Exploitation	63
Access to Information by Resident or Resident's Representative	46
Admission, Transfer, Discharge, Eviction	180
Autonomy, Choice, Preference, Exercise of Rights, Privacy	251
Financial, Property (Except for Financial Exploitation)	62
Resident Care	**402**
Care	344
Rehabilitation or Maintenance of Function	53
Restraints - Chemical and Physical	5
Quality of Life	**398**
Activities and Social Services	93
Dietary	126
Environment	179
Administration	**145**
Policies, Procedures, Attitudes, Resources	42
Staffing	103
Not Against Facility	**258**
Certification/Licensing Agency	1
State Medicaid Agency	12
System/Others	236
Services in Settings Other Than Long-Term Care Facilities	9

In addition to investigating complaints, ombudsmen provide public education regarding long-term care issues, identify long-term care concerns, and advocate for needed change. Ombudsman may also coordinate with other agencies to ensure the residents' wants and needs are advocated for appropriately.

As of February 2016, the Older Americans Act (OAA) has been reauthorized and new Federal rules were implemented as of July 1, 2016. These rules require the Ombudsman Program to assist all individuals who reside in long-term care facilities, regardless of age. Prior to this, our program only assisted individuals 60 years of age and older. This charge will provide a much-needed service for those individuals who have been without an advocate while residing in Utah's long-term care facilities. It will also dramatically increase caseloads for the AAA ombudsman. The Ombudsman Program continues to see a rise in the baby boomer population within long-term care facilities. In order to meet these individuals' needs, increased program funding will have to be addressed in the future.

DAAS Non-Formula Funds

Darren Hotton
Program Administrator
801-538-4412
dhotton@utah.gov

Senior Health Insurance Information Program (SHIP)

Program Description: The State Health Insurance Assistance Program, or SHIP, is a national program offering one-on-one counseling and assistance to people with Medicare and their families. Through federal grants directed to states, SHIPs provide free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities.

Primary Objectives:

- **Objective 1**-The Utah SHIP will provide personalized counseling to an increasing number and diversity of individual beneficiaries unable to access other channels of information or needing and preferring locally-based individual counseling services.

- **Objective 2**-The Utah SHIP will conduct targeted community outreach to beneficiaries in public forums under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.

- **Objective 3**-The Utah SHIP will increase and enhance beneficiary access to a counselor workforce that is trained, fully equipped and proficient in providing the full range of services including enrollment assistance in appropriate benefit plans, and prescription drug coverage.

- **Objective 4**-The Utah SHIP will participate in CMS education and communication activities, thus enhancing communication between CMS and the Utah SHIP to assure that SHIP counselors are equipped to respond to both Medicare program updates and a rapidly changing counseling environment and to provide CMS with information about the support and resources that the Utah SHIP need to provide accurate and reliable counseling services.

UTAH 2014-STATE DATA *https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/PDP-State-County-Penetration-Items/PDP-State-County-Penetration-2015-11.html?DLPage=1&DLEntries=10&DLSort=1&DLSortDir=descending*	
360,704	Total Medicare Beneficiaries in Utah
234,827	Total Medicare Beneficiaries with Original Medicare
23,560	Beneficiaries with Medicare and Medicaid Coverage
127,613	Beneficiaries with Medicare Stand Alone Drug Plans
125,877	Beneficiaries with Medicare Advantage Plans with Drug Coverage

Performance Data: For PY2016 (ending September 30, 2016), the Utah SHIP had the following performance indicators:

- PM1: 20,358 contacts
  - Number of total client contacts (in-person office, in-person home, telephone [all durations], and contacts by e-mail, postal, or fax) per 1,000 Medicare beneficiaries in the State.

- PM2: 60,578 reached
  - Number of persons reached through presentations, plus reached through booths/exhibits at health/senior fairs, plus enrolled at enrollment events per 1,000 Medicare beneficiaries in the State.

- PM3: 19,006 contacts
  - Number of substantial, personal, direct client contacts (telephone calls of duration 10 minutes or more, in-person office, in-person home) per 1,000 Medicare beneficiaries in the State.

- PM4: 2,295 contacts
  - Number of contacts with Medicare beneficiaries coded as in the CMS-defined Disabled program (under age 65 rule enforced during data entry) per 1,000 Medicare beneficiaries in the CMS-defined Disabled program.

- PM5: 16,983 contacts
  - Number of unduplicated low-income (below 150% FPL, regardless of Asset coding) Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS) per 1,000 low-income Medicare beneficiaries in the State.

- PM6: 18,619 contacts
  - Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the State.

- PM7: 7,099 contacts
  - Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the State.
- PM8: 11,337 hours
  - Total counselor hours (from client contact form) per 1,000 Medicare beneficiaries in the State.

The Medicare Improvements for Patients and Providers Act (MIPPA) Grant: Anyone who has Medicare can get Medicare prescription drug coverage. Some people with limited resources and income also are eligible for Extra Help to pay for the costs - monthly premiums, annual deductibles, and prescription co-payments - related to a Medicare prescription drug plan. The Extra Help is estimated to be worth about $4,000 per year. Many people qualify for these big savings and don't even know it.

Primary Objectives:

The Utah SHIP program will be involved in reaching people likely to be eligible for the Low Income Subsidy program (LIS), Medicare Savings Program (MSP), Medicare Part D, and in assisting beneficiaries in applying for benefits. This grant will start September 2015 through September 2016.

