

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
AGING SERVICES
SFY2019-2022
AREA PLAN ON AGING APPLICATION
FOR
9 Planning and Service Area

Counties Served: Caddo, Comanche, Cotton, Grady, Jefferson, McClain,
Stephens and Tillman

UNDER
THE OLDER AMERICANS ACT
SFY2019-2022

Applicant Agency **Association of South Central Oklahoma Governments**

Address **802 West Main Street *** PO Box 1647**

City/Zip **Duncan, Oklahoma 73534-1647**

Telephone **580.252.0595 *** 800.658.1466**

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SECTION I. INTRODUCTIONS

The State agency utilizes eleven sub-state planning and service areas (PSA) for federal planning and has designated eleven area agencies on aging (AAA) in accordance with the requirements of Title III of the Older Americans Act (OAA). Each AAA is mandated under the OAA to develop a detailed Area Plan that provides a comprehensive and coordinated system for supportive services. The AAA will also seek to involve the public and private sectors in the provision and expansion of services. The focus of the plan is to show how the greatest numbers of older, low-income, minority individuals who reside within each PSA are to be reached with targeted resources and provided services. The plan is prepared for a 4-year cycle, with the first year's submission providing detailed assurances and information regarding the AAAs plans for the upcoming four-year period. All information is required every year during the plan period. Criteria for approval of the area plan include identification of priority needs, development of measurable objectives, and targeting of services to those in greatest economic or social need.

The provision of services is accomplished by the awarding of grants through a Request for Proposal process to local public or private entities. State policy ensures all OAA pass-through funds are awarded in an open, competitive, and fair process. Direct services otherwise prohibited by the OAA may be permitted by Aging Services (AS) if, in the judgment of the State agency, provision of the services is:

- (1) Necessary to ensure an adequate supply of the services;
- (2) Related to the administrative functions of the area agency on aging (AAA); or
- (3) More economical and of comparable quality.

It is the responsibility of the AAA to monitor project compliance with regulations and assurances within state policy and the OAA as well as to evaluate the effectiveness of services rendered to older people. The variety of services to be provided (as appropriate) under Titles III and VII includes but is not limited to:

- I. access services (information and assistance, transportation and outreach);
- II. In-home services (homemaker, home repair and chore service);
- III. Legal assistance;
- IV. Nutrition services (congregate meals, home-delivered meals, nutrition counseling and nutrition education);
- V. Long-Term Care Ombudsman Program services; and
- VI. Community support and social services (health promotion, adult day care and respite).

Section II. EXECUTIVE SUMMARY

The Association of South Central Oklahoma Governments Area Agency on Aging's [ASCOG AAA] mission is to promote independence, quality of life and community involvement through advocacy, support and education.

ASCOG AAA has a vision for providing more efficient, higher quality services to more seniors while addresses the challenges of constant reductions in budget.

ASCOG AAA has been dramatically reduced in size due to decreased state funding to our program. We no longer have a AAA Planner. Our I&A and director positions are supplemented with other grants to meet full-time status requirements. ASCOG has less administrative funding for mileage to volunteers. State policy requirements have changed to require higher salary levels for Ombudsman Supervisors at funding continues to decline.

In the future, ASCOG will pursue more local funding streams, more efficient means of outreach, advocacy and education through social media, and more community support through local charities.

Section III. TRENDS

PROJECTIONS

Based on changes observed in the last decennial census, and based on changing needs of the Baby Boomer generations now mingling with older generations, ASCOG projects more seniors will migrate from rural Oklahoma areas to more urban areas, with a higher rate of disabilities and reliance on Medicaid, increased isolation and food deserts, increased poverty in rural areas where population and tax base are decreasing, increasing demand from older Oklahomans who do not speak English as their primary language in urban areas.

Mixed with the increased demands of the older population is the ever-decreasing funding available from federal and state sources. As Medicaid costs and spending increases to meet the demand, a squeeze will be felt on Older Americans Act matching funds through the State of Oklahoma. As these trends are expected to continue, more challenges are in store for low-income Oklahomans with the greatest economic need and living in rural areas as nutrition sites continue to close and food deserts expand. Low-income minorities and those with limited English speaking abilities are more likely to see reduced services as churches are unable to maintain support for such ministries as was seen in the ASCOG area in the partnership between Centenary Methodist Church and Delta Nutrition.

As services in rural areas wane, seniors aged 75-84 who frequent nutrition sites and those 85 and older who frequent in-home services rosters will see further decline in access to nutrition and health services. Nursing homes in rural areas continue to close. Rural hospitals are in jeopardy. And rural tax bases in the southern ASCOG area continue to decline.

Because of these changes, ASCOG projects costs for services in rural areas will continue to increase, resulting in fewer services for the same amount of money, while urban areas will see a more negligible increase in costs per unit. Because of the maintenance of efforts requirements for rural area funding, ASCOG may have to consider approving waivers for sites serving fewer than 25 meals per day or an alternative plan for address home delivered meal needs in isolated rural areas.

ASCOG will achieve this vision for the future by seeking new partnerships to reduce costs for senior meals, such as partnering with rural school districts, hospitals and summer feeding programs for children. ASCOG will achieve this vision by continuing flexibility in supportive services using vouchers and other flexible service methodologies. ASCOG will achieve this vision by advocating for greater accessibility of high-speed internet in rural areas to give seniors access to health care. ASCOG will achieve this vision by moving more funding from congregate meals to home delivered meals as needed to address greater disabilities in Baby Boomer populations. ASCOG will achieve this goal through developing access to grants like the Masonic Charities Foundation Grant. ASCOG will

achieve this vision by working with existing partners to guide them toward more flexibility by allowing them to partner in grant applications such as was done in the transportation grant.

ASCOG will call upon its service providers to increase accessibility through technology and decrease waste in food sites. ASCOG will call upon its service providers to apply for supplemental grants and to reapply more efficient methods in administration. ASCOG will call upon its service providers to seek out more volunteers as it reaches out to more seniors in need.

ASCOG will increase number of person served by advocating for additional funding from federal and state grant partners, establishing a not-for-profit partner who will provide fund-raising and charitable support for senior services, and reducing waste in senior nutrition sites through the What a Waste program.

ASCOG will apply the following strategies in addressing the ever-increasing older population: improving targeting by assessing and encouraging subcontractors' role in targeting activities, participating in new local fundraising initiatives to increase funding for services, decreasing inefficiencies wherever they are identified, and greater community education activities to inform the public of the ever-increasing needs of services for older Oklahomans.

PROJECTED AGING PROGRAM OUTPUT (NEXT 3 YEARS)

Aging Program Output-Quantitative	SFY 2017 NAPIS Report		SFY 2018 Projected		SFY 2019 Projected		SFY 2020 Projected	
	TOTAL UoS	TOTAL UPS	TOTAL UoS	TOTAL UPS	TOTAL UoS	TOTAL UPS	TOTAL UoS	TOTAL UPS
Service Categories								
Personal Care	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
Homemaker	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
Chore	231	18	200	14	200	14	200	14
Home delivered meals	108,272	848	98,136	582	98,136	582	98,136	582
Adult day care/health	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
Case Management	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
Congregate Meals *	145,881	1,475	121,103	1,023	121,103	1,023	121,103	1,023
Nutrition counseling *	68	68	68	68	68	68	68	68
Assisted Transportation	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
Transportation *	12,082	70	15,965	72	15,965	72	15,965	72
Legal Assistance *	770	XXXX XX	350	XXXXXX	350	XXXX X	350	XXXXXX
Nutrition Education *	7,501	1,422	252	1,023	252	1023	252	1023
Information & Assistance *	517	517	517	517	517	517	517	517
Outreach *	503	503	632	632	632	632	632	632
Education/training	272	5,378	320	1,276	320	1,276	320	1,276
Education/information and assistance	99	2,087	200	2,200	200	2,200	200	2,200
Health promotion Disease Prevention*	47	47	271	271	100	100	100	100
Home repair	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
Coordination of services	2,670	XXXX	2,500	XXXX	2,500	XXXX	2,500	XXXX
Information about services *	448	700	336	564	336	564	336	564
Information about services /GRRC *	41	56	62	62	62	62	62	62
Assistance with access to services *	172	92	246	131	246	131	246	131
Assistance with access to services/GRRC *	22	14	27	15	27	15	27	15
Counseling *	97	76	62	62	62	62	62	62
Counseling/GRRC *	7	7	7	7	7	7	7	7
Support groups *	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
Support groups/GRRC *	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
Training *	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
Training/GRRC *	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
Respite *	6,238	72	6,179	71	6,179	71	6,179	71
Respite/GRRC *	877	14	760	8	760	8	760	8
Supplemental Services	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
Supplemental Services/GRRC	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX

COLLABORATION

ASCOG AAA continues to enhance a comprehensive and coordinated community-based system of services through increased community outreach, consistent and persistent approaches toward more reluctant partnerships such as tribes and larger communities, improved accessibility through technology and non-traditional partnerships such as partnerships with schools and summer feeding programs.

Each ASCOG county has unique needs and gaps in services. Caddo County has a strong presence of Native American tribes and tribal services but those tribes have been reluctant to approve written agreements. However, we are negotiating with one tribe in Caddo County to provide contract meals through the Anadarko Nutrition Site while the tribe works on kitchen remodeling.

Comanche County has seen a recent reduction in nutrition sites in Lawton due to an inability to find a partner to address the lack of kitchen resources at the Pleasant Valley site and due to the decision by Centenary Methodist to discontinue its support of the senior meal program. Due to reductions in funding to the Community Expansion for Nutrition Assistance grant, the Indianoma Senior Center is no longer funded through ASCOG, reducing our influence in the western part of Comanche County. Due to federal funding changes, the Meals on Wheels in Lawton is also seeing increased need with limited resources.

Cotton County, though seeing a reduction in seniors with limited English speaking ability, still has a significant population center in Walters. However, the Walters site is not attractive to this population of limited English speaking ability and outreach efforts have not been effective. We lack the resources to move the site to a more neutral location outside of the HUD housing area and depend on the local housing board as a reliable partner in providing a kitchen, equipment and dining room space.

Grady County has a significant population of seniors and target populations. Because of their generous support through county sales taxes, only one Title III Nutrition Site remains. Most of the senior centers are funded solely through county sales tax and CENA. Two are only funded through local support. This is a prime county for targeting of supportive services, because of its significant population of low-income seniors and seniors with disabilities, seniors living in rural areas, and seniors at risk of nursing home placement. The Grady County hospital lost its certification for emergency medicine but has been working to get recertified through support of another sales tax.

Jefferson County is one of the poorest counties in the state. We have been able to continue services in Waurika through a CENA senior center and in Ringling and Ryan through Title III funding. Jefferson County seniors generally live in isolated areas and most of the county is a food desert. The Ryan site serves two rural and isolated communities. Due to a partnership with Duncan Regional Hospital, the hospital in Waurika remains open but is still in danger of losing funding through Medicaid reductions. Many seniors rely solely on ADvantage meals for nutrition.

McClain County has seen a reduction in Title III sites as two sites went independent using county sales tax and CENA funding. The county is considering urban but much of it is still isolated. The site in Byars serves seniors from four counties and serves more seniors than are residents of Byars. But because of MOE requirements for rural funding, McClain County has taken the greatest hit to Title III funded services. Much of the county is a bedroom community of the Oklahoma City metro area, but parts of the county, especially in the east, are isolated, food deserts. This county is also prime for supportive services funding such as transportation and outreach services.

Stephens County has one of the strongest growing senior population centers, increasing population in several target areas. The City of Comanche agreed to go independent with their nutrition site and depends on county sales tax and CENA to keep that site open. The site serves much of the southern, rural, unincorporated parts of Stephens County. Because of the higher target population ratios to total population, Stephens County remains an ideal location as a central hub of most supportive services, such as outreach, health promotion and caregiver services.

Tillman County is again one of the poorest and most isolated counties. Its population continues to decline making local support more challenging. However, it is a hub for transportation services and ASCOG continues to fund three senior centers through Title III and CENA funding. This is a prime location of rural and isolated seniors and many of the seniors rely on ADvantage nutrition services.

ASCOG seeks to coordinate with non-Title III entities to provide diversification of services. Every year ASCOG sends outreach and MOU emails to the Chickasaw, Comanche, Apache, Kiowa and Apache/Fort Sill Tribes. ASCOG currently has the Apache/Fort Sill Tribe Elder Services Coordinator on its AAA Advisory Council. ASCOG only received one reply to requests for coordination with the tribes. After responding to the reply, ASCOG was unable to get a response from the tribe to schedule a meeting date to discuss a written agreement for coordination.

Native American Tribes and Nations in Grand Gateway's PSA are listed below:

- Chickasaw Nation
- Comanche Nation
- Apache Nation
- Kiowa Nation
- Apache/Fort Sill Tribes
- Kiowa/Comanche/Apache Tribal Association

Tribal Elder Services funded through Title VI are as follows:

- Chore Services
- Caregiver Services
- Congregate meals
- Home delivered meals
- Transportation
- Information and Referral
- Legal Assistance

Tribal Elder Services Funded through non-Title VI are as follows:

- Assisted Living Benefit Program
- Burial Supplement Assistance Program
- Burial Assistance
- Chickasaw Elders Conference
- Chickasaw Senior Golf Academy
- Chickasaw Veterans Jacket Program
- Community Health Program – Blood pressure measurement machines and over the counter medications
- Elderly Energy Assistance Program

- Farmer's Market Programs
- Foster Grandparents Programs
- Medical Alert Programs
- Over the Counter Medications
- Private Driveway Repair/Construction
- Congregate and Home Delivered meal programs
- Health monitoring
- Social activities
- Cultural classes
- Supplemental Wood Program
- Transportation
- Veterans Services
- Wisdom Walkers
- Exercise Classes
- Housing
- Adult Day Care
- Elder Abuse Prevention
- Employment Services
- Home Health Services
- Home Modification
- Home Repair
- Nursing Facilities
- Personal Care
- Retirement Communities
- Senior Center Programs
- Telephone Reassurance
- Volunteer Services
- Prescriptions
- Glasses
- Utilities

ASCOG does serve on a statewide Childhood Food Insecurity committee to seek out ways to coordinate with schools and summer feeding programs in reducing costs for senior nutrition and improving site integration with other generations.

ASCOG has reached out to all local hospitals to provide care transitions services but all hospitals already had providers or internal controls to address re-hospitalization.

ASCOG participates in a monthly meeting in Lawton for all senior service providers from long-term care facilities to community action programs to home health, DHS and case management agencies. ASCOG has a division of ADvantage case managers and works with other case management agencies in ensuring coordination of services.

ASCOG works with Meals on Wheels programs in Lawton and Chickasha to ensure coordination and prevent duplication of services.

ASCOG works with senior dental service providers including a denturist in Anadarko, the Anadarko Denture Clinic, and a local church in Lawton that provides monthly dental services for seniors.

ASCOG coordinates with transportation providers in Caddo County through DDSD and Patricia Heare at DHS as well as local community transportation providers such as the Cities of Carnegie, Marlow and Comanche.

ASCOG participates with RSVP in Lawton and Norman as well as Foster Grandparent programs in Duncan and surrounding areas.

ASCOG coordinates services for persons with disabilities through Progressive Independence in Norman, Think Ability First in Duncan and other DDSD providers.

ASCOG provides services through the Medicare Assistance Program through the Oklahoma Insurance Department and coordinates services with Medicare providers through CAP agencies in Lawton and Altus.

ASCOG coordinates mental health services through Taliaferro in Lawton and Gillispie Counseling Services in Duncan.

ASCOG coordinates senior nutrition through 18 independent CENA senior centers as well as non-CENA independent centers in Tuttle and Verden.

ASCOG coordinates with the ministerial alliances in Walter and Duncan.

ASCOG also participates in the intergenerational Pre-K program at the Elk Crossing Nursing Home in Duncan.

In the next four years, ASCOG hopes to continue to develop long-term partnerships with private, not-for-profit programs that serve seniors in advocacy in services, including the Oklahoma Alliance on Aging, Oklahoma Silver Haired Legislature, Elderly Services Inc., DDSD partnerships, The National Foundation to End Senior Hunger, The Childhood Food Security Coalition, as well as additional support from local communities to keep rural senior centers open. ASCOG Partnered with Delta Nutrition and DHS Aging Services to participate in the NFESH What a Waste program. Two of the five statewide What a Waste sites are in the ASCOG PSA.

ASCOG currently partners with Taliaferro in Lawton and Gillispie Counseling Services in Duncan to improve access to mental health services. ASCOG contractor, MaddieLuke¹ Support Services, provides mental health screenings in their outreach process and makes appropriate referrals to available mental health service providers. These providers are also found in ASCOG's online resource directory. ASCOG's Outreach Provider will either use the two-question assessment tool found in the State approved intake form or will use the standard Patient Health Questionnaire – 9 (PHQ-9)² form to screen for depression in all Outreach intakes. If a participant scores a 10 or higher³ on the PHQ – 9 or if they answer both intake depression screenings in the affirmative, then the participant will be referred to the nearest local mental health provider, including Taliaferro and Gillispie listed above.

ASCOG coordinates with available service providers to maximize service availability and reduce duplication of effort. ASCOG is working with DHS Aging Services to develop state policy to address ADvantage participants who want to eat congregate meals at Title III Nutrition Sites. ASCOG works with Meals on Wheels in Lawton and Chickasha to prevent duplication of services. ASCOG works with CAP agency non-Title III programs to coordinate efforts in home repair and maintenance, especially since funding reductions caused a loss of Title III home repair funding. ASCOG is coordinating with the Childhood Food Insecurity Coalition to find ways to provide intergenerational nutrition services while reducing nutrition costs through cost sharing.

ASCOG is seeking ways to partner with long-term care agencies in our local communities. One way is through advocacy as ASCOG has noted an alarming rate of rural nursing homes closing while urban beds continue to increase making it more difficult for

¹ MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

² http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/PHQ-9_English.pdf

³ <https://patient.info/doctor/patient-health-questionnaire-phq-9>

loved ones to visit their relatives in nursing homes. ASCOG participates in the inaugural year of the intergenerational Pre-K located at the Elk Crossing Nursing Home. ASCOG requested technical assistance on using long-term care facility kitchens to provide Title III meals for seniors, reducing costs for senior nutrition by using existing kitchens, however, due to a federal ombudsman rule, this is not allowed. ASCOG sought partnerships with hospital nutrition providers for Title III meals but no such providers were interested in applying for the request for proposals.

Due to continued limits on funding, ASCOG does not anticipate expansion services to occur in the next two years. It is remotely possible, based on the success of Elderly Services Inc., to provide some expansion in later years.

CAP agencies apply for grants ASCOG is ineligible for because they are 501(c)3 agencies and ASCOG is not. ASCOG is working with Elderly Services, Inc., to develop a 501(c)3 program for senior services.

ASCOG is currently partnering with the State RD with DHS Aging Services along with Delta Nutrition to pilot a training program designed by Thomas Olding to prepare site managers to complete the nutrition screening checklist section of the Title III intake form.

