

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
Department of Community and Cultural Affairs
OFFICE ON AGING
P.O. Box 502178, Saipan MP 96950



CNMI FOUR-YEAR STATE PLAN ON AGING



FY 2024 – 2027

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I. VERIFICATION OF INTENT

The Department of Community and Cultural Affairs (DCCA), Office on Aging (OoA), hereby submits the Commonwealth of the Northern Mariana Islands (CNMI) State Plan for the Office on Aging for the period of four years covering October 1, 2023 through September 30, 2027. The Office on Aging will serve as the State Unit on Aging and has the authority to develop and administer the State Plan on Aging in compliance with the requirements of the Older Americans Act P.L. 109-365. The State Agency is primarily responsible for the coordination of all State activities related to the purpose of the Act, including but not limited to the development of comprehensive and coordinated care systems for the delivery of services. These services include supportive services, protective services, multi-generation programs, multi-purpose senior centers, and nutrition services. The State Agency will serve as the effective representative and visible advocate for the older population of the CNMI. For purposes of this State Plan, the CNMI is a single planning and service area (SPSA), and is 100% rural and 100% minority community.

The State Plan on Aging hereby submitted has been developed in accordance with applicable Federal statutory and regulatory requirements.

DATE: 06/13/2023



Mary M. S. Sablan

Secretary

Department of Community and Cultural Affairs

I hereby approve the Commonwealth of the Northern Mariana Island's (CNMI) State Plan on Aging that constitutes authorization to proceed with activities under the Plan and is submitted to the Assistant Secretary on Aging for review and approval.

DATE: 6/14/23



Arnold I. Palacios

Governor, CNMI

II. EXECUTIVE SUMMARY

The Commonwealth of the Northern Mariana Islands (CNMI) Office on Aging (OoA) under the Department of Community and Cultural Affairs (DCCA) is charged with the direct responsibility of assisting the CNMI elderly and people with disabilities to secure equal opportunity to the full and free enjoyment of objectives declared under Title I Section 101 of the Older Americans Act of 1965 as amended in 2006 (Public Law 109-365). As per requirement of the aforementioned Act, the OoA hereby submits the CNMI Four-Year State Plan on Aging, covering the period of October 01, 2023 to September 30, 2027.

The CNMI Four-Year State Plan on Aging will provide direction for the development of a comprehensive and coordinated system of home and community-based services that allow senior citizens and older persons with physical disabilities to continue to live in their homes and communities. The State Plan will serve as a comprehensive document that provides direction for the OoA as it plans and implements long-term care reform efforts. These reforms will assist elderly individuals and people with disabilities to maintain independence and dignity in their homes and communities. It is the intent of the State Plan to strategically guide the agency to address the challenges of an aging and disabled population in the CNMI. The CNMI, like other states and jurisdictions, is facing a rapidly growing new generation of long-term care consumers. It is the desire of the CNMI OoA to preserve the closely-knit family tradition that values caring for the elderly and those with disabilities at home among their nuclear and extended families. The islands take pride in their elderly and those with disabilities staying with their families despite their old age and/or disabilities as they become the source of wisdom and are role models to perpetuate the island culture for the younger generations.

The CNMI Four-Year State Plan on Aging is aligned to the national goals and objectives of the Administration for Community Living (ACL) Strategic Action Plan of 2023. The State Plan will continue to pursue the core programs provided for by Title III such as supportive services and senior centers, nutrition service, disease prevention and health promotion services, national family caregiver support program, and transportation services.

The CNMI's State Plan references the coordination and the collaborative efforts in working relationships with our partnering agencies such as the Commonwealth Healthcare Corporation (CHCC), Office of Vocational Rehabilitation (OVR), Northern Mariana Island Protection Services, Inc. (NMPASI), Community Guidance Center (CGC), Medicaid Office, Low Income Home Energy Assistance Program (LIHEAP), Division of Energy, Office of the Attorney

General, Nutrition Assistance Program (NAP), the Council on Developmental Disabilities (DD Council), and the Center for Independent Living (CLI).

In addressing the needs of the CNMI's aging population, the Office on Aging sets forth the following goals and objectives as aligned with those of the Administration on Aging (AOA):

Goal 1: Provide information to the general public on the programs and services available at the Office on Aging, to include Title III-B, Title III-C, Title III-D, Title III-E, Title VII, and Title V. In addition, we would like to help educate our community on how to keep seniors safe from Covid-19 and other potentially life-threatening illnesses.

Goal 2: Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports, including supports for families and caregivers.

Goal 3: Work with older adults and people with disabilities as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health. We would also like to keep our seniors active, joyful and healthy throughout their lives.

Goal 4: Protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older adults and people with disabilities in the CNMI.

Goal 5: Implement management and workforce practices that support the integrity and efficient operations of programs serving people with disabilities and older adults and ensure stewardship of taxpayers' dollars.

Goal 6: Addressing, preventing, detecting, and responding to negative health effects associated with social isolation for senior citizens and people with disabilities. This requires a comprehensive approach that involves various strategies and interventions.

Goal 7: Create a focus on reaching underserved persons.

The State Plan on Aging includes a provision in consideration of emergency preparedness in view of natural or man-made disaster and health emergencies. Coordination with other agencies, such as the CNMI Governor's Office and the CNMI Department of Homeland Security, is a factor in the aforementioned provision.

