



Area VI Agency on Aging
 Planning and Service Area VI (PSA VI)

Area Plan

| Area Plan Dates | In Alignment with Current ICOA State Plan | Informing the Next ICOA Planning Date |
|------------------------------------|---|---------------------------------------|
| October 1, 2022-September 30, 2026 | October 1, 2020-September 30, 2024 | October 1, 2024-September 30, 2028 |



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Executive Summary

The Area VI Agency on Aging operates as a division of the Eastern Idaho Community Action Partnership (EICAP). It serves as a single access point to provide resources and services to Idahoans over the age of 60, their families, and vulnerable adults aged 18 and older living in the nine counties of Planning and Service Area (PSA) VI: Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison and Teton counties. It provides opportunities for individuals to access private and public pay, Long-Term Care services and other resources.

The Area VI Agency on Aging's mission statement is: The Area Agency on Aging improves quality of life for older and vulnerable adults and their families through a single access point to provide education, advocacy, accountability, and service.

Through internal and contracted services, the Area Agency on Aging provides:

- Information and Assistance
- Home-Delivered Meals
- Congregate Meals
- Transportation
- Homemaker
- Chore
- Respite
- Adult Protection
- Long-Term Care Ombudsman
- Disease Prevention and Health Promotion
- Caregiver Support Groups
- Legal Assistance
- Outreach

The AAA contracts with the Idaho Commission on Aging (ICOA), which is the agency of state government designated by the Governor as Idaho's State Unit on Aging.

The ICOA receives an annual allocation of federal funds under Title III and VII of the Older Americans Act (OAA), as amended, from the Administration for Community Living (ACL). The federal funds are allocated to the six AAA's based on a federally approved intrastate funding formula. A copy of the funding formula is attached (Attachment J).

The funding formula takes into account the best available statistics on the geographical distribution of individuals aged 60 and older, residing in Idaho, with particular attention to the number of individuals in greatest social or economic need. The formula projects anticipated demand for services by weighing in each PSA those population segments most likely to be vulnerable and frail, i.e., those who are over 75 or over 85, those who are over 60 living in rural counties, and are a racial or ethnic minority, and those who are over 65 living alone and/or in poverty. Under the formula, regions of Idaho having a

higher percentage of residents who are very old, poor, living alone, etc., receive a higher proportion of funding to offset their expected higher service demands.

Under the guidance of the ICOA, the AAA plans and coordinates funds, monitors a regional program of services to address the present and future needs of older Idahoans residing within the PSA, and serves as a catalyst for improvement in the delivery of services to the elderly within all the counties which make up the PSA.

Every four years, with annual updates thereafter, the Area VI Agency on Aging (AAA) at Eastern Idaho Community Action Partnership (EICAP) submits an Area Plan to the Idaho Commission on Aging (ICOA) for approval. This Area Plan is required to continue to receive federal and state funding allocations through ICOA. The period covered by this Area Plan is October 1, 2022 through September 30, 2026.

The Area Plan identifies goals, objectives, and strategies to improve the delivery of senior services. Further, the Plan identifies performance measures, and sets baselines and benchmarks to evaluate efficacy and quality of the services being delivered. In developing the Area Plan, the AAA has utilized the goals and objectives identified in the ICOA's State Plan:

Universal Programs

Goal: Invest in Healthy Aging

- *To access reliable and trustworthy information, services and supports*
- *To stay active in the community*
- *To plan for our own independent living need*

Targeted Programs

Goal: Preventing Institutionalization

- *To live as independently as possible*
- *To choose our own caregiver*
- *To provide caregiver training and resources*

Crisis Services

Goal: Preserving Rights and Safety

- *To live without abuse, neglect and exploitation –*
- *To live with dignity*
- *To make our own choices*

The Area Plan was developed in collaboration with internal and external stakeholders, including input from the AAA Advisory Council. The AAA will review the Area Plan at designated intervals to monitor progress towards goals, to identify gaps in services, and

to develop strategies to meet the needs of seniors and vulnerable adults within our service area.

Planning Method

In developing the Area Plan, the Director completed the planning manual and modules, as directed by ICOA. Select tools within the modules were utilized and incorporated in the development of the Area Plan.

Phase 1: Planning an organization

- Tool: Gantt Chart Development Video

Phase 2: Environmental Analysis

- Tool: Assess Internal Tip Sheet
- Tool: Assess External Tip Sheet
- Tool: SWOT Analysis Worksheet

Phase 3: Identifying Opportunities

- Tool: Tip Sheet 3, Determine Strategic Direction
- Tool: Brainstorming Tip Sheet

Phase 4: Strategic Planning

- Tool: Writing Measurable Objectives Tip Sheet
- Tool: SMART Goals Video

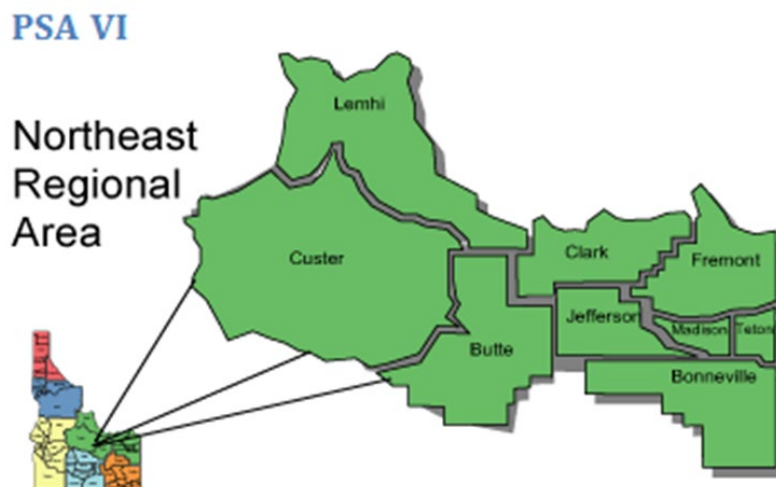
Phase 5: Strategy Execution

- Tool: Best Practices

Phase 6: Continuous Quality

- Tool: Guide to After Action Review

Map of PSA Boundaries



Chapter 1: Plan and Organize

Area Plan Submission Timeline

| Stakeholder | Meeting Date | Activity Topic |
|---------------------------------------|-----------------------------|---|
| Stakeholder Meeting | March 12, 2021 | Crisis services stakeholder meeting |
| Stakeholder Meeting | March 17, 2021 | Internal and contracted stakeholder meeting |
| AAA Director Meeting | March 8, 2022 | Plan timeline, set up regular plan development meetings |
| Area Plan Meeting with Area Directors | March 11, 2022 | Planning phase, stakeholder input, SWOT analysis discussion |
| AAA Advisory Council Meeting | March 17, 2022 | Discuss area plan collaboration, approval, and submission |
| Senior Center Manager Meeting | March 24, 2022 | Discussed area plan, participated in SWOT Analysis |
| Area III & Area VI | March 28, 2022 | Area plan development |
| EICAP Aging Program Meeting | March 31, 2022 | Internal SWOT analysis and strategy development |
| EICAP Aging Program Meeting | April 6, 2022 | Goal and strategy development |
| I4A Meeting | April 12, 2022 | Area Plan development |
| I4A Meeting | April 22, 2022 | Area Plan development |
| EICAP Aging Program Meeting | May 4, 2022 | Outreach plan, SMART goal development |
| Area Plan Public Comment | June 8, 2022- June 22, 2022 | Area Plan Public Comment |
| Advisory Council Meeting | June 16, 2022 | Approval |
| Board Meeting | | Approval |
| | June 30, 2022 | Plan Submission |

Stakeholder Plan/Table

| Area VI Board Members | | |
|-----------------------|------------------------------------|----------------|
| Name | Organization | Board Role |
| Jacob Workman | Attorney, Idaho Legal Aid | President |
| Devon Jackson | Idaho Environmental Coalition, INL | Vice-President |
| Kevin Albaugh | Rudd & Company, PLLC | Treasurer |

| | | |
|-------------------|---|----------------|
| Rosemarie Taylor | Public Relations Officer, Eastern Idaho Public Health | Secretary |
| Kathryn Harris | St. Vincent de Paul | Past President |
| Ariel Jackson | Executive Director, Community Food Basket | Member |
| William Empey | Policy Council Member, EICAP Head Start | Member |
| Antonio Salcido | Hispanic Community Representative | Member |
| Jerry Merrill | Mayor, City of Rexburg | Member |
| Devid Lent | Senator, District 33 | Member |
| Carla Bruington | Mayor's Representative, City of Idaho Falls | Member |
| Michael Whitfield | County Commissioner, Teton County | Member |
| Doug Smith | County Commissioner, Madison County | Member |

| AREA VI Advisory Council Members | | |
|---|---|----------------------|
| Name | Organization | Council Role |
| Dean Nielson | Area VI Commissioner | Area VI Commissioner |
| Arienne Holt | Idaho Legal Aid | Member |
| Laura Gramirez | Community Council of Idaho | Member |
| Joann Hess | Domestic Violence and Sexual Assault Center | Member |
| Chanse Powell | Senior Solutions | Member |
| Beth Wright | Ashton Senior Center | Member |
| Terry Potter | Madison Senior Center | Member |
| Janell Price | Hands of Hope Hospice | Member |
| Cheryl Mastel | Hands of Hope Hospice | Member |

| Area VI Stakeholders | | |
|-----------------------------|--------------------------|------------------------------|
| Program | Name | Organization |
| Universal Services | | |
| Congregate | Shawna Bare | West Jefferson Senior Center |
| Congregate | Sarah Ryner | Idaho Falls Senior Center |
| Congregate | Kathy Sharp | South Fremont Senior Center |
| Congregate | Oly and Kendall Syverson | Ririe Senior Center |
| Information & Assistance | Brian Payton | Area VI |

| | | |
|----------------------------------|-----------------|---|
| Information & Assistance | Amber Fellows | Area VI |
| Health Promotions & CDSMP | Brian Payton | Area VI |
| Information & Referral | Chanse Powell | Senior Solutions, Advisory Council |
| Targeted Services | | |
| Home Delivered Meals | Liz Pennell | Rigby Senior Center |
| Home Delivered Meals | River Osborn | Seniors West of the Tetons |
| Home Delivered Meals | Denay Phelps | William Cobbley Senior Center |
| Home Delivered Meals | Becky Humpherys | Lost River Senior Center |
| Homemaker | Jennifer Lords | Qualicare |
| Chore | Jennifer Lords | Qualicare |
| Respite | Jennifer Lords | Qualicare |
| Self-Directed Respite | Gina Stucki | Area V |
| Transportation | Kade Marquez | Greater Idaho Falls Transit, Transit Coordinator |
| Family Caregiver Support Program | Jodi Stanton | Area VI |
| Crisis Services | | |
| Ombudsman | Caitlin Croft | Area VI |
| Ombudsman | Jodi Stanton | Area VI |
| Legal Assistance | Jake Workman | Idaho Legal Aid, Area VI Board |
| Legal Assistance | Arianne Holt | Idaho Legal Aid, Advisory Council |
| Adult Protection | Shea Weaver | Area VI |
| Adult Protection | Kelly Smith | Area VI |
| Crisis Services | Joann Hess | Domestic Violence & Sexual Assault Center, Advisory Council |

Community Focal Points

The 12 Senior Centers in the Area VI PSA have been designated as community focal points, as the community institutions most likely to have contact with the most senior citizens in their areas, and therefore in the best strategic position to provide resources and referrals to seniors. Each senior center has entered into a contract with the Area VI Agency on Aging to serve as a community focal point for service delivery, to provide meals, and collaborate with the Area VI Agency on Aging. The Area VI formally meets with senior center representatives on a quarterly basis to provide education, to discuss

the challenges and successes in service delivery, and to discuss strategies to meet the needs of seniors within the PSA.

| Focal Point | County | Representative |
|---------------------------------------|--------------------------------------|------------------|
| Ashton Senior Citizens Center | Fremont County | Best Wright |
| Idaho Falls Senior Community Center | Bonneville County | Sarah Ryner |
| Lost River Senior Center | Custer County | Becky Humphereys |
| Mackay Senior Citizens Center | Custer County & Butte County | Shelly Mangum |
| Madison County Senior Center | Madison County | Terry Potter |
| Rigby Senior Citizens Center | Jefferson County | Liz Pennell |
| Ririe Senior Citizens Center | Jefferson County & Bonneville County | Oly Syverson |
| Salmon Valley Senior Center | Lemhi County | Pam Davis |
| South Fremont Senior Citizens Center | Fremont County | Kathy Sharp |
| Seniors West of the Tetons | Teton County | River Osborn |
| West Jefferson Senior Citizens Center | Jefferson County | Shawna Bare |
| William Cobbley Senior Center | Custer County | Denay Phelps |

Outreach Plan Purpose Statement

Outreach efforts will focus on identifying the most vulnerable seniors and providing them with the resources and information necessary to access services to meet their needs. These vulnerable groups have been identified below, as well as the strategies that have been developed to serve these individuals. The following strategies have been more fully outlined in Chapter 4: Strategic Plan, pg. 18.

Older individuals residing in rural areas, with the greatest economic and social need, at risk for institutional placement

- Strategy I 1b: Provide one Outreach presentation to each focal point per year
- Strategy I 1c: Develop an outreach contact in Clark County, where there is no Senior Center coverage, to provide with resources
- Strategy I 4b: Increase Consumer-Direct Respite participation in rural areas by raising awareness of program through focal points
- Strategy II 5a: Re-establish the Friendly Caller program

Older low-income minority individuals with limited English proficiency, residing in rural areas, with the greatest economic and social need, at risk for institutional placement

- Strategy I 1d: Include translation service availability in outreach materials and have outreach materials translated into Spanish to encourage minorities to engage with AAA to provide services

Those with severe disabilities

- Strategy I 1e: Provide disability resources and referrals through I&A calls

Those with Alzheimer's, related neurological and organic brain disorders, and their caregivers

- Strategy II 6a: Increase dementia resources in the AAA resources database

Chapter 2: Environmental Analysis

Trend Analysis

In order to analyze current and anticipated trends within the PSA, Area IV utilized the following data:

1. Community Needs Assessment Report
2. Needs Assessment of Older Adults in Idaho
3. Systems Reports (Attachment A)
4. Census Data (Attachment B)
5. Internal and External SWOT Analysis (Attachment C)

1. 2019 Community Needs Assessment Report. EICAP, Eastern Idaho Public Health, United Way of Idaho Falls and Bonneville County, in contracting with VOICE Advocacy compiled data into a comprehensive Community Needs Assessment to identify the top needs across the Area VI PSA.

- Mental and behavioral health needs abound, and many residents are not receiving the mental and /or behavioral care they need.
- Many residents lack access to healthcare
- The insufficiency of information and resources limits residents' understanding and motivation in terms of meeting their health care needs.
- Financial resources and education are not easily accessible to those that need them most.
- Lack of accessible, reliable transportation has a profound negative impact on many residents.
- Access to affordable housing is an urgent need throughout Eastern Idaho.
- Access to affordable healthcare is a pressing need throughout Eastern Idaho.