LIST OF NON-TITLE III SERVICES IN PSA			
SERVICE	*Listing of Services	Counties Available	Gaps in Services
In-Home Services	Advantage Waiver	All eight	
Accessible Medical Care	Duncan Regional Hospital, Comanche County Memorial, Lawton Indian Hospital, Frederick Hospital, Jefferson County Hospital, Purcell Municipal Hospital, Grady Memorial Hospital, Ft. Cobb Health Clinic	Caddo, Comanche, Grady, Jefferson, McClain, Stephens and Tillman	Cotton County – residents go to Lawton, Duncan or Wichita Falls.
Adult Day Care/ Respite Care	Goodwill Adult Day Care, Nora O’Neal Adult Day Care Center, Chateau de South, Chi Day Care Center	Caddo, Comanche, Grady and Stephens	Cotton, Jefferson, McClain and Tillman
Adult Protective Services	DHS APS	All eight	N/A
Title VI , Part A Nutritional and Supportive Services and Title VI, Part C Native American Caregiver Support Services	Chickasaw Nation Nutrition in Duncan and Purcell with caregiver programs for tribal members, Comanche Nation Nutrition and caregiver services	All eight	N/A
Case Management Services	ASCOG Managed Care coordinates with many home health agencies	All eight	N/A
Transportation Services for the Elderly and Disabled	Lawton Area Transportation Service, Red River Transportation, Washita Valley Transportation, Delta Public Transit, Kiowa Nation Public Transportation and Comanche Nation Public Transportation	All eight	Transportation for medical care in all eight counties.
Meals on Wheels or Mobile Meals Programs	Mobile Meals Inc. in Lawton, independent senior centers in all eight counties, Meals on Wheels in Chickasha	All eight	N/A
Independent Senior Centers	Refer to focal points.	All eight	N/A
Senior Volunteer Programs	RSVP and Foster Grandparents	Comanche, McClain	Caddo, Cotton, Grady, Jefferson, Stephens and Tillman
Disability Services	Transportation services (listed above), housing authorities, Duncan Group Homes, Goodwill	Stephens, Comanche	Caddo, Cotton, Grady, Jefferson, McClain and Tillman
Mental Health Services	OLDR Program, Silver Linings, Reflections, Red Rock Mental Health Center, Christians Family Counseling, Taliaferro, McClain County Treatment Center and New Horizons	Comanche, Stephens, Grady, McClain	Caddo, Cotton, Jefferson and Tillman

LTC Planning/Option	ASCOG Managed Care, Promises Eldercare Planning	All eight	N/A
**Other	ASCOG Masonic Charity Foundation Grant, Calvary Baptist Dental Clinic, Salvation Army, Catholic Charities, Homeless shelters in Lawton and Duncan, Christians Concerned, Marlow Samaritans, Comanche Helping Hands	All eight	N/A

LONG RANGE PLAN

ASCOG currently provides congregate and home delivered meals in all eight counties of the planning and services area (PSA). Because of the trend more seniors needing home delivered meals rather in proportion to congregate meals, ASCOG has a long-range plan to move more state funding from congregate to home delivered meals. We expect the trend of sites moving from Title III funding to state funding through CENA to cease in the future due to limited local resources in the remaining areas. ASCOG expects in four years to have at least one community move from a separate nutrition site to a school-based senior center.

ASCOG currently provides Title III transportation in all eight counties of the PSA. Because of the identified gap in services for transportation for seniors to medical appointments, ASCOG has approved the plan put forward by Community Action Development Corp to use transportation for medical appointments and not just transportation to senior nutrition sites. Within four years ASCOG expects to have transportation for medical purposes to exceed transportation to senior nutrition sites.

ASCOG currently provides legal aid services to all eight counties with only telephonic assistance in Jefferson and McClain counties. Because of the greater demand for transportation services, and limited funding for supportive services, ASCOG does not expect to see an increase in legal aid funding. The legal aid services provider has done a remarkable job covering increased need in legal aid services through partner grants and through the SPLASH hotline.

ASCOG currently provides information and assistance, education and training and outreach to all eight counties in the PSA. Because of partnership grants with the Senior Community Services Employment Program and the Medicare Assistance Program, our I&A has been much more mobile and has accounted for a significant increase in education and training and I&A service contacts over previous years. However, both of those grants are in jeopardy and their loss could have a significant impact on the I&A and E&T programs. Our outreach contractor, MaddieLuke⁴, has improved their overall numbers through hiring practice and administration efficiencies. We expect this trend of serving more people through fewer staff to continue in the next four years. ASCOG has improved the community education about mental health services, treatment, coordination and screening through the I&A and Outreach programs. Outreach continues to provide mental health screenings at every assessment and coordination with Taliaferro and Gillispie Counseling services has been fruitful. In the next four years, ASCOG will continue to advocate for increased funding to meet mental health needs in older Oklahomans. Our additional Education and Training services partners, the Senior Center for Creative Living and Legal Aid Services, are also helping with education for mental health services in the area.

ASCOG currently provides health promotion services, available to all eight counties. Contractor MaddieLuke⁵ has worked hard in SFY18 to improve on their SFY17 numbers which came in less than expected, already reaching some SFY18 benchmarks, and already providing some health promotion activities in seven of eight counties. MaddieLuke⁶ has expanded beyond just chronic disease management program to targeting diabetes management, and Falls Talk Cessation facilitation. ASCOG will continue to work with its

⁴ MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

⁵ Ibid

⁶ Ibid

health promotion provider to expand into multiple health promotion activities and rotate the programs to include more seniors in need and increase total participation. ASCOG will also coordinate with local hospitals and the health department to determine which health promotion activities are in the greatest demand and can fit in our limited budgets. If necessary, ASCOG may remove this service from the current supportive services bundle to seek out other providers if necessary to increase the utilization of this program.

ASCOG continues to provide caregiver services to all eight counties in the PSA. Contractor MaddieLuke⁷ provides caregiver access, information about services, respite and counseling to caregivers and grandparents raising relative children. ASCOG will continue to advocate for additional funds for respite and grandparents raising relative children as we anticipate both needs will continue to rise based on current trends. Contractor MaddieLuke⁸ has modified their approach to counseling and has seen increase participation in this program, a trend we expect to continue in the next four years.

ASCOG continues to provide chore services in all eight counties. We anticipate continuing with this service as a voucher program as it provides the greatest flexibility to allow contract MaddieLuke⁹ to provide this service in all eight counties. ASCOG is also working with state partners to improve on the turnaround of contracts so notices of grants awards are available earlier in the fiscal year allowing MaddieLuke¹⁰ to capture more units of chore in the late summer months. Delayed funding notices has been the largest obstacle to increased units for this program. In the next four years ASCOG hopes to find other community partners such as churches to help with chore services. However, because of anticipated changes in federal law, church and nonprofit funding may be decreased in the next four years.

ASCOG continues to provide coordination of services in Tillman County. Because of the isolated nature of Tillman County seniors and the lack of county and community funding to support senior nutrition, Tillman County is a food desert outside of the City of Frederick. ASCOG will most likely continue to support this program through the next four years to assist in the maintenance of senior centers in Grandfield and Tipton.

⁷ MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

⁸ Ibid

⁹ Ibid

¹⁰ Ibid

SECTION IV DEMOGRAPHICS IN PLANNING AND SERVICE AREA NARRATIVE

The largest target population in Caddo County is persons residing in rural areas¹¹, 6,462, as Caddo County is a rural county according to USDHHS. The second largest target population in Caddo County is Native Americans,¹² 1,029. Anadarko is the largest city and county seat of Caddo County¹³, and the location for the highest population of seniors¹⁴. Most services are targeted in the City of Anadarko. There are two senior nutrition sites in Anadarko, one funded through Title III and the other through Title VI. Caddo County also has a large population of persons with Alzheimer's or related disorders,¹⁵ 969, and individuals at risk for institutional placement and severe disabilities¹⁶, 660. ASCOG submitted a request for coordination and written agreement to the Apache Tribe to coordinate services in Anadarko. The Anadarko Nutrition Site serves both the Anadarko site and the Cement Nutrition Site and will coordinate with the Apache Tribe nutrition program when its kitchen is under remodel. Because of county sales tax support, there are many independent senior centers, including Title III and CENA sites at Anadarko, Apache, Binger, Carnegie, Cement, Cyril, and Hinton. Because of transportation services provided by DDSD providers in Anadarko and the Town of Carnegie, as well as county sales tax support of the Cement Nutrition Site, ASCOG only provides transportation funding through the Cyril Nutrition Site but will monitor this county for changes in transportation needs.

ASCOG will continue to seek partnerships with the Apache Tribe to reach minority population in Caddo County. As stated before, the county sales tax funding has provided a positive influence in meeting the needs of rural seniors in Caddo County.

The largest target population in Comanche County is individuals with Alzheimer's and related disorders¹⁷, 3,085. The second largest target population in Comanche County is persons at risk for institutional placement and severe disabilities¹⁸, 2,530. Comanche County also has large target populations of low income minorities¹⁹, 540, and limited English proficiency²⁰, 355. Lawton is the largest city in Comanche County containing the largest target populations²¹ of individuals living alone and persons with Alzheimer's, and is the county seat. Most services are targeted in the City of Lawton, including two nutrition sites, one with the largest services to low-income minority seniors in all ASCOG's PSA, Additionally, the Comanche Tribe has a Title VI nutrition site. Lawton is also host to the Senior Center for Creative Living's education and training services, the main office of legal aid services, and new partnerships with CADC and the City of Lawton to address transportation needs. ASCOG submitted a request for coordination and written agreement to the Kiowa, Comanche, Apache and Apache/Ft. Sill Tribes to coordinate services in Comanche County. The City of Lawton is the largest provider of local matching funds for the Title III grant.

ASCOG will continue to seek partnerships with the tribes and will also continue to target these populations through help with the contractors, as well as Delta Nutrition and MaddieLuke²². ASCOG's most recent successes in this county has been the new partnerships for transportation

¹¹ <http://www.agid.acl.gov/>

¹² <http://www.agid.acl.gov/>

¹³ <http://quickfacts.census.gov/qfd/states/40/40015.html>

¹⁴ *ibid*

¹⁵ Based on 15% of population as an estimate.

¹⁶ <https://agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S210DIS09&stateabbr=OK>

¹⁷ Based on 15% of population as an estimate

¹⁸ <https://agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S210DIS09&stateabbr=OK>.

¹⁹ <https://agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S21040&stateabbr=OK>

²⁰ <https://agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S21014B&stateabbr=OK>

²¹ *ibid*

²² MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

and the introduction of the Senior Center for Creative Living in serving weekly meals to a limited number of seniors and coordinating outreach for meals with Delta Nutrition.

The largest target population in Cotton County is individuals living in rural areas²³, 1,512. The second largest target population in Cotton County is individuals with Alzheimer's and related disorders²⁴, 227. Cotton County also has a significant population of persons with severe disabilities and at risk of institutional placement²⁵, 169. ASCOG has developed a one-site nutrition project to help support the nutrition site at Temple through a partnership with the City of Temple and will continue to work with Delta Nutrition at the City of Walters. ASCOG developed a new transportation contract with CADC for Cotton County and is expanding to serve as transportation for medical needs. ASCOG has an Ombudsman volunteer from Temple and continues to advocate for the survival of the nursing home in Walters.

Outreach contractor MaddieLuke²⁶ has worked on translations of materials to assist in reaching the underserved Hispanic population. ASCOG and its contractors have all sent outreach materials to attempt to partner with tribes. The partnership with the Town of Temple saved the Temple site from closure and a partnership with the Walters Activity Club and the Walters Housing board has preserved the program at Walters.

The largest target population in Grady County is individuals residing in rural areas²⁷, 11,869. The second largest target population in Grady County is persons with Alzheimer's and related disorders²⁸, 1,780. Grady County also has a significant population of persons with severe disabilities and at risk of institutional placement²⁹, 1,085. ASCOG will continue to advocate for the highly successful county sales tax that supports all seven senior centers in Grady County. ASCOG contracts with CADC who subcontracts with local transportation provider Washita Valley Community Action, a new partnership which has successfully provided transportation services especially to the county seat and largest city, Chickasha. ASCOG has identified only a few non-incorporated areas of Grady County that remain underserved due to their location. Northern Grady County serves as a bedroom community to the Oklahoma City metro area and some of the unincorporated population areas are too far from existing independent senior centers to be served with nutrition. Underserved populations are referred to ADvantage as appropriate.

Grady County has a low population of low-income minorities, mostly based in the Chickasha area where most Title III services are already targeted. The Grady County sales tax has been one of the most successful partnerships in the ASCOG PSA as two of the senior centers are completely independent of Title III and CENA funding.

The largest target population in Jefferson County is individuals residing in rural areas³⁰, 1,689. The second largest target population in Jefferson County is persons with Alzheimer's and related disorders³¹, 253. Jefferson County is also home to 235 who are persons with severe disabilities and at risk of institutional placement³². ASCOG has worked through leveraging the CENA grant to maintain nutrition services to Waurika by partnering with the local senior center who increased meals from one day per week to five. ASCOG will also work with Red River transit to keep the Ryan site open by transporting seniors to the site from nearby Terral. ASCOG recently intervened on a contract between the Ringling Housing Authority and Delta Nutrition to save the

²³ <http://www.agid.acl.gov/>

²⁴ Based on 15% of population as an estimate.

²⁵ <https://agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S210DIS09&stateabbr=OK>

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²⁷ <http://www.agid.acl.gov/>

²⁸ Based on 15% of population as an estimate.

²⁹ <https://agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S210DIS09&stateabbr=OK>

³⁰ <http://www.agid.acl.gov/>

³¹ Based on 15% of population as an estimate.

³² <https://agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S210DIS09&stateabbr=OK>

Ringling site from closure. ASCOG will continue these efforts and will partner with Elderly Services Inc. to provide private charity funding for services in this, one of the poorest counties in the state. Underserved populations continue to be unincorporated population centers and smaller towns like Meridian and Hastings.

With only 45 low-income minorities³³ in the county, ASCOG will continue to target transportation and CENA funding to Waurika. ASCOG greatest successes in Jefferson County have been the partnerships with the Waurika Senior Center, Red River Transportation and the Ringling Housing Authority.

The largest target population in McClain County is individuals with Alzheimer's disease and related disorders³⁴, 1,242. The second largest target population in McClain County is individuals with severe disabilities and at risk of institutional placement³⁵, 570. McClain County does not have a significant population of low-income minorities³⁶, persons with limited English speaking ability³⁷ and is considered an urban county by USDHHS. ASCOG has targeted cuts in state Title III funding to McClain County because it was considered a rural county in 1990 when the MOE for rural funding was established yet is now considered an urban county resulting in a dramatic reduction in funding according to the DHS funding formula for AAA's. Two of the five Title III nutrition sites converted to independent CENA nutrition centers in SFY17. All sites and senior centers are still serving meals five days per week. ASCOG has a second, provider-fee Ombudsman to help serve the long-term facilities in McClain County and ASCOG works with the Alzheimer's Association in Oklahoma City to work with this county. Additionally, ASCOG works with DHS caseworkers to support the ADvantage program for those at risk of institutional placement. ASCOG helps serve underserved populations from surrounding counties through the nutrition site in Byars which serves residents from four counties.

McClain County has very few low-income minorities and ASCOG still supports nutrition, transportation and Outreach services to Purcell, the community with the greatest population of low-income minorities³⁸. The greatest successes for ASCOG has been the preservation of services at the Blanchard and Washington site where services would have closed if not for a special CENA initiative established by ASCOG to assist these sites in going independent from Title III funding in SFY17.

The largest target population in Stephens County is individuals residing in rural areas³⁹, 11,320. The second largest target population in Stephens County is individuals with Alzheimer's and related disorders⁴⁰, 1,698. Stephens County also has a significant population of persons with severe disabilities and at risk of institutional placement⁴¹, 1,305. Due to limited state funding, ASCOG was forced with the possible closure of either the Comanche or Marlow nutrition sites. Due to a CENA funding initiative established by ASCOG, the Comanche nutrition site went independent through a partnership of county sales tax and the City of Comanche. ASCOG and contractor Delta Nutrition were integral in the passing of a county sales tax to support senior centers in Stephens County, a strategy to address the growing needs of seniors with the push of the Baby Boomers. ASCOG continues to see underserved populations in rural communities of Central High, Bray and Velma as well as much of the unincorporated, rural area. ASCOG supports the ADvantage waiver program to help meet the needs of isolated seniors. ASCOG also supports the intergenerational

³³ <https://agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S21040&stateabbr=OK>

³⁴ Based on 15% of population as an estimate.

³⁵ <https://agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S210DIS09&stateabbr=OK>

³⁶ <https://agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S21040&stateabbr=OK>

³⁷ <https://agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S21014B&stateabbr=OK>

³⁸ <http://quickfacts.census.gov/qfd/states/40/40015.html>

³⁹ <http://www.agid.acl.gov/>

⁴⁰ Based on 15% of population as an estimate.

⁴¹ <https://agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S210DIS09&stateabbr=OK>

pre-K started at the Elk Crossing nursing home in Duncan to provide stimulation to both the children and the residents, including many residents with Alzheimer's and related disorders.

ASCOG continues to provide services at a second Duncan nutrition site in the Douglass Community Center helping ASCOG to serve more than half of the estimated low-income minorities⁴² of Stephens County. The greatest success of ASCOG to meet needs in Stephens County is the passage of county sales tax funding and the partnership with the City of Comanche to keep serving CENA meals in Comanche when the nutrition site had to close due to funding decreases.

The largest target population for Tillman County is persons living in rural areas⁴³, 1,868, and persons with Alzheimer's disease and related disorders⁴⁴, 280. Tillman County also has a significant population of persons with severe disabilities and at risk of institutional placement⁴⁵, 204, as well as low-income minorities⁴⁶, 115. ASCOG will continue to work with III-B coordination of services to help the isolated communities of Grandfield and Tipton as well as the ADvantage program which helps even smaller communities like Davidson and the unincorporated areas. ASCOG partners with CADC, headquartered in Frederick, to provide transportation. ASCOG works with MaddieLuke⁴⁷ to provide caregiver respite for persons with Alzheimer's and related disorders. ASCOG continues to support the ADvantage program for assisting isolated persons at risk of institutional placement. Much of rural isolated areas remain underserved in the unincorporated areas. Funding is limited as the local tax base is limited.

ASCOG targets nutrition, outreach and transportation services in the county seat of Frederick which has the highest concentrations of target populations,⁴⁸ including low-income minorities. One of the greatest successes of SFY17 was the beginning of the partnership with Frederick-based CADC to provide transportation services when Delta Nutrition was no longer able to provide that service.

⁴² <https://agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S21040&stateabbr=OK>

⁴³ <http://www.agid.acl.gov/>

⁴⁴ Based on 15% of population as an estimate.

⁴⁵ <https://agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S210DIS09&stateabbr=OK>

⁴⁶ <https://agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S21040&stateabbr=OK>

⁴⁷ MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

⁴⁸ <http://quickfacts.census.gov/qfd/states/40/40015.html>

Section V Public Input

ASCOG held public hearings in each county to receive public input from older adults, local government officials, key informants, and other interested parties. Public hearings were held at nutrition sites in Anadarko, Cement, Chickasha, Duncan, Frederick, Lawton, Purcell, Ringling, and Walters. Due to continued concerns about state funding reductions to senior nutrition, most of the input received was to address how to save the nutrition sites from closure. In SFY17, ASCOG already mapped out funding using the state's funding formula to address 25% of funding for low-income seniors by county, 25% of funding for minority seniors by county, and 50% of funding based on seniors 60 and older by county. ASCOG also addressed the MOE requirement for rural areas by reducing funding to urban counties, Comanche and McClain. Supportive Services funding decisions are based on need of services identified by contractors MaddieLuke⁴⁹ and Legal Aid, as opposed to the state funding formula for congregate and home delivered meals funding.

ASCOG made the decision to not provide waivers for sites serving fewer than 25 meals per day. ASCOG has developed an ongoing process of identifying sites serving fewer than 25 meals per day and then monitoring them over two quarters after increased outreach and other needed interventions are provided. Sites who still serve fewer than 25 meals per day will be considered for closure by the ASCOG board. Whenever possible, the ASCOG board has decided to only close sites where the sites can function independently without Title III funding. Otherwise, ASCOG has chosen to reduce days per year served rather than closing sites. This plan has received positive feedback in the public hearings and no negative feedback.