To engage public participation in the review of the State Plan on Aging, a formal Public Hearing on Saipan, Rota, and Tinian will be conducted prior to the final submission of the plan. The OoA Director will conduct the public hearing in Saipan, while OoA Coordinators in Rota and Tinian will conduct public hearings on their respective islands to solicit comments from the elderly, people with disabilities, and community members. Copies of the State Plan will be made available to the public at the Senior Centers on all three islands a week prior to the public hearings. An announcement will be made public on our social media page a week before the

public hearings.

The Office on Aging will monitor the implementation of existing programs and services, the realization, and the achievements of the State Plan on Aging goals and objectives through semi-annual and annual written reports to be submitted to the DCCA Secretary for public view.

III *CONTEXT*

A. A Brief History

The Northern Mariana Islands possess a long and fascinating history. The islands were first settled approximately in 1800 BC by seafaring immigrants from the islands of Southeast Asia. These settlers, who are ancestors of the modern Chamorro people, constructed their villages and buried their dead throughout the islands, particularly in coastal beach areas on Saipan, Tinian and Rota.

In the early sixteenth century, the islands were visited by Spanish explorers and, by the late 1500s; Rota became a repositioning stop for Spanish galleons carrying silver from New Spain to the trading center of Manila in the Philippines. A century and one half later, a Jesuit mission was established on nearby Guam. Within forty years, the priests had converted the islanders to Catholicism, a process that led to the collapse of the traditional Chamorro social order and to the relocation of the surviving islanders into small mission villages. In spite of a tremendous drop in population and the imposition of western customs, the Chamorros were able to maintain their indigenous language. For the next two hundred years, the Northern Marianas were administered as an isolated outpost in the Spanish colonial empire.

Following the Spanish-American War, Germany purchased the Northern Marianas from Spain. The United States retained Guam, thus splitting the administration of the archipelago, a situation that has continued until the present. Germany concentrated on infrastructure and economic development during its fifteen-year rule of the Northern Marianas. Its administration was brought to an abrupt end at the outbreak of World War I when a Japanese naval squadron seized the Archipelago. Japan focused on commercial development and by the early 1930s; large sugar cane plantations and refining mills were operating on Saipan, Tinian and Rota. At the height of operations, the Northern Marianas produced tons of processed sugar, alcohol, and other products, which were shipped to markets in Japan. Japanese agriculture settlements were also established on several of the Northern Islands and Aguiguan, as well. In pursuing their development priorities, the Japanese cleared virtually all of the tillable land on Saipan, Tinian, Rota and Aguiguan and tens of thousands of Japanese and Okinawan agricultural and factory workers were brought in to meet the growing labor demands. By the late 1930s, the foreign population in the Marianas numbered more than 40,000, roughly ten times the size of the indigenous population. During this period, the Northern Marianas and its people were assimilated as integral parts of the Japanese empire.

Economic prosperity came to an end in 1941 with the outbreak of World War II in the Pacific. The costly Pacific war ended following the atomic bomb attacks launched from Tinian in the summer of 1945.

Following the war, the islands were administered by the Department of the Navy under a Trusteeship Agreement created by the United Nations. In the 1950s and early 1960s Saipan was used as a secret training base for Nationalist Chinese guerrillas, an operation reportedly directed by the Central Intelligence Agency. In 1962, military control over the Marianas District ended, and Saipan became the capital of the Trust Territory of the Pacific Islands. The Northern Marianas became one of the six districts administered by the Trust Territory government.

Later in the 1960s, Chamorros and Carolinians made their desires known regarding their future political status. Many people sought reunification with Guam and a referendum was held in 1969. Although the reunification objective was supported by a majority of Northern Marianas voters, the voters on Guam rejected it. Not wishing to remain part of Micronesia, and desiring close political association with the United States, a Northern Marianas political delegation began direct negotiations with the U.S. Government. These negotiations were undertaken to separate the Northern Marianas from the Trust Territory government and to establish a permanent political union with the United States. After several years of negotiations, a Covenant to establish a Commonwealth was approved by the Northern Marianas District Legislature in 1975. This document was also approved by both houses of the U.S. Congress and signed into law by President Gerald Ford on March 24, 1976. The Covenant created the Commonwealth of the Northern Mariana Islands and provided residents with self-government and U.S. citizenship. Under this agreement, the Commonwealth is entitled to participate in a wide range of federal programs. The Commonwealth of the Northern Mariana Islands benefits from substantial subsidies and development assistance from the federal government of the United States.

Shortly after attaining Commonwealth status, the Northern Marianas, particularly Saipan, became the focus of tourist related developments. During this relatively brief period, Saipan went from a quiet, rustic island of 14,000 to a heavily developed tourist destination with a population of nearly 69,221. This rapid development significantly increased economic prosperity and raised the local standard of living to a level unmatched in the islands' history.

B. The Northern Mariana Islands and Its People

The Commonwealth of the Northern Mariana Islands comprises fourteen separate islands arranged in two gently curving arcs between 13- and 21-degrees north latitude and approximately 145 degrees east longitude.