- 2. Needs Assessment of Older Adults in Idaho.** The Institute of Rural Health at Idaho State University prepared this State needs assessment for the Idaho Commission on Aging (ICOA), which was included in ICOA's State Plan.
- **Homemaker and Chore:** 52% of respondents reported a problem with home maintenance, and 45% reported a problem with housekeeping tasks. However, only 7-9% of respondents utilize formal or informal supports for assistance.
 - **Nutrition:** 25% of respondents reported consistent access to nutritious meals, but only 16-17% utilize congregate or home delivered meal programs.
 - **Respite, Caregiver, and Case Management Services:** Centers for Medicare and Medicaid Services (CMS) reported 56% of Idaho Medicare patients discharged to their own home and only 14% were discharged to home health services.
 - **Emotional Health/ Social Isolation.** 38% of respondents reported loneliness, depression, and isolation. They reported not being able to participate or not being interested in participating in social activities. Senior Centers are underutilized resources that provide socialization and foster connection for those who participate.
- 3. Systems Reports.** Internal reports from the Get Care system were reviewed to compare service utilization over the past 4 years to assess changes in utilization and assist to identify gaps in services.
- **Information and Assistance:** Between the years 2018 and 2021, the number of calls coming into the Information and Assistance Department has increased by 22.5%.
 - **Home delivered meals:** Home delivered meal utilization has increased each year, most likely due to the effects of Covid-19. Since 2019, home delivered meals have increased by over 4,000 meals each year.
 - **Congregate meals:** Congregate meals have drastically decreased due to Covid-19. Senior Centers served 42,761 meals in 2019, 23,937 in 2020, and 23,087 in 2021. Senior Centers report they are having difficulty bringing Seniors back to the Center to participate in congregate meals.
 - **Homemaker:** Homemaker services experienced a large increase in 2019 and 2020, but utilization has declined in 2021 to 4,047, falling below the 2018 number of 4,259. The years 2019 and 2020 each had a waitlist of 1 individual, and in 2021 the waitlist increased to 47. As of April 2022, the waitlist contained 49 individuals.
 - **Chore:** Between 2018 and 2020, Chore service utilization increased each year. In 2021, Chore services decreased from 126 in 2020 to 35 in 2021.

- **Respite:** The utilization of Respite services has drastically increased from 2,062 in 2018 to 4,959 in 2021.
- **Transportation:** Transportation numbers drastically declined in 2019, due to the closure of TRPTA, which provided transportation to residents of Bonneville County, Rexburg, and Teton County. In 2021, 4,017 one-way rides were provided.
- **Adult Protection:** The total numbers of reports made to Adult Protection has steadily increased each year. The number of calls that were “screened out,” or determined not to be eligible to be pursued as an Adult Protection case, have increased each year as well. In 2021, over half the reports made were determined to be ineligible as an APS case, which suggests a need to provide education to reporting agencies and individuals in the community. It should be noted that when a report is ineligible for APS follow-up, Information and Assistance staff assists callers in identifying available resources.
- **Legal Assistance:** Over the past 3 years the top two legal assistance cases have been Minor Guardianships for Grandparents and Health Care. Between 2019 and 2021, the number of cases has increased by almost 14%.
- **Ombudsman:** Complaints have increased by almost 38% between 2019 and 2021. The top two complaints over the past three years have consistently been “Discharge or Eviction”, followed by “Dignity and Respect.”

4. Census Data. Census data was gathered over the past 3 years to determine population trends for the PSA and analyzed to determine service capabilities and needs.

- Total persons aged 60+ in the PSA has increased by 11% since 2019, from 218,202 to 229,865.
- There has been a 26.5% increase in minority seniors 60+ living across the PSA.
- The number of individuals 60+ living in rural counties has increased from 14,634 in 2019 to 18,137 in 2022, for a growth rate of 24%.

5. Internal and External SWOT Analysis. See Below.

Internal and External SWOT Analysis

Internal SWOT Analysis Process:

Area VI staff members participated in initial stakeholder meetings to provide program input. An expanded group of staff members were later provided with SWOT analysis documents to complete as individuals prior to meeting as a group. As a group, members

engaged in discussion regarding the identified strengths, weaknesses, opportunities, and threats, and generated strategies to address challenges.

External SWOT Analysis Process:

External service provider Stakeholders belonging to Universal, Targeted, and Crisis categories were identified, and participated in initial meetings to provide input. Additional stakeholders were later identified and offered the opportunity to assist in SWOT analysis activities, identifying strengths, weaknesses, opportunities, and threats. SWOT results were compiled and provided to participants.

Internal and External SWOT Recommendations:

Universal Stakeholder:

- Utilize Senior Centers as focal points to increase awareness of resources available through Area VI Agency on Aging, including referral to outside resources
- Collaborate with Senior Centers on strategies to reach more Seniors and increase engagement from seniors
- Collaborating with Community Partners to raise awareness of CDSMP training opportunities

Targeted Stakeholder:

- Stay informed on transportation projects, work to develop community partnerships with providers, and advocate for transportation resources
- Improve process to obtain contracted providers
- Development of Self-Directed services
- Target advertising to increase awareness of Family Caregiver Support Program
- Outreach to minorities

Crisis Stakeholder:

- Increase awareness of APS and Ombudsman programs and services available through outreach and education to community partners

Program Development and Response to SWOT Challenges

As SWOT analysis was conducted and stakeholders participated in developing strategies to address needs and facilitate program development, challenges were identified. The identified challenges and Area VI response is outlined below.

Challenge 1: Contractors, reimbursement rates. Area VI currently only has contracts with 4 agencies to provide homemaker, chore, and respite services across the PSA. This greatly limits the number of seniors who may receive services. Our current contractors have expressed a need for increased reimbursement rates. Increasing rates has the potential to retain current contracts and attract more providers in our next contract procurement period, but will also decrease the number of seniors we are able to serve with limited funds. Area VI will be conducting a cost analysis to determine future reimbursement needs.

Challenge 2: Caregiver shortages. Contract providers are reporting caregiver shortages, which has resulted in waitlists for services. This is compounded by the population growth and the increase in individuals requiring support to remain in their homes. The development of Self-directed services has been beneficial in providing individuals with the option to have their care needs met by hiring individuals to perform necessary tasks, avoiding waitlists and delay in services. Area VI will be working towards development of Self-Directed service options.

Challenge 3: Lack of public transportation. There is great need for public transportation across the PSA. Transportation affects individual's ability to access healthcare, basic necessities, and needed resources. Public transportation is unavailable in many counties, preventing Area VI from assisting seniors to cover transportation costs. Area VI currently contracts with Ashton Senior Center, Challis Senior Center, Mackay Senior Center, Madison Senior Center, Seniors West of the Tetons Senior Center, South Fremont Senior Center, LCEDA Transportation in the Salmon area, and Qualicare. Area VI is currently working with the GIFT micro-transit pilot program in Idaho Falls to establish a partnership to reimburse rides for seniors.

Challenge 4: Affordable housing. Affordable housing is a crisis across Idaho. Area VI is limited in its ability to affect change in this area, but refers clients to available resources to provide assistance with housing costs and other resources that may assist in alleviating burden.

Chapter 3: Identified Opportunities

Planning and Outreach Activities

In addition to utilizing available agency, census, and Community Needs Assessment data to assess current and future needs, Area VI identified stakeholders within the community and requested assistance in completing the SWOT analysis. The following SWOT analysis document was utilized in the process to locate gaps in services and to develop strategies.

SWOT stands for **strengths, weaknesses, opportunities and threats**. A SWOT analysis identifies strengths and weaknesses within your organization, and outside opportunities and threats. The most important parts of a SWOT analysis specify the ideas or actions that correspond to the elements you identify. By using the results of the analysis to improve the situation of your organization, you can reduce the likelihood of developments that negatively impact your group. After all, the main focus should be on helping your members and organization thrive, right?

Take some time with your executive board and/or general membership to evaluate your organization using the SWOT analysis method. Then develop a plan complete with action steps on how your organization will address the strengths, weakness, opportunities, and threats that you have identified.

Strengths

Strengths are internal characteristics of your organization that place you at an advantage over other. For example, your organization has memorable programs and high name recognition on campus. When determining strengths of your group, consider these questions:

- What advantages does our organization have?
- What do we do better than anyone else?
- What do other organizations, students, faculty/staff, or community members see as our strengths?
- What resources can we access? What connections or networks can we take advantage of?
- What achievements are we most proud of?

| Strengths | Ideas for building upon these strengths |
|-----------|---|
| | |

Weaknesses

Weaknesses are internal characteristics that place your organization at a disadvantage. For example, why are the members of another organization participating more than members in your organization? To determine your organization’s weaknesses, ask yourselves:

- What could we improve?
- What should we avoid?
- What are other organizations, students, faculty/staff, or community members likely to see as our weaknesses?
- Where do we have fewer resources than other organizations?
- Are we completely confident in our member development, skills, and training? If not, where are the weakest?

| Weaknesses | Ideas for minimizing or repairing these weaknesses |
|------------|--|
| | |

Opportunities

Opportunities are external factors that your organization can take advantage of in growing and developing your group. Maybe your members can think of a unique recruiting or fundraising idea that no other organization on campus has thought of yet. The answers to these questions will help you to brainstorm opportunities and future successful programs/tactics/projects that will help your organization shine!

- What good opportunities can you spot?
- What interesting trends are you aware of?
- Do you have a network of strategic contacts and resources to help you, or offer good advice?
- Are any other organizations failing to do something important? If so, can you take advantage of their mistakes?
- Is there a need at UWM or in the surrounding community that no one is filling?
- How can you turn your strengths into opportunities?

| Opportunities | Ideas for investigating or taking advantage of these opportunities |
|---------------|--|
| | |

Threats

Threats are elements in the environment around you (for example, at UWM) that can cause trouble or barriers for your organization. Take a look at other organizations, current events, and the changing climate for possible threats to your group.

- What obstacles do you face?
- What are other organizations doing?
- Could any of your weaknesses seriously threaten your organization?
- Is the demand for your organization changing?

| Threats | Ideas for minimizing or overcoming these threats |
|---------|--|
| | |

Public Comment

A public notice was published in newspapers across the PSA, informing residents of the availability of the Area Plan for review and comment on the EICAP website.

Statistical Compilation of Findings

TBD upon completion of public comment period.

Chapter 4: Strategic Plan

Mission

Eastern Idaho Community Action Partnership helps and empowers at risk individuals and families to meet their basic needs and increase their independence through support and education.

Vision

Eastern Idaho Community Action Partnership creates opportunities for individuals and families to reach their highest level of independence and self-sufficiency. EICAP is widely recognized and respected by the public as a community asset that makes a difference in peoples' lives. EICAP Board of Directors, staff, and volunteers work efficiently with community partners to expand our role and impact in the community by responding to local needs.

Values

Empowerment: EICAP believes in empowering participants with the skills, means, and opportunities to achieve maximum independence and self-sufficiency. We will design services and processes that empower people to take responsibility for their lives.

Respect: EICAP believes in valuing the dignity of all human beings and seeks to treat all with kindness and respect.

Collaboration: EICAP believes that by working together with the community we can best accomplish the mission, vision, and goals of the organization.

Continuous Learning: EICAP believes in continuous personal and professional growth of Board, staff, and volunteers. A well-trained organization is essential to our ability to serve the communities of Eastern Idaho.

Accountability: EICAP believes in being accountable to the community and funding sources by providing our services efficiently and effectively.

Integrity: EICAP believes that integrity is essential to our organization. EICAP associates with those who are honest and demonstrate high moral character.

Innovation: EICAP believes that innovation and creativity are required to respond to continually evolving community needs. We seek opportunities to address emerging challenges.

Identified Service Gaps

Through analysis of data and input of stakeholders, gaps in services were identified and prioritized by applying the following criteria:

- Does this close a safety gap?

- Does this close a quality gap?
- Is this in alignment with current strategic goals?
- Do we own this issue?
- Is this a complex issues?
- Is there a funding source?

The following gaps were identified, and strategies were developed in the duration of this plan to address these gaps:

- Providing outreach through focal points and community partners to increase awareness and utilization of services.
- Translating educational materials to Spanish and raising awareness of available translation services.
- Increasing service providers by improving our procurement process.
- Building volunteer resources to bolster the numbers of seniors our programs can serve.
- Surveying seniors for data to discover the services that are most meaningful and the barriers to accessing those services.
- Providing SMP and MIPPA services to the seniors in our area.
- Increasing education and improving access to services to seniors in Clark County.
- Building a partnership with the Transportation Department to increase awareness of transportation projects and to collaborate on projects to improve service to seniors.

I.Universal Programs

Goal: Investing in Healthy Aging

- To access reliable and trustworthy information, services, and supports
- To stay active in the community
- To plan for our own independent living needs

1. Focus Area- Information and Assistance Services and Aging and Disability Resource Connection (ADRC)

| Strategy | Measurement | Time |
|----------|-------------|------|
|----------|-------------|------|

| | | |
|---|---|--|
| a. Provide quarterly resource newsletter to Senior Centers, highlighting resources and programs, to be provided with home delivered meals, congregate meals, congregate meals, and include on EICAP Facebook page | 4 informational newsletters provided to each focal point per year | Year 1: Develop newsletter content, format, and schedule Year 2-4: Continue plan, and monitor for compliance |
| b. Provide one Outreach presentation to each focal point per year in order to provide information and resources to those at risk for placement due to living alone, living in rural areas, low income, and aged 75+ | Provide 12 presentations per year | Year 1: Schedule presentations with focal point, and coordinate participation with AAA staff Year 2-4: Continue plan, and monitor for compliance |
| c. Identify liaison in Clark county- where there is no Senior Center- to provide resource information to seniors | # of resource educational materials provided | Year 1: Identify a county liaison, provide materials to educate seniors on resources Year 2-4: Continue outreach plan |
| d. Include in outreach materials that translation services are available and have outreach materials translated into Spanish to encourage minorities to reach out for services | # of calls utilizing translation services | Year 1: Select materials for translation, update current materials Year 2-4: Continue to highlight translation availability and retain supply of translated materials |
| e. Provide disability resources and referrals through I&A calls | # of disability resource referrals | Year 1: Identify disability-related resources, enter resources into Get Care to track referrals Year 2-4: Track number of referrals provided, add new resources |

2. Focus Area- Congregate Meals

| Strategy | Measurement | Time |
|----------|-------------|------|
|----------|-------------|------|

| | | |
|---|------------------------------|--|
| a. Provide yearly outreach survey to focal points, social media, and community partners that outlines activities seniors would like to participate in, and identify barriers to participation in CM | # of surveys completed | Year 1: Create survey content, coordinate advertisement of survey, create survey in Survey Monkey Year 2-4: Gather results, share with senior centers |
| b. Coordinate annual focal point presentations in conjunction with congregate meals | # of presentations completed | Year 1: Schedule presentations with focal point, and coordinate participation with AAA staff Year 2-4: Continue plan, and monitor for compliance |

3. Focus Area- Health Promotion

| Strategy | Measurement | Time |
|---|------------------------------|---|
| a. Participate in focal point presentations to raise awareness of CDSMP classes | # of presentations provided | Year 1: Coordinate presentation schedule with participants Year 2-4: Continue plan, and monitor for compliance |
| a. Provide/ coordinate 3 annual CDSMP | # of classes provided | Year 1: Contact eligible class leaders, commit to teaching classes, coordinate classes Year 2-4: Continue coordination efforts to meet class # goals |
| b. Recruit CDSMP class leaders to expand participation in the course across the PSA | # of class leaders recruited | Year 1: I&A Supervisor becomes Master Trainer Year 2: Continue recruitment and coordination of classes |