ASCOG has also scheduled a focus group to receive feedback from AAA Advisory Council members during the December meeting.

⁴⁹ MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

PROCESS AND PLANNING FOR AREA PLAN DEVELOPMENT

ASCOG uses multiple sources of feedback and information to determine the extent of services needed to establish a comprehensive and coordinated system of services within the PSA. First, ASCOG uses a basic senior needs assessment utilizing Survey Monkey and targeted Facebook marketing along with direct emails to aging network representatives. Second, ASCOG holds at least one public hearing in each county, typically at the county seat nutrition site and at sites that may be jeopardy of closure in the coming year. Third, ASCOG will hold its inaugural senior focus group at the December AAA Advisory Council meeting. Fourth, ASCOG obtains input from the ASCOG I&A in top priority needs based on the met and unmet needs identified through I&A calls. Fifth, ASCOG obtains input from the Outreach contractor to determine a priority of met and unmet needs identified through intake assessments.

Feedback from SFY19 public hearings was mixed with general concerns about potential reduction in congregate and home delivered meal days served due to delayed budgets because of reduced funding to DHS for SFY18. In general, the feedback from public hearings always supported home delivered and congregate meals in the top three needed services. Transportation was often mentioned as well as non-Title III services such as Medicare counseling and tax return support. Public hearings are informal where the facilitator stands or sits, provides a brief overview of Title III services and the area plan, and then listens to feedback and responds to questions from those in attendance, and takes notes. Public hearings are held at existing Title III nutrition sites, generally in the county seat of each county. Additional public hearings are held at nutrition sites in jeopardy of closing. Public hearings generally last about 30 minutes each.

The AAA Needs Assessment survey uses Survey Monkey's free version to capture results and provide limited analysis. ASCOG was forced to switch to this online tool when staffing cuts resulted in the loss of the AAA Planner and there was no longer enough staff to mail out and tabulate results using paper surveys. The survey received approximately 20 responses and the top weighted scores going to priority services of access to healthcare, buying prescription medications, home delivered meals, nutrition/senior center on-site meals, and help with dentures, hearing aids or eyeglasses. The survey was developed by the AAA Director using the ten-question limit provided by Survey Monkey with the main question asking respondents to prioritize the services listed in the survey. Since the Survey Monkey tool appears to give us similar results as past year, manual surveys, ASCOG will continue to use this tool and will work on ways to expand its outreach using Facebook marketing tools. Approximately \$10 was donated for Facebook marketing for this tool in SFY18 and the marketing appeared to gain more responses from rural areas utilizing Facebook's targeting tools.

ASCOG will host a focus group during the December 13, 2017 AAA Advisory Council meeting. The focus group will provide feedback to the priority services listed from other survey tools as well as provide input as to any gaps in services. The focus group invitation went to representatives from all eight counties in the ASCOG PSA.

ASCOG's I&A also provides specific input into the prioritization of services based on requests received from senior information line inquiries and unmet needs where referral to a service was not available.

The top five needs listed by the I&A are as follows:

1. Senior Nutrition Meal Sites/Home Delivered Meals
2. Access to Healthcare/Specifically Non-Medicare covered services such as help with Dentures/Eyeglasses/Hearing Aids/ Buying prescription Dugs

3. Help to Understand Medicare/Medicaid/Social Security Benefits, Etc.
4. Information and Assistance, Affordable Housing, Transportation
5. Financial Assistance/Help paying utility bills.

ASCOG's Outreach contractor, MaddieLuke⁵⁰, provided input into the area plan and listed the top five priority needs as 1) a viable networking system within each county, 2) home repair, 3) transportation, 4) dental assistance and 5) weekly housekeeping. This input is based on outreach intake assessments and referrals provided throughout SFY17 and the beginning of SFY18.

The most notable service which is utilized more than available funding is Title III-C2 home delivered meals. ASCOG observed this as the unit cost of home delivered meals has generally declined as the unit cost of congregate meals have increased. ASCOG requested that most of the state budget reduction in SFY18 was absorbed in the C1 congregate meal funding to help balance out these unit cost structures. ASCOG will continue to monitor this and may request additional C1 state funds be moved to C2 state funds in future program years.

Caregiver and GRRRC respite services have also increased in demand and service utilization. ASCOG, based upon recommendations of provider MaddieLuke⁵¹, continue to allow the movement of III-E funds from other caregiver and GRRRC services to respite.

⁵⁰ MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

⁵¹ Ibid

IDENTIFIED PRIORITY NEEDS

Based on the feedback provided from all sources, ASCOG is ranking the following top five identified needs and services for SFY19.

1. Home delivered meals
2. Congregate meals
3. Access to healthcare, including hospitals, clinics, dentures, eyeglasses, and hearing aids, Medicare counseling and access to prescription drugs
4. Transportation
5. Home repair

Home delivered meals continue to be the fastest growing service need in the area. Some rural sites are now serving more home delivered meals than congregate meals. ASCOG will continue to request as needed to move state C1 matching dollars to state C2 matching dollars.

Congregate meals will continue to receive funding according to the state's funding formula for each county. ASCOG is also working with a new charity, Elderly Services Inc, to seek additional local funds in addition to the four counties which have passes sales taxes. ASCOG will continue to, when necessary for balanced budgets, reduce number of days served before closing nutrition sites due to budget cuts. ASCOG continues to develop and sustain partnerships such as the partnerships with local housing authority boards, community governments and independent senior centers.

ASCOG is first addressing access to healthcare through continued partnership with the Oklahoma Insurance Department's Medicare Assistance Program. Medicare counseling has saved seniors tens of thousands of dollars in prescription costs over the past five years according to ASCOG's records. Medicare Extra Help has helped seniors who could not afford both food and prescription medications to be able to pay for both. ASCOG will also continue to address access to healthcare through using the Masonic Charity Foundation Grant to provide dentures, eyeglasses and hearing aids. ASCOG will continue to advocate for state Medicaid sustainability for rural healthcare as well as funding for high-speed internet in rural areas to allow for telemedicine. Access to healthcare is also being addressed by the new transportation contract with CADC.

ASCOG's sophomore transportation provider has been in the business for decades. The new contract with CADC is now expanding beyond transportation to nutrition sites and will now allow seniors access to healthcare visits as well. CADC subcontracts with Delta Transit and Washita Valley Transit to provide coverage in seven of the eight ASCOG PSA counties. Cyril Nutrition helps cover the eighth county with Title III transportation along with non-Title III providers in Caddo county such as partnerships with a van supported by county sales tax at Cement, a bus supported by the Town of Carnegie, vans provided by CENA senior centers and county sales tax in other areas and finally the DDS partnership in Anadarko that provides transportation to the Anadarko Nutrition Site.

ASCOG has used the Masonic Charities Foundation grant for the last decade to help with home repairs for seniors. In 2017, the grant ran out of money mid-year. ASCOG is working on a way to prioritize home repairs and other Masonic grant services to those with greatest economic need to help the funding last throughout the program year. Home repairs include wheelchair ramps, modification for accessibility, roof repairs, window repairs, grab bars and general wall, floor and ceiling repairs.

ASCOG follows the state funding formula to target senior nutrition funding to counties based on overall senior population, population of seniors living in poverty, and the population of low-income minority seniors. The funding formula also includes an MOE

requirement for rural areas. When budget cuts result in site closures, ASCOG follows the funding formula and takes into consideration sites that best serve low-income minorities and persons with limited English proficiency. Outreach provider MaddieLuke⁵² concentrates most staff time and travel in rural counties which addresses those with greatest economic need, low income individuals and individuals residing in rural areas. MaddieLuke⁵³ and ASCOG network with agencies and organizations who provide non-Title III services serving low-income minorities and those with limited English proficiency.

ASCOG's funding formula also addresses seniors with greatest social need by addressing MOE requirements for rural and isolated areas to serve seniors with low income in rural areas. The funding formula also targets low-income minorities which coincide with communities where limited English proficiency is most notable. ASCOG partners and networks with ADvantage and home health providers to address individuals with greatest risk of institutional placement and with self-care limitations.

ASCOG submitted letters to each of the tribes in the PSA and included in invitation to the elderly services coordinator of the Apache-Fort Sill tribe to the public forum scheduled December 13. So far, no response has been received from the tribes. However, ASCOG continues to focus funding in communities such as Anadarko, Apache and Lawton-Fort Sill where the higher ratios of Native American populations reside.

ASCOG partners with the Alzheimer's Association in Lawton through the Lawton Senior Summit to ensure focus is made to reach out to seniors with Alzheimer's and related disorders.

ASCOG establishes its priorities through scoring the feedback received and then presenting the final priorities to the AAA Advisory Council for review and approval. The ASCOG board has final authority for approving how the funding formula is addressed in the PSA. ASCOG has shifted focus and funding ratios from congregate to home delivered meals.

Focus group attendance was as follows:

Focus group scheduled for December 13, 2017

Caddo County attendees – Marlene Walker, John Kusel

Comanche County Attendees – Bo Fallon, Thelmer Hutcheson, Petra Taylor

Cotton County Attendees – Louise Hamilton

Grady County Attendees – Loretta Jackson, Ray Merchant, Merlene Rust

Jefferson County Attendees – Rubye Benson, Dorothy Moore

McClain County Attendees – Rowena Scott Johnson

Stephens County Attendees – Haljean Gillispie

Tillman County Attendees -Watha Shanks, J.M. Cope

The top six priority needs identified through the eight county ASCOG AAA PSA during the December 13 Focus Group:

Priority 1 – Home Delivered Meals

Priority 2 – Congregate Meals

⁵² MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

⁵³ Ibid

Priority 3 – Access to healthcare including hospitals, clinics, dentures, eyeglasses and hearing aids

Priority 4 – Transportation

Priority 5 – Home repair

Priority 6 – Home security in cooperation with local authorities

SFY 2019 Assessment of Needs Surveys

Rank	Need	Score
1	Access to healthcare	20.37
2	Buying Prescription Medications	18.83
3	Home Delivered Meals	18.76
4	Nutrition/Senior Center on-site meals	17.50
5	Help with Dentures, Hearing Aids and/or Eyeglasses	16.94
6	Affordable Housing	16.71
7	Help to Understand Medicare/Medicaid/Social Security Benefits	16.56
8	Help with utility bills	16.33
9	Information & Assistance	14.94
10	Mental Health Services and Counseling	14.18
11	Chore Services	14.18
12	Transportation	14.11
13	Exercise/Wellness	13.17
14	Nutrition Education/Counseling	13.06
15	Legal Assistance	13.00
16	Home emergency alert response systems	13.00
17	Personal care and bathing	11.94
18	Caregiver Respite Vouchers	11.67

Top Five Priority Needs Identified by Outreach Contractor MaddieLuke⁵⁴:

- 1) A viable networking system within each county – there should be healthcare, mental health, food bank, and transportation options available within each county and each option should be represented by a contact person who is able to assist as needs arise.
- 2) Home Repair
- 3) Transportation – our rural clients face social isolation and compromised safety due to the lack of transportation resources in rural areas.

⁵⁴ MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

- 4) Dental Assistance
- 5) Weekly Housekeeping

Top priority needs identified through public hearings by county:

Caddo County attendees – congregate and home delivered meals, tax return assistance and transportation, and in Cement - home delivered meals, questions about policy regarding seniors who are sole-proprietors of local business who are not allowed to eat at the site because they cannot take congregate meals out of the site

Comanche County Attendees – congregate and home delivered meals at the top of the priority list as well as transportation. Medicare questions were also asked and answered.

Cotton County Attendees – congregate and home delivered meals as well as transportation

Grady County Attendees – Congregate and home delivered meals

Jefferson County Attendees – Medicare

McClain County Attendees – congregate and home delivered meals

Stephens County Attendees – senior nutrition

Tillman County Attendees - Medicare

SUMMARY OF HEARINGS AND CHANGES

PUBLIC HEARINGS:

Complete and submit with Area Plan application. Be specific and provide details needed to understand reasons for changes.

1.	<u>Location of Public Hearing</u>	<u>Attendance</u>	<u>Date</u>
a.	___Anadarko___	___19___	7/13/17
b.	___Chickasha___	___69___	7/17/17
c.	___Purcell___	___32___	7/18/17
d.	___Frederick___	___32___	7/27/17
e.	___Lawton North___	___31___	8/1/17
f.	___Duncan North___	___73___	8/17/17
g.	___Walters___	___22___	8/24/17
h.	___Ringling___	___37___	9/8/17
i.	___Cement___	___31___	11/16/17

2. Summarization of comments from Public Hearings.

The Anadarko public hearing yielded mostly questions about the oncoming cuts to senior nutrition. Special guest Rep. David Perryman was present and responded to some questions about the legislative session. Seniors present requested help with congregate and home delivered meals, tax return assistance and transportation.

The Chickasha public hearing yielded very little feedback or questions. The primary questions asked were related to upcoming reductions in number of days served at the congregate meal sites and how the county sales tax money could be used to supplement the nutrition site to prevent such closures. Congregate and home delivered meals were the priorities given by participants.

The Purcell public hearing focused primarily on questions about the upcoming reduction in days served and questions related to the legislative session. Rep. Bobbie Cleveland was present and assisted in response to questions about legislative session. Concerns were chiefly about congregate and home delivered meals.

The Frederick public hearing received no input or questions related to the area plan. Some Medicare questions were asked and answered at the meeting.

The Lawton North public hearing resulted in input to keep congregate and home delivered meals at the top of the priority list as well as transportation. Medicare questions were also asked and answered.

The Duncan North public hearing resulted in many questions and much input into the reduction of meal days served for SFY18, little input into the SFY19 area plan, and some questions related to the legislative session. Sen. Chris Kidd was present and responded to questions about legislative session and told the crowd the Senate passed a bill directing DHS to not cut senior nutrition.

The Walters public hearing resulted in several questions about the future of the site and fear of site closures due to budget cuts. An explanation was given as to why reduction in service days were preferred over site closures and was well received by the participants. Also in attendance were municipal judge Gerald Hayes and Walters Activity Club and Walters Housing Authority Board Members. Priority was requested for congregate and home delivered meals as well as transportation.

The Ringling public hearing resulted in no input into the area plan, a few questions into the reduction in service days for SFY18, and a few Medicare questions.

The Cement public hearing was one of the most successful in obtaining input into the prioritization of congregate and home delivered meals in rural areas. Rep. Scooter Park was present as well as a representative from Channel 7 News. The hearings chief purpose was to address possible site closure due to the site serving fewer than 25 meals per day. The site had recently increase meal participation to 27 meals per day. Input received included comments about the rural nature of the site, the dependence on isolated seniors for home delivered meals, questions about policy regarding seniors who are sole-proprietors of local business who are not allowed to eat at the site because they cannot take congregate meals out of the site, along with a request to change that policy. Input also included the fact that the nearest grocery store is 18 miles away and this site is in a food desert. Questions were asked by Rep. Park about possible policy changes that could increase participation at the site. Members of the Cement town council were present and offered their support to the site. They also mentioned they have some donations that may come forward to support the site from local businesses including an insurance agent local to the town.

3. Changes made in the Area Plan as a result of Public Hearings.

The area plan now addresses the agreed upon strategy of prioritizing reduction in number of days served instead of outright site closures.

The top four priority needs are already considered in the area plan.

4. Comments received, but no changes made to the Area Plan as a result of the Public Hearings because:

N/A

ADVISORY COUNCIL & BOARD OF DIRECTORS:

Complete and submit with Area Plan application after the Council meets to recommend approval the Area Plan. Be specific and provide details needed to understand reasons for changes.

1. Advisory Council Date Attendance
 - a. December 13, 2017 ___ 15 ___
 - b. February 27, 2018 _____

2. Summarization of Comments from the Council meeting.

Focus Group activities are: (1) Home delivered meals; (2) Congregate meals; (3) Access to healthcare including hospitals, clinics, dentures, eyeglasses and hearing aids, Medicare counseling and access to prescription drugs; (4) Transportation; (5) Home repair. After discussion, Home security in cooperation with local authorities was included.

The SFY18 Area Plan will be on the February agenda as there will be fewer meals served in December.

The Area Plan is a four-year plan required by DHS Aging Services for ASCOG AAA to continue to receive Title III funding. This is year one in a four-year cycle. The budget estimate provided by DHS for SFY19 has not yet been received so the draft contains numbers based on the SFY18 budget. There have been no significant changes to the plan. Goals were reduced due to reduction of meals served because of SFY18 budget cuts. The Council approved recommending the SFY19 Area Plan.

3. Changes made in the Area Plan as a result of the Council's Suggestions.

None

Complete and submit with Area Plan application after Board of Directors has approved Area Plan. Be specific and provide details needed to understand reasons for changes made, if any.

- | | | |
|----|--------------------------------|-------------------|
| 4. | <u>Board of Directors Date</u> | <u>Attendance</u> |
| | a. December 14, 2017 | ____ 19 ____ |
| | b. March 15, 2018 | _____ |

5. Summarization of comments from the Board meeting.

The Area Plan is a four-year plan required by DHS Aging Services for ASCOG AAA to continue to receive Title III funding. This is year one in a four-year cycle. The budget estimate provided by DHS for SFY19 has not yet been received so the draft contains numbers based on the SFY18 budget. There have been no significant changes to the plan. Goals were reduced due to reduction of meals served because of SFY18 budget cuts. The Advisory Council approved recommending the SFY19 Area Plan. On motion by Robert Crews and second by Eddie Whitworth, the area plan draft was approved. Those voting “aye” were Awtrey, Beard, Blackwell, Bohot, Brown, Carroll, Churchman, Crews, Cross, Davis, Dorn, Foster, Gray, Hayes, Lennier, Overton, Rainey, Richardson and Whitworth.

6. Changes made in the Area Plan as a result of the Board's suggestions.

None

SECTION VI PROGRAM CAPACITY

All surveys for Oklahoma Title III programs (except for NFCSP and Health Promotion and SFY 2018 Legal Assistance) have been redesigned, approved and used by all service providers of a specific service. ASCOG has tried to provide the same data for each service per each project, so comparisons may be drawn from across the service area. ASCOG asks each program to complete their surveys in the second to third quarters. Some programs, such as legal aid, caregiver access and GRRC access, and I&A services are asked to provide a survey at the time of service where seniors may have a hard time understanding the service provision, if too much time lapses between service provision and survey completion. ASCOG has provided information on each service, as to the mode of the survey collection.

EVALUATION OF CURRENT SERVICES

None of these sub-grantees are for profit.

1. *Delta Nutrition* – Congregate and Home Delivered Meals

Years as OAA Title III Service Provider – Almost 40

Status of Contract - year two of four-year grant; SFY 2018 contract is signed and provider is in compliance.

Summary of Participant Satisfaction Surveys:

In the fall of 2016, approximately 780 home delivered meal surveys were distributed. Approximately 253 were returned. 57 percent of respondents were always satisfied with the taste. 65 percent were always satisfied with the variety. 76 percent were always satisfied with the temperature. And 96 percent were always satisfied with the staff. Approximately 1,200 congregate surveys were distributed. Approximately 488 were returned. 65 percent of respondents were always satisfied with the taste. 77 percent were always satisfied with the temperature. And 97 percent were always satisfied with the staff.

2. *CADC* – Transportation

Years as OAA Title III Service Provider – 1 with ASCOG

Status of Contract – year one of four-year grant; SFY 2018 contract is signed and provider is in compliance.