The islands lay roughly 1,491 miles east of the Philippines and 1,553 miles southeast of Japan. They are the northernmost group in a region of the Pacific commonly referred to as Micronesia. Although the island of Guam is a part of the Mariana archipelago, it is politically separated from the Commonwealth of the Northern Mariana Islands and is administered as an unincorporated territory of the United States. The Commonwealth of the Northern Mariana Islands' climate is marine tropical with distinct dry and wet seasons. Located in the primary storm track of the western Pacific, the archipelago routinely is affected by tropical storms and typhoons, the most powerful of which may pack winds of over 200 miles per hour. Large storms generate high winds and storm surge, which greatly impact vegetation, destroy buildings and structures, and reconfigure coastal environments. The Commonwealth's population is concentrated on the main southern islands of Saipan, Tinian and Rota. Saipan is by far the most populous and developed, with a total population of 48,220.



Saipan also serves as the seat of the Commonwealth government. The CNMI is a bicameral legislature that includes the House of Representatives and the Senate. The House of Representatives comprises of 18 members for Saipan, 1 for Rota, and 1 for Tinian. The Senate consists of 9 Senators, with 3 seats each for Saipan, Rota, and Tinian.

Tinian, lying only three miles south of Saipan, has a much smaller population, with a total population of 3,136 which occupies the southern one-third of the island.

Rota is the southernmost island of the Commonwealth of the Northern Mariana Islands, and is the second southernmost of the Marianas Archipelago. It lies approximately 40 nautical miles (74 km) north-northeast of the United States territory of Guam. Sinapalo village is the largest and most populated village followed by Songsong village. Rota has slightly less people than Tinian, with a total population of 2,527.

The Covid-19 pandemic had a significant impact on the Commonwealth of the Northern Mariana Islands (CNMI), affecting its economy, employment, healthcare system, and presenting various challenges.

Economy: CNMI heavily relies on tourism, and the pandemic led to a drastic decline in visitor arrivals, causing a severe blow to the tourism industry. Many businesses, such as hotels, restaurants, and retail establishments, experienced financial hardships and closures. The decline in tourism revenue resulted in a significant economic downturn and loss of government revenue.

Jobs and Employment: The tourism industry's downturn led to widespread job losses and unemployment. Many individuals, particularly those employed in the hospitality sector, faced layoffs, reduced work hours, or complete job loss. The decrease in job opportunities and income had a significant impact on the livelihoods of residents, leading to financial hardships and economic uncertainty.

Healthcare: Covid-19 posed a significant strain on CNMI's healthcare system. The islands' limited healthcare infrastructure faced challenges in managing and responding to the pandemic. The surge in Covid-19 cases necessitated the establishment of temporary medical facilities and increased demand for medical resources, including personal protective equipment (PPE) and testing supplies. Healthcare professionals worked tirelessly to provide care and support to patients.

Challenges: The pandemic presented additional challenges to CNMI beyond the economic and healthcare impacts. Travel restrictions, lockdowns, and social distancing measures disrupted daily life and affected the social fabric of the community. Remote and isolated communities faced difficulties in accessing essential services and resources. Education systems had to adapt to remote learning, creating challenges for students, parents, and teachers. Mental health issues, such as increased stress, anxiety, and isolation, became prevalent due to the pandemic's ongoing effects.

Despite the challenges, CNMI implemented various measures to mitigate the impact of Covid-19. These included implementing strict travel restrictions, quarantine protocols, mass testing efforts, and vaccination campaigns. The government worked to provide economic assistance and support to affected individuals and businesses. Through collective efforts and resilience, CNMI continues to navigate the complexities of the pandemic, aiming to recover and rebuild its economy and safeguard the health and well-being of its residents.

The COVID-19 pandemic has had a significant impact on seniors in the Commonwealth of the Northern Mariana Islands (CNMI). As a vulnerable population, seniors have faced increased health risks and social isolation during these challenging times. Many older adults in the CNMI have experienced disruptions in their regular healthcare services, leading to delayed or limited access to medical care. The need to adhere to strict safety measures, such as social distancing and self-isolation, has resulted in reduced social interactions, which can have detrimental effects on seniors' mental health and well-being. Additionally, the closure of community centers and senior activity programs has further contributed to feelings of loneliness and isolation among this population. The CNMI has implemented various measures to protect seniors, including prioritizing vaccination efforts and providing support services, but the impact of COVID-19 on seniors' physical and emotional well-being continues to be a concern. The senior centers in the CNMI had to be closed for several months until the Covid-19 Taskforce felt that it was safe to reopen leaving seniors bored, isolated and feeling helpless.

The indigenous residents of the Commonwealth of the Northern Mariana Islands, the Chamorros, are the descendants of the original settlers who successfully colonized the

archipelago nearly 4,000 years ago. A second indigenous population, established in the mid-1800s, comprises the descendants of immigrants from the Central Caroline Islands, small atolls and islands which lay to the south of the Marianas archipelago between Chuuk and Yap. Due to rapid economic development and the resulting demand for outside labor, indigenous residents are now a minority population in the Commonwealth. Reflecting the multi-cultural make-up of the Northern Mariana Islands, the Commonwealth Constitution established three official languages; English, Chamorro, and Carolinian. Official government business is conducted in the English language. Although the Commonwealth of the Northern Mariana Islands is tiny in terms of population and land area when compared to mainland jurisdictions, it is both culturally and ethnically diverse and physically spread out over thousands of square miles of ocean.

C. Demographic Trends

According to the 2020 Census Report, the CNMI has a total population of 47,329 individuals, of which, 5,281 are senior citizens ages 60 and over or 11.15%.