Performance Data: For FY2016 (ending September 30, 2016), the Utah SHIP had the following performance indicators:

- **Low Income Subsidy Applications: 1,877**
- **Medicare Saving Program Applications (Utah Medicaid): 622**
- **LIS + MSP applications: 133**
- **Outreach Activities: 619**

Title V: Senior Community Service Employment Program (SCSEP)

The Senior Community Service Employment Program (SCSEP), also known as Title V of the OAA is a job-training program for seniors more than the age of fifty-five with income less than 125 percent of the poverty level. SCSEP enhances employment opportunities for unemployed older Americans and promotes them as a solution for businesses seeking trained, qualified, and reliable employees. Older workers are a valuable resource for the twenty-first century workforce and SCSEP is committed to providing high-quality job training and employment assistance to participants. We have an extensive network of service providers in every county in the United States. During fiscal year 2014, Utah finished the year with a job placement rate of 71.0 percent. The Utah SCSEP program goal for the upcoming year is to properly place seniors into appropriate job placement so seniors can succeed in the workforce.

THE AVERAGE TITLE V ENROLLEE		
	• Age: 55-59 • Age 60+	21% 79%
	• Female	66%
	• High school graduate	33%
	• Annual income below poverty level	85%
	• Minimum Title V wage per hour	$7.25 per hour
	• Limited English proficiency	21%

MEASURE	DESCRIPTION	GOAL	YTD RATE
1.Community Service	The number of hours of community service in the reporting period divided by the number of hours of community service funded by the grant minus the number of paid training hours in the reporting period.	85.0%	76.7% N = 50,6018 D = 65,177
2. Common Measure Entered Employment	Of those not employed at the time of participation, the number of participants employed in the first quarter after the exit quarter divided by the number of participants who exit during the quarter.	57.0%	56.5% N = 13 D = 23
3. Common Measures Employment Retention	Of those participants who are employed in the first quarter after the exit quarter, the number employed in both the second and third quarter after the exit quarter divided by the number of participants who exit during the quarter.	72.7%	84.2% N = 16 D = 19
4. Common Measures Average Earnings	Of those participants who are employed in the first, second, and third quarter after the quarter of program exit, total earnings in the second and third quarter after the exit quarter, divided by the number of exiters during the period.	7,342	7,421 N = 118,742 D = 16
5. Service Level	The number of participants who are active on the last day of the reporting period or who exited during the reporting period divided by the number of modified community service positions.	154.1%	136.7% N = 82 D = 60
6. Service to Most in Need	Average number of barriers per participant. The total number of the following characteristics: severe disability, frail, age 75 or older, old enough for but not receiving SS Title II, severely limited employment prospects and living in an area of persistent unemployment, limited English proficiency, low literacy skills, disability, rural, veterans, low employment prospects, failed to find employment after using WIA Title I, and homeless or at risk of homelessness divided by the number of participants who are active on the last day of the reporting period or who exited during the reporting period.	2.54	2.21 N = 181 D = 82

MEASURE	DESCRIPTION	YTD RATE
1. Retention at One Year	Of those participants who are employed in the first quarter after the exit quarter: the number of participants who are employed in the fourth quarter after the exit quarter divided by the number of participants who exit during the quarter.	89.5% N = 17 D = 19
2. Customer Satisfaction	Average ACSI for employers.	
	Average annual ACSI for participants.	84.1
	Annual average ACSI for host agencies.	83.9
3. Volunteerism	Of those who have not volunteered prior to enrollment, the number of participants engaged in volunteer activities in the first quarter after exit quarter divided by the number of participants who exit during the quarter.	15.8% N = 3 D = 19

Senior Medicare Patrol Program (SMP)

Program Description: The SMP programs, also known as Senior Medicare Patrol programs, help Medicare and Medicaid beneficiaries avoid, detect, and prevent health care fraud. In doing so, they not only protect older persons, they also help preserve the integrity of the Medicare and Medicaid programs. Because this work often requires face-to-face contact to be most effective, SMPs nationwide recruit and teach nearly 4,500 volunteers every year to help in this effort. Most SMP volunteers are both retired and Medicare beneficiaries and thus well positioned to assist their peers.

SMP staff and their highly trained volunteers conduct outreach to Medicare beneficiaries in their communities through group presentations, exhibiting at community events, answering calls to the SMP help lines, and one-on-one counseling. Their primary goal is to teach Medicare beneficiaries how to protect their personal identity, identify and report errors on their health care bills, and identify deceptive health care practices, such as illegal marketing, providing unnecessary or inappropriate services, and charging for services which were never provided. In some cases, SMPs do more than educate. When Medicare and Medicaid beneficiaries are unable to act on their own behalf to address these problems, the SMPs work with family caregivers and others to address the problems, and if necessary, make referrals to outside organizations, which are able to intervene.

The Utah SMP program empowers seniors through increased awareness and understanding of healthcare programs. This knowledge helps seniors to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, error, and abuse. SMP projects also work to resolve beneficiary complaints of potential fraud in partnership with state and national fraud control/consumer protection entities, including Medicare contractors, state Medicaid fraud control units, state attorneys general, the HHS Office of the Inspector General (OIG), and CMS.

Weber AAA SMP Shred Events drew 80-100 people filling the truck to 90-100 percent capacity. Photo: Nobu Iizuka

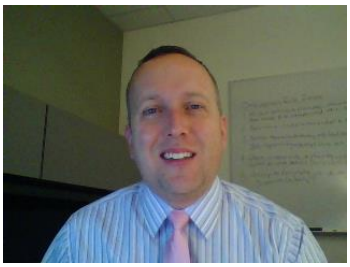
These activities support AoA's goals of promoting increased choice and greater independence among older adults. The activities of the SMP program also serve to enhance the financial, emotional, physical, and mental well-being of older adults thereby increasing their capacity to maintain security and independence in retirement and make better financial and healthcare choices.

