

Executive Summary

In 1963, the State of Oklahoma created the Special Unit on Aging (SUOA) as part of what was then known as the Department of Public Welfare in order to serve as the state's designated agency for administering programs under the Older Americans Act (OAA). The Department of Public Welfare transformed over time in the Oklahoma Human Services of today. In 1983, the state expanded on services for the elderly by creating the Division of Aging Services which eventually became known as the Aging Services Division, with the SUOA operating within that division. In 2019, the Aging Services Division merged with Adult Protective Services to form the Community Living, Aging and Protective Services (CAP) division in order to better represent and assist older Oklahomans and vulnerable adults.

Oklahoma, as with the rest of the nation, is experiencing unprecedented growth in the over 60 population (also known as "seniors") and in the over 80 population (also known as "super seniors"). The 2020 Census reflects Oklahoma is home to 3,986,539 residents, an increase of over 208,000 in the last ten years. There are approximately 875,877 adults age 60 and older in Oklahoma and approximately 140,000 adults age 80 or older. By 2030, the population of older Oklahomans is projected to increase by 21.3%, and for the first time in the known history of our state, seniors are expected to outnumber children. However, even as the population of older Oklahomans expands, the state continues to face many challenges in providing sufficient programs for Oklahomans to be safe and comfortable while retaining personal choice in how they live their senior years.

SUOA will continue its mission to provide a variety of innovative and impactful programs and services in order 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 better assist our aging population. Our Aging Network will continue to advocate and educate, to provide services necessary to keep older adults in the environment of their choice, to provide oversight to maintain quality services and care, and to support promising, sustainable programs. As part of the SUOA's accountability for Older Americans Act 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) and as a roadmap for the implementation of programs for Oklahomans as they age.

Under the Older Americans Act, the SUOA coordinates a comprehensive array of services that benefit older Oklahomans, their families, and their caregivers. These services are made available through a network of eleven 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 each of their respective planning and service areas.

In order to determine what the future needs are for older Oklahomans, CAP held focus groups with community stakeholders in 2021. Results from these focus groups aided

CAP and SUOA in determining the strengths and weaknesses in implementing existing programs, identifying gaps in services, and brainstorming creative alternatives for future services. The focus groups noted that previous methods of providing services may need to be revamped in order to provide equitable opportunities for all. Many service concerns identified previously have worsened under necessary pandemic protocols, such as with nutrition services, transportation, behavioral health/mental health services, access to sufficient healthcare and medical equipment, and total overall wellness. Partnerships with local resources and other state agencies have changed dramatically as well due to COVID. Many organizations have had to change focus from development of new services to efforts at retaining and training staff, purchasing PPE, making improvements in facilities to minimize potential spread of COVID, and having to pay drastically increased costs for salaries, supplies, and operational expenses.

Oklahoma has a diverse population of older adults with different needs, and the Aging Network, including CAP and the SUOA, must be prepared to serve those needs effectively. This is especially true as the pandemic appears to be winding down, and the Aging Network must once again adapt to changing circumstances. Through it all, the Special Unit on Aging will continue to provide technical support, conduct research on national best practices, and assist the Area Agencies on Aging to implement quality programs.

Goals

Over the next four years, the Special Unit on Aging will focus on the following goals:

GOAL 1: Promote excellence and innovation in the delivery of core Older Americans Act Programs to meet the unique and diverse needs of older Oklahomans and family caregivers.

GOAL 2: Prepare for emergencies and disasters to improve outcomes for older Oklahomans and their caregivers.

GOAL 3: Strengthen equity in all aspects of services for the target populations through collaborations and networking.

GOAL 4: Enable older Oklahomans and their caregivers to remain in their homes through the provision of home and community-based services.

GOAL 5: Strengthen and increase services and supports for caregivers.

Context

Community Living, Aging and Protective Services (CAP) of Oklahoma Human Services develops a State Plan on Aging as required under the Older Americans Act. The plan is a contract with the Administration for Community Living (ACL) so the state of Oklahoma may receive funds for Title III and Title VII of the Act. These funds enable CAP to administer services across the state for persons 60 and older.

CAP has developed a State Plan which will emphasize independence, choice, service delivery and efficiency, as well as promote community-based systems with a focus on equity for older Oklahomans. In developing the State Plan, CAP collected pertinent information about aging in Oklahoma from community focus groups and stakeholders representing underserved populations. From these sources, CAP determined how our services are viewed statewide, what services are effective in their present state, what services need improvement or implementation, and what needs to occur now to prepare for the future of aging in Oklahoma.

Overview of Oklahoma's Aging Network

The Older Americans Act Program is one part of the overall Aging Network in Oklahoma and works to coordinate services to meet the needs of all older Oklahomans.

Community Living, Aging and Protective Services

CAP is the division of Oklahoma Human Services (OHS) that has aging issues as the primary focus. In 2019, Aging Services and Adult Protective Services were merged into one division, and shortly thereafter, the name of the division was changed to more accurately reflect three core principles of the agency: allowing 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.

As a division of OHS, CAP participates in some system-wide initiatives that impact the service programs in a positive, beneficial way. One of those is, quite simply, HOPE. OHS has embraced the science of Hope as presented by University of Oklahoma professor Chan Hellman as being a measurable predictive indicator of well-being in a person's life that can help address and overcome past and current trauma. On an organizational level, it has the power to help overcome worker burn-out, improve retention, and increase job satisfaction. This concept has also been converted into action through the development of 52 Community HOPE Centers to address wellbeing during the pandemic and is looking to develop a model specifically designed for seniors.

Another system-wide initiative that has been implemented is known as Be a Neighbor. This platform helps to facilitate coordination between state assistance programs, non-profit organizations, and local volunteers in helping those in need. During the pandemic, volunteers from Be a Neighbor helped continue meal services for seniors when a few

areas were particularly hard-hit causing a lack of sufficient personnel to safely operate. They have also helped to coordinate food bank deliveries for seniors living in areas without many grocery options during the pandemic, and they have even assisted in helping seniors get to necessary medical appointments when transportation was limited.