4. Focus Area- MIPPA/SMP

| Strategy | Measurement | Time |
|----------|-------------|------|
|----------|-------------|------|

| | | |
|---------------------------------|---------------------------|---|
| a. Fill MIPPA/SMP role | Position filled | Year 1: MIPPA/SMP training completed Year 2-4: Performance evaluation |
| b. Recruit MIPPA/SMP volunteers | # of volunteers recruited | Year 1: Fill MIPPA/SMP position, begin volunteer recruitment strategies Year 2-4: Continuation of recruitment and retention strategies, performance evaluation |

5. Focus Area- Loneliness Reduction/Multigenerational Socialization

| Strategy | Measurement | Time |
|---|---------------------------------|--|
| a. Re-establish Friendly Caller program with BYU University | # of calls completed | Year 1: Establish volunteers with BYU Year 2-4: Continue calls, monitor data for trends, communication with University, and monitoring for provision of service |
| b. Develop one multigenerational program to address loneliness and isolation in seniors | # of multigenerational programs | Year 1: Develop and begin program implementation Year 2-4: Continue program, revise as needed |

II.Targeted Programs

Goal: Preventing Institutionalization

- To live as independently as possible
- To choose our own caregiver
- To provide caregiver training and resources

1. Focus Area- Family Caregivers/Respite/Grandparents Raising Grandchildren

| Strategy | Measurement | Time |
|----------|-------------|------|
|----------|-------------|------|

| | | |
|---|---|---|
| a. Advertise Caregiver Support Group, Powerful Tools for Caregivers, and Grandparents Raising Grandchildren Groups on EICAP Facebook page and through focal point newsletters | # of group participants who learned about the group from Facebook | Year 1: Schedule Facebook posts, advertising group offerings, add referral source to group and class evaluations Year 2-4: Continue plan, and monitor for compliance |
| b. Develop Self-Directed Respite program to provide services to seniors in rural areas | # of Consumer-Direct participants | Year 1: Develop program processes, implement program Year 2-4: Continue program, increase awareness of Self-Directed Respite through outreach efforts |

2. Focus Area- Transportation

| Strategy | Measurement | Time |
|--|----------------------------------|--|
| a. Collaborate with GIFT to develop process on assessing/scheduling/billing procedures to providing rides to seniors | # of rides provided through GIFT | Year 1: Develop process, monitor utilization Year 2-4: Adjust processes, as indicated by data |
| a. Participate in quarterly District 6 Public Transportation Advisory Council meetings | # of meetings attended | Year 1-4: Determine meeting schedule, attend meetings |

3. Focus Area- Home Delivered Meals/NSIP

| Strategy | Measurement | Time |
|--|---|---|
| a. Participate in community outreach opportunities to increase awareness of home delivered meals | # of community outreach events attended | Year 1-4: Coordinate team participation in community events |

| | | |
|---|------------------------|--|
| b. Provide yearly satisfaction survey to home delivered meal participants | # of surveys completed | Year 1: Create survey, set up distribution schedule Year 2-4: Gather results, share with senior centers |
|---|------------------------|--|

4. Focus Area- Commodity Supplemental Food Program

| Strategy | Measurement | Time |
|---|---------------------------|--|
| a. Share CSFP information on EICAP website and Facebook page | # of Facebook posts | Year 1: Update website, create Facebook post schedule Year 2-4: Continue plan, and monitor for compliance |
| b. Include CSFP information on quarterly newsletter for nutrition sites | # of newsletters provided | Year 1: Create newsletter content, develop schedule Year 2-4: Continue plan, and monitor for compliance |

5. Focus Area- Homemaker

| Strategy | Measurement | Time |
|---|---|--|
| a. Increase reimbursement rate to retain contracts with providers and attract new providers | # of current providers who participate in procurement process | Year 1: Complete cost analysis to determine rate increase within budget constraints Year 2-4: Continue monitoring reimbursement rates, contractor needs |
| b. Increase number of contractors by improving procurement process in line with regulations | # of new providers brought on during procurement process | Year 1: Develop understanding of procurement process, develop procurement schedule and processes Year 2-4: Continue schedule and monitor for compliance |

6. Focus Area- Dementia Capability

| Strategy | Measurement | Time |
|----------|-------------|------|
|----------|-------------|------|

| | | |
|--|---|---|
| a. Increase dementia resources in AAA resource database | # of resources in database | Year 1: Review dementia resources available in database, input resources into Get Care for referral tracking, add new resources to database Year 2-4: Continue to update database and monitor for compliance |
| b. Provide annual dementia training to Area Agency staff | 100% of AAA staff participate in dementia training annually | Year 1: Develop training, create training schedule, include in onboarding of new employees Year 2-4: Continue plan, and monitor for compliance |

III.Crisis Programs

Goal: Preserving Rights and Safety

- To live without abuse, neglect and exploitation
- To live with dignity
- To make our own choices

1. Focus Area- Elder Rights and Legal Assistance

| Strategy | Measurement | Time |
|--|-----------------------------|---|
| a. 2 Adult Protection education outreach presentations each quarter to increase understanding of Adult Protection services and limitations | # of presentations provided | Year 1: Develop schedule, provide in-services Year 2-4: Adjust # of in-services, locations, audience, as indicated by needs assessment |
| b. Utilization of APS Aid Intervention Grant | # of individuals served | Year 1: Develop and refine processes, hire part-time APS worker to assist in program implementation Year 2-4: Continue program efforts, based on available funding. Monitor for compliance and utilization |

| | | |
|---|--|---|
| c. Participate in Senior Legal Risk Detector training through Legal Aid | # of individuals served with Risk Detector | Year 1: Participate in training, track time spent utilizing Risk Detector Tool Year 2-4: Continue to monitor utilization |
|---|--|---|

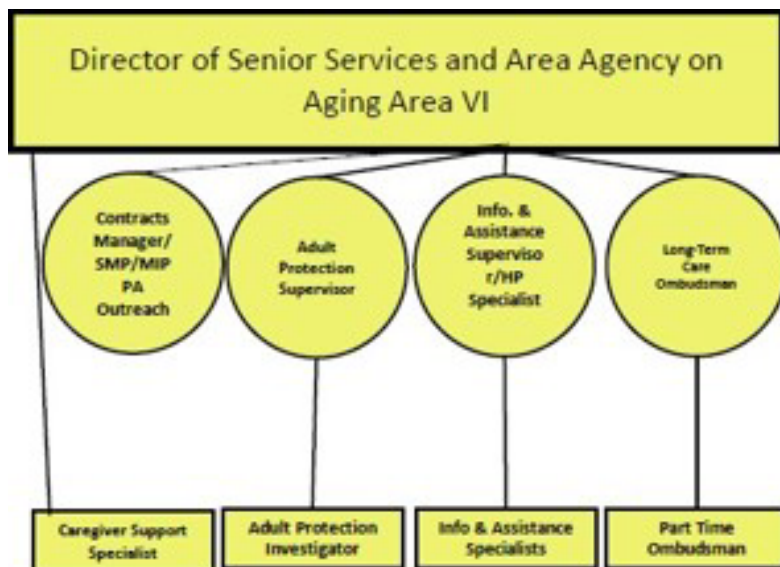
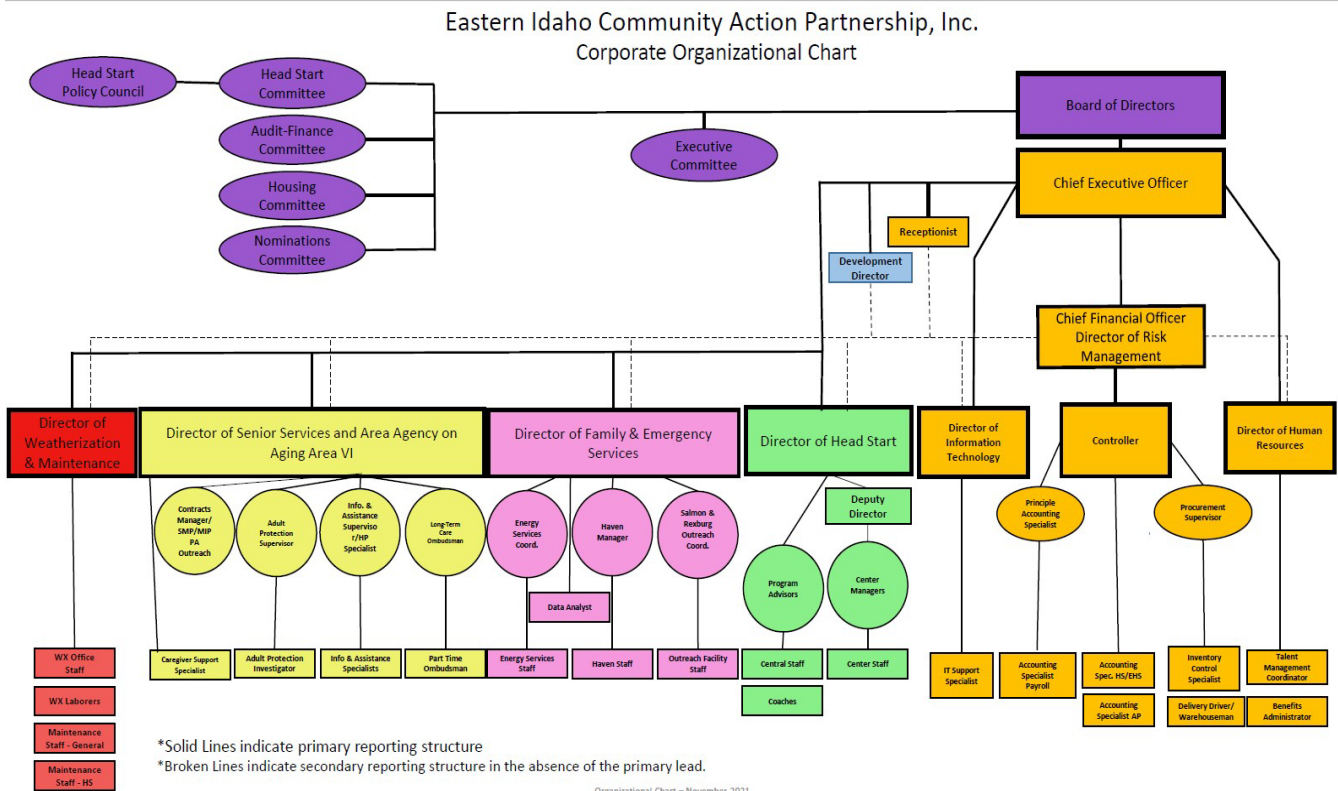
2. Focus Area- Ombudsman

| Strategy | Measurement | Time |
|---|---|---|
| a. Provide 3 educational in-services each quarter to increase awareness of Ombudsman services | # of presentations provided | Year 1: Identify areas with the most need for education, schedule trainings Year 2-4: Meet training goals, monitor for compliance |
| b. Recruit and train Ombudsman volunteers | # of volunteers trained | Year 1: Develop recruitment strategies Year 2-4: Focus on recruitment needs and retention strategies |
| c. Provide Ombudsman information for facilities to include in their admission packets | # of facilities providing Ombudsman information to new admissions | Year 1: Contact facilities, provide facilities with information pamphlets Year 2-4: Monitor how many facilities are including information in admission packets |

Chapter 5: Execution Planning

Organization Chart

The following charts outline the structure of EICAP's organization and highlights the Area Agency on Aging. Plan strategies and assignments can be found in (Attachment D: Implementation Plan).



Chapter 6: Continuous Quality

Data Integrity Plan

Staff members will receive instruction on how to enter data and run the appropriate reports to obtain accurate data within Get Care. Staff members complete an existing monthly Outreach report, which the Program Director will use to update the master Area Plan Outreach Tracking report. Data will be gathered at determined intervals to monitor implementation progress.

| Program | System | Report | Assigned Staff | Frequency |
|-------------------------------------|-----------------------------|---------------------------------|----------------------------|-----------|
| Information & Assistance | Outreach report | # of newsletters | Caregiver Advocate | Quarterly |
| | Outreach report | # of newsletters | Program Director | Quarterly |
| | Get Care | #/types of calls | Program Director | Monthly |
| | Get Care | #/type of referrals | I&A | Monthly |
| Congregate Meals | Survey Monkey | # of surveys | Contracts Manager | Annually |
| | Outreach report | # of presentations | APS | Monthly |
| Health Promotions | Outreach report | # of presentations | I&A Supervisor | Monthly |
| | Get Care | # of classes | I&A Supervisor | Quarterly |
| | Class leader roster | # of class leaders | I&A Supervisor | Quarterly |
| MIPPA/SMP | Get Care | # of volunteers | MIPPA/SMP | Quarterly |
| Loneliness Reduction | Friendly Caller spreadsheet | # of calls | Program Director | Quarterly |
| | None | # of multigenerational programs | Director | Annually |
| Respite/ Caregiver Groups | Group survey | Referral source | Caregiver Support Advocate | Quarterly |
| | Get Care | # of participants | I&A Supervisor | Monthly |
| Transportation | Get Care | # of rides | Program Director | Monthly |
| | Outreach report | # of contacts | Program Director | Quarterly |
| Home Delivered Meals | Outreach report | # of events | Program Director | Quarterly |
| | Survey Monkey | # of surveys | Contracts Manager | Annually |
| Commodity Supplemental Food Program | Facebook | # of posts | Program Director | Quarterly |
| | Outreach report | # of newsletters | Caregiver Advocate | Quarterly |

| | | | | |
|---------------------|-------------------------|-----------------------------|--|----------------------------------|
| | | | | |
| Homemaker | GetCare | # of contractors | Program Director and Contracts Manager | Before and after RFQ/RFP process |
| Dementia Capability | Get Care | # and type of resources | Program Director and I&A | Quarterly |
| Adult Protection | Outreach report | # of presentations provided | APS Supervisor | Monthly |
| | Service approval record | # of individuals served | APS Supervisor | Quarterly |
| Ombudsman | Outreach report | # of presentations | Ombudsman Supervisor | Monthly |
| | Get Care | # of volunteers | Ombudsman Supervisor | Quarterly |