Outputs and Outcomes: The OIG collects performance data from the SMP projects semiannually. SMART FACTS-the SMP web-based management, tracking, and reporting system-enables consistent measurement of activities and results and seamless semiannual reporting of performance outcomes to the OIG.

The most recent OIG Utah SMP report dated FY2015 (***http://www.smpresource.org/Content/Resources-for-SMPs/OIG-Report.aspx***):

Utah – Utah Division of Aging and Adult Services, Salt Lake City		
PERFORMANCE MEASURES		
1	Number of active SMP team members	126
2	Number of SMP team member hours	12,389
3	Number of group outreach and education events	1,052
4	Estimated number of people reached through group outreach and education events	43,100
5	Number of individual interactions with, or on behalf of, a beneficiaries	11,846
6	Cost avoidance on behalf of Medicare, Medicaid, beneficiaries, or others	$79,780
7	Expected Medicare recoveries attributable to the project	$0
8	Expected Medicaid recoveries attributable to the project	$0
9	Actual savings to beneficiaries attributable to the project	$8,135
10	Other savings attributable to the project	$0
	Total savings attributable to the project	$77,685
		Grant Total: $217,550

Legal Assistance Services and Statistical Legal Analysis



Nick Mecham
Legal Services Developer
801-538-4263
nmecham@utah.gov

Under the Older Americans Act, senior legal assistance is one of the three priority services. Accordingly, the Act requires each state to employ a Legal Services Developer to ensure priority for senior legal assistance programs. The Act requires the establishment of legal services related to income assistance, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, exploitation, and age discrimination. The Legal Services Developer's role is to (1) provide state leadership in securing and maintaining the legal rights of older persons; (2) coordinate the provision of legal assistance programs; and (3) improve the quality and quantity of services by developing a comprehensive system of legal services targeting older persons in greatest social and economic need while providing an array of legal services to all older Utahns.

The Legal Services Program has a variety of resources available such as a reference guide, brochure, and a list of attorneys who hold themselves out to practice elder law in Utah. The Legal Services Program published a second edition of the book, *Navigating Your Rights, the Legal Guide to those 55 and Over*. This book is a reference guide discussing over twenty areas of elder law written in a question-and-answer format. It provides general information on various legal issues and programs including estate planning, guardianships, housing options, social security, consumer rights, grandparents' visitation rights, and much more. So consumers know where to go for help, the book acts as a one-stop resource guide. At the end of each chapter of the book, there is a section titled "More Information", which lists organizations to contact for additional information as well as the help, which can be provided. In addition, the book has been discussed on four radio programs. The book is available in print version as well as for download to a computer, tablet or phone by visiting ***legalguide55.utah.gov*****.** Recently, an iPad tablet version was created, which allows a senior to increase the font size beyond 14 points. The book received praise from the Utah Attorney General, Lt. Governor Greg Bell, Skip Humphreys of the Consumer Protection Financial Bureau and was cited as a best practice at the financial exploitation summit at the White House this year.

Many attorneys, social workers, graphics designers, editors and proofreaders made in-kind donations valued at over $98,000. (The Legal Services Developer has met the goal of running the program on more in-kind dollars than state dollars.) The goal of this book, which is being distributed throughout the state of Utah, is to educate older Utahns about various law and aging issues. As a result, it is hoped more Utahns will be comfortable with the law, avoid ill-informed decisions and pitfalls and prevent costly legal problems. The demand has increased for this publication as many Utahns seek to take care of their aging parents. We are in the process of working on a second edition and are soliciting input from government sister agencies and the public on subject matters to add to make the book even more helpful. The Legal Services Developer is currently working on distributing the book. Distribution has reached 100 percent of the average distribution for a book.

Adult Protective Services

Nan Mendenhall
Assistant Director
801-538-4591
nmendenh@utah.gov

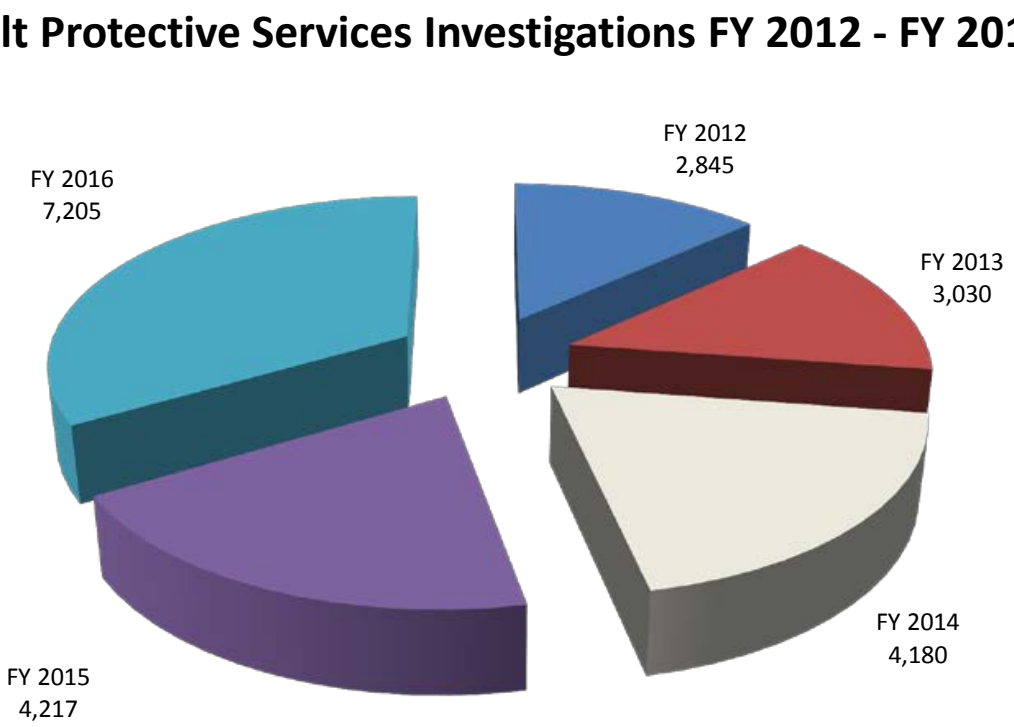
DAAS is responsible for the administration and operation of Adult Protective Services Programs (APS). Within the Division, the Director of APS has statewide administrative responsibility for the program. APS Regional Offices are located throughout the state and assume investigation responsibilities.