Within CAP, there are multiple programs that are part of the Aging Network in Oklahoma.

Special Unit on Aging

The Special Unit on Aging is responsible for implementing the Older Americans Act programs and Senior Community Employment Services Program (SCSEP). The unit works closely with Oklahoma's 11 Area Agencies on Aging to support a comprehensive set of services. While the AAAs provide or contract for direct services to seniors and people with disabilities across Oklahoma, CAP coordinates distribution of federal and state funds, provides training and technical assistance, and ensures statewide oversight and coordination for Older Americans Act and related programs.

In July 2014, the Governor designated Oklahoma Department of Human Services Aging Services (now known as CAP) as the administrator of SCSEP. SCSEP serves adults aged 55 and older who have income below 125% 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. An ombudsman helps improve the quality of life and the quality of care available to long-term care facility residents.

Community Engagement and Coalitions Unit

Adult Day Services – There are currently 23 state funded Adult Day centers in Oklahoma with a few others active under different programs (such as PACE). These centers provide a safe place for seniors needing a little extra 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.

Lifetime Respite Program – CAP and the Community Engagement and Coalitions Unit has been awarded a grant from the Administration for Community Living which will allow the Lifespan Respite Program to continue for another three years. This program provides a respite voucher for family caregivers who do not qualify for other voucher programs.

Oklahoma Caregiver Coalition/OKCares (OCC) – This program's mission is to improve

the supports and experiences over the lifespan of family caregivers through education, advocacy, and access to resources. The OCC has a collection of over 100 public and private partners striving to develop and sustain various areas of support for primary caregivers. The OCC partners have produced a strategic plan to determine goals and objectives in addressing the needs of Oklahoma family caregivers.

Medicare Improvement for Patients and Providers Act (MIPPA) – MIPPA supports state 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.

Aging and Disability Resource Consortium Initiative – This group collaborates and coordinates the disability and aging networks to develop and streamline access to supportive services for older adults, people with disabilities, caregivers, and veterans across all income levels. The most recent initiatives have included supporting the vulnerable Oklahoma population to mitigate COVID related issues.

Medicaid Services Unit

ADvantage Waiver is a Medicaid funded program that serves seniors age 65 and older and adults with physical disabilities age 21 and older. It allows members who are staying in their homes to receive services such as case management, personal care, home delivered meals, prescriptions, specialized medical equipment and supplies, 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 with such daily needs as bathing, grooming, hair care, preparing meals, laundry, light housekeeping, errands, and mobility assistance. Medical eligibility is determined and needs are identified during a comprehensive assessment conducted by a DHS nurse.

Adult Protective Services

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

Area Agencies on Aging

The Special Unit on Aging partners with eleven (11) Area Agencies on Aging (AAAs) that are the principal developers, coordinators, and contractors with Older Americans Act 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.

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 include professionals from across the Aging Network and affiliated agencies and organizations as well as many seniors who participate in services offered.

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 Older Americans Act and the Oklahoma Administrative Code OAC: 340:105-10-12. The SCoA is composed of thirty (30) members plus an Advisory Board pulled from other agencies and social interest groups concerned with aging issues as well as actual 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 coalition of aging organizations and interested individuals which sometimes advocate together on behalf of older Oklahomans. The organization originally formed to strengthen the voice for seniors at the Capitol and provide real world input for legislators to counter for-profit lobbyists. They engage in in-depth legal research and analysis to assist others in understanding proposed bills and the impact they may have on older Oklahomans.

Oklahoma Aging Demographics

The services offered through the Older Americans Act are intended for older Oklahomans who are 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 people who are 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 3,986,539 residents, and the average per capita income was \$29,873 in 2020.¹ There are approximately 875,877 adults age 60 and older.² Of that number, approximately 140,000 are over the age of 80. This is significant as historical data has shown that seniors (60+) tend to only need 1-2 services to attain sufficient assistance to remain safely in their homes, but super seniors (80+) need 3-5 services to reach that same level of safety. Comparing data from the 2010 Census and the 2020 Census, Oklahoma's overall population increased by approximately 202,000 people. Of that number, over 112,481 are age 65 and over. Out of 77 counties in Oklahoma, only three reflected a loss in the older population. The largest increase was seen in Canadian County with a 56.8% increase in the population age 65 and over. By 2030, the population of older Oklahomans is projected to increase by 21.3%.³ 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 Older Americans Act access services through Information & Assistance (I&A), outreach, case management, 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 2017 report from AARP, there are approximately 530,000 informal caregivers in Oklahoma. These caregivers provide 440 million hours of care that would cost \$5.8 billion if provided by hired caregivers. According to data gathered by Grandfamilies.org, 109,221 Oklahoma children under the age of 18 live in homes where the head of household is a non-parent relative. Of those, 61,000 children are being raised by a relative with no parent present in the home. There are 43,383 grandparents responsible for their grandchildren in Oklahoma.⁴ 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 Care 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, parent is incarcerated, child neglect or military deployment.⁵ Oklahoma has the third highest incarceration rate in the United States.⁶

¹ "U.S. Census Bureau Quickfacts: Oklahoma City City, Oklahoma; Oklahoma". Census Bureau Quickfacts,

2022, <https://www.census.gov/quickfacts/fact/table/oklahomacitycityoklahoma,OK/INC110220>.

² "AGID - Custom Tables - State-Level Population Estimates Data: Results". Agid.Acl.Gov, 2019, https://agid.acl.gov/CustomTables/Pop_State/Results/.

³ "AGID - Custom Tables - State-Level Population Estimates Data: Results". Agid.Acl.Gov, 2019, https://agid.acl.gov/CustomTables/Pop_State/Results/.

