

Counties Served: *Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray, and Pontotoc*

SFY2019-2022

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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

Primary Purpose and Responsibilities of the AAA:

SODA Area Agency on Aging (AAA) is a non-profit organization committed to protecting and improving the quality of life and safety and well-being of older adults. It is the responsibility of each AAA to prepare and develop an area plan for their planning and service area each year with annual updates. The Area plan contains a multitude of detailed information and includes the requirements, commitments and provisions of the AAA. SODA Area Agency on Aging (AAA) covers the designated Planning and Service Area (PSA) for the following 10 counties: ***Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray, and Pontotoc.*** SODA AAA serves all residents 60+ regardless of income, race or national origin.

In accordance with requirements from Sections 101 & 301 (A) (1) of the Older Americans Act (OAA) of 1965, the primary purpose and responsibilities of SODA Area Agency on Aging (AAA) is first and foremost to be a visible advocate and designated leader in the administering and distributing of Older Americans Act (OAA) funds to local community service providers who are dedicated in serving the elderly in the PSA. SODA AAA also helps develop, implement and coordinate a strong and active home and community-based system of critically needed program and support services for older adults age 60 and over. SODA AAA plans and coordinates services and programs for senior adults, person with disabilities, and caregivers of the PSA. SODA AAA coordinates and/or partners with other projects or service providers and works with many consumers and community groups in the PSA, to assist older persons in obtaining needed services including but not limited to the following: Information & Assistance, Referrals, Health Promotion services (currently includes: Tai Chi Classes), Outreach services (includes: Chore & Homemaker), Nutritional services (includes: Congregate & Home Delivered Meals, Nutrition Counseling & Education), Legal Aid assistance & education and Senior Medical Transportation.

The SODA AAA has the responsibility for addressing present and future aging and long-term care issues within the PSA. The AAA serves all residents regardless of income, race or national origin. The AAA assesses, plans, and coordinates services and programs for senior adults, persons with disabilities, and caregivers in the PSA.

AAA Mission and Vision for the future; Current and Future Status of SODA AAA:

SODA Area Agency on Aging's (AAA's) mission and vision for the future is to be a leader and trusted partner to our service providers and other organizations and agencies we work with in the PSA. We believe that working together and not against each other will provide a stronger foundation for the future of the AAA and the future of needed services provided to the elderly.

SODA AAA is committed to the continuance of the development of a comprehensive, coordinated and cost-effective continuum of home and community-based services that help elderly individuals in need to maintain their health and independence in their homes and communities. We are dedicated in ensuring that the elderly have the supports necessary to maintain their wellbeing, dignity and in protecting their quality of life.

Section III. TRENDS

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PROJECTIONS

Projected Changes in Number of Older Individuals “Baby Boomers” in the SODA PSA – History, Statistics and SODA AAA Vision of future:

The Aging and Graying of America – The Silver Tsunami as some have referred to it.

The current growth of the population ages 65 and older is one of the most significant demographic trends in the history of the United States. The number of Americans aged 65 and older is projected to grow to over 54 million by 2020, over 72 million by 2030, over 81 million by 2040, over 88 million by 2050 to 98 million by 2060. The 85+ population is projected to triple from 6.3 million in 2015 to 14.6 million in 2040. The “Baby Boomer” generation is responsible for the increase in older individuals today. The “baby boom” generation is generally defined as those born during the demographic “Post World War II baby boom” between the years of 1946 to 1964. Using the years of 1946 through 1964 as boundaries, boomers are now (in year 2017) between 53 to 71 years old. The oldest Baby Boomers turned 60 years old in 2006. The first baby boomers reached the standard retirement age of 65 in 2011. As a result of the baby boom and the fact that we are experiencing longer life expectancy we are facing a surge in the aging population and this will continue over the next few decades.

Projections in the number of older individuals in the SODA PSA are expected to continue to increase considerably over the next 4 years and beyond and will significantly impact services to seniors. That’s why it is extremely important that we stay committed to the continuance of building lasting partnerships with other organizations and agencies so we can gain knowledge and resources to ensure that our most frail and economically disadvantaged seniors receive the care and services necessary to sustain healthy, independent, and dignified lives.

From the year 2018 to the year 2019 demographic data already shows a steady increase in the population 60+ for all ten counties of the SODA PSA. Individual County populations increased by the following percentages: Atoka County increased by 4.86%; Bryan County increased by 13.80%; Carter County increased by 8.62%; Coal County increased by 8.24%; Garvin County increased by 5.29%; Johnston County increased by 5.91%; Love County increased by 7.93%; Marshall County increased by 11.58%; Murray County increased by 7.62% and Pontotoc County increased by 6.07%. Between 2018 and 2019 the total overall increase in population of all ten counties is 8.52%. By the year 2022 overall increase in the senior population 60+ could be somewhere around 25.56%.

Most Baby Boomers are extremely hardworking and motivated by position, perks, and prestige and most are confident, independent and self-reliant. These traits of course, mean that most aging seniors want to remain independent and **age-in-place** in their own homes and communities as long as possible. They are more likely to be able to do so if communities are able to provide physical, social, and service supports that the aging community needs.

Many of our senior’s in the PSA have “**Low incomes which results in a greater economic need of supportive services.**” **Older minorities** have increased in the PSA from 2018 to 2019 with 34.74% more African Americans; 65.84% more American Indians; 100% more Asians and 48.37% more Hispanics. Currently the highest number of minority seniors in the PSA, are American Indians. The lowest number of minority seniors in the PSA, are Asians. After the recession in 2008, the big stock market decline in 2008-2009 and the low interest rates in years after, it has left many seniors with little to no retirement funds. Inflation rising against the cost of living makes it harder for those seniors living on a fixed income to pay the bills. Often seniors in the age group from “60 to 74” put off retirement and remain in the workforce for various reasons, if for nothing more than to have a consistent income and a sense of identity. Many are the primary caretakers for their children, grandchildren and/or aging parents and the added income helps them to be able to provide for them and be more financially secure when they do finally decide to retire. The SODA AAA views these older workers as a great source for our communities because of the wisdom, skill and work ethic they possess.

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“The Reality of Rurality”: All of the SODA PSA counties are considered rural areas, some more rural than others. In fact, SE Oklahoma has some of the poorest counties in the state and consists of the country’s most economically challenged areas. **Rural elderly** individuals are spread out in the SODA AAA PSA through the farming and ranching communities and living in or near communities with very sparsely populated areas with little or no accessible community services available. Often there are no individuals available to provide care giving activities. Due to distance in some rural counties of the SODA AAA PSA there are difficulties in reaching some of the more isolated elderly to provide quality services. Although rural people are less likely to leave their homes when they retire some individuals residing in our most rural locations have had to make the choice to move to a more populated location just to receive services such as assisted living. SODA AAA, in hopes of helping the distance factor for the rural elderly, extended its senior medical transportation to all ten counties just in the last three years.

SODA AAA PSA has very few consumers who are **limited in English proficiency**. Translation or interpreter services has not been an issue or needed service in communicating with seniors in the PSA so far. According to demographic data reports, there are only approximately (271) 60+ consumers who either speak English not well or not at all in the SODA PSA. The predominant language in the SODA AAA PSA is overwhelmingly English. Spanish is the next most frequently used language. SODA AAA has a brochure that is printed in English as well as Spanish for those who need it. Due to the lack of available bilingual resources in the area, providing services could be challenging if ever needed. However, SODA AAA takes LEP person’s needs seriously and if needed will attempt to make every reasonable effort to provide meaningful access and services to them. SODA AAA can and will arrange for the needs of the limited English proficiency consumers who contact us for services. We have a language identification flashcard obtained from the US Census to identify what language is needed. Several professional translation and interpreter service programs can be found online who offer over-the-phone interpreting as well, “Translation Services, USA; Language Services Associates; Language Marketplace; and LanguageLine Phone Interpreting” just to name a few.

Changes for those 75 to 84 years old and 85 years and older: For those 75 to 84 years old in the SODA PSA, there was an overall increase of 2.05% from 2018 to 2019 data. Over the next four years this age group is expected to increase at least another 8.2%. Almost all 75 to 84 year olds live alone. Some overall changes expected in the SODA AAA PSA for seniors 75 to 84 years old are: Health may be an issue as more studies predict the largest increases in diabetes among the 75 and older and as adults live longer, the prevalence of Alzheimer’s disease, which doubles every 5 years after age 65. Approximately 10% of adults aged 65 years suffer from this degenerative and debilitating disease. It will be a while yet before baby boomers start turning **85**, but more of them will get there than any previous generation. For those who are 85 years and older already the new “crisis” these days is: living too long and outliving their savings. According to many reports, the fastest growing group of seniors is those 85 years and older. Just in the last year, SODA AAA had an increase of 2.44% in persons 85+. Statistics show that there are 47% of adults aged 85 years who suffer from Alzheimer’s. Health care spending per person is nearly 5 times higher for those age 85+ than the national average per year.

Impact of AAA projections to the budget and service provisions due to the extreme changes now and for the future of the overall senior population: The impact on the SODA AAA projections to the budget and service provisions has already affected most all of the AAA’s across the state and not in a good way. The continued loss of funds forces many AAA’s into staff reductions, which leads to more work for the remaining staff. With the chronic underfunding we’ve had for the past 20+ years it gets extremely frustrating for the AAA and it is an everyday struggle to provide for the huge amount of senior citizens we have today who are in need of supportive services. Many times the AAA and its service partners are left with the hard choices of determining just what level of service can be offered to each individual. More than we like to admit, in some cases we are forced into turning seniors away or they are placed on waiting lists due to the lack in

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funds. Some seniors grow angry with the AAA or become emotional when they are unable get the help they need right away. There is great concern and anxiety among all over the fact that our elderly population continues to increase, but our funding is not following with this trend. SODA AAA currently has a growing waiting list for services that we provide under our Masonic grant.

SODA AAA's vision of the future for older persons is to continue to provide the supportive services that are needed with funding that is supplied. Emphasis will be placed on finding more ways to reach those elderly who are in the greatest economic need. We wish to continue to provide the elderly with a coordinated continuum of home and community-based services that help elderly individuals and provide opportunities so they can live with dignity and lead meaningful and productive lives within their communities with respect and independence. We hope to achieve these things with the help of current partnerships and future partnerships in the SODA AAA PSA. In order for our seniors to age gracefully and successfully, SODA AAA diligently strives to provide informational and educational services and beneficial opportunities and options for all older individuals. We will continue to help provide the elderly with the knowledge needed for valuable resources that can help them maintain their health and well being; help them remain in their own home and communities with independence and security; and help ensure that they have the supportive services necessary to maintain their dignity as individuals. SODA AAA remains committed in providing quality services and helping the older generation receive the supportive services they need.

The number one concern for SODA AAA continues to be funding issues due to the ever increasing budget cuts over the last several years. Recent major and extensive budget cuts within the program have and will continue to present challenges for SODA AAA as well as all the other 10 AAA's within the State of Oklahoma. Since federal funding from the Older American Act (OAA) has not kept pace with the rapidly growing older adult population in our 10 counties and with the fact that we are experiencing considerable understaffing as well, we will need to be proactive and become increasingly resourceful in order to maintain quality services for the elderly in our PSA. The challenges we face interfere with any real possibility for expansion in programs and provide even greater challenges with maintaining the current level of services. However, SODA AAA will continue to be an advocate and leader for the elderly and the services they need as we strive to move forward in these trying times. SODA AAA is committed in maintaining a comprehensive understanding of the greatest unmet or under-met needs of the elderly residing in the PSA and will address these issues as they arise.

SODA AAA understands that Title III funds will never be sufficient to meet the range of all older adults' needs. In order to prepare for the aging of the "Boomer" population, SODA AAA's **long term plans** are to continually work with partners and other service agencies to identify and address community-wide issues related to the aging. To help fill the gaps SODA AAA will need to seek out other funding avenues from traditional and non-traditional partners. Already SODA AAA partners with other agencies and organizations to provide services needed for the elderly through our Title III grantees, ODOC - CENA Grant, Masonic Grant, Mobile Smiles Unit, SHIP, MIPPA, OG&E and other Community organizations and councils just to name a few. With the help of these partnerships and other grants we will work diligently to provide the most critically needed services to those seniors who need them the most. Continued loss of funding for several years for Older Americans Act services will have an adverse affect on the amount of seniors that can be helped with supportive services. We do not foresee that there will be much increase in the number of persons served or the number of services provided without an increase in the funding for these needed senior programs. We do however, have high hopes and are committed to working together to reach our goals for the sake and the future of the elderly.

Section III. TRENDS - PROJECTED AGING PROGRAM OUTPUT (NEXT 3 YEARS)

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Information for SFY 2017 provided from (AIM reports OKN509, OKN514 & OKN515)

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								
Homemaker	1,666.96	82	650	25	1,450	60	1,300	50
Chore	839.60	71	510	34	650	50	550	40
Home delivered meals	170,903	1,054	183,000	1,400	164,700	1,200	150,000	1,050
Adult day care/health								
Case Management								
Congregate Meals *	107,471	1,470	118,000	1,750	100,000	1,300	100,000	1,200
Nutrition counseling *	42	41	20	20	38	38	25	25
Assisted Transportation								
Transportation * (2 separate Projects – Combined)	4,165	87	5,000	100	4000	80	4000	80
Legal Assistance *	740	XXXX	700	XXXX	550	XXXX	550	XXXX
Nutrition Education *	12,218	2,003	12,500	2,100	12,000	2,000	12,000	2,000
Information & Assistance *	2,074	783	1,350	500	1,450	650	1,450	650
Information & Assistance Education		XXXX		XXXX	5	XXXX	5	XXXX
Outreach *	964.5	493	800	490	850	500	850	500
Education/training								
Education/information and assistance (Legal Aid)	14	XXXX	16	XXXX	14	XXXX	14	XXXX
Health promotion Disease Prevention*	218	43	140	35	100	20	100	20
Home repair								
Coordination of services								
Information about services *								
Information about services /GRRC *								
Assistance with access to services *	650	331	375	220	500	250	450	175
Assistance with access to services/GRRC *	114	33	20	10	50	20	50	20
Counseling/Support Groups/ Referrals *	64	40	30	30	35	35	30	30
Counseling/Support Groups/ Referrals/GRRC *	16	10	8	8	10	10	10	10
Support groups *								
Support groups/GRRC *								
Training *								
Training/GRRC *								
Respite *	5,396.33	82	5,000	100	5,000	85	5,000	85
Respite/GRRC *	1,448	14	1,000	10	1,000	10	1,000	10
Supplemental Services								
Supplemental Services/GRRC								

- [Annual RFP requirements will be consistent with AP Projected Program Output totals.
RFP Applicants who choose to exceed minimum output totals required in the application are held to the exceeded totals. The exceeded totals are the applicant's annual goals throughout the required reporting forms.]

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COLLABORATION

The frail elderly want dignity and independence in the latter years, plus access to needed services and an acceptable quality of life. We strive for excellence in services to our older population so they can live dignified, productive and independent lives. The SODA AAA is committed to working in collaboration with other agencies who develop, maintain, or enhance a comprehensive and coordinated community-based system of services which are rendered within our planning and service area in order to help our elderly get the services needed to remain in their own homes rather than having to move to institutions or residential facilities such as nursing homes. We do this by coordinating and partnering with other various organizations that have a proven record in providing services to older individuals so we can better meet the needs of the elderly.

SODA AAA's Information and Assistance Coordinator (I & A) is the direct key resource and access to all the services available in our planning and service area. Along with working with SODA AAA's project grantee service providers, the SODA I & A also works closely with other entities such as: Home Health Agencies, faith based entities & churches, food banks, community foundations and organizations geared to helping and serving others, community-based supportive service programs and agencies, dental offices, eye doctors, utility companies, medical equipment agencies, and many other entities in the planning and service area who serve the elderly. The SODA I & A also attends several health fairs throughout the year and provides informational presentations in order to pass on important information to the elderly about the services available to them. The SODA I & A obtains pertinent information from the seniors who call in for services and this information is used for completing the Title III Intake form for entry into the AIM database.

SODA AAA staff are active in participating in community gatherings, meetings and discussions regarding the elderly. We are constantly exploring various means and new ways to distribute information to the elderly of the services and programs available to them. SODA AAA has a newsletter "Senior Sampler" that is distributed periodically to consumers, organizations and other service agencies. SODA AAA has a website, a Facebook page and Advisory Council to also help get information out to seniors in the community. Distribution of consumer needs surveys to senior consumers within the PSA helps provide information of needed services.

SODA AAA also goes through a "Request for Proposal (RFP)" process by developing a RFP guide and Grant application package with specifications for each Title III service. SODA AAA has the option to choose whether a provider grant will be from either a one year grant up to a four year grant. When applications are being taken for a new grant period, the availability of grant funds are announced in newspapers for new potential service providers and all current service providers are notified of new program funds. A Proposers Conference is held for all applicants, even during update years. During new grant periods, after all applications are received, a committee made up of SODA AAA Advisory Council members and SODA Board members reviews, grades and makes recommendations of all proposals regarding funding to the SODA AAA Advisory Council. After all decisions and recommendations have been conducted regarding funding for each applicants proposal, the Chairman of the committee presents all funding proposals to the SODA board members during a SODA Board meeting for approval. The approved applicants are notified with a "Notice of Grant Award" (NGA) and services for the upcoming SFY will then be able to be provided to the elderly in our planning and service area with the funds provided with each grant.

SODA AAA's Outreach provider is a great source of information in regards to assessing the seniors' needs because they have first-hand knowledge of what services are needed most. After first being contacted by the senior for services, the Outreach providers conduct the first initial "In-home" assessment with our senior's in the PSA. They gain insight of the senior's needs and make referrals for additional services to the appropriate service provider(s), whether it's to OAA Title III or Non-OAA service providers.

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COLLABORATION

Unique (some more unique than others) needs/gaps in services per county for the SODA AAA: The following are requested needs or comments according to the elderly in the SODA AAA.

County	Needs	Gaps in Services
Atoka	Senior Trips/Outings & Transportation for them. Senior trip/outings suggested by seniors include (parks, zoo's, movies, weekend drives in the country).	No resources available for this type of need or service.
Atoka	Get rid of the Wilds Hogs	No resources available for this type of need or service.
Bryan	Affordable wheelchairs/scooters; Wheelchair Ramps & battery repair for scooters.	Not enough available funds in Mason grant for all who need these services.
Bryan	Someone to check on them in their homes.	Not enough available services to check on elderly in rural areas on a regular basis.
Bryan	More available storm shelters.	No resources available to provide this need.
Bryan & Carter	Major Home repairs, upkeep & maintenance.	Elderly physically unable to do home repairs, upkeep & maintenance themselves. Not enough funds or available services for all they need.
Carter	More available doctors in area without having to go to OKC.	Not enough facilities to house more doctors, especially specialized doctors in rural areas.
Carter	Crime prevention &/or police or sheriff patrol on a regular basis.	No resources available for this type of need or service.
Coal	Help with finding an in home provider.	Not enough resources available for this service.
Coal, Johnston & Murray	Dentures/Dental Work; Need dentures & eye glasses, but can't afford both.	Not enough funds in Mason grant for all who need these, especially for both at the same time.
Coal	Healthcare	Not enough accessible health care in extreme rural area.
Garvin	Crafts & Hobbies or things to do.	No resources available for this type of need or service.
Garvin & Murray	Affordable Housing or Assisted Living Opportunities.	Not enough affordable housing available in rural areas.
Johnston & Marshall	Someone to pick up meds & buy groceries for them or provided transportation for this.	No resources or not enough available for this type of need or service.
Love	More in depth training and information for diabetes.	Not enough available resources for training or information on medical conditions in rural areas.
Love	Weekend meals.	No resources available for weekend meals
Marshall	Help paying doctor bills.	No resources available for this type of need or service.
Marshall	Help with technology. (Computers, etc.)	No resources available for this type of need or service.
Murray	Help with wild running dogs in the country side. Afraid to go to mailbox	No resources available for this type of need or service.
Murray	Increase in Social Security income	No resources available for this type of need or service to meet the high costs of living day to day.
Murray & Pontotoc	Transportation in the evenings & on weekends. Transportation out of town for those people not on Sooner Care or don't have Medicaid.	No transportation resources available for these needs.

Section III. TRENDS

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SODA AAA practices coordination efforts with many entities around the PSA in order to reach all targeted populations and extend services to seniors in need. With the help of our providers we advocate for the seniors on a daily basis to provide the home and community-based services our senior's need. SODA AAA coordinates service needs with many programs, agencies and community-based entities. Non-Title III funding and/or grants are coordinated and obtained annually or periodically to help provide other needed services or gaps in services that may not be covered by our Title III providers.

There are two Native American tribes in the SODA PSA: "Chickasaw Nation & Choctaw Nation of Oklahoma". They offer **Title VI** services and non-title III services. Both tribes focus their commitment to each owns individual tribe and services are offered to only those within each tribe. Communication efforts and coordination for diversification of senior services through (Title VI – tribal services and their non-Title III entities) is an ongoing process for SODA AAA. Working with the tribes to coordinate senior services is not always easy. They have very strict rules and guidelines when it comes to what they will or won't allow in the form of information sharing. SODA AAA staff attends the Choctaw Nation employee health fairs each year to coordinate services and present information of AAA services to their people.

The Choctaw Nation is a "non-reservation" based American Indian Tribe. The Choctaw Nation is the largest employer in the southeastern Oklahoma region with approximately 8,204 employees and is headquartered in Durant, OK. The Choctaw Nation is defined as an extremely rural 10.5 County (roughly) territory spanning **10,613** square miles in southern Oklahoma, which is about 15% of the state's total area. Their service area includes the following counties: **Atoka, Bryan, Choctaw, Coal, Haskell, Hughes, Latimer, Leflore, McCurtain, Pittsburg and Pushmataha**. This is the second largest tribal service area in the lower 48 states. SODA AAA only shares coverage of **3 of the 11** counties in the Choctaw Nation service area.

The Chickasaw Nation is a "non-reservation" based American Indian Tribe. The Chickasaw Nation Tribal headquarters is in Ada, OK. The Chickasaw Nation's service area covers **7,648** square miles of south-central Oklahoma and encompasses all or parts of 13 Oklahoma counties. These counties include: **Bryan, Carter, Coal, Garvin, Grady, Jefferson, Johnston, Love, Marshall, McClain, Murray, Pontotoc** and Stephens. SODA AAA shares coverage of **9 of the 13** counties in the Chickasaw Nation service area.

Title VI Services offered by both the Chickasaw & Choctaw Nations to tribe members only.

Title VI-C Services Offered – Chickasaw	Title VI-C Services Offered – Choctaw
Chickasaw Native American Caregiver Program	Choctaw Native American Caregiver Program
Chickasaw Nation Senior Centers: 1) Madill Senior Center (Madill, OK) 2) Panola Senior Center (Colbert, OK) 3) Ardmore Senior Center (Ardmore, OK) 4) Ada Senior Center (Ada, OK) 5) Tishomingo Senior Center (Tishomingo, OK) 6) Kullihoma Senior Center (Allen, OK) 7) Pauls Valley Senior Center (Pauls Valley, OK) 8) Sulphur Senior Center (Sulphur, OK) 9) Connerville Senior Center (Connerville, OK)	Choctaw Nation Senior Centers: 1) Atoka Community Center (Atoka, OK) 2) Coalgate Community Center (Coalgate, OK) 3) Durant Community Center (Durant, OK)
	Choctaw Nutrition and Supportive Services Program

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COLLABORATION

These services offered to tribe members only.

Non-Title III / VI Services Offered – Chickasaw	Non-Title III / VI Services Offered – Choctaw
Assisted Living Supplemental Benefit Program	Elder Advocacy
Burial Supplement & Assistance Program	Elderly – Disabled Emergency Services
Chickasaw Senior Golf Academy	Eyeglasses, Dentures & Hearing Aid Program
The Chickasaw Veterans Jacket Program	Farmers Market Nutrition Program for Seniors
Farmers' Market Program for Seniors	Food Distribution Program
Community Health Program	Healthy Aging Program
Elderly Energy Assistance Program	Low Income Home Energy Assistance Program
Foster Grandparent Program	Independent Elder Housing
Home Maintenance	
Itiapela-Medical Alert Program	
Over the Counter Medications Program	
Private Driveway Repair/Construction Program	
Senior Companion Services	
Supplemental Lawn Mowing Program	
Supplemental Wood Program	
Transportation Services Program	

Section III. TRENDS

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SERVICE	Listing of Services	Counties Available	Gaps in Services
In-Home Services	The Medicaid -ADVantage Waiver program is available. It is a Home and Community-Based Waiver Service alternative to placement in a nursing facility. A person must first qualify for Medicaid, <i>a low income service</i> , prior to receiving ADVantage. This program assists frail elders and adults who have physical disabilities & provides a variety of in-home services to qualified low income individuals. In-home services offer ADVantage services by provider. Services include: Adult Day Health Care; Case Management; DME; Home delivered Meals; Home Modification; Hospice; Personal Care; Occupational, Physical & Speech Therapy; Prescription Drugs & Respite. The goal of this program is to provide services which allow Medicaid eligible persons who need nursing facility level of care to remain at home or in the residential setting of their choosing while receiving necessary care.	Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray and Pontotoc Contact SODA Area Agency on Aging's, I & A Coordinator at 1-800-211-2116 for provider listing or find Certified ADVantage Program agencies at the following website: www.okdhs.org	Some elderly are not eligible for the Medicaid ADVantage waiver because of income. The ten county PSA is Underserved in the category for in-home services. Lack of available care providers and people to work as personal care assistants, etc.
Accessible Medical Care	Some clinics are located in the ten-county PSA. Exact number amount not known. Twelve hospitals serve the ten-county PSA and they are as follows: Atoka Memorial Hospital Medical Center of SE OK, Durant Healdton Mercy Hospital Mercy Memorial Medical Center, Ardmore Coal County General (Mary Hurley) Hospital, Coalgate Lindsay Municipal Hospital Pauls Valley General Hospital Johnston Memorial Hospital, Tishomingo Mercy Health Care, Love County Rural Health, Marietta Integrus Marshall County Medical Center, Madill Arbuckle Memorial Hospital, Sulphur Valley View Regional Hospital, Ada Also, the Veterans Administration has two Veterans Centers for Veterans use only Located in Ardmore & Sulphur, OK	Atoka Bryan Carter Carter Coal Garvin Garvin Johnston Love Marshall Murray Pontotoc Carter and Murray	According to Health Resources and Services Administration reports, seven of the ten counties in the PSA are classified as Medically Underserved Areas (MUA) and one county is classified as a Medically Underserved Population (MUP). 7 (MUA) counties: Atoka, Coal, Garvin, Johnston, Love, Marshall and Pontotoc 2 (MUP) counties: Carter and Murray Due to rural nature of the PSA accessible medical care services are limited. Shortage of skilled medical professionals and or clinics.
Adult Day Care/ Respite Care	Five of the ten counties in the PSA have adult day care facilities. Making a total of seven adult day care facilities. A list of these facilities follow: Patchwork Angels Adult Daycare Center, Durant Adult Day Services of Southern Oklahoma, Ardmore Sunshine Adult Day Service, Ardmore Sundance of Oklahoma, Pauls Valley Washita Valley Adult Day Care, Pauls Valley Indian Territory Adult Day Services, Tishomingo Ada Senior Care Center, Inc., Ada	Bryan, Johnston and Pontotoc – 1 each Carter – 2; Garvin - 2 Bryan Carter Carter Garvin Garvin Johnston Pontotoc	Lack of available service facilities and care providers in the rural PSA. 5 counties in the PSA are underserved and have no Adult Day Care/Respite Care facilities available: Atoka, Coal, Love, Marshall and Murray.

Section III. TRENDS

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SERVICE	Listing of Services	Counties Available	Gaps in Services
Adult Protective Services	APS is available through the local Department of Human Services. A 24-hour toll free Adult Abuse Hotline is operated through OKDHS.	Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray and Pontotoc	Due to understaffing of RSVP and other volunteers some of the elderly have no one to check on them, especially those with no family.
Title VI , Part A Nutritional and Supportive Services and Title VI, Part C Native American Caregiver Support Services	<p><u>Total of 12 - Title VI, Part A - Native American Nutrition Sites</u></p> <p>Choctaw Nation of Oklahoma Community Centers: Atoka, Durant and Coalgate</p> <p>Chickasaw Nation Nutrition Sites: Colbert, Ardmore, Pauls Valley, Tishomingo, Connerville, Madill, Sulphur, Ada and Allen</p> <p><u>Title VI, Part C – Native American Caregiver Support Services</u></p>	<p>Atoka, Bryan and Coal Counties</p> <p>Bryan, Carter, Garvin, Johnston, Marshall, Murray and Pontotoc Counties</p>	Title VI nutrition services and Title VI caregiver support services are only available to those in the community who are tribal members. Some of the communities only have a Title VI center, so those elderly in the community who are not Native American are not being served.
Case Management Services	Case management services including Medicaid waivers are provided on varying levels throughout each of the counties in the PSA.	Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray and Pontotoc	Shortage of staff very often translates into excessive case loads for case management providers.
Transportation Services for the Elderly and Disabled	<p>S.O.R.T.S. - Big Five Community Services, Inc.</p> <p>Big Five Senior Medical Transportation - (Project Grantee)</p> <p>Delta Public Transit.</p> <p>CARPTS (Call-a-Ride Public Transit System).</p> <p>INCA J.A.M.M. Transit</p> <p>INCA – Senior Medical Transportation - (Project Grantee)</p>	<p>Bryan, Carter, Coal, and Love.</p> <p>Bryan, Carter, Coal, Love and Pontotoc.</p> <p>Garvin</p> <p>Pontotoc</p> <p>Atoka, Johnston, Marshall, Murray, Garvin</p>	Most transportation services are limited to Medicaid or Sooner Ride eligible persons and or Non-emergency Senior Medical Transportation.
Meals on Wheels or Mobile Meals Programs	<p>Coal County EDF, RSVP, Coalgate</p> <p>Bryan County RSVP, Durant</p> <p>INCA C.A. RSVP, Sulphur</p> <p>Pauls Valley Hospital, Pauls Valley</p> <p>Big Five RSVP, Marietta</p>	<p>Atoka, Coal, Pontotoc</p> <p>Bryan</p> <p>Carter, Johnston, Murray</p> <p>Garvin</p> <p>Love, Carter, Marshall</p>	Lack of volunteers and funding to serve all areas of the extreme rural parts of the counties.
Independent Senior Centers	<p>Out of approximately 80 eligible Independent Senior Centers in the ten-county PSA, 41 received a CENA grant award in SFY2017. So far 37 have been awarded a CENA grant for SFY 2018.</p> <p>Some serve daily meals Mon-Fri each week; or 1-2 days each week. Some only serve once a month.</p>	Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray and Pontotoc	Lack of volunteers and funding prevents some centers from being able to serve meals more than once or twice weekly and some only serve once monthly. Many seniors continue to work and are not inclined to participate in congregate settings.

Section III. TRENDS

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SERVICE	Listing of Services	Counties Available	Gaps in Services
Senior Volunteer Programs	Five RSVP organizations are active within the planning and service area. RSVP, Coalgate, OK RSVP, Durant, OK RSVP, Lindsay, OK RSVP, Tishomingo, OK RSVP, Marietta, OK	Atoka, Coal, Pontotoc Bryan Garvin Johnston and Murray Love, Carter, Marshall	Many seniors are still working. Fewer people are volunteering for the programs. Rural nature of the PSA is also a limiting factor.
Disability Services	Big Five Community Services – (Developmental Disabilities Services) INCA Community Action – (Developmental Disabilities) Department of Rehabilitative Services: Durant, Ardmore, Sulphur & Ada, OK Oklahomans for Independent Living (OIL) Social Security (Disability) and OKDHS Developmental Disabilities Services Division	Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray and Pontotoc Atoka, Johnston, Marshall and Murray Bryan, Carter, Coal, Murray and Pontotoc Atoka, Coal <u>Cover all ten counties:</u> Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray and Pontotoc	Due to rural nature of the PSA, services from the Community agencies are limited. Staff shortages due to poor economic outlook. Shortage of skilled disability medical professionals.
Mental Health Services	Carl Albert Community Mental Health Center(Outreach Clinic), Atoka & Pontotoc <u>Located in Ada:</u> *Mental Health Services & Substance Abuse Center of Southern Oklahoma, *Inspirations (for elderly) Mental Health Services of Southern OK, (Ardmore, Pauls Valley, Tishomingo, Marietta, Madill, Sulphur, Ada) North Care of Pauls Valley	Atoka, Pontotoc Bryan, Pontotoc Carter, Garvin, Johnston, Love, Marshall, Murray, Pontotoc Garvin	Shortage in trained professional workforce staff especially in rural areas such as the ten-county PSA. Limited and or fragmented services resulting in treatment gaps. Costly services not covered. Fragmented or inadequate funding or financial support.
LTC Planning/ Option	There are 30 Licensed Nursing Center/Homes in the 10 county PSA. The approximate total number of certified licensed beds in the nursing center/homes for all 10 counties is: 2,503 . Atoka, Coal, Johnston & Love counties – Total combined number of (310) beds. Marshall County – Total of (200) beds. Murray County – Total of (231) beds. Garvin & Pontotoc counties – Total of (778) beds. Bryan County – Total of (468) beds. Carter County – Total of (516) beds.	Atoka, Coal, Johnston, Love – 1 Nursing facility each Marshall – 2 Murray – 3 Garvin & Pontotoc – 4 each Bryan – 5 Carter – 6	Limited facilities and qualified staff for ten counties. With the growing number of senior citizens the number of licensed nursing homes will need to grow along with them.

Section III. TRENDS

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SERVICE	Listing of Services	Counties Available	Gaps in Services
SCSEP	Experience Works – This is a Senior Community Service Employment Program (Community service & work-based job training program for older Americans)	Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray, Pontotoc	Limited staff and lack of funding for all ten counties.
Care Transitions with local hospitals	Local Hospitals try to discharge patients to a well known safe place, whether at home with doctor visits, home health, or maybe to assisted living or nursing homes for rehabilitation, intermediate bed care, or end-of-life care.	Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray, Pontotoc	At times some patients' home is not a safe place and/or they have no family to stay with. Also, at times nursing homes will not accept the patient due to not capable of providing the care they need or the patient is unable to pay for their stay, having no (Medicaid or Medicare).
VA	There are 2 Veterans Centers. Carter County – 1 Beds = 175 Murray County – 1 Beds = 132	Carter & Murray – 1 each	Not enough staff to provide the care that they need or assist residents with transportation and activities.
Faith Based Entities	Families Feeding Families Hands of Hope Food bank Churches in the Community (Work with elders of churches for help with assistance to seniors with bills & medication.)	Bryan Atoka, Bryan, Coal, Johnston, Marshall	Limited volunteers for all 10 counties. Not all churches are able to help, those that do can only help with a few bills & some with medication and food.
Schools	No Services in the area regarding Schools & the elderly.	N/A	No School + Elderly services.
**Assisted Living	There are 8 Assisted Living Centers in the ten-county PSA. The approximate number of certified licensed beds in these assisted living centers is: 392 Bryan County – Total of (98) beds. Carter & Pontotoc counties – Total of (238) beds.	Bryan – 2 Carter & Pontotoc – 3 each	Limited facilities and qualified staff for all ten counties. 7 counties in the PSA are underserved and have no Assisted Living facilities available: Atoka, Coal, Garvin, Johnston, Love, Marshall and Murray.
**Other			

****Additional services available in PSA**

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Collaboration

Long-term partnership development:

Some long-term partnerships that SODA AAA will be working towards developing in the next four years is the continued efforts to gain a closer relationship with the Chickasaw and Choctaw tribes for coordination of services. Efforts also will be continued towards partnering with the Mental Health agencies within the PSA for assistance in promoting and expanding knowledge to their senior clientele of the available services that we and our project grantees provide. Other plans for the assistance in promoting awareness for the continuation of available services offered for seniors within the PSA and for help with special senior projects, are for the development of long-term partnerships with taskforce members and other community council and County coalition members, such as those who work in health care agencies, health departments, volunteer organizations, other service providers and community organizations that are interested in helping make a difference for the seniors of the community.

SODA AAA will continue to be involved with other aging advocates, home and community-based providers, independent senior centers and other organizations for the opportunity of promoting current senior services. SODA AAA has high hopes that with the help of others in our communities, more and more seniors will become aware of the services available to them and we will be able to increase services and numbers through this knowledge and awareness.

Mental Health Partnerships:

At this time, SODA AAA doesn't have any specific known partnerships with any Mental Health service in the PSA, but this is a long-term plan for future development.

Big Five Outreach workers and SODA AAA's Information & Assistance Coordinator make referrals periodically to Mental Health facilities such as the Carl Albert Community Mental Health Center in Atoka County, Mental Health Services of Southern Oklahoma in Bryan & Carter County, Coal County Mental Health Department in Coal County, Mental Health Services of Southern Oklahoma in Garvin, Johnston, Love County, Southern Oklahoma Treatment Services in Marshall County, Southeastern Oklahoma Family Services in Murray County and Mental Health Services of Southern Oklahoma in Pontotoc County as needed when & if elderly consumers request this service. Also, information in the form of a **toolkit** is available for use from the Substance Abuse & Mental Health Services Administration - "Get Connected Toolkit linking Older Adults with Resources on Medication, Alcohol, and Mental Health" and a video that is posted on YouTube – "It Can Happen to Anyone: Alcohol and Medication Among Older Adults".

The strategies SODA AAA takes to coordinate with other entities to maximize the availability of services to our older persons in the PSA and reduce duplication of effort is mainly accomplished by communication and by working closely with our projects, other organizations which are in the business of providing services for the elderly. Conducting assessments of each consumer and entering information in AIM database.

Health Services – The SODA AAA's Information and Assistance Coordinator has an ongoing relationship with many of the Home Health agencies in the community. SODA AAA provides resource directories for many of the Home Health agencies and many of them call the AAA for help in getting services for seniors they are in close contact with.

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With the constant and continual decreases in funding for services we provide, it is very doubtful that any expansion or increase in services or with partnerships in the community will take place within the next four years. If any do occur it will be very limited.

Organizations and agencies within the SODA PSA that are similar to our agency are:

Oklahoma Healthy Aging Initiative (OHAI) – A program of the Donald W. Reynolds Department of Geriatric Medicine at The University of Oklahoma and supported by the Donald W. Reynolds Foundation; Meals on Wheels agency;

OHAI has Evidenced Based Health Promotion Program, Family Caregiver Program & an Outreach Education Program.

Accomplishing their Mission: Advocacy; Advertising; Requests Donations; Publishing Newsletters; Presentations, Seminars, Symposiums and Senior Health Forums; Networking, Charges a fee for some Events held and Holds Information Luncheons.

Acquiring of Resources: OHAI is supported by the Donald W. Reynolds Foundation; they collaborate and communicate with other like organizations in the same field of supportive services of the elderly. They also depend on support from individuals who donate to their cause.

Meals on Wheels – a program that is similar to OAA Title III Nutrition services in that they provide home delivered meals to homebound seniors.

Accomplishing their Mission: Advocacy, Advertising, Website, Education, Fundraising Leadership, Volunteer recruitment, Networking, Research, Educational and Informational Webinars regarding helpful information in regards to things such as healthcare, nutrition screening, emergency preparedness for homebound seniors, financial protection, volunteering of the future, seniors and their pets, reducing expenses, data collection, adapting to a diverse workforce, guidance for addressing hunger in older adults, senior nutrition, good meal – safe meal, tips for managing budgets, nonprofit mistakes you can learn from, problem solving.

Acquiring of Resources: Advertising, Research, Funding, Fee for service on some Webinars, Partnerships.

Other similar agencies consist of non-profits, independent senior centers that are similar to Title III nutrition sites, the Native American tribes who provide similar services with OAA Title VI funds from Aging Services.