Federal and state statutes define “Vulnerable Adult” as an elder adult more than 65 years of age or an adult eighteen years or older who has a mental or physical impairment, which substantially affects that person’s ability to care for or protect themselves. APS is the agency mandated by these laws to investigate allegations of abuse, neglect, and exploitation of vulnerable adults. APS investigators partner with local law enforcement as required, to investigate allegations of abuse, neglect, exploitation and also coordinate with community partners to provide services for vulnerable adults or their families to stop the abuse and protect them from further harm.

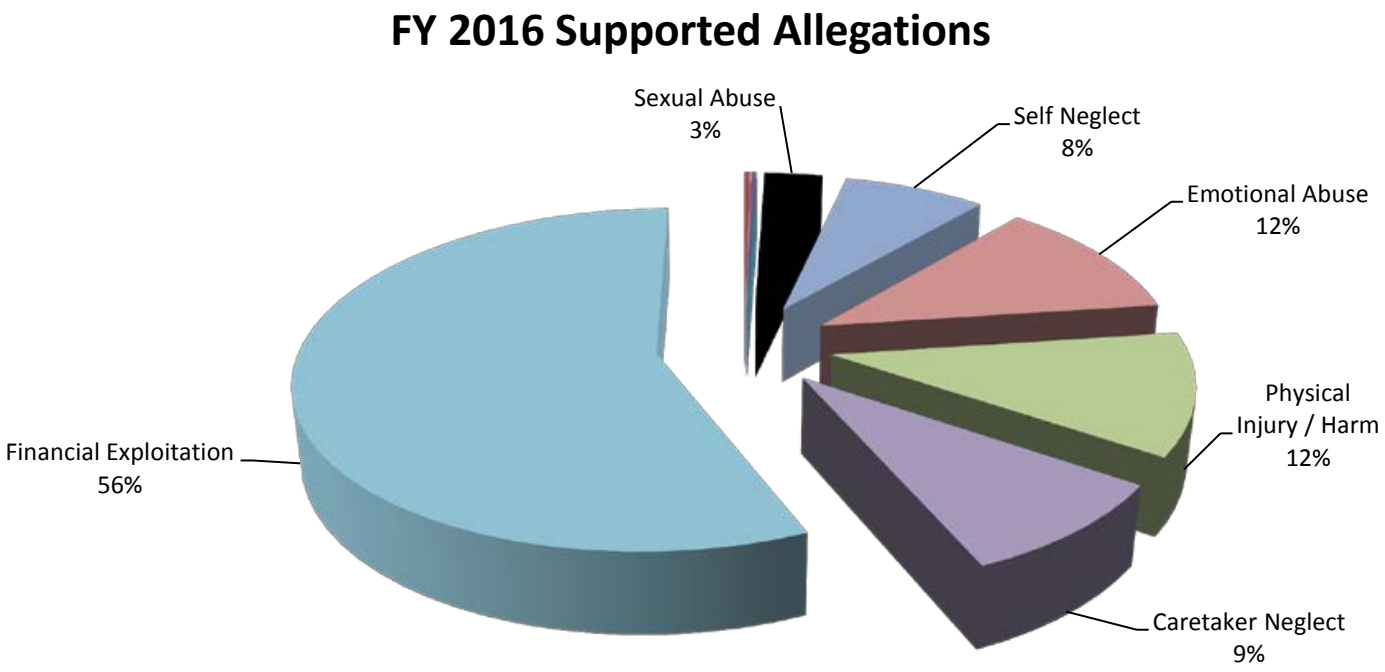
Participation/involvement with APS is voluntary for vulnerable adults who have capacity to make decisions on their own behalf, while individuals without capacity involve other agencies. Most clients are referred to community programs for assistance; however, short-term limited services may be provided in emergency situations through APS. Adult Protective Services encourages the vulnerable adult, families and community resources to assume as much responsibility as possible for the care and protection of these individuals.

Abuse, neglect and exploitation of vulnerable adults continue to rise and be both troubling and costly for Utah's citizens.

