



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 A).

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

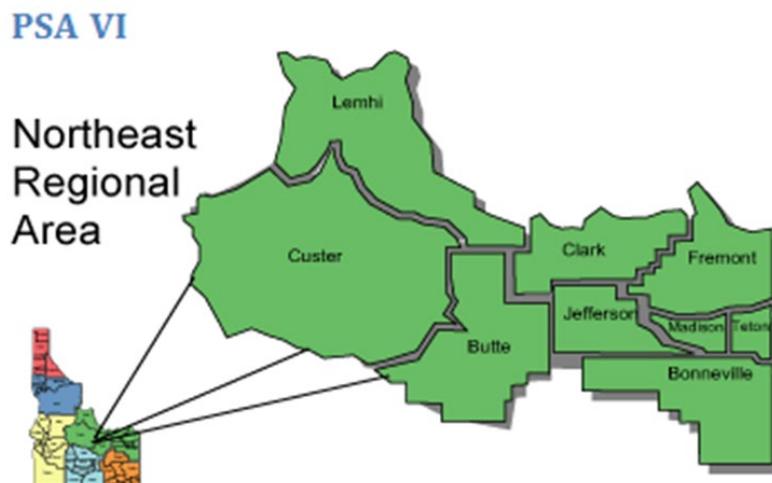
Phase 5: Strategy Execution

- 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
Caregiver Support Services Meeting	June 2, 2022	Implementation plan meeting
Ombudsman Meeting	June 6, 2022	Implementation plan meeting
Information and Assistance/ Health Promotions Meeting	June 7, 2022	Implementation plan meeting
Adult Protection Meeting	June 8, 2022	Implementation plan meeting
Contracts Meeting	June 9, 2022	Implementation plan meeting
Area Plan Public Comment	June 8, 2022- June 22, 2022	Area Plan Public Comment
Senior Center Manager Meeting	June 16, 2022	Reviewed and discussed relevant Area Plan strategies
Advisory Council Meeting	June 16, 2022	Approval
Final Board Approval	October 11, 2022	Approval
	June 30, 2022	Plan Submission

Stakeholder Plan/Table

EICAP 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
David 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
Sarah Ryner	Idaho Falls Senior Center	Member

AREA VI Advisory Council Members		
Name	Organization	Council Role
Chanse Powell	Senior Solutions	Chair
Dean Nielson	Area VI Commissioner	Vice Chair
Janell Price	Hand of Hope Hospice	Secretary
Arianne Holt	Idaho Legal Aid	Member
Sarah Ryner	Idaho Falls Senior Center	Member
Laura Gramirez	Community Council of Idaho	Member

Joann Hess	Domestic Violence and Sexual Assault Center	Member
Beth Wright	Ashton Senior Center	Member
Terry Potter	Madison Senior Center	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
Information & Assistance	Ashley Wells	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
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
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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 provide meals to seniors, collaborate with the Area VI Agency on Aging, and serve as a community focal point for service delivery. 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. 33.

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

- Strategies outlined above
- 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
4. Census Data
5. Internal and External SWOT Analysis

- 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 in identifying 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
 - Senior Centers served 23,937 meals in 2020
 - Senior Centers served 23,087 meals in 2021
 - Senior Centers report they are having difficulty bringing Seniors back to the Centers 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.
- **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 ineligible 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, when a report is ineligible for APS follow-up, Information and Assistance staff assist 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 caregivers available to provide services to eligible seniors. 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.

Education Plan to Mitigate SWOT Weaknesses & Threats

During the course of completing SWOT analysis, internal and external weaknesses and threats were identified, which may be mitigated through the development of targeted education strategies. The following strategies will be incorporated into regular operations to mitigate the weaknesses and threats that may occur due to lack of education and outreach

1. Provide consistent education and support to improve the knowledge and skills of staff members to improve services delivery and reduce staff turnover.

- A monthly Information and Assistance team meeting has been implemented, which will provide education to assist in skill development, a forum to discuss issues and concerns with processes and customer concerns, and to facilitate collaboration among Information & Assistance team members.

- Area III Agency on Aging has agreed to provide mentorship to our new Contracts Manager to provide the support and education necessary to succeed.
 - Staff members who participate in trainings will provide the education and resources they've gained, to team members at the monthly Aging staff meeting, increasing the knowledge of all team members and benefitting the various senior populations they serve.
2. **Provide targeted outreach education to increase awareness and utilization of services among our senior population.** Strategies are more fully outlined in the Strategic Plan, located on page 33.
- Scheduled education presentations with Focal Points.
 - Quarterly educational newsletters provided to home delivered meal participants.
 - Utilization of social media to post educational newsletters.
3. **Increase collaboration and education among community partners.**
- Utilize Senior Center quarterly meetings to provide education and engage centers in discussion and sharing of ideas on fundraising and grant opportunities, as well as how they are building community partnerships to support their local seniors.
 - Engage community partners to provide education at quarterly Senior Networking Meetings, to increase knowledge, networking, and collaboration among those providing services to seniors in the service area.
4. **Build and improve Area VI Aging programs, utilizing innovative ideas and knowledge of other AAA's.**
- Participate in the annual US Aging conference to gain knowledge and ideas that may be implemented into our programs.
 - Participate in quarterly I4A and ICOA meetings, as well as ICOA lead program meetings to collaborate.
5. **Continued development of Area Plan strategies.**
- Utilize Area Plan progress reports to identify gaps, seek feedback from stakeholders to generate solutions, and revise strategies to improve effectiveness and meet outcomes.

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.

Several planning meetings were held with staff members to develop strategies and implementation processes that are effective and feasible with the resources available to Area VI.

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

References

Mind Tools. (n.d.). SWOT analysis: Discover new opportunities. Manage and eliminate threats. *Mind Tools: Essential Tools for an Excellent Career*. Retrieved from http://www.mindtools.com/pages/article/newPPM_96.htm

Executive Management Skills. (n.d.). Worksheet for conducting a SWOT analysis. *Harvard ManageMentor-Strategy Execution Tools*. Retrieved from <http://www.executivemanagementskills.com>