D. The CNMI Office on Aging (OoA)

1. OVERVIEW

The **MISSION** of the OoA is to develop, coordinate, and deliver support services to the elderly, people with disabilities, and their families and caregivers. The OoA focuses on maximizing clients' independence, well-being, and health. It is the Office's intent to provide opportunities for seniors to play an active role in the community and to proactively implement a wide range of functions relative to planning and advocacy for a system designed to assist the elderly persons to live their lives with meaning and dignity. The mission clearly directs the pathway of the Office, thereby complying with the philosophy that senior citizens and people with disabilities should enjoy quality independent living to the greatest extent possible.

The **VISION** of the OoA is for the elderly and people with disabilities to have the opportunity to fully participate in all aspects of society and community life and be continuously productive, be able to maintain their health and independence for as long as time allows, and remain in their own homes and communities for as long as possible without the isolation of life in institutions such as nursing homes. Such vision is based on the American values of independence, productivity, and family. The same vision is in consonance with the CNMI's customs, traditions, and culture cognizant that dignity is inherent to all individuals in our democratic society and that caring for older people and people with disabilities is not looked at as a chore but more of a duty out of gratitude for their contribution to both the family and the community.

As the Administration on Aging reinforces its commitment to State and local flexibility in crafting and executing programs that fulfill the mission and vision of AOA, the CNMI OoA will do its part in meeting that mission and vision by expanding its connectivity with other local public

agencies and community partners to provide services to ensure that they can best meet the unique needs of our elderly within the context of the AOA.

The **Office on Aging** is under the auspices of the **Department of Community and Cultural Affairs**, a member of the Executive Branch. The Office on Aging (OoA) is designated to assist the CNMI elderly persons and people with disabilities and to secure equal opportunity to the full and free enjoyment of objectives of the Older Americans Act of 1965 as amended in 2006. The Office on Aging extends services to those elderly known on the islands as *Man Amko'* identified as most in need of assistance due to their frail condition, belonging to the low-income group, belonging to the minority group, or those who are socially and economically disadvantaged. The OoA provides services such as transportation services, access assistance, and legal services to registered clients in the CNMI. To help meet the nutritional needs of the elderly and people with disabilities, the Office on Aging provides healthy and nutritious meals to eligible clients. Through the National Family Caregiver Support Program under Title III- E, the OoA assists family members caring for individuals who are 60 years of age and older, grandparents and other family members caring for children with developmental disabilities. Services such as respite care, information services, and counseling is being offered to help relieve stress and provide important information and trainings to registered caregivers. The Office on Aging also receives funding through the Department of Labor for the Senior Community Service Employment Program (SCSEP) also known as the Title V program of the Older Americans Act. In order to be eligible for this program an individual must be 55 years and older and must meet the low- income poverty guidelines. This program, through the Office on Aging, yearly provides certain number of jobs depending on the availability of funding for eligible senior citizens throughout the CNMI. This program is designed to aid senior citizens in gaining job skills for employment and allowing each client to be paid federal minimum wage for 20 hours of employment each week. The participants of this program are employed and placed in various host sites within the CNMI government and non-profit agencies. The purpose of the Title V program is to help senior citizens stay financially independent and to eventually place them in unsubsidized employment.

Other DCCA Agencies include the Division of Youth Services, Child Care Licensing Program, Historic Preservation Office, Nutrition Assistance Program, Commonwealth Council for Arts and Culture, Low Income Home Energy Assistance Program, Child Care & Development Fund, Chamorro/Carolinian Language Policy Commission, and the Commonwealth Respite Service Program.

2. STAFFING

The Office on Aging has a total of 23 full-time employees. Fourteen (14) are funded by the State and eight (9) are federally funded.

OoA employees are as follows:

1. **Director (1)/SUA Director/SCSEP ADMINISTRATOR** – Oversees all OoA programs in the CNMI. Creates policies and procedures and has full authority in all aspects of the program.

2. **Community Development Specialist I (2 Employees)**– Assists in providing services to seniors.
3. **Administrative Officer III (2 Employees)/Administrative Officer II (1 Employee)** Serves as Program Coordinators on the islands of Saipan, Rota and Tinian.
4. **Administrative Assistant**- Oversees client registration and intake forms.
5. **Account Clerk I** – Compiles and organizes all purchase orders, memorandums, travel authorizations, and other official documents.
6. **Community Development Technician (3 Employees)** – Assists clients in renewing their Medicaid applications. Refers clients to agencies in which they may be eligible to receive assistance or benefits.
7. **Clerk III** –Assists and monitors daily activities at the Office on Aging.
8. **Cooks II/III**– Prepares and cooks daily meals for the active and home bound clients in Rota and Tinian.
9. **Bus Driver (6 Employees)** – Assists with transportation services for seniors.
10. **Custodial Worker (3 Employees)** – Monitors all cleaning and operational supplies and ensures that the Senior Center is kept clean at all times.
11. **Accountant III** – Monitors all Office on Aging accounts and assists the Director in initiating purchase requisitions, reprogramming, budgeting, and more.

1. PROGRAMS AND SERVICES

The CNMI Office on Aging offers home and community-based services which include the Older Americans Act Core, Title III and Title VII programs. These services are offered to elderly individuals and persons with disabilities and consist of: Supportive Services, Nutrition Services, Transportation Services, National Family Caregiver Support Program, Elder Abuse Prevention Program, and the Senior Community Service Employment Program.