The following chart reflects the number of investigations completed by the Adult Protective Services Program:



The following chart shows the results of investigations by location of abuse in supported allegation during FY2016:

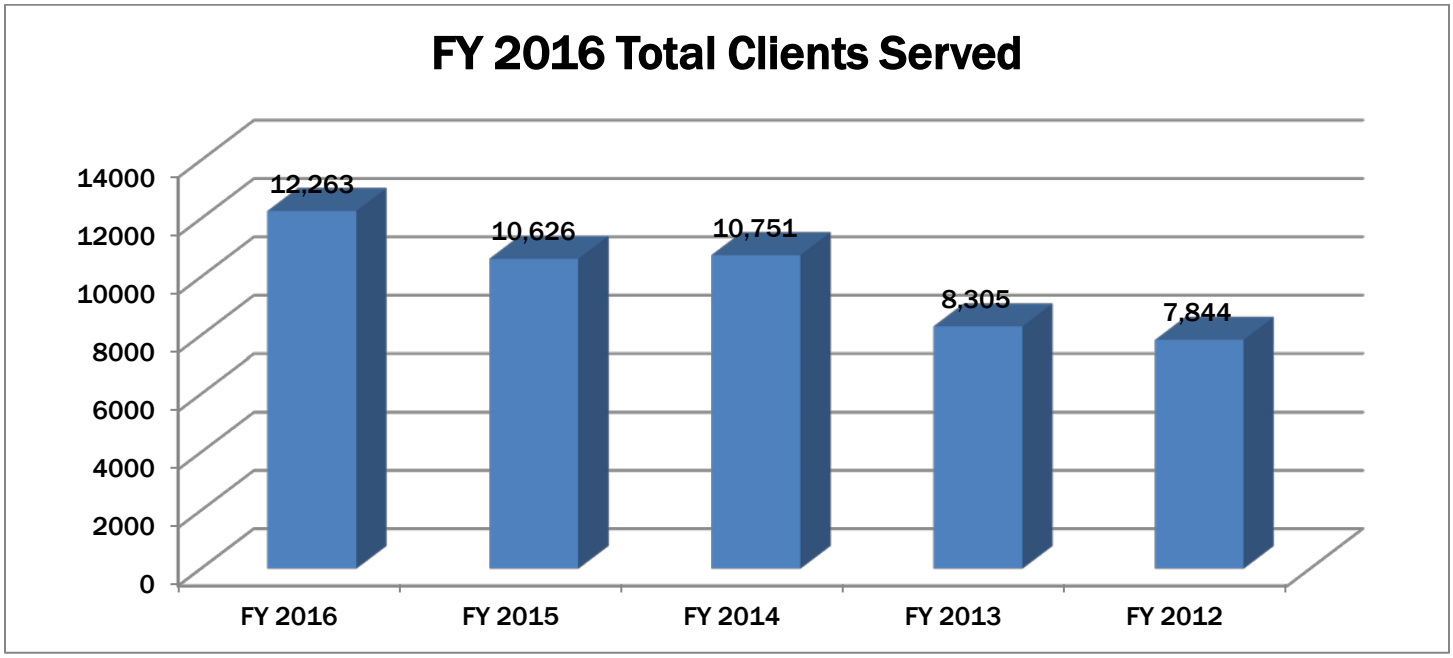


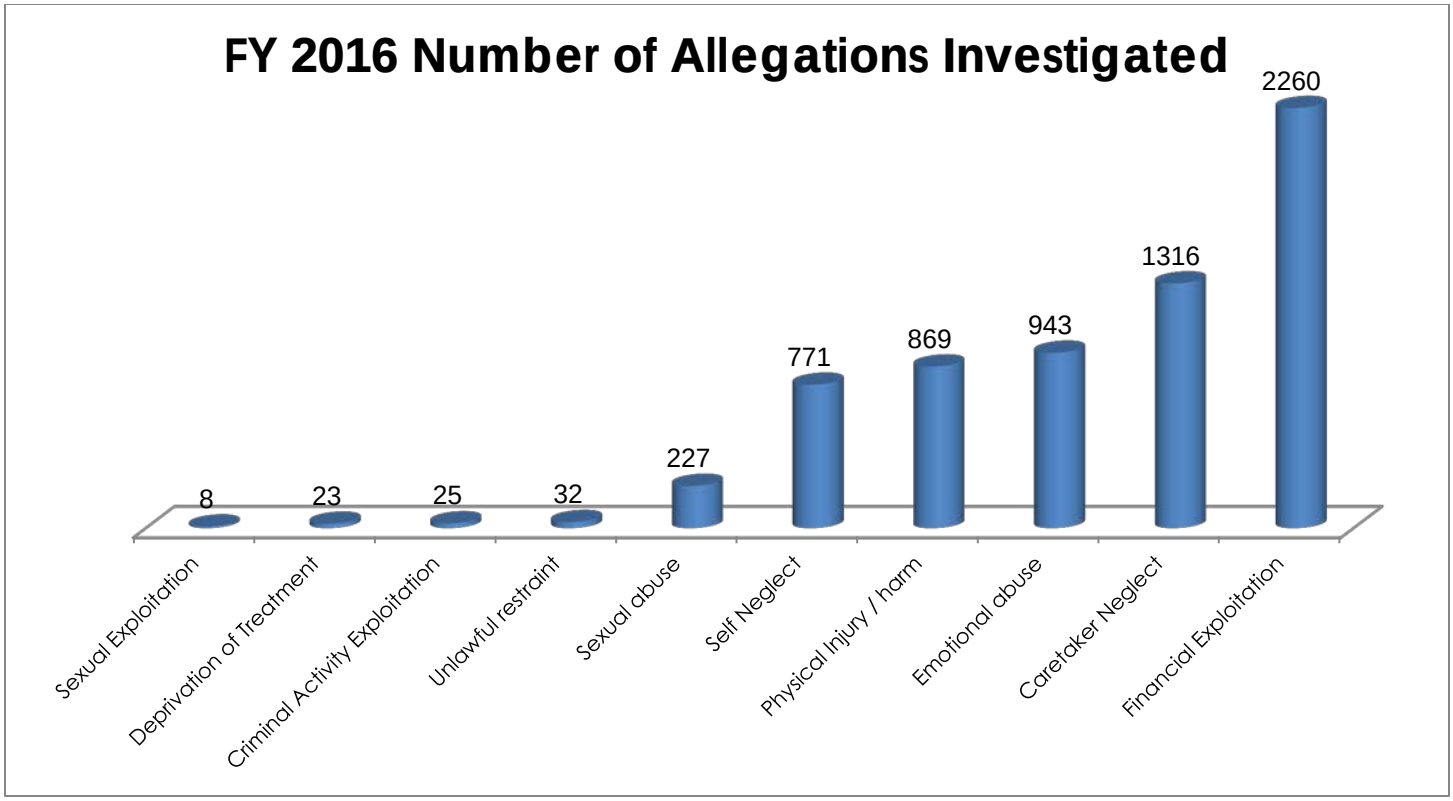
A. Investigation

Utah has a mandatory reporting law requiring anyone who suspects abuse, neglect, or exploitation of a vulnerable adult to report to law enforcement or APS Intake (800-371-7897). APS investigators conduct an investigation to determine if abuse, neglect or exploitation has occurred, and if so, will recommend a course of action to protect the individual from further abuse.

The following table illustrates a profile of the APS clients and perpetrators:

2016 Perpetrator Demographics	
Age	
Under 60	80.0%
Gender	
Male	55.7%
2015 Victim Demographics	
Age	
Over 60	78.8%
Gender	
Female	56.7%
Location of Abuse	
Own Home	76.3%





B. Training

It is estimated only a small percentage of cases of abuse, neglect, or exploitation of vulnerable adults are ever reported to the proper authority. One of the reasons for low reporting may be a lack of awareness/education regarding the program. (Additional reasons are listed in the table below.)

During FY2016, the state continued efforts to enhance awareness of vulnerable adult abuse and revisions were made recently to the Civil and Criminal Law (UCA § 62A-3-301 and UCA § 76-5-111). The program has provided 1,281 hours of training to approximately 3,963 individuals throughout the state, including, but not limited to, law enforcement officials, first responders, long-term care professionals, home health professionals, medical professionals, financial institutions and senior citizens. Education, collaboration and cooperation continue to be effective tools in recognizing and preventing vulnerable adult abuse.

Reasons for Victim Reluctance to Report Crimes or Cooperate in Investigations
• Abusers are Family Members • Shame • Feelings of Helplessness • Belief the Abuser will Change • Love for the Abuser • Threats by the Abuser • Fear-Loss of Home or Independence • Lack Awareness of Available Help and Resources

C. Emergency Protective Payments

Adult Protective Services has sustained budgetary cuts in the last several years that have resulted in fewer resources for investigation and resolution of cases, therefore emergency protective payments are only issued in extreme situations.

BE A PART OF THE SOLUTION!

Report Abuse, Neglect, and Exploitation of Vulnerable Adults




What Are The Signs?

Abuse

- Unexplained bruises or welts
- Multiple bruises in various stages of healing
- Unexplained fractures, abrasions, and lacerations
- Multiple injuries
- Low self-esteem or loss of self-determination
- Withdrawn, passive, fearful
- Reports or suspicions of sexual abuse

Neglect

- Dehydration