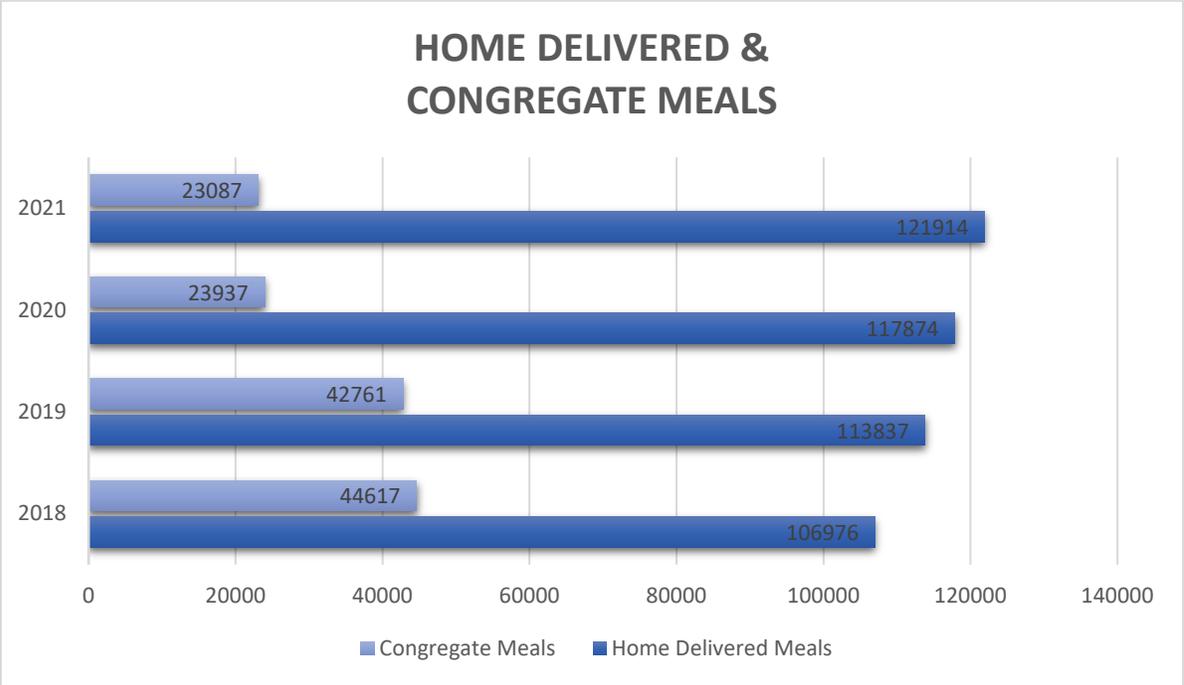
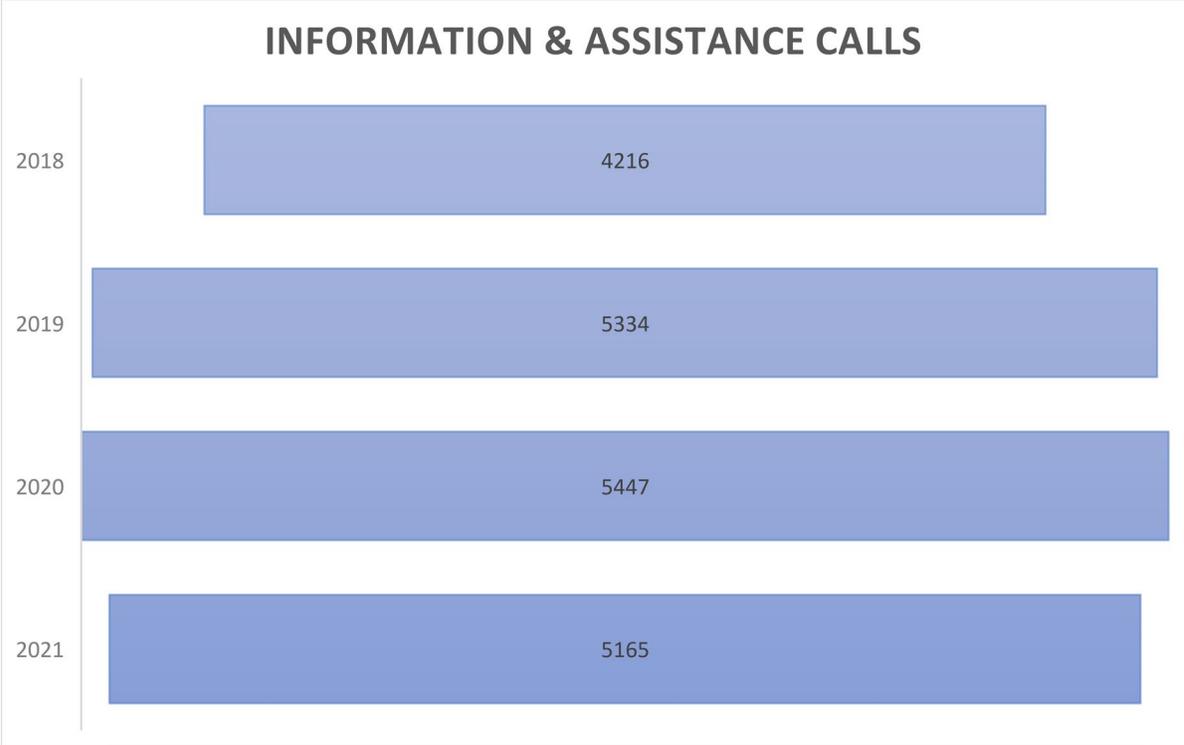
Public Comment

A public notice was published in newspapers across the PSA, informing residents of the availability of the Area Plan for review on the EICAP website. Newspapers were available both in print and online. The Area VI Director’s email address and direct line were posted with the plan, to allow individuals the opportunity to provide comment.

No comments were submitted regarding the Area Plan. Public Comment periods for future Area Plans will incorporate public meetings to increase engagement and collaboration with individuals across the service area.