Title III-B Support Services Program

The Office on Aging offers a variety of services to assist in the physical, mental, social, and emotional well-being of elderly clients and people with disabilities. The OoA continuously provides a number of supportive services and activities that include:

1. Multi-Purpose Senior Center

The Office on Aging has established Multi-Purpose Senior Centers on Saipan, Rota, and Tinian where elderly individuals and people with disabilities can gather together and participate in various activities offered on a daily basis. Our elders have full access to the Senior Center, a public building with modern amenities. These centers provide a supervised venue where elders can congregate according to their needs and interests. The Senior Centers on all 3 islands are open Monday thru Friday from 7:30 am to 4:30 pm and are closed on weekends and holidays. In meeting the basic needs of elders, the center provides nutritional meals, physical exercise, health check-ups, and accessibility to stores, payment offices, social service offices, and more. It also provides an opportunity for seniors to socialize, have new experiences, and share lessons learned. “Bingo” is the most popular activity among the elderly, however other recreational

activities such as arts and crafts, sports, and music are also offered. Off-island guests and school children frequently visit the centers to spend time with and learn from our Man Amko'.

2. Transportation Services

The Office on Aging provides transportation services for the elderly and people with disabilities over the age of 60. OoA staff transport the senior citizens to pick-up their bi-weekly pension checks, monthly food stamp coupons from the Nutrition Assistance Program, Social Security and SSI checks. They are also afforded transportation by OoA staff to make utility payments, bank transactions, market runs, library visits, client funerals or other routine errands as necessary. The Office may provide an escort for medical and other appointments as requested. Transportation services are offered to the elderly Monday thru Friday from 9:30 am to 2:00 pm and are closed on weekends and holidays.

The DCCA-OFFICE ON AGING has two boats. These boats are used to send frozen goods and operational supplies to the islands of Tinian and Rota. The boats are also utilized to assist in the Title III-C1 and Title III-C2 Nutrition Programs by harvesting fish from our oceans, cooked, and served to elderly clients at the senior centers and to homebound clients. Other uses include OoA personnel transport to the islands of Rota, Tinian, and Guam, sunset cruise for seniors, and OoA staff and elderly client transport to Managaha Island for special event celebrations and mental health selfcare picnics. In the event that the OoA boats are under repair, ACL funds may be used to fuel a privately own vessel/s to be used for official purposes only as stated in the state plan. These services include: passenger transport to the islands of Tinian, Rota, or Guam, fishing for seniors, sunset cruises, shipping of food items/supplies, etc.

The following Recreational and other services are made available to seniors such as:

- **Computer and Technology Training for Seniors** – There is no doubt that knowing how to operate a computer, tablets and smartphones is a useful skill in today's world. It is our goal at the Office on Aging to introduce basic technological trainings to the elders and people with disabilities. The CNMI Office on Aging offer tutorials on how to operate a computer, tablets and smartphones. By providing access to technology and the internet, our elders are able to remain intellectually active as well as cater to their social and emotional needs by keeping in touch with friends and family members living abroad via email and social media.
- **Music** – There are many opportunities at the Senior Centers for the elders and people with disabilities to engage in musical activities. The Saipan Senior Center has formed a Senior Citizen Band, complete with a lead singer, guitarist, bass man, and drummer. There is also a separate area designated for karaoke. During gatherings and performances, our Man Amko' are always given the opportunity to perform in front of an audience.
- **Arts & Crafts** – Cultural Arts & Crafts is highly regarded among the elderly and people with disabilities. Our Man Amko' are encouraged to stay creative and

maintain the island custom of weaving, carving, beading, and more. Our elders often act as presenters to school children, teaching them the art of these traditional crafts.

- **Morning Stretching Exercise** – Every morning, we begin our daily program with a simple stretching routine that allows our Man Amko' to become physically ready and energized to take on the day.
- **Senior Entrepreneurship**- OoA assists seniors with the development and creation of their new business. OoA fully supports seniors in reaching their financial goals.
- **Recreational Activities** - We provide various games and activities that are available daily to allow our elders to remain active while at the Senior Centers. Such activities include bingo, billiards, board games, foosball, softball, basketball, ground golf, gym, karaoke, movies, gardening, and more.
- **Movie Production/Podcast** – Our elders are given the opportunity to act in locally produced feature films. Seniors will create their own podcast.
- **Cultural Tutorial** – The Office on Aging provides opportunities for the elders and people with disabilities enrolled at the program to visit schools to do storytelling, dancing, singing, arts and crafts, and more. These cultural tutorials also enable opportunities for the elderly and people with disabilities to teach our language, history and the use of traditional crafts.
- **Cultural Variety Shows** - Each year the Man Amko' showcase their talent at the Annual "Cultural Variety Show" that takes place during the Older Americans Month celebration in May. During this performance, they perform traditional dances, musical acts, dramatic interpretations, and more.
- **Man Amko' King & Queen** - The "*Man Amko'* King and Queen Fundraiser" takes place every year during the month of May to help raise funds for upcoming off-island trips and/or other celebrations.
- **Gardening Project**- Our seniors are growing their own vegetables. This particular activity increases levels of physical activity and helps mobility and flexibility. It also encourages use of all motor skills, improves endurance and strength. Gardening also helps prevent diseases like osteoporosis.
- **Spirit Week**- The purpose of Spirit Week is to help lift the spirit in our elders at the Senior Center by promoting cohesiveness and participation.
- **Fun Fridays**- Every Friday, clients at the Senior Centers compete in contests and other form of competitive games. This activity helps keep senior citizens stay active and healthy.
- **Man Amko' Cook Book**- A book of recipes and traditions. The title of the book is ISLAND TRESURES "Recipes and Memories from the Man Amko' of Saipan".
- **Cooking Show**- A youtube-based cooking show called "Cooking with Grandma" featuring elderly clients. The show features cooking demonstrations, health topics, nutrition and traditional cooking.
- **Sunset Cruise/Fishing**- Seniors spend a relaxing trip on their boat inside the lagoon while they enjoy each other's company. Seniors can enjoy a day of fishing as well.
- **Monthly Birthday Celebrations**- Each month, seniors celebrating their birthdays get a special treat at a nice restaurant. This promotes socialization and goodwill.
- **Health Walks at the beach**- Seniors will walk around at the beach and enjoy the fresh