Summary of Participant Satisfaction Surveys:

In spring 2017, approximately 740 transportation surveys were distributed. Approximately 247 were returned. 52 percent of respondents were always satisfied with the quality of transportation. 96 percent were always satisfied with the staff.

3. *MaddieLuke*⁵⁵ – Chore, health promotion, caregiver services

Years as OAA Title III Service Provider - 4

Status of Contract – year three of four-year grant; SFY 2018 contract is signed and provider is in compliance.

Summary of Participant Satisfaction Surveys:

In Spring 2017, 97 caregiver participants received surveys with 96 being returned. 99 percent strongly agreed they were satisfied in managing referrals. 89% strongly agreed respite services improved their quality of life. 18 chore participants received surveys. Of four respondents, 100% agreed chore work was always satisfactory. 100% of respondents said the chore worker always arrived on time, completed the service plan acted professionally. 47 health promotion participants received surveys. Of 30 respondents, 83 percent said they have never participated in a CDSMP workshop in the past. 33 percent rated their health as “fair.” 503 outreach participants were given surveys. Of the 270 respondents, 97 percent were very satisfied with the customer service of the staff. 99 percent felt very comfortable talking to the outreach worker. 99 percent felt the outreach work was courteous and understanding of their needs.

4. *Temple Nutrition* – Congregate meals and home delivered meals

Years as OAA Title III Service Provider - 2

Status of Contract – year two of four-year grant; SFY 2018 contract is signed and provider is in compliance.

Summary of Participant Satisfaction Surveys:

In March 2017, Temple sent out surveys to 27 congregate participants. 25 participants responded. 64% responded the always were satisfied with food taste. 100% responded very satisfied with food temperature. 88% responded always satisfied with staff. Ten home delivered responded out of 12. 80% responded always satisfied with food taste. 80% responded always satisfied with variety of meals. 70% responded always satisfied with food temps. 100% responded always satisfied with staff.

5. *Cyril Nutrition* – Congregate meals, home delivered meals and transportation

Years as OAA Title III Service Provider - 2

Status of Contract - year two of a four-year grant; SFY 2018 contract is signed and provider is in compliance.

Summary of Participant Satisfaction Surveys:

In June 2017, 24 home delivered meal participant were given surveys with 20 being returned. Participants reported 60 percent were always satisfied with the taste of the meals. 75 percent were always satisfied with the variety of meals. 65 percent were always satisfied with the food temperature. 28 congregate participants were given surveys with 20 being returned. Participants reported 75 percent reported they were always satisfied with meal taste. 90 percent were always satisfied with meal temperature. 90 percent were always satisfied with the staff. One transportation participant was given a survey. None were returned.

6. *Legal Aid Services of Oklahoma* – legal aid and education and training

Years as OAA Title III Service Provider - 11

Status of Contract – year four of four-year grant; SFY 2018 contract is signed and provider is in compliance.

Summary of Participant Satisfaction Surveys:

In SFY17, LASO received 38 surveys from legal advice participants. 87% responded “very good” regarding ease of obtaining legal advice. 87% responded “very good” to things explained in a way they could understand easily. 87% responded “very good” to staff knowledgeable about what

⁵⁵ MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

person needed to know. LASO also received 111 E&T surveys. 84% responded “very good” to speaker’s knowledge on topic. 79% responded “very good” to speaker doing a good job on presenting the information.

7. *Senior Center for Creative Living* – Education and training

Years as OAA Title III Service Provider - 2

Status of Contract - year three of a four-year grant; SFY 2018 contract is signed and provider is in compliance.

Summary of Participant Satisfaction Surveys:

In August 2017, all SCCL participants were offered survey which were available on-site in an indeterminable number. 69 surveys were returned. Only 29 surveys were returned by participants in education and training classes. Ninety percent of respondents report being very satisfied with the classes in education and training. One-hundred percent reported being very satisfied with the customer service of the staff.

8. *Grandfield Senior Center* – Coordination of services

Years as OAA Title III Service Provider - 2

Status of Contract - year three of a four-year grant; SFY 2018 contract is signed and provider is in compliance.

Summary of Participant Satisfaction Surveys:

In November Grandfield SC sent out 25 surveys. Grandfield received ten completed surveys back for coordination of services (meals). 70 percent were very satisfied with services received, 70 percent were very satisfied with courtesy of staff. 60 percent were very satisfied with the taste of the meals. 60 percent were very satisfied with other services provided at the center.

9. *Tipton Senior Center* – Coordination of Services

Years as OAA Title III Service Provider - 2

Status of Contract – year three of a four-year grant; SFY 2018 contract is signed and provider is in compliance.

Summary of Participant Satisfaction Surveys:

Approximately 45 participants received surveys for coordination of services (meals). 100 percent were satisfied with meal taste, meal temperature and staff.

QUALITY ASSURANCE

1. Delta Nutrition

- a. Delta had multiple findings during quarterly and site assessments regarding quality of intake forms and referrals.
- b. Delta nutrition invested two days of training for site managers during their quarterly site manager meetings, inviting ASCOG staff to attend and provide training regarding outreach forms. ASCOG has also provided several one-on-one trainings to site managers in need.
- c. Delta is most improved on overall consumer satisfaction in variety and taste of meals
 - i. Delta continues to work with dietician consultant Ellen Young who has helped keep costs of food down while improving focus on variety and taste of food.
 - ii. Delta could still improve on outreach as three sites have served fewer than 25 meals per day in SFY18 so far.
- d. Three changes ASCOG hopes to see in Delta to streamline processes are
 - i. Increased usage of SNAP benefits in nutrition sites using SNAP EBT machines
 - ii. Continued intake training of staff for streamlined referral processes
 - iii. Streamline processes to identify, address and resolve aging equipment
- e. ASCOG would like to see the following outcomes for Delta Nutrition
 - i. Improve participation of Cement, Ryan and Wayne sites to at least 30 meals per day.
 - ii. Continue improving intake form completion at each site to where at least 95 percent compliance is maintained at site assessments.
 - iii. Develop equipment list for each site along with anticipated date equipment must be replaced and identify local funding sources for equipment.

2. MaddieLuke⁵⁶

- a. MaddieLuke has decreased findings to near perfect assessments in SFY18. MaddieLuke is the best examples of completion of outreach and intake forms in the PSA.
- b. MaddieLuke has greatly improved on filling gaps in services for health promotion and support groups for caregivers and GRRC. MaddieLuke has no remaining negative survey comments to address.
- c. MaddieLuke is best at intake form completion and high standards for referral connectivity and follow-up. MaddieLuke has agreed to improve on their services by working with ASCOG to develop network activities for needed services in rural areas, especially in mental health services.
- d. Three changes ASCOG would like to see in MaddieLuke to streamline processes are
 - i. Assistance with developing support service networks in rural counties.
 - ii. Assistance with developing improved referral strategies for non-Title III services.
 - iii. Assistance in developing improved referral processes and resource identification for mental health services, especially in rural areas.
- e. Outcomes ASCOG would like to see MaddieLuke obtain are:
 - i. Increase health promotion people served by 10%
 - ii. Increase support group participation for caregivers and GRRC by 10%
 - iii. Assist in development of at least quarterly meetings for support service networks in Caddo, Tillman, Cotton and Jefferson counties.

3. CADC

⁵⁶ MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

- a. CADC has addressed all quarterly assessment findings. They have been the most improved provider for outreach and marketing, though they seldom complete intake forms as most of their participants are already with nutrition projects.
- b. CADC is currently developing a new service to transport seniors to health care appointments.
- c. CADC is the best project at providing transportation with a strong fleet of vehicles and trained drivers, a highly experienced project director and a supportive board. CADC is already developing improvements to access to healthcare through their transportation program.
- d. ASCOG would like to see the following three changes in CADC to streamline processes.
 - i. Assist ASCOG in improving online training availability for rural drivers.
 - ii. Improved response time to calls for special transportation needs
 - iii. Improved billing processes to help project meet contract deadlines
- e. ASCOG would like to see the following outcomes for CADC.
 - i. Increase access to healthcare transportation by 50%
 - ii. Increase billing to at least 95% compliance with contract deadlines
 - iii. Develop program to provide intakes to non-Title III riders who need healthcare access.

4. Temple Nutrition

- a. Temple still needs to address delays in completing updates for outreach assessment.
- b. Temple has a project director who is also Town Clerk. The director needs to make themselves accessible to complete intakes, especially needing timeliness for homebound participants. No negative survey comments were received.
- c. What project does best/needs improvement
 - i. Temple is the best project for community support. The Town of Temple provides for most of the project director's salary, site rent and utilities.
 - ii. Temple needs most improvement on intake form timeliness and communication with tribal nutrition projects.
- d. Three processes to streamline
 - i. More timely responses to AAA requests.
 - ii. More efficient tickler system to remember when intake forms are due.
 - iii. Improved compliance with AIM data entry timelines without prompting
- e. Three outcomes
 - i. Increase timeliness of responses to AAA to within one business day
 - ii. Increase intake form completion to at least 95%
 - iii. Increase AIM data entry requirements without prompting to at least 95%.

5. Cyril Nutrition

- a. Cyril needs to improve overall outreach and marketing to identify additional consumers in need of transportation service and congregate meals service.
- b. Cyril is in a rural community with limited resources, yet only one participant was identified in need of transportation. The nearest grocery store is eight miles away. It appears the gaps in transportation have not been identified or filled by this project.
- c. What project does best/needs improvement
 - i. Cyril has been most improved in reducing complaints in general at the site, many of the complaints were because of previous volunteer staff who are no longer there.
 - ii. Cyril has the highest rate of staff cost to total project costs. This should be reduced to allow for more services funding.
- d. Three processes to streamline
 - i. Reduce staff by decreasing staff time during hours when no seniors are present.
 - ii. Improve access to transportation by having staff available at earlier hours in day

- iii. Improve meal service by moving more staff hours from administration to direct service
 - e. Three outcomes
 - i. Increase direct service staff of project.
 - ii. Decrease staff cost to total cost ratio to 50%.
 - iii. Increase transportation program usage by 300%
- 6. Legal Aid
 - a. Legal Aid Services complete internal intake forms beyond ASCOG review. ASCOG is not concerned about outreach at LASO because of their increased units provided in SFY17.
 - b. No negative comments reported. LASO has increased services overall by finding additional grants to marry to their project services. Legal Aid continues to focus on the gap they identified in need for landlord tenant representation
 - c. What project does best/needs improvement
 - i. Legal Aid has been the best project for increasing services by applying for other available grants.
 - ii. Legal Aid has been the worst at spending project funding sooner than 1/12th per month.
 - d. Three processes to streamline
 - i. Identify ways to reduce burden on Title III services earlier in the year by utilizing other grants.
 - ii. Improved communication between corporate offices and field offices.
 - iii. Improve response time to requests by AAA
 - e. Three outcomes
 - i. Improve response time to AAA requests to one business day
 - ii. Increase compliance with one-twelfth spending limits per month.
 - iii. Increase services to landlord – tenant disputes by 10%
- 7. Senior Center for Creative Living
 - a. SCCL does not complete outreach intake forms as all their services are group services.
 - b. SCCL had no findings on their last quarterly assessment and no gaps in service provided by SCCL have been found.
 - c. What project does best/needs improvement
 - i. SCCL is best for its ability to find multiple local grants to keep this site thriving and serving a greater variety of seniors more non-Title III services
 - ii. SCCL has struggled with accuracy of input information submitted to ASCOG where staff has been confused by what is allowed as Title III E&T and what is not.
 - d. Three processes to streamline
 - i. Improve AIM data entry by only submitting to ASCOG for AIM entry those classes that are allowed under the grant.
 - ii. Improve communication with Delta Nutrition to ensure coordination of the new nutrition service initiated by SCCL.
 - iii. Improve computer literacy at site by providing new computer class.
 - e. Three outcomes
 - i. Increase communication with Delta Nutrition to 100% communication of nutrition services provided by SCCL to avoid duplication
 - ii. Increase compliance of classes submitted to ASCOG as Title III documentation to 100%
 - iii. Increase variety of Title III approved classes by 5% for next year
- 8. Grandfield Senior Center

- a. Grandfield does not complete intake forms as their sole service only measures hours of work by the coordinator
 - b. Grandfield is a single-site entity that already does what it can to fill any gaps identified at the center
 - c. What project does best/needs improvement
 - i. Grandfield along with Tipton provide some of the best meals in the PSA.
 - ii. Grandfield has the most difficulty dealing with modern technology
 - d. Three processes to streamline
 - i. Improve communication through current technology like scanning reports
 - ii. Improve response time to AAA through daily check of emails
 - iii. Improve site marketing through social media
 - e. Three outcomes
 - i. Develop a new Facebook page for the center
 - ii. Decrease response time to AAA to within one business day
 - iii. Submit 100% of reports electronically in clear format.
9. Tipton Senior Center
- a. Tipton does not complete intake forms as their sole service only measures hours of work by the coordinator
 - b. Tipton is a single-site entity that already does what it can to fill any gaps identified at the center
 - c. What project does best/needs improvement
 - i. Tipton along with Grandfield provide some of the best meals in the PSA.
 - ii. Tipton is only open four days per week.
 - d. Three processes to streamline
 - i. Tipton already communicates very well with modern technology
 - ii. Tipton already has one of the best response times to AAA requests
 - iii. Tipton already uses social media for marketing
 - e. Three outcomes
 - i. Tipton already has a Facebook page
 - ii. Tipton already responds faster than any other project to AAA requests
 - iii. Tipton already submits reports electronically 100%

SERVICE DELIVERY NARRATIVE

In SFY18, ASCOG contracts with Delta, Temple and Cyril for congregate meals and home delivered meals. ASCOG contracts with CADC for Transportation services. ASCOG contracts with MaddieLuke⁵⁷ for caregiver/grandparents raising grandchildren access to services, information about services, groups and respite services. ASCOG contracts with MaddieLuke for outreach, chore and health promotion programs. Title III E NFCSP SFY2019 allows and no more than 10% of total federal and non-federal share to provide Grandparents Raising Relative Children (GRRC) services. ASCOG does not provide NFCSP supplemental services.

MaddieLuke⁵⁸ provide health promotion services of any approved health promotion activity listed on page 133 of the ASCOG Title III procedures manual⁵⁹, including health risk assessments, individual routine health screenings such as hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, oral health, and nutrition screenings. MaddieLuke will sub-contract with home health agencies or other licensed individuals or agencies to deliver services to participants, caregivers, and grandparents when appropriate. MaddieLuke also facilitates Chronic Disease Self-Management Program, Diabetes Self-Management Programs and Falls Talk Sessions.

In SFY18, ASCOG is providing direct service delivery of the following Title III services: information and assistance, I&A education, ombudsman services, nutrition counseling and nutrition education. These direct services are allowed under policy without a waiver. Kris Manriquez is the certified I&A at ASCOG.

ASCOG is on track to provide 68 units of nutrition counseling, 232 units of nutrition education, and 517 units of I&A. The I&A education is on track to provide 200 units.

Over the course of SFY17, ASCOG I&A sent out 140 surveys to recipients of I&A service. Sixty surveys were returned. 97% of I&A recipients agreed “Yes” to the I&A was friendly and easy to understand and the same percentage replied “Yes” to feeling the I&A knew what they were talking about. 92% were very satisfied with the assistance received.

Ombudsman services were previously provided through two full-time Ombudsman Supervisors and their volunteers. Currently one Ombudsman supervisor position is vacant but is in the process of being filled. The Ombudsman Supervisors are responsible for 2,180 nursing home residents in 39 long-term care facilities. The Ombudsman program is under the direction of the State Ombudsman.

In SFY18, ASCOG continues to work with the Delta, Cyril and Temple nutrition projects to increase the quality of service and customer satisfaction. We will continue to work with the supportive services project to continue increasing units of service, as well.

Currently the only program with a waiting list is legal services and they maintain their waiting list internally.

Delta Nutrition did not meet original SFY17 goals due to a reduction in service sites mid-year. The goal was lowered for SFY18 and SFY19.

MaddieLuke⁶⁰ did not meet some caregiver services and health promotion goals for SFY17. Some goals were lowered but MaddieLuke has shown significant improvement in deficient areas to maintain some goals at previous levels per their request.

⁵⁷ MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

⁵⁸ Ibid

⁵⁹ <http://www.ascog.org/wp-content/uploads/2015/08/SFY2016-ASCOG-AAA-Title-III-Services-Policy-and-Procedures-Manual-with-draft-changes.pdf>

⁶⁰ MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

SCOPE OF WORK JUSTIFICATION

I&A Direct Service

1. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens and Tillman			
II. NAME OF SERVICE (from Title III Taxonomy): Information and Assistance			
III. (A) \$ Unit Cost	(B) \$ Total Funding	(C) # Units	(D) Unduplicated Persons Served
\$25.65	\$13,259	517	517
A. Show Unit Cost Computation and Methodology. \$13,259 total funding divided by 517 units goal equals \$25.65 cost per unit. Cost only includes funding provided through DHS Aging Services NGA for the I&A Service			
B. Show the breakdown of Total Funding for the service. Of total Title III-B Access (I&R) funding \$16,127, 82.21% of the funding is designated for education and training, or \$13,259.			
C. Enter the projected number of units to be provided 517			
D. Enter the projected number of unduplicated persons served (UPS). 517			
ACTIVITIES TO MEET THE SCOPE OF WORK:			
1. List activities to be accomplished.			
<ul style="list-style-type: none"> A. Marketing of program B. Completion of Call Logs by assigned I&A C. Respond to senior information line calls D. Completion of AIRS certification E. Units entered into AIM 			
2. Provide a <u>detailed</u> description of service implementation. (Attach additional pages needed.)			
<ul style="list-style-type: none"> A. ASCOG will market the Information and Assistance programs through public presentations, brochures, fliers, email blasts, press releases, blogs and letters to focal points. B. ASCOG will ensure that a call log is maintained, documenting each eligible participant who contacts or is referred to the Information and Assistance Specialist (I&A). The I&A service is a one-on-one contact in person, by phone, email, letter or fax. Appropriate follow-up will be provided to those in need. C. All senior-line calls will be answered by the ASCOG I&A. Call documentation will be made into AIM. D. I&As hired will be AIRS/AD certified within one year. E. ASCOG I&A will enter the units of service into AIM. F. ASCOG will submit reports as requested to ASD. 			
3. ASCOG staff will mail out surveys to approximately 15% of participants who are randomly selected.			

1. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens and Tillman			
II. NAME OF SERVICE (from Title III Taxonomy): I&A Education and Training			
III. (A) \$ Unit Cost	(B) \$ Total Funding	(C) # Units	(D) Unduplicated Persons Served
\$14.34	\$2,868	200	1,276
A. Show Unit Cost Computation and Methodology. \$2,868 total funding divided by 200 units goal equals \$14.34 cost per unit.			
B. Show the breakdown of Total Funding for the service. Of total Title III-B Access (I&R) funding \$16,127, 17.79% of the funding is designated for education and training, or \$2,868. Cost only includes funding provided through DHS Aging Services NGA for the I&A Service			
C. Enter the projected number of units to be provided. 200			
D. Enter the projected number of unduplicated persons served (UPS). 1,276			
ACTIVITIES TO MEET THE SCOPE OF WORK:			
1. List activities to be accomplished.			
<ul style="list-style-type: none"> A. Marketing of program B. Presentation at focal points and other marketing venues C. Completion of sign-in sheets D. Units entered into AIM 			
2. Provide a <u>detailed</u> description of service implementation. (Attach additional pages needed.)			
<ul style="list-style-type: none"> A. ASCOG will market the Information and Assistance programs through public presentations, brochures, fliers, email blasts, press releases, blogs and letters to focal points. B. ASCOG staff will ask those in attendance at public presentations to complete sign-in sheets to document the presentation. All senior-line calls will be answered by the ASCOG I&A. Call documentation will be made into AIM. C. ASCOG staff will document other types of marketing through copies of emails, press releases and fliers, along with a list of those to whom the marketing materials were sent. ASCOG I&A will enter the units of service into AIM. D. Prospective participants who respond to the marketing will be referred to the appropriate case manager or will receive an immediate assessment for services if possible. E. ASCOG staff will forward sign-in sheets, emails, other documentation and time sheets designating time worked on 			

Education/Information and Assistance to ASCOG
administrative staff for review.

