

EXECUTIVE SUMMARY

In 1963, the State of Oklahoma created the State Unit on Aging (SUA) as part of what was then known as the Department of Public Welfare to serve as the state's designated agency for administering programs under the Older Americans Act (OAA). The Department of Public Welfare transformed into the Oklahoma Human Services (OKDHS) of today. In 1983, the state expanded services for the elderly by creating the Division of Aging Services, eventually known as the Aging Services Division, with the SUA operating within that division. In 2020, the Aging Services Division merged with Adult Protective Services to form the Community Living, Aging and Protective Services (CAP) division to better represent and assist older Oklahomans and vulnerable adults.

Oklahoma, like the rest of the nation, is experiencing unprecedented growth in the over 60 population and in the over 80 population. The Census Bureau estimates as of July 1, 2024, Oklahoma is home to 4,095,393 residents, an increase of over 108,000 in the last four years. There are approximately 905,230 adults age 60 and older in Oklahoma and approximately 70,349 adults age 85 or older. As the population of older Oklahomans expands, the state continues to face many challenges in providing sufficient programs for older Oklahomans to feel safe and supported while retaining personal choice in how they live their senior years. Reasons for the population growth for older Oklahomans is the generation of baby boomers are aging.

The SUA will continue its mission to provide a variety of impactful programs and services to meet the changing needs of older Oklahomans. Over the years, Oklahoma has developed an Aging Network of federal and state funded programs, service providers, aging advocates, and community partners who strive to work together to cultivate and maximize opportunities to assist our aging population. Our Aging Network will continue to advocate and educate, to provide services necessary to keep older Oklahomans in the environment of their choice, to provide oversight to maintain quality services and care, and to support sustainable programs. As part of the SUA's accountability for OAA services, State Plans are developed every four years with the input and assistance of our Aging Network. This State Plan serves as both a contract with the Administration on Community Living (ACL) division of the Department of Health and Human Services and as a roadmap for the implementation of programs for older Oklahomans.

Under the OAA, the SUA coordinates a comprehensive array of services that benefit older Oklahomans, their families, and their caregivers. These services are made available through a network of nine local Area Agencies on Aging (AAAs) responsible for the planning, development, and implementation of the system of services for persons aged 60 and over in their respective planning and service areas.

To determine the future needs of older Oklahomans, CAP held focus groups with community stakeholders in 2025. Results from these focus groups aided CAP and SUA in determining the strengths and weaknesses in existing programs, identifying gaps in services, and brainstorming creative alternatives for future services. Due to a stagnant increase in funding for a lot of programs that serve older Oklahomans, many organizations have had to change focus from development of new services to efforts at retaining and training staff, making improvements in service provision, all while having to pay drastically increased costs for salaries, supplies, and operating expenses.

Oklahoma has a diverse population of older adults with different needs and the Aging Network, including CAP and the SUA, must be prepared to serve those needs effectively. Through it all, the SUA will continue to provide technical support, conduct research on national best practices, and assist the AAAs to implement quality programs.

Goals

GOAL 1: Administer, strengthen, and promote awareness of the Older Americans Act core programs to ensure older Oklahomans have equitable access to high-quality home and community-based services and supports that enable them to age in place with dignity, independence, and improved quality of life.

GOAL 2: Ensure that services supported by the Older Americans Act are intentionally prioritized delivered to older Oklahomans and family caregivers with the greatest economic need and greatest social need, in alignment with federal requirements and state policy.

GOAL 3: Provide a coordinated, person-centered system of in-home and community-based long-term care services that is responsive to the unique needs, preferences, and goals of older Oklahomans, promoting independence, enhancing quality of life, and empowering individuals to remain active, engaged, and safely supported in their homes and communities for as long as possible.

GOAL 4: Ensure that Oklahoma caregivers have timely and equal access to comprehensive information, services, and resources that are responsive to their specific needs, enabling them to effectively support older adults while maintaining their own health, well-being, and economic stability.



CONTEXT

CAP develops a State Plan on Aging in accordance with the requirements of the OAA. This plan serves as a formal agreement with ACL enabling the State of Oklahoma to receive funding under Title III and Title VII of the Act. These

funds support CAP in administering a comprehensive array of services for individuals age 60 and older across the state.

CAP has developed a State Plan that emphasizes independence, individual choice, service delivery efficiency, and the advancement of community-based systems, with a strong focus on equity for older Oklahomans. In the development of the State Plan, CAP engaged community focus groups and stakeholders, including representatives of underserved populations, to gather input on the needs and experiences of older adults in Oklahoma.

This process informed CAP's understanding of how services are perceived statewide, identified programs that are effective in their current form, highlighted areas requiring improvement or expansion, and helped determine priorities necessary to prepare for the future of aging in Oklahoma.

Overview of Oklahoma's Aging Network

Community Living, Aging and Protective Services

CAP is the division of OKDHS that primarily focuses on aging issues. In 2020, Aging Services and Adult Protective Services merged into one division. Shortly thereafter, the name of the division was changed to better reflect three core principles: supporting seniors to choose how and where they age by providing community level support; striving to remain a leader and advocate on all aging issues in Oklahoma; and ensuring that seniors remain safe from abuse, exploitation, and neglect. Within CAP, multiple programs are part of the Aging Network in Oklahoma.

OKDHS serves Oklahomans at every stage of life, often during their most challenging moments. By integrating the Science of Hope into policies and programs, OKDHS aims to empower individuals and families to overcome adversity and build brighter futures. In 2024, OKDHS became the nation's first-ever Hope-Centered Organization. This honor reflects our multi-year strategy to create hope-centered, trauma-informed policies and practices that make a real difference in the lives of Oklahomans. An integral part of Oklahoma's State Plan on Aging is creating a culture of hope and cultivating hope in the people we serve.

As the population of older Oklahomans increases, so do their needs. Current systems will not be able to keep up with the demand. In 2024, OKDHS and community partners developed Aging Our Way Oklahoma: a Multisector Plan on Aging to look ten years into the future. The goal is to give every Oklahoman confidence to live on their own terms and provide them with the resources needed.

State Unit on Aging

The SUA is responsible for administering Title III and Title V of the OAA. Title III includes senior nutrition, in-home services, transportation, information and referral, among others. Title V is the Senior Community Services Employment Program (SCSEP), which is a community service and work-based job-training program for older Americans.

The SUA works closely with Oklahoma's nine (9) AAAs to support a comprehensive set of services. While the AAAs provide or contract for direct services to seniors and people with disabilities, CAP coordinates distribution of federal and state funds, provides training and technical assistance, and ensures statewide oversight and coordination for OAA and related programs.