Quality Plan

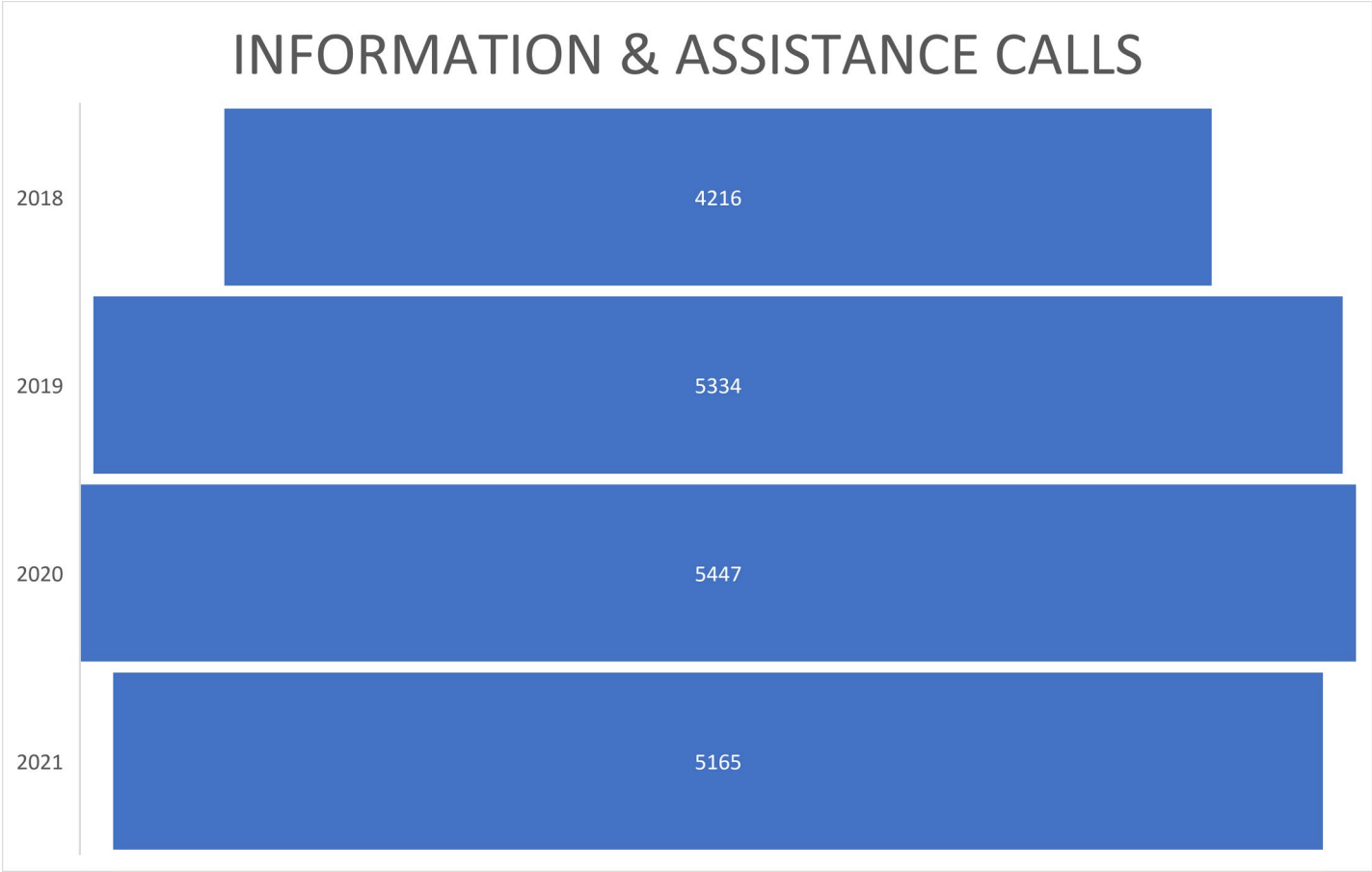
Area VI will utilize the following reporting schedule to measure the progress and success of Area Plan strategies, and to address any challenges in meeting Area Plan goals.

- **Senior Service Meetings:** Area VI team members will utilize monthly team meetings to report on task progress, barriers encountered, and provide data per the frequency designated in the above Data Integrity Plan. Team members will participate in discussion of barriers and generate solutions and revisions to plan strategies. **Report frequency: Monthly.**
- **Advisory Council Report:** The Area VI Director will provide a progress report to Advisory Council members, soliciting feedback and recommendations on how to address barriers and improve processes. **Report frequency: Quarterly.**
- **Board Report:** The Area VI Director will provide a report to the Board, requesting feedback and recommendations on how to address barriers and improve processes. Additionally, the Director will present any changes to the Area Plan for Board approval. Report frequency: **Semiannually.**
- **ICOA Commissioner Report:** The Area VI Director will provide a progress report to the Area VI Commissioner to receive feedback and suggestions. The Director will present

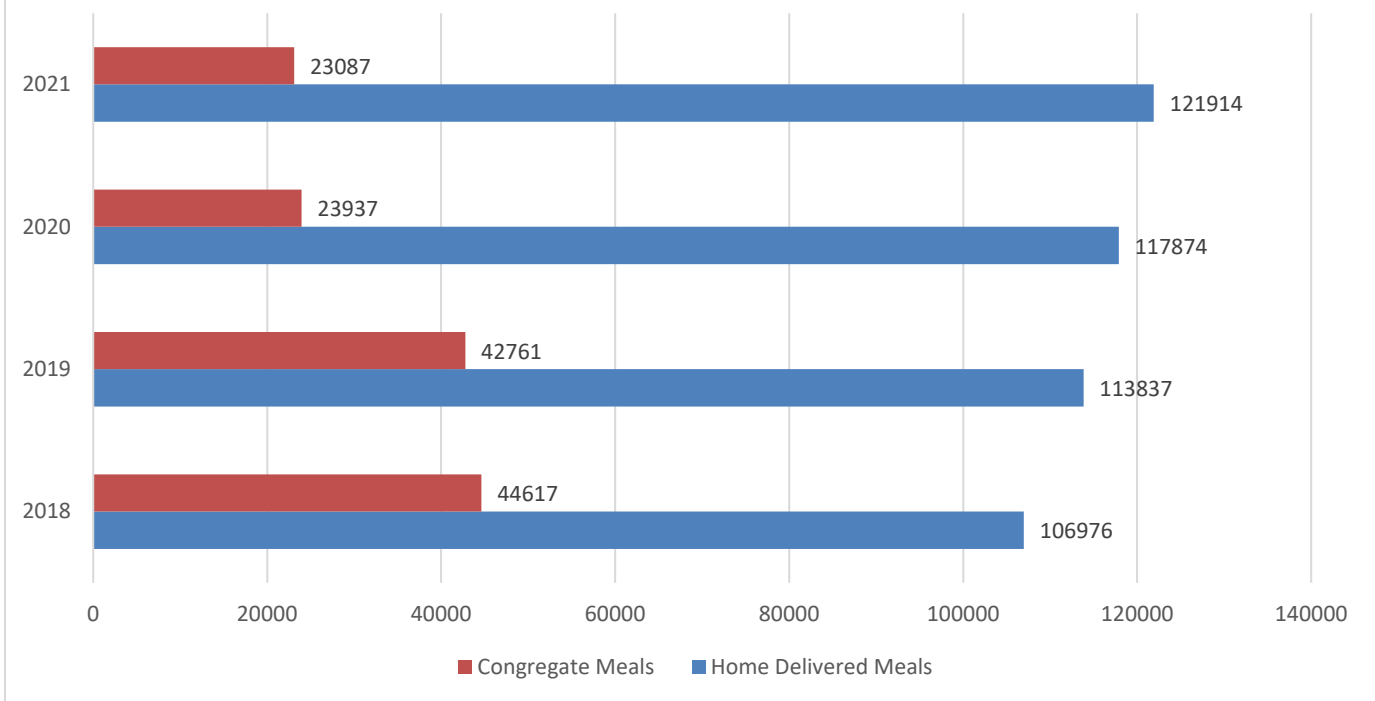
the Area Plan progress report at the ICOA Commissioner’s Meeting. **Report frequency: Quarterly.**

- **Area Plan Updates:** The Area VI will provide an annual report to ICOA, outlining the progress made toward goals, barriers encountered, and how they were addressed; as well as any revisions made to plan strategies and assignments. **Report frequency: Annually.**