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LONG RANGE PLAN -

Current direct services provided by SODA AAA include the following: “Information and Assistance” Services for seniors.

We also have an “Ombudsman Program” for long-term care services and assistance for nursing home residents.

The Long-Term Care Ombudsman Program advocates for Long Term Care residents, as permitted by each resident and with the LTC facility, to assist the resident to exercise his or her rights and make referrals to appropriate service providers, as needed and provides options counseling support to individuals who need assistance in seeking services and making person-centered decisions.

Current OAA Title III services sub-granted out to other providers in SODA AAA PSA includes the following:

Nutrition Services Program

- ❖ Congregate Meals
- ❖ Home-Delivered Meals
- ❖ Nutrition Counseling
- ❖ Nutrition Education

Outreach Services Program

- ❖ Outreach
- ❖ Chore
- ❖ Homemaker

Health Promotion Disease Prevention Program

- ❖ Tai Chi Classes

Legal Aid Services Program

- ❖ Legal Assistance
- ❖ Legal Education

Transportation Program

- ❖ Senior Medical Transportation

Family Caregiver Support Program

- ❖ Family Caregiver Access Assistance
- ❖ Family Caregiver Counseling/Support and Referral
- ❖ Family Caregiver Respite
- ❖ Grandparents Raising Grandchildren Access Assistance
- ❖ Grandparents Raising Grandchildren Counseling/Support and Referral
- ❖ Grandparents Raising Grandchildren Respite

Non-Title III services provided by SODA AAA:

- ❖ “Community Expansion of Nutrition Assistance (CENA) Program” – Provides reimbursement funding for Independent Senior Centers for the purchase of food, supplies, equipment, building insurance, payment of rent and utilities, repairs and maintenance, funded through the Oklahoma Department of Commerce;
- ❖ “Mobile Smiles” program - Free dental assistance – funded by Oklahoma Dental Foundation and Delta Dental of Oklahoma Oral Health Foundation;
- ❖ Masonic Program – Services provided under this grant assist seniors 55 and up with gaps in services. The grant funding provides assistance with dental/dentures, eyeglasses, hearing aids, durable medical equipment, wheelchair ramps, minor home repairs, home modifications, utility assistance, emergency food and/or medication assistance, etc. – funded by the Masonic Charity Foundation;
- ❖ Medicare Program – Provides Assistance, Counseling and Enrollment with Medicare Plans and Medicare Part-D Prescription Drugs – funded by the Oklahoma Insurance Department MIPPA Grant.

Section III. TRENDS

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- ❖ Medicare Fraud Program – Provides assistance to Medicare beneficiaries in the prevention, detection and reporting of health care fraud, errors, and abuse through outreach counseling and education presentations.

Current Services: It is extremely important for SODA AAA and all other AAA's to continue to receive funding for these programs and the needed services they provide for our elderly. With the constant population growth of the aging community due to the "Post World War II Baby Boom" from 1946 through 1964, there will only be a greater need for these services as we move forward. SODA AAA's future plans will be to continue advocating, coordinating, collaborating and working with others to form lasting partnerships to ensure that our most frail and economically disadvantaged seniors receive the home and community-based care and the services necessary.

Solutions for Gaps in Services and Funding Deficiencies: SODA AAA's goals for the future of the aging community are to work on solutions for gaps in services and funding deficiencies. Some of these goals foremost will be to coordinate with other agencies to find more ways to deliver needed services to those who are in the greatest need. Focus will be on identified targeted populations.

Access to Health Care: Based on current consumer needs surveys, the top consumer need we're facing in the PSA is access to health care. Already SODA AAA tackled this issue starting in SFY 2016 with the addition of 6 more counties to the transportation provider service areas. Before, we only had 4 counties of our 10 County coverage area that received transportation services in our PSA. Now all 10 counties are receiving "Senior Medical Transportation" provided from 2 separate projects. All rides are for "non-emergency" transportation only, such as medical doctor appointments, dialysis and/or chemo treatment appointments.

Holocaust Survivor Data: Second on the list of future goals is the "Holocaust Survivor" data. In order to get an idea of how many "Holocaust survivors" there may be in our PSA, we plan to create a new survey or add to our current consumer needs survey a question pertaining to this.

Current Fraud and Scams: Plans are also to keep our seniors aware of any current scams and fraud that may be circulating in the PSA by researching for data and distributing current information to seniors in the PSA. Medicare fraud awareness is already a covered service we help provide through the Senior Medicare Patrol (SMP) grant.

"Alzheimer's – Dementia related health issues, facts and statistics": Plans are to attend any webinars offered and do research on Alzheimer's and dementia related websites and gather information, data, facts & statistics. Distribute this information to seniors in the community in our PSA.

Mental Health Awareness, Coordination and Screening: Mental illness affects 1 in 5 American older adults. The Oklahoma Mental Health & Aging Coalition facts show that 25% of seniors 65+ misuse or abuse alcohol, illicit drugs or prescription medications. Older adults with depression and serious chronic illness are at increased risk for disability and premature death, and the cost of medical care increases as much as 50% to 100%. Depression and anxiety disorders are among the most common mental health problems in older persons. Observations have shown that seniors who stayed busy with a lot of social interaction were the happiest and healthiest. Without the social interaction, loneliness can become overwhelming and lead to depression. SODA AAA will continue to participate in Mental Health related webinars and promote Mental Health Awareness by **distributing** educational materials, topics on depressions and mental health literature to Nutrition Centers and/or Health Fairs and attending webinars over mental health, etc. Although the surveys for Mental Health Services show that the need is a low priority for those seniors surveyed, SODA AAA will continue to strive to advocate for seniors to help make sure that all seniors are aware of the help that is out there and assist them with resources when and if needed.

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Evidence-Based Health Promotion Program: Evidence-based health promotion is implemented through the Older Americans Act (OAA). Long range plans are to continue the Evidence-based health promotion program. Health promotion programs have three tiers: minimal criteria, intermediate criteria and highest-level criteria. However, for Oklahoma the highest-level is a requirement. Evidence-based health promotion programs help by allowing seniors to remain in their homes longer and remain healthy.

In previous years the Chronic Disease Self-Management Program (CDSMP) was offered and administered by Big Five Health Promotions. The program is devised of workshops held for 6 weeks. However, they ran into several roadblocks when trying to get consumers to attend the workshops due to the most consumers didn't want to commit to the full 6 weeks of classes. One workshop was held in SFY 2017. For the remainder of SFY 2017 the CDSMP workshops were replaced with "**Tai Chi**" Classes for seniors 60+ and are also currently being offered in SFY 2018. "Tai Chi" is one of the programs listed under the highest tier.

Tai Chi has several benefits for seniors. Foremost, Tai Chi is an excellent way to reduce stress by relaxing the body and clearing the mind. Tai Chi increases oxygen flow by promoting deep breathing. The added oxygen combined with reduced stress work together to enhance your mental capacity and ability to concentrate and you will gain energy and alertness. As you are relaxing and intentionally breathing more, you will lower your blood pressure which is especially beneficial for many seniors and may even reduce the need for blood pressure medications. Tai Chi is a combination of simple, gentle and fluid movements and are exactly what the body needs to remain loose and flexible and may even help alleviate arthritis pain. Regular practice of Tai Chi will improve your balance and stability and will help prevent falls. It has also been documented that Tai Chi has helped stroke and heart attack survivors recover at a faster rate than those who don't practice it. Oxygen intake, mental concentration and balance are major areas that need strengthened after a major health event.

SECTION IV DEMOGRAPHICS IN PLANNING AND SERVICE AREA NARRATIVE

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Section I

In compliance with the OAC Policy 340:105-10-38. SODA Area Agency on Aging targets older persons with the greatest economic and social needs, those residing in rural areas, persons of minority groups and persons with disabilities. All of the ten counties that comprise the SODA AAA Planning and Service Area are designated as rural (as designated by AoA in OAC 340:105-10-3).

The SODA AAA planning and service area (PSA) consists of the following ten counties: **ATOKA, BRYAN, CARTER, COAL, GARVIN, JOHNSTON, LOVE, MARSHALL, MURRAY and PONTOTOC COUNTIES.**

Bryan and Carter County have the **largest** populations in the SODA AAA PSA, Carter County being the largest with 48,556 total population and Bryan County coming in second with a total of 45,573. Target populations for these two counties: Top minority population 60+ for Carter County is the African-American with a total of (632) and American Indian is a close second with a total of (578). Bryan Counties top minority population 60+ is the American Indian with a total of (828) in the SODA PSA.

Websites: wikipedia.org and www.agid.acl.gov/datafiles/ACS2014

Atoka County: Atoka County is located northeast of Bryan County and the total area covers 990 square miles (976 sq mi - land and 14 sq mi - water). The County seat is Atoka. The County was formed before statehood from Choctaw Lands. The total County Population is 13,810. The County is named in honor of Choctaw Chief Atoka, a leader of a party which migrated from Georgia to Indian Territory. The economy of Atoka County has been largely built on coal mining, limestone quarrying, forestry and agriculture and then in the mid-twentieth century cattle-raising became the leading business. Residents age 60 and over make up 24.4% of the total population. This County is considered rural and there has been no considerable growth in the County for several years. The total population age 60+ is 3,366. There are a majority of females 60+ with 1,765 compared to males 60+ at 1,601. The largest minority population 60+ is the American Indian with 290 persons reported, followed by the African-American 60+ with 82 and the Hispanic/Latino 60+ with 30. The Asian 60+ population is very low with 14 reported. Individuals living in poverty age 60+ are reported at 483 with the minority population of this group at only 108 persons reported. The limited English proficiency 60+ reported is 10 for this County. These persons either speak English “not well or not at all”. For the 60+ individuals residing in rural isolated areas the total is 3,366. The population of 60+ Grandparents raising Grandchildren is reported at 100. Individuals living alone 60+ are reported to be 730. There are a total of 705 Veterans 60+. The total “individuals with disabilities” for persons 60+ is 1,540. The total “Individuals at risk for institutional placement” (3 or more ADLS) for persons 60+ is 555. Individuals with Alzheimer’s Disease and related disorders 60+ are estimated at 505.

If increases in population occur within this County and there is a need for services from our targeted senior population, some will have to be placed on waiting lists if funding is an issue. Outreach will continue to reach out to the most economically targeted populations to ensure all who are in greatest need receive access to the services they need.

The most **un-served** and **underserved** older persons within this county are:

Asian – consisting of less than 1% of the 60+ population with only 14 older seniors residing in Atoka County.

Limited English proficiency – consisting of less than 1% of the 60+ population with only 10 limited English speaking seniors residing in Atoka County.

Also noted is the “Native Hawaiian & other Islanders 60+” having only 1 reported for this County and the “Two of more Races 60+” category reporting 148 for this County.

SECTION IV DEMOGRAPHICS IN PLANNING AND SERVICE AREA NARRATIVE

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Section 1

Websites: wikipedia.org and www.agid.acl.gov/datafiles/ACS2014

Bryan County: Bryan County is located in Southern, Oklahoma, it shares the “Red River” border line with Northern, Texas. The county is a major part of the “Texoma” region. The County seat is Durant. It is the only county in the U.S. named for Democratic politician “William Jennings Bryan”. The total area covers 944 square miles (904 sq mi - land and 39 sq mi - water). Total population for this County is 45,573. Bryan County is the home to the Choctaw Nation of Oklahoma headquarters, located in Durant, OK. The Chickasaw tribe shares a portion of Bryan County on the western quarter. The economy is made up Agriculture, tourism, manufacturing, and distribution. Tourism attractions include Lake Texoma, Choctaw Casino resort and Fort Washita. Residents age 60 and over make up 23.2% of the total population. The county is considered rural. The total population age 60+ is 10,595. There are a majority of females 60+ with 5,793 compared to males 60+ at 4,802. The racial makeup of the County shows that the largest minority population 60+ is the American Indian with 828 persons reported, followed by the Hispanic/Latino 60+ with 164 and the African-American 60+ with (104). The Asian 60+ population shows 35 for this County. Individuals living in poverty age 60+ are reported at 1,005 with the minority population of this group at only 155 persons reported. The limited English proficiency 60+ reported is 20 for this County. These persons either speak English “not well or not at all”. For the 60+ individuals residing in rural isolated areas the total is 10,595. The population of 60+ Grandparents raising Grandchildren is reported at 275. Individuals living alone 60+ are reported to be 2,550. There are a total of 2,030 Veterans 60+. The total “Individuals with disabilities” for persons 60+ is 3,555. The total “Individuals at risk for institutional placement” (3 or more ADLS) for persons 60+ is 1,165. Individuals who have Alzheimer’s disease and other related disorders 60+ are estimated at 1,589.

If increases in population occur within this County and there is a need for services from our targeted senior population, some will have to be placed on waiting lists if funding is an issue. Outreach will continue to reach out to the most economically targeted populations to ensure all who are in greatest need receive access to the services they need.

The most **un-served and underserved** older persons within this county are:

Asian – consisting of less than 1% of the 60+ population with only 35 older seniors residing in Bryan County.

Limited English proficiency – consisting of less than 1% of the 60+ population with only 20 limited English speaking seniors residing in Bryan County.

Also noted is the “Native Hawaiian & other Islanders 60+” having only 5 reported for this County and the “Two of more Races 60+” category reporting 442 for this County.

SECTION IV DEMOGRAPHICS IN PLANNING AND SERVICE AREA NARRATIVE

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Section 1

Websites: wikipedia.org and www.agid.acl.gov/datafiles/ACS2014

Carter County: Carter County is located northwest of Bryan County. The County seat is Ardmore. Carter County is part of the Ardmore Micropolitan statistical area and is also a part of the Texoma region. The County was named for Captain Ben W. Carter, a Cherokee who lived among the Chickasaw. The total area covers 834 square miles (822 sq mi – land and 12 sq mi – water). Oil and gas production began very early in the 20th Century as the economy make up. The total population for this County is 48,556. Residents age 60 and over make up 22.6% of the total population. The county is considered rural. The total population age 60+ is 10,965. There are a majority of females 60+ with 6,150 compared to males 60+ at 4,815. The racial makeup of the County shows that the largest minority population 60+ is the African-American with 632 persons reported, followed by the American Indian 60+ with 578, the Hispanic/Latino 60+ with 219 and the Asian 60+ with 44. Individuals living in poverty age 60+ are reported at 1,110 with the minority population of this group at only 215 persons reported. The limited English proficiency 60+ is the highest out of all ten Counties in the SODA AAA PSA with 60 reported for this County. These persons either speak English “not well or not at all”. For the 60+ individuals residing in rural isolated areas the total is 10,965. The population of 60+ Grandparents raising Grandchildren is reported at 235. Individuals living alone 60+ are reported to be 2,785. There are a total of 2,305 Veterans 60+. The total “Individuals with disabilities” for persons 60+ is 3,650. The total “Individuals at risk for institutional placement” (3 or more ADLS) for persons 60+ is 1,385. Individuals with Alzheimer’s Disease and related disorders 60+ is estimated at 1,645.

If increases in population occur within this County and there is a need for services from our targeted senior population, some will have to be placed on waiting lists if funding is an issue. Outreach will continue to reach out to the most economically targeted populations to ensure all who are in greatest need receive access to the services they need.

The most **un-served and underserved** older persons within this county are:

Asian – consisting of less than 1% of the 60+ population with only 44 older seniors residing in Carter County.

Limited English proficiency – consisting of less than 1% of the 60+ population with 60 limited English speaking seniors residing in Carter County.

Also noted is the “Native Hawaiian & other Islanders 60+” having only 1 reported for this County and the “Two of more Races 60+” category reporting 293 for this County.

SECTION IV DEMOGRAPHICS IN PLANNING AND SERVICE AREA NARRATIVE

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Section 1

Websites: wikipedia.org and www.agid.acl.gov/datafiles/ACS2014

Coal County: Coal County is located northeast of Bryan County. The County seat is Coalgate. Coal County was formed at statehood from the former Shappaway County (later renamed Atoka County) of the Pushmataha District of the Choctaw Nation in Indian Territory. Mining became a mainstay of the county's economy during the 1870s. Agriculture replaced mining as the main economic activity of the county. The total area is 521 square miles (517 sq mi – land and 4.7 sq mi – water). Coal County is the fifth-smallest county in Oklahoma by area. The total population for this County is 5,651. Residents age 60 and over make up 2.9% of the total population. The county is considered rural. The total population age 60+ is 1,564. There are a majority of females 60+ with 886 compared to males 60+ at 678. The racial makeup of the county shows that the largest minority population 60+ is the American Indian with 181 persons reported, followed by the Hispanic/Latino 60+ with 21. The African-American 60+ population is low with only 9 reported as well as the Asian 60+ population showing 2 for this County. Individuals living in poverty age 60+ are reported at 225 with the minority population of this group at only 25 persons reported. The limited English proficiency 60+ reported is only 4 for this County. These persons either speak English “not well or not at all”. For the 60+ individuals residing in rural isolated areas the total is 1,564. The population of 60+ Grandparents raising Grandchildren is reported at 45. Individuals living alone 60+ are reported to be 450. There are a total of 365 Veterans 60+. The total “Individuals with disabilities” for persons 60+ is 725. The total “Individuals at risk for institutional placement” (3 or more ADLS) for persons 60+ is 265. Individuals with Alzheimer's Disease and related disorders 60+ is estimated at 235.

If increases in population occur within this County and there is a need for services from our targeted senior population, some will have to be placed on waiting lists if funding is an issue. Outreach will continue to reach out to the most economically targeted populations to ensure all who are in greatest need receive access to the services they need.

The most **un-served and underserved** older persons within this county are:

Asian – consisting of less than 1% of the 60+ population with only 2 older seniors residing in Coal County.

Limited English proficiency – consisting of less than 1% of the 60+ population with only 4 limited English speaking seniors residing in Coal County.

African-American – consisting of less than 1% of 60+ population with only 9 older seniors residing in Coal County.

Also noted is the “Native Hawaiian & other Islanders 60+” having 0 reported for this County and the “Two of more Races 60+” category reporting 76 for this County.

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Section 1

Websites: wikipedia.org and www.agid.acl.gov/datafiles/ACS2014

Garvin County: Garvin County is located northwest of Bryan County in south-central Oklahoma. The County seat is Pauls Valley. Garvin County was formed from part of the Chickasaw Nation, Indian Territory. The County was named for Samuel J. Garvin, a local Chickasaw rancher, merchant and banker. The economy is largely based on farming, ranching and oil production. The total area is 814 square miles (802 sq mi – land and 12 sq mi – water). The total population for this County is 27,838. Residents age 60 and over make up 23.4% of the total population. The county is considered rural. The total population age 60+ is 6,528. There are a majority of females 60+ with 3,544 compared to males 60+ at 2,984. The racial makeup of the County shows that the largest minority population 60+ is the American Indian with 316 persons reported, followed by the Hispanic/Latino 60+ with 144 and closely after is the African-American 60+ with 142 reported. The Asian 60+ population is showing only 14 for this County. Individuals living in poverty age 60+ are reported at 945 with the minority population of this group at only 110 persons reported. The limited English proficiency 60+ reported is 24 for this County. These persons either speak English “not well or not at all”. For the 60+ individuals residing in rural isolated areas the total is 6,528. The population of 60+ Grandparents raising Grandchildren is reported at 150. Individuals living alone 60+ are reported to be 1,775. There are a total of 1,330 Veterans 60+. The total “Individuals with disabilities” for persons 60+ is 2,470. The total “Individuals at risk for institutional placement” (3 or more ADLS) for persons 60+ is 890. Individuals with Alzheimer’s Disease and related disorders 60+ is estimated at 979.

If increases in population occur within this County and there is a need for services from our targeted senior population, some will have to be placed on waiting lists if funding is an issue. Outreach will continue to reach out to the most economically targeted populations to ensure all who are in greatest need receive access to the services they need.

The most **un-served and underserved** older persons within this county are:

Asian – consisting of less than 1% of the 60+ population with only 14 older seniors residing in Garvin County.

Limited English proficiency – consisting of less than 1% of the 60+ population with only 24 limited English speaking seniors residing in Garvin County.

Also noted is the “Native Hawaiian & other Islanders 60+” having only 1 reported for this County and the “Two of more Races 60+” category reporting 190 for this County.

SECTION IV DEMOGRAPHICS IN PLANNING AND SERVICE AREA NARRATIVE

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Section 1

Websites: wikipedia.org and www.agid.acl.gov/datafiles/ACS2014

Johnston County: Johnston County is located northwest of Bryan County and is part of the Texoma region. It was established at statehood and named for Douglas H. Johnston, a governor of the Chickasaw Nation. The County seat is Tishomingo. The economy is based on several railroads – (St. Louis, Oklahoma and Southern Railway which was later purchased by St. Louis and San Francisco Railroad. Today the only railroad left in the county is Burlington Northern and Santa Fe. The total area is 658 square miles (643 sq mi – land and 15 sq mi – water). The total population for this county is 11,087. The total population age 60+ is 2,743. Residents age 60 and over make up 24.7% of the total population. The county is considered rural. There are a majority of females 60+ with 1,450 compared to males 60+ at 1,293. The largest minority population 60+ is the American Indian with 274 persons reported, followed by the African-American 60+ with 48 and closely after is the Hispanic/Latino 60+ with 32 reported. The Asian 60+ is very low with only 7 reported. Individuals living in poverty age 60+ are reported at 375 with the minority population of this group at only 120 persons. The limited English proficiency 60+ reported is only 15 for this County. These persons either speak English “not well or not at all”. For the 60+ individuals residing in rural isolated areas the total is 2,743. The population of 60+ Grandparents raising Grandchildren is reported at 115. Individuals living alone 60+ are reported to be 825. There are a total of 595 Veterans 60+. The total “Individuals with disabilities” for persons 60+ is 1,375. The total “Individuals at risk for institutional placement” (3 or more ADLS) for persons 60+ is 525. Individuals with Alzheimer’s Disease and related disorders 60+ is estimated at 411.

If increases in population occur within this County and there is a need for services from our targeted senior population, some will have to be placed on waiting lists if funding is an issue. Outreach will continue to reach out to the most economically targeted populations to ensure all who are in greatest need receive access to the services they need.

The most **un-served and underserved** older persons within this county are:

Asian – consisting of less than 1% of the 60+ population with only 7 older seniors residing in Johnston County.

Limited English proficiency – consisting of less than 1% of the 60+ population with only 15 limited English speaking seniors residing in Johnston County.

Also noted is the “Native Hawaiian & other Islanders 60+” having only 0 reported for this County and the “Two of more Races 60+” category reporting 107 for this County.

SECTION IV DEMOGRAPHICS IN PLANNING AND SERVICE AREA NARRATIVE

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Section 1

Websites: wikipedia.org and www.agid.acl.gov/datafiles/ACS2014

Love County: Love County is located west of Bryan County and is part of the Texoma region. The County was created at statehood and named for Overton Love, a prominent Chickasaw farmer, entrepreneur and politician. He became one of the largest Chickasaw landowners and cattle raisers in the area. The County seat is Marietta. Love County is home to Winstar World Casino, operated by the Chickasaw Nation, and is the county's largest private employer. Agriculture and ranching have been important to the county economy since its inception. The total area is 532 square miles (514 sq mi – land and 18 sq mi – water). Lake Murray is on the northeastern border and Lake Texoma is on the southern border. The total population for this county is 9,997. Residents age 60 and over make up 24.5% of the total population. The county is considered rural. The total population age 60+ is 2,450. There are a majority of females 60+ with 1,263 compared to males 60+ at 1,187. The largest minority population 60+ is the American Indian with 123 persons reported, followed by the Hispanic/Latino 60+ with 99 and the African-American 60+ with 54. The Asian 60+ population shows 14 for this County. Individuals living in poverty age 60+ are reported at 264 with the minority population of this group at only 44 persons. The limited English proficiency 60+ reported is 29 for this County. These persons either speak English “not well or not at all”. For the 60+ individuals residing in rural isolated areas the total is 2,450. The population of 60+ Grandparents raising Grandchildren is reported at 75. Individuals living alone 60+ are reported to be 390. There are a total of 495 Veterans 60+. The total “Individuals with disabilities” for persons 60+ is 685. The total “Individuals at risk for institutional placement” (3 or more ADLS) for persons 60+ is 250. Individuals with Alzheimer's Disease and related disorders 60+ is estimated at 368.

If increases in population occur within this County and there is a need for services from our targeted senior population, some will have to be placed on waiting lists if funding is an issue. Outreach will continue to reach out to the most economically targeted populations to ensure all who are in greatest need receive access to the services they need.

The most **un-served and underserved** older persons within this county are:

Asian – consisting of less than 1% of the 60+ population with only 14 older seniors residing in Love County.

Limited English proficiency – consisting of less than 1% of the 60+ population with only 29 limited English speaking seniors residing in Love County.

Also noted is the “Native Hawaiian & other Islanders 60+” having only 0 reported for this County and the “Two of more Races” category reporting 79 for this County.

SECTION IV DEMOGRAPHICS IN PLANNING AND SERVICE AREA NARRATIVE

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Section 1

Websites: wikipedia.org and www.agid.acl.gov/datafiles/ACS2014

Marshall County: Marshall County is located west of Bryan County on the south central border of Oklahoma and is part of the Texoma region. The County seat is Madill. The county was created at statehood from the former Pickens County of the Chickasaw Nation. It was named to honor the maiden name of the mother of George Henshaw, a member of the 1906 Oklahoma Constitutional Convention. Marshall County was part of the territory set aside by the U. S. government for resettlement of the Choctaw tribe and the closely related Chickasaw tribe from their lands in the southeastern U.S. The county's economy was based on agriculture and ranching. Cotton and corn were the most dominant crops and oats were the third-largest crop. Oil and gas production began soon after the county was formed at statehood. The total area is 427 square miles (371 sq mi – land and 56 sq mi – water). Marshall County is the smallest county in Oklahoma by land area and the third-smallest by total area. The total population for this county is 16,191. Residents age 60 and over make up 27.8% of the total population. The county is considered rural. The total population age 60+ is 4,508. There are a majority of females 60+ with 2,319 compared to males 60+ at 2,189. The racial makeup of the county shows the largest minority population 60+ is the American Indian 60+ population with 289 followed by the Hispanic/Latino with 213 persons reported and the African-American 60+ with 42. The Asian 60+ population shows 12 for this County. Individuals living in poverty age 60+ are reported at 615 with the minority population of this group at only 90 persons. The limited English proficiency 60+ reported is 39 for this County. These persons either speak English “not well or not at all”. For the 60+ individuals residing in rural isolated areas the total is 4,508. The population of 60+ Grandparents raising Grandchildren is reported at 150. Individuals living alone 60+ are reported to be 1,060. There are a total of 830 Veterans 60+. The total “Individuals with disabilities” for persons 60+ is 2,295. The total “Individuals at risk for institutional placement” (3 or more ADLS) for persons 60+ is 705. Individuals with Alzheimer's Disease and related disorders 60+ is estimated at 676.

If increases in population occur within this County and there is a need for services from our targeted senior population, some will have to be placed on waiting lists if funding is an issue. Outreach will continue to reach out to the most economically targeted populations to ensure all who are in greatest need receive access to the services they need.

The most **un-served and underserved** older persons within this county are:

Asian – consisting of less than 1% of the 60+ population with only 12 older seniors residing in Marshall County.

Limited English proficiency – consisting of less than 1% of the 60+ population with only 39 limited English speaking seniors residing in Marshall County.

Also noted is the “Native Hawaiian & other Islanders 60+” having only 1 reported for this County and the “Two or more Races” category reporting 174 for this County.

SECTION IV DEMOGRAPHICS IN PLANNING AND SERVICE AREA NARRATIVE

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Websites: wikipedia.org and www.agid.acl.gov/datafiles/ACS2014

Murray County: Murray County is located northwest of Bryan County. The County seat is Sulphur. The County was named for William H. Murray, a member and president of the Oklahoma Constitutional Convention and later a Governor of Oklahoma. Murray County was created when the Choctaw Nation was disestablished immediately before Oklahoma statehood. Farming and ranching were the basis of the economy. Another basis of economy was cattle ranching and Murray County has long been recognized as the center of “Hereford Heaven.” Development began around the springs for which it was named. The springs encouraged the building of bathhouses and spas. The total area is 425 square miles (416 sq mi – land and 8.6 sq mi – water). Murray County is the third-smallest County in Oklahoma by land area and second-smallest by total area. The total population for this county is 13,918. Residents age 60 and over make up 26.2% of the total population. The county is considered rural. The total population age 60+ is 3,643. There are a majority of females 60+ with 1,908 compared to males 60+ at 1,735. The racial makeup of the County shows that the largest minority population 60+ is the American Indian with 266 persons reported, followed by the Hispanic/Latino 60+ with 70 and the African-American 60+ with 53. The Asian 60+ population shows 11 for this County. Individuals living in poverty age 60+ are reported at 255 with the minority population of this group at only 30 persons. The limited English proficiency 60+ reported is 50 for this County. These persons either speak English “not well or not at all”. For the 60+ individuals residing in rural isolated areas the total is 3,643. The population of 60+ Grandparents raising Grandchildren is reported at 90. Individuals living alone 60+ are reported to be 690. There are a total of 795 Veterans 60+. The total “Individuals with disabilities” for persons 60+ is 1,210. The total “Individuals at risk for institutional placement” (3 or more ADLS) for persons 60+ is 345. Individuals with Alzheimer’s Disease and related disorders 60+ is estimated at 546.

If increases in population occur within this County and there is a need for services from our targeted senior population, some will have to be placed on waiting lists if funding is an issue. Outreach will continue to reach out to the most economically targeted populations to ensure all who are in greatest need receive access to the services they need.

The most **un-served and underserved** older persons within this county are:

Asian – consisting of less than 1% of the 60+ population with only 11 older seniors residing in Murray County.

Poverty (low income) minority – consisting of less than 1% of the 60+ population with only 30 seniors residing in Murray County.

Also noted is the “Native Hawaiian & other Islanders 60+” having only 1 reported for this County and the “Two of more Races” category reporting 142 for this County.

SECTION IV DEMOGRAPHICS IN PLANNING AND SERVICE AREA NARRATIVE

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Websites: wikipedia.org and www.agid.acl.gov/datafiles/ACS2014

Pontotoc County: Pontotoc County is located north of Bryan County. The County was created at statehood from part of the Chickasaw Nation in Indian Territory. It was named for a historic Chickasaw tribal area in Mississippi. The County seat is Ada. The Chickasaw Nation's headquarters are in Ada. Cattle-ranching was one of the most important economic activities in this area up through the territorial period. Agriculture rose to prominence in the early 20th century, with cotton being the most important crop. Cattle-raising reemerged as the major industry, and the county is sometimes called "Hereford Heaven". The total area is 725 square miles (720 sq mi – land and 4.8 sq mi – water). The total population for this county is 38,330. Residents age 60 and over make up 21.6% of the total population. The county is considered rural. The total population age 60+ is 8,279. There are a majority of females 60+ with 4,570 compared to males 60+ at 3,709. The racial makeup of the county shows that the largest minority population 60+ is the American Indian population with 787 persons, followed by the Hispanic/Latino 60+ with 143 and the African-American 60+ with 141. The Asian 60+ population shows 29 for this County. Individuals living in poverty age 60+ are reported at 680 with the minority population of this group at only 170 persons. The limited English proficiency 60+ reported is 20 for this County. These persons either speak English "not well or not at all". For the 60+ individuals residing in rural isolated areas the total is 8,279. The population of 60+ Grandparents raising Grandchildren is reported at 255. Individuals living alone 60+ are reported to be 2,030. There are a total of 1,770 Veterans 60+. The total "Individuals with disabilities" for persons 60+ is 3,110. The total "Individuals at risk for institutional placement" (3 or more ADLS) for persons 60+ is 1,005. Individuals with Alzheimer's Disease and related disorders 60+ is estimated at 1,242.

If increases in population occur within this County and there is a need for services from our targeted senior population, some will have to be placed on waiting lists if funding is an issue. Outreach will continue to reach out to the most economically targeted populations to ensure all who are in greatest need receive access to the services they need.

The most **un-served and underserved** older persons within this county are:

Limited English proficiency – consisting of less than 1% of the 60+ population with only 20 limited English speaking seniors residing in Pontotoc County.

Asian – consisting of less than 1% of the 60+ population with only 29 older seniors residing in Pontotoc County.

Also noted is the "Native Hawaiian & other Islanders 60+" having only 3 reported for this County and the "Two of more Races" category reporting 294 for this County.

SECTION IV DEMOGRAPHICS IN PLANNING AND SERVICE AREA NARRATIVE

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Section 2

Methods used in all ten counties to satisfy the service needs of minority older individuals in the SODA PSA are as always, to assist those individuals with the quality service they deserve and with services they need most. Outreach targeting, I & A assistance, Information distributing, In-home and congregate assessments, Community education & presentations, Health fair attendance, Newsletters and Public hearings are some of the ways we attempt to reach these individuals. SODA AAA has been successful in meeting the needs of most individuals who need the services we provide. However, when there is a reduction in funding, the lack of funds sometimes causes services to be put on hold. Some are placed on temporary waiting lists until funds or other means can be found to address their greatest needs.

Section V Public Input

PROCESS AND PLANNING FOR AREA PLAN DEVELOPMENT

Many hours of research, analysis, data collection and assessments goes into the development of the Area Plan. Some of the ways SODA AAA addresses the needs of the seniors is through communication and public input during health fairs and other outings, visiting with seniors during outings and annual assessments and conducting satisfaction & needs assessments.

When preparing the SFY 2019-2022 Area Plan, SODA Area Agency on Aging uses various methods in order to identify priority needs in our ten county public service area. These methods include consumer priority needs assessment surveys; public hearings; CENA priority needs surveys and fundraiser activity surveys.

The AAA coordinates with service agencies and organizations as well as project grantees and Advisory Council members who assist in AAA activities.

Community Expansion for Nutrition Assistance (CENA) priority needs assessments and fundraiser activity surveys are distributed to Independent Senior Centers. These are included in the CENA applications every year. After receiving all applications back with surveys attached, the information is tallied up on a spreadsheet to determine the top priority needs at Nutrition/Senior centers in our ten county public service area.

Other Participant Satisfaction Surveys are administered by the Title III Grantees for additional analysis on participant needs.

A Public Hearing was held for the SFY 2018 Area Plan update on February 3, 2017 in Atoka at the Atoka Nutrition Site. A press release notice for the Public Hearing was placed on the SODA website and on the SODA AAA Facebook page prior to the Public Hearing. Public Service Announcements, flyers and memos were sent out to Title III Nutrition sites, Independent Senior Centers, SODA AAA Advisory Council members, SODA AAA Projects and SODA Board members. No particular or specific requests were made from the seniors attending the public hearing.

A Public Hearing will be held for the SFY 2019-2022 Area Plan on March 15, 2018 as well.

Efforts are made to ensure that senior's needs are being met with services they require. The AAA consumer needs assessment helps give us a look at what particular needs or services the seniors in each individual County in the PSA need the most. AAA Consumer priority needs assessment surveys are distributed to Title III Nutrition sites, Independent Senior Centers, Advisory Council members and others in our ten county public service area for completion. After receiving all the surveys back, they are tallied up on a spreadsheet and then ranked according to most priority need from most respondents; how many individuals from each county responded and what the needs were that they chose as a top priority, how many individuals were female or male respondents and the age of each individual. These survey results help the AAA create a management plan of goals and objectives for what services we need to make our top focus and priority in providing to our seniors and where the services are needed the most.

IDENTIFIED PRIORITY NEEDS

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Part 1: Narrative:

Part of our responsibility as an AAA is to maintain a comprehensive understanding of the greatest unmet or under-met needs of elders who reside in our PSA. This is accomplished through various channels. Some of these are: Indirect needs assessments through informal interviews by Information and Assistance Coordinator and other AAA staff; interaction with the elderly at health fairs, project service organizations, community events and council and civic groups; feedback from area Outreach workers; contacts made with seniors at nutrition sites; project grantees and provider agency surveys; CENA grant priority surveys and by administering our own “Consumer Needs Surveys” throughout our PSA. Focus will be on top surveyed priority needs from this survey.

Summary of the Consumer Needs Survey Results and how SODA AAA will address the top ranking identified needs and services for surveys sent in August, 2017.

Consumer Needs Assessment Surveys were mailed out by the AAA Planner to all Title III Nutrition Sites, Site Managers, Independent Senior sites and contact persons, and other participants in related fields in the SODA PSA. Out of 1,490 surveys distributed a total of 691 surveys were returned. This is a 46.4% return. These Surveys are sent out annually to help provide us with an updated assessment of the current needs of the seniors in the SODA PSA.

Surveys received back were a mix of both Congregate and Homebound participants. The number of completed surveys received back from each county are as follows: Atoka – 40, Bryan – 149; Carter – 106; Coal – 31; Garvin – 43; Johnston – 71; Love – 10; Marshall – 65; Murray – 129; Pontotoc – 35; and Other Counties – 12.

Other Needs & Comments from consumers were included on some surveys. See the following for some of these comments:

Needs:	Comments:
❖ Need more recreational activities and group fun activities for seniors (outings to parks, zoo’s, movies);	❖ Could use more doctors in area they live in instead of having to go to OKC;
❖ Need help with wheel chair ramp for scooter;	❖ Could use all of the services & much more;
❖ Need affordable housing and/or assisted living opportunities;	❖ Entire list of services is necessary;
❖ Need help with Medicare;	❖ Continuation of senior meals program;
❖ Need weekend meals;	❖ Has no one to check on them;
❖ Need Legal advice to know the right thing to do;	❖ Senior centers needing building repair;
❖ Need more money to buy food & meds not either or, need both;	❖ Still working at this time;
❖ Need help with home repairs, upkeep & maintenance;	❖ Nutrition site meals are very important;
❖ Need more income (Social Security increase);	❖ Elderly need good care & understanding of their needs;
❖ Need new dentures & eye glasses, can’t afford either;	

IDENTIFIED PRIORITY NEEDS -

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SODA AAA and the project grantee providers of SODA AAA always place emphasis and great consideration on meeting the needs of all seniors in the PSA by the required “Target Groups”. The defining senior target groups are those: who have the greatest economic and/or social need; who are low-income individuals and/or low-income minority individuals; who have limited English speaking ability; who reside in rural areas; who are at risk of institutional placement; who are Native American; who are disabled and/or have self-care limitations and those who have Alzheimer’s disease and other related forms of dementia.

For the past several years, “Nutrition Site Meals” has been the top priority need of seniors in the SODA AAA PSA. However, survey results for SFY 2017 show a change in need and now “Access to Health Care” has moved to the top of the list.