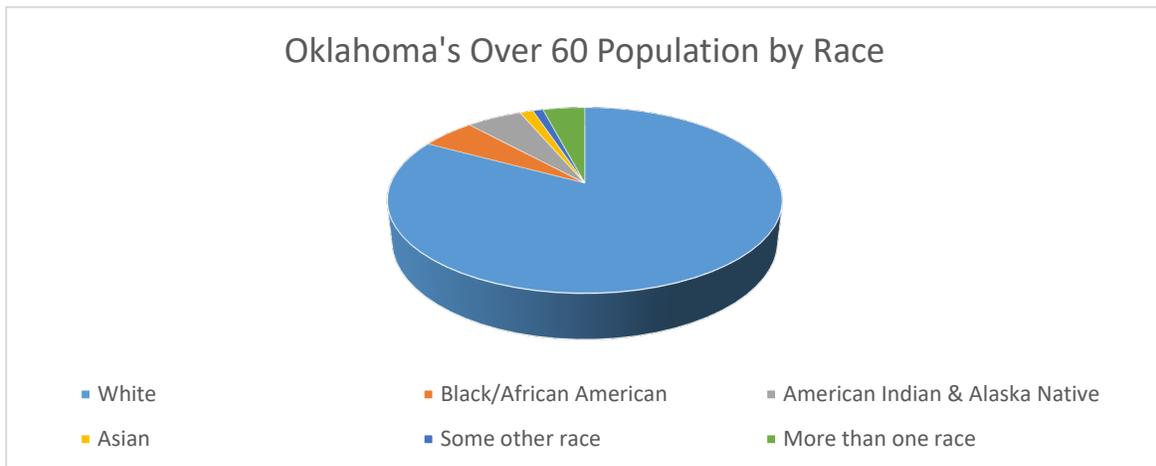
⁴ Grandfamilies.Org, 2021, <http://www.granfamilies.org/Portals/0/State%20Fact%20Sheets/Oklahoma%20GrandFacts%20State%20Fact%20Sheet%202021%20Update.pdf>.

⁵ Turner, Terry. "Grandparents Raising Grandchildren: A Health Guide". Retireguide, 2022, <https://www.retireguide.com/guides/self-care-raising-grandchildren/>.

⁶ "Prison Population By State 2022". Worldpopulationreview.Com, 2022, <https://worldpopulationreview.com/state-rankings/prison-population-by-state>.

Oklahoma is unique as there are 39 tribal nations, according to the Oklahoma Historical Society. Oklahoma is the second highest state in the nation in both percentage of population and total number of population within Native American tribes as recognized by the World Population Review. The states with the largest Native American/Alaska Native populations are California (757,628), Oklahoma (523,360), and Arizona (391,620).⁷

Older Oklahomans (Age 60 & over) are predominantly white (82.8%). In terms of Oklahoma's older minority population, the largest minority groups are Native American/Alaskan Native and Black or African American. Here is a summary of the population distribution for several race / ethnic groups as reported by the American Community Survey, Table S0102, 2020:



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. Lack of social connection heightens health risks as much as smoking 15 cigarettes a day or having alcohol use disorder.⁸ In 2020, Oklahoma ranked 41st for the risk of social isolation.⁹ The factors taken into consideration for this included disability, marital status, difficulties with independent living, and poverty.

⁷ "Native American Population 2022". Worldpopulationreview.Com, 2022, <https://worldpopulationreview.com/state-rankings/native-american-population>

⁸ Novotney, Amy. "The Risks Of Social Isolation". <https://www.apa.org>, 2019, <https://www.apa.org/monitor/2019/05/ce-corner-isolation>

⁹ "Explore Risk Of Social Isolation - Ages 65+ In Oklahoma | 2021 Senior Report". America's Health Rankings, 2020, https://www.americashealthrankings.org/explore/senior/measure/isolationrisk_sr/state/OK.

Disability in Oklahoma

With overall increased life expectancy, the population of adults over the age of 60 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 should be counted as having a disability. The questions attempt to measure six aspects of disability, including: mobility, cognition, independent living, hearing, vision, and self-care.

As measured by the American Community Survey in 2019, older Oklahomans have a slightly higher disability rate than the rest of the nation.

Older Individuals (60 & Over) with a Disability – Estimated, 2020

Total Population	<u>United States</u>	<u>Oklahoma</u>
With Any Disability	12.7%	16.1%

In Oklahoma, 16.1% (622,449) of the total population have one or more disabilities. For persons age 60 and over, the percentage with disabilities increases to 37.4%. Persons with disabilities are living longer and are becoming a significant part of Oklahoma's population. Often, persons with disabilities are relying more and more on family caregivers.

Income and Poverty

In Oklahoma, approximately 85,672 older Oklahomans have an annual income that is below the poverty level. The following table shows the estimated percentages for Oklahoma compared to the nation as a whole:

Older Individuals (60 & Over) and Poverty Status – 2019

	<u>United States</u>	<u>Oklahoma</u>
Below 100% of the Poverty Level	9.53%	10.11%

Below 125% of the Poverty Level	13.35%	14.70%
Below 150% of the Poverty Level	17.34%	19.2%

Source: Aging Independence, and Disability Program Data Portal, 2019

Aging and Health

Oklahomans face a number of chronic health problems that are directly related to factors known collectively as social determinants of health. These contribute to health issues such as obesity, heart disease, lung disease, and diabetes. The 2021 American’s Health Report for Seniors ranked states in several categories of social determinants of health, and Oklahoma was ranked in the bottom half of these listed.