In July 2014, the Governor designated OKDHS – Aging Services (now known as CAP) as the administrator of SCSEP. SCSEP serves adults aged 55 and older who have income below 125 percent of the federal poverty level, are unemployed, are residents of Oklahoma, and have poor employment prospects. SCSEP provides community services and work-based training, promotes progressive skill development and subsequent entry into unsubsidized employment, and fosters individual economic self-sufficiency. These training and work-based employment opportunities help older Oklahomans gain the skills and experiences necessary to be successful in today's job market.

Office of the State Long-Term Care Ombudsman (OSLTCO)

The Ombudsman Program serves residents in Oklahoma's long-term care facilities, including nursing homes, assisted living and similar adult care homes through Title VII of the OAA. The Ombudsman Program helps improve the quality of life and the quality of care available to long-term care facility residents. The Ombudsman Program is overseen by the Oklahoma Attorney General's office.

Community Engagement and Coalitions Unit

Adult Day Services. There are currently 19 state funded Adult Day centers in Oklahoma. These centers provide a safe place for seniors needing care while their family caregivers are away. They can receive medication assistance, supervision, and meals in an environment that encourages socialization and participation in engaging activities.

Lifespan Respite Program – Lifespan Respite Voucher Program. CAP's Community Engagement and Coalitions Unit was awarded a grant from ACL. This program provides respite vouchers for family caregivers who do not qualify for other voucher programs to receive respite from their caregiving roles.

Oklahoma Caregiver Coalition/OKCares (OCC). The Coalition's mission is to improve the supports and experiences for family caregivers over the lifespan through education, advocacy, and access to resources. The OCC has a collection of over 500 public and private partners striving to develop and sustain various areas of support for primary caregivers. The OCC partners have developed a strategic plan to determine goals and objectives in addressing the needs of Oklahoma family caregivers. The OKCares.org website was developed as a central hub for family caregivers to access valuable supports and resources.

Medicare Improvement for Patients and Providers Act (MIPPA). MIPPA supports states through grants to provide outreach and assistance to eligible Medicare beneficiaries to apply for benefit programs that help to lower the costs of their Medicare premiums, deductibles, co-pays, and prescription drug costs for individuals that meet the program's income and resource eligibility requirements. MIPPA grantees also educate the community about Medicare Preventive Services, which provides exams and screenings, preventive visits, yearly checkup visits, flu shots, cardiovascular screenings, and more.

Medicaid Services Unit

The ADvantage Waiver is a Medicaid funded program that serves seniors age 65 and older and adults with physical disabilities age 21 and older. It supports members who are financially eligible and have been determined to meet nursing facility level of care to stay in their homes to receive services such as case management, personal care, home delivered meals, specialized medical equipment, and skilled nursing.

State Plan Personal Care is another Medicaid funded program that allows older Oklahomans to stay in their homes for as long as possible. It provides non-technical, in-home assistance for needs such as bathing, grooming, preparing meals, laundry, light housekeeping, and errands. Medical eligibility is determined and needs are identified during a comprehensive assessment conducted by an OKDHS nurse.

The Medically Fragile Waiver program is a home and community-based alternative to placement in a hospital and/or skilled nursing unit of a nursing facility to receive Medicaid-funded assistance for care. This program allows Medicaid eligible persons who meet institutional level of care requirements to remain at home or in the residential setting of their choice while receiving the necessary care. It serves adults aged 19 and older who are financially eligible and have been determined to meet the hospital and/or skilled nursing level of care and live at home or in a residential setting.

Adult Protective Services

Adult Protective Services (APS) is a comprehensive program that serves vulnerable adults aged 18 and older who need assistance because of abuse, neglect, or exploitation. APS helps adults connect to necessary services so they can stay safely in their homes and communities whenever possible.

AIDS/HIV Coordination & Information Services

AIDS/HIV Coordination & Information Services (ACIS) is a central contact point for persons with Human Immunodeficiency Virus (HIV) disease, providing information on a variety of health and social service needs, including case management and care coordination. There are no income or resource restrictions for case management services. Services include information and referral; client assessment; advocacy and intervention; and follow-up services.

Area Agencies on Aging

The SUA partners with nine (9) AAAs are the principal developers, coordinators, and contractors with OAA service providers. The goal of each AAA is to meet the needs of older Oklahomans in their area, and to advance the dignity, independence, and quality of life of all older adults. They link senior Oklahomans to resources through information and assistance, assess the needs of older adults, and coordinate programs. The AAAs also serve residents in nursing homes through the Office of the State Long-Term Care Ombudsman. There are 11 defined public service areas across the State of Oklahoma, and they are overseen by the nine (9) AAAs.

CAP also has several partner advocacy organizations that help to provide knowledgeable feedback to the agency on proposed policy changes as well as pending legislative changes. Membership in these groups includes professionals from across the Aging Network and affiliated agencies and organizations as well as many seniors who participate in services offered.

The Senior Health Insurance Counseling Program (SHIP), under the Oklahoma Insurance Department division, helps inform the public about Medicare and other senior health insurance issues. SHIP partners with AAAs throughout the state to ensure seniors are aware of their health insurance choices.

Oklahoma State Council on Aging and Adult Protective Services

The Oklahoma State Council on Aging and Adult Protective Services (SCoA) is an important part of the Aging Network. It was initially formed and regulated by the OAA and Oklahoma Administrative Code OAC: 340:105-10-12. The SCoA is composed of 30 members and an Advisory Board composed of representatives of other agencies and social interest groups concerned with aging issues, as well as local participants of Title III services. It was established to champion the needs and issues confronting older Oklahomans, especially those in the greatest social and economic need.

Oklahoma Silver Haired Legislature

The Oklahoma Silver Haired Legislature (OSHL) was established in 1981 to educate older Oklahomans about the Oklahoma state legislative process and to represent and advocate for the needs of older Oklahomans at the Oklahoma Legislature. The OSHL acts as the eyes and ears of older Oklahomans through the sponsorship of up to five bills each legislative session at the State Capitol. OSHL activities are supported and funded through their affiliated membership organization, the Oklahoma Silver Haired Legislature Alumni Association (OSHLAA).

Oklahoma Aging Partnership (OAP)

The OAP is a nonpartisan coalition made up of organizations and individuals focused on advocating for older adults in Oklahoma. It was created to amplify seniors' voices at the state Capitol and to provide lawmakers with real-world perspectives to balance the influence of for-profit lobbyists. The OAP conducts detailed legal research and analysis to help others understand proposed legislation and its potential impact on older Oklahomans. Key members of the coalition include the Oklahoma Alliance on Aging, the Oklahoma Silver-Haired Legislature Alumni Association, and the Oklahoma State Council on Aging and Adult Protective Services.