F. ASCOG I&A will enter group units into AIM.

G. ASCOG will submit report to DHS as requested.

3. ASCOG staff will email needs assessment surveys to all available contacts in the PSA.

Nutrition Education and Counseling Direct Service

I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:			
Stephens, McClain, Grady, Caddo, Comanche, Tillman, Cotton, and Jefferson counties			
II. NAME OF SERVICE: NUTRITION EDUCATION			
III.			
(A) \$ Unit Cost	(B) \$ Total Funding	(C) # Units	(D) Unduplicated Persons Served
\$3,52	\$3,600	1,023	252
IV. Detailed activities to Meet the Scope of Work			
<p>1. ASCOG will provide the Nutrition Education program monthly through public presentations to congregate meal participants, brochures and fliers to home-delivered participants, email blasts, press releases, blogs and letters to focal points in the planning and service area. One unit of service is equal to one presentation or nutrition education material handout via mail, in-person, etc. Contracts are used to dedicate funding for this service to the ASCOG RD and to allow for \$3,600 to be determined use for this service.</p>			
<p>2. ASCOG will ensure the Nutrition Education program materials are developed and written by the ASCOG AAA Registered Dietician.</p>			
<p>3. ASCOG will coordinate with nutrition project staff and volunteers to ensure each home-delivered meal recipient also receives a monthly nutrition education flier.</p>			
<p>4. ASCOG will ensure all eligible participants go through the intake process using the Title III Pilot Outreach forms and will update these forms annually.</p>			
<p>5. The RD will submit the nutrition fliers and time sheets to ASCOG for review and payment.</p>			
<p>6. ASCOG will enter the units of service into AIM via a data entry clerk.</p>			
<p>7. ASCOG will submit reports as requested to ASD.</p>			
<p>8. ASCOG staff will mail out surveys annually to all participants who have received nutrition education services.</p>			

II. NAME OF SERVICE: NUTRITION COUNSELING			
III.			
(A) \$ Unit Cost	(B) \$ Total Funding	(C) # Units	(D) Unduplicated Persons Served
\$38.91	\$2,646	68	68
IV. Detailed activities to Meet the Scope of Work			
<p>1. ASCOG will provide the Nutrition Counseling program through individualized guidance to a participant. ASCOG will market the program to congregate meal participants, brochures and fliers to home-delivered participants, email blasts, press releases, blogs and letters to focal points in the planning and service area. One unit of service is equal to one counseling session that is provided one-on-one by a registered dietician. Contracts are used to identify funding dedicated for this service to the ASCOG RD</p>			
<p>2. ASCOG will ensure the Nutrition Counseling program materials are developed and written by the ASCOG AAA Registered Dietician.</p>			
<p>3. ASCOG will coordinate with nutrition project staff and volunteers to ensure each home-delivered meal recipient is aware of the Nutrition Counseling program.</p>			
<p>4. ASCOG will ensure all eligible participants requesting Nutrition Counseling receive the service by the RD.</p>			

FEDERALLY REQUIRED FOCUS AREAS (TARGET POPULATIONS)

ASCOG targets populations required by policy OAC 340:105-10-38 by reviewing each sub-contractor's AIM report on target populations three times per year to ensure compliance. ASCOG also puts minimum requirements in the outreach sub-contractor scope of work to ensure these targets are reached.

As stated previously, ASCOG has targeted low-income minorities with funding by ensuring as funds have been reduced to maintain the state funding formula which includes 25 percent funding for low income and 25 percent funding for minority populations.

ASCOG also targets rural and isolated minorities by maintaining the minimum maintenance of effort for rural funding as required by policy.

ASCOG targets persons with severe disabilities by partnering with ADvantage case management waiver services, hospital discharge planners, and home health agencies.

ASCOG targets persons with limited English proficiency by partnering with churches with bilingual services and ensuring funding remains targeted in urban areas where high propensity of such populations exists.

ASCOG targets persons at risk of institutional placement by partnering with ADvantage case management waiver services, hospital discharge planners, and home health agencies.

ASCOG targets persons with Alzheimer's and related disorders by partnering with the Alzheimer's Association of Oklahoma, both the southwest office in Lawton and the main office in Oklahoma City.

ASCOG targets Native Americans by ensuring funding is maintained in high-population communities in Stephens, Comanche and Caddo counties as well as sending annual requests for MOU to all tribes. ASCOG also keeps one seat on the AAA Advisory Council for the elderly services director from the Apache-Fort Sill Tribe.

ASCOG targets older persons with the greatest economic or social need by maintaining services in low-income areas such as Ryan, Ringling, Walters and Frederick through engagement in outreach, engagement with local housing boards and through policy changes to prevent site closures in these areas by reducing days served versus site closure. ASCOG targets isolated rural sites like Cement to make sure all efforts are made to keep these sites open and by marketing through local community water bill mailouts. Low-income minorities are specifically protected through efforts to keep the Patterson Site open in Lawton which serves the highest portion of low-income minorities, partnering with Patterson for key marketing of events such as Medicare counseling, and through keeping multiple sites open in Lawton and Duncan, rather than closing other sites. ASCOG also partnered with the City of Lawton and Red River Transit to keep transportation available to Lawton sites that were closed in recent years at the Pleasant Valley housing and the Centenary Methodist Church.

OUTREACH

The two largest target populations in the ASCOG PSA are individuals in rural or isolated areas and individuals with Alzheimer's and related disorders. The MaddieLuke⁶¹ Outreach program

⁶¹ MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

is targeting these two populations by concentrating most staff time and travel to rural areas. MaddieLuke partners with the Alzheimer's Association to ensure services are being provided to individuals with Alzheimer's and their spouses or caregivers. MaddieLuke also utilizes social media to increase public awareness about Alzheimer's and related disorders, including resource and event sharing.

- a. MaddieLuke's⁶² total outreach numbers decreased from 744 in SFY16 to 503 in SFY17. This is mostly due to reduced referrals from Delta Nutrition which lost six nutrition sites between SFY16 and SFY17. MaddieLuke is on track in SFY18 to provide 668 units of outreach for SFY18. In SFY17, MaddieLuke provided outreach to 34 Native Americans, 316 residing in rural areas, 145 clients in poverty, 4 clients who identified as poverty and minority, 61 living alone and 138 who identified at least three impairments with activities of daily living making them severely disabled and at risk of institutionalization.
- b. MaddieLuke networks with agencies and organizations that provide services to target populations, including the Alzheimer's Association, ADvantage case management agencies, hospital discharge planners, home health agencies and other non-Title III providers such as senior centers. MaddieLuke uses face to face meetings, presentations, public media and canvassing to market their programs.
- c. Title III providers who use AIM can make referrals to MaddieLuke using AIM. Non-AIM users can call, email or fax referrals to MaddieLuke. New referrals are scheduled for intakes right away and the target is intake completion with one week and AIM data entry within 10 days after that. MaddieLuke identifies needs and makes appropriate referrals. When referring to a Title III provider with AIM, MaddieLuke makes the referral using AIM. Otherwise, MaddieLuke makes the referral through email, fax, calls or referring the participant with a brochure or number for the agency. Follow-up is completed on all eligible referrals in a timely fashion.
- d. SFY18 training projects with the outreach provider occurred mostly to address the intake form itself, with special focus identifying severely disabled and at risk of institutional placement by looking for at least three ADLs and achieving the federal goal of at least two ADLs for homebound services. ASCOG provides annual training to the project director and quarterly training on the intake form. ASCOG staff is also available for on-demand training projects.
- e. ASCOG addresses gaps with the outreach provider as needed through the year and at least annually to document gaps in service. In SFY18 the outreach provider identified a need for networks, like the Senior Summit in Lawton, in rural areas, with special focus on healthcare, mental health, food bank and transportation options, especially in Caddo, Tillman, Cotton, and Jefferson counties. Gaps are identified by the Outreach project director who is also solely responsible for all AIM data entry. Informal meetings are usually held weekly between the Outreach project director and the AAA director.
- f. Based on random review of outreach intake forms during quarterly assessments, each outreach intake typically has at least three referrals per participant. Referrals are made to nutrition counseling nearly 100% of times when the nutrition risk score is six or more. Referrals are made to mental health nearly 100% of times when a mental health screening, standard for every MaddieLuke outreach intake, identifies a participant at risk. Senior nutrition referrals are nearly always made for each

⁶² MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

participant, nutrition referrals being made to the nearest Title III or CENA senior center. When participants show at risk of institutional placement and are low income, MaddieLuke always refers them to the ADvantage waiver hotline with success.

- g. MaddieLuke⁶³ partners with several native American tribes in the PSA and touch base with them frequently to see who can provide assistance whom they have not been able to serve under tribal programs. MaddieLuke also refers to Title VI nutrition sites when appropriate.
- h. All MaddieLuke services and service delivery methodologies have been organized and structured to target low income older individuals, caregivers, and grandparents raising grandchildren with emphasis on rural area residents and/or minorities with the greatest economic and social need. All counties within the service area, except for Comanche and McClain Counties, are considered rural by the State of Oklahoma. Therefore, all seniors and caregivers residing in Caddo, Cotton, Grady, Jefferson, Stephens, and Tillman counties will be considered rural for any service they receive with emphasis in service delivery given to these counties even though population concentrations are larger in non-rural Comanche and McClain Counties. A variety of marketing techniques and approaches to engage potential participants have been implemented and will continue; Project staff have established ongoing relationships with invested community partners such as Delta Nutrition, ASCOG I&A, area home health agencies, area hospice agencies, Adult Protective Services, Department of Human Services, faith based entities, and hospital discharge workers who serve a shared targeted population base and are able to provide beneficial unduplicated services to shared clients through this unique partnership. Project staff will continue to specifically target community partners who specialize in serving individuals with severe disabilities to facilitate unduplicated service delivery to individuals with severe disabilities and/or to caregivers who provide care to individuals with severe disabilities. Project staff will continue to follow the service delivery strategy for potential participants and caregivers with limited English speaking ability at the request of the Area Agency on Aging. Individuals with limited English speaking ability have been and will continue to be served on a case by case basis with emphasis placed on speedily delivering needed services in the individual's native language as much as possible. The Health Promotion and Support Groups Coordinator continues to partner with local health providers and specialists who serve individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction to provide needed services to the individual and their caregiver to improve the quality of life for both. The project will continue to partner with case managers from entities such as ASCOG and the Department of Human Services to seek and follow through on referrals from these partners regarding any clients they are currently serving who experience impairments in activities in daily living such as bathing, dressing, transferring, toileting, and eating or impairments in instrumental activities of daily life such as cooking, cleaning, finances, shopping, healthcare and medication, using telephones and technology, transportation, or caring for other individuals and pets for the purpose of providing Outreach to the individual and an NFCSP related service to the caregiver. Training for MaddieLuke staff continues to be a priority to the project and staff will continue to be provided with ample opportunities to learn more about the population they are serving and build upon the

⁶³ MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

skill sets they already possess to ensure the highest quality of care is being provided in the most efficient and timely manner possible.

CAREGIVER / GRANDPARENTS

- a. GRRC populations have increased in every county of the ASCOG PSA except for McClain County. Caregivers services are also higher in each county based at least on the number of individuals with Alzheimer's or related disorders. The increase in older population due to Baby Boomers turning 60 and a much higher rate is presumably the chief cause of this.
- b. MaddieLuke⁶⁴ is targeting this population chiefly through partnering with case management agencies and DHS local office case workers to identify persons at risk of institutional placement and the caregivers that help them stay at home. MaddieLuke also coordinates with schools and DHS to identify GRRC.
- c. MaddieLuke partners with the Alzheimer's association, home health agencies and DHS to focus services to meet needs of caregivers and grandparents.

HOLOCAUST SURVIVORS

- a. The population of holocaust survivors in the ASCOG PSA is unknown. According to the ACL the youngest survivors are 71 years old and this is an event of history so populations can only decrease.
- b. The best effort to increase services to this target population is through the normal course of reaching those who are at risk of institutionalization, isolated and in urban areas such as Lawton, OK where survivors are more likely to have gathered in population, but numbers are not defined for this group. Because of age and their likely trauma through PTSD triggers because of institutionalization or through the course of the normal aging process⁶⁵, ASCOG believes it is best to focus efforts through the outreach contractors and through the Ombudsman Supervisors.
- c. ASCOG has scheduled training for Outreach and other project directors as a part of annual training. ASCOG was told by the State Ombudsman that holocaust training may be included in the next semi-annual Ombudsman Supervisor training.
- d. ASCOG was unable to locate partners in the PSA who currently work with this population but will begin partnering with MaddieLuke, the Alzheimer's Association and the State Ombudsman Office.

ELDER JUSTICE

- a. AAA Director Jones was a featured speaker at the CCL and Bancfirst Senior Fraud Conference held at the Great Plains Technology Center, May 19, 2017. Jones is also scheduled to speak at the SFY18 conference by the same name. Jones has also spoken about senior fraud and exploitation in the communities of Lawton, Geronimo, Elgin, Marlow, Duncan, Comanche, Walters, Temple, Cache, Frederick, Tipton, Grandfield, Ryan and Ringling.

⁶⁴ MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

⁶⁵ <https://www.acl.gov/sites/default/files/about-acl/2017-04/FINAL%20FOR%20POSTING%20-%20ACL%20Guidance%20-%20Holocaust%20Survivor%20Services%20-%20201-12-17.pdf>

- b. ASCOG presents best practices to seniors to always protect the Medicare, Social Security and credit card numbers and information carefully to only give that information to trusted sources, never answer the phone if you do not know who is calling or to hang up if anyone asks for personal information. Seniors are informed about reporting abuse and neglect to Adult Protective Services, Ombudsman Supervisors, law enforcement and if necessary other law enforcement arms of the Oklahoma Attorney General, Oklahoma Insurance Departments or District Attorney offices.
- c. ASCOG not only provides training about fraud and abuse and prevention, but it also publishes information provided by the Oklahoma Insurance Department, Oklahoma Banking Association, N4A, and other fraud abuse and prevention information sources as well as invitations to area fraud conferences.
- d. ASCOG partners with the Oklahoma Insurance Department Senior Medicare Patrol Program, the State Ombudsman Office, MaddieLuke⁶⁶ Outreach and the Senior Center for Creative Living to focus on sharing information to area senior and caregivers about Elder Justice.

⁶⁶ MaddieLuke Supportive Services submitted notice they will end their contract with ASCOG 6/30/18. ASCOG will coordinate with the new Outreach and Supportive Services Provider(s) to provide similar services.

SECTION VII APPENDICES

AREA PLAN APPENDICES

Appendix 1 Organizational structure

Appendix 2 AAA Organizational Chart, ADV, BOD

Appendix 3 Training Schedule- AAA Staff and Annual Project Training

Appendix 4 Demographics of Older Person in PSA

Appendix 5 Current Poverty Guidelines

Appendix 6 Management Plan

Appendix 7 Designated Focal Points

Appendix 8 Aging Program Output Table and Narrative

Appendix 9 Volunteer Program

APPENDIX 1 ORGANIZATIONAL STRUCTURE

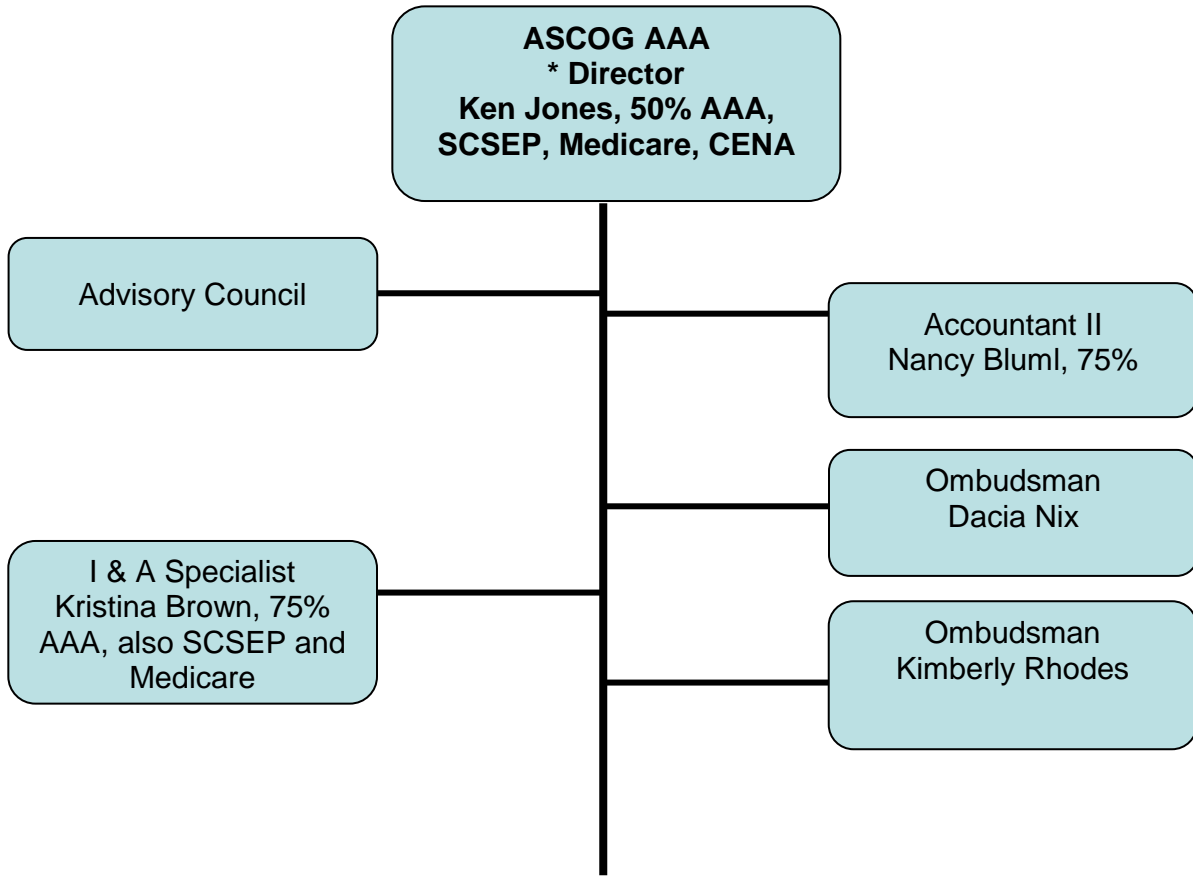
The Association of South Central Oklahoma Governments is made up of 90 local governments, including 72 communities, 8 counties and 10 conservation districts. On behalf of these members, ASCOG applies for grants and enters into contracts through the following divisions, Resource Management, Community and Economic Development, Administration, Rural Fire and Safety and Environmental. Environment Services works chiefly with local governments in need of sanitation assistance. Rural Fire works chiefly with grants through Forestry. Community and Economic Develop works chiefly through grant through the Oklahoma Department of Commerce a through federal agencies such as the EPA.

ASCOG enters into the following contracts within the Supportive Services Division.