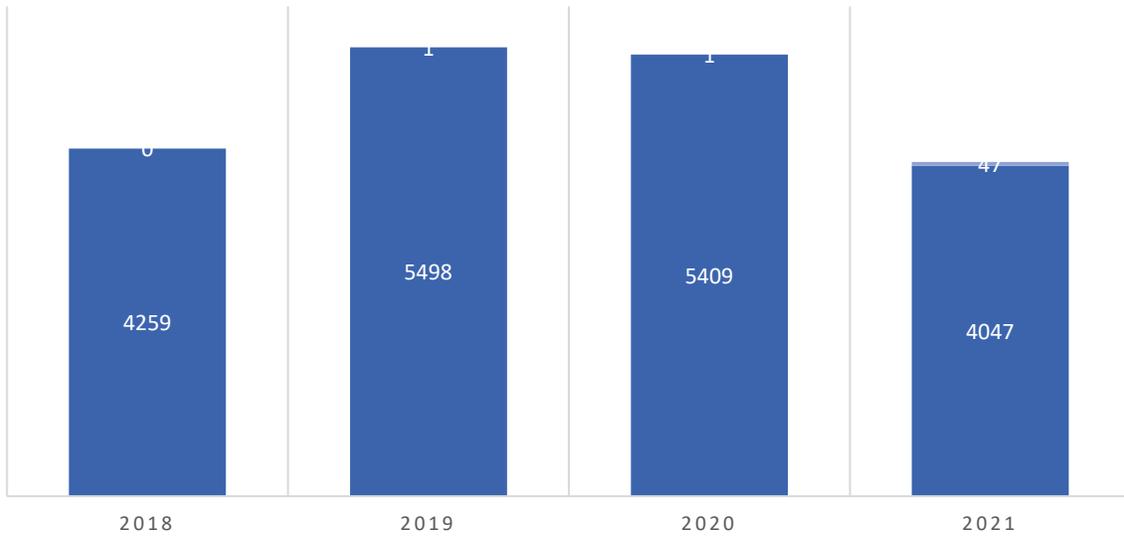
Statistical Compilation of Findings

SYSTEMS REPORTS



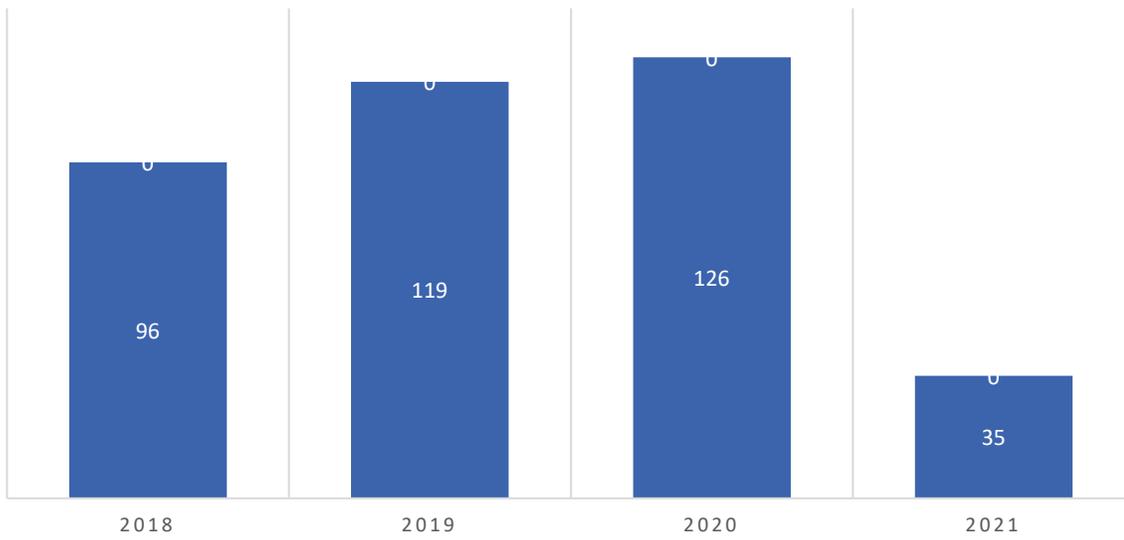
HOMEMAKER SERVICES

■ Homemaker Services ■ Waitlist



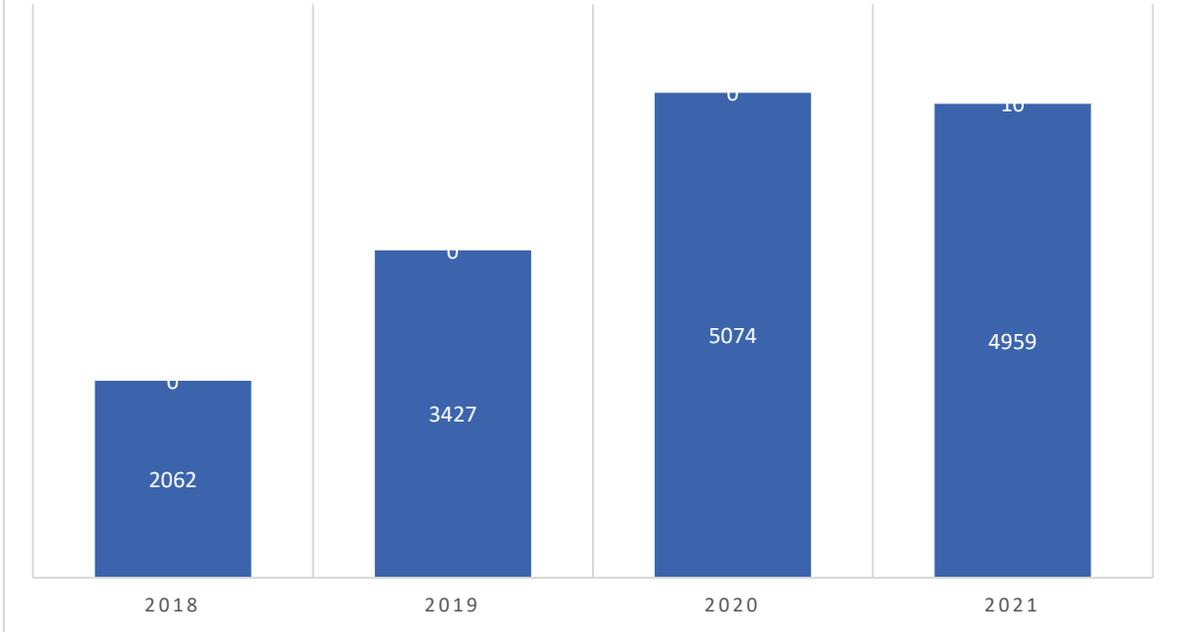
CHORE SERVICES

■ Chore Services ■ Waitlist

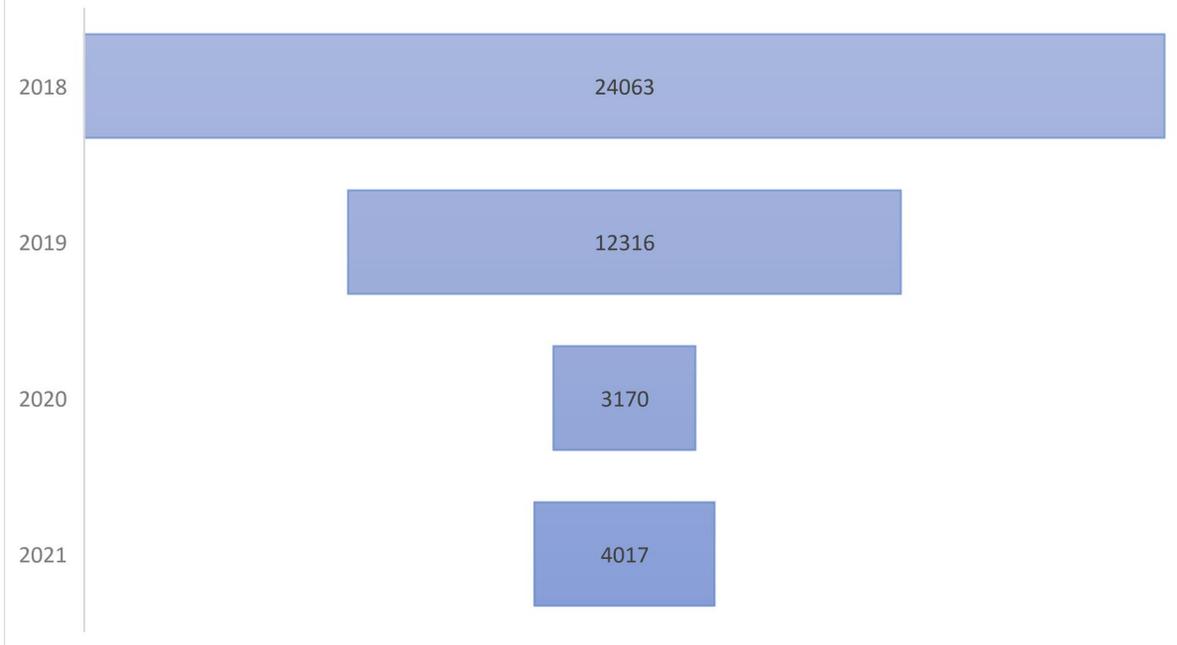


RESPITE SERVICES

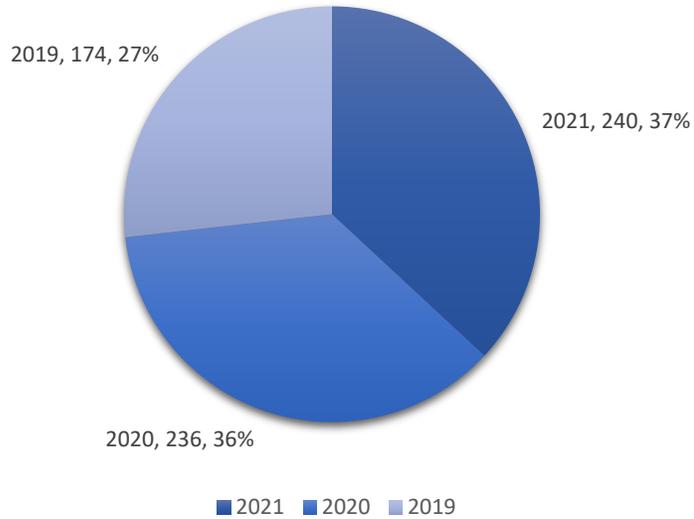
■ Respite Services ■ Waitlist



TRANSPORTATION

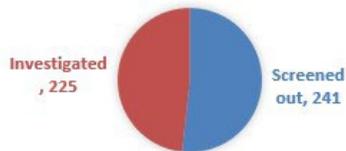


OMBUDSMAN COMPLAINTS

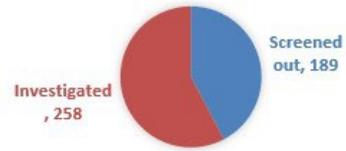


ADULT PROTECTIVE SERVICES

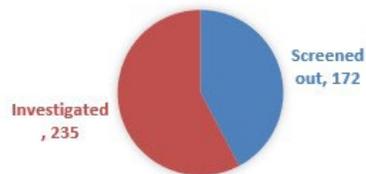
2021 ABUSE, NEGLECT, SELF-NEGLECT, AND EXPLOITATION REPORTS