Older Individuals (65 & Over) Oklahoma Rankings for 2021

Social and Economic Factors	45
Physical Environment	32
Behaviors	48
Health Outcomes	43
Clinical Care	34

To help understand what this means, the types of actions or qualities considered for each of these categories are defined as follows:

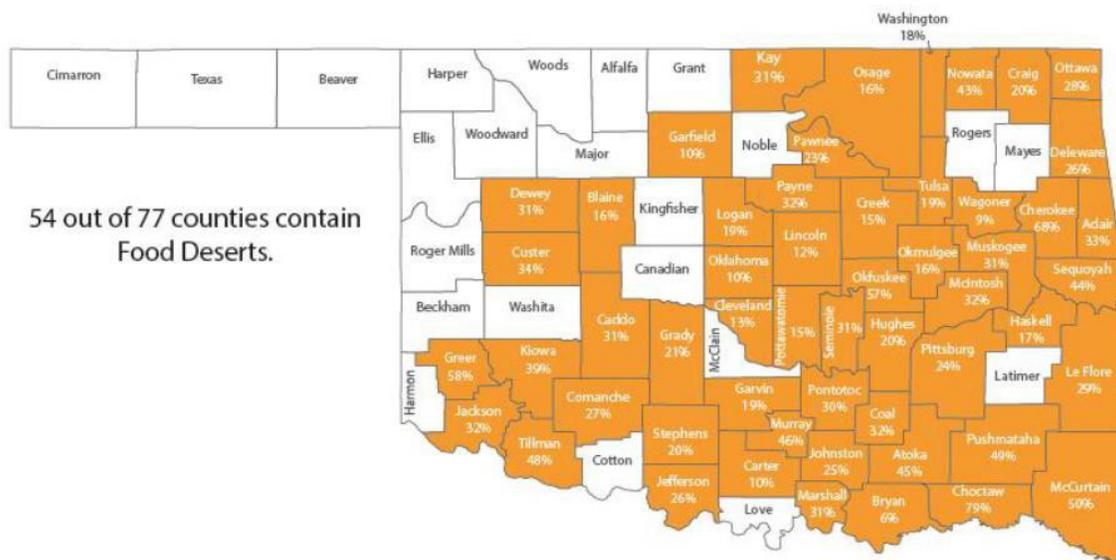
- Social and Economic Factors include violent crime, food insecurity, poverty, education, risk of social isolation and high-speed internet access.
- Physical Environment includes air and water quality and housing problems.
- Behaviors includes exercise, sleep, smoking and fruit and vegetable consumption.
- Health Outcomes includes cognitive difficulty, depression, suicide, falls, obesity and mortality rates.
- Clinical Care includes access to care, preventive clinical services, immunizations, hospice care and nursing home quality.

The report indicates Oklahoma had identifiable strengths in a low prevalence of excessive drinking, high flu vaccination coverage, and a low prevalence of severe housing problems.¹⁰ The challenges identified were a high prevalence of physical inactivity, high early death rate, and high prevalence of food insecurity. The report also highlighted areas where the numbers have increased in the past four years. Those areas included high-speed internet access increased from 64.9% to 74.1%, and the number of geriatric providers increased 30%.

Oklahoma was ranked 44th for the specific issue of Food Insecurity, and that is a major concern when one considers most of Oklahoma is a food desert. The USDA defines a food desert as an area of low access to food combined with low-income. Low access is defined as at least 500 people or 33 percent of the population living more than one mile in urban areas or ten miles in rural areas from the nearest supermarket, supercenter, or large grocery store. Low-income is defined as an area with either a poverty rate of 20 percent or more, a median family income of less than 80 percent of the state-wide median family income, or a metropolitan area with a median family income of less than 80 percent of the surrounding metropolitan area median family income. 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. The map below is provided by a report compiled by the Oklahoma Food Banks in 2017.

10 "Senior Report 2021". Assets.Americashealthrankings.Org, 2021, <https://assets.americashealthrankings.org/app/uploads/2021-senior-report.pdf>.

Food Deserts | Population Percentage



Older Americans Act Data

Title III – Home and Community Based Services

In federal fiscal year 2021, services were provided to 27,015 individual older Oklahomans. These services included congregate meals, home-delivered meals, caregiver support, homemaker services, transportation, and legal assistance. Of those served, 21.2% were minorities and 16.3% were living alone. Information and Assistance (I&A) services nearly doubled during FY21, increasing units of service from 21,386 to 41,013. Increased calls were attributed to important issues compounded by the pandemic such as vaccinations for COVID-19, food assistance programs, and legal assistance. All of the 172 congregate meal sites across the state transitioned to drive through meals or home delivered meals during the pandemic which allowed the older population to limit their exposure in public and keep their homes virus-free. A total of 2,555,302 meals were served in FY21.

Focus Groups

To gather input and data for this State Plan, four focus groups were conducted. The first three groups were tasked with analyzing a broad range of Older Americans Act and aging topics to bring each attendee's unique perspective to the discussion. These three focus groups were comprised of members of the aging community and staff members of organizations who work with the aging community. The fourth focus group was comprised of staff from organizations who provide services to those who are HIV+, where they provided input on services specific to older Oklahomans living with HIV. Each focus group was also attended by employees of Community Living, Aging and Protective Services (CAP) and the State Unit on Aging (SUOA), who only spoke when asked specific questions addressed to them.

The focus groups identified gaps in services for older Oklahomans in the areas of nutrition, transportation, behavioral and mental health, and healthcare. The participants indicated there was a lack of awareness of services, both for the general public and for older Oklahomans. The focus groups recognized staffing issues, including education and training of potential and current staff, and shortages of staffing. Shortages of staffing greatly affected services during the pandemic. Staffing was spread thin due to outbreaks of COVID, plus some staff left for higher paying positions. The focus groups acknowledged the need for more partnerships and collaborations with state agencies and with local community organizations, which would better serve the needs of older Oklahomans. The focus groups addressed issues with baby boomers, including needing to provide services for baby boomers who work well into their seventies. Providing innovative services for this population will be crucial.

When asked about solutions to the issues, the focus groups were all in agreement that increased funding is needed. Other solutions were to increase flexibility in funding and policy requirements. Allowing for opportunities for innovative ideas and allowing for movement of funding from one source to another would help (C1 and C2 funding in particular). An investment in infrastructure and equipment was also noted as many critical items are broken, obsolete, or worn out in all programs across the state.

When writing the goals and objectives for the 2023 – 2026 State Plan, the CAP and SUOA team was mindful of the concerns brought up in the focus groups while addressing the key priorities. The Key Topic Areas section will briefly touch on each area where specific goals were not set.