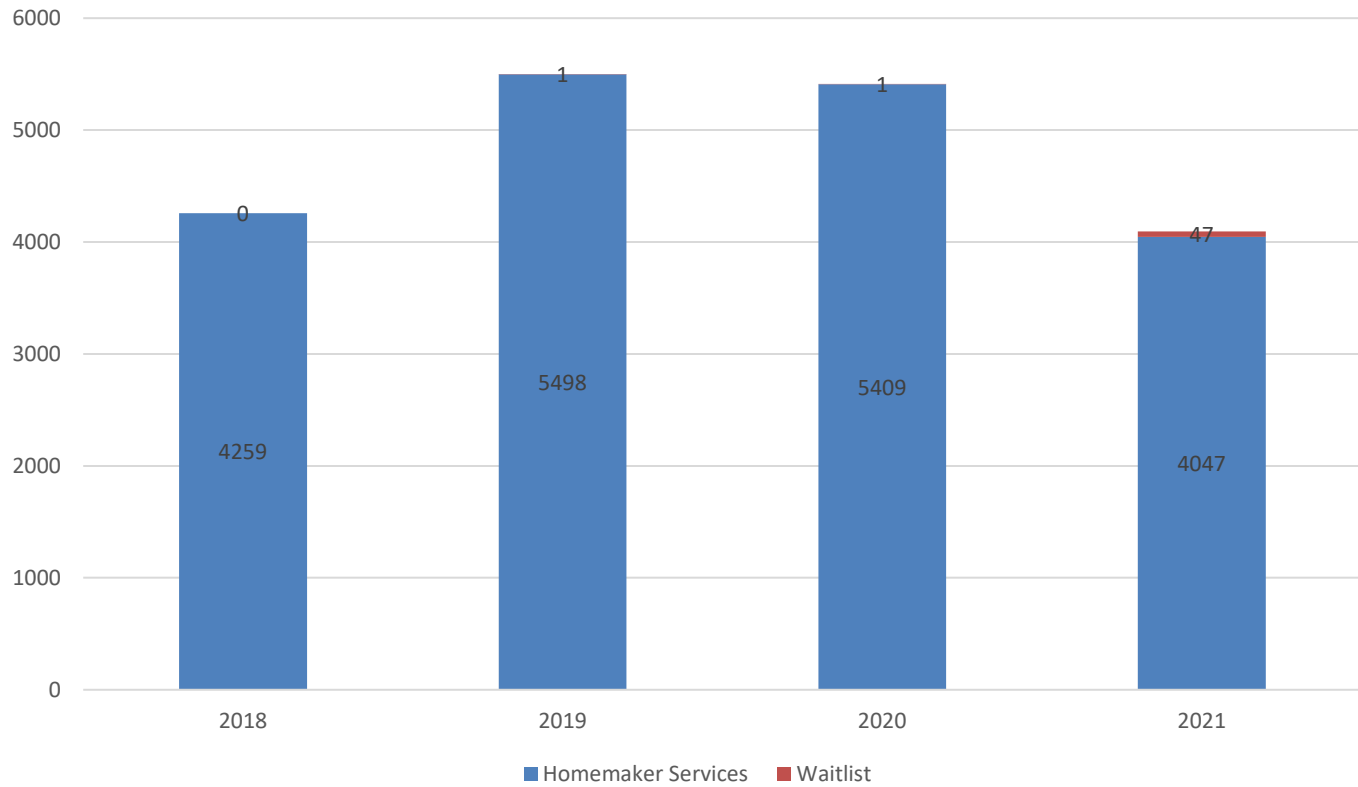
ATTACHMENT A: SYSTEMS REPORTS



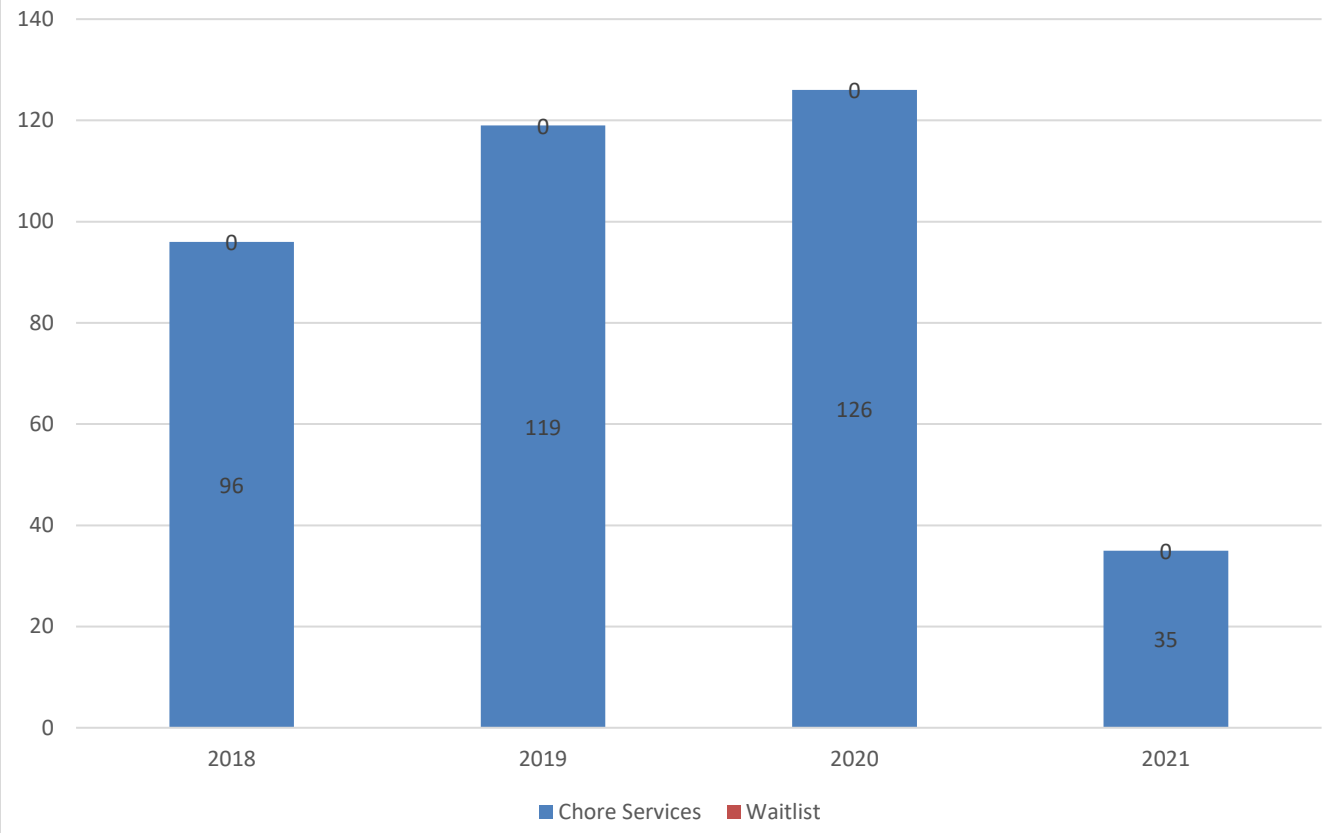
HOME DELIVERED & CONGREGATE MEALS



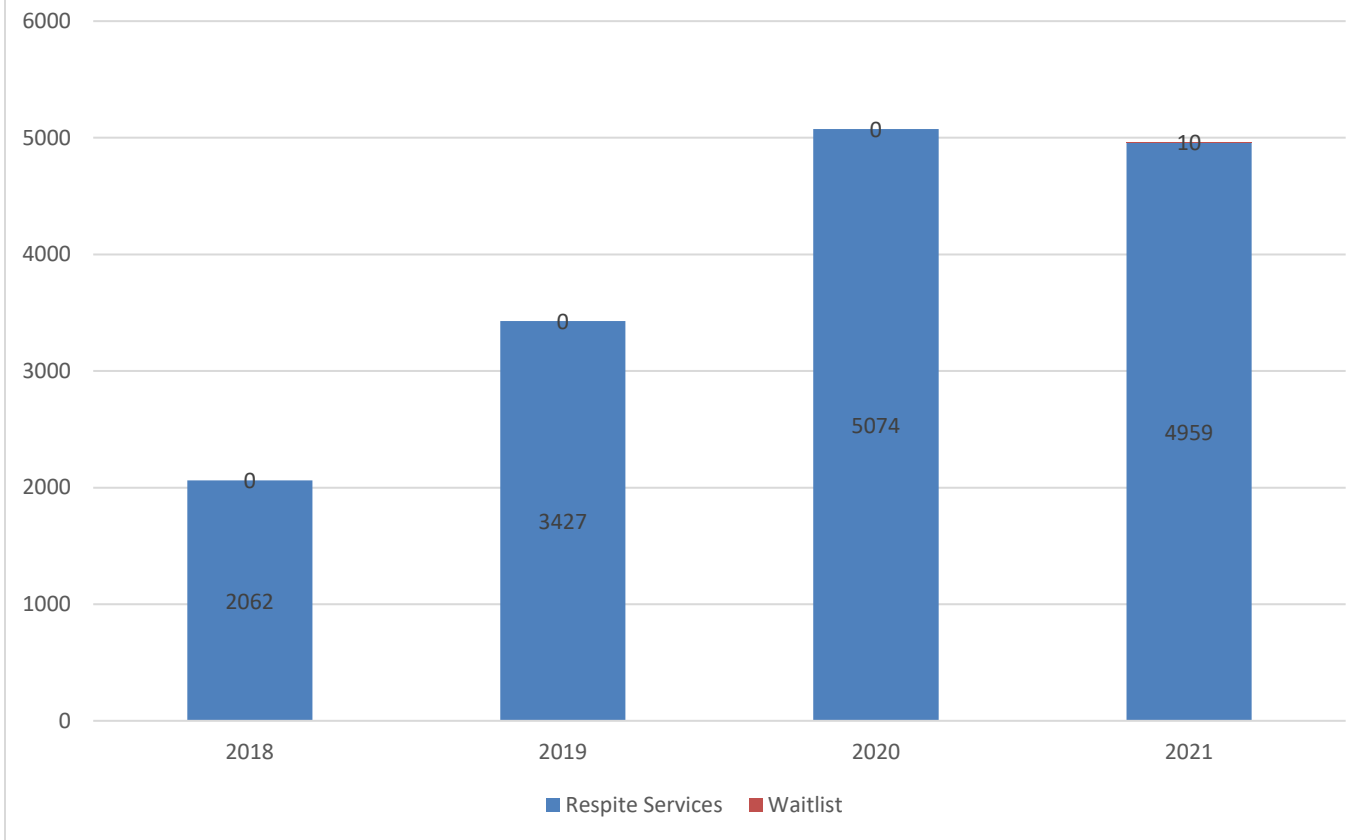
HOMEMAKER SERVICES



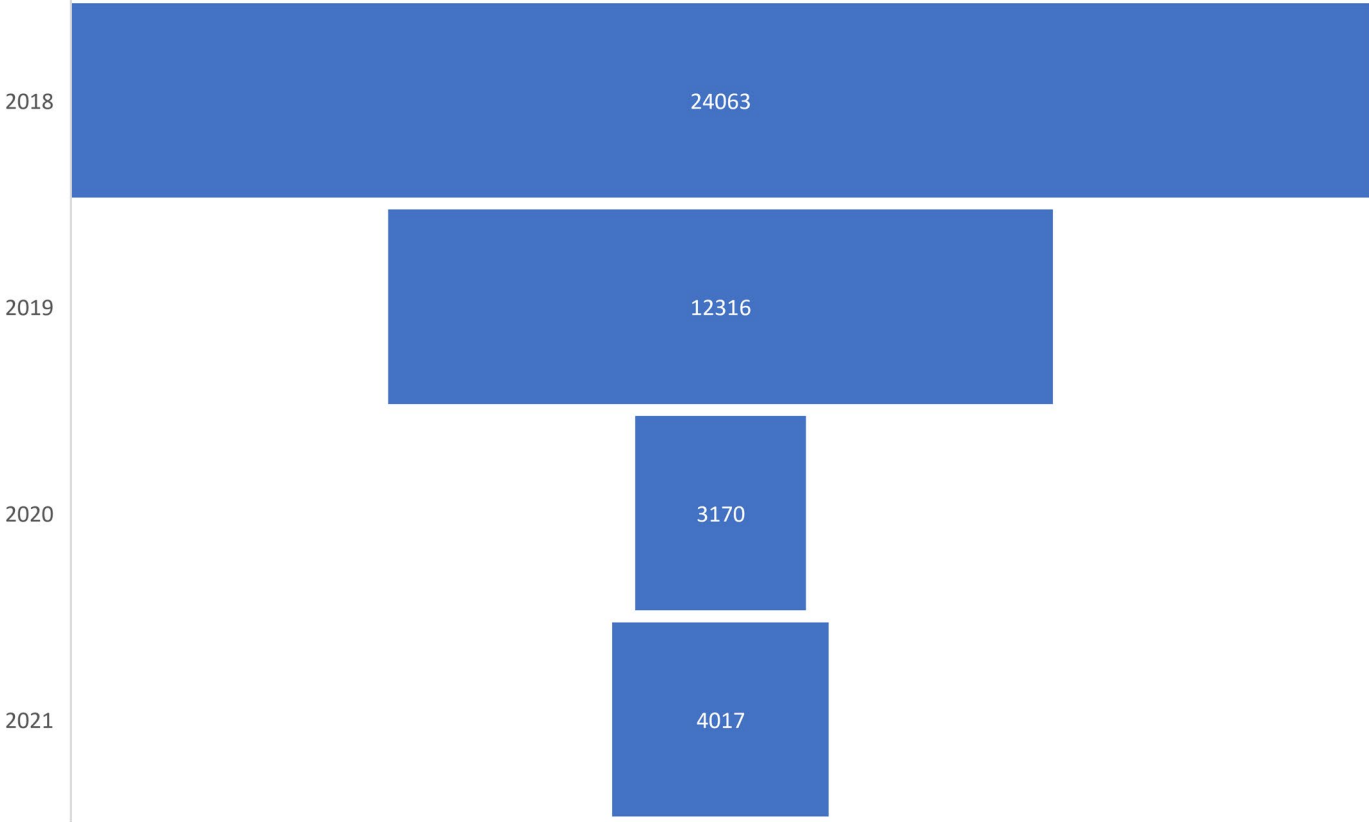
CHORE SERVICES



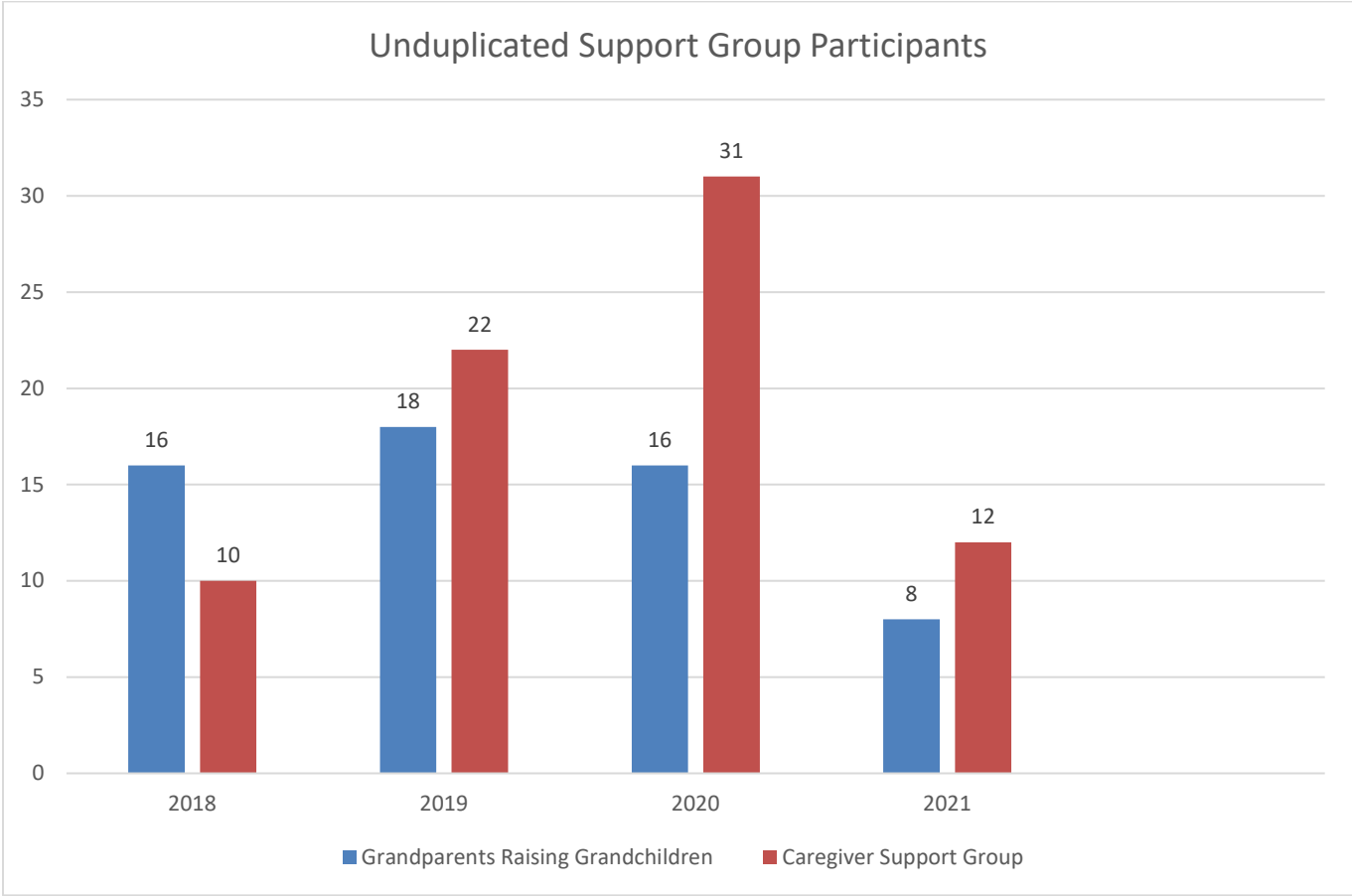
RESPIRE SERVICES



TRANSPORTATION

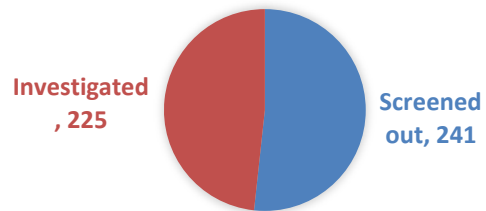


CAREGIVER PROGRAMS

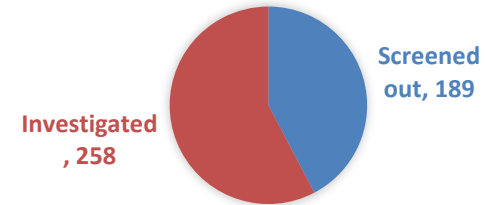


ADULT PROTECTIVE SERVICES

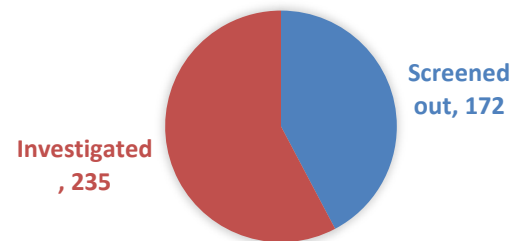
2021 ABUSE, NEGLECT, SELF-NEGLECT, AND EXPLOITATION REPORTS



2020 ABUSE, NEGLECT, SELF-NEGLECT, AND EXPLOITATION REPORTS



2019 ABUSE, NEGLECT, SELF-NEGLECT, AND EXPLOITATION REPORTS

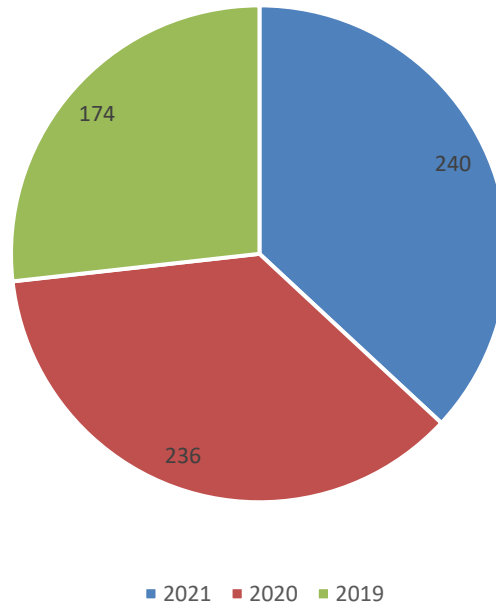


LEGAL ASSISTANCE

| | 2021 | | 2020 | | 2019 | |
|---|------------|--------------|------------|--------------|------------|--------------|
| | Cases | Hours | Cases | Hours | Cases | Hours |
| Income | 23 | 39.2 | 9 | 25.6 | 19 | 22.5 |
| Health Care | 42 | 36.1 | 50 | 45.2 | 22 | 31.8 |
| Long-term Care | 32 | 38.2 | 13 | 20.3 | 12 | 24.7 |
| Nutrition | - | - | - | - | - | - |
| Housing | 26 | 46.3 | 15 | 29.9 | 13 | 15.7 |
| Utilities | - | - | - | - | - | - |
| Protective Services Defense of Guardianship | - | - | 3 | 2 | 11 | 39.6 |
| Minor Guardianship (for grandparents) | 49 | 102.3 | 58 | 132.2 | 75 | 143.4 |
| Abuse | 1 | 1.6 | 4 | .9 | - | - |
| Neglect | - | - | - | - | - | - |
| Divorce | - | - | - | - | - | - |
| Age Discrimination | - | - | - | - | - | - |
| Total | 173 | 263.7 | 152 | 256.1 | 152 | 277.7 |

OMBUDSMAN

COMPLAINTS



ATTACHMENT B: CENSUS DATA

| YEAR | 2019 TOTAL PSA POPULATION | TOTAL PERSONS AGED 60+ IN PSA | Factors used in Weighted Elderly Population (At Risk) | | | | | | | WEIGHTED ELDERLY POP. (AT RISK) |
|--------|---------------------------|-------------------------------|---|------------------|------------------------------------|--------------------------------|----------------------------|----------|----------|---------------------------------|
| | | | NUMBER OF 65+ LIVING IN POVERTY | 65+ LIVING ALONE | 60+ RACIAL MINORITY (Not Hispanic) | 60+ HISPANIC (ETHNIC MINORITY) | 60+ LIVING IN RURAL COUNTY | AGED 75+ | AGED 85+ | |
| 2019 | 218,202 | 38,467 | 1,722 | 6,127 | 956 | 1,371 | 14,634 | 10,983 | 3,129 | 38,922 |
| 2020 | 221,179 | 40,013 | 1,686 | 6,469 | 1,015 | 1,485 | 15,399 | 11,449 | 3,207 | 40,710 |
| 2021 | 226,109 | 41,452 | 1,978 | 6,566 | 966 | 1,592 | 15,997 | 11,988 | 3,254 | 42,341 |
| 2022 | 229,865 | 42,724 | 1,911 | 6,833 | 1,192 | 1,752 | 18,137 | 12,278 | 3,257 | 45,360 |
| GROWTH | 5% | 11% | 11% | 12% | 25% | 28% | 24% | 12% | 4% | 17% |
| COLUMN | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Notes RE Calculations and Sources

The source documentation is from the ID Dept. of Labor.