PUBLIC INPUT

To inform the development of the State Plan on Aging, two focus groups were convened to gather qualitative input and supporting data. The first focus group examined a broad range of OAA and aging-related topics, allowing participants to contribute diverse perspectives on statewide aging issues. The second focus group focused specifically on Home and Community-Based Services (HCBS) and related system integration topics. Participants included older adults and

members of the aging community, representatives from organizations serving older Oklahomans, and state agency staff engaged in aging-related services. Each session was facilitated by OKDHS Innovation Services staff, with CAP staff available to respond to questions and provide clarification as needed.

In addition to focus group input, the SUA incorporated findings from Needs Assessments conducted by each AAA as part of their Area Plans. These assessments informed AAA goal development for State Fiscal Years 2027–2030 and contributed to the broader understanding of statewide needs and priorities.

The first focus group addressed topics including coordination with Title VI programs, addressing malnutrition, age and dementia-friendly communities, social determinants of health, social isolation, support for older adults living with HIV/AIDS, and the prevention of elder abuse, neglect, and financial exploitation.

The second focus group explored topics such as the integration of OAA core programs with ACL discretionary grant programs, support for older adults living with HIV/AIDS, elder abuse prevention, alignment of aging network services with HCBS programs, development of a more coordinated long-term care system, and innovations to support aging in place and community-based living.

Across both sessions, participants emphasized the importance of strengthening partnerships and collaboration between state agencies and local community organizations to better meet the needs of older Oklahomans. They also highlighted the need for increased public education and awareness regarding available services and key issues affecting older adults.

When discussing potential solutions, participants consistently identified the need for increased funding, as well as greater flexibility in funding structures and policy requirements. In addition, the CAP and SUA team reviewed and incorporated relevant insights from the *Aging Our Way* report, published in 2024, a ten-year multisector plan on aging for Oklahoma. The State Plan continues to align with, and advance opportunities identified in that report.

In developing the goals and objectives for the 2027–2030 State Plan, CAP and SUA carefully considered feedback from the focus groups while ensuring alignment with statewide priorities. The Key Topic Areas section briefly addresses each area in which specific goals were not established.

OLDER AMERICANS ACT CORE PROGRAMS

The Act remains essential for the provision of services in CAP. The ability for individuals to have the choice to remain independently in their own homes for as long as possible is a primary objective. The OAA programs, which include meals, transportation, legal services, homemaker, and respite programs for caregivers, are an inexpensive yet effective way for older Oklahomans to safely remain in their homes with assistance. Priority for services is given to those older adults with the greatest economic need and greatest social need.

Greatest economic need means the need resulting from an income level, at or below the federal poverty line. It is also based on local and individual factors, including geography and expenses.

Greatest social need means the need by caused by non-economic factors, including:

- physical and mental disabilities
- language barriers
- cultural, geographical, or social isolation, including due to:
- racial or ethnic status;
- Native American identity;
- religion affiliation;
- sexual orientation, gender identity, or sex characteristics;
- HIV status;
- chronic conditions;
- housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;
- interpersonal safety concerns;
- rural location; or
- any other status that:
 - restricts the person's ability to perform normal or routine daily tasks; or
 - threatens the person's capacity to live independently
 - other needs based on local and individual factors

To meet the mandate as the sole agency of Oklahoma for administration of OAA programs, the SUA works with the 9 AAAs for the planning, advocacy, and development of OAA services across the state. The SUA provides coordination regarding distribution of funding, training, and technical assistance, as well as ensures statewide oversight and accountability for OAA programs. CAP and SUA conduct quarterly meetings with the AAA Directors to discuss pertinent issues, successes, and new initiatives. The AAAs then build on this foundation by providing the oversight and accountability for sub-grantees (service providers) who provide OAA services at the local level.

Current services in Oklahoma under the OAA include:

Information and Assistance (I&A)

Information and Assistance is provided by the State and AAAs. For many older Oklahomans, I&A staff are the first point of contact when seeking help. These staff members offer guidance on available services, connect individuals to appropriate resources and have in-depth knowledge of local programs and support systems within their communities.

Long-Term Care Ombudsman - State and AAAs (see more about this program in the Long-Term Care Ombudsman section).

Supportive Services

Under the Supportive Services Programs, local AAAs and service providers provide a range of essential supports that help older adults—such as those in Oklahoma—remain safely and independently in their own homes rather than moving into institutional care.

Key Supportive Services

- **Transportation** – rides to medical appointments, grocery stores, and community activities
- **Legal assistance** – help with issues like wills, benefits, housing rights, and elder abuse
- **Homemaker services** – assistance with routine household tasks (cleaning, laundry, meal prep)
- **Home repair & modifications** – fixing hazards, installing ramps or grab bars for safety

- **Chore services** – heavier tasks like yard work or minor maintenance

These supports are often critical for maintaining independence. Without them, many older adults might face:

- Increased risk of injury at home
- Difficulty accessing healthcare or food
- Social isolation
- Premature placement in nursing homes or assisted living

By addressing everyday needs, OAA supportive services help older adults:

- Stay in familiar surroundings
- Maintain dignity and autonomy
- Reduce reliance on more costly long-term care

Outreach

Outreach is a direct service offered by some AAAs and other service providers. It involves actively reaching out to older Oklahomans and their caregivers to identify their needs and help them access essential services and support.

Coordination of Services

Coordination of Services (COS) is provided by service providers. This B funded service assist with providing an aging specialist to oversee community centers for older Oklahomans. It also assists with providing staff to oversee and coordinate volunteer-based Meals on Wheels programs.

Nutrition

Services are provided through sub-grantees with the AAAs and include congregate, and home-delivered meals, nutrition counseling, and nutrition education. The nutrition programs help to reduce food insecurity and hunger, promote health and well-being, and delay adverse health conditions resulting from poor nutritional health. Typically, volunteers and staff deliver meals to participants who are homebound and have no one available to provide assistance with meal preparation. The congregate sites provide opportunities for socialization and group activities.

Health Promotion

Provided by sub-grantees with the AAAs, includes evidence-based programs to support healthy aging and disease



prevention for older adults.



Family Caregiver

Provided by sub-grantees with the AAAs and includes information and assistance, public information services, support groups, training, respite, and supplemental services designed to reduce caregiver burden and improve quality of care.

Title VI

The ACL awards Title VI grants to Indian tribal organizations, Native Alaskan organizations, and nonprofit groups for representing Native Hawaiians. Grants are used to fund supportive and nutrition services for older Native Americans

The Aging Network does its best to coordinate with tribes and tribal programs. The AAAs coordinate with tribes in a variety of manners based on local circumstances. Several AAAs have tribal representation on their Advisory Councils. Most of the AAAs utilize community resource groups, which include Title VI program representatives to establish and develop a referral system between the tribes and AAAs. Upon invitation, AAA staff will visit tribal complexes and give presentations. The AAAs participate in caregiver conferences and health fairs to coordinate services and present information about services with tribes in the local area. Staff may visit tribal senior meal sites, Indian clinics, and tribal complexes or Tribal Community Centers to present information.