SFY 2017 - Top Four Priority Needs in the SODA AAA Ten County PSA

- 1. Access to Health Care – 55.6%**
- 2. Nutrition Site Meals – 52.2%**
- 3. Buying Prescription Drugs – 47.3%**
- 4. Eyes- Eye Glasses – 41.3%**

IDENTIFIED PRIORITY NEEDS - [See State policy OAC 340:105-10-33](#) and [See Section 306 of OAA](#)

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Consumer Surveys: SFY 2017 Surveys by Top Priority Need by County

Rank	Priority Need	Atoka County	Bryan County	Carter County	Coal County	Garvin County	Johnston County	Love County	Marshall County	Murray County	Pontotoc County	Other Counties	Totals
1	Access to Health Care	20	74	70	19	23	42	5	29	73	22	7	384
2	Nutrition Site Meals	18	86	41	19	30	37	9	11	79	26	6	362
3	Buying Prescription Drugs	18	68	46	17	20	31	6	31	63	20	7	327
4	Eyes - Eye Glasses	14	81	44	19	15	18	3	28	39	18	7	286
5	Medicare/Medicaid Services	12	56	41	15	17	21	1	28	43	12	6	252
6	Help With Utility Bills	8	72	26	17	5	17	0	23	35	10	5	218
7	Recreation/Socialization	14	24	37	15	24	26	10	16	28	16	5	215
8	Home Health Care	11	45	30	12	17	22	1	18	47	10	1	214
9	Home Repairs/Weatherization	14	36	42	9	13	29	2	22	31	12	1	211
10	Dental/Dentures	15	49	25	14	8	25	1	24	32	9	5	207
11	Home-Delivered Meals	3	60	28	16	12	14	1	28	28	12	2	204
12	Chore &/or Homemaker Services	11	21	36	14	10	11	5	15	39	17	0	179
13	Crime Prevention	7	25	41	7	13	21	0	11	31	11	7	174
14	Hearing Aids	10	37	23	9	7	16	1	19	33	10	5	170
15	Transportation	8	20	22	10	3	9	5	16	43	14	2	152
16	Legal Assistance	6	14	16	7	11	11	2	9	17	6	2	101
17	Family Caregiver Services	6	13	9	8	7	6	1	9	17	5	3	84
18	Medication Management	2	7	9	7	3	8	1	10	23	5	0	75
19	Information & Assistance	3	6	7	6	3	9	2	3	20	6	2	67
20	Grandparents Raising Grandchildren Assistance	1	11	8	6	2	3	0	10	13	3	1	58
21	Personal Care	3	15	2	6	0	5	3	7	10	4	1	56
22	Adult Day Care	1	8	15	4	3	8	0	4	7	4	1	55
23	Nutrition Counseling or Nutrition Education	5	8	6	6	5	4	2	9	5	2	0	52
24	Elder Abuse	4	10	7	7	4	1	0	7	6	3	2	51
25	Coordination of Services	3	7	8	5	4	4	0	2	15	2	0	50
26	Mental Health Services	1	4	8	5	2	2	0	1	21	2	0	46

SUMMARY OF HEARINGS AND CHANGES - PUBLIC HEARINGS:

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1.	<u>Location of Public Hearing</u>	<u>Attendance</u>	<u>Date</u>
a.	<u>Atoka Nutrition Center</u>	<u>20</u>	<u>02-03-17</u>
b.	<u>Marietta Nutrition Center</u>	<u>14</u>	<u>03-15-18</u>
c.	<u></u>	<u></u>	<u></u>

2. Summarization of comments from Public Hearings.

During the February 3, 2017 Public Hearing some comments that were made from seniors were: Several seniors made comments regarding the nutrition sites and not wanting to lose their meals due to budget cuts; some showed interest in the Chore & Homemaker services and dental and eyeglasses.

During the March 15, 2018 Public Hearing some comments that were made by seniors were regarding whether or not there is transportation available for seniors to get to senior events in counties other than the County they live in. Kevin Stinson, from Big Five Community Services was present at the hearing and told them that the Southern Oklahoma Rural Transportation system - "SORTS" – is available for their transportation needs and all they need to do is call Big Five to set it up. Several seniors brought up concerns about nutrition sites and how participation and attendance was currently low where they attend. We mentioned that this could be due to a number of things including for those who had been attending have probably either passed away or gone to a nursing home and as for new attendance of seniors especially those younger seniors, lack of attendance could be due to the fact that many are still working. Some seniors showed interest in services offered under the Masonic grant, such as dental and eyeglasses. There was a discussion about the "Meals on Wheels" program in Love County, a free service and volunteer program for homebound meals. This service is provided by the Love County Senior Program (RSVP) in Love County.

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

No changes were made to the SFY 2018 Area Plan update as a result of the Public Hearing held on February 3, 2017.

No changes were made to the SFY 2019-2022 Area Plan as a result of the Public Hearing held on March 15, 2018.

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

All comments made from seniors during the February 3, 2017 Public Hearing show that the services currently provided by SODA AAA and Project grantees are very helpful to the senior's in the PSA are what the seniors need at this time in their lives. SODA AAA will continue providing these services through Title III project grants and other grants and partnerships administered by SODA AAA. See comments, questions and answers below.

Consumer Comment Questions #1: How can we let other people know about the services SODA AAA provides? Answer: Word of Mouth is the best way to let others know of our services.

Consumer Comment Questions #2: How can we make sure we don't lose these services SODA AAA provides? Answer: We suggested talking to Legislators and word of mouth.

After explaining about the demographics section of the Area Plan and the numbers served in SFY 2016, some wanted to know the following:

SUMMARY OF HEARINGS AND CHANGES - PUBLIC HEARINGS:

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Consumer Comment Question #3: Where are the people/seniors that we are not serving?

Answer: A lot of seniors are still working even after their original retirement or they just haven't been reached or possibly don't need the help.

Comments made from seniors during the March 15, 2018 Public Hearing show that the services currently provided by SODA AAA and Project grantees are still needed in our communities. SODA AAA will continue providing these services through Title III project grants and other grants and partnerships administered by SODA AAA. See comments, questions and answers below.

Consumer Comment Questions #1: What transportation is available to take seniors to community activities and events? Answer given: Big Five SORTS is available and can provide transportation to a variety of places, all you need to do is call them when transportation is needed.

Information from the Area Plan on "Identified priority needs" was given out to attendees at the hearing. Some were concerned that Love County only showed to have 10 completed surveys returned.

Consumer Comment Questions #1: Who do you send the needs surveys to? Answer given: Surveys are sent to Title III Nutrition sites, Independent Senior centers, Advisory council members and project grantees to name a few. The site manager at Marietta Nutrition center said she tried to get participants to fill them out, but many didn't want to. The Director of the Love County Senior Program (RSVP) in Marietta who was in attendance at the hearing suggested that we also send the survey to them as well and they would try to get more to complete it. This was noted for future survey distribution.

ADVISORY COUNCIL & BOARD OF DIRECTORS:

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Advisory Council:

1.	<u>Advisory Council Date</u>	<u>Attendance</u>
	a. ____ 02-21-2017 ____	____ 7 ____
	b. _____	_____
	c. _____	_____

Please note: Due to icy weather in some of our ten counties there was a low turnout at the meeting. We had several cancellations at the last minute.

2. Summarization of Comments from the Council meeting.

Advisory Council member comments made during the February 21, 2018 Advisory Council Special Meeting:

Comment: The Area Plan has a lot of interesting information regarding the seniors in our ten counties and there had to be a lot of time spent researching and collecting all of this information.

Comment: One member after noticing that the identified needs of the seniors in our ten counties included "Eyes-Eye Glasses" as a top priority said that they had learned fairly recently that the VA in Bonham, TX will provide eye exams and eye glasses to you even if you're not a veteran. Member provided information of who to contact for this service and SODA AAA's Information and Assistance Coordinator will be contacting them to see whether or not they charge a fee and if there are any age limits or requirements.

Comment: Based on the feedback of the seniors from the completed consumer needs surveys and our identified information of what the top priority needs are of our seniors, it looks like we have covered everything we needed to cover in our management plan regarding what the majority of their most important needs are.

Comment: All members offered to help with anything we needed for our upcoming Public Hearing over the Area Plan.

Discussion was made for approval of the new 4 year SFY 2019-2022 Area Plan. Advisory Council members voted and recommended approval of the SFY 2019-2022 Area Plan with no opposition.

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

No suggestions for any changes to the new 4 year SFY 2019-2022 Area Plan were made during the meeting.

ADVISORY COUNCIL & BOARD OF DIRECTORS:

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SODA Board of Directors

4.	<u>Board of Directors Date</u>	<u>Attendance</u>
a.	_____ 02-23-17 _____	_____ 18 _____
b.	_____	_____
c.	_____	_____

5. Summarization of comments from the Board meeting.

February 23, 2018 SODA Board Meeting: No specific comments were made.

Discussion was made for approval of the new 4 year SFY 2019-2022 Area Plan. SODA Board members voted and recommended approval of the SFY 2019-2022 Area Plan with no opposition.

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

No suggestions for any changes to the new 4 year SFY 2019-2022 Area Plan were made during the meeting.

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AAA Area Plan responsibilities are carried out by conducting needs assessments and service evaluation activities in the PSA, holding public hearings to address the needs of seniors in our ten counties, advocating for seniors at senior day events and health fairs, assessing outreach procedures and services, requesting projects send service evaluation surveys to participants, analyzing results of all needs surveys and participant evaluation surveys, outlining identified priority needs of seniors in the PSA, evaluating special targeting and program needs, research and develop census data of seniors in the PSA, designating of community focal points, evaluate existing service delivery and coordination of training activities needed.

EVALUATION OF CURRENT SERVICES –

In compliance with the OAC Policy 340:105-10-33, SODA Area Agency on Aging has seven current projects receiving grants to provide Older American Act (OAA) services to the elderly in the PSA. Services included for SFY 2018: Congregate Meals, Home-Delivered Meals, Nutrition Education, Nutrition Counseling, Chore Services, Homemaker Services, Outreach, Evidence-Based Health Promotion, Transportation, Legal Assistance, Legal Education, Family Caregiver - Access Assistance, Respite, Counseling/Support/Referrals, and Grandparents raising Grandchildren - Access Assistance, Respite, Counseling/Support/Referrals. Evaluation of these services is made by analyzing the results of satisfaction surveys, priority needs surveys, participant surveys and during periodic correspondence with each project and during project assessments.

Current Project Grantees for SFY 2018 are as follows:

Family Caregiver Support Program (FCSP):

1. Big Five Family Caregiver Support Program (FCSP) – Non-Profit entity OAA Title III Service Provider – (Began 2001 – 2018) – 17 years

Status of Contract - *SFY 2018 1 Year of 2 Year Contract*

The SFY 2018 contract with Big Five FCSP is signed and provider is in compliance.

Current Services provided in SFY 2018 are: Caregiver Access Assistance, Caregiver Counseling/Referrals & Caregiver Respite. Grandparents Access Assistance, Grandparents Counseling/Referrals & Grandparents Respite.

Summary of Caregiver Participant “Satisfaction” Surveys in SFY 2017:

“Caregiver Access Assistance” – During SFY 2017 **(145)** surveys were distributed and **(145)** completed surveys were received, which is 100% response rate. Of the (145) completed surveys received, 21.4% have participated in the program “Less than 1 year”, 67.6% “1-2 years”, and 11.0% for “3 years or longer”. Participants were asked if the caregiver staff gave them information to connect to other services & resources they may need or want to know about – 98.0% said “Yes”, 1% said “No” and 1% answered “N/A”. Participants were asked if they would recommend the service to someone else - 100% said “Yes”. Participants overall satisfaction of the service showed 89.0% - “Very Good” and 11.0% - “Good”.

“Caregiver Respite” – During SFY 2017 **(143)** surveys were distributed and **(137)** completed surveys were received, which is 95.8% response rate. Of the (137) completed surveys received, 100% said the respite vouchers have been helpful to them. Participant responses for if they had a difficult time finding a respite provider showed 14.6% said “Yes” and 84.7 % said “No” and 1% did not specify. When asked if the amount of respite received is enough – 77.4% said “Yes” and 21.8% said “No” and 1% was undecided. Some of those that said “No” also commented however, that it is was better than nothing; it helps most of the time; and they are thankful for what they get. Participants **overall satisfaction** of the service showed 82.5% - “Very Good” and 17.5% - “Good”.

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“Caregiver Counseling/Support Groups” – During SFY 2017 (144) surveys were distributed and (144) completed surveys were received, which is 100% response rate. Surveys show that only 12.5% participants out of the (144) had actually attended a counseling/support group meeting. For those 12.5% participants who had attended a counseling/support group meeting survey results show an overall satisfaction of 61.1% - “Very Good”, 33.3% - “Good”, and 5.6% - “Fair. Participants were asked if they had found the support group beneficial to them as a caregiver, 100% said “Yes”. Responses for whether or not they would come to another caregiver support group if offered, 100% said “Yes”. For those participants who had attended a counseling/support group meeting when asked if they would recommend the caregiver support group to others 94.4% said “Yes” and 5.6% said “No”. All other surveys received only had “N/A” for most all their answers since they had not attended a meeting. Participants were asked if they haven’t attended, would they be willing to attend a Counseling/Support Group meeting for caregivers and 7.6% said “Yes”, 45.1% said “No” and 47.2% did not specify. From comments made by the participants: many find it hard to attend support group meetings because they either work during those times; have other appointments; don’t have the time or mainly because they don’t want to spend their respite money to attend the meetings.

“Grandparent Access Assistance” – During SFY 2017 (23) surveys were distributed and (23) completed surveys were received, which is a 100% response rate. Of the (23) completed surveys received, 34.8% have participated in the program “Less than 1 year” and 65.2% “1 to 2 years”. Participants were asked if they would recommend the service to someone else – 91.3% said “Yes” and 8.7% said “No”. When asked how they found out about the program 47.8% said “Friend/Relative”, 34.8% said “Radio”, 8.7% said “Brochure” and 9.7% said “Other”. Participants overall satisfaction of the service showed 100% - “Very Good”.

“Grandparent Respite” – During SFY 2017 (23) surveys were distributed and (23) completed surveys were received, which is a 100% response rate. Of the (23) completed surveys received, 100% said the respite vouchers have been helpful to them. Participant responses for if they had a difficult time finding a respite provider showed that 100% said “Yes”. When asked if the amount of respite received is enough – 73.9% said “Yes”; 17.4% said “No” and 8.7% did not specify. Participants overall satisfaction of the service showed 91.3% - “Very Good” and 8.7% - did not specify.

“Grandparent Counseling/Support Groups” – During SFY 2017 (23) surveys were distributed and (23) completed surveys were received, which is a 100% response rate. Surveys received show that “None” of the participants have ever attended a counseling/support group meeting. These surveys had “N/A” for most all their answers since they had not attended a meeting. However, when asked “If you haven’t attended, would you be willing to attend a Counseling/Support Group for Grandparents only 17.4% said “Yes”, 78.3% said “No” and 4.3% did not specify.

Summary of SFY 2017 Consumer Needs Surveys sent out ordinarily in May and June every year.

Out of 1,490 SFY 2017 Consumer needs surveys mailed out by the AAA Planner to Title III Nutrition Sites, Independent Senior Centers and others, a total of 691 completed surveys were returned.

Results from these surveys show that the consumer priority need for **Family caregiver** services ranks at #17 with 12.2% of the consumers choosing this category as a top priority. The consumer priority needs for **Grandparents Raising Grandchildren** Assistance ranks at #20 with 8.4% of the consumers choosing this category as a top priority.

Although the surveys for Family Caregiver and Grandparents Raising Grandchildren show a low priority need for those seniors surveyed, SODA AAA is still doing what we can to improve the service and considers all our service issues for seniors a priority and all needs of the seniors are very important to us. Serving a group that socially, has a tremendous emotional attachment and economic problems for the state of Oklahoma is challenging, but we are dedicated in getting all needed services to the seniors in the SODA AAA PSA.

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Outreach:

2. Big Five Outreach Program – Non-Profit entity

OAA Title III Service Provider – (Began 2015 - 2018) – 3 years

Status of Contract - *SFY 2018 1 Year of 2 Year Contract*

The SFY 2018 contract with Big Five Outreach is signed and provider is in compliance.

Current Services provided in SFY 2018 are: Outreach, Chore, Homemaker.

Summary of “Outreach Program – Participant” Surveys in SFY 2017:

“Outreach Services” – During SFY 2017 (288) surveys were distributed and (268) completed surveys were received, which is a 93% response rate. Surveys received were 63.8% from females and 34% from males and 2.2% did not specify. Of the (268) completed surveys received, 3.7% were Under 60; 42.2% were 60-74; 36.6% were 75-84; 15.3% were 85+ and 2.2% did not specify. When participants were asked about the Outreach workers visit with them: 100% Agree they felt comfortable talking with the outreach worker. Participants were asked if the Outreach worker identified him/herself when entering their home, - 99.3% - “Agreed”; 1% did not specify. In response to the question if the Outreach worker was courteous & understanding of their needs, 100% Agreed. Responses from participants on if the Outreach worker was knowledgeable about issues facing older adults, 100% “Agreed”. Participants were also asked how satisfied they were if questions were answered in a simple and timely manner, 87.7% were “Very Satisfied”, 12% were “Satisfied” and 1% did not specify. When asked how satisfied they were that the information they shared with staff members will be kept private, 90.3% were “Very Satisfied”, 9% were “Satisfied” and 1% did not specify. Responses from participants for how satisfied they were regarding the in-home interview showed 90.3% were “Very Satisfied”. 8.2% were “Satisfied” and 1.5% did not specify. Participants were asked how satisfied they were with the customer service of the staff member who visited their home, 90.7% were “Very Satisfied”, 7.8% were “Satisfied” and 1.5% did not specify. Participants overall satisfaction with the Outreach Workers assistance showed 100% were satisfied.

Summary of “Chore Program - Participant” Surveys in SFY 2017:

“Chore Services” – During SFY 2017 (56) surveys were distributed and (55) completed surveys were received, which is a 98.2% response rate. Surveys received were 81.8% from females and 18.2% from males. Of the (55) completed surveys received, 40% were 60-74; 43.6% were 75-84 and 16.4% were 85+. Participants were asked if their chore worker arrived on time, 100% said “Always”. When asked if their chore worker completed all items on the service plan 100% said “Always”. For how important is chore service to help you remain safely in your home? 98.2% said “Very” and 1.8% said “Somewhat”.

Summary of “Homemaker Program - Participant” Surveys in SFY 2017:

“Homemaker Services” – During SFY 2017 (56) surveys were distributed and (47) completed surveys were received, which is an 84% response rate. Surveys received were 80.9% from females and 19.1% from males. Of the (47) completed surveys received, 53.2% were 60-74; 25.5% were 75-84 and 21.3% were 85+. Participants were asked if the quality of homemaker work done was satisfactory, 100% said “Always”. When asked if their homemaker worker completed all items on the service plan 97.9% said “Always” and 2.1% said “Sometimes”. For how important is the homemaker service to help you remain safely in your home? 97.9% said “Very” and 2.1% said “Somewhat”.

Summary of SFY 2017 Consumer Needs Surveys sent out ordinarily in May and June every year.

Out of **1,490** SFY 2017 Consumer needs surveys mailed out by the AAA Planner to Title III Nutrition Sites, Independent Senior Centers and others, a total of **691** completed surveys were returned.

Results from the surveys show that the consumer priority need for **Chore &/or Homemaker** services ranks at #12 with 25.9% of the consumers choosing this category as a top priority.

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Evidence Based Health Promotion:

3. Big Five Health Promotion – Non-Profit entity

OAA Title III Service Provider – (Began 2015 - 2018) – 3 years

Status of Contract - *SFY 2018 1 Year of 2 Year Contract*

The SFY 2018 contract with Big Five Health Promotion is signed and provider is in compliance.

Current Services that are provided in SFY 2018 are: Evidence-based “Tai Chi Classes”

Services that were provided in SFY 2017 were both: Chronic Disease Self Management Program (CDSMP) & Tai Chi Classes.

Big Five Health Promotions provides CDSMP workshop classes for seniors with chronic pain or diseases. These classes were held 6 weeks at different locations. State required satisfaction surveys related to the CDSMP program are distributed to those who attended the classes; Data is entered in AIM for tracking purposes. These are “Participant Information Surveys, Workshop Evaluation Surveys and End of Workshop Surveys. See the following for results from these surveys:

Summary of client Surveys from the CDSMP workshops in SFY 2017:

“Participant Information Surveys” – During SFY 2017 (11) surveys were distributed to participants during scheduled workshops and (6) completed surveys were turned back in, which is a 54.5% response rate. Of the (6) completed surveys received, 50% said during the past year they had provided regular care or assistance to a friend or family member who has a long-term health problem or disability; 50% said they hadn’t. When asked “Are you limited in any way in any activities because of physical, mental, or emotional problems”, 50% said “Yes”, 50% said “No”. In response to the question “In general how would you rate your health?” showed 16.7% “Excellent”; 66.7% “Good”; and 16.7% “Poor”. Survey results for “When feeling miserable, in pain, or having other unpleasant symptoms, how often do you try to feel distant from the discomfort & pretend that it is not part of your body?”, 66.7% Sometimes; 16.7% Seldom; and 16.7% did not specify. Responses for “When feeling miserable, in pain, or having other unpleasant symptoms, do you talk to yourself in positive ways?” showed 16.7% Very Often; 66.7% Sometimes; 16.7% did not specify. Survey results for “I am confident I can help prevent or reduce problems associated with my health”, 33.3% Strongly Agree; and 66.7% Agree. In response to the question “Do you know what each of your prescribed medications do?”, 16.7% Strongly Agreed; 66.7% Agreed; 16.7% did not specify. There were a total of 33.3% participants who “Strongly Agreed” and 66.7% Agreed that they are confident they can tell whether they need to go to the doctor or when they can take care of the health problem themselves”; Participants were asked if they are confident they can tell a doctor any concerns they may have even when he or she does not ask”, 33.3% Strongly Agreed; 66.7% Agreed. Survey results for “I am confident that I can follow through on medical treatments I may need to do at home”, 16.7% Strongly Agreed; 83.3% Agreed. Participant response for the question on whether or not they understand their health problems and what causes them, 33.3% Strongly Agreed; 50% Agreed; 16.7% Disagreed. Survey results for “I know how to prevent problems with my health”, 33.3% Strongly Agreed; 33.3% Agreed; 33.3% Disagreed. In response to “I am confident that I can maintain lifestyle changes, like eating eight & exercising, even during times of stress”, 33.3% Strongly Agreed; 33.3% Agreed; 33.3% Disagreed.

“Workshop Evaluation Surveys” – During SFY 2017, only (6) of the original (11) participants actually completed the workshop classes and were given this survey and (6) completed surveys were turned back in, which is a 100% response rate. Of the (6) completed surveys received, participants rated different aspects of the workshop as follows: “Room/Facility” – 66.7% Good, 16.7% Fair, 16.7% did not specify; “Educational materials & supplies provided” – 16.7% Excellent, 50% Very Good, 16.7% Good and 16.7% did not specify; “Leader-participant interaction achieved” – 66.7% Excellent, 16.7% Good and 16.7% did not specify; “Participants engagement in the workshop activities achieved” – 50% Very Good, 33.3% Good and 16.7% did not specify; “Instructors” – 66.7% Excellent

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and 16.7% Good and 16.7% did not specify; “Overall Workshop Quality” – 50% Excellent, 16.7% Very Good, 16.7% Good and 16.7% did not specify. When asked “Would you recommend this program to your friends and family” – 83.3% said “Yes” and 16.7% did not specify. Survey results for “How much do you think this program helped you change behaviors that will help manage your chronic condition?” – 66.7% said “A lot”, 16.7% said “Some” and 16.7% did not specify. Responses for the question “Do you plan to use (or continue to use) the techniques taught in the workshop, now that you have completed the training?” - 83.3% said “Yes” and 16.7% did not specify. Survey results for “Did you learn about new community resources during the workshop?” - 50% said “Yes”, 33.3% said “No”, 16.7% did not specify. In response to the question, “Based on your experiences, would you be interested in promoting this workshop to others?” – 83.3% said “Yes” and 16.7% did not specify”.

“End-of-Workshop Surveys” – During SFY 2017 again, only (6) surveys were distributed to the remaining participants who actually completed the workshop classes and (6) completed surveys were turned back in, which is a 100% response rate. Of the (6) completed surveys received, participants rated their health as follows: 16.7% Excellent, 16.7% Very Good, 33.3% Good, 16.7% Fair, and 16.7% did not specify. Survey results for “When feeling miserable, in pain, or having other unpleasant symptoms, - how often do you practice progressive muscle relaxation?” shows 66.7% Very Often, 16.7% Seldom and 16.7% did not specify and for “How often do you talk to yourself in positive ways?” shows 50% Very Often, 16.7% Always, 16.7% Never and 16.7% did not specify. Participant responses for “I am confident I can help prevent or reduce problems associated with my health” shows 66.7% Strongly Agreed, 16.7% Agreed and 16.7% did not specify. In response to “I know what each of my prescribed medications do”, shows 33.3% Strongly Agreed, 50% Agreed, and 16.7% did not specify. Survey results for “I am confident that I can tell whether I need to go to the doctor or I can take care of a health problem myself” shows 50% Strongly Agreed, 33.3% Agreed, 16.7% did not specify. Survey results for “I am confident that I can follow through on medical treatments I may need to do at home”, shows 66.7% Strongly Agreed, 16.7% Agreed and 16.7% did not specify. In response to “I understand my health problems and what causes them”, shows 50% Strongly Agreed, 33.3% Agreed and 16.7% did not specify. Survey results for “I know how to prevent problems with my health” shows 33.3% Strongly Agreed, 50% Agreed and 16.7% did not specify.

Summary of “Tai Chi Evaluation Surveys in SFY 2017:

“Evidence-Based Health Promotion Services – Tai Chi Classes” – During SFY 2017 (6) surveys were distributed and (6) completed surveys were received, which is a 100% response. Of the (6) completed surveys received, when participants were asked if the instructor was patient in teaching the movements, 100% said “Yes”. Participants were asked if the instructor explained class materials clearly, 100% said “Yes”. In response to the question did the instructor explain each movement clearly, 100% said “Yes”. For the question, was the instructor accessible to you during the class, 100% said “Yes”. Participants gave a 100% - “Yes” to if the instructor was responsive to their questions during the class and for the question, was the class environment appropriate for this Tai Chi Class, 100% said “Excellent”. When asked if they recommend the class to other seniors, 100% said, “Yes”. Participants were 100% satisfied with the class they attended and gave an overall rating of 100% - Excellent for the program.

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Transportation:

4. Big Five Senior Medical Transportation – Non-Profit entity

OAA Title III Service Provider – (Began 2015 - 2018) – 3 years

Status of Contract - *SFY 2018 1 Year of 2 Year Contract*

The SFY 2018 contract with Big Five Senior Medical Transportation is signed and provider is in compliance.

Services that are provided in SFY 2018 are: Senior Medical Transportation

For SFY 2018 Counties served by Big Five Transportation are Bryan, Carter, Coal, Love and Pontotoc.

Summary of “Transportation Program – Participant” Surveys in SFY 2017:

“Transportation Program” – During SFY 2017 (79) surveys were distributed out to participants and (32) completed surveys were received, which is a 40.5% response rate. Of the (32) completed surveys received, 71.9% were from Bryan County, 9.4% from Carter County, 9.4% from Love County, 6.3% from Coal County and 3.1% from Pontotoc County. There was a 50% - 50% return from both female and male participants; 53.1% were 60-74 years old, 34.4% from 75-84 years old, 12.5% were 85+ years old. Participants have been using the transportation services “Less than 1 year” – 71.9%, “1 to 3 years” – 12.5%, and 15.6% “More than 5 years”. Participants rated their overall experience with the transportation service for “The drivers are polite” – 93.8% “Always” and 6.3% did not specify; “The vehicles are easy to get into & out of” 81.3% said “Always”, 9.4% said “Sometimes” and 9.4% did not specify; “The vehicles are comfortable” – 84.4% said “Always”, and 15.6% did not specify; “We arrive at our destinations timely” – 71.9% said “Always”, 9.4% said “Sometimes” and 18.8% did not specify. Using the service allowed 59.4% of the participants to get out of their home more than before; 34.4% said “No, It didn’t help” and 6.3% did not specify and 75% of the participants said it allowed them to continue to live at home; while 21.9% said it didn’t help; and 3.1% did not specify. When asked if they would recommend the transportation program to a friend – 96.9% said “Yes” and 3.1% did not specify. In response to the question “Would you say that the transportation program has helped you?” – 84.4% said “Yes”, 3.1% said “No” & 12.5% did not specify. For the question “How has the transportation program helped you?” – most commented that it helps give them necessary transportation to get to doctor appointments and dialysis, when no other transportation is available and they like that the vehicles are wheelchair accessible. Participants overall satisfaction rating of the program show that 75% rate it as “Excellent”, 18.8% rate it as “Very Good” and 3.1% rate it as “Good” and 3.1% did not specify.

5. INCA Community Services – JAMM Transit – Non-Profit entity

OAA Title III Service Provider – (Began 1979 – 2018) – 39 years

Status of Contract - *SFY 2018 1 Year of 2 Year Contract*

The SFY 2018 contract with INCA JAMM Transit is signed and provider is in compliance.

Services that are provided in SFY 2018 are: Senior Medical Transportation

For SFY 2018 Counties served by Big Five Transportation are Atoka, Garvin, Johnston, Marshall and Murray.

Summary of “Transportation Program - Participant” Surveys in SFY 2017:

“Transportation Program” – During SFY 2017 (25) surveys were distributed out to participants and (20) completed surveys were received, which is an 80% response rate. Of the (20) completed surveys received, 55% were from Murray County, 30% from Atoka County, 10% from Marshall

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County, 5% from Johnston County. Surveys were returned from 70% - Female participants and 30% Male participants. 70% were 60-74 years old and 30% from 75-84 years old. Participants have been using the transportation services "Less than 1 year" - 20%, "1 to 3 years" - 55%, "4 to 5 years" - 10%, "More than 5 years" - 5% and 10% did not specify. Participants rated their overall experience with the transportation service for "The drivers are polite" as 100% "Always"; "The vehicles are easy to get into & out of" - 90% said "Always" and 10% said - "Sometimes"; "The vehicles are comfortable" - 90% said "Always", 5% said "Sometimes" and 5% did not specify; "We arrive at our destinations timely" - 100% said "Always". Using the service allowed 65% of the participants to get out of their home more than before; 25% said "It didn't help"; 10% did not specify and 95% of the participants said it allowed them to continue to live at home and 5% did not specify. When asked if they would recommend the transportation program to a friend - 100% said "Yes". In response to the question "Would you say that the transportation program has helped you?" - 100% said "Yes" and for "How has the transportation program helped you?" - Most commented that it helps them get to doctor appointments and has helped financially. Participants **overall satisfaction** rating of the program show that 75% rate it as "Excellent", 18.8% "Very Good", 3.1% Good and 3.1% did not specify.

Summary of SFY 2017 Consumer Needs Surveys sent out ordinarily in May and June every year.

Out of **1,490** SFY 2016 Consumer needs surveys mailed out by the AAA Planner to Title III Nutrition Sites, Independent Senior Centers and others, a total of **691** completed surveys were returned. Results from these consumer surveys show that the consumer priority need for **Transportation** services ranks at #15 with 22.0% of consumers choosing this category as a top priority.

Legal Aid:

6. Legal Aid Services of Oklahoma, Inc. (LASO) – Non-Profit entity OAA Title III Service Provider – (Began 1979 – 2018) – 39 years

Status of Contract - SFY 2018 1 Year of 2 Year Contract

The SFY 2018 contract with Legal Aid Services is signed and provider is in compliance.

Services that are provided in SFY 2018 are: Legal Aid Assistance and Legal Aid Education

Summary of "Client Satisfaction Surveys" in SFY 2017:

"Legal Aid Services" – During SFY 2017 (20) surveys were distributed out to participants and (13) completed surveys were received, which is a 65% response rate. Of the (13) completed surveys received, 100% were satisfied with the quality of service and had no comments regarding any improvements in services needed. Participants noted that the services received were "Advice and Community Education". Survey results for "Have these services been helpful to you?" 100% found the services "Very Useful".

Comments made were that the information was very helpful, very informative, good information, presentation very clean and understandable.

Summary of SFY 2017 Consumer Needs Surveys sent out ordinarily in May and June every year.

Out of **1,490** SFY 2016 Consumer needs surveys mailed out by the AAA Planner to Title III Nutrition Sites, Independent Senior Centers and others, a total of **691** completed surveys were returned. Results from these consumer surveys show that the consumer priority need for **Legal Aid Assistance** ranks at #16 with 14.6% of consumers choosing this category as a top priority.

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Nutrition:

7. Southern Oklahoma Nutrition Program (SONP) – Non-Profit entity OAA Title III Service Provider – (Began 1974 – 2018) – 44 years

Status of Contract - SFY 2018 1 Year of 2 Year Contract

The SFY 2018 contract with SONP is signed and provider is in compliance.

Services that are provided in SFY 2018 are: Congregate Meals, Home Delivered Meals, Nutrition Education, Nutrition Counseling

Summary of Congregate Meal Program Participant Surveys in SFY 2017: UPDATE

“Congregate Meal” – During SFY 2017 (250) surveys were distributed out to participants and (170) completed surveys were received, which is a 68% response rate. Of the (170) completed surveys received, 41% of participants rate the programs as “Excellent”; 30% “Very Good”; 21.1% “Good”; 3.5% “Fair” and 4.7% did not specify. Out of the (170) completed surveys returned 3.5% were Under 60; 41% were age 60-74; 40% were age 75-84; 14.7% were age 85+ and 1.2% did not specify. Completed surveys were returned from 111 females, this is 65% of the total; 58 males, this is 34% and 1 did not specify, which is .6%. When asked “How long have you been attending the meal program?” 38.2% said “1 to 3 years”; 15.9% said “4 to 5 years”, 12.4% said “Less than 1 year”, 31.8% said “More than 5 years” and 1.8% did not specify. Responses for the number of days they eat at the senior center or meal site were .6% “1 day”, 4.1% “2 days”, 14.1% “3 days”, 10.6% “4 days”, 64.7% “5 days”, 2.4% “6 days” and 3.5% did not specify. Of the participants asked if there are times when they’ve had no way to get to meal site?” 89% said “No”; 10.6% said “Yes” and .6% did not specify. When asked “When you don’t eat at the meal site, how many total meals do you eat that day?” 8.8% said 1 meal; 43% said 2 meals; 45% said 3 meals; 2.4% said 4 meals and 1.2% did not specify. Responses for “How often are you satisfied with the way the food smells?” 57.1% said “Always”, 37.1% said “Sometimes”, .6% said “Never” and 5.3% did not specify; for “How often are you satisfied with the way the food looks?” 57.1% said “Always”, 36.5 said “Sometimes” and 6.5% did not specify; for “How often are you satisfied with the way the food tastes?” 55.3% said “Always”, 37.6% said “Sometimes”, .6% said “Never” and 6.5% did not specify; for “How often are you satisfied that hot foods are hot and cold foods are cold?” 71.2% said “Always”, 22.4% said “Sometimes” and 6.5% did not specify. Participants said that 90% of the time the nutrition site staff treated them in a friendly manner - 7.1% said “Sometimes” and 2.9% did not specify. When asked “Do services received at the meal program help you to “Eat healthier?” 81.2% said “Yes”, 4.7% said “No”, 10.6% said “Not sure” and 3.5% did not specify. 90.6% said they would recommend the meal program to a friend - .6% said “No”, 2.4% said “Not sure” and 6.5% did not specify. Survey results for “Has the meal program helped you?” 90% said “Yes”, .6% said “No”, 3.5% said “Not sure” and 5.9% did not specify.

Some comments from participants regarding how the meal program has helped them: It helps financially when on a limited income; somewhere to go to socialize and get a hot meal; don’t have to cook lunch at home; shortens my grocery bill; helps get me out of the house; helps me maintain a good diet and healthier lifestyle.

Some comments from participants regarding recommendations for improvements in the meal program were: More variety of foods; larger portions; more beans, fruit salads, salads, meatloaf, cheeseburgers; better cooks; don’t overcook the food.

Summary of “Home-Delivered Meals Program Participant Surveys” in SFY 2017:

“Home-Delivered Meal” – During SFY 2017 (200) surveys were distributed out to participants and (128) completed surveys were received, which is a 64% response rate. Of the (128) completed surveys received, 64% were from female participants and 36% were from male participants. Of those surveys completed, 3.1% were from Under 60 participants; 43.8% were from participants age 60-74; 25.8% were from participants age 75-84 and 27.3% were from participants 85+. Out of the (128) When asked “How long have you been attending the meal program?” 28.1% said “Less than 1 year”,

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55.5% said “1 to 3 years”, 7.8% said “4 to 5 years” and 8.6% said “More than 5 years”. Responses for “How many meals received during an average week” show 95.3% “5 meals”, 1.5% “4 meals”, 1% “1 meal”, 2.3% did not specify. Participants were asked how they receive their delivered meals?: (Personally received at the door): 48.4% said “Always”, 8.6% said “Sometimes”, 1.6% said “Never” and 41.4% did not specify; (Left outside your door): 2.3% said “Always”, 3.9% said “Sometimes”, 14.1% said “Never” and 80% did not specify; (Brought inside for you): 50.8% said “Always”, 9.4% said “Sometimes”, 4.7% said “Never” and 35.2% did not specify. For “How many **other** meals do you usually eat?”: 0 meals – 2.3%, 1 meal – 35.2%, 2 meals – 49.2%, 3 meals – 7%, 4 meals – 1%, 5+ meals – 4.7% and 1% did not specify. For “Days not receiving a home-delivered meal, how many total meals do you eat?”: 0 meals – 1%, 1 meal – 16.4%, 2 meals – 54.7%, 3 meals – 25.8%, 4 meals – 1.5% and 5 meals – 1%. Participants said they were 56.3% always satisfied with the way the food looks, however 37.5% said only “Sometimes”, 1% said “Never” and 5.5% did not specify. Survey results regarding “How often are you satisfied with the way the food tastes?” 53.1% said “Always”, 41.4% said “Sometimes”, 5.5% did not specify and for “How often are you satisfied with the variety of the foods” 64.8% said “Always”, 29% said “Sometimes”, 1.5% said “Never” and 4.7% did not specify. Survey responses show that 72.7% are “Always” satisfied that hot foods are hot and cold foods are cold, 20.3% said “Sometimes” and 7% did not specify. “When your meals are delivered are you treated in a friendly manner?” 99.2% said “Always” and 1% did not specify. Participants were asked “Do the meals arrive when expected?”: 86.7% said “Always”, 9.4% said “Sometimes” and 3.9% did not specify. When asked if they thought the home-delivered meals program helped them eat healthier foods?: 90.6% said “Yes”, 3.1% said “No” and 6.3% said “Not sure”. Participants were asked if they thought the home-delivered meals program helped them to continue to live at home, 91.4% said “Yes”, 2.3% said “No”, 3.1% said “Not sure” and 3.1% did not specify. Participants were also asked if they were aware of the donation system?: 70% said – “Yes”, 14.1% said “No”, 14.8% said “Not sure” and 1.5% did not specify. When asked if they would you recommend the meal program to a friend, 96.1% said “Yes” and 3.9% said “Not sure”. Participants rated the overall program as 43.8% “Excellent”; 40% “Very Good”; 7% “Good”; 7% “Fair” 1.5% “Poor” and 1% did not specify.

Some comments from participants regarding how the meal program has helped them: Don’t have to cook; feel better; I know I’ll get at least 1 meal a day; help me live a good life; eat more often; helps the food bill; gives me a healthy balanced lunch; knowing they’ll have something to eat and someone to make sure their ok; keeps us from using stove during the hot summer; able to stay at home; wish I had a bigger helping, saved me from not going hungry.

Some comments from participants regarding recommendations for improvements in the meal program were: Better cooks; Use less salt; Sometimes food too spicy; Salads are often wilted & warm; Need softer food (don’t have teeth); Offer fresh fruit more often; Better tasting food; would like weekend meals; Don’t overcook the meat; Don’t mix meat with chips on Taco salad (separate containers); Keep sauces in separate container (ketchup & barbecue); Less beans; Need different variety.