- Column 1** Source: U.S. Bureau of the Census,, 2010-2014 American Community Survey 5-Year Estimates, Column used as a reference only.
- Column 2** Source: U.S. Bureau of the Census,, 2010-2014 American Community Survey 5-Year Estimates, Column used as a reference only.
- Column 3** Source: U.S. Bureau of the Census, American Community Survey,2006-2013, 5-year estimates, Column 3 is used with columns 4 - 9 to calculate the total "Weighted Elderly Population (At
- Column 4** Source: U.S. Bureau of the Census, American Community Survey,2006-2013, 5-year estimates, Column 4 is used with columns 3 and 5 - 9 to calculate the total "Weighted Elderly Population
- Column 5** Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2014, Column 5 is used with columns 3 - 4 and 6 - 9 to calculate the total "Weighted Elderly Population
- Column 6** Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2014, Column 6 is used with columns 3 - 5 and 7 - 9 to calculate the total "Weighted Elderly Population
- Column 7** Source: U.S. Bureau of the Census,, 2010-2014 American Community Survey 5-Year Estimates, Column 7 is used with columns 3 - 6 and 8 - 9 to calculate the total "Weighted Elderly Population
- Column 8** Source: U.S. Bureau of the Census,, 2010-2014 American Community Survey 5-Year Estimates, Column 8 is used with columns 3 - 7 and 9 to calculate the total "Weighted Elderly Population
- Column 9** Source: U.S. Bureau of the Census,, 2010-2014 American Community Survey 5-Year Estimates, Column 9 is used with columns 3 - 8 to calculate the total "Weighted Elderly Population (At
- Column 10** Column 10 sums each row for columns 3 - 9 and identify the total "Weighted Elderly Population

ATTACHMENT C: INTERNAL & EXTERNAL SWOT ANALYSIS

INTERNAL SWOT

| Program | Internal Influences | | External Influence | |
|-------------------------------------|--|--|--|--|
| | Strengths | Weaknesses | Opportunities | Threats |
| Information & Assistance | <ul style="list-style-type: none"> • Have a presence in 9 counties • Well-established community partnerships • Knowledge of resources for the aging community • Connects seniors with services to allow them to age in place | <ul style="list-style-type: none"> • Staff are being pulled in multiple directions with job responsibilities, limiting ability to perform outreach to reach out to potential providers and provide information on services to seniors • Resource availability • Staff turnover, lack of training for new staff • Limited in ability to provide services to due limited number of providers | <ul style="list-style-type: none"> • Expanding consumer direct services to include Homemaker and Chore • Utilizing senior centers as outreach sites for program information and contract acquisition information to potential new contractors in outlying areas as the self-directed services expand • Utilizing Blessings Page on FB | <ul style="list-style-type: none"> • Lack of available care providers, directly impacting provision of services • Funding not increasing with programmatic demands • Not enough resources |
| Contracts & MIPPA/SMP | <ul style="list-style-type: none"> • Communication/working relationship with ICOA team • Provide service and reimbursement for programs • Meet deadlines for fiscal and ICOA | <ul style="list-style-type: none"> • Learning the program processes • Two positions have been combined: MIPPA/SMP with Contracts • MIPPA/SMP currently aren't in operation; referring to SHEBA • Need more contractors for chore, homemaker, and respite | <ul style="list-style-type: none"> • More actively seek out contracting partnerships • Utilize ICOA for support and education • Consumer direct services • Separate position into two roles for better quality service provision in Contracts and MIPPA/SMP | <ul style="list-style-type: none"> • Covid has prevented SMP/MIPPA activities, and volunteers were lost • Funding • Lack of available transportation services |

| | | | | |
|---|--|--|---|---|
| Advocacy & Caregiver Support | <ul style="list-style-type: none"> • Consistent meetings • Monthly newsletters • Summer/Christmas events • Utilizing both in-person and Zoom meetings | <ul style="list-style-type: none"> • Not enough publicity for the group | <ul style="list-style-type: none"> • Utilizing community events to raise awareness of groups • Utilize social media • Providing information to more establishments | <ul style="list-style-type: none"> • Effects of Covid on participation |
| Adult Protection | <ul style="list-style-type: none"> • Clear, set guidelines for APS throughout the state to guide service administration • Home delivered meals is a great resource to refer to | <ul style="list-style-type: none"> • Staff turnover has been an issue • Availability of services being referred to • Due to under-staffing, unable to perform Outreach activities | <ul style="list-style-type: none"> • Outreach and training are key so people understand what APS can provide and what services are available • State has provided additional funding through the Aid Intervention Grant • Coordinating with law enforcement in more rural counties | <ul style="list-style-type: none"> • Lack of funding, low reimbursement rates • Lack of human resources to deliver services • Rural areas may be difficult to access training and resources • Perception of APS |
| LTC Ombudsman | <ul style="list-style-type: none"> • Support from State Ombudsman | <ul style="list-style-type: none"> • Have only had a part-time Ombudsman while full-time position has been in training • Lack of volunteers | <ul style="list-style-type: none"> • Advertising for volunteer opportunities: Just Serve, FB, SC outreach | <ul style="list-style-type: none"> • Effects of Covid, volunteers not wanting to go into facilities |

EXTERNAL SWOT

| Program | Internal Influences | | External Influence | |
|-------------------------|--|---|---|---|
| | Strengths | Weaknesses | Opportunities | Threats |
| Congregate Meals | <ul style="list-style-type: none"> • Desire to serve seniors • Eager to find solutions to weaknesses and threats | <ul style="list-style-type: none"> • Low participation in congregate meals and events • Transportation to senior center • Lack of tech support | <ul style="list-style-type: none"> • Go to county commissioner about funding • Grant opportunities • Holiday luncheons, expanding activities | <ul style="list-style-type: none"> • Increased gas and food prices • Reimbursement is low • Senior perception the center is for "old people" |

| | | | | |
|--------------------------------|--|---|--|---|
| | | <ul style="list-style-type: none"> • Some centers without cooks • No services in Clark County | <ul style="list-style-type: none"> • Partnering with community resources for tech support, fundraising • Having senior who drive sign up to transport senior who don't • SC's w/o cooks partnering with those who do | <ul style="list-style-type: none"> • Covid concerns |
| Home Delivered Meals | <ul style="list-style-type: none"> • Desire to serve seniors • Eager to find solutions to weaknesses and threats | <ul style="list-style-type: none"> • Lack of tech support • Some centers without cooks • No services available in Clark County | <ul style="list-style-type: none"> • Go to county commissioner about funding • Grant opportunities • Partnering with community resources for tech support, fundraising • SC's w/o cooks partnering with those who do | <ul style="list-style-type: none"> • Increased gas and food prices • Reimbursement is too low • Lower donations each year |
| Homemaker/Chore/Respite | <ul style="list-style-type: none"> • Frequently touch base with clients to assess satisfaction | <ul style="list-style-type: none"> • Clients unable to receive the full amount of allotted hours due to lack of caregivers | <ul style="list-style-type: none"> • By increasing applicants, have the potential to reach more clients | <ul style="list-style-type: none"> • Caregiver shortage • Reimbursement rate is low • Lack of providers in more rural areas |
| Self-Directed Respite | <ul style="list-style-type: none"> • Saves money • Care recipients feel more comfortable selecting someone they know to provide cares • Program is easy to manage, not time-consuming | <ul style="list-style-type: none"> • Having to turn clients away due to limited funding | <ul style="list-style-type: none"> • It's simple to find participants by working with community partners | <ul style="list-style-type: none"> • Lack of funding • Risk of program participants being dishonest about how they are spending their respite dollars |

| | | | | |
|------------------------|--|---|--|--|
| Legal Aid | <ul style="list-style-type: none"> • Hotline operates 5 days a week, allowing seniors to receive free advice from an attorney • Able to provide full legal representation when caseload capacity allows | <ul style="list-style-type: none"> • There is only one office with 4 attorneys to cover 10 counties • Have to turn cases away due to inability to staff cases | <ul style="list-style-type: none"> • Legal Aid is a statewide organization; Boise office manages fundraising and grant writing • Maintains strong relationships with community partners | <ul style="list-style-type: none"> • Cost of living is a barrier for clients • Legal Aid is the only free legal service in our area and can't fully staff the need |
| Transportation | <ul style="list-style-type: none"> • Collaboration with community partners • Creative solutions • Responsible management of pilot program funding | <ul style="list-style-type: none"> • Boundaries are limited to the City of Idaho Falls • Unknowns related to the nature of a pilot program (untested) | <ul style="list-style-type: none"> • Increase ridership by offering affordable transportation to seniors, increasing independence and access to care <ul style="list-style-type: none"> • Potential to increase boundaries over time to serve more seniors • Data capture to allow evidence-based future development | <ul style="list-style-type: none"> • Low ridership, leading to reduced hours of service or reduced levels of service • Funding limitations |
| Crisis Services | <ul style="list-style-type: none"> • Positive reputation in the community • Community partners trust knowledge and expertise, and reach out for services • Ability to shelter victims in danger | <ul style="list-style-type: none"> • It's difficult to provide basic services for clients who don't have citizenship • It's difficult to find volunteers who can staff needs • Need more short and long-term resources for clients | <ul style="list-style-type: none"> • Fundraising, grants • Utilizing relationships with other agencies can bring opportunities | <ul style="list-style-type: none"> • Lack of funding • Lack of resources available to refer to |

| | | | | |
|-----------------------------------|--|---|--|--|
| Information & Referral | <ul style="list-style-type: none">• Free resource• Experienced in senior care• Empowerment and involvement of seniors• Holds events and virtual activities to engage seniors in the community | <ul style="list-style-type: none">• Provides a lot of pro-bono• Systems and procedures• Few staff members | <ul style="list-style-type: none">• Population growth• Engage in fundraising activities• Network of strategic contacts | <ul style="list-style-type: none">• Funding concerns |
|-----------------------------------|--|---|--|--|

ATTACHMENT D: IMPLEMENTATION PLAN

| Focus Area | Strategy | Measurement | Time | Owner |
|-----------------------------------|---|---|---|---|
| Information and Assistance & ADRC | a. Provide quarterly resource newsletter to Senior Centers, highlighting resources and programs, to be provided with home delivered meals, congregate meals, and include on EICAP Facebook page | 4 informational newsletters provided to each focal point per year | Year 1: Develop newsletter content, format, and schedule Year 2-4: Continue plan, and monitor for compliance | Advocacy & Caregiver Support Technician |
| Information and Assistance & ADRC | b. Provide one Outreach presentation to each focal point per year in order to provide information and resources to those at risk for placement due to living alone, living in rural areas, low income, and aged 75+ | Provide 12 presentations per year | Year 1: Schedule presentations with focal point, and coordinate participation with AAA staff Year 2-4: Continue plan, and monitor for compliance | Adult Protection Worker |
| Information and Assistance & ADRC | c. Identify liaison in Clark county- where there is no Senior Center- to provide resource information to seniors | # of resource educational materials provided | Year 1: Identify a county liaison, provide materials to educate seniors on resources Year 2-4: Continue outreach plan | Director |

| | | | | |
|-----------------------------------|--|---|--|------------------------------------|
| | | | | |
| Information and Assistance & ADRC | d. Include in outreach materials that translation services are available and have outreach materials translated into Spanish to encourage minorities to reach out for services | # of calls utilizing translation services | Year 1: Select materials for translation, update current materials Year 2-4: Continue to highlight translation availability and retain supply of translated materials | Director |
| Information and Assistance & ADRC | e. Provide disability resources and referrals through I&A calls | # of disability resource referrals | Year 1: Identify disability-related resources, enter resources into Get Care to track referrals Year 2-4: Track number of referrals provided, add new resources | Information & Assistance Assistant |

| | | | | |
|------------------|---|------------------------------|--|---|
| Congregate Meals | a. Provide yearly outreach survey to focal points, social media, and community partners that outlines activities seniors would like to participate in, and identify barriers to participation in congregate meals | # of surveys completed | Year 1: Create survey content, coordinate advertisement of survey, create survey in Survey Monkey Year 2-4: Gather results, share with senior centers | Contracts Manager |
| Congregate Meals | b. Coordinate annual focal point presentations in conjunction with congregate meals | # of presentations completed | Year 1: Schedule presentations with focal point, and coordinate participation with AAA staff Year 2-4: Continue plan, and monitor for compliance | Adult Protection Worker |
| Health Promotion | a. Participate in focal point presentations to raise awareness of CDSMP classes | # of presentations provided | Year 1: Coordinate presentation schedule with participants Year 2-4: Continue plan, and monitor for compliance | Information & Assistance/ Health Promotions Supervisor |

| | | | | |
|------------------|---|------------------------------|---|---|
| Health Promotion | b. Provide/ coordinate 3 annual CDSMP classes | # of classes provided | Year 1: Contact eligible class leaders, commit to teaching classes, coordinate classes Year 2-4: Continue coordination efforts to meet class # goals | Information & Assistance/ Health Promotions Supervisor |
| Health Promotion | c. Recruit CDSMP class leaders to expand participation in the course across the PSA | # of class leaders recruited | Year 1: I&A Supervisor becomes Master Trainer Year 2: Continue recruitment and coordination of classes | Information & Assistance/ Health Promotions Supervisor |
| MIPPA/ SMP | a. Fill MIPPA/ SMP role | Position filled | Year 1: MIPPA/SMP training completed Year 2-4: Performance evaluation | Director |
| MIPPA/ SMP | b. Recruit MIPPA/SMP volunteers | # of volunteers recruited | Year 1: Fill MIPPA/SMP position, begin volunteer recruitment strategies Year 2-4: Continuation of | Outreach Specialist |

| | | | | |
|--|---|---|--|---|
| | | | recruitment and retention strategies, performance evaluation | |
| Loneliness Reduction/Multigenerational Socialization | a. Re-establish Friendly Caller program with BYU University | # of calls completed | Year 1: Establish volunteers with BYU Year 2-4: Continue calls, monitor data for trends, communication with University, and monitoring for provision of service | Director |
| Loneliness Reduction/Multigenerational Socialization | b. Develop one multigenerational program to address loneliness and isolation in seniors | # of multigenerational programs | Year 1: Develop and begin program implementation Year 2-4: Continue program, revise as needed | Director |
| Family Caregivers/Respite/Grandparents Raising Grandchildren | a. Advertise Caregiver Support Group, Powerful Tools for Caregivers, and Grandparents Raising Grandchildren Groups on EICAP Facebook page and through focal point newsletters | # of group participants who learned about the group from Facebook | Year 1: Schedule Facebook posts, advertising group offerings, add referral source to group and class evaluations | Advocacy & Caregiver Support Technician |