Office of the State Long-Term Care Ombudsman (OSLTCO)

The OAA and Oklahoma statutes requires advocacy for persons who live in long-term care (LTC) facilities through an Office of the State Long-Term Care Ombudsman and designation of a person to serve, on a full-time basis, as the State Long-Term Care Ombudsman to administer the program.

The Oklahoma State LTC Ombudsman is housed within the Oklahoma Attorney General's office. The Ombudsman office is comprised of six staff members: The State LTC Ombudsman, a Deputy State LTC Ombudsman, three Program Managers, and an Administrative Program Officer. There are 26 local Ombudsman Supervisors located in all 11 public service areas across the state. Specifically, the Oklahoma Office of the State LTC Ombudsman directly and through its designated representatives:

- Identifies, investigates, and resolves complaints made by, or on behalf of residents.
- Provides services to assist residents in protecting their rights, health, safety, and welfare.
- Informs residents about the means of obtaining services.
- Ensures that residents have regular and timely access to the services of the Ombudsman Program and timely response to complaints.
- Represents the interests of residents before governmental agencies and seeks administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the resident.

- Analyzes, comments on, and monitors the development and implementation of federal, state, and local laws, rules and regulations, and governmental policies and actions that pertain to the residents and recommends changes in laws, regulations, policies and actions as the Office determines appropriate.
- Facilitates public comment on the laws, regulations, policies, and actions.
- Provides technical support for the development of resident and family councils.

The State LTC Ombudsman and Ombudsman representatives provide information as necessary to public and private agencies, legislators, and other persons regarding the issues affecting older Oklahomans who live in LTC facilities. Among other activities, the Office of the LTC Ombudsman provides for the education and training of professionals, volunteers, and older individuals concerning resident rights and the requirements and benefits of specific laws and regulations.

Advocacy is the fundamental component of LTC Ombudsman practice. Leadership in legislative, regulatory, and other systems advocacy is initiated by the State LTC Ombudsman based on the complaint or other personal advocacy work of the statewide Ombudsman staff and certified Ombudsman Volunteers, as well as through active involvement with citizen advocacy groups throughout the State. Systems Advocacy activities include recommendations to Board of Directors, Advisory Councils, and staff of other State Agencies, including the Oklahoma State Health Department, the Oklahoma Health Care Authority (State Medicaid Agency), local and State law enforcement entities, and others. The Office of the LTC Ombudsman is actively involved in legislative advocacy efforts, including monitoring introduced legislation and recommending changes to bills, including bills that involve prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect, and financial exploitation. To empower statewide groups of advocates for aging, such as the Oklahoma Alliance on Aging and others to provide effective legislative advocacy, the State Ombudsman Office attends legislative committee meetings and meets with legislators and others, and provides information updates to groups and individuals, and participates in developing strategies and distributing action alerts.

Elder Rights Initiatives by the Office of the Long-Term Care Ombudsman

The Office of the LTC Ombudsman provides consultation and assistance to a variety of advocacy groups and agencies. Topics include programs to prevent, detect, assess, intervene, and/or investigate elder abuse, neglect, and financial exploitation. Collaboration within the aging network allows the Office of the LTC Ombudsman to partner with law enforcement, adult protective services, and other agencies and community groups to educate community and faith-based groups on the prevention, identification, and investigation of elder abuse, neglect, and financial exploitation.

The Office also works closely with long-term care industry groups to identify trends that may positively or negatively impact long-term care residents. The Office regularly conducts and participates in trainings for the long-term care industry to teach resident rights and elder abuse information. The information is presented in individual facilities and at statewide conferences.

The following topics will briefly touch on each State Plan Key Topic Area where specific goals were not set.

Older Americans Act Core Programs

Addressing Malnutrition

Oklahoma ranks 45th in food insecurity and 49th in fruit and vegetable consumption among adults aged 65 and older. In response, the SUA has directed each AAA to prioritize nutritional risk reduction over the next four years. To support this effort, SUA has implemented a standardized assessment tool for nutrition and outreach staff.

A key component of this assessment is the Nutrition Screening Initiative (NSI) DETERMINE checklist, which helps identify and raise awareness of nutritional risks among older Oklahomans. The DETERMINE acronym represents key risk factors: disease, eating poorly, tooth loss or mouth pain, economic hardship, reduced social contact, multiple medications, involuntary weight loss or gain, need for assistance in self-care, and advanced age (over 80). Identifying

these risks allows staff to make timely referrals to food banks, pantries, and other community organizations that can provide immediate nutritional support.

Once malnutrition risks are identified, referrals can be made to food banks, pantries and other community organizations to provide immediate nutritional support. Referrals are made by outreach staff and AAA information and referral specialists to nutrition programs in the planning and service areas. These programs include OAA programs, Meals on Wheels and community centers weekly potluck dinners. Most of these programs offer daily meals. OAA nutrition programs provide a meal that is one-third of the daily recommended intake. Menus are developed by Registered Dietitians (RD), in consultation with program participants to ensure they reflect both nutritional needs and personal preferences. The RD also provides one-on-one nutrition counseling upon request, which ensures individuals receive guidance that is relevant to their specific health conditions, dietary restrictions and lifestyle choices. In addition, RDs conduct monthly nutrition education presentations at congregate meal sites, and educational materials are distributed to home-delivered meal recipients.

Through the implementation of standardized screening tools, targeted referrals, and comprehensive nutrition services, SUA aims to reduce malnutrition risk and improve the overall health and well-being of older Oklahomans.

Dissemination of Information about State Assistive Technology Entity and Access to Assistive Technology Options for Serving Older Individuals

Oklahoma ABLE Tech provides statewide assistive technology services with a mission to improve the lives of all Oklahomans. The program offers assistive technology devices and services, financing opportunities, digital accessibility support, advocacy, and education.

Several AAAs across the state currently collaborate with Oklahoma ABLE Tech to advance this mission. Over the next four years, additional AAAs will establish partnerships with the program. AAA staff and relevant provider personnel will receive training on assistive technology devices and services, including device demonstrations, information on loan programs and equipment exchange opportunities, and guidance on making referrals to ABLE Tech.

Through these coordinated efforts, SUA is committed to increasing awareness and expanding access to assistive technology. These initiatives will support older Oklahomans in maintaining their independence and enhancing their overall quality of life.