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

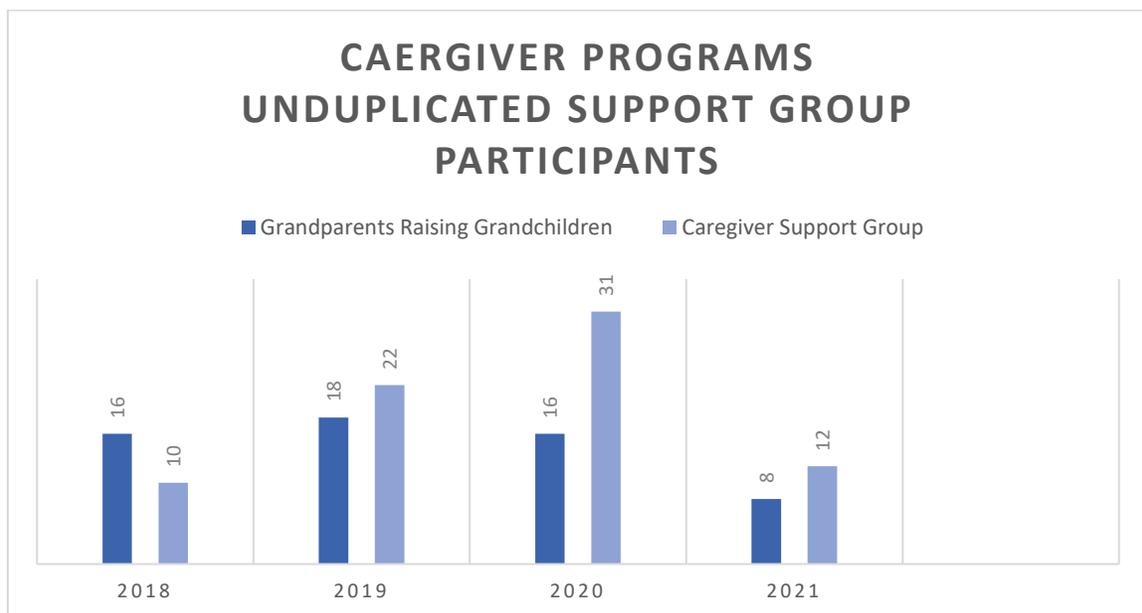


2019 ABUSE, NEGLECT, SELF-NEGLECT, AND EXPLOITATION REPORTS



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



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

INTERNAL SWOT ANALYSIS

INTERNAL SWOT ANALYSIS				
	Internal Influences		External Influence	
Program	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 due to 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 	<ul style="list-style-type: none"> • Learning the program processes • Two positions have been combined: MIPPA/SMP with Contracts 	<ul style="list-style-type: none"> • More actively seek out contracting partnerships • Utilize ICOA for support and education 	<ul style="list-style-type: none"> • Covid has prevented SMP/MIPPA activities, and volunteers were lost • Funding

	reimbursement for programs <ul style="list-style-type: none"> • Meet deadlines for fiscal and ICOA 	<ul style="list-style-type: none"> • MIPPA/SMP currently aren't in operation; referring to SHEBA • Need more contractors for chore, homemaker, and respite 	<ul style="list-style-type: none"> • Consumer direct services • Separate position into two roles for better quality service provision in Contracts and MIPPA/SMP 	<ul style="list-style-type: none"> • 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
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EXTERNAL SWOT ANALYSIS

	Internal Influences		External Influence	
Program	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 • Some centers without cooks • No services in Clark County 	<ul style="list-style-type: none"> • Go to county commissioner about funding • Grant opportunities • Holiday luncheons, expanding activities • 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"> • Increased gas and food prices • Reimbursement is low • Senior perception the center is for "old people" • 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

<p>Legal Aid</p>	<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
<p>Transportation</p>	<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 • 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
<p>Crisis Services</p>	<ul style="list-style-type: none"> • Positive reputation in the community • Community partners trust knowledge and expertise, and reach out for services 	<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 	<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

	<ul style="list-style-type: none"> • Ability to shelter victims in danger 	<ul style="list-style-type: none"> • Need more short and long-term resources for clients 		
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

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 for 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
<p>a. Provide quarterly resource newsletter to Senior Centers, highlighting resources and programs, to be provided with home delivered meals, congregate meals, and congregate meals; include on EICAP Facebook page</p>	<p>Measurement Tool: Area Plan Tracker, Educational Resources tab</p> <p>Target: 4 informational newsletters provided to each focal point per year</p>	<p>Year 1: Develop newsletter content, format, schedule, and begin distribution</p> <p>Year 2: Develop and distribute newsletters</p> <p>Year 3: Develop and distribute newsletters</p> <p>Year 4: Develop and distribute newsletters</p>
<p>b. Provide one Outreach presentation to each focal point annually 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+</p>	<p>Measurement Tool: Area Plan Tracker, Outreach tab</p> <p>Target: Provide 12 presentations per year</p>	<p>Year 1: Schedule presentations with focal point, coordinate participation with AAA staff, complete 12 presentations</p> <p>Year 2: Schedule and provide 12 presentations</p> <p>Year 3: Schedule and provide 12 presentations</p> <p>Year 4: Schedule and provide 12 presentations</p>
<p>c. Identify liaison in Clark county- where there is no Senior Center- to provide resource information to seniors</p>	<p>Measurement Tool: Area Plan Tracker, Educational Resources tab</p> <p>Target: Provide 4 informational newsletters</p>	<p>Year 1: Identify a county liaison, provide 4 newsletters to liaison annually</p> <p>Year 2: Provide 4 newsletters</p> <p>Year 3: Provide 4 newsletters</p> <p>Year 4: Provide 4 newsletters</p>
<p>d. Include in outreach materials that translation services are available and have outreach materials translated into Spanish to</p>	<p>Measurement Tool: GetCare</p> <p>Target: # of calls utilizing</p>	<p>Year 1: Select materials for translation, update current materials, order and distribute materials during outreach</p>

encourage minorities to reach out for services	translation services	Year 2: Maintain supply of translated materials and provide in outreach Year 3: Maintain supply of translated materials and provide in outreach Year 4: Maintain supply of translated materials and provide in outreach
e. Provide disability resources and referrals through I&A calls	Measurement Tool: GetCare Target: # of disability resource referrals	Year 1: Identify disability resources in database, teach I&A staff to enter enter resources into GetCare and to run referral reports in GetCare Year 2: Track number of referrals provided, add new referral sources to GetCare Year 3: Track number of referrals provided, add new referral sources to GetCare Year 3: Track number of referrals provided, add new referral sources to GetCare

2. Focus Area- Congregate Meals

Strategy	Measurement	Time
a. Provide annual 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	Measurement Tool: Survey Monkey Target: # of surveys completed	Year 1: Pilot content, advertising, administration process, and data collection/distribution processes Year 2: Continue administration of survey, share results with centers Year 3: Continue administration of survey, share results with centers Year 4: Continue administration of survey, share results with centers

<p>b. Coordinate annual focal point presentations in conjunction with congregate meals</p>	<p>Measurement Tool: Area Plan Tracker, Educational Resources tab</p> <p>Target: 12 presentations provided per year</p>	<p>Year 1: Schedule presentations with focal point, coordinate participation with AAA staff, complete 12 presentations Year 2: Schedule and provide 12 presentations Year 3: Schedule and provide 12 presentations Year 4: Schedule and provide 12 presentations</p>
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3. Focus Area- Health Promotion