ENTITY	SERVICES	FUNDING SOURCE	COUNTY SERVED
ADvantage	Case Management	Federal Title XIX	Caddo
ADvantage	Case Management	Federal Title XIX	Comanche
ADvantage	Case Management	Federal Title XIX	Cotton
ADvantage	Case Management	Federal Title XIX	Grady
ADvantage	Case Management	Federal Title XIX	Jefferson
ADvantage	Case Management	Federal Title XIX	McClain
ADvantage	Case Management	Federal Title XIX	Stephens
ADvantage	Case Management	Federal Title XIX	Tillman
CENA	Nutrition Assistance	OK Dept. of Commerce	Caddo
CENA	Nutrition Assistance	OK Dept. of Commerce	Comanche
CENA	Nutrition Assistance	OK Dept. of Commerce	Cotton
CENA	Nutrition Assistance	OK Dept. of Commerce	Grady
CENA	Nutrition Assistance	OK Dept. of Commerce	McClain
CENA	Nutrition Assistance	OK Dept. of Commerce	Jefferson
CENA	Nutrition Assistance	OK Dept. of Commerce	Stephens
CENA	Nutrition Assistance	OK Dept. of Commerce	Tillman
MAP	Medicare	OID	Harmon
MAP	Medicare	OID	Greer
MAP	Medicare	OID	Jackson
MAP	Medicare	OID	Kiowa
MAP	Medicare	OID	Tillman
MAP	Medicare	OID	Comanche
MAP	Medicare	OID	Stephens
MAP	Medicare	OID	Cotton
MAP	Medicare	OID	Jefferson
MAP	Medicare	OID	Garvin
SMP	Medicare	OID	Harmon

SMP	Medicare	OID	Greer
SMP	Medicare	OID	Jackson
SMP	Medicare	OID	Kiowa
SMP	Medicare	OID	Tillman
SMP	Medicare	OID	Comanche
SMP	Medicare	OID	Stephens
SMP	Medicare	OID	Cotton
SMP	Medicare	OID	Jefferson
SMP	Medicare	OID	Garvin
MIPP	Medicare	OID	Harmon
MIPP	Medicare	OID	Greer
MIPP	Medicare	OID	Jackson
MIPP	Medicare	OID	Kiowa
MIPP	Medicare	OID	Tillman
MIPP	Medicare	OID	Comanche
MIPP	Medicare	OID	Stephens
MIPP	Medicare	OID	Cotton
MIPP	Medicare	OID	Jefferson
MIPP	Medicare	OID	Garvin
Masonic	Unmet Needs	OMCF	Caddo
Masonic	Unmet Needs	OMCF	Comanche
Masonic	Unmet Needs	OMCF	Cotton
Masonic	Unmet Needs	OMCF	Grady
Masonic	Unmet Needs	OMCF	McClain
Masonic	Unmet Needs	OMCF	Jefferson
Masonic	Unmet Needs	OMCF	Stephens
Masonic	Unmet Needs	OMCF	Tillman
SCSEP	Senior Employment	OKDHS	Beckham
SCSEP	Senior Employment	OKDHS	Cleveland
SCSEP	Senior Employment	OKDHS	Cotton
SCSEP	Senior Employment	OKDHS	Custer
SCSEP	Senior Employment	OKDHS	Greer
SCSEP	Senior Employment	OKDHS	Harmon
SCSEP	Senior Employment	OKDHS	Jackson
SCSEP	Senior Employment	OKDHS	Jefferson
SCSEP	Senior Employment	OKDHS	Kiowa
SCSEP	Senior Employment	OKDHS	McClain
SCSEP	Senior Employment	OKDHS	Roger Mills
SCSEP	Senior Employment	OKDHS	Stephens
SCSEP	Senior Employment	OKDHS	Tillman
SCSEP	Senior Employment	OKDHS	Washita

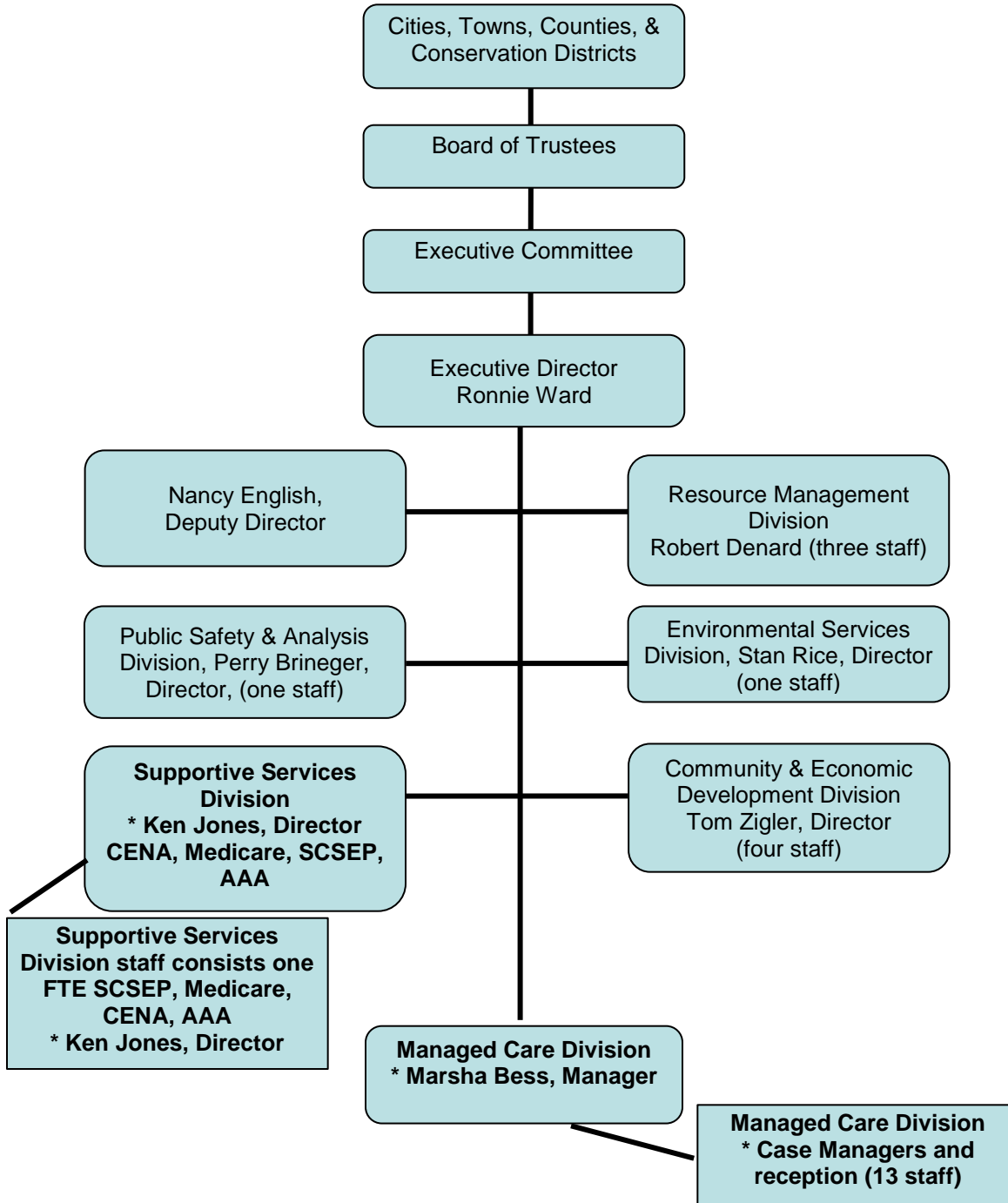
APPENDIX 2 ORGANIZATIONAL CHARTS
ORGANIZATIONAL CHART - AAA



*** Same person is ASCOG Supportive Services Division Director**

ORGANIZATIONAL CHART- SPONSORING AGENCY

Association of South Central Oklahoma Governments Organizational Chart



* Same person is ASCOG Area Agency on Aging Director

AREA AGENCY ON AGING ADVISORY COUNCIL

AAA ASCOG

ADVISORY COUNCIL MEMBERSHIP

Composition of the Advisory Council

Total Members	Total Minority	Total Disabled	Advisory Council Members Who Are Age 60 Or Over							
			Total Age 60+	Black Age 60+	Hispanic Age 60+	Asian Age 60+	American Indian Age 60+	Disabled Age 60+	Low Income Age 60+	Consumer Age 60+
22	15	4	18	1	1	0	2	4	2	19

The Advisory Council carries the advisory functions which further carries out ASCOG's mission of developing and coordinating community-based systems of services for all senior citizens with Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens and Tillman Counties. No members are currently serving on boards of grantee agency and no conflicts of interest have been identified. The Council is in compliance with DHS policy 340:105-10-32(a)(2)(A)-(D) as no members are from those specific entities.

NAME	ORGANIZATION AFFILIATION	ADDRESS	PHONE NUMBER	YEAR OF TERMS		OFFICER
				Start	End	
Marlene Walker	Caddo County Commissioner Appointee	4622 Walker Road, Hinton, OK 73047	405.542.3370	Dec-14	Dec-17	Vice-Chairman
Charity Helms	Caddo County Mayoral Appointee	43187 US Hwy 281, Apache, OK 73006	405.288.2298	Dec-16	Dec-19	
John Kusel	Caddo County SHL Representative	PO Box 370, Fort Cobb, OK 73038	580.759.6038	Mar-15	Mar-18	Treasurer
Thelmer Hutcheson	Comanche County Commissioner Appointee	11 Goldenrod Way, Lawton, OK 73057	580.529.3046	Dec-14	Dec-17	
Charlie Maguire	Comanche County Mayoral Appointee	23393 NE North Drive, Fletcher, OK 73541	580.549.6470	Dec-14	Dec-17	
Karolyn Anders	Lawton Mayoral Appointee	127 NE Cimmarron, Lawton, OK 73507	580.351.8039	Mar-16	Mar-19	
Lauren Ellis	Cotton County Commissioner Appointee	United Way of SW OK, PO Box 66, Lawton, OK 73502	580.355.0218	Dec-14	Dec-17	
Louise Hamilton	Cotton County Mayoral Appointee	518 East California, Walters, OK 73572	580.695.5068	Dec-14	Dec-17	Exec. Comm
Jalmer "Bo" Fallon	Cotton County SHL Representative	7511 NW Wycliff Lane, Lawton, OK 73505	580.536.7880	Mar-15	Mar-18	Exec. Comm
Charles Watson	Grady County Commissioner Appointee	1525 W. Mississippi Ave., Chickasha OK 73018	405.222.8195	Dec-14	Dec-17	
Loretta Jackson	Grady County Mayoral Appointee	322 East Dakota Ave., Chickasha, OK 73018	405.224.5297	Dec-14	Dec-17	
Merlene Rust	Grady County SHL Representative	PO Box 322, Rush Springs, OK 73082	405.820.6649	Mar-15	Mar-18	Chairman
Dorothy Moore	Jefferson County Commissioner Appointee	PO Box 95, Ryan, OK 73565	580.757.2730	Dec-16	Dec-19	
Ruby Benson	Jefferson County Mayoral Appointee	804 Hillcrest Drive, Waurika, OK 73573	580.228.2087	Dec-14	Dec-17	Secretary
Lewie Jeffries	McClain County Commissioner Appointee	PO Box 742, Washington, OK 73093	405.760.1282	Dec-14	Dec-17	
Rowena Scott-Johnson	McClain County Mayoral Appointee	22157 220th Street, Purcell, OK 73080	405.527.0853	Dec-13	Dec-16	Exec. Comm
Ray Merchant	McClain County SHL Representative	PO Box 620, Ninnekah, OK 73067	405.224.1391	Mar-15	Mar-18	
Haljean Gillispie	Stephens County Commissioner Appointee	2912 West Walnut, OK 73533	580.475.0354	Mar-15	Mar-18	Exec. Comm
Sandy Stewart	Stephens County Mayoral Appointee	911 West Walnut, OK 73533	580.255.3644	Mar-16	Mar-19	
Watha Shanks	Tillman County Commissioner Appointee	920 South 13th Street, Frederick, OK 73542	580.335.5177	Dec-14	Dec-17	Exec. Comm
J.M. Cope	Tillman County Mayoral Appointee	PO Box 181, Frederick, OK 73542	580.335.2644	Mar-16	Mar-19	
Katie Ebner	Aging Services Network Provider	Gentive Health Svs, 2210 W Gore Blvd., Ste 3, Lawton, OK	580.248.9998	Dec-14	Dec-17	
Petra Taylor	OSHL Representative	1026 SW 61st St. Lawton, OK 73505	580.574.5766	16-Mar	18-Mar	
Gloria Stearns	OSHL Alternate	18062 CR 1320, Anadarko, OK 73005	405.933.0536	16-Aug	18-Aug	

AREA AGENCY ON AGING BOARD OF DIRECTORS

AAA ASCOG										
BOARD OF DIRECTORS MEMBERSHIP										
Composition of the Board of Directors										
Total Members	Total Minority	Total Disabled	Board of Directors Members Who Are Age 60 Or Over							
			Total Age 60+	Black Age 60+	Hispanic Age 60+	Asian Age 60+	American Indian Age 60+	Disabled Age 60+	Low Income Age 60+	Consumer Age 60+
39										

The role of the ASCOG Board of Director is to review and approve the Area Plan, Management Plan, RFP decisions and to guide the AAA director and staff in the administration and management of Title III programs.

NAME	ORGANIZATION AFFILIATION	ADDRESS	PHONE NUMBER	YEAR OF TERMS		OFFICER
				Start	End	
Randy McLemore	Caddo County Commissioner	PO Box 1427, Anadarko, OK 73005	405.247.3105			
Kyle Eastwood	Caddo County Mayoral Representative	PO Box 647, Anadarko, OK 73005	405.247.2481			
Carlos Squires	Caddo County Conservation District	RR 1, Box 101, Carnegie, OK 73015	405.643.5102			
Robert Crews	Caddo County Citizen at Large	PO Box 307, Apache, OK 73006	580.695.4671			Exec. Comm
Johnny Owens	Comanche County Commissioner	315 SW 5th Street, Lawton, OK 73501	580.353.3717			
Dick Herrin	Comanche County Mayoral Representative	2025 East Drive, Fletcher, OK 73541	580.549.6550			2nd VP
Jerry Pettijohn	Comanche County Conservation District	14322 NE 225th, Fletcher, OK 73541	580.353.0532			
Johnny Carroll	Comanche County Citizen at Large	PO Box 6916, Lawton, OK 73506	918.638.0237			
Edward Eschiti	Cotton County Commissioner	301 N. Broadway, Walters, OK 73572	580.875.3852			Secretary
Ron Dinger	Cotton County Mayoral Representative	PO Box 144, Devol, OK 73531	580.299.3393			
Weston Hoodenpyle	Cotton County Conservation District	176376 N 2690 Road, Walters, OK 73572	580.875.2323			
Gerald R. Hayes	Cotton County Citizen at Large	622 Washington Street, Walters, OK 73572	580.875.2074			
Ralph Beard	Grady County Commissioner	326 W. Choctaw, Chickasha, OK 73018	405.224.2184			Exec. Comm
Christie Rainey	Grady County Mayoral Representative	PO Box 164, Pocasset, OK 73079	405.459.6737			
Gene Overton	Grady County Conservation District	PO Box 544, Minco, OK 73059	405.224.2172			
Mike Lennier	Grady County Citizen at Large	1328 CR 11350, Chickasha, OK 73018	405.574.5218			
Bryce Bohot	Jefferson County Commissioner	220 North Main, Waurika, OK 73573	580.228.2241			
Terri Blackwell	Jefferson County Mayoral Representative	PO Box 565, Ringling, OK 73456	580.228.2713			
Royse Reagan	Jefferson County Conservation District	21616 E 2110 Road, Terral, OK 73569	580.228.2760			1st VP
J.C. Awtrey	Jefferson County Citizen at Large	PO Box 418, Ringling, OK 73456	580.465.0060			
Charles Foster	McClain County Commissioner	PO Box 629, Purcell, OK 73080	405.485.3388			President
Marion "Bo" Cail	McClain County Mayoral Representative	PO Box 263, Byars, 74831	405.783.4255			
Gaylon Gray	McClain County Conservation District	1222 Cambridge Circle, Purcell, OK 73080	405.527.3452			
Ronnie Nelson	McClain County Citizen at Large	100 East Center Road, Goldsby, OK 73093	405.288.6675			
Todd Churchman	Stephens County Commissioner	101 S. 11th St., Rm 200, Duncan, OK 73533	580.255.4503			
Sammy Richardson	Stephens County Mayoral Representative	3703 Hwy 29, Marlow, OK 73055	580.658.2709			
Max Gallaway	Stephens County Conservation District	2699 E Osage Road, Marlow, OK 73055	580.467.1857			Exec. Comm
Dale Davis	Stephens County Citizen at Large	RR 2, Box 182-A, Marlow, OK 73055	580.255.8534			
Jimmie Smith	Tillman County Commissioner	21532 County Rd, Tipton, OK 73570	580.335.2156			
Eddie Whitworth	Tillman County Mayoral Representative	PO Box 399, Frederick, OK 73542	580.335.7551			
Terry Wyatt	Tillman County Conservation District	23007 CR 184, Hollister, OK 73551	580.335.3630			Exec. Comm
Mary Hasenmyer	Tillman County Citizen at Large	1021 W. 7th, Frederick, OK 73542	580.335.1384			
Fred Fitch	Lawton Mayoral	212 SW 9th, Lawton, OK 73501	580.581.4792			
James Dorn	Caddo/Grady County Minority Representative	PO Box 211, Chickasha, OK 73023	405.224.0797			
Jesse Cross	Comanche County Minority Representative	6302 SW Oakmont, Lawton, OK 73015	580.647.2152			Exec. Comm
Pedro S. Guevara	Cotton/Jefferson/Tillman Minority Representative	PO Box 121, Tipton, OK 73570	580.667.5424			
Marcell Gigger	McClain/Stephens Minority Representative	1206 S. 3rd Street, Duncan, OK 73533	580.252.3931			
Terri Parton	WCD Tribal Representative	PO Box 729, Anadarko, OK 73005	580.247.8601			
Vacant	KCA Tribal Representative	PO Box 885, Lawton, OK 73502	580.248.6300			

ADVISORY COUNCIL SCHEDULE OF MEETING DATES

August 28, 2018
November 27, 2018
February 26, 2019
May 28, 2019

All meetings are scheduled to be held at 10:30 a.m. at the Red River Technology Center, Jerry D. Morris Business and Industry Service Center, 3300 W. Bois D'Arc, Duncan, OK 73533. The Red River Technology Center is ADA accessible.

List Training Dates Scheduled for Advisory Council in SFY2019.

December 11, 2018, new member and annual training is provided, also, new member orientation is provided on as needed basis for new members.

AAA BOARD OF DIRECTORS SCHEDULE OF MEETING DATES

September 20, 2018
December 20, 2018
March 21, 2019
June 20, 2019

All meetings are scheduled to be held at 6:30 p.m. at the Red River Technology Center, Jerry D. Morris Business and Industry Service Center, 3300 W. Bois D'Arc, Duncan, OK 73533. The Red River Technology Center is ADA accessible.