Integrating Core Programs with ACL's Non-Formula-based Grant Programs

Oklahoma strategically leverages non-formula-based grant programs to complement and enhance its core aging services. These discretionary resources are particularly valuable in strengthening caregiver support, dementia care, respite services, and the adoption of innovative technologies. By targeting unmet needs, these programs help expand service capacity across diverse populations, including tribal communities and rural areas.

To align with ACL's goal of system-wide integration, Oklahoma weaves discretionary grant initiatives into its core OAA and related programs. This coordinated approach promotes innovation, improves service delivery, and ensures a more responsive and comprehensive aging services network.

Key programs include:

- **Lifespan Respite Care Program**

Provides temporary relief for unpaid family caregivers supporting individuals with special needs across the

lifespan. For older Oklahomans, these services can supplement OAA-funded respite when those resources have been fully utilized.

- **Senior Medicare Patrol (SMP) Program**
Empowers Medicare beneficiaries, their families, and caregivers to prevent, detect, and report healthcare fraud, errors, and abuse through education and outreach.
- **Alzheimer's Disease Programs Initiative (ADPI) Grant**
Expands services and supports for individuals living with Alzheimer's disease and related dementias, as well as their caregivers. Activities include caregiver training, respite services, and public awareness efforts.
- **Aging and Disability Technology Programs**
Promotes the use of assistive technologies and digital solutions to enhance independence, safety, and quality of life for older adults and individuals with disabilities.

Improving Coordination between the SCSEP and other OAA programs

The SCSEP was added to SUA administration on July 1, 2014. Through this program, the Special Unit on Aging works with three sub-grantees covering 29 counties to provide job skills training in part-time community service assignments for adults aged 55 and older who: have income at or below 125% of the federal poverty level; are unemployed; are residents of Oklahoma; and have poor employment prospects. Priority is given to veterans, their spouses, and those that were formerly incarcerated. There are two national partners who cover the additional 45 counties in Oklahoma, leaving three counties unserved by the SCSEP program due to their minimal population. SCSEP has assisted 147 individuals in the last year. The SUA has plans to conduct quarterly educational seminars with the AAAs and other organizations across the state to help promote what SCSEP does and help recruit seniors and employers to its services.

Greatest Economic Need and Greatest Social Need

Ensuring meals can be adjusted for cultural considerations and preferences and providing medically tailored meals to the maximum extent practicable

The SUA ensures that all OAA meal providers utilize a registered dietitian in the development of menus. To the greatest extent practicable, meals are designed to accommodate individual needs and preferences, including cultural considerations and medically necessary diets. Participant and staff input is incorporated into the planning process. Meal planning and preparation are guided by available resources; however, due to budgetary and staffing constraints, fully individualized meal customization is not feasible.

Supporting Participant-Directed/Person-Centered Planning for Older Adults and Their Caregivers across the Spectrum of long-term services and support (LTSS), including Home, Community, and Institutional Settings

The SUA is committed to implementing person-centered models across LTSS, including home, community-based, and institutional settings. Guided by the OAA these efforts prioritize the needs, preferences, and autonomy of older adults.

Outreach efforts specifically focus on unserved and underserved populations, along with their family caregivers and the professionals who support them. These initiatives have strengthened person-centered practices by ensuring that older adults, particularly those from underrepresented groups, are actively involved in determining what services they receive and how those services are delivered.

Looking ahead, the SUA will continue to collaborate with AAAs to expand training on person-centered models. This includes identifying all entry points into LTSS and developing streamlined systems so participants can access services more efficiently and effectively.

The ADvantage Waiver and Medically Fragile Programs, part of the Aging Network, offers a participant-directed service option known as Consumer Directed – Personal Assistance Services and Supports (CD-PASS).

This model allows individuals to take an active role in managing their care by:

- Serving as the employer of their personal care providers
- Hiring individuals they trust to deliver services
- Managing a personalized budget for care

Many participants choose CD-PASS because it provides greater comfort and control over who enters their home. It also allows for more consistent and flexible support, especially during times when traditional agency-based services may be difficult to schedule.

STEWARDSHIP AND OVERSIGHT

The SUA is committed to the responsible stewardship of public resources and to ensuring that programs are implemented effectively and in full compliance with federal and state requirements. Monitoring activities focus on adherence to program standards, accuracy of reporting, fiscal accountability, and the timely implementation of corrective actions when deficiencies are identified. The results of monitoring reviews are shared with AAAs, along with clearly defined timelines for response, appeal, and corrective action.

The AAAs are valued partners in the oversight process and are encouraged to utilize monitoring tools internally to support continuous quality improvement. SUA reinforces these efforts through training opportunities, quarterly meetings, written guidance, and individualized technical assistance. When corrective action plans are required, AAAs are provided the opportunity to respond and/or appeal, and SUA collaborates with each AAA to facilitate timely and effective resolution.

In addition to formal monitoring activities, SUA program staff conduct annual on-site visits with AAAs to strengthen partnerships, provide programmatic and fiscal guidance, and assess local service capacity. These visits also serve as an opportunity to offer training, share resources, and foster open dialogue to address challenges and highlight innovative practices. This approach promotes consistency in service delivery, supports the adoption of best practices, and encourages shared learning across the aging network. Fiscal oversight is further enhanced through contracted fiscal monitoring and comprehensive documentation reviews to ensure the appropriate use of funds.

The implementation of new OAA requirements has provided SUA with the opportunity to update its policies and procedures. These updated policies will take effect on September 15, 2026. SUA will continue to evaluate and refine these policies through ongoing feedback from AAAs, monitoring outcomes, and requests for technical assistance. Policies and procedures will be revised as necessary to reflect stakeholder input, evolving needs, and changing regulatory requirements.

Overview of Oklahoma's Demographics

Oklahoma Aging Demographics

The services offered through the OAA are intended for older Oklahomans who are age 60 and older, their caregivers, families, and institutionalized persons. Additional effort is made to reach specific groups within that description that have historically been underserved, such as minorities, those near or below the poverty line, people with limited or no English language, and those with restricted access to resources due to living in remote rural locations.

Oklahoma is home to more than 4,095,393¹ residents, and the average per capita income was \$62,661² in 2020. There are approximately 905,230³ adults age 60 and older. Of that number, approximately 70,349 are over the age of 85. This is significant as historical data has shown that seniors (60+) tend to only need 1-2 services to attain sufficient assistance to remain safe in their homes, but the older seniors (85+) need 3-5 services to reach that same level of safety. The increase in the older population, which projections show is accelerating, poses significant challenges as the Aging Network seeks to address the needs of a growing number of older Oklahomans.

Since most older Oklahomans eligible for assistance under the OAA access services through Information & Assistance (I&A), outreach, or by visiting a congregate meal site, pressures on urban AAAs may increase as the older population migrates to urban areas. Although AAAs serving the rural counties may see fewer clients, they are likely to need more intense services while facing significant resource constraints.