Summary of “Nutrition Counseling Program Participant Surveys” in SFY 2017:

“Nutrition Counseling” – During SFY 2017 (25) surveys were distributed and (21) completed surveys were received, which is an 84% response rate. Of the (21) completed surveys received, 42.9% were from female participants and 57.1% were from male participants. Of those surveys completed, 14.3% were from Under 60 participants; 71.4% were from participants age 60-74 and 14.3% were from participants age 75-84. 71.4% said “Yes” the nutrition counseling was helpful; 19% said they were “Not sure” and 9.6% said it is “Never” helpful them. Participants who said, “Yes” the information provided was understandable were 90.4%; 9.6% were “Not sure”. For whether or not they used the information to change their lifestyle and/or habits, 57.1% said, “Yes”; 23.9% said “Not sure” and 19% said “Never”. Participants who were comfortable talking with the Dietitian: “Agree” – 76.2%, “Disagree” – 9.6%, “Not sure” – 9.6% and 4.8% did not specify. Participants who said the Dietitian was courteous and understanding of their needs: “Agree” – 81%, “Not sure” – 9.6% and 9.6% did not specify. Participants who said the Dietitian was knowledgeable about their nutritional needs: “Agree”

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– 76.2%, “Not sure” – 14.3% and 9.6% did not specify. Participants who would recommend the service to someone else were: 81% “Yes”, 9.6% “No” and 9.6% did not specify.

Summary of “Nutrition Education Program Participant Surveys” in SFY 2017:

“Nutrition Education” – During SFY 2017 (173) surveys were distributed and (146) completed surveys were received, which is an 82.7% response rate. Of the (146) completed surveys received, 63% were from female participants and 36% were from male participants. Of those surveys completed, 4.1% were from Under 60 participants; 40.4% were from participants age 60-74; 35.6% were from participants age 75-84 and 19.9% were from participants age 85+. 51.4% said the nutrition education was “Always” helpful to them; 45.2% said “Sometimes” it’s helpful; 2.7% said it is “Never” helpful and 1% did not specify. Participants said the materials received are 70% “Always” understandable; 26% “Sometimes” understandable; 2.7% “Never” understandable and 1.3% did not specify. For whether or not they used the information to change their lifestyle and/or habits, 13% said, “Always”; 73.3% said “Sometimes”; 11.6% said “Never” and 2.1% did not specify. Topics that participants would like to receive more information on in the future: Food Safety – 33.6%; Sodium – 24%; Artificial Sweeteners – 22.6%; Fiber – 21.2%; Maintaining Healthy Weight – 47.3%; Relationship between Diet & Health – 30.8%; Food Labels/Dietary Guidelines – 26%; Misinformation/Myths – 28.1% and Grocery Shopping on a Budget – 41.8%.

Summary of SFY 2017 Consumer Needs Surveys sent out ordinarily in May and June every year.

Out of **1,490** SFY 2016 Consumer needs surveys mailed out by the AAA Planner to Title III Nutrition Sites, Independent Senior Centers and others, a total of **691** completed surveys were returned. Results from these consumer surveys show that the consumer priority need for **Nutrition Site Meals** ranks at #2 with 52.2% of consumers choosing this category as a top priority. Results also show that the consumer priority need for **Home delivered meals** ranks at #11 with 29.5%, and **Nutrition Counseling and Education** ranks at #23 with 7.5%.

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QUALITY ASSURANCE

Big 5 Family Caregiver (FCSP): The Family Caregiver Program is running smoothly. No findings were noted during any of their quarterly assessments. The Director and Coordinator of the program provided project assessment documentation in detail for each assessment conducted for the 1st, 2nd & 4th quarters.

Efforts made by Big Five to reach low-income and/or minority person is done by advertising their caregiver program on the KLBC radio station located in Durant, OK and by distributing brochures at nutrition sites, home health agencies and hospitals and by attending Health fairs in the community.

Survey responses have been very positive. Comments were extremely positive. Some comments noted were that the "Access Assistance" service has been a big help, the program has helped more than you know, very happy with all of the program services, has helped them to be able to get out of the house and Big Five staff very friendly and helpful. Overall satisfaction of services has been "Very Good". There were no negative survey service comments.

What Big Five FCSP does best is that they have a very productive access assistance and respite service helping caregivers and grandparents caring for grandchildren. Big Five Caregiver staff is very personable and caring when talking and addressing the needs of their senior caregiver participants. Service needs are handled with utmost speed by immediate scheduling of in-home intake and assessments with participants so as to provide and fulfill all service needs for any referrals they may have as well.

Improvements could be made in their counseling/support/referrals service and also obtaining the help of volunteers. Participants never want to attend or are unable to attend counseling support gatherings. Since most caregivers and grandparents caring for grandchildren are unable to attend support group meetings, Big Five has begun doing counseling and support over the phone for caregivers. More possibly could be done to provide this service by reaching out to the caregivers and identify those who could use extra help or guidance in their role as a caregiver. Perhaps the distribution of caregiver helpful information could be sent to caregivers on a quarterly basis with the stipulation advising caregivers to call for counseling support or referrals if needed.

Some changes that SODA AAA would like to see happen in order to streamline processes, etc. and explain how it would prove beneficial for the PSA.

1. Project researching & identifying of care giving materials that can be distributed to caregivers on a quarterly basis with the stipulation advising caregivers to call for counseling support or referrals if needed.
2. Better survey for our projects counseling/support/referral program designed more specific to the program, since they do business with a voucher system. The state approved survey is generic and the majority of the questions are geared towards those actually attending a support group meeting. Big Five FCSP was using a survey they designed themselves that was far more beneficial to their program.
3. More effort in reaching target minority populations.

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QUALITY ASSURANCE

Data obtained from the AIM OKN501 report (07-01-16 to 06-30-17) shows the targeted populations both minority and non-minority reached in the SODA AAA PSA in SFY 2017. Big Five FCSP provided the following services:

Caregiver Access Assistance was provided to (7) "African-Americans 60+"; (14) "American Indians 60+"; (2) "Asians 60+"; (3) "Hispanics 60+" and (299) non-minority persons.

Caregiver Counseling/Support/Referrals were provided to (1) "African-American 60+"; (0) "American Indians 60+"; (0) "Asians 60+"; (0) "Hispanics 60+" and (38) non-minority persons.

Caregiver Respite Care was provided to (2) "African-Americans 60+"; (2) "American Indians 60+"; (0) "Asians 60+"; (0) "Hispanics 60+" and (76) non-minority persons.

Grandparents raising Grandchildren Access Assistance was provided to (3) "African-Americans 60+"; (3) "American Indians 60+"; (0) "Asians 60+"; (0) "Hispanics 60+" and (27) non-minority persons.

Grandparents raising Grandchildren Counseling/Support/Referrals were provided to (1) "African-Americans 60+"; (2) "American Indians 60+"; (0) "Asians 60+"; (0) "Hispanics 60+" and (7) non-minority persons.

Grandparents raising Grandchildren Respite Care was provided to (1) "African-Americans 60+"; (2) "American Indians 60+"; (0) "Asians 60+"; (0) "Hispanics 60+" and (11) non-minority persons.

Poverty (low income) 60+ and Poverty (low income) minority 60+ reached in SFY 2017:

Data obtained from the AIM OKN501 report (07-01-16 to 06-30-17) shows the Poverty (low income) targeted populations both minority and non-minority reached in the SODA AAA PSA in SFY 2017. Big Five FCSP provided the following services:

Caregiver Access Assistance was provided to (127) clients under "poverty (low income) 60+" and (15) clients under "poverty (low income) minority 60+."

Caregiver Counseling/Support Groups were provided to (16) clients under "poverty (low income) 60+" and (1) clients under "poverty (low income) minority 60+."

Caregiver Respite Care was provided to (32) clients under "poverty (low income) 60+" and (2) clients under "poverty (low income) minority 60+."

Grandparents raising Grandchildren Access Assistance was provided to (20) clients under "poverty (low income) 60+" and (4) clients under "poverty (low income) minority 60+."

Grandparents raising Grandchildren Counseling/Support Groups were provided to (5) clients under "poverty (low income) 60+" and (1) clients under "poverty (low income) minority 60+."

Grandparents raising Grandchildren Respite Care was provided to (7) clients under "poverty (low income) minority 60+" and (1) client under "poverty (low income) minority 60+."

Living Alone 60+ reached in SFY 2017:

Data obtained from the AIM OKN501 report (07-01-16 to 06-30-17) shows the targeted populations living alone reached in the SODA AAA PSA in SFY 2017. Big Five FCSP provided the following services:

Caregiver Access Assistance was provided to (25) clients "living alone 60+."

Caregiver Counseling/Support Groups were provided to (4) clients "living alone 60+."

Caregiver Respite Care was provided to (5) clients "living alone 60+."

Grandparents raising Grandchildren Access Assistance was provided to (1) clients "living alone 60+."

Grandchildren Counseling/Support Groups were provided to (0) clients "living alone 60+."

Grandparents raising Grandchildren Respite Care was provided to (0) client "living alone 60+."

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QUALITY ASSURANCE

Big Five FCSP exceeded the goal of 350 units of service (UoS) providing **650** units for “Caregiver Access Assistance”. They also exceeded the goal of 170 unduplicated persons served (UPS) by serving **331** participants.

The Caregiver Counseling/Support Group goal of 50 units of service (UoS) was exceeded by providing **64** units. The goal of 50 unduplicated persons served (UPS) was not met however, with only **40** participants served.

The Caregiver Respite goal of 5,000 units of service (UoS) was exceeded with **5,396.33** provided. The goal of 165 unduplicated persons served (UPS) was not met however, with only **82** participants served.

Big Five FCSP exceeded the goal of 20 units of service (UoS) providing **114** units for “Grandparent Raising Grandchildren Access Assistance”. They also exceeded the goal of 10 unduplicated persons served (UPS) by serving **33** participants.

The Grandparent Raising Grandchildren Counseling/Support Group goal of 10 units of service (UoS) was exceeded by providing **16** units. The goal of 10 unduplicated persons served (UPS) met with **10** participants served.

The Grandparent Raising Grandchildren Respite goal of 500 units of service (UoS) was exceeded with **1,448** provided. The goal of 10 unduplicated persons served (UPS) was also exceeded with **14** participants served.

Big 5 Health Promotions: The Health Promotions Program is running smoothly. The Chronic Disease Self Management Program (CDSMP) was offered in the 1st quarter. Workshop classes were canceled due to low attendance during the 1st quarter. Classes were held in Bryan County with 6 participants during the 2nd quarter. The challenge in this program is getting people to commit to the 6-week workshop classes. The program has had a few staff issues too. A new staff person was hired in December 2016 to run the program. The CDSMP program was ended during the 3rd quarter and a new Health Promotions program “Tai Chi” began. Since the introduction of this service of “Tai Chi” classes, this program has gained participants. “Tai Chi” classes were held in Pauls Valley at the Nutrition Center & the Pauls Valley Recreation Center with a total of 30 participants during the 3rd & 4th quarters. No major findings other than the problem of obtaining participants for the CDSMP workshop classes were noted during quarterly assessments. The Director and Coordinator of the program provided project assessment documentation in detail for each assessment conducted for the 1st, 2nd & 4th quarters.

Efforts made by Big Five to reach low-income and/or minority person is done by advertising their Health Promotions program by advertising in local newspapers and distributing brochures at low income housing apartments, nutrition sites, home health agencies and hospitals and by attending Health fairs in the community.

Only 5 CDSMP workshop surveys were completed during the 1st quarter and 6 workshop surveys were completed during the 2nd quarter. Although only 6 surveys were completed for the “Tai Chi” program during the 3rd & 4th quarters, the survey responses from comments made were extremely positive. Participants love the Tai Chi classes and overall satisfaction of services has been “Excellent”. There were no negative survey service comments.

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QUALITY ASSURANCE

The Tai Chi classes have been the best decision made for the Health Promotions program. It has been a very productive program and participants are excited about the classes.

Improvements could be made regarding the distribution of more surveys to participants. Also, it would be beneficial if they were to obtain the help of volunteers where licensed staff is not needed, such as distributing brochures or surveys, etc.

Some changes that SODA AAA would like to see happen in order to streamline processes, etc. and explain how it would prove beneficial for the PSA.

1. More aim towards targeting minority and low-income clients to help these persons in our efforts to see that our elderly in the SODA AAA PSA are healthier and more mobile.
2. Obtain volunteers to help with program.
3. More survey distribution.

Data obtained from the AIM OKN501 report (07-01-16 to 06-30-17) shows the targeted populations both minority and non-minority reached in the SODA AAA PSA in SFY 2017. Big Five Health Promotions provided the following services:

Health Promotion services were provided to (0) “African-Americans 60+”; (1) “American Indians 60+”; (0) “Asians 60+”; (1) “Hispanics 60+” and (40) non-minority persons.

Poverty (Low Income) 60+ and Poverty (Low Income) minority 60+ reached in SFY 2017:

Health Promotion services were provided to (8) clients under “poverty (low income) 60+” and (1) clients under “poverty (low income) minority 60+”.

Living Alone 60+ reached in SFY 2017:

Health Promotion services were provided to (22) clients “living alone 60+”.

Big Five Health Promotions exceeded the goal of 80 units of service (UoS) providing **218** units for “**CDSMP**” workshop classes. They also exceeded the goal of 12 unduplicated persons served (UPS) by serving **43** participants. There were no units or unduplicated persons served for the Tai Chi classes reported for SFY 2017.

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QUALITY ASSURANCE

Big 5 Outreach: The Outreach Program is running smoothly. No findings were noted during any of their quarterly assessments. The program only had one outreach worker during the 1st quarter due to lack of qualified applicants. The Director and Coordinator of the program provided project assessment documentation in detail for each assessment conducted for the 1st, 2nd & 4th quarters. Home Repair services was removed in SFY 2016 due to the fact it was hard to help clients with home repairs because most wanted or needed major work done and the program could only provide service for very minor work. The Outreach program served and helped seniors with chore, homemaker and outreach services in SFY 2017. Replacing “Home repair” with “Homemaker” has been the best decision for the program.

Efforts made by Big Five to reach low-income and/or minority person is done by advertising the Outreach program on the KLBC radio station located in Durant, OK and by distributing brochures at low income elder housing complexes, health departments, nutrition sites, home health agencies, adult day centers and hospitals. Promotional presentations are also provided by the Program Director.

Survey responses and comments made were extremely positive. Some comments noted were that the staff provided wonderful services and were very professional and informative; staff took time to answer all questions; explained everything and were very knowledgeable, pleasant and courteous; gave information needed; received prompt assistance and appreciated all they did. Overall majority were “Very Satisfied” with services. A total of 55 completed chore surveys, 47 completed homemaker surveys and 268 completed outreach surveys were received in SFY 2017. There were no negative survey service comments.

Big Five Outreach has a very productive outreach, chore & homemaker service helping seniors with areas such as yard work with lawn and sidewalk maintenance to house work with dusting, vacuuming, mopping, laundry, making beds, preparing meals and cleaning kitchens and bathrooms. Changing from providing the “Home repair” service to providing the “Homemaker” service has been the best decision made for the PSA.

Improvements could be made regarding distributing a better survey to participants that is designed more specific to the program since they do business with a voucher system. The state approved survey is geared more towards questions about the person providing the chore and/or homemaker work. With the voucher system, Big Five Chore and Homemaker services allows the participant to obtain their own chore and homemaker person to do the work. Big Five Outreach was using surveys for Outreach, and Chore services that they designed in July 2015 and a Homemaker survey they designed in July 2016 that was far more beneficial to their program and gave better information regarding the services they provide. Also, improvements could possibly be made by obtaining the help of volunteers.

Some changes that SODA AAA would like to see happen in order to streamline processes, etc. and explain how it would prove beneficial for the PSA.

1. More aim towards targeting minority and low-income clients to help these persons in our efforts to see that our frail and elderly in the SODA AAA PSA know about the services that are offered for seniors in their communities that would benefit them.

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QUALITY ASSURANCE

2. Better survey for our projects outreach program designed more specific to the program, since they do business with a voucher system. The state approved survey is generic and the majority of the questions are geared towards programs that provide the workers for the chore and homemaker programs. Big Five Outreach was using a survey they designed themselves that was far more beneficial to their program.
3. Use of volunteers.

Data obtained from the AIM OKN501 report (07-01-16 to 06-30-17) shows the targeted populations both minority and non-minority reached in the SODA AAA PSA in SFY 2017. Big Five Outreach provided the following services:

Chore services were provided to (4) "African-Americans 60+"; (2) "American Indians 60+"; (0) "Asians 60+"; (1) "Hispanics 60+" and (63) non-minority persons.

Homemaker services were provided to (2) "African-Americans 60+"; (5) "American Indians 60+"; (0) "Asians 60+"; (0) "Hispanics 60+" and (73) non-minority persons.

Outreach services were provided to (24) "African-Americans 60+"; (24) "American Indians 60+"; (0) "Asians 60+"; (5) "Hispanics 60+" and (434) non-minority persons.

Poverty (Low Income) 60+ and Poverty (Low Income) minority 60+ reached in SFY 2017:

Chore services were provided to (27) clients under "poverty (low income) 60+" and (4) clients under "poverty (low income) minority 60+".

Homemaker services were provided to (31) clients under "poverty (low income) 60+" and (3) client under "poverty (low income) minority 60+".

Outreach services have been provided to (201) clients under "poverty (low income) 60+" and (29) clients under "poverty (low income) minority 60+".

Living Alone 60+ reached in SFY 2017:

Chore services were provided to (47) clients "living alone 60+".

Homemaker services were provided to (52) client "living alone 60+".

Outreach services were provided to (255) clients "living alone 60+".

Big Five Outreach services exceeded the goal of 510 units of service (UoS) providing **839.60** units for "Chore" services. They also exceeded the goal of 34 unduplicated persons served (UPS) by serving **71** participants.

The "Homemaker" service goal of 1,200 units of service (UoS) was exceeded by providing **1,666.96** units. The goal of 37 unduplicated persons served (UPS) was also exceeded with **82** participants served.

The "Outreach" service goal of 800 units of service (UoS) was exceeded with **964.50** provided units. Outreach did not have a set goal for unduplicated persons served (UPS) in SFY 2017, but they provided service to **493** unduplicated persons.

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QUALITY ASSURANCE

Big 5 Senior Medical Transportation: The Senior Medical Transportation Program is running smoothly. No findings were noted during any of their quarterly assessments. The Director and Coordinator of the program provided project assessment documentation in detail for each assessment conducted for the 1st, 2nd & 4th quarters. All drivers are trained extensively on safety.

Efforts made by Big Five to reach low-income and/or minority person is done by attending turning point coalition meetings, posting on website, newspapers and other social media and by distributing brochures at nutrition sites, home health agencies and hospitals in the 10 counties of the SODA AAA PSA.

Survey responses and comments made were all positive. Some comments noted were that the service helped them be able to get to their doctor appointments, pick up meds and that staff treated them very well. Overall majority were "Very Satisfied" with services. There were no negative survey service comments.

Big Five Senior Medical Transportation has a very productive transportation service helping seniors with non-emergency senior medical transportation to doctor appointments, dialysis, chemo treatments, etc. in the counties of Bryan, Carter, Coal, Love and Pontotoc. Big 5 Transportation uses a website called Charity Tracker which is a referral and resource directory for health care organizations, etc. to help connect with churches and social service agencies in the community.

Improvements could be made regarding distribution of more surveys to participants to allow for more efficient data. Explain to participants how important the survey information is in an effort to try and get more participants to complete them.

Some changes that SODA AAA would like to see happen in order to streamline processes, etc. and explain how it would prove beneficial for the PSA.

1. More attention to Title III survey distribution.
2. Reach out to more clients from Pontotoc County (3rd largest population County in PSA)
3. More aim towards targeting minority and low-income clients to help these persons in our efforts to see that our frail and elderly in the SODA AAA PSA know about the services that are offered for seniors in their communities that would benefit them.

Data obtained from the AIM OKN501 report (07-01-16 to 06-30-17) shows the targeted populations both minority and non-minority reached in the SODA AAA PSA in SFY 2017. Big Five Senior Medical Transportation provided the following services:

Transportation services were provided to (4) "African-American 60+"; (2) "American Indian 60+"; (1) "Asian 60+"; (2) "Hispanic 60+" and (45) non-minority persons.

Poverty (Low Income) 60+ and Poverty (Low Income) minority 60+ reached in SFY 2017:

Transportation services were provided to (10) "poverty (low income) 60+" clients and (2) "poverty (low income) minority 60+".

Living Alone 60+ reached in SFY 2017:

Transportation services were provided to (15) clients "living alone 60+".

Big Five Senior Medical Transportation services exceeded the goal of 1,248 units of service (UoS) providing **2,145** units. They also exceeded the goal of 50 unduplicated persons served (UPS) by serving **53** participants.

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QUALITY ASSURANCE

INCA Senior Medical Transportation: The Senior Medical Transportation Program is running smoothly. No findings were noted during any of their quarterly assessments. The Director of the program provided project assessment documentation in detail for each assessment conducted for the 1st, 2nd & 4th quarters. All drivers are trained extensively on safety.

Efforts made by INCA to reach low-income and/or minority person is done by continually seeking senior citizens who are most vulnerable through distribution of brochures at home health agencies, health departments, nutrition sites,

Survey responses and comments made were all positive. Some comments noted were that the service helped them be able to get to their doctor appointments, pick up meds and that staff treated them very well. Overall majority were “Very Satisfied” with services. There were no negative survey service comments.

INCA Senior Medical Transportation has a very productive transportation service helping seniors with non-emergency senior medical transportation to doctor appointments, dialysis, chemo treatments, etc. in the counties of Atoka, Johnston, Garvin, Marshall and Murray. INCA originally was dedicated to only serving the counties of Johnston, Atoka, Marshall and Murray. This is how they got the name INCA J.A.M.M. Transit, but when asked to broaden their services to other counties, they decided to provide the senior medical transportation service only for our Title III services and gained the county of Garvin to their service area.

Improvements could be made regarding distribution of more Title III surveys to participants to allow for more efficient data. Also INCA needs to try to reach more participants in Garvin County. Garvin County is the 4th largest population area in the SODA AAA PSA. Garvin County is a newer County that INCA only added to their service area in SFY 2016. They have been struggling to get their participant level up in this County. There is however another transit service in Garvin County, (Delta Public Transit) that could be causing the lower numbers for INCA.

Some changes that SODA AAA would like to see happen in order to streamline processes, etc. and explain how it would prove beneficial for the PSA.

1. Reach more clients from Garvin County (4th largest population County in PSA).
2. Pay more attention to Title III services and surveys. INCA Senior Medical Transportation is a division under INCA Community services. They have several other transportation services that they offer and an overall survey that they have all participants complete, once annually. Sometimes it seems that they forget the Title III surveys especially.
3. More aim towards minority targeting and low-income clients to help these persons in our efforts to see that our frail and elderly in the SODA AAA PSA know about the services that are offered for seniors in their communities that would benefit them.

Data obtained from the AIM OKN501 report (07-01-16 to 06-30-17) shows the targeted populations both minority and non-minority reached in the SODA AAA PSA in SFY 2017. INCA Senior Medical Transportation provided the following services:

Transportation services were provided to (2) “African-American 60+”; (0) “American Indian 60+”; (0) “Asian 60+”; (1) “Hispanic 60+” and (20) non-minority persons.

Poverty (Low Income) 60+ and Poverty (Low Income) minority 60+ reached in SFY 2017:

INCA provided transportation services to (6) “poverty (low income) 60+” clients and (2) “poverty (low income) minority 60+” clients.

Living Alone 60+ reached in SFY 2017:

INCA provided transportation services to (5) clients “living alone 60+”.

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QUALITY ASSURANCE

INCA Senior Medical Transportation services exceeded the goal of 1,880 units of service (UoS) providing **2,020** units. The unduplicated persons served (UPS) goal of 50 was not met however with only **34** participants served.

Legal Aid Services had no findings identified in the quarterly assessments.

Legal Aid targets all areas required within the Title III program. They pursue their goals and work to achieve the desired outcome by speaking at nutrition sites, going to health fairs and various other organizations.

Survey responses and comments made were all positive. Some comments noted were that the service was very helpful and they received good information. Overall majority were "Very Satisfied" with services. There were no negative survey service comments.

Clients who contact the LASO through senior centers or nutrition site get to speak with a representative on the spot or they can make an appointment to meet later. If they call from a senior center or site, basic information is obtained and the appointment is schedule for time most convenient for all. LASO provides both legal aid assistance and education.

Improvements could be made regarding survey completion. Explain to participants how important the survey information is in an effort to try and get more participants to complete them and/or distribute surveys to more participants.

Some changes that SODA AAA would like to see happen in order to streamline processes, etc. and explain how it would prove beneficial for the PSA.

1. Try harder in their efforts to speak or visit all Title III Nutrition sites in the PSA every year. Seem to only be getting to approximately 12 to 14 out of 16, however for SFY 2019 there will be now only 14 Title III Nutrition sites to cover.
2. Try to target and reach minority and low income clients.
3. Work towards better communication with AAA on activities during the year.

Data obtained from the AIM OKN501 report (07-01-16 to 06-30-17) shows the targeted populations both minority and non-minority reached in the SODA AAA PSA in SFY 2017. However this report does not show any data entry information for Legal Aid Services of Oklahoma (LASO).

According to the AIM OKN515 report LASO conducted legal assistance services with 740 units of service during visits in 9 of the 10 counties of the PSA. They have been serving the required legal assistance and education to seniors in the PSA according to goals set in scopes of work and exceeded the goal of 427 units of service.

According to the AIM OKN514 report LASO conducted legal education services to 492 participants with 14 Units of Service at nutrition sites in the PSA.

Legal Aid Services for assistance exceeded the goal of 427 units of service (UoS) providing **740** units. Legal Aid does not show a goal for unduplicated persons in SFY 2017, but **9** were served.

Legal Aid Services for community education met the goal of 14 units of service (UoS) providing **14** units. Legal Aid does not show a goal for unduplicated persons to be served in SFY 2017.

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QUALITY ASSURANCE

Southern Oklahoma Nutrition Program: According to assessments with SONP and research of AIM data, SONP has had several missing participant information on intake forms and miscalculations of scores on the participant assessments that were reviewed. Also, SONP site managers struggle to keep up with completion of overdue assessments. Some sites also struggle with keeping accurate log records of their inventory. SONP has been struggling to get their numbers up for some time now in order to meet their goals set in scopes of work. SONP has reached out to area churches; by distribution of the SONP brochure showing information about the meal program; articles are placed in the area newspapers; coordination with other agencies providing services to seniors; advertisement on Facebook and has communicated with the Indian Tribe meal sites.

Project training with site managers was completed over participant intake and assessment paperwork and inventory logs. Several e-mail conversations regarding overdue assessments. Site managers were told that they cannot send in any incomplete intake and assessment paperwork. If they do, then it is to be returned from the SONP central office to site to be completed correctly. Most site managers have improved, however SONP has had several turn over's in site manager employees for several different sites, which makes it hard to keep a good trained site manager in place.

Survey responses and comments made were all positive. Some comments noted from home delivered meal participants were that the meals provided a healthy balanced lunch that they don't have to fix themselves; they look forward to receiving their meals; helps to know they will have something to eat and someone coming by to make sure they're ok. Overall majority were "Very Satisfied" with services. Some comments noted from congregate meal participants were that the meal is their main source for eating a meal every day; don't have to cook meal themselves; helps with food bill; going to site gets them out of the house and able to meet and socialize with others; get a good healthy meal every day. Some comments regarding improvements made were for bread to be packaged separately from main meal; don't overcook the meat; more variety; more fresh fruit; use less spice. There were no real negative survey service comments.

Southern Oklahoma Nutrition Program has a very productive meal service providing needed meals to eligible congregate and home bound seniors. Most site managers and staff at the sites care about the participants attending the sites and will go out of their way to see that they are served a good meal. Seniors have commented that they love the sites that they attend and the meals provided. Many senior's like their site manager and like having a place to go for a meal and to visit with others. Most all seniors have expressed their concerns if their particular site were to close.

Improvements that could be made are for more in-depth training with **new** site managers and possibly a monthly training could be provided to **all** site managers on any updates needed. Individual trainings should be provided if a site manager or cook is having problems in any area. Site managers need to pay more attention to their paperwork duties and provide thorough information. For registration intake and assessments, new procedures in AIM are making this a definite requirement when any missing information will not let data be saved. SONP needs to provide more hands on training to staff; follow policy and procedures better; pay attention to plan of corrections when discrepancies are requested to be cleared up and cleaned up; clean and sanitize sites more often; follow the "Food for Fifty" recipes.

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QUALITY ASSURANCE

Some changes that SODA AAA would like to see happen in order to streamline processes, etc. and explain how it would prove beneficial for the PSA.

1. Nutrition site staff should pay closer attention and listen to SODA AAA and State RD monitoring and assessment suggestions.
2. Nutrition site staff should make sure that temperatures are true and correct before serving seniors. Recording of temperatures needs to be taken more seriously for the safety of the seniors.
3. Less employee turnover rates would benefit seniors with their meals. The seniors get to know and like the staff taking care of their meals. They worry if they're going to keep receiving their meals when there are so many staff changes. It doesn't look good for business. Instead of firing employees when a problem arises, they should practice smart hiring strategies, take steps in providing training for employees of what is required of them, prevent added stress for employees by being respectful to them (happy employees are more productive), individual re-training for those employees having problems in one area or another.

Data obtained from the AIM OKN501 report (07-01-16 to 06-30-17) shows the targeted populations both minority and non-minority reached in the SODA AAA PSA in SFY 2017 Southern Oklahoma Nutrition Program (SONP) provided the following services:

Congregate meals were provided to (26) "African-Americans 60+"; (81) "American Indians 60+"; (2) "Asians 60+"; (18) "Hispanics 60+" and (1,259) non-minority persons.

Home delivered meals were provided to (52) "African-Americans 60+"; (42) "American Indians 60+"; (1) "Asians 60+"; (13) "Hispanics 60+" and (934) non-minority persons.

Nutrition counseling was provided to (2) "African-Americans 60+"; (2) "American Indians 60+"; (0) "Asians 60+"; (0) "Hispanics 60+" and (36) non-minority persons.

Nutrition education was provided to (71) "African-Americans 60+"; (101) "American Indians 60+"; (3) "Asians 60+"; (21) "Hispanics 60+" and (1,694) non-minority persons.

Poverty (Low Income) 60+ and Poverty (Low Income) minority 60+ reached in SFY 2017:

Congregate meals were provided to (651) clients under "poverty (low income) 60+" and (91) clients under "poverty (low income) minority 60+".

Home delivered meals were provided to (636) clients under "poverty (low income) 60+" and (72) clients under "poverty (low income) minority 60+".

Nutrition counseling was provided to (21) clients under "poverty (low income) 60+" and (3) clients under "poverty (low income) minority 60+".

Nutrition education was provided to (1,050) clients under "poverty (low income) 60+" and (137) clients under "poverty (low income) minority 60+".

Living Alone 60+ reached in SFY 2017:

Congregate meals were provided to (662) clients "living alone 60+".

Home delivered meals were provided to (540) clients "living alone 60+".

Nutrition counseling was provided to (25) clients "living alone 60+".

Nutrition education was provided to (994) clients "living alone 60+".

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QUALITY ASSURANCE

SONP did not meet the goal of 120,000 units of service (UoS) providing only **107,471** units for “Congregate Meals”. They also did not meet the goal of 1,800 unduplicated persons served (UPS) by only serving **1,470** participants.

The Home Delivered Meal goal of 187,000 units of service (UoS) was not met with only **170,903** units provided. The goal of 1,500 unduplicated persons served (UPS) was not met with only **1,054** participants served.

The Nutrition Counseling goal of 50 units of service (UoS) was not met with only **42 units** provided. The goal of 50 unduplicated persons served (UPS) was not met with only **41** participants served.

SONP exceeded the goal of 12,000 units of service (UoS) providing **12,218** units for “Nutrition Education”. The goal of 2,200 unduplicated persons served (UPS) was not met with **2,003** participants served.

SERVICE DELIVERY NARRATIVE

Title III – Direct Services provided by SODA AAA in SFY 2017 & SFY 2018 in all ten counties covered.

SODA Information and Assistance is provided as a direct service through SODA Area Agency on Aging. This service includes I & A Education. SODA has one “I & A Coordinator”, Debbie Odom who is AIRS certified. The “I & A Coordinator” is the primary contact point for all aging information and the representative of SODA AAA at health fairs and other public functions for disseminating information of services. The I & A monitors the Senior Information Line and coordinates services with other entities; makes referrals as needed to the appropriate providers for services requested; completes a Registration/Intake form on consumers who call or come in to the office for assistance; maintains contacts with the public, including resource agencies webcasts/webinars; enters consumer information data in the computer using the Automated Information Manager System (AIMS) for the purpose of reporting to NAPIS.

Current Waiting Lists

The I & A Coordinator currently has a waiting list for services provided by the Masonic Grant.

Title III – Direct Services provided by SODA AAA – SFY 2017, SFY 2018 & SFY 2019 in all ten counties covered.

Long-Term Care Ombudsman Program is provided as a direct service through SODA Area Agency on Aging. Currently, there are two Ombudsman Supervisors that are responsible for advocating on behalf of residents in long-term care facilities. Long-term care facilities include: nursing homes, residential care facilities, assisted living centers and Veterans’ centers. There are currently 30 LTC facilities that the Ombudsman Supervisors are currently responsible for within the SODA PSA. Tiffany Wingfield, Ombudsman Supervisor and Rebekah Williams, Ombudsman Supervisor are both responsible for the 30 facilities covering the counties of Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray and Pontotoc. Responsibility of the facility visits that were done at least three to four times during SFY 2017 and continuing in SFY 2018 and will be in SFY 2019 include: checking on residents to ensure proper care is being received and facility staff are following and maintaining policy and procedures required by the Oklahoma State Department of Health along with Federal laws and regulations. The LTC Ombudsman Supervisor investigates complaints that are from residents, family, friends and even staff of the facilities, but only on the behalf of the residents. LTC Ombudsmen receive ongoing training provided by the State LTC Ombudsman Program which is conducted two times per state fiscal year. Currently there are also 8 assisted living facilities in the SODA AAA PSA.

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SERVICE DELIVERY NARRATIVE

SCOPE OF WORK JUSTIFICATION I&A Direct Service

Information and Assistance Scope of Work SFY 2019 Projections

1. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray, and Pontotoc			
II. NAME OF SERVICE (Information & Assistance and Education):			
III. (A) \$ Unit Cost	(B) \$ Total Funding	(C) # Units	(D) Unduplicated Persons Served
\$34.29	\$46,292	1,500	650
A. Show Unit Cost Computation and Methodology. (B) Total Funding / (C) Total Units = (A) Unit Cost0			
B. Show the breakdown of Total Funding for the service. Personnel: \$24,520 Travel: \$366 Other: \$3,918 Indirect: \$7,356 Fringe: \$10,132			
C. Enter the projected number of units to be provided: 1,500			
D. Enter the projected number of unduplicated persons served (UPS): 650			
ACTIVITIES TO MEET THE SCOPE OF WORK:			
1. I & A assists "via the Senior information Line" individuals 60 and over and individuals disabled with services, information, education, resources and referrals to help them maintain their independence in the community and at home.			
2. I & A assists individuals "one-on-one" 60+ with Medicare Part A through Part D. Includes Part D counseling and enrollment			
3. I & A participates in community education events and community health fairs, senior centers and Title III Nutrition sites.			
4. I & A must be AIRS certified and provide long-term options counseling.			
5. I & A enters information on units and persons served in AIM data base.			
6. I & A distributes satisfaction survey at least once per grant year to assure quality services are provided and needs are being met.			

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SERVICE DELIVERY NARRATIVE

SODA AAA has seven projects currently receiving grants to provide OAA services for the elderly in the SODA AAA PSA. Funding is provided through the Administration on Aging (AoA), Oklahoma Department of Human Services (OKDHS) Aging Services (AS), and sub granted to provider projects who provide the services required. Listed below in the table are the projects/grantees and services which are currently provided.

Projects/Grantees for SFY 2018	Services provided for SFY 2018	Counties services are provided in for SFY 2018
Southern Oklahoma Nutrition Program	Congregate Meals, Home delivered meals, Nutrition Counseling, Nutrition Education	Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray and Pontotoc
INCA JAMM Transit, Inc.	Transportation – Medical Transports	Atoka, Garvin, Johnston, Marshall and Murray
Big Five Senior Transportation	Transportation – Medical Transports	Bryan, Carter, Coal, Love and Pontotoc
Legal Aid Services, Inc.	Legal Assistance, Education/Training	Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray and Pontotoc
Big Five Family Caregiver Support Program	Caregiver Assistance with Access to Services, Assistance with Access to Services for Grandparents Raising Grandchildren (GRRC), Caregiver Counseling and Referrals, Counseling and Referrals (GRRC), Caregiver Respite, Respite (GRRC)	Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray and Pontotoc
Big Five Health Promotions	Evidence-Based Health Promotion - CDSMP	Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray and Pontotoc
Big Five Outreach	Chore, Homemaker, Outreach	Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray and Pontotoc

Services Currently Delivered by Project grantees in SFY 2018:

Southern Oklahoma Nutrition Program (SONP) – SONP offers a variety of services to allow seniors to obtain the independence they deserve. These services include: congregate meals, home delivered meals, nutrition counseling and nutrition education. SONP had 16 Title III Nutrition sites earlier in this year, but due to budget cuts and low of attendance (2) of the Satellite sites were closed. These closed sites were: The Bokchito site in Bryan County and the Stringtown site in Atoka County. SONP now has 14 Title III Nutrition sites located in the SODA PSA. The majority of these sites are Cooking sites. Only 2 sites are now currently Satellite sites. The following list shows each nutrition site currently open, whether cooking site or satellite site and the county they are located in: **Cooking Sites** - Atoka Nutrition – Atoka County; Durant Nutrition – Bryan County; Ardmore Nutrition & Wilson Nutrition – Carter County; Coalgate Nutrition - Coal County; Pauls Valley Nutrition & Lindsay Nutrition – Garvin County; Marietta Nutrition - Love County; Madill Nutrition – Marshall County; Sulphur Nutrition – Murray County ; Ada Nutrition & Allen Nutrition – Pontotoc County. **Satellite Sites** - Stratford Nutrition – Garvin County and Tishomingo Nutrition – Johnston County.

At each of these nutrition sites there is a site manager who manages the site to make sure all is operating according to policy. SONP has a registered dietician who attends the sites every other month and provides nutrition education to participants. Also provided is nutrition counseling to those participants scoring 6 or higher on their nutrition screening score of the assessment, but only if the participant wants the service.

SONP Nutrition sites provide other non-Title III services which include: recreational activities, consumer education, health and exercise/fitness, health screenings, entertainment, social events, fun and fellowship.

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SERVICE DELIVERY NARRATIVE

INCA – INCA J.A.M.M. Transit a sub-division of INCA Community Services. In the past they have only provided a variety of transportation services to people in the counties of Johnston, Atoka, Marshall and Murray, but in SFY 2016 they were granted funds for service in the counties of Garvin and Pontotoc as well. They also changed their service to include only Senior Medical Transportation. In SFY 2017 & SFY 2018, INCA Transportation was granted funds for service in the counties of Atoka, Garvin, Johnston, Marshall and Murray. The service offered under this program is: Non-emergency medical transportation or Senior Medical Transportation at no cost to senior citizens who do not qualify for Medicaid funded Sooner Ride transportation. The non-emergency medical transportation provided is for life sustaining transportation to doctor's appointments, treatments, and procedures such as dialysis and radiation treatments. These trips allow for seniors in extreme rural areas, who cannot access public in town transportation services or other means of transportation, to attend their medical appointments while maintaining their independence. Seniors will be transported using handicapped accessible vehicles which have ramps or lifts to make getting in and out of the vehicle easy for the rider. J.A.M.M. Transit vehicles are ADA accessible and they provide door to door pick-ups.

Other Non-Title III services provided by INCA Community Services are: RX Prescription Assistance Program; RSVP, Weatherization, Health Insurance Marketplace and Community Assistance.