air and listen to the calming sound of the ocean. A great way to relief stress.

Activities for Seniors with Alzheimer's or Dementia

For decades, and even longer, dementia was associated with a diminished quality of life. We now know that is simply not the case: Seniors with Alzheimer's disease or other dementias can live interesting, interactive, purposeful lives. The activities they enjoy might change because of their condition, but that doesn't mean they are resigned to boredom, day after day. Here are seven engaging activities for seniors with dementia and Alzheimer's to do at the Office on Aging:

1. *Watching an Old Movie*

Remembering and reminiscing about the past are powerful drivers for seniors with dementia because they activate and strengthen existing connections in the brain. Watching an old movie is both relaxing for dementia sufferers and helps them recall what they enjoyed about the movie in the first place. And in our digital age, old movies (as well as classic television shows) can be easily found on a streaming service such as Netflix or Youtube.

2. *Board Games*

Board games offer an activity for seniors with dementia that includes engagement, challenges the brain, and is enjoyable. Moreover, some classic board games may spark memories of playing those games decades earlier, which is also beneficial for mental health. The level of game complexity a senior with dementia can handle may depend on his or her condition, but chess, checkers, dominoes, Monopoly, Scrabble, and Bingo are games that most seniors likely already are familiar with, are easy to set up, and are still fun.

3. *Card Games*

In a similar vein, card games can also be a fun, stimulating activity for seniors with dementia and Alzheimer's. Besides the mental challenge and the familiarity with games they've played for decades, seniors also benefit from the social aspect a game of hearts, gin rummy, or cribbage provides. Furthermore, card games can be easily played with fellow congregants.

4. *Music Therapy*

A 2010 Boston University study discovered that Alzheimer's patients were more likely to remember lyrics on memory tests than if they were trying to learn spoken messages. Music delivers incredible stimulation to the brain, not just to learn new things, but also to spark old memories and enhance personal well-being. Whether the songs played for seniors with dementia are part of formal music therapy or simply old show tunes or Elvis songs played in the background, at the very least, music can bring a smile to the faces of seniors with dementia.

5. *Gardening*

Research has shown that gardening provides therapeutic benefits for all seniors, not just ones with dementia. The activity reduces stress, stimulates the brain (because planting something is a multi-step process), and is social. Gardening also provides a goal—the work results in flowers or vegetables that seniors can look forward to growing.

6. **Exercise**

Many seniors with dementia are still physically healthy for their age, and their cognitive condition shouldn't be a deterrent to exercise. In fact, research has shown that moderate aerobic exercise increases brain volume in older adults. Dementia sufferers may need some caregiver assistance in going for a walk or partaking in a fitness class, but the benefits are just as tangible as with the other activities detailed in this post.

7. **Coloring Books**

Adult coloring books are a current trend that is also gaining popularity as an activity for seniors with dementia. Coloring provides a calming effect and activates the brain in a creative setting. And when paired with music therapy, coloring books deliver a multi-dimensional yet low-key way for seniors with dementia to relax but also be engaged.

The CNMI Office on Aging will entertain an elderly person with dementia by focusing on connecting through shared experiences or activities. A person with dementia might become agitated when once-simple tasks become difficult. To limit challenges and ease frustration the Office on Aging shall:

- **Schedule wisely.** Establish a daily routine. Some tasks, such as medical appointments, are easier when the person is most alert and refreshed. Allow some flexibility for spontaneous activities or particularly difficult days.
- **Practice patience.** Anticipate that tasks may take longer than they used to and schedule more time for them. Allow time for breaks during tasks.
- **Involve the person.** Allow the person with dementia to do as much as possible with the least amount of assistance. For example, he or she might be able to set the table with the help of visual cues or dress independently if you lay out clothes in the order they go on.
- **Provide choices.** Provide some, but not too many, choices every day. For example, provide two outfits to choose from, ask if he or she prefers a hot or cold beverage, or ask if he or she would rather go for a walk or see a movie.
- **Provide simple instructions.** People with dementia best understand clear, one-step communication.
- **Reduce distractions.** Turn off the TV and minimize other distractions at mealtime and during conversations to make it easier for the person with dementia to focus.

The CNMI Office on Aging will work collaboratively with the Commonwealth Healthcare Corporation and other partnering agencies to continue to provide assistance to seniors with Alzheimer's and Dementia here in the CNMI.