Along with the population increase, according to a 2025 report from AARP, there are approximately 835,000 informal caregivers in Oklahoma. These caregivers provide \$6.6 billion in unpaid care each year.⁴ According to data gathered by the Annie E. Casey Foundation, 48,000 Oklahoma children under the age of 18 live in homes where the head of household is a non-parent relative. These statistics raise issues for grandparents raising grandchildren. Many of the grandparents raising grandchildren are much younger than we have seen in the past. As a result, more grandparents raising grandchildren are being served with the Lifespan Respite Program since they are not eligible for the Title III program for grandparents or relatives 55 years of age and older. Multiple reasons exist for these high rankings including drug addiction, teen pregnancy, incarcerated parent, child neglect, or military deployment.

Oklahoma is unique as there are 39 tribal nations according to the University of Oklahoma Department of Native American Studies. Oklahoma is the second highest state in the nation in both percentage of population and total population within Native American tribes according to Native American Netroots.⁵ The states with the largest Native American/Alaska Native populations are California (631,016), Oklahoma (332,791), and Arizona (319,512).

Older Oklahomans (Age 60 & over) are predominantly white (718,608). In terms of Oklahoma's older minority population, the largest minority groups are Native American/Alaskan Native (57,290) and Black or African American (51,812).⁶

Lifestyle choices, social factors, and globalization continue to affect health and mental health outcomes for different groups of people. Social isolation has been identified as a contributing factor to the decline of mental health. In 2025, Oklahoma ranked 42nd for the risk of social isolation.⁷ The factors taken into consideration for this included disability, marital status, difficulties with independent living, and poverty.

Prevalence of Disability

With overall increased life expectancy, the population of adults over the age of 65 with impactful disabilities is increasing. As this population ages, new needs and new challenges emerge, including a need to adapt services to account for the disability compounded by frailty or dementia. This also often expands the needs for assistive services.

The Census Bureau uses a series of questions to determine if an individual is identified as having a disability. The questions attempt to measure six aspects of disability, including mobility, cognition, independent living, hearing, vision, and self-care.

¹ Bureau, U. S. (2024). *Oklahoma Quick Facts*.

² Louis, F. R. (2024). *Per Capita Personal Income in Oklahoma*.

³ AGID. (2022). *Census Bureau's Population Estimates for Oklahoma*.

⁴ (Caregiving in the US 2025: Oklahoma, 2025)

⁵ Rainbird, A. (2025). *U.S. States with the Most Native Americans*. Native American Netroots.

⁶ AGID. (2022). *Census Bureau's Population Estimates for Oklahoma*.

⁷ Foundation, U. H. (2025). *America's Health Rankings for Oklahoma*.

In the United States, the percentage of non-institutionalized males or females with any disability, ages 65+, was 32.6% in 2023. As measured by the American Community Survey, older Oklahomans ranked 49th in the nation.⁸

In Oklahoma, 17.5% of the total population have one or more disabilities. For persons age 65 and over, the percentage with disabilities increases to 40.1%. Persons with disabilities are living longer and are becoming a significant part of Oklahoma's population. Often, persons with disabilities rely on family caregivers.

Income and Poverty

Social Security payments have been instrumental in providing economic security for older adults in the US. The average Social Security benefit is around \$1,900 per month, but millions of retired workers receive much less because of lower wages earned or because they claimed benefits before their full retirement age. According to the 2025 America's Health Rankings, Oklahoma ranks 36th in the nation of older Oklahomans age 65+ in poverty (11.7% of the population). The national average is 11.3 percent.

Aging and Health Trends

Oklahomans face a number of chronic health problems, such as obesity, heart and lung disease, and diabetes, that are directly related to factors known collectively as social determinants of health. The 2025 America's Health Report for Seniors ranked states in several categories of social determinants of health, and Oklahoma was ranked in the bottom half of those listed for individuals age 65 and over. Overall, Oklahoma ranked 47th.⁹

Oklahoma ranked 47th among states for **social and economic** factors contributing to poor overall health. Social and economic factors included violent crime, food insecurity, poverty, community support, risk of social isolation and high-speed internet access.

For the category of **physical environment**, Oklahoma ranked 48th. Factors in this category included air and water quality and housing problems.

Oklahoma ranked 48th in the category of **behaviors**, which included exercise, sleep, smoking and diet. The category of **health outcomes** included addressing cognitive difficulty, depression, suicide, falls, obesity, and mortality. Oklahoma ranked 43rd in this category.

Finally, Oklahoma ranked 41th in the category of **clinical care**, which included factors such as access to care, preventive clinical services, immunizations, hospice care, and the quality of nursing home care.

The 2025 Report indicated Oklahoma had identifiable strengths in a low prevalence of excessive drinking and high flu vaccination coverage, and low housing cost burden. The challenges identified were the high prevalence of motor vehicle deaths, high prevalence of smoking, and a low prevalence of exercise. The report also highlighted areas where the numbers have improved in the past four years, such as high-speed internet access, and a 48% increase in the number of geriatric providers, from 15.7 to 23.3 per 100,000 adults aged 65+.

Food Insecurity

According to the latest federal Household Food Security in the United States report, Oklahoma is ranked sixth in food insecurity.¹⁰ The report reflects Oklahoma has 16.9% of the population with food insecurity. The national average is 13.3%. The 2025 America's Health Report for Seniors ranked Oklahoma 45th for food insecurity in older Oklahomans aged 60 and older.¹¹

⁸ Foundation, U. H. (2025). *America's Health Rankings for Oklahoma*.

⁹ Foundation, U. H. (2025). *America's Health Rankings for Oklahoma*.

¹⁰ Rabbitt, M. R.-J. (2024). *Household Food Security in the United States in 2024*. U.S. Department of Agriculture, Economic Research Service.

¹¹ 2025 America's Health Report for Seniors ranked

Food insecurity is an economic and social condition where one’s consistent access to food is limited or uncertain. Food deserts contribute to the economic challenges faced by Oklahomans experiencing food insecurity as it costs much more to have food brought to the area. Food desert conditions create additional barriers by making healthy food, such as fresh fruit and vegetables, much more difficult to access.

Broadband Services

According to American’s Health Rankings, between 2015 and 2023, broadband internet access among U.S. households with adults age 65 and older increased significantly—from 61.4% to 83.7%. This reflects a major improvement in digital connectivity for older adults. With the creation of the Oklahoma Broadband Office in 2022, Oklahoma has focused on increasing broadband access across the state. The goal is to have broadband access for 95% of Oklahomans by 2028.