Key Topic Areas

Older Americans Act Core Programs

The Older Americans 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 Older Americans Act 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 need, with particular attention to low income and minority individuals and those who are frail, homebound, or otherwise isolated.

To meet the mandate as the sole agency of Oklahoma for administration of Older Americans Act programs, the Special Unit on Aging (SUOA) works with 11 Area Agencies on Aging (AAAs) for the planning, advocacy, and development of Older Americans Act services across the state. The SUOA provides coordination regarding distribution of funding, training, and technical assistance, as well as ensures statewide oversight and accountability for Older Americans Act programs. CAP and SUOA conduct quarterly meetings with the AAA Directors to discuss pertinent issues, successes, and newer initiatives. The AAAs then build on this foundation by providing the oversight and accountability for sub-grantees (service providers) who provide Older Americans Act services at the local level. Current services in Oklahoma under the Older Americans Act include:

- **Outreach:** Provided as a direct service by some AAAs and by service providers at the local level statewide. Outreach seeks out and identifies older Oklahomans and assists them with gaining access to needed services.
- **Coordination of Services:** Provided at the local level. This service is currently only offered in two planning and service areas and provides for administration of services not paid for by Title III funds.
- **Information and Assistance:** Provided by the State and at the AAA level. Usually, the first contact an older Oklahoman has is with the I&A staff. They provide information on available services and know what resources are available in their area.
- **Long-Term Care Ombudsman:** State and AAA level (see more about this program in the Long-Term Care Ombudsman section).
- **Supportive Services:** Service provided at the local level, including transportation, legal assistance, homemaker, and chore services. These supportive services are often crucial for older Oklahomans to remain independent in their homes.
- **Transportation services** includes trips to medical appointments, grocery shopping and congregate meal sites. Homemaker and chore services provide assistance in and out of the home with tasks that may be too difficult for the senior to safely do. Legal assistance includes civil matters such as evictions, guardianships, and scams.
- **Senior nutrition:** Service provided at the local level; includes 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 the participants who are disabled, homebound, and have no one available to provide assistance with meal preparation. The congregate sites also provide opportunities for socialization and group activities.

- Health Promotion: Provided at the AAA and local levels, includes evidence-based programs to support healthy aging and disease prevention for older adults. There are also several County Health Departments and local community organizations that implement these programs with no grant funding.
- Family Caregiver Support Programs: Provided by AAAs and at the local level, this includes information services, access assistance, counseling, support groups, training, respite, and supplemental services for caregivers. To address an increased need for Respite Care across the state, SUOA works with the Lifespan Respite Grant Voucher Program, funded by ACL. The Lifespan Respite Grant Voucher program provides respite services for caregivers who do not qualify for other respite programs, including OAA respite voucher programs.
 - The SUOA also utilizes information on OKCares.org. Started in 2021, their mission is to improve the supports and experiences over the lifespan of family caregivers through education, advocacy and access to resources. The website provides a respite locator and a caregiver support group locator. The coalition is in the process of adding caregiver resources to their website.

The Special Unit on Aging is continuing our partnership with the National Foundation to End Senior Hunger (NFESH). Over the next few years, NFESH will provide educational trainings through their Senior Center Community College to SUOA staff, AAAs and their project staff. The topics include: Older Americans Act, Food Safety and Waste, Fundraising, Human Resources, and Finance. NFESH will develop specific courses for Oklahoma starting with a course on policy. All courses are provided virtually, and individuals are able to go through each course at their own pace. SUOA realizes the importance of educating our staff, AAA staff, and project staff and, after analyzing the best practices for trainings, felt this was the best option for this type of training. SUOA will continue to offer in-person trainings when warranted, but after listening to our partners' concerns about the time and cost for in-person trainings, it was decided to utilize this service in order to best ensure continued education. SUOA looks forward to partnering with NFESH on future projects.

Title VI

The Aging Network does its best to coordinate with tribes and the tribal programs. The AAAs coordinate with tribes in a variety of manners based on local circumstances. Quite a few AAAs have tribal representation on their Advisory Councils. The communication continues with contact to many tribal staff members via email correspondence, community event invites as well as meeting updates and general program information.

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 travel to tribal complexes for Medicare 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 and present information along with leaving brochures.

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

The Older Americans Act 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 (OSLTCO) and to designate a person to serve on a full-time basis as the State Long-Term Care Ombudsman (SLTCO) to administer the program. 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 the residents in protecting their rights, health, safety, and welfare.
- Informs the residents about the means of obtaining services.
- Ensures that the residents have regular and timely access to the services of the Ombudsman Program and timely response to complaints.
- Represents the interests of the 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 any changes in such laws, regulations, policies and actions as the Office determines to be 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 OSLTCO provides for the education and training of professionals, volunteers, and older individuals concerning their 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 and 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 OSLTCO is actively involved in Legislative advocacy 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.

The OSLTCO's consultation and assistance to a variety of advocacy groups and agencies/ programs includes advocacy on efforts to prevent, detect, assess, intervene, and/or investigate elder abuse, neglect, and financial exploitation. Collaborations within the aging network allow the OSLTCO to partner with law enforcement, adult protective services, and other agencies and community groups to educate community and faith-based groups related to the prevention, identification, and investigation of elder abuse, neglect, and financial exploitation.

Ensuring Incorporation of the New Purpose of Nutrition Programming to include Addressing Malnutrition

The Special Unit on Aging will seek out educational tools and share these with the AAAs and other aging related organizations regarding hunger, food insecurity, and malnutrition. The SUOA will encourage the AAAs and their registered dietitians to address food insecurity and malnutrition as part of the required nutrition education provided to both congregate and home delivered meal participants.

Age and Dementia Friendly Efforts

The Special Unit on Aging will seek out educational tools and make presentations to the AAAs and other aging related organizations regarding the prevention, detection, and treatment of mental disorders, including age-related dementia, depression, and Alzheimer's disease. SUOA will also explore what it means to be a Dementia-Friendly Community and share the information with communities and partners across the state.