| | | | | |
|--|--|-----------------------------------|--|---|
| | | | Year 2-4: Continue plan, and monitor for compliance | |
| Family Caregivers/ Respite/ Grandparents Raising Grandchildren | b. Develop Self-Directed Respite program to provide services to seniors in rural areas | # of Consumer-Direct participants | Year 1: Develop program processes, implement program Year 2-4: Continue program, increase awareness of Self-Directed Respite through outreach efforts | Information & Assistance/ Health Promotions Supervisor |
| Transportation | a. Collaborate with GIFT to develop process on assessing/scheduling/billing procedures to providing rides to seniors | # of rides provided through GIFT | Year 1: Develop process, monitor utilization Year 2-4: Adjust processes, as indicated by data | Director |
| Transportation | b. Participate in quarterly District 6 Public Transportation Advisory Council meetings | # of meetings attended | Year 1-4: Determine meeting schedule, attend meetings | Director |

| | | | | |
|-------------------------------------|--|---|--|---|
| Home Delivered Meals/ NSIP | a. Participate in community outreach opportunities to increase awareness of home delivered meals | # of community outreach events attended | Year 1-4: Coordinate team participation in community events | Director |
| Home Delivered Meals/ NSIP | b. Provide yearly satisfaction survey to home delivered meal participants | # of surveys completed | Year 1: Create survey, set up distribution schedule Year 2-4: Gather results, share with senior centers | Contracts Manager |
| Commodity Supplemental Food Program | a. Share CSFP information on EICAP website and Facebook page | # of Facebook posts | Year 1: Update website, create Facebook post schedule Year 2-4: Continue plan, and monitor for compliance | Director |
| Commodity Supplemental Food Program | b. Include CSFP information on quarterly newsletter for nutrition sites | # of newsletters provided | Year 1: Create newsletter content, develop schedule Year 2-4: Continue plan, and monitor for compliance | Advocacy & Caregiver Support Technician |

| | | | | |
|---------------------|---|---|--|------------------------------------|
| Homemaker | a. Increase reimbursement rate to retain contracts with providers and attract new providers | # of current providers who participate in procurement process | Year 1: Complete cost analysis to determine rate increase within budget constraints Year 2-4: Continue monitoring reimbursement rates, contractor needs | Director |
| Homemaker | b. Increase number of contractors by improving procurement process in line with regulations | # of new providers brought on during procurement process | Year 1: Develop understanding of procurement process, develop procurement schedule and processes Year 2-4: Continue schedule and monitor for compliance | Contracts Manager |
| Dementia Capability | a. Increase dementia resources in AAA resource database | # of resources in database | Year 1: Review dementia resources available in database, input resources into Get Care for referral tracking, add new resources to database | Information & Assistance Assistant |

| | | | | |
|-----------------------------------|--|--|---|-----------------------------|
| | | | Year 2-4: Continue to update database and monitor for compliance | |
| Dementia Capability | b. Provide annual dementia training to Area Agency staff | 100% AAA staff participation in dementia training annually | Year 1: Develop training, create training schedule, include in onboarding of new employees Year 2-4: Continue plan, and monitor for compliance | Director |
| Elder Rights and Legal Assistance | a. 2 Adult Protection education outreach presentations each quarter to increase understanding of Adult Protection services and limitations | # of presentations provided | Year 1: Develop schedule, provide in-services Year 2-4: Adjust # of in-services, locations, audience, as indicated by needs assessment | Adult Protection Supervisor |
| Elder Rights and Legal Assistance | b. Utilization of APS Aid Intervention Grant | # of individuals served | Year 1: Develop and refine processes, hire part-time APS worker to assist in program implementation | Adult Protection Supervisor |

| | | | | |
|-----------------------------------|---|--|--|-----------|
| | | | Year 2-4: Continue program efforts, based on available funding. Monitor for compliance and utilization | |
| Elder Rights and Legal Assistance | c. Participate in Senior Legal Risk Detector training through Legal Aid | # of individuals served with Risk Detector | Year 1: Participate in training, track time spent utilizing Risk Detector Tool Year 2-4: Continue to monitor utilization | Director |
| Ombudsman | a. Provide 3 educational in-services each quarter to increase awareness of Ombudsman services | # of presentations provided | Year 1: Identify areas with the most need for education, schedule trainings Year 2-4: Meet training goals, monitor for compliance | Ombudsman |
| Ombudsman | b. Recruit and train ombudsman volunteers | # of volunteers that complete training | Year 1: Develop recruitment strategies Year 2-4: Focus on recruitment needs and retention strategies | Ombudsman |

| | | | | |
|-----------|---|---|---|-----------|
| | | | | |
| Ombudsman | c. Provide Ombudsman information for facilities to include in their admission packets | # of facilities providing Ombudsman information to new admissions | Year 1: Contact facilities, provide facilities with information pamphlets Year 2-4: Monitor how many facilities are including information in admission packets | Ombudsman |

ATTACHMENT E: CONTINUATION OF SERVICES PLAN

AREA AGENCY ON AGING VI

DISASTER AND EMERGENCY PREPAREDNESS PLAN

**TO MEET THE NEEDS OF SENIORS IN THE EVENT OF NATURAL OR
MAN-MADE DISASTER OR OTHER WIDESPREAD EMERGENCY**

The Idaho Commission on Aging (ICOA) is actively involved in the emergency management planning and operations of the State of Idaho as a supporting agency. The Administrator of ICOA has appointed a staff member as the Emergency Preparedness/Disaster Coordinator, and two other as the alternates. These individuals work with the Idaho Bureau of Homeland Security (BHS), state agencies and the regional Area Agencies on Aging (AAAs) to plan for and respond to the needs of seniors in an emergency event. The State of Idaho's Executive Order No. 2010-09 and the Idaho Emergency Operations Plan assign specific emergency support activities to the ICOA and the AAAs in assisting and in supporting local and state government prior to and during emergencies and disasters.

As the primary agency, BHS notifies the appropriate persons/agencies and activates the Idaho Emergency Operations Plan (IDEOP). The ICOA supports with following functions:

- Assessing the needs of the elderly and homebound elderly including older individuals with access and functional needs.
- Coordinating senior services through the AAAs during natural or man-made disasters.
- Providing information/assistance to their clientele and the public.
- Coordinating senior citizen centers for shelter, mass feeding, and rest centers.
- Identifying homebound/isolated elderly clients.

The Administration for Community Living (ACL) and the Aging Network composed of State and AAAs, Native American Tribal Organizations, service providers and educational institutions have the legislative mandate to advocate on behalf of older persons and to work in cooperation with other federal and state programs to provide needed services. The authority and responsibility of ACL and the Aging Network to provide disaster services is found within the charge from the Older Americans Act to serve older persons in greatest need and from Title III, Sec. 310, and Disaster Relief Reimbursements, which provides for limited resources to fund disaster response services.

Older adults and people with disabilities are frequently overlooked during the disaster planning, response, and recovery process. Emergency management planning integrates older adults and people with disabilities of all ages—and their caregivers—into community emergency planning, response, and recovery. ACL provides the following link http://www.acl.gov/Get_Help/Preparedness/Index.aspx with best practices to support the needs of older adults and people of all ages with disabilities during an emergency.

Statement of Understanding (SOU) between the American National Red Cross and The Administration on Aging further demonstrates the commitment and responsibility of the Aging Network to prepare for and respond in disaster relief situations. This SOU emphasizes the Aging Network’s ability to perform two basic types of disaster assistance service, which are:

- Advocacy and Outreach – assuring that older persons have access to and the assistance necessary to obtain needed services, including locating older persons; getting medical attention if needed, including medications and assistive devices; assisting in the completion and filing of applications for financial and other assistance; and follow-up monitoring to assure needs are met.
- Gap-filling – to assure that needed services and follow-up are provided beyond the timeframes and restrictions of other relief efforts if necessary. OAA funds can be used for chore, homemaker, transportation, nutrition, legal, and other temporary or one-time only expenses which help older persons retain maximum independent living.

Methods of Cooperation agreed upon and encouraged in the *Statement of Understanding* include; disaster planning and preparedness, sharing statistical and other data on elderly populations, establishment of disaster advocacy and outreach programs, and making congregate and home delivered meals programs available to the general public during a disaster.

To help meet these obligations, to ensure business continuity and to meet the needs of older citizens in an emergency, the Area Agency on Aging is required to develop an emergency disaster plan, that supports ICOA’s emergency disaster plan.

Basic Components of an Area-Wide Disaster Plan:

1. Name and title AAA person responsible for implementation of area’s Disaster Plan:

| NAME | TITLE/POSITION |
|----------------|--------------------------|
| Katie Atterton | Senior Services Director |

2. Names and titles of other AAA staff:

| NAME (AAA STAFF) | TITLE/POSITION |
|-------------------------|--|
| Erica Giles | Contracts Manager |
| Brian Payton | Information and Assistance Supervisor/ Health Promotions |
| Amber Fellows | Information and Assistance Specialist |
| Ashley Wells | Information and Assistance Specialist |
| Jodi Stanton | Family Caregiver Advocate |
| Shea Weaver | Adult Protection Supervisor |
| Kelly Smith | Adult Protection Worker |
| Caitlin Croft | Ombudsman |

3. Alternate AAA business location if primary office is inaccessible or uninhabitable:

| LOCATION NAME AND ADDRESS | TELEPHONE / OTHER CONTACT NUMBERS |
|---|--|
| Rexburg Upper Valley Office (EICAP) 275 Stationery Place Rexburg, ID 83440 | 208-356-8849 |
| Lemhi & Custer County Outreach Office (EICAP) 955 Riverfront Dr., Suite A Salmon, ID 83467 | 208-756-3999 |
| Employees may be instructed to work remotely | EICAP 208-522-5391 Employees have an app that sends calls from EICAP, directly to personal cell phones |

4. Does the AAA have personal and community disaster preparedness information available for clients, services providers, and the general public?

Area VI has compiled emergency/disaster preparedness information and may provide to clients, services providers, and the general public upon request. Emergency preparedness information has been obtained through the following sources:

- Centers for Disease Control and Prevention

- Red Cross
- ready.gov website
- East Idaho Public Health
- Idaho Office of Emergency Management

5. Local Emergency coordinators and Red Cross coordinators in EACH county or city with whom the AAA coordinates emergency planning for the needs of older citizens, and will collaborate during an emergency or disaster situation:

| AGENCY NAME AND ADDRESS | COUNTY/ OTHER JURISDICTION | CONTACT NAME | PHONE / E-MAIL |
|---|----------------------------|-------------------------|--|
| Emergency Management Bonneville County 605 N Capital Ave. Idaho Falls, ID 83402 | Bonneville | Brad Clements | Director Brad Clements 208-529-1220 bclements@co.bonneville.id.us |
| Butte County Sheriff's Office 256 W Grande Ave. Arco, ID 83213 | Butte | Dave Hansen | 208-527-8553 dhansen@buttecountyid.us |
| Clark County Emergency Management P.O. Box 327 Dubois, ID 83423 | Clark | Jill Egan | 208-768-7549 jegan@co.clark.id.us |
| Custer County Disaster Coordinator P.O. Box 385 Challis, ID 83226 | Custer | Disaster Coordinator | 208-879-5246, ext. 121 Cell: 208-833-6168 ccds@custertel.net |
| Fremont County Emergency Management 151 West 1 st North St. Anthony, ID 83445 | Fremont | Keith Richey | 208-624-1535 krichey@co.fremont.id.us |
| Jefferson County Emergency Management 210 Courthouse Way Suite 230 Rigby, ID 83442 | Jefferson | Rebecca Squires | 208-745-0868 rsquires@co.jefferson.id.us |
| Lemhi County Emergency Management 200 Fulton Street, ste. 102 Salmon, ID 83467 | Lemhi | Treva Wing | 208-742-1715 twing@lemhicountyidaho.org |
| Madison County Emergency Management | Madison | Trevin Ricks | 208-359-3020 trevin.ricks@rexburg.org |

| | | | |
|--|------------|------------------|---|
| 26 North Center St. Rexburg, ID 83440 | | | |
| Teton County Emergency Management 230 North Main St. Driggs, ID 83422 | Teton | Greg Adams | 208-354-2703 gadams@co.teton.id.us |
| American Red Cross 410 Memorial Dr. #204 Idaho Falls, ID | Area VI | Trevor Covington | 1-800-853-2570 Ext. 702 208-243-0517 Cell |
| Eastern Idaho Public Health 1250 Hollipark Drive Idaho Falls, ID 83401 | Region VII | Troy Nelson | 208-533-3146 E-mail: tnelson@eiph.idaho.gov |

6. Included clauses in contracts, grants and agreements with service providers describing and assuring their response during a disaster or emergency.

The below language is in the Statement of Work for all our in-home service providers:

Training & Supervision:

- All service workers shall receive an employee orientation from the provider before performing homemaker services. Orientation shall include the purpose and philosophy of homemaker services, review of homemaking skills, program regulations, policies and procedures, proper conduct in relating to individuals, and handling of confidential and emergency situations involving an individual.
- CPR: Service workers shall complete CPR training within three months of hire and shall maintain certification thereafter.
- In-Service Training: Providers shall annually provide service workers with a minimum of ten hours training, including CPR, for upgrading their skills and knowledge.
- Supervision: All Providers shall maintain written job descriptions for service workers and shall have written personnel policies. All service workers shall receive an annual performance evaluation. Service worker supervisors shall be available to service workers during work hours to discuss changes in individuals' circumstances, to resolve problems with schedules, or to respond to emergencies.
- Providers shall assure that services workers who assist with bathing and hair washing receive specific training in performing these services prior to being assigned to an individual.

Medical Emergencies:

In case of a medical emergency, the service worker shall immediately call 911 or the available local emergency medical services and, if appropriate, shall initiate CPR.