Older Americans Act Data

Title III – Home and Community Based Services

According to the SUA database for Title III services, in federal fiscal year 2025 (FFY25), services were provided to 20,654 individual older Oklahomans. These services included congregate meals, home-delivered meals, caregiver services, homemaker services, transportation, and legal assistance. There was a total of 169 congregate meal sites across the state. A total of 2,235,178 meals were served in FFY25, which includes caregiver meals.

Oklahoma Older Americans Act Participants and Units in Federal Fiscal Year 2025		
Service	Number of People	Number of Units
Health Promotion	1437	10,487 classes
Legal Services	2015	17,786 hours
Caregivers Receiving Respite	920	101,248 hours
Transportation	4,006	161,263 rides
Congregate Meals	13,130	1,085,489 meals
Home Delivered Meals	7,512	1,149,689 meals

Oklahoma Older Americans Act Demographics in FFY25	
Total Unduplicated Participants	20,654

Minority	4,711	23%
High Nutrition Risk	10,664	52%
Below Poverty	11,629	56%
Rural	11,849	57%

GOALS, OBJECTIVES, STRATEGIES & OUTCOMES

State Goal #1

Administer, strengthen, and promote awareness of the Older Americans Act core programs to ensure older Oklahomans have equitable access to high-quality home and community-based services and supports that enable them to age in place with dignity, independence, and improved quality of life.

Objective 1: Strengthen the capacity of SUA, AAA, service providers and community partners by increasing their knowledge of aging and dementia through targeted education, training and resource development.

Strategies

- Partner with Dementia Friendly America to become a Dementia Friendly state.
- Develop and disseminate educational resources with all partners and the community.
- Provide Dementia Friendly America sessions utilizing trained Dementia Friendly care partners.

Performance Measures

- *Number of dementia education trainings*
- *Number of organizations and participants trained in aging and dementia awareness*
- *Number of educational resources disseminated*

Outcomes

- *Short-term: Increased knowledge and awareness of aging and dementia.*
- *Intermediate: Strengthened collaboration among aging service providers and community organizations.*
- *Long-term: Enhanced quality of life and support for people affected by dementia in Oklahoma.*

Objective 2

Increase awareness among communities and older adults in Oklahoma about the prevention, detection and reporting of elder abuse, neglect and financial exploitation through targeted education, outreach campaigns and partnerships with community organizations.

Strategies

- Provide training to AAAs and their service providers on elder abuse, neglect and exploitation, how to report it, and how to make referrals.
- Provide training to professionals and community organizations who frequently interact with older adults to improve early detection and response, including but not limited to financial institutions, libraries, and transportation providers.
- Coordinate with Legal Aid of Oklahoma and the State Legal Developer to create educational materials to distribute to the public on elder abuse, neglect, or exploitation.
- Strengthen partnerships with community organizations, financial institutions and advocacy groups to expand prevention efforts and ensure coordinated responses to suspected abuse.

Performance Measures

- *Number of trainings provided*
- *Number of educational materials distributed*
- *Number of partnerships made to recognize elder abuse, neglect and financial exploitation*

Outcomes

- *Short term: Increased awareness in the community of elder abuse, neglect and financial exploitation.*
- *Intermediate: Percentage of participants who report increased knowledge of how to recognize and report abuse.*
- *Long term: Improved community awareness of elder abuse, neglect and financial exploitation affecting older adults in Oklahoma.*

Objective 3: Coordinate Title III Programs with Title VI programs to ensure older Oklahomans who are tribal members can access OAA services.

Strategies

- Foster and encourage partnerships between AAAs and tribal entities to ensure tribal elders can benefit from Title III services.
- Promote tribal participation on state and AAA advisory councils and boards.
- Offer to present state and local program information to elders at Title VI sites.

Performance Measures

- *Number of partnerships made between AAAs and tribal entities*
- *Number of advisory councils at the AAA and state level with tribal representation*
- *Number of presentations given at Title VI sites*

Outcomes

- *Short-term: Improved awareness of Title III services among Tribal partners.*
- *Intermediate Increased access to Title III services for tribal elders.*
- *Long term: Increased collaboration and participation of tribal members within Title III and other OAA programs.*

State Goal #2

Ensure that services supported by the Older Americans Act are intentionally prioritized delivered to older Oklahomans and family caregivers with the greatest economic need and greatest social need, in alignment with federal requirements and state policy.

Objective 1: Promote health, independence and quality of life of older Oklahomans with the greatest economic and social need by addressing key social determinants of health (SDOH), including access to nutrition, transportation and social connection.

Strategies

- Reduce isolation for all older Oklahomans, including those who are home-bound, through senior centers, outreach, companions using artificial intelligence (AI) and friendly visitor programs.
- Improve the availability of needed services by partnering with grantees of the Rural Health Transformation Program, the Oklahoma Transit Association, and Oklahoma Healthy Aging Initiative to increase transportation, health promotion and nutrition for older Oklahomans.
- Prepare, publish, and disseminate educational materials on the SDOH, which affects the health and economic welfare of older Oklahomans.
- Partner with the Oklahoma Department of Health to provide training for the AAAs and older Oklahomans on the importance of health screenings, immunizations, and mitigation of disease.

Performance Measures

- *Number of trainings provided about health screenings, immunizations and mitigation of disease*
- *Number and type of educational resources distributed to providers and community partners*
- *Increase in number of Title III participants from underserved and under-represented populations receiving services*

Outcomes

- *Short term: Increased understanding of the SDOH and how to reach underserved and under-represented populations to address their specific concerns.*
- *Intermediate: Improved service planning to address SDOH for older Oklahomans.*
- *Long-term: Integration of policies and procedures so that underserved and under-represented populations receive services.*

Objective 2: Enhance the identification and tracking of individuals with the greatest social and economic need by implementing and utilizing an updated, integrated and more efficient database system.

Strategies

- Upgrade or replace legacy systems with an integrated database.
- Use demographic and service data to identify underserved populations and geographic gaps, then prioritize services accordingly.
- Map service utilization against population needs (income, rural status, minority status)
- Utilize OAA programs and community partnerships to extend reach into identified underserved communities.

- Ensure service providers are trained, equipped and accountable for reaching the underserved populations.
- Use data to inform continuous improvement and policy decisions, including educating local and state government officials.

Performance Measures

- *Increased percentage of OAA clients with complete required data fields*
- *Increase in number of individuals identified as high need*
- *Number of providers who are trained and equipped to reach underserved populations*

Outcomes

- *Short-term: Increased knowledge where the underserved populations of older Oklahomans are located.*
- *Intermediate: Service providers are better equipped to reach underserved populations.*
- *Long-term: Underserved older Oklahomans are aware of and can access needed services.*

Objective 3: Increase awareness and utilization of OAA resources and services among older Oklahomans living with HIV/AIDS through targeted outreach, education and partnerships.