Strategy	Measurement	Time
<p>a. Participate in focal point presentations to raise awareness of CDSMP classes</p>	<p>Measurement Tool: Area Plan Tracker, Educational Resources tab</p> <p>Target: 12 presentations provided per year</p>	<p>Year 1: Develop presentation content, coordinate AAA staff participation, complete 12 presentations Year 2: Schedule and provide 12 presentations Year 3: Schedule and provide 12 presentations Year 4: Schedule and provide 12 presentations</p>
<p>b. Provide/ coordinate 3 annual CDSMP</p>	<p>Measurement Tool: Get Care</p> <p>Target: 3 CDSMP classes provided</p>	<p>Year 1: Coordinate with eligible class leaders, schedule and provide 3 classes Year 2: Provide 3 classes Year 3: Provide 3-4 classes Year 4: Provide 4 classes</p>
<p>c. Recruit CDSMP class leaders to expand participation in the course across the PSA</p>	<p>Measurement Tool: Workshop Wizard</p> <p>Target: # of class leaders recruited</p>	<p>Year 1: I&A Supervisor competes Master Trainer course Year 2: Master Trainer retains certification, recruits class leaders to train Year 3: Master Trains retains certification, teaches a minimum of 6 class leaders Year 4: Master trainer maintains certification, works</p>

		on class leader recruitment and training when there are enough participants recruited
d. Provide/ coordinate 3 annual PTC classes	Measurement Tool: Get Care Target: 3 PTC classes provided	Year 1: Coordinate classes with eligible class leaders, provide 3 classes Year 2: Provide 3 classes Year 3: Provide 3 classes Year 4: Provide 3 classes

4. Focus Area- MIPPA/SMP

Strategy	Measurement	Time
a. Fill MIPPA/SMP role	Measurement Tool: Vacancy filled Target: SMP/MIPPA Coordinator hired and trained	Year 1: MIPPA/SMP training completed Year 2: Performance evaluation Year 3: Performance evaluation Year 4: Performance evaluation
b. Recruit MIPPA/SMP volunteers	Measurement Tool: Area Plan Tracker, Volunteers/ Groups tab Target: # of volunteers recruited	Year 1: Fill MIPPA/SMP position, training completed, begin volunteer recruitment strategies Year 2: Recruitment and retention strategies Year 3: Recruitment and retention strategies Year 4: Recruitment and retention strategies

5. Focus Area- Loneliness Reduction/Multigenerational Socialization

Strategy	Measurement	Time
a. Re-establish Friendly Caller program with community partner or agency volunteers	Measurement Tool: Get Care Target: # of calls completed	Year 1: Determine volunteer source, training of volunteers, and begin calls Year 2: Continue program, analyze and utilize data

		Year 3: Continue program, analyze and utilize data Year 4: Continue program, analyze and utilize data
b. Develop one multigenerational program to address loneliness and isolation in seniors	Measurement Tool: Area Plan Tracker, Trainings/ Meeting tab Target: 1 program established, # of participants	Year 1: Pilot program, develop partners, process, tracking Year 2: Continue program delivery, track # of participants Year 3: Continue program delivery, track # of participants Year 4: Continue program delivery, track # of participants

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	Measurement Tool: Area Plan Tracker, Volunteers/ Groups tab Target: # of group participants from referral sources	Year 1: Schedule Facebook posts, add referral sources to group and class evaluations, track Year 2: Target advertising to successful referral sources, monitor Year 3: Target advertising to successful referral sources, monitor Year 4: Target advertising to successful referral sources, monitor

<p>b. Develop Self-Directed Respite program to provide services to seniors in rural areas</p>	<p>Measurement Tool: Get Care</p> <p>Target: # of Consumer-Direct participants</p>	<p>Year 1: Pilot program processes, implementation</p> <p>Year 2: Continue program, increase awareness through outreach efforts</p> <p>Year 3: Continue program, increase awareness through outreach efforts</p> <p>Year 4: Continue program, increase awareness through outreach efforts</p>
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2. Focus Area- Transportation

Strategy	Measurement	Time
<p>a. Collaborate with GIFT to develop process on assessing/scheduling/billing procedures to providing rides to seniors</p>	<p>Measurement Tool: Get Care</p> <p>Target: # of rides provided through GIFT</p>	<p>Year 1: Develop process, monitor utilization</p> <p>Year 2: Adjust processes, as indicated by data</p> <p>Year 3: Adjust processes, as indicated by data</p> <p>Year 4: Adjust processes, as indicated by data</p>
<p>a. Participate in quarterly District 6 Public Transportation Advisory Council meetings</p>	<p>Measurement Tool, Area Plan Tracker, Trainings/ Meetings tab</p> <p>Target: 4 meetings attended per year</p>	<p>Year 1: Attend meetings, utilize information and resources obtained</p> <p>Year 2: Attend meetings, utilize information and resources obtained</p> <p>Year 3: Attend meetings, utilize information and resources obtained</p> <p>Year 4: Attend meetings, utilize information and resources obtained</p>

3. Focus Area- Home Delivered Meals/NSIP

Strategy	Measurement	Time
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<p>a. Participate in community outreach opportunities to increase awareness of home delivered meals</p>	<p>Measurement Tool: Area Plan Tracker, Outreach tab</p> <p>Target: 4 community outreach events attended per year</p>	<p>Year 1: Attend 4 community outreach events Year 2: Attend 4 community outreach events Year 3: Attend 4 community outreach events Year 4: Attend 4 community outreach events</p>
<p>b. Revise annual satisfaction survey to home delivered meal participants to yield more data</p>	<p>Measurement Tool: Area Plan Tracker, Surveys/ Providers tab</p> <p>Target: surveys completed on all HDM clients by I&A staff</p>	<p>Year 1: Revise survey, gather and analyze results, share with centers Year 2: Gather and analyze results, share with centers Year 3: Gather and analyze results, share with centers Year 4: Gather and analyze results, share with centers</p>

4. Focus Area- Commodity Supplemental Food Program

Strategy	Measurement	Time
<p>a. Share CSFP information on EICAP website and Facebook page</p>	<p>Measurement Tool: Area Plan Tracker, Educational Resources tab</p> <p>Target: 4 Facebook posts per year</p>	<p>Year 1: Update website, create Facebook post schedule (4) posts Year 2: 4 Facebook posts Year 3: 4 Facebook posts Year 4: 4 Facebook posts</p>
<p>b. Include CSFP information on quarterly newsletter for nutrition sites</p>	<p>Measurement Tool: Area Plan Tracker, Educational Resources tab</p>	<p>Year 1: Create newsletter content, distribute 4 newsletters Year 2: Distribute 4 newsletters Year 3: Distribute 4 newsletters</p>

	Target: 4 newsletters provided per year	Year 4: Distribute 4 newsletters
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5. Focus Area- Homemaker

Strategy	Measurement	Time
a. Increase reimbursement rate to retain contracts with providers and attract new providers	Measurement Tool: Get Care Target: # of current providers who participate in procurement process	Year 1: Complete cost analysis to determine rate increase within budget constraints Year 2: Complete scheduled Procurement process Year 3: Review of providers and gaps Year 4: Review of providers and gaps
b. Increase number of contractors by improving procurement process in line with regulations	Measurement Tool: Get Care Target: # of new providers brought on during procurement process	Year 1: Develop understanding of procurement process, develop procurement schedule and processes Year 2: Complete scheduled procurement process Year 3: Review of providers and gaps Year 4: Review of providers and gaps

6. Focus Area- Dementia Capability

Strategy	Measurement	Time
a. Increase dementia resources in AAA resource database	Measurement Tool: Get Care Target: # of resources in database and referrals provided	Year 1: Review dementia resources available in database, input resources into Get Care for referral tracking, add new resources, as available Year 2: Track number of referrals provided, add new referral sources to GetCare

		Year 3: Track number of referrals provided, add new referral sources to GetCare Year 4: Track number of referrals provided, add new referral sources to GetCare
b. Provide annual dementia training to Area Agency staff	Measurement Tool: Area Plan Tracker, Trainings/ Meetings tab Target: 100% of AAA staff participate in dementia training annually	Year 1: Develop training, create training schedule, include in onboarding of new employees Year 2: Update training as needed, complete will all Aging staff Year 3: Update training as needed, complete will all Aging staff Year 4: Update training as needed, complete will all Aging staff