Legal Aid Services of Oklahoma (LASO) – LASO takes on critical cases for domestic violence, bad landlords, the disabled, senior citizens, debts, divorces and consumer rip-offs across the entire state of Oklahoma. They provide free civil legal assistance to low-income persons and senior citizens. They do not charge fees for eligible clients. Eligibility is limited to low income people and seniors age 60+. LASO assists older persons by advocating for their rights, benefits, and entitlements; counsels and gives advice regardless of income; delivers community education through presentations at nutrition sites. LASO has offices in Ardmore and in Ada a satellite office which cover SODA AAA's 10 county PSA. Recently LASO's point of contact Paralegal, Tonya Fussell retired and Yolanda Gay has taken her place.

Big Five Family Caregiver Support Program (FCSP) serves and helps caregivers and grandparents raising grandchildren with access assistance, respite and family support, counseling and referrals. Big Five offers counseling support via teleconference.

Intake and assessments form are completed for caregivers and care receivers initially when they start in the program and then one time a year after that. Respite vouchers are issued up to \$350 for caregiver and Grandparents. All can reapply after three months. Big Five FCSP Coordinator promotes awareness to individuals about their services through health fairs, speaking to the community at presentations and home health agencies. They also have a brochure about their services.

Title III E NFCSP SFY 2019 allows no more than 20% of Title III E funding to be used for Caregiver Supplemental Services and no more than 10% of total federal and non-federal share to provide Grandparents Raising Relative Children (GRRC) services.

Other Non Title III services and help provided by the Big Five FCSP are: RX for Oklahoma - Prescription Assistance Program, Weatherization, Free Taxes program, Assistance with obtaining: home health, financial resources, training, counseling, education and other needs.

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SERVICE DELIVERY NARRATIVE

Big Five Outreach Services offers the following services in the SODA AAA PSA: Chore, Homemaker and Outreach. They provided “Home Repair” services in SFY 2016, but removed the “Home Repair” services and replaced it with “Homemaker Services” in SFY 2017. They have had more requests for this service and many more seniors have been able to benefit from this program than they were from the Home Repair program. Homemaker service provides assistance for preparing meals, doing light housework, which is limited to: dusting, vacuuming, mopping, making beds, cleaning kitchen and bathrooms, and the “Maintain a Safe Environment” status which will include: (taking out trash and doing laundry). Chore services provides assistance with heavy housework, yard work or sidewalk maintenance for eligible clients, up to \$150 annually per client; assistance with minor home repairs, modifications or maintenance on a home owned and occupied by eligible clients, up to \$250 per client. Outreach assistance to clients and/or caregivers age 60 and older to promote communication between the elderly and service providers in the service area and to assist the elderly in using community resources; make referrals to needed services and encourage their use of existing services and benefits. Interviews with clients are done to determine if a need for chore, home repair or outreach services are needed. Registration/Intake form is completed. Upon determining client eligibility an assessment is completed for the participant. The project canvasses and coordinates SODA’s focal points and communities throughout the PSA by distributing educational pamphlets, fact sheets and brochures to ensure all eligible participants are being targeted.

Big Five Health Promotions Program is an “Evidence-based” program. The project provides health promotion information, education and services to persons 60 and older in the SODA AAA PSA. The evidence-based health promotion service is a tier three program. Only the highest tier is used in Oklahoma. The service currently offered is “Tai Chi”.

Big Five Senior Medical Transportation is provided for the seniors in the counties of: Bryan, Carter, Coal, Love and Pontotoc. Eligible clients (those 60 and older) are transported to non-emergency critical needs treatments such as chemo therapy and dialysis as priority and only if clients are not eligible for Medicaid transportation. Transportation for is provided for doctor visits as budget allows, but these services will only be within the service area. Registration/Intake forms are completed on all active participants.

Other Non-Title III services provided by Big Five Community Services are: RX for Oklahoma; Weatherization; My Free Taxes Program; Head Start.

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FEDERALLY REQUIRED FOCUS AREAS (TARGET POPULATIONS)[State Policy OAC 340:105-10-38](#).

FOCUS AREAS – Target Populations

SODA AAA and our Projects Target the 60 and over populations who are in the greatest economic and social need; low-income; minorities; reside in rural areas. Other attributes looked at are those living alone; disabled or at risk for institutional placement. SODA AAA and our Projects target these populations to provide supportive services to those in need.

OUTREACH

The 2 largest target populations; per the county charts for 60+:

Carter County has the largest population in the SODA AAA PSA with a total of 48,556. The 60+ County population for Carter County is 10,965.

Bryan County has the second largest population with a total of 45,573. The 60+ County population for Bryan County is 10,595.

According to the AIM OKN503 report in SFY 2017, the Outreach program served 124 clients in Carter County with 1130.80 services. This was the most served out of all 10 counties in the SODA AAA PSA. Pontotoc County was served the second most clients with 80 persons to 473.53 services. Pontotoc County is the 3rd largest population in the SODA AAA PSA with a total of 27,838 and 6,528 of those are 60+. Only 32 clients were served in Bryan County with 327.33 services by the Outreach program.

SFY 2017 Outreach Units were 965.50 with 493 clients.

Atoka County: 235.90 UoS with 53 clients

Bryan County: 327.33 UoS with 32 clients

Carter County: 1,130.80 UoS with 124 clients

Coal County: 87.00 UoS with 13 clients

Garvin County: 305.50 UoS with 59 clients

Johnston County: 217.50 UoS with 24 clients

Love County: 296.50 UoS with 29 clients

Marshall County: 287.00 UoS with 34 clients

Murray County: 96.00 UoS with 41 clients

Pontotoc County: 473.53 UoS with 80 clients

Distribution of Brochures to Nutrition Sites, Senior Centers, Home Health Agencies, Hospitals, DHS and Health Departments; Attended Health Fairs (SODA AAA Medicare/Health Fair in Atoka, Choctaw Employee Health Fair, Love County Health Fair, Bryan County Health Fair, OHAI Health Forum in Ardmore & Durant, United Way Service Day, Magnolia Festival (Booth set up) in Durant, Senior Health Fair in Ardmore, Autism Forum.

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FEDERALLY REQUIRED FOCUS AREAS (TARGET POPULATIONS)[State Policy OAC 340:105-10-38.](#)

The AIM referral reports are checked weekly for new referrals. Contact is made immediately to consumer and arrangements are made for an in-home visit and assessment of the consumers needs. Detailed information Notes are made in the Other notes section in AIM.

SODA AAA provided "Project training in June 2017" for Big 5 Outreach and other projects. Training topics were "Accounting - Policy and Procedures, Registration Intake/Assessment & AIM Procedural Report, Older American's Act Training, OAC Title III Policy Review". More training was provided over the New Title III Registration Intake & Assessment Forms.

Each outreach worker maintains a file that includes information and resources supplied to consumers when needed in each of their service. Outreach conducts surveys, follow-up calls and works with multiple agencies to ensure that the consumer needs are met.

There were a total of (403) referrals made by the Outreach Program in SFY 2017 and a total of (166) referrals have been made so far in SFY 2018. These referrals were made to various other programs for service. SONP received the majority referrals with a total of (362); Big Five Family Caregiver Support Program received (3) referrals; Big Five Senior Medical Transportation received (14) referrals. Chore services, also under the Outreach Program made the following referrals: (1) to Big Five Senior Medical Transportation; (1) to Big Five Health Promotions; (1) to SONP; (1) to Big Five Family Caregiver Support Program; (1) to Big Five Outreach and (1) to SODA I & A. Homemaker services, also under the Outreach Program made the following referrals: (1) to Big Five Health Promotions; (2) to Big Five Family Caregiver Support Program and (5) to SODA I & A.

Outreach workers strive to reach all low income, minority ethnic people, (African-Americans and American Indians) in each community through networking closely with Tribal and ethnic groups, Keeping other agencies informed about services offered, attending Senior centers and informing Seniors of activities and resources in their communities.

In an effort to reach Senior Oklahomans to assure they have the ability to remain safe, healthy and independent so that they can age in place for as long as possible, outreach workers work closely networking with SODA AAA, Community Health coalitions (hospitals, doctors offices), civic and community organizations, charitable and social service organizations, Senior centers and senior living areas, churches, health fairs, referrals from other projects and organizations, face-to-face contacts and overall canvassing in the PSA where seniors congregate. They publicize their outreach and referral services on the radio, through presentations and in a brochure distributed out at various community events, senior centers, drug stores and other areas where seniors congregate.

CAREGIVER / GRANDPARENTS

Big Five FCSP Increases and decreases.

Caregivers from SFY 2016 to SFY 2017: The caregiver program had an increase in "caregiver access assistance" from 521 UoS and 243 UPS in SFY 2016 to 644 UoS and 327 UPS in SFY 2017. There was also an increase in "caregiver counseling support" from 38 UoS and 26 UPS in SFY 2016 to 64 UoS and 40 UPS in SFY 2017. For "caregiver respite" there was a decrease from 6864.17 UoS and 100 UPS in SFY 2016 to only 5396.33 UoS and 82 UPS in SFY 2017.

Section VI - PROGRAM CAPACITY

(Page 29 of 30)

FEDERALLY REQUIRED FOCUS AREAS (TARGET POPULATIONS)

Grandparent Caregivers from SFY 2016 to SFY 2017: The Grandparent caregiver program had an increase in “grandparent access assistance” from 62 UoS and 18 UPS in SFY 2016 to 114 UoS and 33 UPS in SFY 2017. There was also an increase in “grandparent counseling support” from 8 UoS and 5 UPS in SFY 2016 to 16 UoS and 10 UPS in SFY 2017. For “grandparent respite” there was a decrease in units from 2107 UoS in SFY 2016 to 1448 UoS in SFY 2017, but an increase in UPS from 11 UPS in SFY 2016 to 14 UPS in SFY 2017.

According to the AIM OKN503 report: In SFY 2016, for Carter County, the County with the largest target population, Big Five FCSP had a total of 72 clients who were provided with 2448.72 services. In SFY 2017 there was a decrease in clients with only 62 shown for 1061.25 in services. In SFY 2016, for Bryan County, the 2nd largest target population, Big Five FCSP has a total of 107 clients who were provided with 4904.45 services. In SFY 2017 there was an increase in clients with a total of 131 clients that were provided with 4161.50 services.

Big Five FCSP works diligently to serve all target populations in the 10 County SODA AAA PSA. Efforts will be made by Big Five FCSP to target the 2 largest counties of Carter and Bryan by increasing their canvassing of these 2 counties and promoting their services during health fairs, during presentations, distributing their brochures at places where seniors congregate.

Other partnerships between Big Five FCSP in the PSA that focus on caregivers and grandparents are the Title VI Native American Caregiver services and OHAI Caregiver Services. Health care entities throughout the PSA also help by providing supportive services in informational dispersal.

HOLOCAUST SURVIVORS

We have no way of addressing whether there is an increase or decrease in this target population. This has not been addressed on any assessment form currently used or any in the past therefore no tracking has been performed in the past or in the present. No training has been provided to AAA or providers on how to assess or serve this population. Focus will be finding new avenues and developing a plan for getting this information from the older populations in the PSA.

None at present. We will be looking into adding this to a survey for future input.

Section VI - PROGRAM CAPACITY

(Page 30 of 30)

FEDERALLY REQUIRED FOCUS AREAS (TARGET POPULATIONS) [State Policy OAC 340:105-10-38](#).

No training has been provided to anyone so far, but we will notify our programs to be aware that this is a new area of interest that should be targeted in the SODA AAA PSA.

We have no partnerships in the PSA regarding holocaust survivors at this time, nor do we know if there is a need for this partnership until further research can be accomplished to see if there are any holocaust survivors in the SODA AAA PSA.

ELDER JUSTICE

SODA AAA is very much aware that many older adults fall victim to elder abuse and mistreatment every year. Elder abuse can be anything from physical, verbal, emotional, sexual, financial, as well as just pure neglect and abandonment. More than six million abused older adults are reported every year. Sadly, many cases go unreported. As the number of elders increases, so does the problem.

SODA AAA plans on researching the PSA in hopes of the possibility of partnering or participating in an elder abuse prevention coalition. We will be researching information on elder justice and abuse prevention so we can provide the education and training needed in our communities. SODA AAA will focus on attending classes, meetings and webinars pertaining to elder justice and encourage project staff to do the same.

The best practices for responding to elder abuse, neglect, and exploitation in long-term care facilities through the Administration on Aging is to contact Adult Protective Services immediately. SODA AAA also has two Ombudsman Supervisors who advocate for the elderly in long-term care facilities and these Ombudsmen are provided the organizational support to fulfill their duties for advocating for nursing home residents and providing awareness of elder justice. The Ombudsman coordinates with Adult Protective Services to identify, investigate and resolve situations of abuse and neglect in long-term care settings, and to provide education to prevent such situations from occurring in the first place. Our Ombudsman Supervisors conduct in-service trainings to all of the nursing home facilities and providers in the SODA AAA PSA regarding resident's rights and elder justice.

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

(Page 1 of 2)

SODA Area Agency on Aging (AAA) operates under the sponsoring agency: Southern Oklahoma Development Association. SODA has a board of directors who help make decisions concerning the everyday functions of operating the company. SODA and the board meet every other month. There are four departments that make up the Southern Oklahoma Development Association. These departments are: Area Agency on Aging, Rural Fire Defense; Finance Department, Community & Economic Development.

Currently SODA's Executive Director is Jon McCormick, who is over all departments at SODA. He holds both the Executive Directors position and the Finance Department Directors position. Recently SODA learned that Mr. McCormick will be leaving SODA at the end of December, 2017 and a new Executive Director will be hired.

SODA's department Directors for: Rural Fire Defense - Phil Powell; Community & Economic Development - Pat Jones.

SODA AAA's Director has been Mark Ellis since March, 2014. Due to recent budget cuts for the AAA in SFY 2018, a portion of these cuts comes out of SODA AAA administration. With that said, Mr. Ellis chose to resign in order to achieve the reduction in administrative costs. Affective on the last day of September, 2017, Mr. Ellis resigned from his position as SODA AAA Director. In doing so this has left the AAA Director position vacant at this time. The current Planner is now also Interim AAA Director until further notice. *The current plan is to hire from within the SODA offices.*

Within the Area Agency on Aging department there is an Ombudsman Program which is also overseen by the State Ombudsman Program. The Ombudsman program is a program set up for the resident rights of those persons living in nursing homes.

There are currently now five employees in the SODA Area Agency on Aging department. These employees are: Elizabeth Reynolds, Planner/Interim Director; Debbie Odom, Information and Assistance Coordinator; Amie Judd, Accountant; Tiffany Wingfield, Ombudsman Supervisor & Rebekah Williams, Ombudsman Supervisor.

SODA Area Agency on Aging performs and provides a multitude of services for the elderly in the PSA through the help of grants, partnerships, fundraisers and donations from other agencies and entities. With these we have the opportunity and are able to help the elderly with many needed services.

See the following information for services SODA Area Agency on Aging provides to seniors through contracts, grants, partnerships, fundraisers and donations:

SODA Area Agency on Aging contracts with the Masonic Charity Foundation and provides the following services: Wheelchair Ramps, Minor Home Repair and/or Supplies, including ADA accessible materials (such as "Grab Bars" for bathrooms), Limited Utilities, Dental/Dentures, Eyeglasses, Hearing Aids, Durable Medical Equipment, Some Household Appliances, Space Heaters, Some Clothing, Personal Items (such as "Depends"), Blankets, Some Emergency food Assistance.

SODA Area Agency on Aging contracts with ODOC Community Expansion for Nutritional Assistance (CENA) and provides some financial support for Senior Community Centers that seniors attend with reimbursement for the following: Food, Utilities/Rent, Building Insurance, Equipment, Repairs/Maintenance and Supplies for the Senior Centers.

APPENDIX 1 ORGANIZATIONAL STRUCTURE

(Page 2 of 2)

SODA Area Agency on Aging contracts with SHIP- Medicare Part-D – OID; MIPPA- Low Income Medicare Assistance – OID; Living Choice - Money Follows the Person - CMS to provide the following services for seniors: Medicare Part-D Presentations, Medicare Counseling, Medicare Enrollment and Living Choice/Medicaid Program for Rebalancing Long-term Care systems.

Other Programs offered are:

SODA Area Agency on Aging partners with “Mobile Smiles Oklahoma” through the “Oklahoma Dental Foundation & Delta Dental of Oklahoma Oral Health Foundation.” Currently the Mobile Smiles unit is only available in the Counties of Bryan and Marshall in the SODA AAA Public Service Area (PSA), but anyone from any of the other counties that SODA AAA covers can make an appointment if they want to drive the distance. Mobile Smiles is a fully equipped dental office on wheels and provides the following “Free” dental services to seniors 60 and over: Dental exams, x-rays, fillings, extractions, cleanings and oral health education.

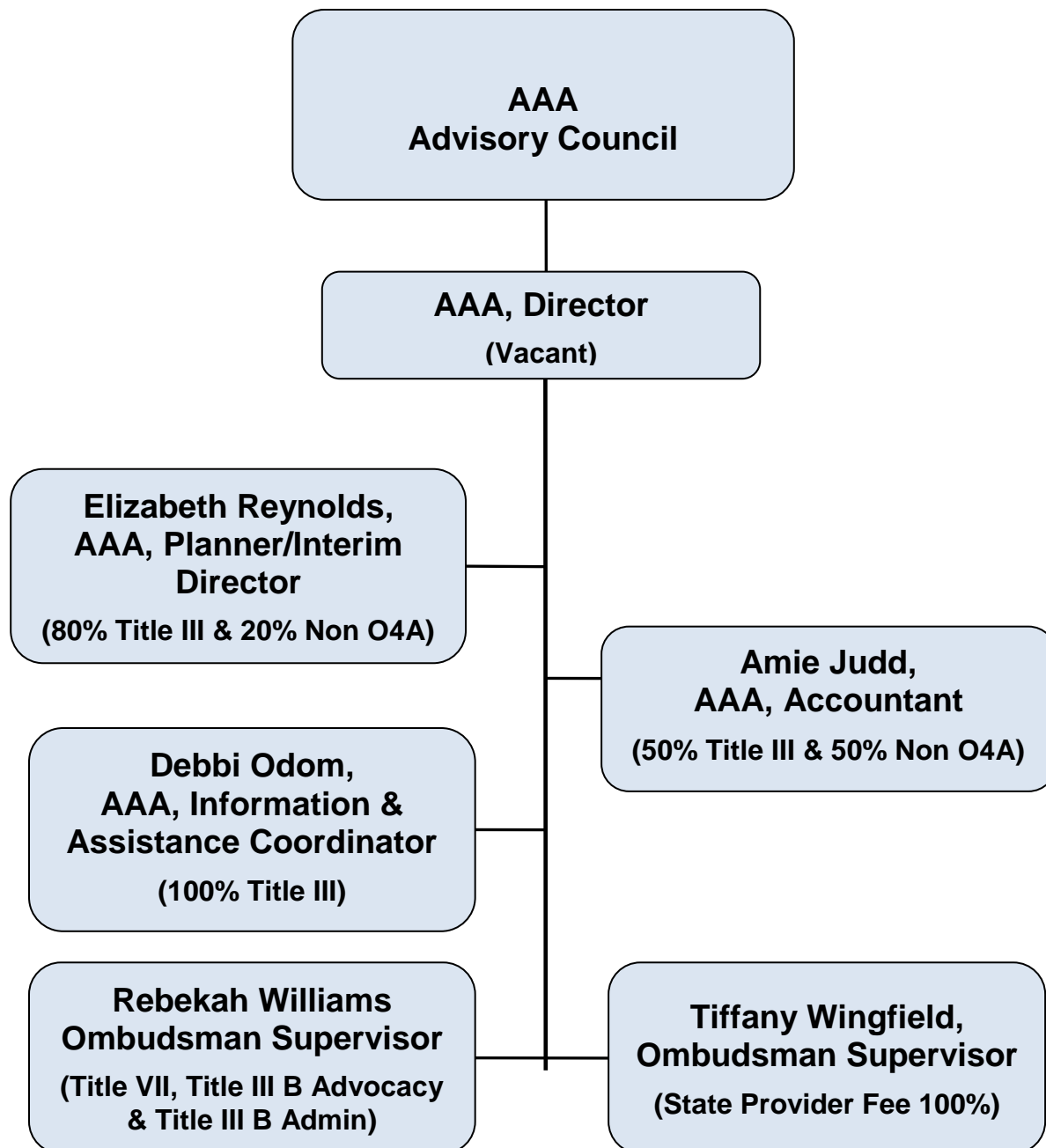
SODA AAA partners with OG&E who helps by providing a donation of “25 Box Fans” every year to be given out to seniors 60 and over through SODA AAA’s “FanFare” program.

For SFY 2018, SODA Area Agency on Aging currently has seven projects receiving grants to provide Older American Act services to the elderly in all ten counties of the SODA AAA PSA. The programs providing services are as follows: Nutrition, Outreach, Evidenced Based Health Promotion, Transportation, Legal Aid and Caregiver Programs. Services included under Nutrition are: Congregate Meals, Home-Delivered Meals, Nutrition Education, Nutrition Counseling; services included under Outreach are: Chore Services, Homemaker Services, Outreach Services; services included under Evidence-Based Health Promotion are: Tai Chi Classes; services included under Transportation are: Senior Medical Transportation, (this service is provided by 2 separate projects); services included under Legal Aid are: Legal Assistance, Legal Education; services included under Caregiver are: Family Caregiver and Grandparents raising Grandchildren Access Assistance, Respite and Counseling/Support & Referrals.

APPENDIX 2 ORGANIZATIONAL CHARTS

ORGANIZATIONAL CHART – AAA

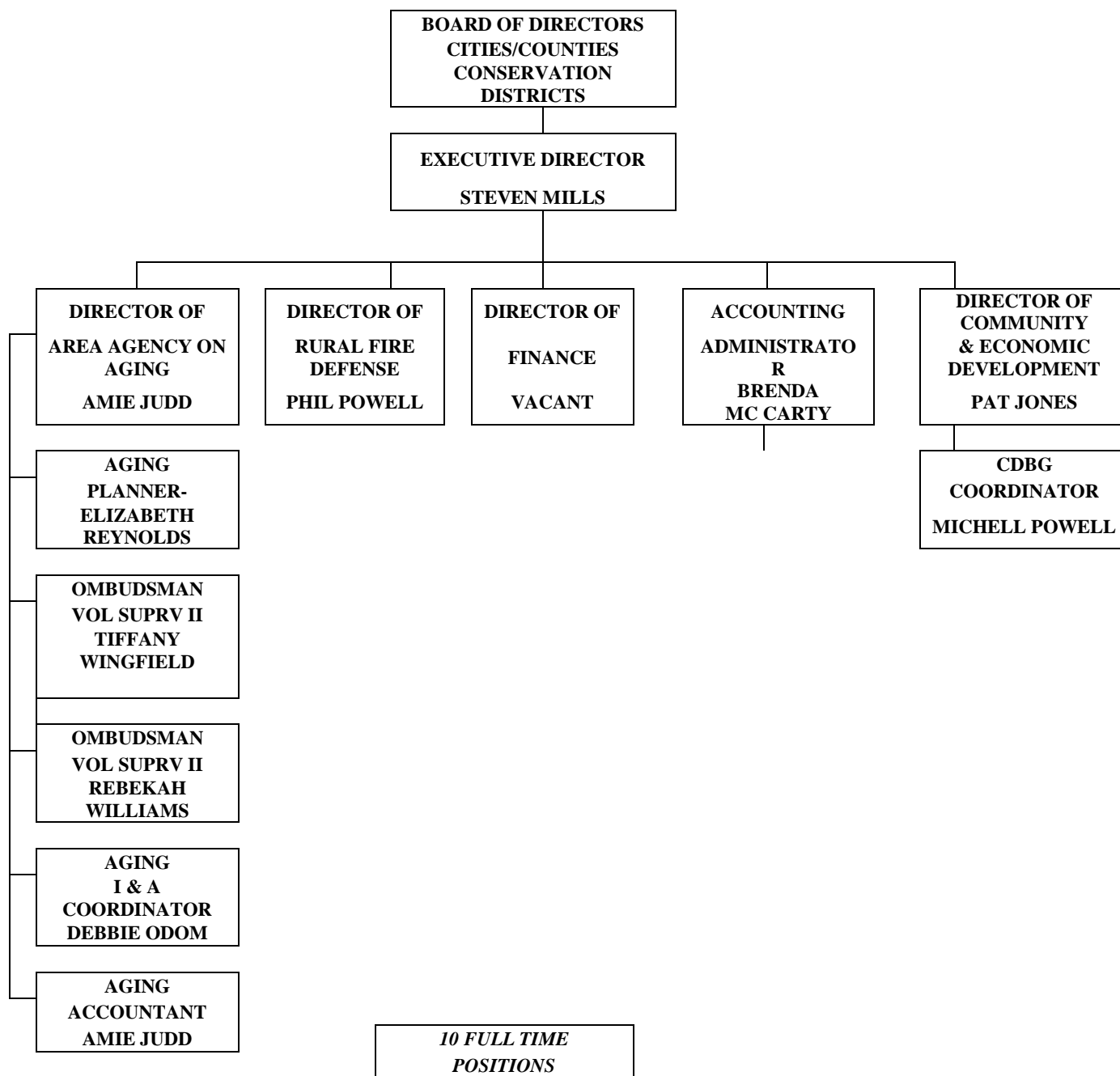
(Page 1 of 2)



APPENDIX 2 - ORGANIZATIONAL CHART- SPONSORING AGENCY

(Page 2 of 2)

Southern Oklahoma Development Association



AREA AGENCY ON AGING ADVISORY COUNCIL

(Page 1 of 3) [See state policy OAC 340:105-10-32](#)

Please note: Per policy 340: 105-10-32 (a)(2)(A)-(D). There are “No” SODA AAA Advisory Council members that are composed from the following specific entities: State Agency staff or governing board members; AAA staff or governing board members; Title III Project staff or governing board members; or any other persons that may give an appearance of a potential conflict of interest.

This Policy requirement can be found in the SODA AAA Advisory Council Revised By-laws, Article III (Membership), Section 2.

An Advisory Council members primary purpose is to increase the social and economic well-being of aging citizens; to assist aging citizens in securing and maintaining maximum independence and dignity in a home environment for older persons capable of self-care with appropriate supportive services and to promote and support the goal of building a comprehensive and coordinated system of services for aging citizens.

The Role of an Advisory Council: The role and responsibility of SODA AAA Advisory Council members is to advise and assist the AAA staff in matters such as: assisting with the developing, administering, review and approval of the Area Plan for improving the services and programs available to the elderly; assisting in conducting public hearings; representing the interests of older persons; reviewing and commenting on the formulation of goals, objectives, all community policies, programs, and actions which affect older persons as needed; assisting in the identification of problems which prevent the aging from achieving a more desirable living circumstance; assist in the identification of specific types of needs which the elderly in various counties and towns may have and represent the interests of older persons; where possible assist in the development of programs to meet the needs of the elderly; serve as advocate of elderly citizens by assisting AAA staff in drawing public attention to the needs of the elderly; serve as the link between the various funding sources for the aging and the elderly citizens of the area; serve as an advisory body to the SODA Board of Directors in all areas related to aging.

Terms of membership: At least 50% of Council membership must be comprised of persons 60 years of age or older. Members may serve successive consecutive terms on the Council provided attendance is maintained.

Terms of office for officers: Shall be for a minimum of one year and no more than three consecutive terms.

As of 12-08-16: Advisory Council Officers are: Anita Harper, Chairperson; Melvin Williams, 1st Vice-Chairperson; Jennifer White, 2nd Vice-Chairperson

Advisory Council meetings: Meetings are held on a quarterly basis.

AREA AGENCY ON AGING ADVISORY COUNCIL

(Page 2 of 3) See state policy [OAC 340:105-10-32](#)

	AAA: SODA										
ADVISORY COUNCIL MEMBERSHIP											
	Composition of the Advisory Council										
	Total Members Advisory Council	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	5	0	18	2	1	0	2	0	0	4
COUNTY REPRESENTED	NAME	ORGANIZATION AFFILIATION	ADDRESS	PHONE NUMBER	YEAR OF TERMS		OFFICER				
					Start	End					
Atoka	Kathy Moore	Retired	P.O. Box 562, Atoka, OK 74525	580-889-6869							
Bryan	Anita Harper	N/A	300 NE 18th, Durant, OK 74701	580-920-1970	12-12-2013		Chairperson				
Bryan	Sheila Risner	RSVP	301 N. 16th,. Durant, OK 74701	580-924-3659							
Carter	Erma Alford	Silver Haired Legislature	333 C. Street NW, Ardmore, OK 73401	580-223-1545	09-17-2014						
Carter	Joan Kendall	Retired	409 Wisteria, Lone Grove, OK 73443	580-657-4074							
Carter	Teri Jones	Lone Grove Senior Center	2471 N. Newport #18, Lone Grove, OK 73443	580-216-3404	06-21-2017						
Carter	Wilson Seawright	Chickasaw Nation	P.O. Box 83, Ardmore, OK 73401	580-223-3358							
Coal	Elizabeth Harkins	Tupelo Senior Center	101 Chestnut, Tupelo, OK 74572	580-927-6287	06-21-2017						

AREA AGENCY ON AGING ADVISORY COUNCIL

(Page 3 of 3) [See state policy OAC 340:105-10-32](#)

COUNTY REPRESENTED	NAME	ORGANIZATION AFFILIATION	ADDRESS	PHONE NUMBER	YEAR OF TERMS		OFFICER
					Start	End	
Coal	Doris Kahle	Tupelo Senior Center	16419 State Hwy 48, Tupelo, OK 74572	580-845-2692	06-21-2017		
Garvin	Fannie Williams	Lindsay Nutrition Center	813 W. Choctaw, Lindsay, OK 73052	405-756-8175	05-15-2013		
Garvin	Melvin Williams	Lindsay Nutrition Center	813 W. Choctaw, Lindsay, OK 73052	405-756-8175	05-15-2013		1 st Vice Chairperson
Johnston	Melvin Lindell	Mill Creek Senior Center	P.O. Box 54, Mill Creek, OK 74856	580-384-5510	03-17-2016		
Love	Lula Finch	Retired	302 N. Elmwood Ave., Marietta, OK 73448	580-276-5882	09-17-2014		
Love	Paulette Manning	Retired	11102 Allen Rd., Marietta, OK 73448	580-238-0050	09-17-2014		
Marshall	Inola Brown	Retired	800 W. Francis, Madill, OK 73446	580-795-3616			
Marshall	Karen Cook	Chickasaw Nation	212 West Lillie Blvd., Madill, OK 73446	580-795-5196			
Marshall	Jack McConnell	Madill Nutrition Center, Masons, Shriners	719 Shirley Lane, Madill, OK 73446	580-795-7821			
Marshall	Glenda Lansdale	AARP, Madill Nutrition Center	703 Dallas Drive, Kingston, OK 73439	580-564-3782	06-21-2017		
Marshall	Lindi Skinner	Baptist Village Lake Texoma	10777 Village Drive, Madill, OK 73446	918-348-8161	09-28-2017		
Murray	Jennifer White	Murray County Commissioners Office	1013 Cedar Drive, Sulphur, OK 73086	580-618-1444	09-15-2016		2 nd Vice Chairperson
Pontotoc	Connie Byrd	Roff Senior Center	P.O. Box 326, Roff, OK 74865	580-421-4922	03-15-2017		
Pontotoc	Phyllis Stark	Roff Senior Center	9108 CR 1620, Fitzhugh, OK 74843	580-421-7947	09-17-2014		

AREA AGENCY ON AGING BOARD OF DIRECTORS

(Page 1 of 4)

The role of a board member:

Most Board members are appointed by county boards of commissioners and other local officials. The role of the Board is to govern, not manage.

The Board carries out important roles:

- Establishes the goals and objectives of the Agency
- Makes policies and decisions to support those goals and objectives
- Oversees the performance and exercises accountability for results
- Builds relationships with the Agency's key stakeholders.
- Provides leadership and advocacy

Currently there are no Board members having any conflict of interest and/or associated with an organization being voted upon.

AREA AGENCY ON AGING BOARD OF DIRECTORS

(Page 2 of 4)

AAA <u>SODA</u>											
BOARD OF DIRECTORS MEMBERSHIP											
Composition of the Board of Directors											
	Total Members Board of Directors	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+
	26	4	4	12	0	0	0	4	4	4	0
COUNTY	NAME	ORGANIZATION AFFILIATION	ADDRESS	PHONE NUMBER	YEAR OF TERMS		Start		End	OFFICER	
Atoka	Donnie Allen (officer)	City Manager City of Atoka	P.O. Box 900 Atoka, OK 74525	580-889-3341 ext 33	9/16/2013	9/16/2016				Vice President	
				580-889-1082 cell							
Atoka	Marvin Dale	County Commissioner Atoka County District #1	200 E. Court Street, Suite 205W Atoka, OK 74525	580-889-2643	2/8/2016	2/8/2019					
				580-513-0460 cell							
Bryan	Vernon Anderson	Bryan County Conservation Dist.	2958 N. Philadelphia Road Bokchito, OK 74726	580-924-1566	8/8/2013	8/8/2016					
				580-920-6714 cell							
Bryan	Jay Perry	County Commissioner Bryan County District #3	323 Beech Street Durant, OK 74701	580-924-2201	1/23/2014	1/23/2017					
				580-295-3737 shop							
				580-916-6306 cell							

AREA AGENCY ON AGING BOARD OF DIRECTORS

(Page 3 or 4)

COUNTY	NAME	ORGANIZATION AFFILIATION	ADDRESS	PHONE NUMBER	YEAR OF TERMS		OFFICER
					Start	End	
Carter	Ron Alexander	City Council Member, Ward 2 City of Wilson	1065 US Hwy 70A Wilson, OK 73463	580-668-3234	9/27/2007	9/27/2010	
				580-220-9408 cell			
Carter	Johnnie Crutchfield	Arbuckle Conservation District	1909 Melody Land Ardmore, OK 73401	580-226-1680	3/7/2016	3/7/2019	
				580-504-6393 cell			
Carter	Lane Jones	City Manager City of Healdton	P.O. Box 926 Healdton, OK 73438-0926	580-229-1283 951-746-8456 cell	2/20/2017	2/20/2017	
Carter	Kristi McElroy	Purchasing/Grant Coordinator City of Ardmore	23 South Washington Ardmore, OK 73401	580-221-2548	11/30/2014	11/30/2017	
Carter	Joe McReynolds	County Commissioner Carter County District #1	P.O. Box 1544 Ardmore, OK 73402-1544	580-653-2267 barn	10/20/2014	10/20/2017	
Carter	Ian O'Neal	City Manager City of Lone Grove	P.O. Box 304 Lone Grove, OK 73443	580-657-3111 580-319-6353 cell	03/14/2014	03/14/2017	
Coal	Roger Cospers	City Manager City of Coalgate	3 S. Main Coalgate, OK 74538	580-927-3914 580-927-5050 cell	02/25/2013	02/25/2016	
Coal	Rick Ellis (officer)	Coal County Conservation Dist.	P.O. Box 141 Tupelo, OK 74572	580-845-2626 580-421-5222 cell	03/08/2016	03/08/2019	President
Coal	Brock Jones	County Commissioner Coal County District #1	4 N. Main Street, Suite 1 Coalgate, OK 74538	580-927-2792 580-927-6003 cell	02/08/2016	02/08/2019	
Garvin	Gary Ayers	County Commissioner Garvin County District #2	201 W. Grant Ave. Pauls Valley, OK 73075	405-238-2685 405-207-8918 cell	09/06/2016	06/06/2019	
Garvin	James Frizell	City Manager City of Pauls Valley	P.O. Drawer 778 Pauls Valley, OK 73075	405-238-3308 x 101 405-238-4581 cell	01/28/2014	01/28/2017	
Garvin	Stephanie Martin-Stevenson	City Clerk/Treasurer City of Wynnewood	207 W. Robert S. Kerr Blvd. Wynnewood, OK 73098	405-665-2307 405-268-2486 cell	02/13/2017	02/13/2020	
Garvin	Stephen Mills	City Manager City of Lindsay	P.O. Box 708 Lindsay, OK 73052	405-756-2019	08/14/2017	08/14/2020	

AREA AGENCY ON AGING BOARD OF DIRECTORS

(Page 4 of 4)

COUNTY	NAME	ORGANIZATION AFFILIATION	ADDRESS	PHONE NUMBER	YEAR OF TERMS		OFFICER
					Start	End	
Johnston	Mike Thompson	County Commissioner Johnston County District #2	403 W. Main Tishomingo, OK 73460	580-371-3058 580-371-5181 cell	02/11/2013	02/11/2016	
Johnston	Woody Jumper	City Manager City of Tishomingo	202 S. Capitol, Suite 1 Tishomingo, OK 73460	580-371-2369 580-271-5677 cell	01/19/2016	01/19/2019	
Love	Scott Chaney	City of Marietta	101 W. Main Marietta, OK 73448	580-276-5569	03/12/2013	03/12/2016	
Love	Linda Hyman (officer)	County Commissioner Love County District #2	405 W. Main, Suite 101 Marietta, OK 73448	580-276-2191 580-276-3546 barn	02/08/2016	02/08/2019	Secretary/ Treasurer
Marshall	Don “Salty” Melton	County Commissioner Marshall County District #1	100 Plaza, Room 106 Madill, OK 73446	580-795-2793 580-263-1954 cell	01/03/2017	01/03/2020	
Murray	Tom Graham	City Manager City of Davis	227 E. Main Street Davis, OK 73030	580-369-3333	02/08/2016	02/08/2019	
Murray	Darrell Hudson	County Commissioner Murray County District #3	P.O. Box 240 Sulphur, OK 73086	580-622-3777 580-369-2582 Davis off.	02/16/2016	02/16/2019	
Pontotoc	Gary Starns	County Commissioner Pontotoc County District #1	P.O. Box 1425 Ada, OK 74820	580-332-8977 580-310-5163 cell	01/03/2017	01/03/2020	
Pontotoc	Bob Stick	Chickasaw Nation	P.O. Box 2577 Ada, OK 74821	580-272-0537	04/01/1996	*****	
(Minority)	Vacant	Choctaw Nation					

ADVISORY COUNCIL SCHEDULE OF MEETING DATES

(Page 1 of 1)

SFY 2018 – We now have 22 members on the SODA Area Agency on Aging Advisory Council.

SFY 2018 – SFY 2019: We will continue working on recruiting new members. In SFY 2017 we reached our goal for members from all 10 Counties in the SODA AAA PSA.

Below are tentative scheduled dates for **SFY 2019**. Advisory Council meetings are scheduled on a quarterly basis. There is no set place for the meetings at this time. In order to save on funding dollars, SODA AAA has been having several meetings at Independent Senior Centers in SFY 2017 & in SFY 2018. Our plan is to continue this in SFY 2019.

09-12-2018	Independent Senior Center
12-12-2018	Independent Senior Center
03-13-2019	Independent Senior Center
06-12-2019	Independent Senior Center

Trainings:

Please note: Some form of training for Advisory Council members occurs at all Advisory Council meetings.

Tentative scheduled dates for **SFY 2019** trainings.

09-12-2018	Independent Senior Center
12-12-2018	Independent Senior Center
03-13-2019	Independent Senior Center
06-12-2019	Independent Senior Center

Annual Training for SFY 2019 – Tentative date set for March 13, 2019

Advisory Council members are also invited to our Project Trainings.

Additional NEW member orientation training will be provided as needed.

AAA BOARD OF DIRECTORS SCHEDULE OF MEETING DATES

(Page 1 of 1)

Approved

2018 Schedule of Regular Meetings

As of October 27, 2017

All meetings begin at 11:30 a.m.

Date	Day	Location
August 24, 2018	Friday 11:30 am	Southern Oklahoma Technology Center – Seminar B 2610 Sam Noble Parkway, Ardmore, Ok (580) 223-2070
October 26, 2018	Friday 11:30 am	Tio's Mexican Restaurant Hwy 19 and Meridian Road, Pauls Valley, OK (405) 238-3535
December 7, 2018	Friday 11:30 am	Murray State College – Ballroom 1 Murray Campus, Tishomingo, Ok (580) 371-2371

SODA does not train Board members to be on the SODA Board. The SODA Board members receive a board packet at each board meeting with the agenda for the meeting, minutes of past meeting, financial statements and reports, SODA AAA monthly activities, Community and Economic Development Department report and Rural Fire Activity Report.