- Lack of glasses, dentures, or other aids if usually worn
- Malnourishment
- Inappropriate or soiled clothes
- Over or under medicated
- Deserted or abandoned
- Unattended

Self-Neglect

- Over or under medicated
- Social isolation
- Malnourishment or dehydration
- Unkempt appearance
- Lack of glasses, dentures, or hearing aids, if needed
- Failure to keep medical appointments

Exploitation

- Disappearance of possessions
- Forced to sell house or change one's will
- Overcharged for home repairs
- Inadequate living environment
- Unable to afford social activities
- Forced to sign over control of finances
- No money for food or clothes

Utah law mandates any person who has reason to believe a vulnerable adult is being abused, neglected or exploited must immediately notify Adult Protective Services intake or the nearest law enforcement office.

State of Utah
Adult Protective Services

To Report Elder & Vulnerable Adult Abuse Please Call:

Salt Lake 801-538-3567

Statewide 800-371-7897

Web *www.daas.utah.gov/ap_referral.htm*

Appendix I

BOARD MEMBERS AND POSITION PAPERS

Member	Date Term Expires
Richard Jolley	April 1, 2019
Kelly VanNoy	April 1, 2016
Neil G. Anderton	April 1, 2017
Martha Autrey	April 1, 2017
Christy Achziger	April 1, 2017
Sharon Lea Ott	April 1, 2017

TRANSPORTATION ISSUES AMONG THE AGING POPULATION (PRIORITY 1)

As the "boomer" generation ages (birth years 1946-1964), the increase in the senior citizen population will intensify demands on an already inadequate transportation system.

- Transportation is critical to remaining independent in one's home, which is a strong desire among the senior population. Access to transportation helps seniors avoid becoming dependent on others for shopping, recreation and medical care.
- The most common means of transportation for seniors is still their own automobile. Drivers over the age of 40 represent 46 percent of all licensed drivers in Utah. The 40 to 59 year old population (baby boomers) makes up 65 percent of drivers. Thus, a large number of Utah's drivers will be aging in the next two decades.
- Aging drivers are perceived by some to be less safe. Aging drivers may be forced to continue to drive their own vehicle beyond a time when they may do so safely because no alternative transportation exists.
- The rare but highly publicized accidents involving older drivers may result in efforts by some individuals for more stringent licensing requirements, further reducing elderly mobility if no alternative public transportation is made available.
- For urban areas, services such as those provided by the Utah Transit Authority continue to expand, but will not be able to keep pace with the aging population's transportation needs without substantial increases in funding.
- Rural seniors face additional roadblocks to remaining independence due to lack of public transportation.