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. Provide 2 Adult Protection education outreach presentations each quarter to increase understanding of Adult Protection services and limitations	Measurement Tool: Area Plan Tracker, Outreach tab Target: 2 presentations provided per quarter	Year 1: Develop schedule, provide in-services Year 2: Adjust # of in-services, locations, audience, as indicated by needs assessment Year 3: Adjust # of in-services, locations, audience, as indicated by needs assessment

		Year 4: Adjust # of in-services, locations, audience, as indicated by needs assessment
b. Utilization of APS Aid Intervention Grant	Measurement Tool: APS Intervention Quarterly Report Target: # of individuals served	Year 1: Pilot development of processes, hire part-time APS worker to assist in program implementation Year 2: Improve processes as indicated, track services provided Year 3: Improve processes as indicated, track services provided Year 4: Improve processes as indicated, track services provided
c. Participate in Senior Legal Risk Detector training through Legal Aid	Measurement Tool: Area Plan Tracker, Service & Referral tab Target: # of individuals served with Risk Detector	Year 1: Participate in training, track time spent utilizing Risk Detector Tool Year 2: Continue to utilize tool and track utilization Year 3: Continue to utilize tool and track utilization Year 4: Continue to utilize tool and track utilization

2. Focus Area- Ombudsman

Strategy	Measurement	Time
a. Provide 3 educational in-services each quarter to increase awareness of Ombudsman services	Measurement Tool: Area Plan Tracker, Outreach tab Target: 3 presentations provided per quarter	Year 1: Identify areas with the most need for education, schedule trainings Year 2: Schedule trainings based on needs Year 3: Schedule trainings based on needs Year 4: Schedule trainings based on needs

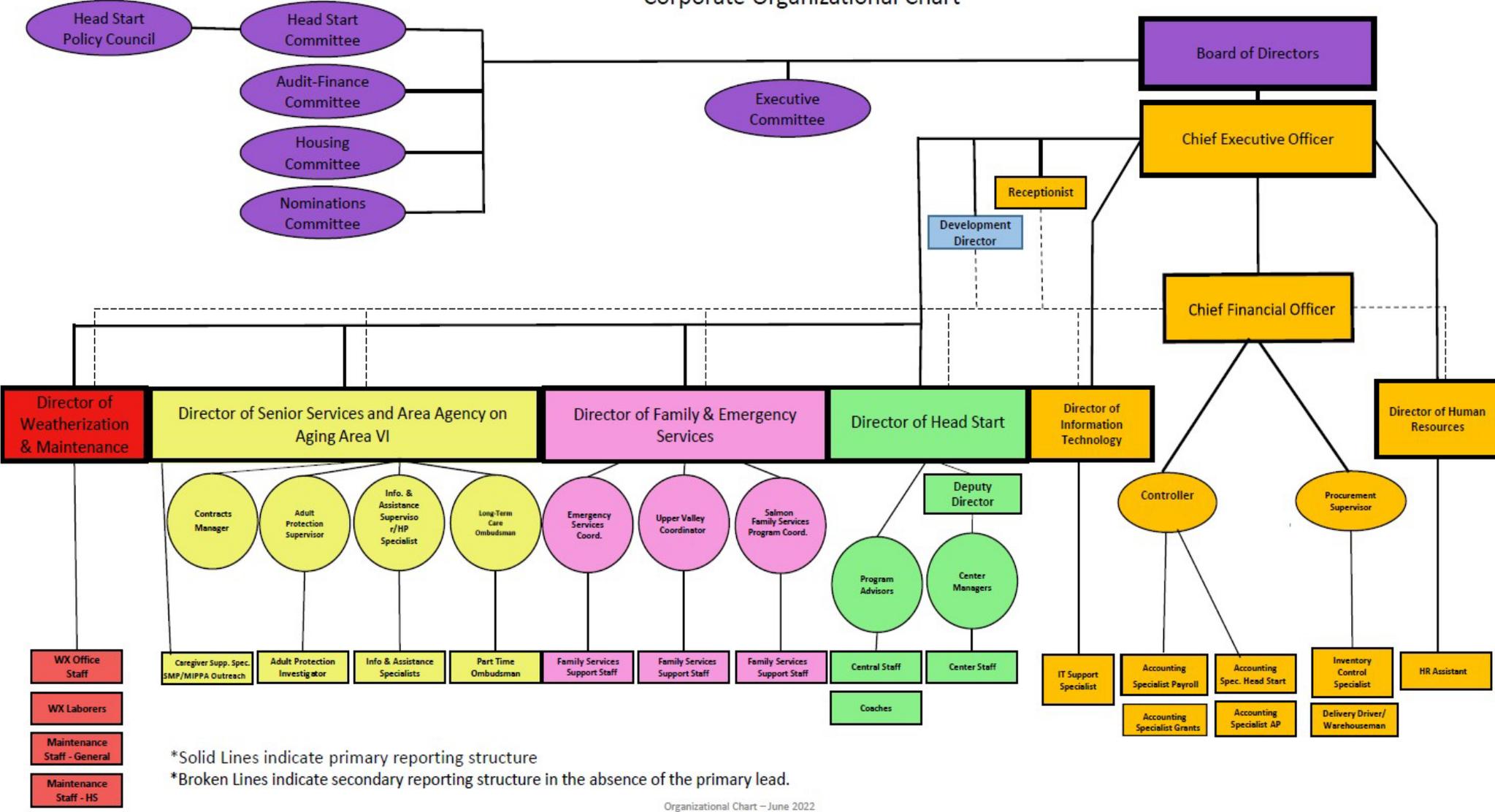
<p>b. Recruit and train Ombudsman volunteers</p>	<p>Measurement Tool: RTZ</p> <p>Target: # of volunteers that complete training</p>	<p>Year 1: Develop recruitment strategies</p> <p>Year 2: Recruitment and retention strategies</p> <p>Year 3: Recruitment and retention strategies</p> <p>Year 4: Recruitment and retention strategies</p>
<p>c. Provide Ombudsman information for facilities to include in their admission packets</p>	<p>Measurement Tool: Area Plan Tracker, Outreach tab</p> <p>Target: # of facilities providing Ombudsman information to new admissions</p>	<p>Year 1: Contact facilities, provide facilities with information pamphlets</p> <p>Year 2: Monitor how many facilities are including information in admission packets</p> <p>Year 3: Monitor how many facilities are including information in admission packets</p> <p>Year 4: Monitor how many facilities are including information in admission packets</p>