Tentative 2019 Schedule of Regular Meetings

Date	Day	Location
February 22, 2019	Friday 11:30 am	Murray State College – Aggie Dining Room 1 Murray Campus, Tishomingo, OK (580) 371-2371
April 19 2019	Friday 11:30 am	Murray State College – Aggie Dining Room 1 Murray Campus, Tishomingo, OK (580) 371-2371
June 21, 2019	Friday 11:30 am	Oak Hill Country Club 519 N. Country Club Road, Ada, Ok (580) 332-3744

APPENDIX 3 TRAINING SCHEDULE- AAA STAFF AND ANNUAL PROJECT TRAINING

(Page 1 of 24)

New Hire Orientation and Annual Training (See [OAC Policy 340:105-10-44](#))

New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
	AAA Director:			
AAA	Mark Ellis, Director	01-05-17	Medicare Event Presentation – Marietta	2
AAA	Mark Ellis, Director	01-09-17	Advocacy & Assistance during visit to Durant Nutrition Site	1
AAA	Mark Ellis, Director	01-17-17	Attended the Families Feeding Hope Board Meeting	1
AAA	Mark Ellis, Director	01-19-17	Advocacy & Assistance during visit to Wade-Albany Senior Center	2
AAA	Mark Ellis, Director	01-24-17	Meeting with United Way Board over Community Services	1
AAA	Mark Ellis, Director	02-01-17	Attended Webinar Training with Aging Services over Pilot Outreach Forms	1
AAA	Mark Ellis, Director	02-08-17	CENA & Medicare trip to Oak Grove Senior Center	1.5
AAA	Mark Ellis, Director	02-15-17	Attended Hunger Action Day at State Capitol	1 day
AAA	Mark Ellis, Director	02-15-17	Attended OARC Legislative Reception	1 day
AAA	Mark Ellis, Director	02-17-17	CENA & Medicare trip to Colbert Senior Center	1.5
AAA	Mark Ellis, Director	02-23-17	Attended the Families Feeding Hope Board Meeting	1
AAA	Mark Ellis, Director	02-24-17	Attended the SODA Board Meeting – Voting and approval of SFY 2018 Area Plan update – Tishomingo	2
AAA	Mark Ellis, Director	02-28-17	Attended the Marshall County Retired Teacher Luncheon – Madill	2
AAA	Mark Ellis, Director	03-02-17	Medicare Meeting with Oklahoma Insurance Dept., Ray Walker	2
AAA	Mark Ellis, Director	03-07-17	Attended the O4A Meeting with AAA Directors in Shawnee	1 day
AAA	Mark Ellis, Director	03-08-17	Attended the O4A Meeting with ASD in OKC	1 day
AAA	Mark Ellis, Director	03-09-17	Attended the Bryan County Turning Point Coalition Meeting – Durant	1
AAA	Mark Ellis, Director	03-10-17	Advocacy & Assistance during CENA visit to Calera Senior Center.	1
AAA	Mark Ellis, Director	03-20-17	Attended the “Families Feeding Hope” Board Meeting at Southeastern.	1
AAA	Mark Ellis, Director	03-28-17	Attended the OARC Meeting in OKC.	1day
AAA	Mark Ellis, Director	04-18-17	Attended meeting with United Health Care & Other AAA Directors at SODA Office	1
AAA	Mark Ellis, Director	05-04-17	Attended the Healdton Elder Fair – Healdton Mercy Hospital.	2
AAA	Mark Ellis, Director	05-04-17	Advocacy & Assistance during CENA & Medicare visit to Lone Grove Senior Center	2
AAA	Mark Ellis, Director	05-08-17	Attended the “Families Feeding Hope” Board Meeting	1
AAA	Mark Ellis, Director	05-09-17	Advocacy & Assistance during CENA & Medicare visit to Enos Community Center	1

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New Hire Orientation and Annual Training (See [OAC Policy 340:105-10-44](#))

New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA	Mark Ellis, Director	05-31-17	Conference Call with Aging Services, Rebecca Snellen concerning SONP	1
AAA	Mark Ellis, Director	06-01-17	Advocacy & Assistance during CENA visit to Colbert Senior Center.	1
AAA	Mark Ellis, Director	06-01-17	Meeting with Pat Bean with the State Ombudsman office.	1.5
AAA	Mark Ellis, Director	06-06-17	Attended the O4A Meeting with AAA Directors in OKC.	1 day
AAA	Mark Ellis, Director	06-07-17	Attended the O4A Meeting with Aging Services & Attended the AAA Director Training with Aging Services in OKC.	1 day
AAA	Mark Ellis, Director	06-13-17	Attended the Data Users Group Meeting	2
AAA	Mark Ellis, Director / Larry Shank, Aging Services	06-27-17	Aging Services Fiscal Assessment with Larry Shank, Aging Services	3
AAA	Mark Ellis, Director	06-28-17	Advocacy & Assistance during CENA & Medicare visit to Connerville & Pontotoc Senior Centers.	3
AAA	Mark Ellis, Director	06-29-17	Attended the "Families Feeding Hope" Board Meeting	1
AAA	Mark Ellis, Director	07-10-17 to 07-15-17	Assisted with Mobile Smiles – SODA office Durant	6 days
AAA	Mark Ellis, Director	07-20-17	Attended the "Families Feeding Hope" Board Meeting	1
AAA	Mark Ellis, Director	07-24-17	Attended the Big 5 Annual Conference in Ardmore	1 day
AAA	Mark Ellis, Director	07-26-17	Conference Call Meeting with Aging Services (Rebecca Snellen) regarding SFY 2018 Budget Reductions	1.5
AAA	Mark Ellis, Director	07-27-17	Conference Call Meeting with Aging Services (Rebecca Snellen) regarding SFY 2018 Budget Reductions	1
AAA	Mark Ellis, Director	07-28-17	Meeting with SONP regarding SFY 2018 Budget Reductions	1
AAA	Mark Ellis, Director	07-31-17	Meeting with SONP regarding SFY 2018 Budget Reductions	1
AAA	Mark Ellis, Director	08-08-17	Advocacy & Assistance during Medicare visit to Marietta Nutrition Center to meet with Medicare Volunteers.	2
AAA	Mark Ellis, Director	08-11-17	SODA Finance Committee Meeting	1
AAA	Mark Ellis, Director	08-17-17	Attended the "Families Feeding Hope" Board Meeting	1
AAA	Mark Ellis, Director	08-22-17	Attended the "Families Feeding Hope" Board Meeting	1
AAA	Mark Ellis, Director	08-25-17	Attended the SODA Board Meeting	3
AAA	Mark Ellis, Director	08-29-17	Advocacy & Assistance during CENA visit to Mead Senior Center.	1
AAA	Mark Ellis, Director	09-11-17	Advocacy & Assistance during CENA visit to Lebanon Community Center.	1
AAA	Mark Ellis, Director	09-11-17	Attended the "Families Feeding Hope" Board Meeting	1

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New Hire Orientation and Annual Training (See [OAC Policy 340:105-10-44](#))

New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA	Mark Ellis, Director	09-13-17	Attended the O4A (Go-To Meeting)	2
AAA	Mark Ellis, Director	09-14-17	Advocacy & Assistance during CENA visit to Shay Community Center.	1
AAA	Mark Ellis, Director	09-14-17	Conference Call meeting with Representative Pat Ownbey regarding Wilson Nutrition Site issues.	1
AAA	Mark Ellis, Director	09-19-17	Advocacy & Assistance during CENA visit to Buncombe Creek Community Center.	1
AAA	Mark Ellis, Director	09-19-17	Conference Call meeting with Senator Greg McCourtney regarding Ada Nutrition site relocation issues.	1
AAA	Mark Ellis, Director	09-20-17	Conference Call meeting with Representative Todd Thompson regarding Ada Nutrition site relocation issues.	1
AAA	Mark Ellis, Director	09-20-17	Conference Call meeting with Rebecca Snellen, Aging Service regarding Ada Nutrition site relocation issues	1
AAA	Mark Ellis, Director	09-21-17	Attended a REAP Meeting – SODA office Durant	1
AAA	Mark Ellis, Director	09-26-17	Attended a Meeting with City of Ada, Ada Schools, Chickasaw Nation officials & SONP concerning relocation of Ada Nutrition site – Ada	1.5
AAA Director & Projects:				
AAA/INCA	Mark Ellis, Director / Erica Pogue, Director	02-28-17	Conducted SFY 2017 – 2 nd Quarter INCA Transportation Project/Program Assessment – Atoka	2
AAA/Big 5 Outreach	Mark Ellis, Director / Donna Pound, Lawana Dopson	03-03-17	Conducted SFY 2017 – 2 nd Quarter Big Five Outreach Project/Program Assessment at the Big Five offices – Durant	1
AAA/Big 5 Family Caregiver	Mark Ellis, Director / Donna Pound, Alona Tolbert	03-03-17	Conducted SFY 2017 – 2 nd Quarter Big Five Family Caregiver Project Assessment at the Big Five offices – Durant	1
AAA/Big 5 Health Promotions	Mark Ellis, Director / Donna Pound, Jennifer Lyons	03-03-17	Conducted SFY 2017 – 2 nd Quarter Big Five Health Promotions Project Assessment at the Big Five offices – Durant	1
AAA/Big 5 Transportation	Mark Ellis, Director / Tanya Gleghorn	03-03-17	Conducted SFY 2017 – 2 nd Quarter Big Five Senior Transportation Project Assessment at the Big Five offices – Durant	1
AAA/SONP	Mark Ellis, Director / Lorri Green	03-21-17	Conducted SFY 2017 – 2 nd Quarter SONP Project Assessment at SONP offices – Pauls Valley	1.5
AAA/SONP	Mark Ellis, Director & Elizabeth Reynolds, Planner / Lorri Green	06-22-17	Conducted SFY 2017 – 4 th Quarter SONP Project Assessment at SONP offices – Pauls Valley	1.5
AAA/INCA	Mark Ellis, Director / Erica Pogue	08-14-17	Conducted SFY 2017 – 4 th Quarter INCA Transportation Project Assessment – Atoka	2.5
AAA/Big 5 Family Caregiver	Mark Ellis, Director / Donna Pound, Alona Tolbert	08-21-17	Conducted SFY 2017 – 4 th Quarter Big Five Family Caregiver Project Assessment at the Big Five offices – Durant	1

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New Hire Orientation and Annual Training (See [OAC Policy 340:105-10-44](#))

New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA/Big 5 Outreach	Mark Ellis, Director / Donna Pound, Lawana Dopson	08-21-17	Conducted SFY 2017 – 4 th Quarter Big Five Outreach Project/Program Assessment at the Big Five offices – Durant	1
AAA/Big 5 Health Promotions	Mark Ellis, Director / Donna Pound, Jennifer Lyons	08-21-17	Conducted SFY 2017 – 2 nd Quarter Big Five Health Promotions Project Assessment at the Big Five offices – Durant	1
AAA/Big 5 Transportation	Mark Ellis, Director / Tanya Gleghorn	08-21-17	Conducted SFY 2017 – 2 nd Quarter Big Five Senior Transportation Project Assessment at the Big Five offices – Durant	2
	AAA Planner:			
AAA	Elizabeth Reynolds, Planner	02-02-17	Technical Assistance (via phone) regarding CENA to Stephanie Stevenson of City of Wynnewood for Wynnewood Senior Center	5 min.
AAA	Elizabeth Reynolds, Planner	02-16-17	Attended Webinar on “New Guidance on Addressing Hunger in Older Adults”	1.5
AAA	Elizabeth Reynolds, Planner	02-06-17	Technical Assistance (via phone) to Val Bailey of Reagan Senior Center regarding CENA	.5
AAA	Elizabeth Reynolds, Planner	03-06-17	Webinar – “Strategies for your Registered Dietician”, hosted by Meals on Wheels	1
AAA	Elizabeth Reynolds, Planner	03-07-17	Technical Assistance (via phone) to Gary Scott of Springdale Senior Center regarding CENA	.5
AAA	Elizabeth Reynolds, Planner	03-08-17	Technical Assistance (via phone) to Debra Frazier of Leon Senior Center regarding SFY 2017 CENA Application & Funds	.5
AAA	Elizabeth Reynolds, Planner	03-14-17	Attended – Planners Meeting via phone – Discussion over next 4yr Area Plan	2
AAA	Elizabeth Reynolds, Planner	03-15-17	Conducted OAC Title III Policy Training with Advisory Council Members	1
AAA	Elizabeth Reynolds, Planner	04-19-17	Technical Assistance (via phone) to Val Bailey of Reagan Senior Center regarding SFY 2017 CENA	.5
AAA	Elizabeth Reynolds, Planner	04-28-17	Attended the SODA Board Meeting in Tishomingo – Advisory Council & RFP Committee member, Wilson Seawright presented the SFY 2018 AAA – Project Grantees and Funding amounts.	1
AAA	Elizabeth Reynolds, Planner	05-04-17	Technical Assistance (via phone) to Val Bailey of Reagan Senior Center regarding SFY 2017 CENA	.5
AAA	Elizabeth Reynolds, Planner	05-10-17	Technical Assistance (via phone) to Val Bailey of Reagan Senior Center regarding SFY 2017 CENA	.5
AAA	Elizabeth Reynolds, Planner	07-2017	Prepared SFY 2017 ASD Annual Assessment Documents for Alixa Lee	5
AAA	Elizabeth Reynolds, Planner	09-11-17	Technical Assistance (via phone) to Val Bailey of Reagan Senior Center regarding SFY 2017 CENA	.5

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New Hire Orientation and Annual Training (See [OAC Policy 340:105-10-44](#))

New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA	Elizabeth Reynolds, Planner	09-13-17	Technical Assistance (via phone) to Bruce Woods of Connerville Senior Center regarding SFY 2017 CENA	.5
AAA	Elizabeth Reynolds, Planner	09-14-17	Webinar – “Initial Findings from the Nutrition Services Program Outcomes Evaluation” with The National Resource Center on Nutrition & Aging	1
AAA	Elizabeth Reynolds, Planner	09-18-17	Technical Assistance (via phone) to Val Bailey of Reagan Senior Center regarding CENA information for Auditors	.5
AAA	Elizabeth Reynolds, Planner	09-19-17	Webinar – “Using the Senior Reach Program to Address Risk Factors for Suicide Among Older Adults” with (NCOA) Center for Healthy Aging	1.5
AAA	Elizabeth Reynolds, Planner	09-27-17	Technical Assistance (via phone) to Debbie Sikes of Utica Community Center regarding CENA information for Auditors	.5
AAA	Elizabeth Reynolds, Planner	09-2017	AIM Training via e-mail to Projects - AIM Reports OKD215, OKD216, OKD216a, OKD216b	.5
AAA	Elizabeth Reynolds, Planner	09-2017	Working with OMES Helpdesk regarding (Big 5 FCSP) AIM log on issues	1
AAA	Elizabeth Reynolds, Planner	10-10-17	Attended the Bryan County Health Fair – Durant	1
AAA	Elizabeth Reynolds, Planner	10-13-17	Completed the S56A Staffing Report & entered information in AIM	.5
AAA	Elizabeth Reynolds, Planner	10-20-17	Faxed memo to Nutrition Site Staff regarding SONP central office staff issue.	1
AAA	Elizabeth Reynolds, Planner - Interim AAA Director	10-23-17	Faxed update memo to Nutrition Site Staff regarding SONP central office staff issue.	1
AAA	Elizabeth Reynolds, Planner - Interim AAA Director	10-25-17	Faxed memo with instructions to Nutrition Site Staff in regards to Nutrition Counseling Surveys	1
AAA	Elizabeth Reynolds, Planner - Interim AAA Director	10-25-17	Sent information e-mail to Rebecca Snellen & Alixa Lee, Aging Services regarding SONP central office staff.	1
AAA	Elizabeth Reynolds, Planner - Interim AAA Director	10-27-17	Attended & Participated at the SODA Board Meeting as Interim AAA Director & gave AAA update report. Received approval from board on SFY 2018 CENA Award Amounts	3
AAA	Elizabeth Reynolds, Planner - Interim AAA Director	10-31-17	Meeting with Pat Peay, SONP temporary Director, LaDana Ahrens, Ada Site Manager, Scott Lowrance & Angie Dean, City of Ada, Chris Johnston, Chickasaw Nation. Conducted ADA assessment at the Glenwood Resource Center/School as temporary location for the Ada Nutrition Site - Ada	3
AAA	Elizabeth Reynolds, Planner - Interim AAA Director	10-2017	Many discussions with Jon McCormick & Amie Judd regarding SONP central office issues.	2

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New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA	Elizabeth Reynolds, Planner - Interim AAA Director	11-06-17	Technical Assistance (via phone) to Loretta Holland of Ray Smith Senior Center regarding CENA	.5
AAA	Elizabeth Reynolds, Planner - Interim AAA Director	12-01-17	Attended the SODA Board Meeting	4
AAA	Elizabeth Reynolds, Planner - Interim AAA Director	12-05-17	Attended the O4A Meeting with AAA Directors – Shawnee	1 day
	AAA Planner & Projects:			
AAA/SONP	Elizabeth Reynolds, Planner / Lorri Green	03-21-17	SONP Project Training: Nutrition Counseling Referral Procedures & Form; Hot & Cold Packing HMD meals procedures document; Cong Meals Food Procurement Home prepared foods document; Food Delivery Truck & Temperature Boxes – Cleaning and Sanitizing Food Delivery Carriers and Vehicles Training Procedures	2
AAA/Big 5 Family Caregiver	Elizabeth Reynolds, Planner / Alona Tolbert	04-03-17	Technical Assistance to Alona Tolbert – Big 5 FCSP regarding AIM issues and corrections needed.	1
AAA/SONP	Elizabeth Reynolds, Planner	04-04-17	AIM Data entry Training Notes & Guidelines document created & sent to SONP	1
AAA/Big 5 Transportation	Elizabeth Reynolds, Planner / Tanya Gleghorn	04-17-17	Technical Assistance to Tanya Gleghorn regarding AIM referrals for clients unable to reach by phone.	.5
AAA/SONP	Elizabeth Reynolds, Planner / Lorri Green	06-05-17	AIM Training Notes created and sent to Lorri Green	.5
AAA/SONP	Elizabeth Reynolds, Planner / Lorri Green	06-05-17	SONP Plan of Corrections; Standard Operating Procedures and Staff In-Service Training document regarding policy violations, nutrition site discrepancies and problem areas created & sent to SONP	1
AAA/All Projects	Elizabeth Reynolds / All Projects	06-19-17	Referral Procedures for all Projects document created and sent out	1
AAA/Big 5 FCSP	Elizabeth Reynolds, Planner / Alona Tolbert	08-11-17	Technical Assistance to Alona Tolbert with Big 5 FCSP regarding AIM	.5
AAA/Big 5 FCSP	Elizabeth Reynolds, Planner / Alona Tolbert	08-14-17	Technical Assistance to Alona Tolbert with Big 5 FCSP regarding AIM	.5
AAA/Big 5 Transportation	Elizabeth Reynolds, Planner / Jessica Clayton	08-25-17	Technical Assistance to Jessica Clayton with Big 5 Transportation regarding AIM	.5
AAA/Big 5 Transportation	Elizabeth Reynolds, Planner / Jessica Clayton	08-28-17	Technical Assistance to Jessica Clayton with Big 5 Transportation regarding AIM	.5
AAA/Big 5 Transportation	Elizabeth Reynolds, Planner / Jessica Clayton	08-31-17	Technical Assistance to Jessica Clayton with Big 5 Transportation regarding AIM	.5
AAA/Big 5 FCSP, Health Promotions, Outreach, Transportation	Elizabeth Reynolds, Planner – Interim AAA Director and Big 5 Project Staff	11-08-17	Conducted New (09-01-17 dated) Intake & Assessment Registration Form Training to Big 5 FCSP, Health Promotions, Outreach, Transportation	2

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New Hire Orientation and Annual Training (See [OAC Policy 340:105-10-44](#))

New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA/Big 5 FCSP	Elizabeth Reynolds, Planner – Interim AAA Director and Donna Pound, Alona Tolbert	11-08-17	Conducted SFY 2017 – 1 st Quarter Big Five Family Caregiver Project Assessment at the Big Five offices – Durant	1
AAA/Big 5 Health Promotions	Elizabeth Reynolds, Planner – Interim AAA Director and Donna Pound, Melody Mealor	11-08-17	Conducted SFY 2017 – 1 st Quarter Big Five Health Promotions Project Assessment at the Big Five offices – Durant	1
AAA/Big 5 Outreach	Elizabeth Reynolds, Planner – Interim AAA Director and Donna Pound, Lawana Dopson & Lisa Ivey	11-08-17	Conducted SFY 2017 – 1 st Quarter Big Five Outreach Project Assessment at the Big Five offices – Durant	1
AAA/Big 5 Transportation	Elizabeth Reynolds, Planner – Interim AAA Director and Tanya Gleghorn & Jessica Clayton	11-08-17	Conducted SFY 2017 – 1 st Quarter Big Five Senior Transportation Project Assessment at the Big Five offices – Durant	1
AAA/SONP	Elizabeth Reynolds, Planner - Interim AAA Director	12-14-17	Conducted Project Training with SONP Site Managers – SONP central office – Ada Training over New 09-01-17 Title III Intake/Registration Forms, Nutrition Counseling, Food Storage Inventory, Substitution Records.	3
	AAA Planner & SONP Nutrition Sites:			
AAA/SONP Stratford Site	Elizabeth Reynolds, Planner / Lavon Coleman, Site Mgr.	03-16-17	Conducted SFY 2017 - Stratford Nutrition Site Assessment & ADA Assessment. (Training Information distributed to site: Using a Food Thermometer Fact Sheet; Thermometer Basics; Thermometer Calibration Log Sheet; Tips on How to put together a MSDS book; Hair Net tips; Hand Washing & Glove Use Tips for Food Workers; Appliance Thermometers. Other information provided: Insights from Americans 65+ on Influenza & Prevention; Flu 65+ Survey - Fact Sheet; "NCOA – Senior Hunger – Fact Sheet, Falls Prevention – Fact Sheet, Economic Security – Fact Sheet, Senior Center – Fact Sheet")	3
AAA/SONP Madill Site	Elizabeth Reynolds, Planner / Patsy Allmon, Site Mgr.	03-22-17	Conducted SFY 2017 - Madill Nutrition Site Assessment & ADA Assessment. (Training Information distributed to site: Using a Food Thermometer Fact Sheet; Thermometer Basics; Thermometer Calibration Log Sheet; Tips on How to put together a MSDS book; Hair Net tips; Hand Washing & Glove Use Tips for Food Workers; Appliance Thermometers. Other information provided: Insights from Americans 65+ on Influenza & Prevention; Flu 65+ Survey - Fact Sheet; "NCOA – Senior Hunger – Fact Sheet, Falls Prevention – Fact Sheet, Economic Security – Fact Sheet, Senior Center – Fact Sheet")	3

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New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA/SONP Wilson Site	Elizabeth Reynolds, Planner / Johnna Greenroyd, Site Mgr.	03-23-17	Conducted SFY 2017 - Wilson Nutrition Site Assessment & ADA Assessment. (Training Information distributed to site: Using a Food Thermometer Fact Sheet; Thermometer Basics; Thermometer Calibration Log Sheet; Tips on How to put together a MSDS book; Hair Net tips; Hand Washing & Glove Use Tips for Food Workers; Appliance Thermometers. Other information provided: Insights from Americans 65+ on Influenza & Prevention; Flu 65+ Survey - Fact Sheet; "NCOA – Senior Hunger – Fact Sheet, Falls Prevention – Fact Sheet, Economic Security – Fact Sheet, Senior Center – Fact Sheet")	3
AAA/SONP Coalgate Site	Elizabeth Reynolds, Planner / Arlene Ringels, Site Mgr.	04-13-17	Conducted SFY 2017 - Coalgate Nutrition Site Assessment & ADA Assessment. (Training Information distributed to site: Using a Food Thermometer Fact Sheet; Thermometer Basics; Thermometer Calibration Log Sheet; Tips on How to put together a MSDS book; Hair Net tips; Hand Washing & Glove Use Tips for Food Workers; Appliance Thermometers. Other information provided: Insights from Americans 65+ on Influenza & Prevention; Flu 65+ Survey - Fact Sheet; "NCOA – Senior Hunger – Fact Sheet, Falls Prevention – Fact Sheet, Economic Security – Fact Sheet, Senior Center – Fact Sheet")	3
AAA/SONP Pauls Valley Site	Elizabeth Reynolds, Planner / Reva Ingram, Site Mgr.	04-18-17	Conducted SFY 2017 – Pauls Valley Nutrition Site Assessment & ADA Assessment. (Training Information distributed to site: Using a Food Thermometer Fact Sheet; Thermometer Basics; Thermometer Calibration Log Sheet; Tips on How to put together a MSDS book; Hair Net tips; Hand Washing & Glove Use Tips for Food Workers; Appliance Thermometers. Other information provided: Insights from Americans 65+ on Influenza & Prevention; Flu 65+ Survey - Fact Sheet; "NCOA – Senior Hunger – Fact Sheet, Falls Prevention – Fact Sheet, Economic Security – Fact Sheet, Senior Center – Fact Sheet")	3
AAA/SONP Ada Site	Elizabeth Reynolds, Planner / Eula Mae Jackson, Site Mgr.	04-19-17	Conducted SFY 2017 - Ada Nutrition Site Assessment & ADA Assessment. (Training Information distributed to site: Using a Food Thermometer Fact Sheet; Thermometer Basics; Thermometer Calibration Log Sheet; Tips on How to put together a MSDS book; Hair Net tips; Hand Washing & Glove Use Tips for Food Workers; Appliance Thermometers. Other information provided: Insights from Americans 65+ on Influenza & Prevention; Flu 65+ Survey - Fact Sheet; "NCOA – Senior Hunger – Fact Sheet, Falls Prevention – Fact Sheet, Economic Security – Fact Sheet, Senior Center – Fact Sheet")	3

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New Hire Orientation and Annual Training (See [OAC Policy 340:105-10-44](#))

New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA/SONP Atoka Site	Elizabeth Reynolds, Planner / Tammy Crow, Site Mgr.	04-25-17	Conducted SFY 2017 – Atoka Nutrition Site Assessment & ADA Assessment. (Training Information distributed to site: Using a Food Thermometer Fact Sheet; Thermometer Basics; Thermometer Calibration Log Sheet; Tips on How to put together a MSDS book; Hair Net tips; Hand Washing & Glove Use Tips for Food Workers; Appliance Thermometers. Other information provided: Insights from Americans 65+ on Influenza & Prevention; Flu 65+ Survey - Fact Sheet; “NCOA – Senior Hunger – Fact Sheet, Falls Prevention – Fact Sheet, Economic Security – Fact Sheet, Senior Center – Fact Sheet”)	3
AAA/SONP Durant Site	Elizabeth Reynolds, Planner / Carolyn Hammond, Site Mgr.	04-26-17	Conducted SFY 2017 - Durant Nutrition Site Assessment & ADA Assessment. (Training Information distributed to site: Using a Food Thermometer Fact Sheet; Thermometer Basics; Thermometer Calibration Log Sheet; Tips on How to put together a MSDS book; Hair Net tips; Hand Washing & Glove Use Tips for Food Workers; Appliance Thermometers. Other information provided: Insights from Americans 65+ on Influenza & Prevention; Flu 65+ Survey - Fact Sheet; “NCOA – Senior Hunger – Fact Sheet, Falls Prevention – Fact Sheet, Economic Security – Fact Sheet, Senior Center – Fact Sheet”)	3
AAA/SONP Lindsay Site	Elizabeth Reynolds, Planner / Jean Robbins, Site Mgr.	05-12-17	Conducted SFY 2017 – Lindsay Nutrition Site Assessment & ADA Assessment. (Training Information distributed to site: Using a Food Thermometer Fact Sheet; Thermometer Basics; Thermometer Calibration Log Sheet; Tips on How to put together a MSDS book; Hair Net tips; Hand Washing & Glove Use Tips for Food Workers; Appliance Thermometers. Other information provided: Insights from Americans 65+ on Influenza & Prevention; Flu 65+ Survey - Fact Sheet; “NCOA – Senior Hunger – Fact Sheet, Falls Prevention – Fact Sheet, Economic Security – Fact Sheet, Senior Center – Fact Sheet”)	3

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New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA/SONP Marietta Site	Elizabeth Reynolds, Planner / Brenda Parker, Site Mgr.	05-16-17	Conducted SFY 2017 – Marietta Nutrition Site Assessment & ADA Assessment. (Training Information distributed to site: Using a Food Thermometer Fact Sheet; Thermometer Basics; Thermometer Calibration Log Sheet; Tips on How to put together a MSDS book; Hair Net tips; Hand Washing & Glove Use Tips for Food Workers; Appliance Thermometers. Other information provided: Insights from Americans 65+ on Influenza & Prevention; Flu 65+ Survey - Fact Sheet; "NCOA – Senior Hunger – Fact Sheet, Falls Prevention – Fact Sheet, Economic Security – Fact Sheet, Senior Center – Fact Sheet")	3
AAA/SONP Ardmore Site	Elizabeth Reynolds, Planner / Rebecca Everett, Site Mgr.	05-17-17	Conducted SFY 2017 – Ardmore Nutrition Site Assessment & ADA Assessment. (Training Information distributed to site: Using a Food Thermometer Fact Sheet; Thermometer Basics; Thermometer Calibration Log Sheet; Tips on How to put together a MSDS book; Hair Net tips; Hand Washing & Glove Use Tips for Food Workers; Appliance Thermometers. Other information provided: Insights from Americans 65+ on Influenza & Prevention; Flu 65+ Survey - Fact Sheet; "NCOA – Senior Hunger – Fact Sheet, Falls Prevention – Fact Sheet, Economic Security – Fact Sheet, Senior Center – Fact Sheet")	3
AAA/SONP Sulphur Site	Elizabeth Reynolds, Planner / Brenda Parker, Site Mgr.	05-23-17	Conducted SFY 2017 – Sulphur Nutrition Site Assessment & ADA Assessment. (Training Information distributed to site: Using a Food Thermometer Fact Sheet; Thermometer Basics; Thermometer Calibration Log Sheet; Tips on How to put together a MSDS book; Hair Net tips; Hand Washing & Glove Use Tips for Food Workers; Appliance Thermometers. Other information provided: Insights from Americans 65+ on Influenza & Prevention; Flu 65+ Survey - Fact Sheet; "NCOA – Senior Hunger – Fact Sheet, Falls Prevention – Fact Sheet, Economic Security – Fact Sheet, Senior Center – Fact Sheet")	3

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New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA/SONP Tishomingo Site	Elizabeth Reynolds, Planner / Joyce Medina, Site Mgr.	05-24-17	Conducted SFY 2017 – Tishomingo Nutrition Site Assessment & ADA Assessment. (Training Information distributed to site: Using a Food Thermometer Fact Sheet; Thermometer Basics; Thermometer Calibration Log Sheet; Tips on How to put together a MSDS book; Hair Net tips; Hand Washing & Glove Use Tips for Food Workers; Appliance Thermometers. Other information provided: Insights from Americans 65+ on Influenza & Prevention; Flu 65+ Survey - Fact Sheet; "NCOA – Senior Hunger – Fact Sheet, Falls Prevention – Fact Sheet, Economic Security – Fact Sheet, Senior Center – Fact Sheet")	3
AAA/SONP Allen Site	Elizabeth Reynolds, Planner / Crystal Ramos, Site Mgr.	05-30-17	Conducted SFY 2017 – Allen Nutrition Site Assessment & ADA Assessment. (Training Information distributed to site: Using a Food Thermometer Fact Sheet; Thermometer Basics; Thermometer Calibration Log Sheet; Tips on How to put together a MSDS book; Hair Net tips; Hand Washing & Glove Use Tips for Food Workers; Appliance Thermometers. Other information provided: Insights from Americans 65+ on Influenza & Prevention; Flu 65+ Survey - Fact Sheet; "NCOA – Senior Hunger – Fact Sheet, Falls Prevention – Fact Sheet, Economic Security – Fact Sheet, Senior Center – Fact Sheet")	3
AAA/SONP Stringtown Site	Elizabeth Reynolds, Planner / Ramona Collins, Site Mgr.	06-13-17	Conducted SFY 2017 – Stringtown Nutrition Site Assessment & ADA Assessment. (Training Information distributed to site: Using a Food Thermometer Fact Sheet; Thermometer Basics; Thermometer Calibration Log Sheet; Tips on How to put together a MSDS book; Hair Net tips; Hand Washing & Glove Use Tips for Food Workers; Appliance Thermometers. Other information provided: Insights from Americans 65+ on Influenza & Prevention; Flu 65+ Survey - Fact Sheet; "NCOA – Senior Hunger – Fact Sheet, Falls Prevention – Fact Sheet, Economic Security – Fact Sheet, Senior Center – Fact Sheet")	3

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New Hire Orientation and Annual Training (See [OAC Policy 340:105-10-44](#))

New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA/SONP Bokchito Site	Elizabeth Reynolds, Planner / Carolyn Hammond, Site Mgr.	06-14-17	Conducted SFY 2017 – Bokchito Nutrition Site Assessment & ADA Assessment. (Training Information distributed to site: Using a Food Thermometer Fact Sheet; Thermometer Basics; Thermometer Calibration Log Sheet; Tips on How to put together a MSDS book; Hair Net tips; Hand Washing & Glove Use Tips for Food Workers; Appliance Thermometers. Other information provided: Insights from Americans 65+ on Influenza & Prevention; Flu 65+ Survey - Fact Sheet; “NCOA – Senior Hunger – Fact Sheet, Falls Prevention – Fact Sheet, Economic Security – Fact Sheet, Senior Center – Fact Sheet”)	3
	AAA Information & Assistance Coordinator:			
AAA	Debbie Odom, I & A Coordinator	01-19-17	Attended the Bryan County Community Council Meeting – MCSO – Durant	1
AAA	Debbie Odom, I & A Coordinator	02-16-17	Attended the Bryan County Community Council Meeting – Speaker Harry Lemming with TMC Behavioral Health Center - MCSO – Durant	1
AAA	Debbie Odom, I & A Coordinator	02-22-17	Attended Webinar over “Needy Meds & Pan Foundation”	1
AAA	Debbie Odom, I & A Coordinator	03-20-17 thru 03-24-17	Assisted consumers with appointments for the Mobile Smiles unit in Madill (Fred Stanley Community Bldg)	5 days
AAA	Debbie Odom, I & A Coordinator	04-20-17	Attended the Bryan County Community Council meeting – Speakers “Crisis Control Center”	1
AAA	Debbie Odom, I & A Coordinator	04-26-17	Webinar – “Living Guilt Free” with Lucy Barylak, MSW	1
AAA	Debbie Odom, I & A Coordinator	04-27-17	Attended Community Education – “Senior Driver Safety, Laws, Medical issues & Motivation for Maintaining your Independence” – Durant Library	2
AAA	Debbie Odom, I & A Coordinator	05-12-17	AIRS Webinar, “Aging Awareness & Sensitivity Training for I & R	2
AAA	Debbie Odom, I & A Coordinator	05-17-17	Visits to Durant Nutrition Center & Mead Senior Community Center to take applications for FUMC Summer Youth Group Projects & Mobile Smiles apps for Dental Work	4
AAA	Debbie Odom, I & A Coordinator	05-17-17	Webinar – Caregiver Tele-connection – “I’m not the Same Person Anymore”: Coping with Caregiver Role Changes with Evalyn Greb, LCSW.	1
AAA	Debbie Odom, I & A Coordinator	06-01-17	Attended “Fraud Conference” – Pauls Valley	3
AAA	Debbie Odom, I & A Coordinator	06-06-17	Attended mandatory I & A meeting in regards to AIM – OKDHS Aging Services – (Alix Lee & Don Mills) OKC	3

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New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA	Debbie Odom, I & A Coordinator	06-22-17	Meeting at Calera Nutrition Center gathering Mobile Smiles applications for appointments	1.5
AAA	Debbie Odom, I & A Coordinator	06-22-17	Meeting with OG&E Representatives receiving of 20 donated boxed fans – Durant	1
AAA	Debbie Odom, I & A Coordinator	06-22-17	Technical assistance to Alona Tolbert with Big 5 FCSP regarding AIM report OKD200	.5
AAA	Debbie Odom, I & A Coordinator	06-23-17	Attended and Set up booth at the Atoka Health Fair, hosted by Mays Home Health	3
AAA	Debbie Odom, I & A Coordinator	07-10-17 to 07-14-17	Assisted with Mobile Smiles – SODA office Durant	18
AAA	Debbie Odom, I & A Coordinator	07-12-17	Assisted Alona Tolbert with AIM regarding reports for active clients	1
AAA	Debbie Odom, I & A Coordinator	07-20-17	Attended the Bryan County Community Council Meeting – Durant – Speaker DHS Foster Families.	1
AAA	Debbie Odom, I & A Coordinator	08-2017	Met with Linda Staton of Wade-Albany Senior Center; Peggy Ervin of Calera Senior Center & Annie Harrell of Colbert Senior Center at Indian Nation Wholesale – picking up 10 boxes each of donated candy.	1
AAA	Debbie Odom, I & A Coordinator	09-15-17	Attended & Set up Booth at Ardmore Village Health Fair	3
AAA	Debbie Odom, I & A Coordinator	09-29-17	Attended & Set up Booth at Choctaw Health Fair – Durant	3
AAA	Debbie Odom, I & A Coordinator	10-01-17 To 12-20-17	Medicare Part-D Assistance, Counseling & Enrollments with Consumers	3 months
AAA	Debbie Odom, I & A Coordinator	10-06-17	Attended & Set up Booth at the Love County Senior Health Fair – Marietta	3
AAA	Debbie Odom, I & A Coordinator	10-11-17	Attended & Set up Booth at the Choctaw Employee Health Fair – Durant	3
AAA	Debbie Odom, I & A Coordinator	10-12-17 & 10-13-17	Attended the Oklahoma AIRS Conference – Tulsa	2 days
AAA	Debbie Odom, I & A Coordinator	10-16-17	Medicare counseling & enrollment visit to Sulphur Senior Nutrition Center	5
AAA	Debbie Odom, I & A Coordinator	10-23-17	Medicare counseling & enrollment visit to Lebanon Senior Center	4
AAA	Debbie Odom, I & A Coordinator	10-25-17	Medicare meeting with Don Sessions – Collecting Medicare numbers – Marietta	1 day
AAA	Debbie Odom, I & A Coordinator	10-26-17	Medicare counseling & enrollment visit to Delta Foster Grandparents Volunteers – Ardmore	5
AAA	Debbie Odom, I & A Coordinator	11-01-17	Medicare Presentation, Counseling & Enrollments – Wilson Senior Center	2
AAA	Debbie Odom, I & A Coordinator	11-07-17	DHS Madill In-Services on Programs & Medicare	2
AAA	Debbie Odom, I & A Coordinator	11-08-17	Medicare Presentation, Counseling & Enrollments – Ardmore Village	2

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New Hire Orientation and Annual Training (See [OAC Policy 340:105-10-44](#))