APPENDIX 3 TRAINING SCHEDULE- AAA STAFF AND ANNUAL PROJECT TRAINING

New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
Cyril	Leisha Saber	1/25/17	AIM Training	2
ASCOG	Ken Jones	2/1/17	Outreach Pilot Webinar	2
ASCOG	Ken Jones	3/7/17	O4A Meeting	6
ASCOG	Ken Jones	3/8/17	O4A/ASD Meeting	3
ASCOG	Ken Jones	3/14/17	AAA Planner Meeting	6
ASCOG	Ken Jones	3/23-24/17	2017 Oklahoma Conference on Nonprofit Law & Finance	9
ASCOG	Nancy Bluml and Ken Jones	4/10/17	AAA Fiscal Training	6
ASCOG	Kristina Manriquez	5/15-17/17	Medicare Counselor Training	18
ASCOG	Ken Jones	5/31/17	Delta Foster Grandparents Meeting	3
ASCOG	Kristina Manriquez and Ken Jones	6/5/17	I&A Training	6
ASCOG	Ken Jones	6/7/17	O4A/ASD Meeting	3
ASCOG	Ken Jones	6/13/17	AAA Planner Meeting	6
Delta Temple MaddieLuke	Lanora Stevenson April Houston Mary Groeber Sandy Leal-Goodin Dede Baze Deanna Romer Marketta Cochran Laura Goldring Cindy Hale	6/28/17	*Older Americans Act	.5

Cyril Legal Aid ASCOG	D.B. Klenk Ann Myers Leisha Saber Kade McClure Blanca Comancho Nancy Bluml Ken Jones			
Delta Temple MaddieLuke Cyril Legal Aid ASCOG	Lanora Stevenson April Houston Mary Groeber Sandy Leal- Goodin Dede Baze Deanna Romer Marketta Cochran Laura Goldring Cindy Hale D.B. Klenk Ann Myers Leisha Saber Kade McClure Blanca Comancho Nancy Bluml Ken Jones	6/28/17	*Aging Network	.5
Delta Temple MaddieLuke Cyril Legal Aid ASCOG	Lanora Stevenson April Houston Mary Groeber Sandy Leal- Goodin Dede Baze Deanna Romer Marketta Cochran Laura Goldring Cindy Hale D.B. Klenk Ann Myers Leisha Saber Kade McClure Blanca Comancho Nancy Bluml Ken Jones	6/28/17	*Title III Policies and Procedures Manual	.5
Delta	Lanora Stevenson April Houston Mary Groeber Sandy Leal- Goodin	6/28/17	*General Title III Service Standards	.5

Temple MaddieLuke Cyril Legal Aid ASCOG	Dede Baze Deanna Romer Marketta Cochran Laura Goldring Cindy Hale D.B. Klenk Ann Myers Leisha Saber Kade McClure Blanca Comancho Nancy Bluml Ken Jones			
Delta Temple MaddieLuke Cyril Legal Aid ASCOG	Lanora Stevenson April Houston Mary Groeber Sandy Leal- Goodin Dede Baze Deanna Romer Marketta Cochran Laura Goldring Cindy Hale D.B. Klenk Ann Myers Leisha Saber Kade McClure Blanca Comancho Nancy Bluml Ken Jones	6/28/17	*Service Specific Standards	.5
Delta Temple MaddieLuke Cyril Legal Aid ASCOG	Lanora Stevenson April Houston Mary Groeber Sandy Leal- Goodin Dede Baze Deanna Romer Marketta Cochran Laura Goldring Cindy Hale D.B. Klenk Ann Myers Leisha Saber Kade McClure Blanca Comancho Nancy Bluml Ken Jones	6/28/17	*Program Reports	.5

Delta	Lanora Stevenson April Houston Mary Groeber Sandy Leal- Goodin	6/28/17	*Fiscal Reports	.5
Temple	Dede Baze Deanna Romer Marketta Cochran			
MaddieLuke	Laura Goldring Cindy Hale			
Cyril	D.B. Klenk Ann Myers Leisha Saber			
Legal Aid	Kade McClure Blanca Comancho			
ASCOG	Nancy Bluml Ken Jones			
Delta	Lanora Stevenson April Houston Mary Groeber Sandy Leal- Goodin	6/28/17	*Assessment Procedures	.5
Temple	Dede Baze Deanna Romer Marketta Cochran			
MaddieLuke	Laura Goldring Cindy Hale			
Cyril	D.B. Klenk Ann Myers Leisha Saber			
Legal Aid	Kade McClure Blanca Comancho			
ASCOG	Nancy Bluml Ken Jones			
MaddieLuke	Carole Conner	7/14/17	New Employee Orientation	2
ASCOG	Ken Jones	8/3/17	Train the Trainer – Intake Training	6
Delta	Maria Luna	8/11/17	Intake supplemental training	2
ASCOG	Kris Manriquez Nancy Bluml Ken Jones Ronnie Ward Nancy English Robert Denard	8/18/17	ASCOG Safety Training	3
ASCOG	Ken Jones	8/29- 30/17	Medicare Train the Trainer Training	9

ASCOG	Ken Jones	9/12/17	O4A Meeting	6
ASCOG	Ken Jones	9/14/17	AAA Planner Meeting	6
ASCOG	Kris Manriquez Ken Jones	10/11/17	Access for All Training	2
ASCOG	Kris Manriquez	10/12- 13/2017	OKAIRS Conference	14
ASCOG	Ken Jones	10/13/17	Comanche County Public Health Emergency Preparedness Partners Meeting	3
ASCOG	Ken Jones	11/17/17	Medicare Fraud Prevention Cambridge Neighborhood Watch	2
ASCOG	Ken Jones	12/5/17	O4A Meeting (scheduled)	6
ASCOG	Ken Jones	12/6/17	O4A/ASD Meeting (scheduled)	3
ASCOG	Ken Jones	12/12/17	AAA Planner Meeting (scheduled)	6
ASCOG	Ken Jones	12/18/17	Contractor Intake Training (schedule)	3

*Required training topic

APPENDIX 4 DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: Caddo	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
Total County pop.	29,557		
Total County pop. 60+	6,462	279	293
Female 60+	3,502	170	179
Male 60+	2,960	109	114
African-American 60+	144	7	8
American Indian 60+	1,029	32	33
Asian 60+	25	1	2
Hispanic/ Latino 60+	268	11	12
Poverty (low income) 60+	795	104	109
Poverty (low income) minority 60+	260	29	30
Limited English proficiency 60+	65	0	1
Individuals residing in rural isolated 60+	6,462	265	278
GGRC 60+	120	2	3
Individuals living alone 60+	1,485	136	143
Veterans 60+	1,590	43	45
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	2,580	67	70
*Individuals at risk for institutional placement 60+(3 or more ADLS)	660	89	93
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	969	42	44

Type of population by county: Comanche	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
Total County pop.	122,136		
Total County pop. 60+	20,569	636	668
Female 60+	11,171	390	410
Male 60+	9,398	246	258
African-American 60+	2,468	111	117
American Indian 60+	912	36	38
Asian 60+	689	8	9
Hispanic/ Latino 60+	1,053	4	5
Poverty (low income) 60+	1,605	235	247
Poverty (low income) minority 60+	540	77	81
Limited English proficiency 60+	355	0	1
Individuals residing in rural isolated 60+	0	0	0
GGRC 60+	515	4	5
Individuals living alone 60+	4,750	288	302
Veterans 60+	5,505	135	142
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	7,825	208	218
*Individuals at risk for institutional placement 60+(3 or more ADLS)	2,530	242	254
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	3,085	95	100

Type of population by county: Cotton	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
Total County pop.	5,941		
Total County pop. 60+	1,512	124	130
Female 60+	790	76	80
Male 60+	722	48	50
African-American 60+	30	4	5
American Indian 60+	110	5	6
Asian 60+	2	0	1
Hispanic/ Latino 60+	52	4	5
Poverty (low income) 60+	160	55	58
Poverty (low income) minority 60+	80	7	8
Limited English proficiency 60+	10	0	1
Individuals residing in rural isolated 60+	1,512	116	122
GGRC 60+	23	0	1
Individuals living alone 60+	305	74	78
Veterans 60+	314	30	32
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	590	16	17
*Individuals at risk for institutional placement 60+(3 or more ADLS)	169	24	25
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	227	19	20

Type of population by county: Grady	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
Total County pop.	54,655		
Total County pop. 60+	11,869	232	244
Female 60+	6,357	147	154
Male 60+	5,512	85	89
African-American 60+	204	8	9
American Indian 60+	455	6	7
Asian 60+	35	0	1
Hispanic/ Latino 60+	207	4	5
Poverty (low income) 60+	750	61	64
Poverty (low income) minority 60+	140	7	8
Limited English proficiency 60+	45	0	1
Individuals residing in rural isolated 60+	11,869	217	228
GGRC 60+	260	0	1
Individuals living alone 60+	2,345	82	86
Veterans 60+	2,580	52	55
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	4,185	60	63
*Individuals at risk for institutional placement 60+(3 or more ADLS)	1,085	77	81
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	1,780	35	37

Type of population by county: Jefferson	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
Total County pop.	6,230		
Total County pop. 60+	1,689	144	151
Female 60+	901	87	91
Male 60+	788	57	60
African-American 60+	13	0	1
American Indian 60+	65	14	15
Asian 60+	9	0	1
Hispanic/ Latino 60+	95	4	5
Poverty (low income) 60+	210	84	88
Poverty (low income) minority 60+	45	9	10
Limited English proficiency 60+	19	0	1
Individuals residing in rural isolated 60+	1,689	141	148
GGRC 60+	29	0	1
Individuals living alone 60+	400	77	81
Veterans 60+	315	36	38
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	605	31	33
*Individuals at risk for institutional placement 60+(3 or more ADLS)	235	41	43
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	253	22	23

Type of population by county: McClain	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
Total County pop.	38,682		
Total County pop. 60+	8,277	311	327
Female 60+	4,371	193	203
Male 60+	3,906	118	124
African-American 60+	61	2	3
American Indian 60+	400	12	13
Asian 60+	28	0	1
Hispanic/ Latino 60+	211	2	3
Poverty (low income) 60+	595	93	98
Poverty (low income) minority 60+	50	8	9
Limited English proficiency 60+	45	0	1
Individuals residing in rural isolated 60+	0	0	0
GGRC 60+	105	2	3
Individuals living alone 60+	1,400	130	137
Veterans 60+	1,575	53	56
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	2,680	56	59
*Individuals at risk for institutional placement 60+(3 or more ADLS)	570	76	80
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	1,242	47	49

Type of population by county: Stephens	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
Total County pop.	44,090		
Total County pop. 60+	11,320	624	655
Female 60+	6,210	367	385
Male 60+	5,110	257	270
African-American 60+	162	38	40
American Indian 60+	378	41	43
Asian 60+	49	0	1
Hispanic/ Latino 60+	256	8	9
Poverty (low income) 60+	935	261	274
Poverty (low income) minority 60+	110	58	61
Limited English proficiency 60+	100	0	1
Individuals residing in rural isolated 60+	11,320	581	610
GGRC 60+	205	4	5
Individuals living alone 60+	2,360	256	269
Veterans 60+	2,655	137	144
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	4,325	133	140
*Individuals at risk for institutional placement 60+(3 or more ADLS)	1,305	176	185
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	1,698	94	99

Type of population by county: Tillman	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
Total County pop.	7,465		
Total County pop. 60+	1,868	140	147
Female 60+	1,008	84	88
Male 60+	860	56	59
African-American 60+	119	3	4
American Indian 60+	47	3	4
Asian 60+	7	0	1
Hispanic/ Latino 60+	258	11	12
Poverty (low income) 60+	310	38	40
Poverty (low income) minority 60+	115	9	10
Limited English proficiency 60+	85	2	3
Individuals residing in rural isolated 60+	1,868	136	143
GGRC 60+	35	0	1
Individuals living alone 60+	565	64	67
Veterans 60+	469	22	23
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	685	30	32
*Individuals at risk for institutional placement 60+(3 or more ADLS)	204	39	41
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	280	21	22

APPENDIX 5 CURRENT POVERTY GUIDELINES

2017 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,180 for each additional person.	
1	\$12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320

APPENDIX 6 MANAGEMENT PLAN NARRATIVE

ASCOG develops the management plan by having the AAA Director work with AAA staff, executive staff, AAA Advisory Council and Board Members. ASCOG uses goals and objectives for the management plan that are not within the current scope of Title III funded services but which complement and supplement needs addressed in the goals established by the Administration on Community Living. The AAA director also uses feedback provided during the process for developing priority services as a guide. Management plan objectives must fit within the current staffing and volunteer network framework to not interfere with ASCOG's objectives for providing services, monitoring projects or providing advocacy for seniors. Once the management plan is drafted by AAA staff, it is presented to the executive staff for vetting and then to the Advisory Council and Board for approval.

Management Plan for Area Agency on Aging Goals and Objectives

GOAL: # 1			OBJECTIVE: # 1													
Advocate to ensure the interests of people with disabilities, older adults, and their families are reflected in the design and implementation of public policies and programs			Support the policy initiatives of the Oklahoma Alliance on Aging													
NO.	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS	
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
1.	AAA Staff will participate in regular meetings of the Oklahoma Alliance on Aging.	2019-2022			X			X				X			X	Director
2.	If unable to attend quarterly meetings, AAA Staff will publish press releases about the policies established at the regular meetings.				X			X				X			X	Director

GOAL: # 1			OBJECTIVE: # 2														
Advocate to ensure the interests of people with disabilities, older adults, and their families are reflected in the design and implementation of public policies and programs			Support the policy initiatives of the Oklahoma Silver Haired Legislature														
N O.	ACTION STEPS	DU E DA TE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS		
			Ju l	A ug	Sep	O ct	N o v	D ec	Ja n	Fe b	M ar	Ap r	M ay	Ju n			
1.	AAA Staff will participate in regular meetings of the Oklahoma Silver Haired Legislature through attendance or press releases.	2019-2022			X			X						X		X	Director
2.	If unable to attend quarterly meetings, AAA Staff will publish press releases about the policies established at the regular meetings.				X			X						X		X	Director

GOAL: # 2				OBJECTIVE: # 1													
Protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older adults and people with disabilities.				Promote awareness of abuse, neglect and Exploitation within the population of people with disabilities and older adults.													
N O.	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS		
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
1.	AAA Staff will make at least ten annual presentations on symptoms of abuse, exploitation and neglect of older adults and people with disabilities to at least 1,000 people during SFY19-22.	SFY 19- 22		X	X	X	X	X				X	X	X	X	X	Director
2.	AAA staff will publish press releases to publicize presentations in 1 above before each presentation.	SFY 19- 22		X	X	X	X	X				X	X	X	X	X	Director

GOAL: # 2				OBJECTIVE: # 2												
Protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older adults and people with disabilities.				Support and participate in the Department of Justice Regional Elder Justice Task Force.												
NO.	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS	
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
1.	AAA Staff will participate in the Department of Justice Regional Elder Justice Task Force by providing at least one press release in SFY19.	SFY19													X	Ombudsman Supervisor

GOAL: # 3				OBJECTIVE: # 1											
Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports, including supports for families and caregivers.				Initiate a viable networking system within each county – including healthcare, mental health, food bank, and transportation options available within each county and each option should be represented by a contact person who is able to assist as needs arise.											
N 0.	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
1.	AAA Staff will submit a press release and email request to all providers of senior healthcare, mental health, food bank and transportation services to initiate a regular meeting or “senior summit” for each county.	SFY 19							X						Director
2.	Follow-up with at least one inaugural meeting in each county.	SFY 19										X			Director

GOAL: #3				OBJECTIVE: #2											
Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports, including supports for families and caregivers.				Initiate written agreement with providers of physical and development disabilities who serve senior adult populations.											
N 0.	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
1.	AAA Staff will submit written MOU request letters to at least three DDSD providers and one center for independent living in the ASCOG PSA	SFY 19							X						Director
2.	AAA staff will invite DDSD and CIL providers listed in 1 above to county senior summit events.								X						Director

1st and 2nd Quarter Achievements: Ken Jones, AAA Director, completed nine public hearings between July and November 2017. Sites where public hearings were held were Anadarko, Cement, Chickasha, Purcell, Lawton North, Duncan North, Frederick, Walters and Ringling. Jones published press releases in July for the first eight public hearings and in November for the final hearing at Cement. Jones was a featured speaker at the Lawton Senior Fraud Prevention Conference May 19, 2017 and is scheduled to be a featured speaker at the May 2018 conference in Lawton. Press releases for these events were published by the Senior Center for Creative living who has become the new lead partner in these events. Fiscal training was provided to all projects June 29, 2017, and Jones and AAA Accountant, Nancy Bluml are each scheduled to provide training again in June 2018. The AAA code of ethics was successfully adopted in SFY17. Jones has met twice with Alzheimer's Association representatives from Lawton during meetings at the senior summit. Still no MOU has been returned to ASCOG. In June 2017, Jones emailed SFY18 MOUs to SCOWIB, Fort Sill Apache Tribe, Kiowa Tribe, Chickasaw Tribe, Apache Tribe and Comanche Tribe. In September, Jones participated in the 2017 Oklahoma Silver Haired Legislature and in November Jones participated in their first quarterly executive committee meeting as a consultant.

3rd & 4th Quarter SFY18 Achievements: SFY18 begins January 1, 2018.

APPENDIX 7 DESIGNATED FOCAL POINTS

ASCOG AAA established focal points based on the approach of seeking one per community in the ASCOG area. Most communities have at least one senior center or nutrition site. ASCOG approaches the boards, mayors or clerks of communities that do not have established senior centers or nutrition sites to determine the best location for a focal point based on the center of town where seniors are most likely to congregate.