The Board of Aging and Adult Services believes Utah needs to do more to ensure Utah's transportation system will meet the challenge of the aging population. The Board urges the Legislature to support the following initiatives:

- Increase funding for senior transportation programs to address the increase in fuel costs.
- Add funding to the Meals on Wheels program to address the increase in fuel costs.
- Improve local capacity by supporting the one-time funding request for transportation equipment such as vans and ADA-equipped busses.

IMPROVING HOME AND COMMUNITY-BASED SERVICES FOR UTAH'S SENIORS (PRIORITY 2)

Utah has traditionally emphasized meeting the needs of our children, but we actually rank sixth nationally in population growth for individuals over the age of 65. Between the years 2000 and 2030, the 65 plus population is projected to grow 123 percent, a rate faster than our elementary school-aged population. There is a clear need to focus on seniors as well as children.

Longer life spans often mean an increase in chronic conditions. For example, 39 percent of individuals over 70 require one or more assistive devices to meet their needs. Additionally, 50 percent of people 85 and older will develop Alzheimer's disease.

Most people say they do not want to "end up" in a nursing facility. Fortunately, there are many options for long-term care in our state. While not long ago, choices involved living with one's children or going to the "rest home," many Utahns today can age at home with the assistance of in-home service providers.

For seniors to remain at home, family caregivers provide many hours of in-home care needed by their loved ones. Care through public and private in-home service providers is not meant to replace the family, but to supplement family care, thus allowing the individual's health and safety to remain intact while aging at home.

In-home services programs provide benefits in at least three important ways:

- Improved quality of life. Individuals can age in the place of their choosing, with the dignity and respect they desire.
- Empowerment and control for consumers and their families for as long as possible. With professional case assistance, clients are able to choose the types of services needed and whom they want to provide the services.
- Diversion from early nursing home placement saves public funds. The state's cost for nursing home placement in Utah averages $23,944 annually. In-home services programs cost an average of $3,200 annually.

In-home and community programs allow older people to avoid premature institutionalization. A limited number of services are available to individuals eighteen and older; the majority of public funding serves those 60 years and older.

Funding these programs is unique in that it draws on federal, state and in some areas, county dollars. The demands for in-home services will continue to grow as our aging population increases.

The current systems are barely adequate to meet today's needs and our systems of service delivery, housing and medical care for seniors will certainly be overwhelmed by the upcoming surge of aging baby boomers. It is essential to begin planning now.

IMPROVING PREVENTIVE HEALTH SERVICES FOR THE SENIOR POPULATION (PRIORITY 3)

Poor health is not an inevitable consequence of aging. But four out of five seniors have at least one chronic condition and at least half of all seniors have two or more chronic ailments that undermine their mental and physical health, limit their ability to care for themselves and erode their quality of life. If we do not do more to prevent chronic health conditions, the costs will simply overwhelm the present system.

For instance:

- In FY 2000, U.S. spending on health care for the elderly totaled $615 billion - more than a third of the federal budget. By FY 2010, the year before the baby boomers turn 65, it is projected that spending will amount to $1,050 billion.
- During the next decade, there will be a twenty-five percent increase in the number of people over the age of 65, with an even greater increase in the number over the age of 85.

Focusing on health promotion and prevention can significantly improve overall health and reduce costs. There is an ever-growing body of research demonstrating health promotion and prevention can improve health status, reduce the impact of disease, delay disability, and the need for long-term care.

The challenge is applying what we already know more broadly so we can reach all of Utah's older adults. Utah's Board of Aging and Adult Services has identified three key areas to significantly improve health for older adults:

- **Physical Activity:** At least thirty minutes several days a week can prevent or reduce heart disease, hypertension, diabetes, arthritis, and improve mental health. Only sixteen percent of adults ages 65 to seventy-four report participating in regular physical activity.
- **Immunization:** Vaccination against pneumonia and influenza is eighty percent effective. In 1999, less than forty percent of older adults reported being immunized against influenza and thirty-three percent against pneumonia. In the U.S., over 50,000 adults age 65 and older die each year of pneumonia and influenza.
- **Fall Prevention:** Improving strength and balance can reduce falling. More than $20 billion is spent annually on fall-related injuries.

The emphasis of public health officials must shift from focusing only on the younger population to including the increasing numbers of seniors. This can be accomplished by:

- Promoting increased collaboration between public health and aging services network.
- Improving capacity of aging network to introduce evidenced-based programs that can improve health status of seniors, lessen the impact of disease, and delay disability and the need for long-term care.

CAREGIVERS: SUPPORTING THOSE WHO CARE FOR UTAH'S "GREATEST GENERATION"(PRIORITY 4)

Government and businesses must prepare to provide resources for caregivers who face the responsibility of caring for an older parent, relative, or friend.

The Facts Clearly Show a Compelling Need for Caregiver Support

- One in four American adults is a long-term caregiver.
- Nearly two-thirds of adults under age 60 believe they will care for an older relative in the next ten years.
- Total lost productivity due to caregiving exceeds $11.4 billion per year.
- The replacement cost for an experienced employee is ninety-three percent of the employee's salary.