New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA	Debbie Odom, I & A Coordinator	11-09-17	Medicare Presentation, Counseling & Enrollments – Choctaw Electric – Hugo	3
AAA	Debbie Odom, I & A Coordinator	11-13-17	Medicare Presentation, Counseling & Enrollments – Davis Senior Center	2
AAA	Debbie Odom, I & A Coordinator	11-20-17	Medicare Presentation, Counseling & Enrollments – Lone Grove Senior Center	2
AAA	Debbie Odom, I & A Coordinator	11-22-17	Meeting with Don Sessions regarding Medicare – Marietta	4
AAA	Debbie Odom, I & A Coordinator	11-27-17	Medicare Presentation, Counseling & Enrollments – Wade-Albany Senior Center	2
AAA	Debbie Odom, I & A Coordinator	11-29-17	Medicare Presentation, Counseling & Enrollments – Healdton Mercy Hospital	1 day
	AAA Accountant:			
AAA	Amie Judd, Accountant	01-2017	Discussion, Creating, Modifications & Review for SFY 2017 Budget for ASD	2
AAA	Amie Judd, Accountant	01-2017	Discussion, Assistance & Review on Big 5 SFY 2017 Budget for Health Promotion changes	2
AAA	Amie Judd, Accountant	01-2017	Discussion, Assistance & Review on RFP SFY 2018.	2
AAA	Amie Judd, Accountant	04-10-17	Fiscal Training – Norman	1 day
AAA	Amie Judd, Accountant	07-10-17 to 07-13-17	Assisted with Mobile Smiles – SODA office Durant	12
AAA	Amie Judd, Accountant	10-05-17	Meeting with SODA Auditor	2
AAA	Amie Judd, Accountant	10-13-17	Meeting with Jon McCormick in regards to AAA	1
AAA	Amie Judd, Accountant	10-27-17	Meeting with Pay Peay @ SONP central office assisting with Accounting issues.	1 day
AAA	Amie Judd, Accountant	11-17-17	Assisted Ombudsman with mileage sheet	1
AAA	Amie Judd, Accountant	11-21-17	Assisted Pat Peay @ SONP with Unemployment filing regarding Lorri Green	2
AAA	Amie Judd, Accountant	11-22-17	Assisted Ombudsman with mileage sheet	1
AAA	Amie Judd, Accountant	11-29-17	Visit to SONP for assistance & advisement with Financial, reconcile S10 to register. Assisted also with Nutrition Counseling process	4
	AAA Accountant & Projects:			
AAA/SONP	Amie Judd, Accountant / Lorri Green	06-22-17	Conducted SONP Fiscal Assessment with SONP & Aging Services – Pauls Valley SONP office	3
AAA/Big 5	Amie Judd, Accountant; Mark Ellis, Director	07-20-17	Conducted Big 5 Fiscal Assessments	4
AAA/INCA	Amie Judd, Accountant	07-21-17	Conducted INCA Fiscal Assessment for Transportation	1
AAA/SONP	Amie Judd, Accountant	09-2017	Meeting with Lorri Green over SONP Budget Corrections	1

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New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA/INCA	Amie Judd, Accountant	09-2017	Conference call with INCA regarding rewrite of Garvin County Scope of Work	1
AAA/SONP	Amie Judd, Accountant	12-14-17	Attended Project Training w/SONP central office staff & site managers – SONP office in Ada	3
	AAA Staff:			
AAA	Mark Ellis, Director; Debbie Odom, I & A Coordinator	01-01-17 to 03-31-17	Medicare Part-D Counseling and Assistance to Consumers	3 months
AAA/SONP	Mark Ellis, Director; Elizabeth Reynolds, Planner	01-12-17	Attended the SONP Staff – RD Training with SONP Site managers & cooks; Conducted Training with SONP Site managers & cooks – Pauls Valley SONP office	3.5
AAA/Big 5	Mark Ellis, Director; Elizabeth Reynolds, Planner	01-17-17	Meeting with Big Five, Director (Donna Pound) over RFP procedures	1.5
AAA/Aging Services	Mark Ellis, Director; Elizabeth Reynolds, Planner	01-18-17	SFY 2018 Area Plan update Review – Conference call with Alixa Lee and Virginia Pack.	2
AAA	Mark Ellis, Director; Debbie Odom, I & A Coordinator; Amie Judd, Accountant	01-26-17	Mason Committee Meeting – Review of Mason Applications - Jon McCormick also in attendance.	1
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Debbie Odom, I & A Coordinator	01-26-17	Attended OHAI's Free Information Luncheon – Speaker Dr. Imran Plumb M.D.	1.5
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner	02-03-17	Attended and Participated in Public Hearing over SFY 2018 Area Plan update at Atoka Nutrition Center – Atoka	2
AAA	Mark Ellis, Director; Amie Judd, Accountant	02-09-17	Attended the Bryan County Turning Point Coalition Meeting.	1
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Amie Judd, Accountant	02-10-17	SFY 2018 RFP Proposer's Conference held @ SODA office – Durant	2
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Amie Judd, Accountant	02-22-17	Advisory Council Special Meeting – Voting and approval of SFY 2018 Area Plan update – SODA Office – Durant	2
AAA	Mark Ellis, Director; Amie Judd, Accountant	03-06-17	SFY 2018 RFP Committee Meeting – Met with Advisory Board in Regards to RFP Review - SODA office	2
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Debbie Odom, I & A Coordinator; Rebekah Williams, Ombudsman Supervisor	03-15-17	Attended the SODA AAA Advisory Council Meeting – Roff Senior Center Training over OAC Assessment (Mark Ellis) & Title III Policies (Elizabeth Reynolds)	3
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner;	03-21-17	Attended & Conducted SFY 2017 – SONP Project Training @ Pauls Valley Nutrition Site with entire SONP staff	3

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New Hire Orientation and Annual Training (See [OAC Policy 340:105-10-44](#))

New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner;	03-21-17	Project Training Topics: State Nutrition Update (Tom Olding); Multi-Level Safety & Kitchen Sanitation (Mike Rose, Ben E. Keith); Policy & Procedures (Elizabeth Reynolds & Mark Ellis); Congregate Meals Food Procurement & Donated Foods; Homebound Delivery, Packaging, Time Temperatures & Quality Assurance; Cleaning – Sanitizing food Carriers & Delivery Vehicles; Nutrition Counseling Referrals (Mark Ellis & Elizabeth Reynolds)	3
AAA	Mark Ellis, Director; Debbie Odom, I & A Coordinator	04-01-17 To 06-30-17	Medicare Part-D Counseling and Assistance to Consumers	3 months
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Debbie Odom, I & A Coordinator; Amie Judd, Accountant; Tiffany Wingfield & Rebekah Williams, Ombudsman Supervisors	04-11-17	Attended the Senior Day @ The Capitol (Stand up for Seniors) – OKC	1 day
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner	05-18-17	Attended “Go-To Meeting” with Aging Services (Rebekah Snellen, Alixa Lee, Tom Olding) regarding SONP concerns	2
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Amie Judd, Accountant	05-22-17	Visit with Carolyn Hammonds to Durant Nutrition Site regarding State RD & Durant site re-check issues	2
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Amie Judd, Accountant	06-15-17	Meeting with Aging Services regarding SONP issues - OKC	3
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Amie Judd, Accountant	06-15-17	Unofficial meeting with Lorri Green regarding SONP issues – Pauls Valley SONP office	1.5
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Amie Judd, Accountant; Debbie Odom, I & A Coordinator	06-21-17	Conducted Project Training for (Title III Projects: Big 5 Transportation, Big 5 Outreach, Big 5 Health Promotions, Big 5 FCSP, INCA Transportation and Legal Aid) – Atoka Vo-Tech. Training over Accounting Policy & Procedures (Amie Judd); New 06-01-17 Registration Intake/Assessment & AIM Procedural Report (Elizabeth Reynolds & Debbie Odom); Older Americans Act Training (Mark Ellis); OAC Title III Policy Review (Elizabeth Reynolds)	2.5
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Amie Judd, Accountant; Debbie Odom, I & A Coordinator	06-21-17	Attended Advisory Council Meeting and Conducted Training over Advisory Council Policy & Procedures, By-laws & OAC Title III Policy Review (Elizabeth Reynolds).	2.5

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New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Amie Judd, Accountant	06-22-17	SONP Plan of Correction Meeting and Training regarding SONP issues with Lorri Green and 2 SONP Board members, Aging Services (Rebecca Snellen, Alixa Lee, Tom Olding) – Pauls Valley SONP office	3.5
AAA	Mark Ellis, Director; Tiffany Wingfield, Ombudsman Supervisor	06-23-17	Attended the SODA Board Meeting in Ada	3
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner	06-27-17	Conference call meeting & training with Rebecca Snellen, Aging Services regarding OKS738/S38 forms	1
AAA	Mark Ellis, Director; Debbie Odom, I & A Coordinator	07-01-17 To 09-30-17	Medicare Part-D Counseling and Assistance to Consumers	3 months
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Amie Judd, Accountant; Debbie Odom, I & A Coordinator; Tiffany Wingfield & Rebekah Williams, Ombudsman Supervisors	07-25-17	AAA Staff Meeting on Budget	2
AAA	Elizabeth Reynolds, Planner; Amie Judd, Accountant	08-03-17	Attended New Intake & Assessment Training with Aging Services – OKC	1 day
AAA	Elizabeth Reynolds, Planner; Mark Ellis, Director; Amie Judd, Accountant	08-09-17	SFY 2017 Annual Assessment Review Conference Call with Alixa Lee of Aging Services & Rebecca Snellen	2
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Amie Judd, Accountant	08-18-17	Conference Call with Aging Services (Rebecca Snellen & Cindy Busby) over Budget Cut Plan for SONP & SODA AAA	1.5
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Amie Judd, Accountant	08-25-17	AIM OKS738 – Excel S-38 Procedures created and sent to SONP	1
AAA	Elizabeth Reynolds, Planner; Amie Judd, Accountant;	08-29-17 & 08-30-17	Attended Medicare Training in OKC	2 days
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Amie Judd, Accountant	09-05-17	SFY 2017 CENA Monitoring Assessment & CENA visit to Wade-Albany site with ODOC Monitor, Christ Davis	1 day
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Amie Judd, Accountant	09-06-17	SFY 2018 CENA Application Meeting with Independent Senior Centers from Bryan & Marshall Counties @ SODA office – Durant	1
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Amie Judd, Accountant	09-06-17	SFY 2018 CENA Application Meeting with Independent Senior Centers from Atoka, Coal & Johnston Counties @ Atoka Vo-Tech – Atoka	1
AAA	Mark Ellis, Director; Amie Judd, Accountant	09-07-17	SFY 2018 CENA Application Meeting with Independent Senior Centers from Carter, Love & Murray Counties @ Lone Grove Senior Center – Lone Grove	1
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Amie Judd, Accountant	09-07-17	SFY 2018 CENA Application Meeting with Independent Senior Centers from Garvin & Pontotoc Counties @ Maysville Senior Center - Maysville	1

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New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner	09-12-17	Meeting with Tom Olding, State RD regarding staff & other issues – Durant Nutrition Site	2
AAA	Mark Ellis, Director; Elizabeth Reynolds, Planner; Debbie Odom, I & A Coordinator; Tiffany Wingfield & Rebekah Williams, Ombudsman Supervisors	09-28-17	Attended Advisory Council Meeting – Tupelo Senior Center	3
AAA	Elizabeth Reynolds, Planner; Amie Judd, Accountant; Debbie Odom, I & A Coordinator; Tiffany Wingfield, Ombudsman Supervisors	10-02-17	AAA Staff Meeting with Jon McCormick, AAA Interim Director in regards to AAA Director vacancy	.5
AAA	Debbie Odom, I & A Coordinator; Tiffany Wingfield, Ombudsman Supervisors	10-10-17	Attended & Set up Booth at the Bryan County Health Fair – Durant	3
AAA	Jon McCormick, Interim AAA Director; Elizabeth Reynolds, Planner; Amie Judd, Accountant;	10-19-17	Meeting with Jon McCormick regarding SONP central office issues.	1.5
AAA	Elizabeth Reynolds, Planner; Amie Judd, Accountant	10-20-17	Assisted Site Managers via phone regarding SONP central office issue	All day
AAA	Elizabeth Reynolds, Planner – Interim AAA Director; Debbie Odom, I & A Coordinator, Amie Judd, Accountant, Tiffany Wingfield, Ombudsman Supervisor	12-01-17	Attended the SODA Board Meeting – Tishomingo	3
AAA	Jon McCormick, Executive Director; Elizabeth Reynolds, Planner – Interim AAA Director	12-05-17	Mason Contract Signing & Pictures - Shawnee	2
AAA	Jon McCormick, Executive Director; Elizabeth Reynolds, Planner – Interim AAA Director; Debbie Odom, I & A Coordinator, Tiffany Wingfield, Ombudsman Supervisor	12-13-17	Staff Meeting with Jon McCormick regarding new Executive Director who'll be starting 02-01-18	1
AAA/SONP	Elizabeth Reynolds, Planner; Amie Judd, Accountant	12-14-17	Attended & participated in Out Brief Meeting with Tom Olding, State RD, Pat Peay & Kay Cooper – SONP office – Ada	2
AAA	Elizabeth Reynolds, Planner; Amie Judd, Accountant	12-18-17	Attended & participated in SONP update Conference call with Alixa Lee & Cindy Busby.	1
	AAA - Ombudsman Supervisors:			
AAA	Tiffany Wingfield, Ombudsman Supervisor	01-2017	Technical Assistance to local Ombudsman and/or Volunteers	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	01-2017	Information & Consultation to Individuals	5

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New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA	Tiffany Wingfield, Ombudsman Supervisor	01-2017	Consultations to Facilities/Providers	2
AAA	Tiffany Wingfield, Ombudsman Supervisor	01-2017	Volunteer Meeting/Training	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	01-2017	Technical Assistance with Client Cases	13
AAA	Tiffany Wingfield, Ombudsman Supervisor	02-15-17	Attended Webinar: "Deeper Dive into the Revised Federal Nursing Home Regulations Part 1	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	02-2017	Consultations to Facilities/Providers	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	02-2017	Information & Consultation to Individuals	2
AAA	Tiffany Wingfield, Ombudsman Supervisor	02-2017	Training given to Facility Staff	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	02-2017	Work with Media - 16	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	03-15-17 thru 03-17-17	Attended the Ombudsman Bi-Annual State Meeting/Training	3 days
AAA	Tiffany Wingfield, Ombudsman Supervisor	03-22-17	Volunteer Meeting/Training	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	03-2017	Working with Resident Councils	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	03-2017	Information & Consultation to Individuals	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	04-13-17	Attended a Seminar	1 day
AAA	Tiffany Wingfield, Ombudsman Supervisor	04-25-17	Participated in Webinar	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	04-26-17	Volunteer Meeting/Training	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	04-27-17	Participated in a Webinar	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	04-2017	Consultations to Facilities/Providers	2
AAA	Tiffany Wingfield, Ombudsman Supervisor	04-2017	Working with Media – 16	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	04-2017	Working with Resident Councils	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	05-11-17 & 05-12-17	Volunteer Training	2 days
AAA	Tiffany Wingfield, Ombudsman Supervisor	05-2017	Information & Consultation to Individuals	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	05-2017	Consultations to Facilities/Providers	3
AAA	Tiffany Wingfield, Ombudsman Supervisor	05-2017	Volunteer Meeting	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	05-2017	Work with Media - 5	1

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New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA	Tiffany Wingfield, Ombudsman Supervisor	05-2017	Working with Resident Councils	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	06-29-17	Volunteer Meeting/Training	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	06-2017	Working with Resident Councils	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	06-2017	Information & Consultation to Individuals	2
AAA	Tiffany Wingfield, Ombudsman Supervisor	06-2017	Staff Training	4
AAA	Tiffany Wingfield, Ombudsman Supervisor	06-2017	Work with Media - 16	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	07-31-17	Volunteer Meeting/Training	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	07-2017	Information & Consultation to Individuals	3
AAA	Tiffany Wingfield, Ombudsman Supervisor	07-2017	Consultations to Facilities/Providers	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	07-2017	Participation in Facility Surveys	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	08-10-17	Volunteer Meeting/Training	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	08-2017	Participation in Facility Surveys	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	08-2017	Consultations to Facilities/Providers	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	08-2017	Information & Consultation to Individuals	3
AAA	Tiffany Wingfield, Ombudsman Supervisor	08-2017	Work with Media - 16	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	09-06-17	Volunteer Meeting/Training	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	09-12-17	Participated in a Webinar	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	09-29-17	Attended & Set up Booth at Choctaw Employee Health Fair – Durant	3
AAA	Tiffany Wingfield, Ombudsman Supervisor	09-2017	Information & Consultation to Individuals	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	09-2017	Consultations to Facilities/Providers	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	10-11-17	Volunteer Meeting/Training	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	10-2017	Training given to Facility Staff	2
AAA	Tiffany Wingfield, Ombudsman Supervisor	10-2017	Working with Resident Councils	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	10-2017	Participation in Facility Surveys	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	11-09-17	Volunteer Meeting/Training	1

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New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA	Tiffany Wingfield, Ombudsman Supervisor	11-2017	Working with Resident Councils	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	11-2017	Work with Media - 8	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	11-2017	Consultations to Facilities/Providers	1
AAA	Tiffany Wingfield, Ombudsman Supervisor	11-2017	Information & Consultation to Individuals	1
AAA	Rebekah Williams, Ombudsman Supervisor	01-10-17	Held In-Service for 30	2
AAA	Rebekah Williams, Ombudsman Supervisor	01-31-17	Community Education for 18	2
AAA	Rebekah Williams, Ombudsman Supervisor	01-2017	Training given to Facility Staff	1
AAA	Rebekah Williams, Ombudsman Supervisor	01-2017	Volunteer Meeting/Training	1
AAA	Rebekah Williams, Ombudsman Supervisor	01-2017	Working with Media – 14	1
AAA	Rebekah Williams, Ombudsman Supervisor	01-2017	Consultations to Facilities/Providers	2
AAA	Rebekah Williams, Ombudsman Supervisor	01-10-17	Held In-Service for 30	2
AAA	Rebekah Williams, Ombudsman Supervisor	01-31-17	Community Education for 18	2
AAA	Rebekah Williams, Ombudsman Supervisor	01-2017	Training given to Facility Staff	1
AAA	Rebekah Williams, Ombudsman Supervisor	01-2017	Volunteer Meeting/Training	1
AAA	Rebekah Williams, Ombudsman Supervisor	01-2017	Working with Media – 14	1
AAA	Rebekah Williams, Ombudsman Supervisor	01-2017	Consultations to Facilities/Providers	2
AAA	Rebekah Williams, Ombudsman Supervisor	01-2017	Participation in Facility Surveys	1
AAA	Rebekah Williams, Ombudsman Supervisor	01-2017	Technical Assistance with Client Cases	22
AAA	Rebekah Williams, Ombudsman Supervisor	02-06-17	Attended Opening session of the 2017 OK Legislative year, met with State members of the House & Senate	1 day
AAA	Rebekah Williams, Ombudsman Supervisor	02-08-17	Spoke to Murray County Leadership about "What is an Ombudsman"	2
AAA	Rebekah Williams, Ombudsman Supervisor	02-15-17	Participated in a Web Case about "Revised Fed. Nursing Home Regulations."	1
AAA	Rebekah Williams, Ombudsman Supervisor	02-24-17	Conducted In-Service to a Facility	1
AAA	Rebekah Williams, Ombudsman Supervisor	02-2017	Participation in Facility Surveys	1
AAA	Rebekah Williams, Ombudsman Supervisor	03-15-17	Attended a Webinar	1

APPENDIX 3 TRAINING SCHEDULE- AAA STAFF AND ANNUAL PROJECT TRAINING

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New Hire Orientation and Annual Training (See [OAC Policy 340:105-10-44](#))

New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA	Rebekah Williams, Ombudsman Supervisor	03-15-17	Gave Presentation over House & Senate Bills affecting Long Term Care during Advisory Council Meeting	1
AAA	Rebekah Williams, Ombudsman Supervisor	03-2017	Working with Media – 16	1
AAA	Rebekah Williams, Ombudsman Supervisor	03-2017	Information and Education	1
AAA	Rebekah Williams, Ombudsman Supervisor	03-2017	Participation in Facility Surveys - 2	2
AAA	Rebekah Williams, Ombudsman Supervisor	04-06-17	Meetings with Senator Lankford & Congressman Cole in Washington D.C. on behalf of the Oklahoma Ombudsman Program	1 day
AAA	Rebekah Williams, Ombudsman Supervisor	03-2017	Working with Media – 16	1
AAA	Rebekah Williams, Ombudsman Supervisor	04-12-17	Attended a Meeting of the Governors Summit on Healthy Aging Initiative	2
AAA	Rebekah Williams, Ombudsman Supervisor	04-13-17	Participated with the OMFQ Alzheimer's Workshop	2
AAA	Rebekah Williams, Ombudsman Supervisor	04-14-17	Meeting with Congressman Cole, Bill Whited and Amber Savage	2
AAA	Rebekah Williams, Ombudsman Supervisor	04-25-17	Participated in Webinar	1
AAA	Rebekah Williams, Ombudsman Supervisor	04-2017	Participation in Facility Surveys	3
AAA	Rebekah Williams, Ombudsman Supervisor	04-2017	Information, Education & Consultation to Individuals	1
AAA	Rebekah Williams, Ombudsman Supervisor	05-2017	Worked with Surveyors	1
AAA	Rebekah Williams, Ombudsman Supervisor	05-2017	Consultation to Facilities	3
AAA	Rebekah Williams, Ombudsman Supervisor	05-2017	Working with DHS	3
AAA	Rebekah Williams, Ombudsman Supervisor	06-2017	Working with Surveyors	2
AAA	Rebekah Williams, Ombudsman Supervisor	06-2017	Consultation to Facilities	1
AAA	Rebekah Williams, Ombudsman Supervisor	07-25-17	Technical Training w/Ombudsman – Meeting w/Tiffany Wingfield	1
AAA	Rebekah Williams, Ombudsman Supervisor	07-27-17	Attended Davis Chamber of Commerce – Spoke about Ombudsman Program	1
AAA	Rebekah Williams, Ombudsman Supervisor	07-2017	Information & Education to Individuals	1
AAA	Rebekah Williams, Ombudsman Supervisor	07-2017	Participation in Facility Surveys	1
AAA	Rebekah Williams, Ombudsman Supervisor	07-2017	News Release – 16	1
AAA	Rebekah Williams, Ombudsman Supervisor	08-15-17	Meeting with Congressman Cole – Town Hall Meeting	1.5

APPENDIX 3 TRAINING SCHEDULE- AAA STAFF AND ANNUAL PROJECT TRAINING

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New Hire Orientation and Annual Training (See [OAC Policy 340:105-10-44](#))

New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA	Rebekah Williams, Ombudsman Supervisor	08-17-17	Spoke at Mid-America Tech Center to the LPN & CAN students about the role of an Ombudsman – 3 classes	3
AAA	Rebekah Williams, Ombudsman Supervisor	08-2017	Education to Facility Staff	1
AAA	Rebekah Williams, Ombudsman Supervisor	08-2017	Working with Family Council	1
AAA	Rebekah Williams, Ombudsman Supervisor	08-2017	Working with Resident Councils	1
AAA	Rebekah Williams, Ombudsman Supervisor	08-2017	Consultation to Families	2
AAA	Rebekah Williams, Ombudsman Supervisor	08-2017	Participation in Facility Surveys	1
AAA	Rebekah Williams, Ombudsman Supervisor	09-19-17 & 09-20-17	Volunteer Training	2 days
AAA	Rebekah Williams, Ombudsman Supervisor	09-26-17	Attended Meeting with DHS	2
AAA	Rebekah Williams, Ombudsman Supervisor	09-29-17	Attended & Participated at Choctaw Employee Health Fair – Durant	2
AAA	Rebekah Williams, Ombudsman Supervisor	09-30-17	Attended & Participated at Health Fair – Ardmore	3
AAA	Rebekah Williams, Ombudsman Supervisor	10-10-17	Attended the Arbuckle Hospital Health Fair – Ardmore	2
AAA	Rebekah Williams, Ombudsman Supervisor	09-26-17	Attended Meeting with DHS	2
AAA	Rebekah Williams, Ombudsman Supervisor	09-29-17	Attended & Participated at Choctaw Employee Health Fair – Durant	2
AAA	Rebekah Williams, Ombudsman Supervisor	09-30-17	Attended & Participated at Health Fair – Ardmore	3
AAA	Rebekah Williams, Ombudsman Supervisor	10-10-17	Attended the Arbuckle Hospital Health Fair – Ardmore	2
AAA	Rebekah Williams, Ombudsman Supervisor	10-2017	Information & Education to Individuals	1
AAA	Rebekah Williams, Ombudsman Supervisor	10-2017	Participation in Facility Surveys	1
AAA	Rebekah Williams, Ombudsman Supervisor	11-2017	Consultations to Facilities/Providers	3
AAA	Rebekah Williams, Ombudsman Supervisor	11-2017	Participation in Facility Surveys	1
AAA	Rebekah Williams, Ombudsman Supervisor	10-2017	Information & Education to Individuals	1
AAA	Tiffany Wingfield & Rebekah Williams, Ombudsman Supervisors	03-15-17 thru 03-17-17	Attended the Ombudsman Bi-Annual State Meeting/Training - OKC	3 days
AAA	Tiffany Wingfield & Rebekah Williams, Ombudsman Supervisor	06-13-17	Attended Ombudsman Meetings & Training in OKC	1 day

APPENDIX 3 TRAINING SCHEDULE- AAA STAFF AND ANNUAL PROJECT TRAINING

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New Hire Orientation and Annual Training (See [OAC Policy 340:105-10-44](#))

New Hire Orientation/Annual Training for (January-December 2017)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs.
AAA	Tiffany Wingfield & Rebekah Williams, Ombudsman Supervisors	06-14-17	Attended Ombudsman Meetings & Training in Norman	1 day
AAA	Tiffany Wingfield & Rebekah Williams, Ombudsman Supervisor	09-13-17 thru 09-15-17	Attended the Ombudsman Bi-Annual State Meeting/Training - OKC	3 days
AAA / All Projects	AAA Staff	N/A	SODA AAA Project Trainings	N/A
AAA / All Projects	Mark Ellis, Director &/or Elizabeth Reynolds, Planner	N/A	Project Quarterly Assessments	N/A
AAA / All Projects	Amie Judd, Accountant &/or Mark Ellis, Director	N/A	Project Financial Assessments	N/A
AAA/SONP	Elizabeth Reynolds, Planner	N/A	SONP – Nutrition Site Assessments (16)	N/A
AAA/SONP	Elizabeth Reynolds, Planner & Mark Ellis, Director	N/A	Follow-Up Nutrition Site Assessments & visits as needed.	N/A
AAA	AAA Staff	N/A	Advisory Council Meetings/Trainings	N/A
AAA	Tiffany Wingfield & Rebekah Williams, Ombudsman Supervisors	N/A	Ombudsman Meetings – Trainings	N/A
			*All Training Topics below covered with Advisory Council members and Projects during several different Trainings throughout the year:	
			*Older Americans Act	
			*Aging Network	
			*Title III Policies and Procedures Manual	
			*General Title III Service Standards	
			*Service Specific Standards	
			*Program Reports	
			*Fiscal Reports	
			*Assessment Procedures	

*Required training topic

APPENDIX 4 DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

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Type of population by county: <u>Atoka</u>	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
	(From AGID Custom Tables – County-Level Pop Est. Data & 2010- 2014 demographic data files)	(From AIM OKN506 dated 10-13-17 for SFY 2017)	(From AIM OKN506 dated 11-28-17 for SFY 2018)
Total County pop.	13,810		
Total County pop. 60+	3,366	241	144
Female 60+	1,765	152	88
Male 60+	1,601	89	61
African-American 60+	82	10	8
American Indian 60+	290	15	6
Asian 60+	14	0	0
Hispanic/ Latino 60+	30	3	2
Native Hawaiian & other Islanders	1	0	0
Two or more Races	148	0	0
Poverty (low income) 60+	483	130	84
Poverty (low income) minority 60+	108	16	26
Limited English proficiency 60+	10	0	0
Individuals residing in rural isolated 60+	3,366	234	155
GGRC 60+	100	1	1
Individuals living alone 60+	730	114	84
Veterans 60+	705	45	27
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	1,540	43	22
*Individuals at risk for institutional placement 60+(3 or more ADLS)	555	58	33
*Individuals with Alzheimer's Disease and related disorders 60+ (self-identified) (Based on 15% of 60+ Pop.) per AS	505	36	22

Note: The 2010-2014 Data Files from the AGID site for Demographic numbers were used.

Used 15% of 60+ population to calculate Individuals with Alzheimer's Disease - Approved by Aging Services.

APPENDIX 4 DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

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Type of population by county: <u>Bryan</u>	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
	(From AGID Custom Tables – County-Level Pop Est. Data & 2010- 2014 demographic data files)	(From AIM OKN506 dated 10-13-17 for SFY 2017)	(From AIM OKN506 dated 11-28-17 for SFY 2018)
Total County pop.	45,573		
Total County pop. 60+	10,595	512	201
Female 60+	5,793	341	157
Male 60+	4,802	170	62
African-American 60+	104	3	0
American Indian 60+	828	30	16
Asian 60+	35	0	0
Hispanic/ Latino 60+	164	3	1
Native Hawaiian & other Islanders	5	0	0
Two or more Races	442	0	0
Poverty (low income) 60+	1,005	236	106
Poverty (low income) minority 60+	155	24	12
Limited English proficiency 60+	20	0	0
Individuals residing in rural isolated 60+	10,595	501	230
GGRC 60+	275	9	6
Individuals living alone 60+	2,550	186	95
Veterans 60+	2,030	45	29
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	3,555	75	39
*Individuals at risk for institutional placement 60+(3 or more ADLS)	1,165	95	50
*Individuals with Alzheimer's Disease and related disorders 60+ (self-identified)	1,589	77	30

Note: The 2010-2014 Data Files from the AGID site for Demographic numbers were used.

Used 15% of 60+ population to calculate Individuals with Alzheimer's Disease - Approved by Aging Services.

APPENDIX 4 DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

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Type of population by county: <u>Carter</u>	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
	(From AGiD Custom Tables – County-Level Pop Est. Data & 2010- 2014 demographic data files)	(From AIM OKN506 dated 10-13-17 for SFY 2017)	(From AIM OKN506 dated 11-28-17 for SFY 2018)
Total County pop.	48,556		
Total County pop. 60+	10,965	566	412
Female 60+	6,150	358	273
Male 60+	4,815	208	147
African-American 60+	632	48	42
American Indian 60+	578	17	12
Asian 60+	44	2	3
Hispanic/ Latino 60+	219	5	7
Native Hawaiian & other Islanders	1	0	0
Two or more Races	293	0	0
Poverty (low income) 60+	1,110	335	263
Poverty (low income) minority 60+	215	50	48
Limited English proficiency 60+	60	0	0
Individuals residing in rural isolated 60+	10,965	558	390
GGRC 60+	235	6	3
Individuals living alone 60+	2,785	285	215
Veterans 60+	2,305	100	66
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	3,650	153	137
*Individuals at risk for institutional placement 60+(3 or more ADLS)	1,385	215	189
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	1,645	85	62

Note: The 2010-2014 Data Files from the AGiD site for Demographic numbers were used.

Used 15% of 60+ population to calculate Individuals with Alzheimer's Disease - Approved by Aging Services.

APPENDIX 4 DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

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Type of population by county: <u>Coal</u>	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
	(From AGiD Custom Tables – County-Level Pop Est. Data & 2010- 2014 demographic data files)	(From AIM OKN506 dated 10-13-17 for SFY 2017)	(From AIM OKN506 dated 11-28-17 for SFY 2018)
Total County pop.	5,651		
Total County pop. 60+	1,564	99	59
Female 60+	886	63	38
Male 60+	678	36	20
African-American 60+	9	1	0
American Indian 60+	181	12	11
Asian 60+	2	0	0
Hispanic/ Latino 60+	21	1	1
Native Hawaiian & other Islanders	0	0	0
Two or more Races	76	0	0
Poverty (low income) 60+	225	58	37
Poverty (low income) minority 60+	25	8	8
Limited English proficiency 60+	4	0	0
Individuals residing in rural isolated 60+	1,564	97	59
GGRC 60+	45	0	0
Individuals living alone 60+	450	59	38
Veterans 60+	365	15	9
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	725	11	5
*Individuals at risk for institutional placement 60+(3 or more ADLS)	265	17	9
*Individuals with Alzheimer's Disease and related disorders 60+ (self-identified)	235	15	9

Note: The 2010-2014 Data Files from the AGiD site for Demographic numbers were used.

Used 15% of 60+ population to calculate Individuals with Alzheimer's Disease - Approved by Aging Services.

APPENDIX 4 DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

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Type of population by county: ___Garvin___	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
	(From AGiD Custom Tables – County-Level Pop Est. Data & 2010- 2014 demographic data files)	(From AIM OKN506 dated 10-13-17 for SFY 2017)	(From AIM OKN506 dated 11-28-17 for SFY 2018)
Total County pop.	27,838		
Total County pop. 60+	6,528	547	323
Female 60+	3,544	355	229
Male 60+	2,984	192	135
African-American 60+	142	6	4
American Indian 60+	316	15	8
Asian 60+	14	0	0
Hispanic/ Latino 60+	144	10	1894
Native Hawaiian & other Islanders	1	0	0
Two or more Races	190	0	0
Poverty (low income) 60+	945	272	189
Poverty (low income) minority 60+	110	20	13
Limited English proficiency 60+	24	0	0
Individuals residing in rural isolated 60+	6,528	543	354
GGRC 60+	150	0	0
Individuals living alone 60+	1,775	287	205
Veterans 60+	1,330	134	85
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	2,470	80	58
*Individuals at risk for institutional placement 60+(3 or more ADLS)	890	144	107
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	979	82	48

Note: The 2010-2014 Data Files from the AGiD site for Demographic numbers were used.

Used 15% of 60+ population to calculate Individuals with Alzheimer's Disease - Approved by Aging Services.

APPENDIX 4 DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

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Type of population by county: ____Johnston____	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
	(From AGiD Custom Tables – County-Level Pop Est. Data & 2010- 2014 demographic data files)	(From AIM OKN506 dated 10-13-17 for SFY 2017)	(From AIM OKN506 dated 11-28-17 for SFY 2018)
Total County pop.	11,087		
Total County pop. 60+	2,743	104	46
Female 60+	1,450	61	33
Male 60+	1,293	43	26
African-American 60+	48	5	4
American Indian 60+	274	0	1
Asian 60+	7	0	0
Hispanic/ Latino 60+	32	0	0
Native Hawaiian & other Islanders	0	0	0
Two or more Races	107	0	0
Poverty (low income) 60+	375	40	19
Poverty (low income) minority 60+	120	3	2
Limited English proficiency 60+	15	0	0
Individuals residing in rural isolated 60+	2,743	101	54
GGRC 60+	115	0	0
Individuals living alone 60+	825	36	18
Veterans 60+	595	16	11
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	1,375	18	13
*Individuals at risk for institutional placement 60+(3 or more ADLS)	525	21	16
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	411	16	7

Note: The 2010-2014 Data Files from the AGiD site for Demographic numbers were used.

Used 15% of 60+ population to calculate Individuals with Alzheimer's Disease - Approved by Aging Services.

APPENDIX 4 DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

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Type of population by county: __Love__	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
	(From AGiD Custom Tables – County-Level Pop Est. Data & 2010-2014 demographic data files)	(From AIM OKN506 dated 10-13-17 for SFY 2017)	(From AIM OKN506 dated 11-28-17 for SFY 2018)
Total County pop.	9,997		
Total County pop. 60+	2,450	126	95
Female 60+	1,263	82	65
Male 60+	1,187	44	30
African-American 60+	54	6	5
American Indian 60+	123	6	3
Asian 60+	14	0	0
Hispanic/ Latino 60+	99	9	3
Native Hawaiian & other Islanders	0	0	0
Two or more Races	79	0	0
Poverty (low income) 60+	264	165	60
Poverty (low income) minority 60+	44	14	10
Limited English proficiency 60+	29	0	0
Individuals residing in rural isolated 60+	2,450	278	169
GGRC 60+	75	0	1
Individuals living alone 60+	390	139	36
Veterans 60+	495	26	17
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	685	57	20
*Individuals at risk for institutional placement 60+(3 or more ADLS)	250	76	30
*Individuals with Alzheimer's Disease and related disorders 60+ (self-identified)	368	19	14

Note: The 2010-2014 Data Files from the AGiD site for Demographic numbers were used.

Used 15% of 60+ population to calculate Individuals with Alzheimer's Disease - Approved by Aging Services.

APPENDIX 4 DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

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Type of population by county: <u>Marshall</u>	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
	(From AGiD Custom Tables – County-Level Pop Est. Data & 2010-2014 demographic data files)	(From AIM OKN506 dated 10-13-17 for SFY 2017)	(From AIM OKN506 dated 11-28-17 for SFY 2018)
Total County pop.	16,191		
Total County pop. 60+	4,508	280	177
Female 60+	2,319	170	108
Male 60+	2,189	110	66
African-American 60+	42	3	3
American Indian 60+	289	7	2
Asian 60+	12	0	0
Hispanic/ Latino 60+	213	9	4
Native Hawaiian & other Islanders	1	0	0
Two or more Races	174	0	0
Poverty (low income) 60+	615	165	107
Poverty (low income) minority 60+	90	14	6
Limited English proficiency 60+	39	0	0
Individuals residing in rural isolated 60+	4,508	278	169
GGRC 60+	150	0	1
Individuals living alone 60+	1,060	139	97
Veterans 60+	830	81	59
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	2,295	57	35
*Individuals at risk for institutional placement 60+(3 or more ADLS)	705	76	47
*Individuals with Alzheimer's Disease and related disorders 60+ (self-identified)	676	42	27

Note: The 2010-2014 Data Files from the AGiD site for Demographic numbers were used.

Used 15% of 60+ population to calculate Individuals with Alzheimer's Disease - Approved by Aging Services.

APPENDIX 4 DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

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Type of population by county: ____Murray____	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
	(From AGiD Custom Tables – County-Level Pop Est. Data & 2010-2014 demographic data files)	(From AIM OKN506 dated 10-13-17 for SFY 2017)	(From AIM OKN506 dated 11-28-17 for SFY 2018)
Total County pop.	13,918		
Total County pop. 60+	3,643	289	215
Female 60+	1,908	183	137
Male 60+	1,735	106	78
African-American 60+	53	3	3
American Indian 60+	266	15	17
Asian 60+	11	1	0
Hispanic/ Latino 60+	70	3	2
Native Hawaiian & other Islanders	1	0	0
Two or more Races	142	0	0
Poverty (low income) 60+	255	116	96
Poverty (low income) minority 60+	30	9	11
Limited English proficiency 60+	50	0	0
Individuals residing in rural isolated 60+	3,643	288	213
GGRC 60+	90	2	0
Individuals living alone 60+	690	114	91
Veterans 60+	795	84	71
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	1,210	67	59
*Individuals at risk for institutional placement 60+(3 or more ADLS)	345	100	78
*Individuals with Alzheimer's Disease and related disorders 60+ (self-identified)	546	43	32

Note: The 2010-2014 Data Files from the AGiD site for Demographic numbers were used.

Used 15% of 60+ population to calculate Individuals with Alzheimer's Disease - Approved by Aging Services.