Title III-C Nutrition Services Program

Adequate nutrition is essential for healthy aging and the prevention or delay of chronic disease and disease-related disabilities. Congregate nutrition services improve participants' health and prevent more costly interventions. Home-delivered nutrition services enable older adults to avoid or delay costly institutionalization and allow them to stay in their

homes and communities.

To help meet the nutritional needs of elderly persons and those with disabilities in the CNMI, the Office on Aging provides hot packaged-meals under its nutrition services program. There are two types of meals available: Congregate Meals (C1), which is for active clients who partake in the activities offered by the Senior Centers; and Home Delivered Meals (C2), which is for homebound clients whose circumstances hinder their full participation at the Senior Centers. Meals are served five days a week, excluding holidays. In Saipan, the nutrition program is outsourced to a private company. This company is tasked to prepare and deliver lunch to all active and homebound clients on Saipan. On Tinian and Rota, meals are prepared by the office cooks and distributed to active and homebound clients by OoA personnel. The OoA nutrition program provides a minimum of 33 and 1/3 percent of the current daily recommended dietary Allowance (RDA) as established by the Food and Nutrition Board of the National Academy of Sciences, National Research Council. All meals are approved by a registered dietician, and special menus are made available to clients with renal failure, clients with allergies, and those with dietary restrictions due to religion. Meals and ingredients are vigilantly supervised to ensure utmost quality and freshness.

In addition to meals being served, OoA will also focus on providing the following services:

1. **Nutrition Education-** *Nutrition Education* is any combination of educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food choices and other food and nutrition-related behaviors conducive to health and well-being. This program will be conducted at least once a year and presented by a certified healthcare provider or dietician.
2. **Diabetes Education & Counseling -** *Diabetes Education & Counseling* is designed to teach the elderly with diabetes how to manage their diabetes in order to live a healthy life. It focuses on healthy eating, being active, monitoring, problem solving, healthy coping, and reducing risks. Diabetes education is not a lecture on what not to do. It's real-life guidance, coaching and support proven to help people understand exactly how to best manage their diabetes, and to feel less alone while doing it. This program will be conducted quarterly by a registered dietician.

Scientific evidence increasingly supports that good nutrition is essential for health, functionality and quality of life. For older adults, adequate nutrition may be especially important because of their increased vulnerability to chronic disease and conditions which may impair their functionality, their access to adequate food and nutrition, and their ability to live at home in the community. The minority individuals, low-income individuals, individuals who live alone, individuals with disabling conditions particularly those that interfere with their ability to shop and cook for themselves, and individuals with multiple chronic diseases may be at highest risk for poor nutrition and the resultant health consequences. Adequate nutrition is integral to healthy aging and the prevention or delay of chronic disease and disease-related disabilities; it plays a role in health

promotion/disease prevention as well as the treatment and management of chronic diseases.

The objectives of the OAA Nutrition Programs are to provide the opportunity for older adults to live their years in dignity by:

- Providing healthy, appealing meals;
- Promoting health and prevent disease;
- Reducing malnutrition risk and improve nutritional status;
- Reducing social isolation and increase social interaction;
- Linking older adults with other community-based services such as physical activities programs, community health, or case management services; and
- Providing an opportunity for meaningful community involvement such as through volunteering.

Congregate and home-delivered nutrition services are an integral part of a community-based service continuum for all older adults regardless of income. However, while there is no means test for participation in the OAA Nutrition Programs, services are targeted to older adults with the greatest social and/or economic need with particular attention to low-income minorities.

As part of the Nutrition Assistance Program, the CNMI OoA will engage in the following:

1. Meal planning: Planning meals in advance can help seniors ensure that they are getting all the necessary nutrients they need for the day. Encourage seniors to plan their meals for the week or month in advance, so they can avoid unhealthy fast-food options. A monthly meal calendar will be posted in a visible area at each senior center and feedback is encouraged.
2. Cooking classes: Many seniors may have difficulty cooking due to physical limitations, such as arthritis or limited mobility. OoA, through partnering agencies, will offer cooking classes or demonstrations that teach them how to cook healthy meals that are easy to prepare and require minimal effort.
3. Nutrition education: Host a seminar or workshop to educate seniors about proper nutrition, including the importance of a balanced diet, portion control, and healthy food choices.
4. Grocery shopping: Help seniors make healthier choices while grocery shopping. Teach them how to read food labels, choose healthy snacks, and find healthier alternatives to their favorite foods.
5. Group meals: Encourage seniors to participate in group meals, where they can enjoy healthy food while socializing with others. This can be a great opportunity to introduce new foods and recipes to seniors.
6. Gardening: Gardening is a great way for seniors to grow their own fresh fruits and vegetables. It's also a fun and relaxing activity that can help seniors stay active and engaged. Each senior center is equipped with it's own garden and supplies for seniors to utilize.

7. Home-delivered meals: For seniors who have difficulty cooking or grocery shopping, the OoA will arrange for home-delivered meals that are healthy and nutritious thru the home delivered meals program. Additionally, OoA may assist with grocery shopping and to encourage healthier eating.
8. Hydration reminders: Seniors may forget to drink enough water, which can lead to dehydration. OoA will set up reminders and have water readily available to help seniors stay hydrated throughout the day.
9. Portion control: Teach seniors how to control their portion sizes by using smaller plates and measuring their food. This can help them avoid overeating and maintain a healthy weight.
10. Healthy snack options: Encourage seniors to choose healthy snack options, such as fresh fruits, vegetables, nuts, and seeds. This can help them avoid unhealthy processed foods and sugary snacks.