The Government and Employers can Support Caregivers in the Workplace

Clearly, caregivers need support in the workplace. Employers should make needed elder care information, such as accessing assistance, home care, respite, bill paying, and other services available to employees.

But information is only the beginning. On-site care management for employees through human resource agencies could include benefits such as community referral assistance, in-house caregiver support seminars, group legal services, and flexible work schedules. These benefits may help employees maintain a healthier balance between work and other responsibilities, and in turn, employers enjoy a healthier, more productive workforce.

Supporting Caregivers Provides an Immediate and Tangible Benefit

Employees who receive on-site care management services may be less likely to quit due to the stress of caregiving. Employers can help employees identify and access resources, thereby decreasing the burden and allowing employees to focus on their work.

Employers can retain valuable, experienced employees by creating flexible work schedules, including part-time options. Flexibility can allow employees to assist care receivers with their needs while maintaining positive work habits.

Making the Right Moves to Support Caregivers

Working together, the State and the business community should:

- Provide information regarding caregiver support programs.
- Develop tax-incentives for employers who support caregiver support programs.
- Provide tax credits for family caregivers.
- Establish on-site care management services for employees.
- Develop and maintain a web-based caregiver assistance resource site.

Appendix II

LISTS

DIVISION OF AGING AND ADULT SERVICES

Director: DAAS
Nels Holmgren
Email: ***nholmgren@utah.gov***

Assistant Director: OAA
Michael S. Styles
mstyles@utah.gov

Assistant Director: APS
Nan Mendenhall
nmendenh@utah.gov

AREA AGENCIES ON AGING

Bear River Area Agency on Aging
Box Elder, Cache, Rich (PSA 01)
Michelle Benson, Aging Services Director
170 North Main
Logan, UT 84321
Phone: 435-752-7242 or
1-877-772-7242
Fax: 435-752-6962
Website: ***www.brag.utah.gov***
SHIP: 435-752-7242

Davis County Health Dept., Family Health and Senior Services Division
Davis (PSA 2C)
Kristy Cottrell, Director of Family Health and Senior Services
22 South State Street
Clearfield UT 84015
PO Box 618 - Farmington UT 84025-0618
Phone: 801-525-5050
Fax: 801-525-5061
Website: ***www.daviscountyutah.gov***
SHIP: 801-525-5050

Five-County Area Agency on Aging
Beaver, Garfield, Iron, Kane, Washington
Carrie Schonlaw, Director (PSA 05)
1070 West 1600 South, Bldg. B
(PO Box 1550, 84771-1550)
St. George, UT 84770
Phone: 435-673-3548
Fax: 435-673-3540
SHIP: 435-673-3548

Mountainland Dept. of Aging and Family Services
Summit, Utah, Wasatch (PSA 03)
Scott McBeth, Director
586 East 800 North
Orem, UT 84097-4146
Phone: 801-229-3800
Fax: 801-229-3671
Website: ***www.mountainland.org***
SHIP: 801-229-3819 *Closed Fridays

Salt Lake County Aging Services
Salt Lake (PSA 2B)
Paul Leggett, Director
2001 South State, #S1500
Salt Lake City, UT 84190-2300
Phone: 385-468-3200
Fax: 385-468-3186
Website: ***www.aging.slco.org***
SHIP: 385-468-3200

San Juan County Area Agency on Aging
San Juan (PSA 7B)
Tammy Gallegos, Director
117 South Main (PO Box 9)
Monticello, UT 84535-0009
Phone: 435-587-3225
Fax: 435-587-2447
SHIP: 435-587-3225

Six-County Area Agency on Aging
Juab, Millard, Piute, Sanpete, Sevier, Wayne (PSA 04)
Scott Christensen, Director
250 North Main
(PO Box 820)
Richfield, UT 84701
Phone: 435-893-0700
Toll free: 1-888-899-4447
Fax: 435-893-0701
SHIP: 435-893-0736

Southeastern Utah AAA
Carbon, Emery, Grand (PSA 7A)
Shawna Horrocks, Director
Phone: 435-637-5444
Technical Assistance Center
375 South Carbon Avenue
(PO Box 1106)
Price, UT 84501
Phone: 435-637-5444
Fax: 435-637-5448
SHIP: 435-259-6623 – Grand only
SHIP: 435-613-0029 – Carbon and Emery

Tooele County Aging Services
Tooele (PSA 2T)
Sherrie Ahlstrom, Aging Dir Designee
Myron Bateman, Aging Director DOH
151 N Main St, Ste 200,
Tooele, UT 84074
Phone: 435-277-2440
SHIP: 435-277-2440
****Closed Fridays***

Uintah Basin Area Agency on Aging
Daggett, Duchesne (PSA 6A)
Sandy Whalin, Director
330 East 100 South
Roosevelt, UT 84066
Phone: 435-722-4518
Fax: 435-722-4890
SHIP: 435-722-4518 *Closed Fridays

Council on Aging - Golden Age Center (Uintah County PSA)
Uintah County (PSA 6C)
LouAnn Young, Director
Mitch Migliori, Assistant Director
330 South Aggie Blvd
Vernal, UT 84078
Phone: 435-789-2169
(Wayne 435-781-3511)
Fax: 435-789-2171
SHIP: 435-789-2169

Weber Area Agency on Aging
Morgan, Weber (PSA 2A)
Paula Price, Director
237 26th Street, Suite 320
Ogden, UT 84401
Phone: 801-625-3770
Fax: 801-778-6830
SHIP: 801-625-3783