APPENDIX 4 DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

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Type of population by county: __Pontotoc__	# County (from AGiD per instructions)	Estimated Population Served in SFY2017	Estimated Population To Be Served in SFY2019
	(From AGiD Custom Tables – County-Level Pop Est. Data & 2010-2014 demographic data files)	(From AIM OKN506 dated 10-13-17 for SFY 2017)	(From AIM OKN506 dated 11-28-17 for SFY 2018)
Total County pop.	38,330		
Total County pop. 60+	8,279	357	219
Female 60+	4,570	215	116
Male 60+	3,709	142	86
African-American 60+	141	13	7
American Indian 60+	787	20	19
Asian 60+	29	2	1
Hispanic/ Latino 60+	143	1	0
Native Hawaiian & other Islanders	3	0	0
Two or more Races	294	0	0
Poverty (low income) 60+	680	144	95
Poverty (low income) minority 60+	170	20	16
Limited English proficiency 60+	20	0	0
Individuals residing in rural isolated 60+	8,279	355	366
GGRC 60+	255	1	0
Individuals living alone 60+	2,030	157	98
Veterans 60+	1,770	93	63
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	3,110	62	33
*Individuals at risk for institutional placement 60+(3 or more ADLS)	1,005	86	51
*Individuals with Alzheimer's Disease and related disorders 60+ (self-identified)	1,242	54	33

Note: The 2010-2014 Data Files from the AGiD site for Demographic numbers were used.

Used 15% of 60+ population to calculate Individuals with Alzheimer's Disease - Approved by Aging Services.

APPENDIX 5 CURRENT POVERTY GUIDELINES

<https://aspe.hhs.gov/poverty-guidelines>

HHS Poverty Guidelines for 2017

The 2017 poverty guidelines are in effect as of January 26, 2017.

See also the [Federal Register notice of the 2017 poverty guidelines](#), published January 31, 2017

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

For all states (except Alaska and Hawaii)

The following is a narrative of the activities performed to develop the management plan.

To obtain the goals and objectives set forth, consumer needs surveys are distributed to older adults for input on what their greatest priority needs are in the PSA. These surveys are tallied up on an excel spreadsheet to get totals for each need checked on the survey. SODA AAA uses the top 4 priority needs from these surveys to develop the management plan goals and objectives and action steps. Other tools also considered are from I & A referrals, Outreach Worker referrals and other information gathered from older adults at nutrition centers and senior centers.

The Management Plan goals and objectives in SFY 2017 and SFY 2018

GOAL #1 – Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare

OBJECTIVE #1 – By 6/30/2018, the SODA AAA will increase public awareness of nutrition sites in the PSA and encourage seniors to stay active and healthy by improving their nutritional health and wellness.

Action Steps taken in 2017 (January 1, 2017 to December, 2017): Advocacy, assistance and training during SONP Staff Training with SONP Site Managers & Cooks; Advocacy assistance regarding CENA during visit to Calera Senior Center while distributing Public Hearing announcements; Attendance at approximately (9) “Families Feeding Hope” board meetings regarding food for the needy; Attendance at “Hunger Action Day” @ the State Capitol; Advocacy and assistance during visits at several independent senior centers; Conducted Project Training to SONP nutrition staff regarding congregate meals; Participated in Webinars: “Strategies for your Registered Dietician”, hosted by Meals on Wheels, “New Guidance on Addressing Hunger in Older Adults”, “Initial Findings from the Nutrition Services Program Outcomes Evaluation” and “Using the Senior Reach Program to address risk factors for Suicide among Older Adults; Distributed information and community education materials, “Senior Hunger, Senior Centers and Fact sheets on Influenza & Prevention” to nutrition staff and participants during site assessments; Attended and advocated for seniors during Senior Day @ Capitol (Stand up for Seniors).

GOAL #1 – Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare

OBJECTIVE #2 – By 6/30/2018, the SODA AAA will provide information, counseling and/or assistance to seniors in the PSA with prescription drug plans with Medicare Part-D, RX assist and other prescription drug assistance programs.

Action Steps taken in 2017 (January 1, 2017 to December, 2017): Conducted approximately (92) Medicare Part-D Counseling and Assistance and (45) Medicare Enrollments for consumers, (1) Medicare Media event, (8) Medicare presentations, (1) Medicare Meeting with Oklahoma Ins. Dept; Attended 2 day Medicare Training; Provided information and assistance to (373); participated in Medicare webinars, program counseling/training events and fraud conference; Distributed Medicare information and supplies to seniors.

GOAL #2 – Enable seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

OBJECTIVE #1 – By 6/30/2018, the SODA AAA will increase awareness of home delivered meal agencies offered in the PSA so seniors can remain in their homes and maintain their quality of life.

Action Steps taken in 2017 (January 1, 2017 to December, 2017): Collected data regarding “Monthly meals & Attendance” from senior centers for carry out meals & home delivered meals; Presentation over Senior Services (including home delivered meals and nutrition) during meeting at First United Bank; Home delivered meal training to nutrition staff; Communication with Families feeding Families, RSVP, nutrition sites and senior centers to coordinate home delivered meals.

GOAL #2 – Enable seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

OBJECTIVE #2 – By 6/30/2018, the SODA AAA will assist seniors within the PSA in obtaining minor home repairs and other home and community-based needed services.

Action Steps taken in 2017 (January 1, 2017 to December, 2017): Assisted approximately (13) consumers with minor home repairs, assisted approximately (4) consumers with wheelchair ramps through the Mason Grant; assisted consumers with building supplies and appliances for minor home repairs through the “Gifts in Kind” (United Way) program; assisted approximately (3) consumer with space heaters; and approximately (8) consumers with fans through the “Heat is On” and “Fanfare” programs; Committee meetings reviewing mason applications for senior assistance approval; (2) Webinars “Caregiver Tele-connection- “I’m not the same person anymore” & “Coping with Caregiver Role Changes”; Distributed FUMC Summer Youth Group (home repair) project applications to nutrition sites; Project Training with Big 5 (Chore & Homemaker) services;

GOAL #3 – Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.

OBJECTIVE #1 – By 6/30/2018, the SODA AAA will work with local health care agencies within each county of the PSA to provide and assist the elderly with accessible health care services.

Action Steps taken in 2017 (January 1, 2017 to December, 2017): Assisted approximately (12) consumers with Hearing aids, assisted approximately (6) consumers with eyeglasses, assisted approximately (23) consumers with dental/dentures, and assisted approximately (2) consumers with durable medical equipment through the Mason grant; attended approximately (3) webinars “Needy Meds & Pan Foundation”, “Aging Awareness & Sensitivity Training”; “Living Guilt Free”; Attended several coalition meetings, community council meetings, health department meetings, United Health care meeting, Governors summit on Healthy Aging initiative meeting and Alzheimer’s workshop; assisted approximately (50) consumers with dental appointments through the “Mobile Smiles” program; I & A calls with home health care agencies.

GOAL #3 – Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.

OBJECTIVE #2 – By 6/30/2018, the SODA AAA will provide and disseminate information regarding health care services and agencies to the elderly through in-service presentations, community events, health fairs and newsletters.

Action Steps taken in 2017 (January 1, 2017 to December, 2017): Distributed information regarding Medicare, Medicare Part-D, Medicare Fraud to elderly while attending nutrition sites, senior centers, health fairs, and during Medicare presentations; I & A assistance and approximately (50) referrals made to appropriate programs as needed; Conducted in-service presentation to (30) consumers; attended United Way Board Meeting regarding “Community Services”; attended OHAI’s free information luncheon with speaker Dr. Imran Plumb, M.D.; Conducted community education for (18) consumers; attended several turning point coalition meetings; Participated in webinar “Deeper Dive into the Revised Federal Nursing Home Regulations Part 1”; Conducted in-service and training for Nursing Home facilities; Presentation over “House & Senate Bills: affecting Long Term Care; Attended community education over “Senior Driver Safety, Laws; Medical issues & Motivation for Maintaining your Independence”; Attended and participated in approximately (8) health fairs.

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OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Aging Services



Management Plan

Area Agency on Aging (AAA) Management Plan by Objective

Responsible person: I & A	Fiscal Year: 2019-2022
GOAL: # 1	OBJECTIVE: # 1
Advocate for older adults to ensure they, and their families have the tools and resources they need to easily access existing health care and services in and around their community.	<i>Develop and maintain a working relationship with local health care agencies within each county of the PSA in order to provide and assist older adults with accessible health care services for their significant health care needs.</i>

No.	Action steps	Due date	First quarter			Second quarter			Third quarter			Fourth quarter			Staff or position assigned
			Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
1.	Identify and gather updated resource information of local health care agencies and services in each county beginning 2019.	2019		X						X					I & A
2.	Establish and maintain contact with at least 1 local health care agency in each county of the PSA beginning 2019 to 2020.	2019 2020			X						X				I & A
3.	Promote, develop and increase awareness to older adults of available health care agencies and services beginning 2019 to 2022.	2019 2020 2021 2022				X						X			I & A

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OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Aging Services



Management Plan

Area Agency on Aging (AAA) Management Plan by Objective

Responsible person: I & A and Director	Fiscal Year: 2019-2022
GOAL: # 1	OBJECTIVE: # 2
Advocate for older adults to ensure they, and their families have the tools and resources they need to easily access existing health care and services in and around their community.	<i>Provide and/or distribute information regarding accessible health care agencies and/or services to older adults.</i>

No.	Action steps	Due date	First quarter			Second quarter			Third quarter			Fourth quarter			Staff or position assigned
			Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
1.	Research and compile listing of local health care agencies and services for presentation to older adults beginning 2019 to 2020.	2019 2020		X						X					I & A Director
2.	Maintain communication with health care agencies annually to provide update on current information.	2019 2020 2021 2022			X						X				I & A Director
3.	Provide local health care agency and/or services information to older adult's at all senior nutrition centers, 1 community event and 2 health fairs.	2019 2020 2021 2022				X								X	I & A Director

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OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Aging Services



Management Plan

Area Agency on Aging (AAA) Management Plan by Objective

Responsible person: I & A, Planner and Director	Fiscal Year: 2019-2022
GOAL: # 2	OBJECTIVE: # 1
Empower older adults and increase their awareness and interest in staying healthy and active in their communities.	<i>Increase awareness of nutrition sites in the PSA and provide encouragement to older adults for improving their nutritional health and wellness by developing healthier eating habits.</i>

No.	Action steps	Due date	First quarter			Second quarter			Third quarter			Fourth quarter			Staff or position assigned
			Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
1.	Research and collect current nutritional health and wellness information geared toward healthier eating habits for older adults beginning 2019	2019		X						X					I & A Planner Director
2.	Develop and prepare information flyers based on current nutritional health and wellness activities offered in the PSA beginning 2019 to 2020.	2019 2020			X						X				I & A Planner Director
3.	Present and distribute collected nutritional health and wellness activity listings and information to older adults in independent senior centers, Title III nutrition centers and other aging programs in the PSA beginning 2020 to 2022.	2020 2021 2022				X						X			I & A Planner Director

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OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Aging Services



Management Plan

Area Agency on Aging (AAA) Management Plan by Objective

Responsible person: I & A, Planner and Director	Fiscal Year: 2019-2022
GOAL: # 2	OBJECTIVE: # 2
Empower older adults and increase their awareness and interest in staying healthy and active in their communities.	<i>Increase participation, attendance and utilization of available nutrition services and other community services offered to older adults throughout the PSA.</i>

No.	Action steps	Due date	First quarter			Second quarter			Third quarter			Fourth quarter			Staff or position assigned
			Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
1.	Coordinate, assist and consult with community-based service providers to increase and enhance awareness of available nutrition services in the PSA beginning 2019 to 2020.	2019 2020		X					X						I & A Planner Director
2.	Provide and assist older adults with information on available nutrition site meals and other senior centers that serve meals in the PSA - ongoing	2019 2020 2021 2022				X					X				I & A Planner Director
3.	Assist and encourage individual centers to promote awareness and participation in nutrition and other services they offer - ongoing.	2019 2020 2021 2022		X								X			I & A Planner Director

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OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Aging Services

Management Plan

Area Agency on Aging (AAA) Management Plan by Objective



Responsible person: I & A	Fiscal Year: 2019-2022
GOAL: # 3	OBJECTIVE: # 1
Ensure access to programs and services that provide assistance to older adults with Medicare, prescriptions, vision, dental and other needed services in the community.	<i>Provide older adults with information, counseling and assistance with Medicare Part-D and other prescription drug assistance programs</i>

No.	Action steps	Due date	First quarter			Second quarter			Third quarter			Fourth quarter			Staff or position assigned
			Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
1.	At least (1) AAA staff will be SHIP certified and will attend at least (2) trainings or conference calls regarding Medicare policies and procedures.	2019 2020 2021 2022		X						X					I & A
2.	Council and assist at lease (25) older adults with Medicare Part-D comparing of drug plans and enrollment and make referrals for prescriptions to RX assist and provide information on other prescription drug assistance avenues.	2019 2020 2021 2022			X						X				I & A
3.	Coordinate and provide at least (8) Medicare Part-D presentations to older adults in the PSA.	2019 2020 2021 2022				X						X			I & A
4.	Distribute Medicare Part-D and other prescription drug assistance information to older adults in the PSA.	2019 2020 2021 2022			X						X				I & A

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OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Aging Services



Management Plan

Area Agency on Aging (AAA) Management Plan by Objective



Responsible person: I & A	Fiscal Year: 2019-2022
GOAL: # 3	OBJECTIVE: # 2
Ensure access to programs and services that provide assistance to older adults with Medicare, prescriptions, vision, dental and other needed services in the community.	<i>Assist older adults in the PSA with available services offered for vision, dental and other needed services.</i>

No.	Action steps	Due date	First quarter			Second quarter			Third quarter			Fourth quarter			Staff or position assigned
			Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
1.	Collaborate and coordinate with agencies who offer discounts for needed services for older adults beginning in 2019.	2019		X						X					I & A
2.	Create formal or informal partnerships between programs and agencies for the utilization of needed services for older adults beginning 2019 to 2020.	2019 2020				X						X			I & A
3.	Provide older adults assistance with at least (5) eye glasses; (5) dental or dentures and (3) other services under the Mason Grant – ongoing.	2019 2020 2021 2022												X	I & A

APPENDIX 7 DESIGNATED FOCAL POINTS

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SODA AAA's designation of the community focal points is geared mainly towards our Title III Nutrition Sites and Independent Senior Centers where older persons congregate frequently. These centers are currently open for senior citizens to attend for meals and/or recreation and socialization.

Please see the following spreadsheets for list of Designated Community Focal Points in the SODA AAA PSA.

APPENDIX 7 DESIGNATED FOCAL POINTS

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AAA: SODA									
COMMUNITY FOCAL POINTS									
			CHECK IF FACILITY IS:					CHECK IF LOCATION SERVES:	
	CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER CONTACT	COUNTY	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.	Ada Nutrition Center	Pontotoc	X		X			X	X
	This site is currently temporarily housed at the location below.								
	Glenwood Resource Center - School								
	825 W. 10th								
	Ada, OK 74820								
	580-279-3535								
	LaDana Ahrens, Site Manager								
2.	Allen Nutrition Center	Pontotoc	X		X			X	X
	103 W. Broadway (Physical) - 104 N. Baltimore (Mailing)								
	Allen, OK 74825								
	580-857-2803								
	Audra Smith, Site Manager								
3.	Antioch Community/Johnnie McWhirter Senior Center	Garvin	X	X				X	
	24648 E. County Rd. 1580								
	Elmore City, OK 73433								
	580-788-4457								
	Chestine Box, Contact Person								
4.	Ardmore Nutrition Center	Carter	X		X			X	X
	220 13th SE								
	Ardmore, OK 73401								
	580-223-0450								
	Marcus Epps, Site Manager								

APPENDIX 7 DESIGNATED FOCAL POINTS

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			CHECK IF FACILITY IS:					CHECK IF LOCATION SERVES:	
	CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER CONTACT	COUNTY	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
5.	Atoka Nutrition Center	Atoka	X		X			X	X
	180 W. Cedar Circle, Ste B								
	Atoka, OK 74525								
	580-889-3080								
	Ramona Collins, Site Manager								
6.	Bentley Community Senior Citizens Center	Atoka	X	X				X	
	1203 Main St.								
	Bentley, OK 74525								
	580-239-0546								
	Robin Roller, Contact Person								
7.	Boehler, Crystal, Sunkist Sr & Community Center	Atoka	X	X				X	
	1598 E. Boehler Rd.								
	Boswell, OK 74727								
	580-889-5921								
	Judy Maggard, Contact Person								
8.	Buncombe Creek Community Center	Marshall	X	X				X	
	14439 Kentucky Ln.								
	Kingston, OK 73439								
	580-564-1985								
	Janice Fritsch, Contact Person								
9.	Calera Community Outreach Center	Bryan	X	X				X	
	100 S. McKinley								
	Calera, OK 74730								
	580-434-5634								
	Brenda F. Scalf, Contact Person								

APPENDIX 7 DESIGNATED FOCAL POINTS

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	CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER CONTACT	COUNTY	CHECK IF FACILITY IS:			CAP AGENCY	OTHER (CHURCH, LIBRARY, HOUSING COMPLEX)	CHECK IF LOCATION SERVES:	
			A FOCAL POINT	A SENIOR CENTER	FUNDED THROUGH TITLE III			PREDOMINANTLY LOW INCOME ELDERLY	PREDOMINANTLY LOW-INCOME MINORITY ELDERLY
10.	Coalgate Nutrition Center	Coal	X		X			X	
	51 Levy Annex or St.								
	Coalgate, OK 74538								
	580-927-3245								
	Arlene Ringels, Site Manager								
11.	Colbert Senior Community Building	Bryan	X	X				X	
	506 N. Davidson St. or P.O. Box 488								
	Colbert, OK 74733								
	580-296-2413								
	Annie Harrell, Contact Person								
12.	Connerville Senior Citizens Center	Johnston	X	X				X	
	7116 N. US Hwy 377 or P.O. Box 143								
	Connerville, OK 74836								
	580-371-5160								
	Bruce Woods, Contact Person								
13.	Davis Senior Citizens Center	Murray	X	X				X	
	103 S. 4th St. or 301 S. 3rd St.								
	Davis, OK 73030								
	580-369-2452								
	Pete Byrd &/or Joy Lynch, Contact Persons								
14.	Dougherty Senior Citizens Center	Murray	X	X				X	
	17 Main St. or P.O. Box 157								
	Dougherty, OK 73032								
	580-993-2005 - Joanie Busby, Contact Person OR								
	580-622-3777 - Jennifer White, Contact Person								

APPENDIX 7 DESIGNATED FOCAL POINTS

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			CHECK IF FACILITY IS:					CHECK IF LOCATION SERVES:	
	CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER CONTACT	COUNTY	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
15.	Durant Nutrition Center	Bryan	X		X			X	
	301 N. 16th St.								
	Durant, OK 74701								
	580-924-6247								
	Carolyn Hammond, Site Manager								
16.	Enos Community Center	Marshall	X	X				X	
	12429 Firehouse Road								
	Kingston, OK 73439								
	580-564-3199								
	Bonnie Sikes, Contact Person								
17.	Farris Senior/Community Center	Atoka	X	X				X	
	8981 S. Old Farris Rd.								
	Atoka, OK 74525								
	580-364-2007								
	Julie Hallows, Contact Person								
18.	Fred Stanley (Madill) Nutrition Center	Marshall	X		X			X	
	408 W. Overton St.								
	Madill, OK 73446								
	580-795-7075								
	Dorothy Taylor, Site Manager								
19.	Gene Autry Senior Center	Carter	X	X				X	
	54 Grassland or P.O. Box 54								
	Gene Autry, OK 73436								
	580-465-4439								
	David Colaw, Contact Person								

APPENDIX 7 DESIGNATED FOCAL POINTS

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	CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER CONTACT	COUNTY	CHECK IF FACILITY IS:			CAP AGENCY	OTHER (CHURCH, LIBRARY, HOUSING COMPLEX)	CHECK IF LOCATION SERVES:	
			A FOCAL POINT	A SENIOR CENTER	FUNDED THROUGH TITLE III			PREDOMINANTLY LOW INCOME ELDERLY	PREDOMINANTLY LOW-INCOME MINORITY ELDERLY
20.	Harmony Community & Senior Center	Atoka	X	X				X	X
	489 S. Bentley Rd. or 10398 S. Bentley Rd.								
	Atoka, OK 74525								
	580-239-0361								
	Carla Jackson, Contact Person								
21.	Healdton Senior Citizens Center	Carter	X	X				X	X
	101 E. Texas St. or P.O. Box 928								
	Healdton, OK 73438								
	580-229-1283								
	Lane H. Jones, Contact Person								
22.	Hendrix Senior Community Center	Bryan	X	X				X	
	311 Main St. or P.O. Box 67								
	Hendrix, OK 74741								
	580-838-2475								
	Stacy Peebles, Contact Person								
23.	Hickory Senior Citizens Center	Murray	X	X				X	
	6671 Madison Rd., Roff, OK 74865 OR								
	P.O. Box 240, Sulphur, OK 73086								
	580-456-7777 - Loyce Gerth, Contact Person OR								
	580-622-3777 - Marissa Mitchell, Contact Person								
24.	Kemp Senior Community Center	Bryan	X	X				X	
	500 N. Main or P.O. Box 423								
	Kemp, OK 74747								
	580-838-2576								
	Wanda Cooper, Contact Person								

APPENDIX 7 DESIGNATED FOCAL POINTS

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			CHECK IF FACILITY IS:					CHECK IF LOCATION SERVES:	
	CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER CONTACT	COUNTY	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
25.	Lane Senior Citizens Center	Atoka	X	X				X	X
	997 E. Hwy 3 or P.O. Box 93								
	Lane, OK 74555								
	580-889-7402								
	Thelma Bledsoe, Contact Person								
26.	Lebanon Senior Citizen Center	Marshall	X	X				X	
	10905 Red River Ave. or P.O. Box 312								
	Lebanon, OK 73440								
	580-795-9681								
	Mary Hice, Contact Person								
27.	Lindsay Nutrition Center	Garvin	X		X			X	
	310 W. Choctaw								
	Lindsay, OK 73052								
	405-756-4780								
	Jean Robbins, Site Manager								
28.	Lone Grove Senior Center	Carter	X	X				X	
	16737 Highway 70W or P.O. Box 965								
	Lone Grove, OK 73443								
	580-657-4734								
	Teri Jones, Contact Person								
29.	Love County Senior Citizens (Marietta) Nutrition Center	Love	X		X			X	
	1110 N. Hwy 77								
	Marietta, OK 73448								
	580-276-5475								
	Brenda Parker, Site Manager								

APPENDIX 7 DESIGNATED FOCAL POINTS

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			CHECK IF FACILITY IS:					CHECK IF LOCATION SERVES:	
	CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER CONTACT	COUNTY	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
30.	Maysville Senior Citizens	Garvin	X	X				X	
	401 Elm or P.O Box 419								
	Maysville, OK 73057								
	405-642-8763								
	Carolyn Ramsey, Contact Person								
31.	Mead Community Center	Bryan	X	X				X	
	6925 W. Hwy 70 or P.O. Box 45								
	Mead, OK 73449								
	580-760-0362								
	Kelly Silvera, Contact Person								
32.	Mill Creek Senior Citizens	Johnston	X	X				X	
	103 E. Main, P. O. Box 6								
	Mill Creek, OK 74856								
	580-384-5510								
	Melvin Lindell, Contact Person								
33.	Murray County (Sulphur) Nutrition Center	Murray	X		X			X	
	728 Cambridge Dr.								
	Sulphur, OK 73086								
	580-622-6336								
	Norma Wallace, Site Manager								
34.	Oak Grove Senior Citizens Center	Murray	X	X				X	
	7451 Hwy 177 North								
	Sulphur, OK 73086								
	580-622-6731 or 580-622-3777								
	Marissa Mitchell, Contact Person								

APPENDIX 7 DESIGNATED FOCAL POINTS

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			CHECK IF FACILITY IS:					CHECK IF LOCATION SERVES:	
	CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER CONTACT	COUNTY	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
35.	Paoli Senior Citizens	Garvin	X	X				X	
	408 W. Davis St.								
	Paoli, OK 73074								
	405-238-8436								
	Terry Erwin, Contact Person	-							
36.	Pauls Valley Nutrition Center	Garvin	X		X			X	
	310 W. Thomas								
	Pauls Valley, OK 73075								
	405-238-5892								
	Sherry Allen, Site Manager								
37.	Pontotoc Senior Center	Pontotoc	X	X				X	X
	108 S. 2nd Street or HC 64 Box 192								
	Ada, OK 74820								
	580-272-7289								
	Jimmie Timmons, Contact Person								
38.	Ravia Senior Center	Johnston	X	X				X	
	102 S. 2nd St. or P.O. Box 151								
	Ravia, OK 73455								
	580-371-9797								
	Joyce Smith, Contact Person								
39.	Ray Smith Memorial Senior Citizens Center	Marshall	X	X				X	
	5785 Sandra Drive or P.O. Box 1035								
	Kingston, OK 73439								
	580-624-0052								
	Ron Kifer, Contact Person								

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			CHECK IF FACILITY IS:					CHECK IF LOCATION SERVES:	
	CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER CONTACT	COUNTY	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
40.	Reagan Senior Citizens & Community Center	Johnston	X	X				X	
	5959 City St. or 7300 W. Pace								
	Tishomingo, OK 73460								
	830-591-7499								
	Ronald Shackleford, Contact Person								
41.	Roff Senior Citizen	Pontotoc	X	X				X	
	220 W. Main								
	Roff, OK 74865								
	580-456-7702								
	Connie Byrd, Contact Person								
42.	Shay Community Center	Marshall	X	X				X	
	7519 Shay Rd.								
	Kingston, OK 73439								
	214-356-6683								
	John Cox, Contact Person								
43.	Springdale Community Center	Carter	X	X				X	
	2811 Springdale Rd. or 3220 Meridian								
	Ardmore, OK 73401								
	580-465-5934								
	Gary Scott, Contact Person								
44.	Stonewall Senior Nutrition Center	Pontotoc	X	X				X	X
	108 E. 7th St. or P.O. Box 278								
	Stonewall, OK 74871								
	580-265-4510								
	Dana Sharp, Contact Person								

APPENDIX 7 DESIGNATED FOCAL POINTS

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			CHECK IF FACILITY IS:					CHECK IF LOCATION SERVES:	
	CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER CONTACT	COUNTY	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
45.	Stratford Senior Citizens Center	Garvin	X		X			X	
	401 W. Main								
	Stratford, OK 74872								
	580-759-3613								
	Lavon Coleman, Site Manager								
46.	Thackerville Senior Citizens Center	Love	X	X				X	X
	19103 U.S. Hwy 77 or P.O. Box 234								
	Thackerville, OK 73459								
	580-276-4842								
	Susan Y. Rains, Contact Person								
47.	Tishomingo Nutrition Center	Johnston	X		X			X	X
	601 W. Main								
	Tishomingo, OK 73460								
	580-371-9116								
	Joyce Medina, Site Manager								
48.	Tupelo Senior Center	Coal	X	X				X	X
	102 4th St. or P.O. Box 360								
	Tupelo, OK 74572								
	580-845-2272								
	Doris Kahle, Contact Person								
49.	Utica Community Center	Bryan	X	X				X	
	209 Harrison Street								
	Bokchito, OK 74726								
	580-931-8875								
	Debbie Sikes, Contact Person								

APPENDIX 7 DESIGNATED FOCAL POINTS

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			CHECK IF FACILITY IS:					CHECK IF LOCATION SERVES:	
	CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER CONTACT	COUNTY	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
50.	Wade-Albany Senior Citizens Center	Bryan	X	X				X	
	107 N. Wade Street or P.O. Box 85								
	Albany, OK 74721								
	580-924-9264								
	Linda Staton, Contact Person								
51.	Wilson Community Senior Citizens Assoc. of Atoka County	Atoka	X	X				X	X
	1290 W. Artesian Rd.								
	Atoka, OK 74525								
	580-937-4536								
	Betty Sullivan, Contact Person								
52.	Wilson Nutrition Center	Carter	X		X			X	
	1165 7th Street								
	Wilson, OK 73463								
	580-668-3128								
	Mikki Roberts, Site Manager								
53.	Wynnewood Senior Center	Garvin	X	X				X	
	804 E. Robert S. Kerr Blvd.								
	Wynnewood, OK 73098								
	405-665-2402 or 405-665-4141								
	Stephanie Martin-Stevenson, Contact Person								
54.	Yarnaby Senor Nutrition & Community Center	Bryan	X	X				X	
	1351 Yarnaby Road								
	Hendrix, OK 74741								
	580-285-2237								
	Chuck Prater, Contact Person								

APPENDIX 7 DESIGNATED FOCAL POINTS

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			CHECK IF FACILITY IS:					CHECK IF LOCATION SERVES:	
	CENTER NAME ADDRESS, CITY, ZIP CODE PHONE NUMBER CONTACT	COUNTY	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
55.	Big Five Community Services	Bryan	X			X			
	1502 N. 1st								
	Durant, OK 74701								
	580-924-5331								
	Counties Served: Bryan, Carter, Coal, Love, Pontotoc								
56.	Delta Community Action Foundation	Garvin	X			X			
	308 S.W. 2nd								
	Lindsay, OK 73052								
	405-756-1100								
	Counties Served: Garvin								
57.	INCA Community Services	Johnston	X			X			
	202 S. Capitol Street, Suite 2 or P.O. Box 68								
	Tishomingo, OK 73460								
	580-371-2352								
	Counties Served: Atoka, Garvin, Johnston, Marshall, Murray								

APPENDIX 8 AGING PROGRAM OUTPUT TABLE and NARRATIVE - [See state policy OAC 340:105-10-33](#)

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Area Plan Variance Explanation Report for SFY 17								
AAA: SODA								
CLIENT SUMMARY		SFY2016	SFY2017	% Diff.	Explanation			
# Of persons served for whole AAA		6,198	6,637	7.1%	Increase in person served for entire AAA due to new Outreach Program and project – changed service from Home Repair to Homemaker and increased clients.			
						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	Yes	No	
Homemaker	Persons Served	37	82	121.6%	Goals were exceeded. New service. Increased clients more than the project realized they would.		X	60
Homemaker	Units of Service	1,200	1,666.96	38.9%	Goals were exceeded. Numbers Increased due to new clients with new service.		X	1,450
Chore	Persons Served	34	71	108.8%	Goals were exceeded. Outreach gained chore clients when Homemaker clients were increased.		X	50
Chore	Units of Service	510	839.60	64.6%	Goals were exceeded. Outreach gained chore clients when Homemaker clients were increased.		X	650
Case Management	Persons Served							
Case Management	Units of Service							
Big 5 Transportation	Persons Served	50	53	6%	Goals were exceeded by only a minimal amount.		X	40

Big 5 Transportation	Units of Service	1,248	2,145	71.9%	Goals were exceeded due to increase of clients needing medical transport multiple times.		X	2000
INCA Transportation	Persons Served	50	30	-40%	Goal was not reached. Having a hard time reaching clients in Garvin County.		X	40
INCA Transportation	Units of Service	1,880	2,020	7.4%	Goal was exceeded due to increase of clients needing medical transport multiple times in the other counties.		X	2000
Congregate Meals	Persons Served	1,800	1,470	-18.3%	Goals were not met. Many reasons: Due to deaths, became homebound or entered nursing homes or many seniors still working.		X	1,300
Congregate Meals	Units of Service	120,000	107,471	-10.4%	Goals were not met. Many reasons: Due to deaths, became homebound or entered nursing homes or many seniors still working.		X	100,000
Nutrition Counseling	Persons Served	50	41	-18%	Goals were not met. New service. Nutrition project and RD had trouble getting started with service.		X	38
Nutrition Counseling	Units of Service	50	42	-16%	Goals were not met. New service. Nutrition project and RD had trouble getting started with service.		X	38
Legal Assistance	Persons Served	427	740	73.3%	Goal was exceeded. Due to attendance of senior health fairs and forums in the community.		X	550
Legal Assistance	Units of Service							
Nutrition Education	Persons Served	2,200	2,003	-9%	Goals were not met. Congregate numbers were down so therefore, not as many to present Nutrition Education to.		X	2,000
Nutrition Education	Units of Service	12,000	12,218	1.8%	Goals were exceeded slightly, due to some persons receiving this service more than once.	X		
Information and Assistance	Person Served	500	783	56.6%	Goals were exceeded due to many seniors needed services in many areas.		X	650

Information and Assistance	Units of Service	1,200	2,074	72.8%	Goals were exceeded due to many seniors needed services in many areas.		X	1,500
Outreach	Persons Served	N/A	493	N/A	Didn't have UPS as goal in SFY 2017 grant.		X	500
Outreach	Units of Service	800	964.50	20.6%	Goals were exceeded due to Outreach staff increase in canvassing & targeting by OR workers and referrals from others.		X	850
Health Promotion and Disease Prevention	Persons Served	12	43	258.3%	Goals were exceeded with new Tai Chi program. More seniors wanted this service.		X	20
Health Promotion and Disease Prevention	Units of Service	80	218	172.5%	Goals were exceeded with new Tai Chi program. More seniors wanted this service.		X	100
Other Services	Persons Served							
Other Services	Units of Service							
CAREGIVERS SERVING ELDERLY INDIVIDUALS		Total Goal per Grant Proposal	Total of Provided	% Diff.	Explanation of variance	Yes	No	If no, please identify the new amount
Counseling, Support Groups, Training	Persons Served	50	40	-20%	Goals were not met. Caregivers don't really want the service.		X	35
Counseling, Support Groups, Training	Units of Service	50	64	28%	Goals were exceeded due to counseling support teleconferences.	X		
Respite	Persons Served	165	82	-50.3%	Goals were not met. Some caregivers losing loved ones or placing in nursing homes.		X	85
Respite	Units of Service	5,000	5,396.33	7.9%	Goals were exceeded due to caregivers sending in respite vouchers.	X		
Supplemental Services	Persons Served							
Supplemental Services	Units of Service							

Access Assistance	Persons Served	170	331	94.7%	Goals were exceeded with increase in canvassing and targeting areas.		X	250
Access Assistance	Units of Service	350	650	85.7%	Goals were exceeded due to increase in demand for services.		X	500
Information Services	Persons Served							
Information Services	Units of Service							
Total Caregivers	Caregivers Served							
GRANDPARENTS AND OTHER ELDERLY CAREGIVERS SERVING CHILDREN		Total Goal per Grant Proposal	Total of Provided	% Diff.	Explanation of variance	Yes	No	If no, please identify the new amount
Counseling, Support Groups, Training	Persons Served	10	10	0%	Goal was met.	X		
Counseling, Support Groups, Training	Units of Service	10	16	60%	Goal was exceeded due to a slight interest or need in counseling.	X		
Respite	Persons Served	10	14	40%	Goal was exceeded due to slight increase in the need of this service.	X		
Respite	Units of Service	500	1,448	189.6%	Goal was exceeded due to higher volume of respite vouchers.		X	1,000
Supplemental Services	Persons Served							
Supplemental Services	Units of Service							
Access Assistance	Persons Served	10	33	230%	Goal was exceeded due to increase public awareness of the program.		X	20
Access Assistance	Units of Service	20	114	470%	Goal was exceeded due to higher volume of caregivers needing assistance.		X	50
Information Services	Persons Served							
Information Services	Units of Service							
Total Caregivers	Caregivers Served							

APPENDIX 9 VOLUNTEER PROGRAM NARRATIVE

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For the latest information, please see: <http://independentsector.org/resource/the-value-of-volunteer-time>

The estimated national value of volunteer time for 2016 was \$24.14 per hour.

(Please note: 2016 is the latest year for which both the national value of volunteer time and state-by-state numbers are available. There is a lag of almost one year in the government's release of state level data. The 2016 value of volunteer time was not posted until 04-20-17)

The estimate helps acknowledge the millions of individuals who dedicate their time, talents, and energy to making a difference. Charitable organizations can use this estimate to quantify the enormous value volunteers provide.

Oklahoma's Value of a Volunteer Hour for 2016: \$22.08 per hour

This is a 2.8% increase from 2015.

Recruitment and use of Volunteers by the AAA and grantees:

SODA AAA ADVISORY COUNCIL – SFY 2017, SFY 2018, SFY 2019

Recruitment of volunteers is mainly done by word of mouth and networking with others. When an Advisory council member chooses to resign, we ask that they try to find someone from the same County to take their place. Volunteers are actively recruited and trained to serve as advisory council members. These Volunteers attend quarterly meetings to advise the SODA AAA on matters related to issuing funds to grantees and to submit input for the four-year area plan and subsequent updates. These volunteers serve as advocates on issues related to older persons in the SODA AAA PSA and also throughout the state of Oklahoma. Each year nominations are made by the Advisory Council members/volunteers for the Perry G. Anderson Award that is given out every year in December. This award is given to offer appreciation of those awarded for their continued dedication to Senior's. SODA AAA currently has 22 Advisory Council members. All Counties are represented in SFY 2018. SFY 2018 and SFY 2019 SODA AAA will continue to work towards recruiting more Advisory Council Members as needed in the SODA AAA PSA.

SODA AAA OMBUDSMAN VOLUNTEER PROGRAM – SFY 2017, SFY 2018, SFY 2019

SODA Area Agency on Aging Ombudsman program recruits volunteers to assure quality of care for residents in long-term care facilities. Recruitment is done by word of mouth, newspaper ads, brochures and fliers. Occasionally some radio ads are used. The need for volunteers is to have another pair of eyes and ears to help make the quality of life and the quality of care respectful for those living in the long term care facilities. It is also to provide communication for the residents to help with understanding and to adjust to new environments. The communication is also to help the understandings of the law and regulations between the residents, families, and facilities. The volunteers are trained to help with unanswered calls to assist with medication administration, discharge or eviction with proper notice, and lack of respect for residents. Volunteers help improve quality of care for nursing home residents. Trainings for volunteers occur every quarter. There is currently only one active Ombudsman volunteer in the SODA PSA, but the Ombudsman Supervisors are diligently working on recruiting more.

Big Five FCSP, Outreach, Health Promotion, Transportation – SFY 2017, SFY 2018, SFY 2019 - Have volunteers occasionally who help them with whatever is needed. All programs of Big Five have an Advisory Council who volunteers their time and meets quarterly.

APPENDIX 9 VOLUNTEER PROGRAM NARRATIVE

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“HANDS OF HOPE” FOOD BANK – DURANT - SFY 2017, SFY 2018, SFY 2019

“Hands of Hope” coordinates with the Regional Food Bank of Oklahoma to provide food to seniors and others. Not only do they provide this service, they also provide counseling, utility assistance, motel assistance to transient persons and other beneficial services to others. SODA AAA’s Information and Assistance Coordinator has and will coordinate with the “Hands of Hope” Food Bank to use their services for the elderly when the need arises.

LASO – SFY 2017, SFY 2018, SFY 2019 - Occasionally utilizes volunteers through higher education programs and through DHS, TANF, RSVP and retirees. LASO has an Advisory Council who volunteers their time and meets quarterly.

MENTAL HEALTH - SFY 2017, SFY 2018

SODA Area Agency on Agings Information & Assistance Coordinator & Planner both volunteer by participating in Webinars on Mental Health. Plans are to continue to participate in these webinars in SFY 2018 and SFY 2019 as they are presented.

SONP – SFY 2017, SFY 2018, SFY 2019 - Volunteers help out at the nutrition sites and are recruited mainly by site managers. Most of these volunteers are also congregate participants. SONP has an Advisory Council who volunteers their time and meets quarterly.

Using the Oklahoma state “Value of a Volunteer Hour for 2015” of \$22.08 The amount of income SODA AAA and its projects saved in SFY 2017 utilizing volunteers is estimated to be approximately \$677,127.36

SFY 2017 - Unduplicated Volunteers & Unduplicated Volunteer Hours

Total Unduplicated Volunteers for SFY 2017– 230

Total Unduplicated Volunteer Hours for SFY 2017 – 30,667

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
Big 5 FCSP	0	0	0	0	0	0	0	0
Big 5 Outreach	0	0	0	0	0	0	0	0
Big 5 Health Promotion	0	0	0	0	0	0	0	0
Big 5 Trans	0	0	0	0	0	0	0	0
INCA JAMM	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LASO	5	5	0	0	0	0	0	0
SONP	155	7947	23	7676	22	7761	25	7278
TOTAL	160	7952	23	7676	22	7761	25	7278