Screening for Fall Related TBI

With a growing number of older adults, Oklahoma faces the continued challenge of helping them to reduce the risk of falls and prevent and manage chronic conditions including mental health needs like depression and anxiety. Evidence-based disease prevention and health promotion programs have been demonstrated through evaluation and published results to be effective in improving health and wellbeing, as well as reducing disease, disability, and injury for older adults. Service providers across the state currently offer a variety of programs addressing falls prevention, physical activity, chronic disease self-management, and diabetes self-management programs.

Improving Coordination between the Senior Community Service Employment Program (SCSEP) and other OAA programs

The Senior Community Services Employment Program (SCSEP) was added to SUOA administration beginning 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 below 125% of the federal poverty level; are unemployed; are residents of Oklahoma; and have poor employment prospects. There are two national partners who cover an additional 45 counties in Oklahoma, leaving 3 counties unserved by the SCSEP program due to their minimal population. SCSEP has assisted 224 individuals in the past two years. The SUOA has plans for 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.

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

The agency that provides assistive technology is Oklahoma ABLE Tech. They assist individuals with a disability in the selection, acquisition, or use of an assistive technology device. The FY24-26 Area Plans submitted by the AAAs will include information regarding State assistive technology and how they will distribute information to older adults in their area. Several AAAs across the state currently work with Oklahoma ABLE Tech, providing informational and demonstration seminars and helping older Oklahomans access the available assistive technology.

COVID-19

Providing Trauma-Informed Services

The pandemic has brought to light the trauma some older Oklahomans face, whether it be fear of COVID-19, lack of socialization by not being able to participate in regular daily activities, or dealing with the passing of loved ones due to the pandemic. The Special Unit on Aging will seek out information about trauma-informed care and receive training from professionals on how to recognize and understand the paths for recovery. This training will also be made available to AAAs and their staffs.

Screening for Suicide Risk

The SUOA will consult with mental health professionals and become familiar with prevention of depression and screening for suicide risk. Coordination efforts will be made with community mental and behavioral health services to provide educational activities regarding depression and recognizing suicide risks and the referral process. The educational activities will be made available to SUOA and AAA staffs.

Expending American Rescue Plan Funding and Any Other COVID-19 Supplemental Funding Still Available for Expenditure

The AAAs in Oklahoma will continue to spend the American Rescue Plan (ARP) funding through FY24. Some programs being offered by the AAAs with ARP funding includes

expanding current nutrition services (both congregate and home delivered meals). Personal care services have been added as there was a need for assistance with bathing and other personal care for visually impaired older Oklahomans. One AAA is researching the possibility of utilizing a Mobile Farmers Market in their area. Several AAAs used ARP and other funding to purchase consumable goods and consumable medical supplies (groceries, toiletries, incontinence supplies) as a type of shopping service for their participants. These services will continue until the funds are expended. The AAAs are looking for other sources of funding to continue these services past FY24.

Incorporating Innovative Practices Developed During the Pandemic that Increased Access to Services Particularly for Those with Mobility and Transportation Issues and Those in Rural Areas

During the pandemic, older Oklahomans were sheltered-in-place and limited their exposure to the public. Some of the AAAs provided services virtually for services such as caregiver support groups and health promotion classes.

Some transportation providers delivered meals to the older Oklahomans who had previously received rides to the meal sites. Some providers provided what are now known as 'wellness checks.' They called home-bound participants to check on them weekly or monthly, not only to see if they had any needs but to spend some time talking with them to check on their well-being.

Equity

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

The Special Unit on Aging is committed to implementing person-centered models as part of services provided through the Older Americans Act. Outreach targets culturally diverse, un-served and underserved populations, their family caregivers, and the professionals who serve them. Some AAAs are providing Outreach services as a direct service and have improved person-centered approaches thereby ensuring older adults – and in particular, underrepresented older adults - are included in the determination of services and how the services are received. In coming years, Aging Services will provide training and discuss concepts with the AAAs on Person centered models to identify all entry points for long-term services and supports and will work to develop a plan allowing all participants to access services efficiently.

The ADvantage Waiver Program, part of our local Aging Network, offers a service option for participant/consumer direction entitled Consumer Directed Personal Assistance Services and Supports (CD-PASS). This ADvantage service option allows Members to self-direct their personal care services by a) empowering the Member to become the employer and hire their own employee, a personal assistant or PSA, and b) manage a personalized employer budget. Once service plan hours are set by the

Member's Case Manager, the Member will negotiate the wage rate with the employee and develop a member-centered service schedule. Members often choose this option because they feel more comfortable being in charge of who comes into their home to assist them with their personal care needs. Additionally, Members may be able to get more consistent support for their unique needs, such as receiving supports at times that are difficult to staff by a traditional agency provider.

Expanding Access to HCBS

Working towards the Integration of Health, Health Care and Social Services Systems, including Efforts through Contractual Arrangements and Incorporating Aging Network Services with HCBS funded by other Entities such as Medicaid

The Medicaid Services Unit administers the *ADvantage* program, Oklahoma's Medicaid waiver program for aging and disabled adults. The program supports people who are financially eligible and who have been determined to need nursing home level of care to pursue the option of receiving services while remaining in their own homes. For the last 15 years, the *ADvantage* program has served more Oklahomans than are in nursing facilities and saved Oklahoma taxpayers millions each year in Medicaid costs for long term care supports and services.

Caregiving

Documenting Best Practices Related to Caregiver Support

The Special Unit on Aging will continue to identify the best practices related to caregiver support by accessing the website of the Assistant Secretary as prescribed in the Supporting Older Americans Act of 2020. The information regarding best practices will be disseminated to the AAAs and their programs.

Strengthening and Supporting the Direct Care Workforce

The FY24-26 Area Plans submitted by the AAAs will include their plan for addressing the needs of formal and informal caregivers and strengthen the direct care workforce.

Implementing Recommendations from the RAISE Family Caregiver Advisory Council

The Special Unit on Aging will review all recommendations and, over the next four years, implement the recommendations to better assist the caregivers in our state.

Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families (NTAC)

The Special Unit on Aging looks forward to the NTAC webinars and other technical assistance provided to assist Grandfamilies and Kinship Families in Oklahoma.

Goals, Objectives, Strategies & Outcomes

OAA Core Programs

State Goal

Promote excellence and innovation in the delivery of core Older Americans Act Programs to meet the unique and diverse needs of older Oklahomans and family caregivers.

Objective 1

Strengthen and expand access to Title III services by increasing transportation across Oklahoma

Strategies

- Identify existing transportation programs that serve communities across Oklahoma
- Educate AAAs on transportation programs and partnership opportunities as they become available
- Assist AAAs to identify and apply for grant opportunities that expand transportation opportunities
- Provide technical assistance to AAAs to explore and expand partnerships with transportation providers
- Provide information to the public about transportation services and options that exist in their communities

Outcomes

- AAA staff will know the number and type of transportation options in their PSAs
- AAA staff will understand eligibility criteria for accessing transportation programs
- AAA staff will be knowledgeable about available grant opportunities that increase access to transportation for their populations
- AAA staff will have an increased understanding of the types of technical assistance available regarding transportation programs
- AAAs seek assistance for increasing transportation options in their communities
- AAAs identify and apply for grant opportunities to support expanded access to transportation
- AAAs involve their service recipients in identifying gaps in existing transportation programs and services

- AAAs partner with transportation providers and services to minimize gaps and improve access
- AAAs educate older Oklahomans on all available transportation options to meet their needs and assist with referrals and applications
- More older Oklahomans have reliable transportation to meet their daily living, health care and socialization needs
- Older Oklahomans affirm a decrease in their level of social isolation
- More older Oklahomans are able to access their communities for grocery shopping and eating, resulting in a decrease in food insecurity

Objective 2

Improve partnerships between Title III programs and Title VI Native American programs to ensure vulnerable Oklahomans who are tribal members can access Older Americans Act services.

Strategies

- Educate AAAs on Title VI services in their area.
- Educate Title VI providers about Title III services across Oklahoma
- AAAs partner with Title VI providers
- Identify tribal members in each AAA area and cross reference current Title VI services, identifying gaps in services.
- Coordinate services with Title VI grantees.
- Where gaps exist, provide information to the tribal community about Title III services available in their area.

Outcomes

- Increase awareness of Title VI services
- Improve relationships of Title III providers with Title VI providers
- AAAs involve more Native Americans in Title III programs
- AAAs partner with Title VI providers
- More older Native American Oklahomans have access to Title III services

Objective 3

Enhance Oklahoma's abuse, neglect, and exploitation response and prevention by aligning efforts with essential stakeholders across the state.

Strategies

- Educate AAAs and partner agencies on elder abuse, neglect and exploitation, and how to report it.
- Coordinate with partners to educate the public on elder abuse, neglect or exploitation.
- Ensure collaborations with the aging network, Title III providers, law enforcement, health care professionals and the Ombudsman are aligned.

Outcomes

- State and AAA staff will be able to identify elder abuse, neglect and exploitation.
- Increase Oklahomans knowledge on abuse, neglect and exploitation
- The public will recognize and report abuse, neglect and exploitation
- AAA staff will be able to make referrals and report abuse, neglect and exploitation
- Less abuse, neglect and exploitation will occur across the state
- Increase number of older Oklahomans who access assistance for abuse, neglect and exploitation

COVID-19

State Goal

Prepare for emergencies and disasters to improve outcomes for older Oklahomans and their caregivers.

Objective 1

Reduce social isolation and improve mental health across Oklahoma

Strategies

- Identify organizations who specialize in social isolation and mental health for older adults, including suicide risks
- Educate AAAs on prevention and detection of social isolation and suicide risks
- Educate AAAs and partners on how assistive devices can assist with social isolation and mental health
- Support partnerships between AAAs and organizations who assist with mental health and social isolation
- Support AAAs to host social events in their communities with activities geared toward attracting isolated adults
- Review innovative practices developed during the pandemic that addressed isolation and mental health

Outcomes

- Outreach will be able to identify social isolation and negative health effects when completing an assessment
- AAAs know what assistance is available to positively impact mental health and social isolation
- AAAs will be aware of community events hosted by partners within their communities
- AAAs will recognize opportunities to partner for social interaction events within their communities
- AAAs will understand the importance of mental health partnerships
- Implement identified innovative practices, where needed and feasible

- AAAs implement a mechanism for identification and referral of socially isolated seniors in their area
- AAAs will partner with mental health providers and related organizations for training, referrals and educational events in their PSAs
- AAAs will initiate wellness calls or volunteer visitation programs to support homebound service recipients
- Outreach will be able make referrals to older Oklahomans to combat social isolation, including referrals to mental health organizations and assistive technology
- Older Oklahomans are able to access virtual services
- Older Oklahomans report they have increased opportunities for social engagement and are less isolated
- Older Oklahomans report improved health and mental health due to increased opportunities for social engagement

Objective 2

Support preventative health efforts that highlight the importance of health screenings, immunizations, and mitigation of chronic disease.

Strategies

- Survey AAAs to determine current activities related to the objective
- Identify additional organizations to assist with health screenings, immunizations and mitigation of disease, if needed.
- Educate public and AAAs on the importance of health screenings and vaccinations.
- Partner with State and health agencies to increase awareness, and to assist with screenings and vaccinations.

Outcomes

- Increase awareness of the need for health screenings, vaccinations and disease mitigation.
- Increase awareness of agencies who assist with health screenings, vaccinations and disease mitigation.
- Older Oklahomans and their caregivers know where to go for health screenings, vaccinations and disease mitigation

Equity

State Goal

Support older Oklahomans to remain active and healthy in their communities of choice for as long as possible.

Objective 1

Improve access to services and programs for underserved populations and their caregivers, such as older Native Americans, LGBTQ+ older adults, older adults experiencing homelessness, older adults in rural communities, and older adults with limited English proficiency.