						AAA	ASCOG	
COMMUNITY FOCAL POINTS								
LIST ALL FOCAL POINTS AND SENIOR CENTERS INCLUDING NUTRITION SITES IF IT IS A FOCAL POINT								
CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER CONTACT EMAIL	COUNTY	CHECK IF FACILITY IS:				CHECK IF LOCATION SERVES:		
		A FOCAL POINT	A SENIOR CENTER	FUNDED THROUGH TITLE III	CAP AGENCY	OTHER (CHURCH, LIBRARY, HOUSING COMPLEX)	PREDOMINANTLY LOW INCOME ELDERLY	PREDOMINANTLY LOW-INCOME MINORITY ELDERLY
1. Alex Community Center PO Box 243, Alex, OK 73002 405.785.9103	Grady	x	x					
2. Alfalfa Community Center PO BOX 148, Carnegie, OK 73015 580.637.2276	Caddo	x						
3. Amber Community/Senior Center PO BOX 3, Amber, OK 73004 405.222.2175	Grady	x	x				x	
4. Binger Community Center PO BOX 184, Binger, OK 73010 405.656.9225	Caddo	x	x				x	x
5. Blanchard Senior Citizen Center PO BOX 628, Blanchard, OK 73010 405.485.9260	McClain	x	x					
6. Bradley Community Center PO BOX 87, Bradley, OK 73011 405.462.7595	Grady	x	x					
7. Bray Senior Citizens Center 1014 South Brooks Marlow, OK 73055 580.658.2709	Stephens	x	x					

8.	Cache Community/Senior Citizens Center PO Box 466 Cache, OK 73527 580.429.3427	Comanche	x	x					
9.	Chattanooga Community Center 1904 Washington, PO Box 183 Chattanooga, OK 73528 580.597.3339	Comanche	x	x					
10.	Davidson Senior Citizens Center PO Box 102 Davidson, OK 73530 No Phone	Tillman	x	x					
11.	Dibble Senior Citizens 12219 Firemans Road Alex, OK 73002 405.344.6789	Grady	x	x					
12.	Douglass Community Center Organization 707 King Place Duncan, OK 73533 580.255.3967	Stephens	x	x					
13.	Duncan Senior Citizens Center, Inc. 1110 N. 7th Street Duncan, OK 73533 580.255.6902	Stephens	x	x					
14.	Fort Cobb Senior Center 312 Main Street PO Box 281 Fort Cobb, OK 73038 405.643.2660	Caddo	x	x					
15.	Frederick Community Center 100 Grand Frederick, OK 73542 580.335.7026	Tillman	x	x					
16.	Geronimo Nutrition Center 101 Main Street Geronimo, OK 73543 580.353.3448	Comanche	x	x					
17.	Grandfield Multipurpose Senior Center 123 W. First Street Grandfield, OK 73546 580.479.3320	Tillman	x	x					
18.	Hastings Senior Citizens Center PO Box 203 Hastings, OK 73548 580.963.2531	Jefferson	x	x					
19.	Hinton Senior Citizens Center 515 W. Main Street PO Box 322 Hinton, OK 73047 405.542.6454	Caddo	x	x					

20	Indiahoma Senior Citizens Center PO Box 38 Indiahoma, OK 73552 580.246.3572	Comanche	x	x					
21	Marlow Senior Citizens Center 325 West Main Street Marlow, OK 73055 580.658.5628	Stephens	x	x					
22	Meers Senior Citizens Center 12033 NW Rhoades Road Lawton, OK 73507 580.492.5128	Comanche	x	x					
23	Minco Senior Citizens Center PO Box 357 Minco, OK 73059 405.352.5018	Grady	x	x					
24	Mt. Scott Community Building 8819 NW 4 Mile Road Lawton, OK 73507 580.529.2619	Comanche	x	x					
25	Newcastle Senior Citizens Center PO Box 86 Newcastle, OK 73065 405.387.2100	McClain	x	x					
26	Ninnekah Senior Citizens Center PO Box 16 Ninnekah, OK 73067 405.224.7434	Grady	x	x					
27	Patterson Center #4 NE Arlington Lawton, OK 73507 580.581.3485	Comanche	x	x					
28	Purcell Senior Citizens Center 228 N. 2nd Street Purcell, OK 73080 405.527.5070	McClain	x	x					
29	Rush Springs Senior Nutrition Center 400 W. Blakely #13 Rush Springs, OK 73082 580.476.3168	Grady	x	x					
30	Ryan Senior Citizens Center 400 Taylor #8 Rt. 1, Box 8 Ryan, OK 73565 580.757.2780	Jefferson	x	x					
31	Temple Senior Citizens Center PO Box 95 Temple, OK 73568 580.342.5017	Cotton	x	x					
32	Tipton Area Senior Citizens Center PO Box 554 Tipton, OK 73570 580.667.4158	Tillman	x	x					

33	Tuttle Senior Citizens Center	Grady	x	x					
	PO Box 134								
	Tuttle, OK 73089								
	405.381.2606								
34	Velma Senior Citizens Center	Stephens	x	x					
	PO Box 584								
	Velma, OK 73491								
	580.444.3772								
35	Walters Senior Citizens Center	Cotton	x	x					
	PO Box 465								
	Walters, OK 73572								
	580.591.3212								
36	Wichita Mtns. Area Senior Citizens Center	Comanche	x	x					
	PO Box 331								
	Medicine Park, OK 73557								
	580.529.3858								
37	Anadarko Nutrition Center	Caddo	x		x				
	417 W. Main								
	Anadarko, OK 73005								
	580.247.4857								
38	Apache Tribe of Oklahoma Nutrition	Caddo	x		x				
	601 E. Colorado PO Box 1330								
	Anadarko, OK 73005								
	405.247.6330								
39	Blanchard Nutrition Center	McClain	x		x				
	101 S. Main Street PO Box 1248								
	Blanchard, OK 73010								
	405.485.9260								
40	Byars Nutrition Center	McClain	x		x				
	207 E. Ripley								
	Byars, OK 74831								
	405.783.4468								
41	Cache Nutrition Center	Comanche	x		x				
	416 W. C Ave								
	Cache, OK 73527								
	580.429.3427								
42	Carnegie Nutrition Center	Caddo	x		x				
	PO Box 1126								
	Carnegie, OK 73015								
	405.654.1507								
43	Cement Nutrition Center	Caddo	x		x				
	PO Box 351								
	Cement, OK 73017								
	405.489.3803								
44	Chickasha Nutrition Center	Grady	x		x				
	PO Box 2101								
	Chickasha, OK 73023								
	405.224.4315								
45	Comanche Nutrition Center	Stephens	x		x				
	410 S. 2nd Street								
	Comanche, OK 73529								
	580.439.5076								

46	Comanche County Nutrition Project 920 SW Sheridan Road PO Box 2231 Lawton, OK 73502 580.357.7764	Comanche	x		x				
47	Cottonwood Center PO Box 518 Verden, OK 73092 405.453.7720	Grady	x	x					
48	Cyril Nutrition Center PO Box 143 Cyril, OK 73029 580.464.2300	Caddo	x		x				
49	Delta Nutrition Program 707 King Place Duncan, OK 73533 580.252.1174	Stephens	x		x				
50	Duncan Northside Nutrition Center 1110 S. 7th Street Duncan, OK 73533 580.252.1174	Stephens	x		x				
51	Elgin Nutrition Center 801 1st Street Elgin, OK 73538 580.492.4980	Comanche	x		x				
52	Frederick Nutrition Center 102 East Grand Frederick, OK 73542 580.335.7026	Tillman	x		x				
53	Geronimo Nutrition Center 101 Main Street Geronimo, OK 73543 580.353.3448	Comanche	x		x				
54	Hinton Nutrition Center 501 W. Main Hinton, OK 73047 405.542.6454	Caddo	x		x				
55	Lawton North Nutrition Center 1705 NW 20th Street Lawton, OK 73507 580.581.3481	Comanche	x		x				
56	Lawton Eastside Nutrition Center Patterson Community Center #4 Arlington Lawton, OK 73501 580.581.3485	Comanche	x		x				
57	Marlow Nutrition Center 201 N. Elm Street Marlow, OK 73055 580.658.5773	Stephens	x		x				

58	Pleasant Valley Nutrition Center 1123 SW Monroe Lawton, OK 73501 580.581.3489	Comanche	x	x				
59	Purcell Nutrition Center 228 N 2nd Street Purcell, OK 73080 580.527.9462	McClain	x	x				
60	Rush Springs Nutrition Center 110 S. 2nd Street Rush Springs, OK 73082 580.476.3168	Grady	x	x				
61	Ryan Nutrition Center 400 Taylor #8 Rt. 1, Box 8 Ryan, OK 73565 580.757.2412	Jefferson	x	x				
62	Temple Nutrition Center 201 S. Commercial PO Box 652 Temple, OK 73568 580.342.6944	Cotton	x	x				
63	Walters Nutrition Center 500 E. California PO Box 452 Walters, OK 73572 580.875.2211	Cotton	x	x				
64	Washington Nutrition Center 219 N. Turner PO Box 624 Washington, OK 73093 405.288.6404	McClain	x	x				
65	Wayne Nutrition Center PO Box 271 Wayne, OK 73095 405.449.3079	McClain	x	x				
66	Community Action Development 105 S. Main Street Frederick, OK 73542 580.335.5588	Tillman	x			x		
67	Community Action Development 1401 Grant Street, Apt. #1 Ryan, OK 73565 580.757.2235	Jefferson	x			x		
68	Community Action Development 102 E. Texas Street Temple, OK 73568 580.342.6967	Cotton	x			x		
69	Delta Community Action 223 W. Washington Purcell, OK 73080 580.527.6537	McClain	x			x		
70	Washita Valley Community Action 205 W Chickasha, Ste 5 Chickasha, OK 73018 405.224.5831	Grady	x			x		
71	Ann Bradshaw, Sterling Housing Authority 3 Hancock Street Sterling, OK 73567 580.365.4862	Comanche	x				x	
72	Nettie Fisher, Town Clerk, Town of Fletcher PO Box 448 Fletcher, OK 73541 580.549.6550	Comanche	x				x	
73	Earl Yeahquo 4 Cimmarron Trail Lawton, OK 73507 580.355.0132	Comanche	x				x	

APPENDIX 8 AGING PROGRAM OUTPUT TABLE and NARRATIVE

Chore services goal for SFY17 was exceeded.

Transportation services goal for SFY17 was exceeded.

Congregate meals goal for SFY17 was not met. The goal was reduced for SFY18 and SFY19 due to reductions in meals day served per year.

Nutrition counseling goal for SFY17 was met.

Legal assistance goal was met within 10% margin for SFY17.

Nutrition Education goal was exceeded in SFY17. The goal was reduced based on new definition of unit based on group event rather than by person.

Information and Assistance goal for SFY17 was exceeded.

Outreach goal for SFY17 was not met. The Goal was decreased for SFY18 and SFY19

Health Promotion goal for SFY17 was not met. The goal was not reduced for SFY18 and SFY19 because the project's proposal for SFY18 showed an increase in units based on changed strategies and these strategies have been effective so far in SFY18.

Coordination of Services goal for SFY17 was met within 10% margin.

Caregiver counseling goal was exceeded for SFY17.

Caregiver Respite goal was exceeded for SFY17.

Caregiver Access goal was met for SFY17 within 10% margin.

Caregiver Information about services goal was exceeded for SFY17.

GRRC Counseling goal was met for SFY17.

GRRC Respite goal was exceeded for SFY17.

GRRC Access goal was not met for SFY17. The goal was not decreased for SFY18 and SFY19 as the project proposal did not reduce units for this service and the project is still committed to achieve this goal.

GRRC Information about services goal was exceeded for SFY17.

CLIENT SUMMARY		SFY16	SFY17	% Diff.	Explanation			
#of persons served for whole AAA		2,911	2,746	-6%	Decrease due to reduction in Medicaid ADvantage funding to nutrition project and closure of six nutrition sites.			
						Continue at same amount for next SFY?		If no, please identify the new amount
SERVICE AND Person served SUMMARY (in-home services)		Total Goal per Grant Proposal	Total of Provided	% Diff.	Explanation of variance	Y	N	
Homemaker	Persons Served			N/A				
Homemaker	Units of Service			N/A				
Chore	Persons Served	20	18	-10%	Decrease due to delayed funding and NGA causing program to miss part of summer growing season.		x	14
Chore	Units of Service	261	231	-11%	Decrease due to delayed funding and NGA causing program to miss part of summer growing season.		x	200
Case Management	Persons Served			N/A				
Case Management	Units of Service			N/A				
Assisted Transportation	Persons Served			N/A				
Assisted Transportation	Units of Service			N/A				
Transportation	Persons Served	76	70	-8%	Decrease due to transition from Delta Nutrition to CADC for most transportation services and delayed NGA and funding for SFY17.		x	72
Transportation	Units of Service	13,546	12,082	-11%	Decrease due to transition from Delta Nutrition to CADC for most transportation services and delayed NGA and funding for SFY17.		x	15,965
Congregate Meals	Persons Served	1,612	1,475	-8%	Decrease due to reduction in Medicaid ADvantage funding to nutrition project and closure of six nutrition sites.		x	1,023
Congregate Meals	Units of Service	197,903	145,881	-26%	Decrease due to reduction in Medicaid ADvantage funding to nutrition project and closure of six nutrition sites.		x	121,103
Nutrition Counseling	Persons Served	24	68	183%	Increase due to a targeted approach to incentivize nutrition counseling with contractors and through enforcement of new policy interpretation from SUOA.		x	
Nutrition Counseling	Units of Service	26	68	162%	Increase due to a targeted approach to incentivize nutrition counseling with contractors and through enforcement of new policy interpretation from SUOA.		x	
Legal Assistance	Persons Served	N/A	N/A	N/A				
Legal Assistance	Units of Service	583	770	32%	Increase due to contractor utilizing new grants to increase staff who could provide services to seniors and new hotline strategy.		x	350
Nutrition Education	Persons Served	1,699	1,422	-16%	Decrease due to reduction in Medicaid ADvantage funding to nutrition project and closure of six nutrition sites.		x	1,023
Nutrition Education	Units of Service	7,904	7,501	-5%	Decrease due to reduction in Medicaid ADvantage funding to nutrition project and closure of six nutrition sites.		x	252
Information and Assistance	Units of Service	277	517	87%	Increase due to increased staff salary for position which provided higher qualified staff and reduced turnover in position.		x	
Outreach	Persons Served	744	503	-32%	Decrease due to reduced referrals from nutrition sites and site closures and staff turnover.		x	632
Outreach	Units of Service	744	503	-32%	Decrease due to reduced referrals from nutrition sites and site closures and staff turnover.		x	632
Health Promotion and Disease Prevention	Persons Served	20	47	135%	Increase due to focus by project to find more flexible health promotion services		x	100
Health Promotion and Disease Prevention	Units of Service	88	47	-47%	Decrease due to change in interpretation of unit provided by SUOA form in new area plan.		x	100
Coordination of Services	Persons Served	N/A	N/A	N/A				
Coordination of Services	Units of Service	5,946	2,670	-55%	Decrease due to decrease in state matching funds and termination of two COS contracts.		x	2,500

CAREGIVERS SERVING ELDERLY INDIVIDUALS		Total Goal per Grant Proposal	Total of Provided	% Diff.	Explanation of variance		
Counseling, Support Groups, Training	Caregivers Served	17	76	347%	Increase due to targeted approach by contractor to increase counseling and modification in processes to increase number of participants.	x	62
Counseling, Support Groups, Training	Units of Service	68	97	43%	Increase due to targeted approach by contractor to increase counseling and modification in processes to increase number of participants.	x	62
Respite	Persons Served	73	72	-1%	Negligible change	x	71
Respite	Units of Service	5,760	6,238	8%	Increase due to higher demand and movement of funding from other III-E services.	x	6,179
Supplemental Services	Persons Served			N/A			
Supplemental Services	Units of Service			N/A			
Access Assistance	Persons Served	117	92	-21%	Decrease due to movement of funding to respite which is in higher demand.	x	131
Access Assistance	Units of Service	214	172	-20%	Decrease due to movement of funding to respite which is in higher demand.	x	246
Information Services	Units of Service	1,165	448	-62%	Decrease due to movement of funding to respite which is in higher demand.	x	336
Total Caregivers	Caregivers Served	207	240	16%	Overall increase due to movement of funding to respite and targeted improvements to counseling.		
GRANDPARENTS AND OTHER ELDERLY CAREGIVERS SERVING CHILDREN		Total Goal per Grant Proposal	Total of Provided	% Diff.	Explanation of variance		
Counseling, Support Groups, Training	Persons Served	7	7	0%	No Difference	x	
Counseling, Support Groups, Training	Units of Service	8	7	-13%	Decrease unremarkable as it was only one unit.	x	
Respite	Persons Served	11	14	27%	Increase based on increase in need identified through prior year's information about services.	x	8
Respite	Units of Service	991	877	-12%	Decrease based on funding and NGA delays at beginning of SFY17.	x	760
Supplemental Services	Persons Served	N/A	N/A	N/A			
Supplemental Services	Units of Service	N/A	N/A	N/A			
Access Assistance	Persons Served	12	14	17%	Increase unremarkable as it is only two units.	x	15
Access Assistance	Units of Service	35	22	-37%	Decrease due to delays in funding and NGA at beginning of SFY17.	x	27
Information Services	Units of Service	67	41	-39%	Decrease based on move of funding to address other needs identified by contractor for III-E services.	x	62
Total GRRC	GRRC Served	30	35	17%	Increase due to additional respite needs identified through access assistance. Increase is only five units.		

APPENDIX 9 VOLUNTEER PROGRAM NARRATIVE

ASCOG recruits volunteers to serve on the AAA Advisory Council, Oklahoma Silver-Haired Legislature, and Ombudsman program. Volunteers are also recruited by Title III sub-grantees for serving meals, meal delivery, site coordination, outreach, checking on frail homebound, emergency management and caregiving.

ASCOG's Advisory Council membership is appointed by members of the ASCOG Board of Trustees. When trustees are unsure who to appoint, ASCOG AAA staff will recruit members by contacting senior centers and nutrition sites, and through public service announcements and other marketing methods like internet marketing. OSHL members are automatically members of the ASCOG AAA Advisory Council. Advisory Council members receive orientation and annual training to explain their duties as members of the advisory council.

ASCOG has one of the most active OSHL groups in the state. OSHL members are recruited by maintaining bi-annual elections at all CENA senior centers and Title III nutrition sites. PSAs and internet marketing are also used to recruit OSHL members. OSHLAA provides bi-annual training to OSHL members. They also receive training as Advisory Council members.

ASCOG Ombudsman Supervisors send out monthly recruitment PSAs for Ombudsman volunteers. Currently there are ten Ombudsman volunteers. One Ombudsman volunteer is also on the AAA Advisory Council. Ombudsman Supervisors provide regular training for volunteers in accordance with the direction of the State Ombudsman.

Additionally, ASCOG regularly recruits advocates for issues related to aging and disability services. ASCOG publishes a regular blog called the ASCOG Advocate to help train advocates in the area by keeping them up-to-date on current issues. Advocates serve on regional or statewide advocacy groups such as the Oklahoma Silver-Haired Legislature, the ASCOG AAA Advisory Council, OSHLAA Executive Committee, the Alliance on Aging, or the State Council on Aging.

In SFY17, ASCOG I&A, Medicare and Ombudsman staff have used press releases, Facebook posts, on-site presentation and website blog posts to recruit new volunteers for Medicare, advocacy and Ombudsman volunteer programs. Ombudsman Supervisors have increased their volunteers from 5 to 7 so far in SFY17. So far, we have been unable to fully train three seniors who came forward as Medicare volunteers do to training requirements at OID.

Recruitment efforts have been more successful in finding new advisory council and OSHL volunteers. So far in SFY17 at least three new members of OSHL have been recruited and serve on the advisory council and in advocacy roles.

ASCOG is scheduled to train volunteers at the December 13, 2017 AAA Advisory Council meeting. Delta and Temple Nutrition Projects provide training to volunteers on the job at nutrition sites throughout the year.

In SFY18 and SFY19, we will continue to recruit through on-site presentations and social media posts the need for volunteers and hope to add additional volunteers

in the role of Ombudsman and in the role of administrative assistants at the AAA. The Ombudsman volunteer program is at risk because of continued funding losses and the inability of the AAA to reimburse mileage. We are working on finding ways to pay volunteer mileage to assist with the recruitment of Ombudsman volunteers.

1. Oklahoma’s Value of a Volunteer Hour for the most recent year: \$27.60 per hour⁶⁷
2. Using the Oklahoma state “Value of a Volunteer Hour for \$27.60”. The amount of income the AAA and its projects saved in SFY2017 utilizing volunteers is estimated to be approximately \$1,170,819.60 based on 42,421⁶⁸ hours served in SFY17.

SFY 2017: A total of 345 volunteers and 42,421 hours of service were contributed by volunteers for SFY 2017. According to these numbers the number of volunteers has increased from the SFY 2016 numbers of “321 volunteers” however there was a decrease from the SFY 2016 numbers for volunteer hours which were “47,086”.

Project Name	Unduplicated Volunteers 1 st Quarter	Unduplicated Volunteer Hours 1 st Quarter	Unduplicated Volunteers 2 nd Quarter	Unduplicated Volunteer Hours 2 nd Quarter	Unduplicated Volunteers 3 rd Quarter	Unduplicated Volunteer Hours 3 rd Quarter	Unduplicated Volunteers 4 th Quarter	Unduplicated Volunteer Hours 4 th Quarter
ASCOG AAA	13	44	11	39	9	31	3	12
Delta	192	9,271	185	9,749	185	11,114	198	11,303
Temple	3	87	3	127	4	126	3	346
TOTAL	208	9,402	199	9,915	198	11,271	204	11,661

⁶⁷ www.volunteeringinamerica.gov

⁶⁸ SFY 2017 Unduplicated Volunteers & Unduplicated Volunteer Hours per AIM report OKN509