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7. List service providers of major programs (transportation, nutrition, homemaker, etc.) with whom the AAA will coordinate emergency services.

| SERVICE PROVIDER NAME AND ADDRESS | COUNTY/ OTHER JURISDICTION | CONTACT NAME | PHONE / E-MAIL |
|--|----------------------------|-----------------------------|--|
| Ashton Senior Center Meals & Transportation 52 Main Street Ashton, ID 83420 | Fremont | Beth Wright | 208-652-3594 ashtonseniorcenter@gmail.com |
| Challis Senior Citizens Meals & Transportation Center, Inc. 695 Challis Cr Rd. Challis, ID 83226 | Custer | Denay Phelps | 208-879-6338 snrcit@custertel.net |
| Idaho Falls Senior Center 535 W 21st St. Idaho Falls, ID 83402 | Bonneville | Sarah Ryner | 208-522-4357 lfsc2@gmail.com |
| Lost River Senior Center 555 S Water Street Arco, ID 83213 | Butte | Becky Humphereys | 208-527-8296 lrsenior@atcnet.net or granjoco@msn.com |
| Mackay Senior Citizens Inc. Meals & Transportation 301 Cedar Mackay, ID 83251 | Custer | Shelly Mangum | 208-588-2105 Mackayseniorinc@outlook.com |
| Madison County Senior Citizens Center Meals & Transportation 40 S. 2nd W. Rexburg, ID 83440 | Madison | Terry Potter or Ken Hart | 208-356-0080 terrpotter@gmail.com and madcoseniors@yahoo.com |
| Rigby Senior Center 392 Community Ln. Rigby, ID 83442 | Jefferson | Liz Pennell | 208-745-8211 rigbyseniorcenter@gmail.com |
| Ririe Senior Citizens | Jefferson/Bon | Kendall or Oly | 208-339-0674 |

| | | | |
|---|------------------------|-------------------------------------|--|
| Center 395 Main Street Ririe, ID 83443 | neville | Syverson | iolasyverson@gmail.com |
| Salmon Nutrition Site, Inc. 200 Main Street Salmon, ID 83467 | Lemhi | Pam Davis | 208-756-3556 salmonvalleyseniors@gmail.com |
| South Fremont Senior Citizens, Inc. Meals & Transportation 420 N Bridge St., Ste. D St. Anthony, ID 83445 | Fremont/Madison | Kathy Sharp | 208-624-3458 sfseniors@myidahomail.com |
| Senior West of the Tetons Meals, Transportation, & Homemaker/ Respite 60 S Main St. Driggs, ID 83422 | Teton | River Osborn | 208-354-6973 swot@tetonseniors.com |
| West Jefferson Senior Citizens 1075 E. 1500 N. Mud Lake, ID 83450 | Jefferson | Shawna Bare | 208-663-4916 wjsc@mudlake.net |
| Lemhi Co Economic Development Assoc (LECDA) Transportation 803 Monroe St. Salmon, ID 83467 | Lemhi | Tammy Stringham | 208-756-1875 director@lceda.net |
| QualiCare, Inc. Homemaker & Transportation 3539 Briar Creek, Ste. A Ammon, ID 83406 | Bonneville | Taylor Osborn | 208-542-1388 qualicare@ida.net |
| Assisting Hands Home Care Homemaker 5700 E Franklin Rd. #105 Nampa, ID 83687 | Serves Lemhi County | Kim Shelby | 208-756-1349 kshelby@assistinghands.com |
| Premium Choice Homecare, Inc. Homemaker | Bonneville | Tami Peterson or Leah Bartley | 208-419-3585 premiumchoicehc@gmail.com |

| | | | |
|--|--------|-------------|---------------------------------------|
| 1675 Curlew Drive Ammon, ID 83406 | | | |
| Personal Home Care, LLC Homemaker PO Box 52 Mackay, ID 83251 | Custer | Lori Palmer | 208-588-2302 phcbilling@atcnet.net |

8. Does the AAA have a process to identify homebound, frail, disabled, isolated and/or vulnerable clients who may need assistance in the event of a man-made or natural disaster:

All recipients of Home Delivered Meals, Homemaker, and Respite Services have an address and/or directions to their home on file at the AAA in the database system. Those files also include listings of medication and oxygen needs of clients, as well as equipment used by the consumer, per their annual assessments. The database includes emergency contact information, in the event of an emergency where a client is unable to be reached.

9. Provide a process for “call downs” to service providers, nursing homes and residential care facilities, individual case management clients, etc., to check on their preparedness status and welfare in the event of an emergency:

The following “call down” assignments have been designated to staff. The agency Director may re-designate staff to other roles based on the emergency situation and need. The agency may determine staff members should perform work remotely, rather than in-office.

| Responsible Party | Designated Assignment |
|--------------------------|--|
| Senior Services Director | In the event of an emergency, the Senior Services Director will initiate “call down”, oversee department operations, and will document events. |
| Contracts Manager | Contact service providers and may assist with other intake calls, as needed. |
| Ombudsman | Contact Skilled Nursing and Assisted Living Centers. |
| I&A Supervisor | Coordinate incoming calls and messages and delegate tasks to I&A Specialists. |
| I&A Specialists | Link clients to resources. |
| APS Supervisor | Coordinate referrals from I&A Staff, assist clients, delegate tasks to AP workers. |
| AP Worker | Assist in linking clients to services. |

10. Describe the AAA's process for intake and recording of information about the disaster related needs of older people, providing access to needed services, and follow-up during and beyond the recovery period.

The capability and extent of assistance the AAA's are able to provide, in case of a disaster or emergency, are limited. Primary to the mission is disaster relief and assistance. The first 24 hours of a disaster or emergency are key to accessing relief and assistance. In case of a disaster or emergency the following information should be recorded on any known victims:

- Name
- Home address
- Telephone number, if working
- Known health conditions
- Next of kin and telephone number
- Nature of need
- Location of individual if not at home

This information should be relayed to emergency services if rescue is required. The AAA Director and ICOA should be made aware of all efforts accomplished by emergency services.

It is imperative any contracted nutrition providers who provide commodities or meals during a disaster or emergency, keep extensive and accurate records of what was provided to whom, when, and under what circumstances and at whose direction. These services are reimbursable by the federal government, if properly authorized, but require thorough and accurate records in order to make a claim.

The AAA involved must be able to indicate how many older persons might be residing in a given area and pass this information onto the Idaho Commission on Aging.

11. Describe the AAA's process for staff and service providers to record employee's time and expenses associated with disaster related activities (see example below: necessary to apply for reimbursement in the event of a presidential disaster declaration):

AAA staff and service providers must maintain accurate records during an emergency event, including time worked, emergency purchases made, personal miles driven for work purposes, as well as noteworthy benchmark activities, instructions, and information. These documents will be required for monetary reimbursement, payroll, and will be invaluable after the event to improve emergency preparedness plans.

Authorized Peron's

Name: _____

| Date | Time Worked | Emergency Purchases Made | Purpose of Purchase | Costs of Emergency Purchase | Personnel Miles Driven | Store Purchase made and Location | Receipt Required | Instructions & information | Instructions Came From |
|------|-------------|--------------------------|---------------------|-----------------------------|------------------------|----------------------------------|------------------|----------------------------|------------------------|
| | | | | | | | | | |
| | | | | | | | | | |

12. Describe activities the AAA will undertake during the contract period to expand emergency preparedness of the Aging Network within the PSA (i.e. attend LEPC meetings, work with local emergency management officials to advocate for inclusion of older citizens' needs in emergency planning, establish CERT Training in senior centers, make 72-hour kits available for homebound clients, establish "call-down" lists and procedures to be used during emergencies, include emergency preparedness activities in contracts with providers, etc.)

AAA VI will work to utilize available emergency preparedness information and materials to provide education to seniors across the PSA and improve preparedness and outcomes in the event of emergencies.

The four key components of an emergency plan are Mitigation, Preparation, Response and Continuity of Operations, and Recovery. Area VI will develop activities in each of these areas during the contract period.

Mitigation activities are aimed at reducing injuries and loss of life during emergencies.

1. As seniors go through the intake assessment process for services, seniors will be provided with education on managing oxygen, medication, and supplies in an emergency.
2. Seniors will be offered an emergency plan template that will assist them in preparing for emergency events.

Preparation

1. In each quarterly focal point newsletter, Area VI will include emergency planning education.
2. Emergency planning information will be posted to EICAP's social media page.
3. Area VI will update contracts with providers during upcoming contracting periods to include emergency preparedness activities. Providers will also be instructed on documentation requirements during an emergency situation.

Response

A Hazard and Vulnerability Assessment assisted in identifying the events most likely to occur in Area VI:

- Blizzard
 - Dam Inundation
 - Temperature Extremes
 - Electrical Failure
 - Communication Failure
 - Supply Shortage
 - Earthquake
 - Flood
 - Wild Fire
 - Fuel Shortage
 - Water Failure
 - Pandemic
1. AAA team members will utilize the “call down” assignments provided in Item 9 of this document.
 2. Emergency information from various emergency planning sources has been gathered, identifying the above emergency events, which may be utilized during emergency situations.
 3. As documented more fully in Item 10, when individuals are in need of rescue, AAA staff with gather the necessary information and provide to emergency services.

Continuity of Operations

Succession Planning

If critical positions are unavailable during an emergency situation, a succession plan has been put in place to ensure operations continue and services are provided.

| Essential Position | First Successor | Second Successor |
|--------------------------|------------------------|--------------------------------------|
| EICAP CEO | EICAP CFO | Department Supervisors |
| Senior Services Director | Department Supervisors | Contracts Manager |
| CFO | Controller | Supervisors within fiscal department |

Documentation

In Item 10 of this document, the following information should be recorded on any known victims and provided to emergency services, if rescue is needed:

- Name
- Home address
- Telephone number, if working
- Known health conditions
- Next of kin and telephone number
- Nature of need
- Location of individual if not at home

As notes in Item 11, AAA staff and service providers must maintain accurate records during an emergency event, including time worked, emergency purchases made, personal miles driven for work purposes, as well as noteworthy benchmark activities, instructions, and information.

1. AAA team members, as well as contractors, will receive education regarding required documentation in an emergency event.

Recovery

Following the emergency event, the AAA staff will meet to discuss the event, procedures and effectiveness, gaps that were discovered, and how to improve preparedness for future events.

ATTACHMENT F: INTRASTATE FUNDING FORMULA

Idaho Intrastate Funding Formula

SFY 2022

Adopted April 30, 2013

Updated: 5/28/2021

OAA Title III Funds (not including Title VII) and State of Idaho General Funds

Effective July 1, 2022

| | | Factors used in Weighted Elderly Population (At Risk) | | | | | | | | WEIGHTED ELDERLY POPULATION (AT RISK) | WEIGHTED "At Risk" PERCENTAGE | Federal Fund Base | State Fund Base | Federal Funds Distributed by Formula | State Funds Distributed by Formula | TOTAL FUND ALLOCATION |
|--------------|---|---|---------------------------------|------------------|------------------------------------|--------------------------------|----------------------------|----------------|---------------|---------------------------------------|-------------------------------|-------------------|-------------------|--------------------------------------|------------------------------------|-----------------------|
| PSA | 2019 TOTAL PSA POPULATION | TOTAL PERSONS AGED 60+ IN PSA | NUMBER OF 65+ LIVING IN POVERTY | 65+ LIVING ALONE | 60+ RACIAL MINORITY (Not Hispanic) | 60+ HISPANIC (ETHNIC MINORITY) | 60+ LIVING IN RURAL COUNTY | AGED 75+ | AGED 85+ | | | | | | | |
| | Total OAA Federal Funds | | | | | | | | | | | \$ 614,152 | \$ 369,760 | \$ 5,527,365 | \$ 3,327,840 | \$ 9,839,117 |
| | Total State Funds | | | | | | | | | | | | | | | |
| | Total Funds | | | | | | | | | | | | | | | |
| | Less 10% Base Amount of Federal and State Funds | | | | | | | | | | | | | | | |
| | Balance to be Distributed by Formula: | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| I | 245,861 | 70,175 | 3,357 | 10,983 | 2,246 | 1,363 | 30,349 | 19,911 | 4,906 | 73,115 | 17.47% | \$ 102,359 | \$ 61,627 | \$ 965,493 | \$ 581,291 | \$ 1,710,770 |
| II | 109,777 | 29,578 | 1,805 | 5,178 | 1,375 | 386 | 11,758 | 9,371 | 2,683 | 32,556 | 7.78% | \$ 102,359 | \$ 61,627 | \$ 429,906 | \$ 258,832 | \$ 852,724 |
| III | 826,544 | 176,345 | 10,266 | 29,275 | 6,948 | 9,224 | 46,023 | 49,203 | 12,508 | 163,447 | 39.05% | \$ 102,359 | \$ 61,627 | \$ 2,158,339 | \$ 1,299,463 | \$ 3,621,788 |
| IV | 201,031 | 44,026 | 2,860 | 7,042 | 1,445 | 3,846 | 26,499 | 13,533 | 3,584 | 58,809 | 14.05% | \$ 102,359 | \$ 61,627 | \$ 776,581 | \$ 467,553 | \$ 1,408,119 |
| V | 173,987 | 36,641 | 2,102 | 6,234 | 1,931 | 1,860 | 19,819 | 10,508 | 2,836 | 45,290 | 10.82% | \$ 102,359 | \$ 61,627 | \$ 598,060 | \$ 360,072 | \$ 1,122,118 |
| VI | 229,865 | 42,724 | 1,911 | 6,833 | 1,192 | 1,752 | 18,137 | 12,278 | 3,257 | 45,360 | 10.84% | \$ 102,359 | \$ 61,627 | \$ 598,985 | \$ 360,629 | \$ 1,123,589 |
| TOTAL | 1,787,065 | 399,489 | 22,301 | 65,545 | 15,137 | 18,431 | 152,585 | 114,804 | 29,774 | 418,577 | | \$ 614,152 | \$ 369,760 | \$ 5,527,365 | \$ 3,327,840 | \$ 9,839,117 |

Column Ref. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Notes RE Calculations

The source documentation is from the ID Dept. of Labor.

| | |
|-----------|---|
| Column 1 | Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2019 Column used as a reference only. |
| Column 2 | Source: U.S. Bureau of the Census,, 2014-2019 American Community Survey 5-Year Estimates - Table B17001 (Column 2). Column used as a reference only. |
| Column 3 | Source: U.S. Bureau of the Census,, 2014-2019 American Community Survey 5-Year Estimates - Table B11010 (Column 3). Column 3 is used with columns 4 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10. |
| Column 4 | Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2019 Column 4 is used with columns 3 and 5 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10. |
| Column 5 | Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2019 Column 5 is used with columns 3 - 4 and 6 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10. |
| Column 6 | Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2019 Column 6 is used with columns 3 - 5 and 7 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10. |
| Column 7 | Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2019 Column 7 is used with columns 3 - 6 and 8 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10. |
| Column 8 | Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2019 Column 8 is used with columns 3 - 7 and 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10. |
| Column 9 | Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2019 Column 9 is used with columns 3 - 8 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10. |
| Column 10 | Column 10 sums each row for columns 3 - 9 and identify the total "Weighted Elderly Population (At Risk)" per PSA. |
| Column 11 | Weighted At Risk percentage from the IntraState Funding Formula: Column 11 turns Column 10's totals into percentages. These percentages are used to calculate federal funds in column 14 and state funds in column 15 for each of the PSAs. |
| Column 12 | Federal "Base" funds are evenly divided amongst the 6 PSAs. Column 12 is used to record the total federal base funding located at the top of Column 12 into six even amounts for each PSA. |
| Column 13 | State "Base" funds are evenly divided amongst the 6 PSAs. Column 13 is used to record the total state base funding located at the top of Column 13 into six even amounts for each PSA. |
| Column 14 | Federal Funds multiplied by the Weighted Percentage. Column 14 shows the distribution of the remaining federal funds after the "base" was distributed. The remaining federal funding is located at the top of Column 14 and is multiplied by each "Weighted At Risk Percentage" in Column 11 to determine the appropriate distribution. |
| Column 15 | State Funds multiplied by the Weighted Percentage: Column 15 shows the distribution of the remaining state funds after the "base" was distributed. The remaining state funding is located at the top of Column 15 and is multiplied by each "Weighted At Risk Percentage" in Column 11 to determine the appropriate distribution. |
| Column 16 | Column 16 shows the total federal and state distribution and is a total of Columns 12, 13, 14 and 15. |