Strategies

- Partner with the Oklahoma AIDS/HIV Coordination and Information Services (ACIS) to educate the AAAs and their providers about AIDS/HIV prevalence in older Oklahomans and their unique needs.
- Educate ACIS on the OAA services available to the AIDS/HIV older population.
- Ensure AAAs and their providers have informational materials available for older AIDS/HIV Oklahomans.
- Build referral networks between HIV/AIDS service providers and aging services.

Performance Measures

- *Number of awareness events held*
- *Number of new partnerships established with ACIS*
- *Number of OAA staff trained on HIV/AIDS issues affecting older Oklahomans*
- *Number of referrals made between agencies*

Outcomes

- *Short-term: Increased awareness of and access to services and resources for older Oklahomans living with HIV/AIDS.*
- *Intermediate: Improvement in the number of older Oklahomans living with HIV/AIDS accessing available OAA services.*
- *Long-term: Improved quality of life for older Oklahomans living with HIV/AIDS.*

State Goal #3

Provide a coordinated, person-centered system of in-home and community-based long-term care services that is responsive to the unique needs, preferences, and goals of older Oklahomans, promoting independence, enhancing quality of life, and empowering individuals to remain active, engaged, and safely supported in their homes and communities for as long as possible.

Objective 1: Facilitate a comprehensive, coordinated long-term care system that empowers older Oklahoman to receive quality services in their preferred settings, delivered in a manner that is responsive to their individual needs, values and preferences.

Strategies

- Build and strengthen partnerships with community-based programs that primarily serve the aging population, including but not limited to Villages OKC, Oklahoma Alliance on Aging, Oklahoma Healthy Aging Initiative and United for Oklahoma
- Enhance care coordination and system navigation by integrating a Community Care Hub within the AAAs.
- Actively involve older Oklahomans and their families in person-centered care planning.
- Ensure access to a full continuum of services, including in-home care, community-based services, assisted living and nursing facilities.

Performance Measures

- *Number of older adults receiving care in their preferred setting*
- *Number of older Oklahomans able to access needed services*
- *Number of Community Care Hubs*
- *Number of partnerships established with community-based organizations*

Outcomes

- *Short-term: Increased awareness of available long-term care services among older Oklahomans and their families.*
- *Intermediate: Increased utilization of home-and community-based services.*
- *Long-term: Sustained ability for older Oklahomans to age in place safely and independently.*

Objective 2: Ensure Aging Agencies on Aging coordinate community-based long-term care services for older Oklahomans at home, at risk of institutionalization or transitioning back from facilities.

Strategies

- Strengthen partnerships with AAAs, healthcare providers, long-term care facilities and community organizations.
- Educate the partners within the aging field about the options available to older Oklahomans at home, at risk of institutionalization or transitioning from facilities.
- Improve care coordination and person-centered transition planning.
- Enhance information and referral systems for timely service navigation.

Performance Measures

- *Number of partnerships between AAAs, healthcare providers, long-term care facilities and community organizations*
- *Number of nursing facility residents transitioned back to home/community settings*
- *Average time from referral to service initiation for community-based supports*

Outcomes

- *Short-term: Organizations working in the aging field have an increased knowledge of options available to older Oklahomans.*
- *Intermediate: Greater engagement of older Oklahomans in managing their own care and supports.*
- *Long-term: Stronger, more coordinated long-term care system statewide.*

Objective 3: Integrate aging network services with HCBS funded by Medicaid and other entities to create a coordinated,

person-centered system that improves access, reduces duplication, and enhances outcomes for older adults and individuals with disabilities.

Strategies

- Develop and maintain agreements between the aging network, Medicaid agencies, managed care organizations, and other HCBS providers to define roles, referral pathways, and shared goals.
- Coordinate with partners, such as the Oklahoma Healthcare Authority, to streamline eligibility, screening, and intake processes across aging and Medicaid HCBS systems, reducing duplication and simplifying the processes for older Oklahomans.
- Establish secure data-sharing agreements and improve system interoperability to support real-time referrals, track service utilization, and identify gaps in care.
- Provide joint training opportunities for aging network staff, Medicaid HCBS providers, and partner organizations to increase understanding of each system's services, eligibility, and processes.

Performance Measures

- *Number of agreements between the aging network and Medicaid HCBS partners*
- *Number of trainings provided to increase understanding of each organization's systems*
- *Reduction in number of duplicate eligible assessments*
- *Number of partners using shared referral or data systems*

Outcomes

- *Short-term: Increased understanding of how the aging network works together for the betterment of older Oklahomans.*
- *Intermediate: Improved process for referrals within the aging network and HCBS partners.*
- *Long-term: Increased ability for older Oklahomans to remain in their home and communities.*

State Goal #4:

Ensure that Oklahoma caregivers have timely and equal access to comprehensive information, services, and resources that are responsive to their specific needs, enabling them to effectively support older adults while maintaining their own health, well-being, and economic stability.

Objective 1: Educate communities and caregivers about the benefits of self-care.

Strategies

- Invite healthcare professionals from the Oklahoma Department of Health and Oklahoma Healthy Aging Initiative to explain caregiver stress, burnout and self-care.
- Develop brochures explaining the importance of self-care; signs of caregiver burnout and available respite services and support groups.
- Organize educational workshops in community centers, churches, and workplaces
- Include education on Family Caregivers and Grandfamilies and Kinship Families
- Teach caregivers to develop self-care plans, including: taking breaks, asking for help and practicing stress-relief activities.

Performance Measures

- *Number of educational workshops held*

- *Number of trainings for caregivers on self-care*
- *Number of brochures distributed*

Outcomes

- *Short-term: Increase awareness of self-care for caregivers.*
- *Intermediate: Increased use of caregiver support services.*
- *Long-term: Better long-term care sustainability for caregivers.*

Objective 2: Strengthen services and support for family, grandfamilies and kinship caregivers

Strategies

- Ensure caregivers can obtain respite services that meet their unique needs through providers of OAA services and other respite programs within the State, including Lifespan Respite.
- Organize educational trainings or workshops for caregivers, providing them with specific skills and resources. Partners in this could include the Savvy Caregiver Program, CareAcademy and the American Red Cross.
- Ensure sufficient resources are available to caregivers, including nutritious food, adequate transportation and advanced technology.

Performance Measures

- *Number of educational trainings/workshops geared to the specific needs of caregivers*
- *Number of providers of services for caregivers*
- *Number of resources available for caregivers*
- *Number of caregivers utilizing resources*

Outcomes

- *Short-term: Increased caregiver knowledge and skills.*
- *Intermediate: Increased utilization of caregiver support services.*
- *Intermediate: Strengthened caregiver support network.*