Chapter 5: Execution Planning

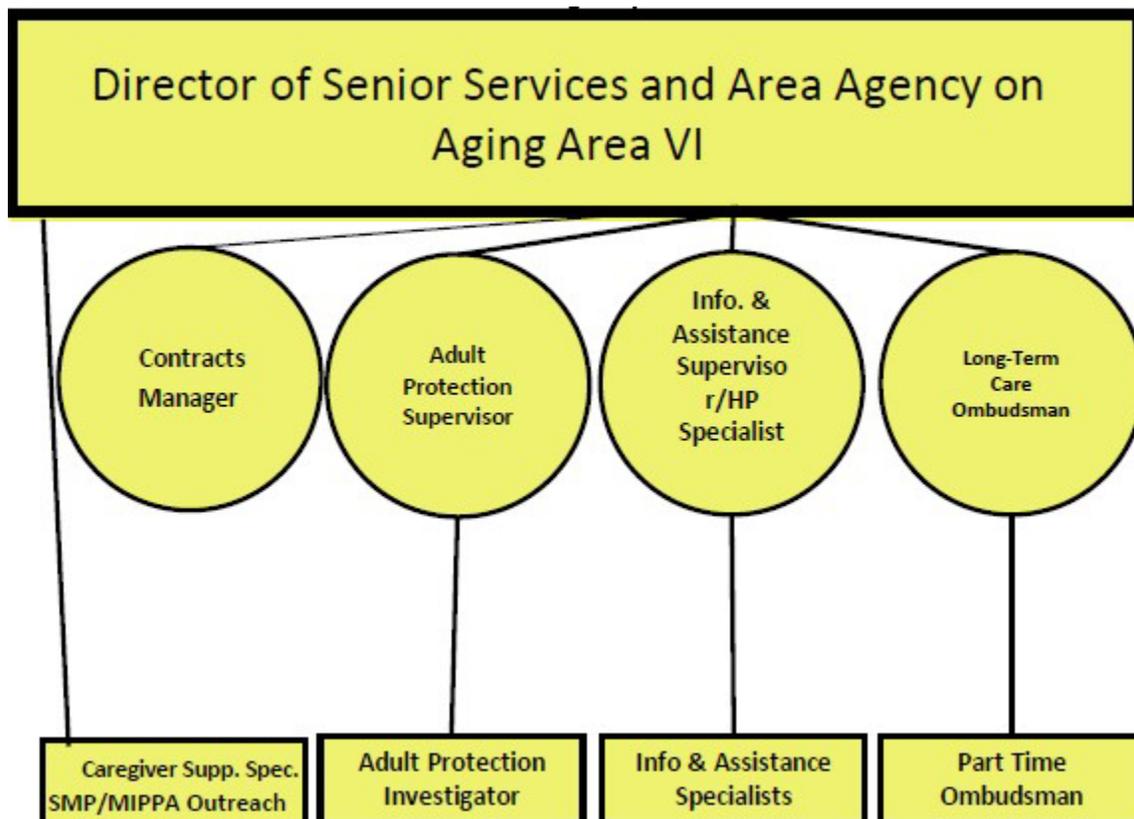
Organization Chart

The following charts outline the structure of EICAP’s organization and highlights the Area Agency on Aging. The Area Plan strategies and those assigned to strategy tasks are designated in the Area Plan Assignment table.

Eastern Idaho Community Action Partnership, Inc. Corporate Organizational Chart



Organizational Chart – June 2022



Area Plan Assignments

Focus Area	Strategy	Staff Assignment
Information and Assistance & ADRC	f. Provide quarterly resource newsletter to Senior Centers, highlighting resources and programs, to be provided with home delivered meals, and congregate meals; include on EICAP Facebook page	Advocacy & Caregiver Support Technician
Information and Assistance & ADRC	g. Provide one Outreach presentation to each focal point annually 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+	Adult Protection Worker
Information and Assistance & ADRC	h. Identify liaison in Clark county- where there is no Senior Center- to provide resource information to seniors	Director

Information and Assistance & ADRC	i. Include in outreach materials that translation services are available and have outreach materials translated into Spanish to encourage minorities to reach out for services	Director
Information and Assistance & ADRC	j. Provide disability resources and referrals through I&A calls	Information & Assistance Assistant
Congregate Meals	c. Provide annual 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	Contracts Manager
Congregate Meals	d. Coordinate annual focal point presentations in conjunction with congregate meals	Adult Protection Worker
Health Promotion	a. Participate in focal point presentations to raise awareness of CDSMP classes	Information & Assistance/ Health Promotions Supervisor
Health Promotion	b. Provide/ coordinate 3 annual CDSMP classes	Information & Assistance/ Health Promotions Supervisor
Health Promotion	c. Recruit CDSMP class leaders to expand participation in the course across the PSA	Information & Assistance/ Health Promotions Supervisor
Health Promotion	d. Provide/ coordinate 3 annual PTC classes	Information & Assistance/ Health Promotions Supervisor
MIPPA/ SMP	a. Fill MIPPA/ SMP role	Director
MIPPA/ SMP	b. Recruit MIPPA/SMP volunteers	Outreach Specialist

Loneliness Reduction/Multigenerational Socialization	a. Re-establish Friendly Caller program with community partner or agency volunteers	Director
Loneliness Reduction/Multigenerational Socialization	b. Develop one multigenerational program to address loneliness and isolation in seniors	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	Advocacy & Caregiver Support Technician
Family Caregivers/ Respite/ Grandparents Raising Grandchildren	b. Develop Self-Directed Respite program to provide services to seniors in rural areas	Information & Assistance/ Health Promotions Supervisor
Transportation	b. Collaborate with GIFT to develop process on assessing/scheduling/billing procedures to providing rides to seniors	Director
Transportation	c. Participate in quarterly District 6 Public Transportation Advisory Council meetings	Director
Home Delivered Meals/ NSIP	a. Participate in community outreach opportunities to increase awareness of home delivered meals	Director
Home Delivered Meals/ NSIP	b. Revise annual satisfaction survey with home delivered meal participants to yield more data	Contracts Manager
Commodity Supplemental Food Program	a. Share CSFP information on EICAP website and Facebook page	Director
Commodity Supplemental Food Program	b. Include CSFP information on quarterly newsletter for nutrition sites	Advocacy & Caregiver Support Technician
Homemaker	a. Increase reimbursement rate to retain contracts with providers and attract new providers	Director

Homemaker	b. Increase number of contractors by improving procurement process in line with regulations	Contracts Manager
Dementia Capability	a. Increase dementia resources in AAA resource database	Information & Assistance Assistant
Dementia Capability	b. Provide annual dementia training to Area Agency staff	Director
Elder Rights and Legal Assistance	a. Provide 2 Adult Protection education outreach presentations each quarter to increase understanding of Adult Protection services and limitations	Adult Protection Supervisor
Elder Rights and Legal Assistance	b. Utilization of APS Aid Intervention Grant	Adult Protection Supervisor
Elder Rights and Legal Assistance	c. Participate in Senior Legal Risk Detector training through Legal Aid	Director
Ombudsman	a. Provide 3 educational in-services each quarter to increase awareness of Ombudsman services	Ombudsman
Ombudsman	b. Recruit and train ombudsman volunteers	Ombudsman
Ombudsman	c. Provide Ombudsman information for facilities to include in their admission packets	Ombudsman

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	Frequenc y
Information & Assistance	Area Plan Tracker	# of newsletters	Caregiver Advocate	Quarterly
	Area Plan Tracker	# of presentations	APS Worker	Quarterly
	Area Plan Tracker	# of newsletter	Program Director	Quarterly
	Get Care	#/types of calls	I&A Staff	Quarterly
	Get Care	#/type of referrals	I&A Staff	Quarterly
Congregate Meals	Survey Monkey	# of surveys	Contracts Manager	Annually
	Area Plan Tracker	# of presentations	APS Worker	Monthly
Health Promotions	Area Plan Tracker	# of presentations	I&A Supervisor	Monthly
	Get Care	# of classes	I&A Supervisor	Quarterly
	Workshop Wizard	# of class leaders	I&A Supervisor	Quarterly
	Get Care	# of classes	I&A Supervisor	Quarterly
MIPPA/SMP	HR	Position filled	Director	Annually
	Area Plan Tracker	# of volunteers	MIPPA/SMP	Quarterly
Loneliness Reduction	GetCare	# of calls	Program Director	Quarterly
	Area Plan Tracker	# of multi-generational programs	Program Director	Annually
Respite/ Caregiver Groups	Area Plan Tracker	Referral sources	Caregiver Advocate	Quarterly
	Get Care	# of participants	I&A Supervisor	Quarterly
Transportation	Get Care	# of rides	I&A Staff	Quarterly
	Area Plan Tracker	# of meeting attended	Program Director	Quarterly
Home Delivered Meals	Area Plan Tracker	# of events	Program Director	Quarterly
	Survey Monkey	# of surveys	Contracts Manager	Annually
	Area Plan Tracker	# of posts	Program Director	Quarterly