Strategies

- Participate in Diversity, Equity and Inclusion training initiatives
- Provide training on cultural humility
- Improve data collection on underserved populations to better understand service utilization and outcomes
- Continue the development of partnerships with community-based organizations that focus on underserved populations
- Ensure ongoing, active engagement by the aging network of individuals and communities who are underserved and under-represented to identify specific needs, respond to inequities and gaps in services and programs, and understand how they can be made more equitable and accessible to meet the needs of the participants in underserved populations

Outcomes

- Equity-oriented trainings provided to SUA and AAA staff
- Increased knowledge of AAAs on the demographics of underserved populations with the greatest economic and social needs in their Planning Service Areas (PSAs) to ensure equity in all aspects of plan administration
- Improve equity and accessibility of the service delivery system to better meet the needs of underserved individuals

Objective 2

Increase opportunities for diverse cultural and ethnic considerations, including meals, activities and services across Oklahoma

Strategies

- Increase efforts to promote cultural awareness and inclusion of underrepresented populations (LGBTQ, Minorities, HIV/AIDS).
- Educate and assist AAAs with implementation of adding cultural experiences to a variety of services.
- Implement cultural and medically tailored meals.
- Provide information to the public about cultural experiences and meals offered through Title III services.
- Provide cultural competency training to AAA staff and community partners

Outcomes

- AAAs have greater knowledge of what cultural experiences they can offer to older Oklahomans and their caregivers.
- State Dietitian and AAAs collaborate to provide a more diversified menu.

- AAAs identified areas where cultural experiences can be added to current services.
- Increase the number of cultural education trainings to AAA staff and older Oklahomans.
- Increase the number of partnerships between AAAs and cultural organizations.
- Older Oklahomans are less isolated (because they are visiting the meal sites due the new culturally offered services). Improved health for Older Oklahomans.
- Improved mental health for Older Oklahomans. Increased participation at meal sites.

Objective 3

Promote healthy living, health equity and health promotion programs

Strategies

- Develop a tool to measure the social determinants of health (SDOH).
- Implement the social determinants of health survey tool.
- Study results and plan services to enhance the health of older Oklahomans, including older adults living with HIV/AIDS, and those with the greatest economic and social needs
- Prepare, publish and disseminate educational materials on the SDOH, which includes the health and economic welfare of older Oklahomans

Outcomes

- Increased/tailored services to positively impact the SDOH for those underserved populations, understanding that groups disadvantaged by health inequities are less likely to reach and enjoy older adult life
- Use changes to programming, funding, resources, communications and partnerships to respond to engaged discussions focused on advancing equity. AAA providers are more equipped to manage the negative SDOH of their participants
- Increased number of participants from underserved populations being screened/re-screened for nutritional risk in both congregate and home delivered meal programs
- Increased number of people accessing meal options through expanded dining opportunities that integrate social and cultural diversity.
- Improved health for Older Oklahomans
- Improved mental health for Older Oklahomans

Expanding Access to HCBS

State Goal

Enable older Oklahomans and their caregivers to remain in their homes through the provision of home and community-based services

Objective 1

Increase home and community-based services across Oklahoma

Strategies

- Identify organizations that provide HCBS services in each AAA area
- Educate AAAs on organizations and services available in their area
- Strengthen partnerships with organizations that provide HCBS services
- Increase awareness of services to the public

Outcomes

- Document number of organizations to provide services by county or AAA area by creating a fact sheet or brochure
- Increase AAAs awareness of HCBS services and how to access those services
- AAAs know what assistance is available to help with needed services
- AAAs actively seek partnerships with more providers
- Increased access to home services
- Improved mental health
- Improved health for Older Oklahomans

Caregiving

State Goal

Strengthen and increase services and supports for caregivers

Objective 1

Enhance Oklahoma's systems and capacities to deliver respite care and related services to family caregivers of adults with special needs and GRRC.

Strategies

- Coordinate Title III caregiving efforts with the Lifespan Respite Care program
- Educate AAAs on Lifespan Respite Care program
- Assist AAAs with educating their programs and communities on Lifespan Respite Care

Outcomes

- Increase caregiver's and provider's knowledge of services available
- Increase caregiver's accessibility to respite vouchers
- Care receivers are able to delay entry into institutional care
- Improved mental health for caregivers
- Improved mental health for care receivers
- Improved health for caregivers

Quality Management

Quality management for programs and services is the main focus for the Special Unit on Aging team every year. The SUOA strives to ensure federal, state, and local funds provided to Area Agencies on Aging and other grantees are used effectively, efficiently and strategically for services and supports for older adults. In the past few years, SUOA has standardized monitoring tools for AAAs on several Older Americans Act core programs. The annual external fiscal audits and related requirements are reviewed to fully incorporate fiscal monitoring into the monitoring plan.

Over the next few years, SUOA will develop tools to assist with monitoring the AAAs and their programs more frequently than annually. This will help SUOA become aware of issues more quickly. Remediation of problem areas will be able to happen earlier than is currently happening with the annual assessments. This will be an ongoing process to decide which monitoring tool will help reveal issues and assist with determining if populations and demographics are being met. The goal will be to improve quality management.

A component to quality management is the AAA's responsibility to monitor project compliance with regulations and assurances within policy, the Older Americans Act, as well as evaluating the effectiveness of services. The monitoring plan is based on assumptions that AAAs have in-depth, expert knowledge of the national and state requirements for service delivery and fiscal control. The SUOA has recognized throughout the pandemic the detrimental impact of turnover of AAA staff. As a result, the knowledge of AAA staff has decreased. SUOA recognizes the need to increase training for the AAA staff. The partnership with NFESH (mentioned previously) will assist with this, as their courses are virtual and allow an individual to work at their own pace to complete courses. SUOA will supplement these courses with in-person or real-time virtual trainings.

SUOA believes standards may be strengthened and efficiencies gleaned through ongoing program monitoring efforts, standardized reporting and actively shared quality improvement and best practices across agencies.