Commodity Supplemental Food Program				
	Area Plan Tracker	# of newsletters	Caregiver Advocate	Quarterly
Homemaker	GetCare	# of contractors	Contracts Manager	Before/after RFQ/RFP
Dementia Capability	Get Care	# and type of resources	I&A Staff	Quarterly
	Tracking report	# trained	Program Director	Annually
Adult Protection	Area Plan Tracker	# of presentations provided	APS Supervisor	Monthly
	APS Intervention Report	# of individuals served	APS Worker	Quarterly
	Area Plan Tracker	# of individuals served	APS Worker	Quarterly
Ombudsman	Outreach report	# of presentations	Ombudsman Supervisor	Monthly
	RTZ	# of volunteers	Ombudsman Supervisor	Quarterly
	Area Plan Tracker	# of participants	Ombudsman Supervisor	Annually

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

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	CONTACT INFORMATION
Katie Atterton	Senior Services Director	208-522-5370 ext. 201 katterton@eicap.org

2. Names and titles of other AAA staff:

NAME (AAA STAFF)	TITLE/POSITION	CONTACT INFORMATION
Erica Giles	Contracts Manager	208-522-5370 ext. 204 egiles@eicap.org
Brian Payton	Information and Assistance Supervisor/ Health Promotions	208-522-5370 ext. 211 bpayton@eicap.org
Amber Fellows	Information and Assistance Specialist	208-522-5370 ext. 206 afellows@eicap.org
Ashley Wells	Information and Assistance Specialist	208-522-5370 ext. 207 awells@eicap.org
Jodi Stanton	Family Caregiver Advocate	208-522-5370 ext. 203 jstanton@eicap.org
Shea Weaver	Adult Protection Supervisor	208-522-5370 ext. 210 sweaver@eicap.org
Kelly Smith	Adult Protection Worker	208-522-5370 ext. 205 ksmith@eicap.org
Caitlin Croft	Ombudsman	208-522-5370 ext. 209 ccroft@eicap.org

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)	208-756-3999

955 Riverfront Dr., Suite A Salmon, ID 83467	
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 when working remotely

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

<p>Area VI has compiled emergency/disaster preparedness information and will provide the information to clients, services providers, and the general public upon request. Emergency preparedness information has been obtained through the following sources:</p> <ul style="list-style-type: none"> • Centers for Disease Control and Prevention • Red Cross • ready.gov website • East Idaho Public Health • Idaho Office of Emergency Management
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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 26 North Center St. Rexburg, ID 83440	Madison	Robert Kohler	208-359-3006 Robert.Kohler@mfd.id.gov
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
Idaho Office of Emergency Management 4040 Guard St. Bldg. 600 Boise, ID 83705	Southeast Idaho Area Field Office	Darin Letzring	208-258-6563 dletzring@imd.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.

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 Center 395 Main Street Ririe, ID 83443	Jefferson/Bonneville	Kendall or Oly Syverson	208-339-0674 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 1675 Curlew Drive Ammon, ID 83406	Bonneville	Tami Peterson or Leah Bartley	208-419-3585 premiumchoicehc@gmail.com
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 information 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. Seniors are supplied with a welcome letter when they begin services through EICAP, which will include emergency preparedness information and a personal emergency plan template that will assist them in preparing for emergency events.

Preparation

1. In each quarterly focal point newsletter, Area VI will include safety/emergency planning education.
2. Emergency planning information will be posted to EICAP's social media page.
3. Contracted 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 noted 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.

Links to information, as well as the individualized emergency plan we will send out in our welcome packet:

- <https://www.ready.gov/seniors>
- <https://www.ready.gov/disability>
- <https://www.ready.gov/evacuation>
- <https://www.ready.gov/kit>
- <https://www.ready.gov/be-informed>
- <https://www.ready.gov/alerts>

<https://www.ready.gov/drought>
<https://www.ready.gov/earthquakes>
<https://www.ready.gov/heat>
<https://www.ready.gov/floods>
<https://www.ready.gov/home-fires>
<https://www.ready.gov/pandemic>
<https://www.ready.gov/power-outages>
<https://www.ready.gov/severe-weather>
<https://www.ready.gov/nuclear-power-plants>
<https://www.ready.gov/thunderstorms-lightning>
<https://www.ready.gov/volcanoes>
<https://www.ready.gov/wildfires>
<https://www.ready.gov/winter-weather>

EMERGENCY PLAN

PERSONAL INFORMATION

FULL NAME	DOB
ADDRESS	PHONE#
PRIMARY LANGUAGE	

ADDITIONAL INFORMATION

BLOOD TYPE:	DEAF / HEARING DIFFICULTY	HEARING AIDS
DENTURES: UPPER / LOWER	BLINDNESS	GLASSES/CONTACTS
WALKER, WHEELCHAIR, CANE, ETC.		
DIETARY RESTRICTIONS		

MEDICAL AND MENTAL CONDITIONS

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ALLERGIES

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EMERGENCY CONTACTS

NAME, RELATIONSHIP, PHONE#
NAME, RELATIONSHIP, PHONE#
NAME, RELATIONSHIP, PHONE#

IMPORTANT NUMBERS

POLICE: DIAL 911 or #:	FIRE: DIAL 911 or #:
POISON CONTROL:	PHARMACY:
PHYSICIAN:	PHYSICIAN:
DIALYSIS PROVIDER:	HOME HEALTH / HOPSICE PROVIDER:
HOSPITAL/CLINIC:	DENTIST:
ELECTRIC COMPANY:	GAS COMPANY:
WATER COMPANY:	MEDICAL EQUIPMENT PROVIDER:
OTHER:	OTHER:

INSURANCE

MEDICAL INSURANCE: PHONE: POLICY #:	MEDICAL INSURANCE: PHONE: POLICY #
HOMEOWNER/ RENTAL INSURANCE: PHONE: POLICY #:	OTHER INSURANCE: PHONE: POLICY #:

ADVANCED DIRECTIVES & LEGAL DOCUMENTS

LOCATE THE DOCUMENTS YOU HAVE, PROVIDE COPIES TO THOSE WHO SHOULD HAVE THEM

- DNR/POST
- LIVING WILL
- HEALTHCARE POWER OF ATTORNEY
- FINANCIAL POWER OF ATTORNEY
- WILL

YOU CAN REGISTER YOUR HEALTHCARE DIRECTIVES BY CONTACTING:

Idaho Healthcare Directive Registry
450 W State Street, 4th Floor, P.O. Box 83720 Boise, ID 83720-0036
Phone: 208-334-5501 Email: IHDR@dhw.idaho.gov

PLANNING

IF YOU USE OXYGEN

MAKE A PLAN TO MANAGE IN A POWER OUTAGE:

- Keep oxygen charged
- Speak with your oxygen provider about back-up methods
- Have car adapter to charge portable O2 in your vehicle
- If you don't have a generator, locate an individual or organization with a generator and make arrangements, in the event of an emergency
- Contact your utility provider be placed on a priority list to have power restored

MEDICATIONS

- Keep medication list updated
- Keep medications gathered in the same space, so you can locate them quickly, if you need to evacuate
- If you have medications that must remain cold, plan how you will keep them cold in the event of a power outage or if you must evacuate

PLAN FOR EVACUATION: Where will you go? How will you get there?

MEDICATION LIST

ALLERGIES AND REACTIONS

LIST ALL PRESCRIPTIONS, OVER-THE-COUNTER MEDICATIONS, VITAMINS, HERBS, SUPPLEMENTS, OXYGEN, INHALERS, AND HOMEOPATHIC REMEDIES

MEDICATION NAME & DATE STARTED	DOSE (mg, drops, units)	WHEN TAKEN (Daily, bedtime, etc.)	REASON (Blood pressure, diabetes, etc.)	PRESCRIBING PROVIDER AND PHONE
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