Title III- D Preventive Health

The Disease Prevention and Health Promotion Program (Title IIID) supports programs that are based on scientific evidence and demonstrated through rigorous evaluation to be effective in improving the health of older adults. Chronic diseases and conditions such as heart disease, stroke, cancer, diabetes, obesity, and arthritis are among the most common preventable health problems. Many older adults experience limitations in activities due to such conditions. Title IIID evidence-based health promotion programs provide adults with techniques and strategies to delay and/or manage chronic health conditions and include activities that promote; improved nutrition, emotional and social well-being, physical fitness and fall prevention.

The CNMI Office on Aging focuses on health risk assessments, routine health screenings, health promotion programs, physical fitness, prevention of age-related diseases and chronic disabling conditions.

1. OoA will use Title IIID funding to support any evidence-based program(s) that have been approved by the U.S. Department of Health and Human Services (DHHS) or
2. OoA will use Title IIID funding to support program(s) that meet the criteria for ACL’s evidence-based definition. The program must:
 - Have demonstrated through evaluation that they are effective for improving the health and well-being or reducing the disability and/or injury among older adults.
 - Have been proven effective with the older adult population, having used an Experimental or Quasi-Experimental Design.
 - Have research/evaluation results that have been published in a peer-reviewed journal.
 - Have been implemented previously at the community level (with fidelity to the published research) and shown to be effective outside a research setting.
 - Include program manuals, guides, and/or handouts that are available to the public.

Evidence-based Programs are based on rigorous study of the effects or outcomes of specific

interventions or model programs. They demonstrate reliable and consistently positive changes in important health-related and functional measures.

Health status is affected by socioeconomic factors, social integration, and many other concerns outside the medical setting. Optimal health and well-being are also affected by individual behaviors. Failure to address the clinical, behavioral, and social determinants of health in an integrated manner contributes to poorer outcomes, higher costs and fragmented care. OoA focuses on Evidence-based programs to address these common concerns.

The CNMI Office on Aging partners with health care providers and other partners such as the Commonwealth Healthcare Corporation (CHCC) and the Northern Marianas College (NMC)- Nursing Students to conduct blood pressure and blood sugar checks of our seniors at the Senior Centers each month throughout the year. Should additional appointments be needed, the OoA will provide transportation services to and from the appointments. Health advocate groups, doctors, and other professionals frequently visit the Senior Centers to offer lectures on health, importance of exercise, disease information and prevention, diabetes control, and more.

Chronic Conditions

- Older adults are disproportionately affected by chronic conditions, such as diabetes, arthritis, and heart disease. Eighty percent have at least one chronic condition, and nearly 70% of Medicare beneficiaries have two or more.
- The leading causes of death among older adults in the U.S. are chronic diseases—heart disease, cancer, stroke, chronic lower respiratory diseases, Alzheimer’s disease, and diabetes.
- Chronic diseases can limit a person’s ability to perform daily activities, cause them to lose their independence, and result in the need for institutional care, in-home caregivers, or other long-term services and supports.
- Multiple chronic diseases account for two-thirds of all health care costs and 93% of Medicare spending. Yet, less than 1% of U.S. health care dollars is spent on prevention to improve overall health.

Physical Activity

- Regular exercise can help older adults stay independent and prevent many health problems that come with age. According to the 2008 Physical Activity Guidelines for Americans, older adults should do two types of physical activities each week to improve their health— aerobic and muscle- strengthening.
- These guidelines recommend that older adults engage in at least 150 minutes of moderate-intensity or 75 minutes of vigorous aerobic activity a week and muscle-strengthening activities on two or more days a week.
- Less than 16% of Americans aged 65+ meet the physical activity recommendations.

Behavioral Health

- One in four older adults experiences a behavioral health problem such as depression, anxiety, or substance use disorders.
- These problems can complicate the treatment of other medical conditions, reduce quality of life, increase use of health care services, and lead to premature death.
- In 2014, nearly 11,000 people 60+ died by suicide. Men aged 85+ have a suicide rate that is about four times higher than the rate for all ages.
- Excessive alcohol use accounts for more than 23,000 deaths among older Americans each year.
- Depression and other behavioral health problems are not a normal part of aging and can be treated. Despite the availability of effective interventions, 66% of older adults are not receiving the care they need.

OoA conducts *Enhance Fitness* sessions at the Senior Centers. This exercise activity includes warm ups, cardiovascular workout, cool down, and stretching. Strength training focuses on upper and lower body muscles, using resistance bands. Cardio training can be anything from walking for 20 minutes to having 20 minutes of more intense exercises, with (optional) music. Classes are appropriate for near frail to more active adults with exercises adapted for those who are frailer. The Office on Aging will continue to promote healthy living of older persons and people with disabilities, and prevention of disease using evidence-based practices.

The Office on Aging offers evidence-based programs for seniors' preventive health, these are:

1. The Chronic Disease Self-Management Program (CDSMP): This program is designed to help seniors with chronic conditions such as diabetes, heart disease, and arthritis to manage their symptoms and improve their quality of life. It is based on self-efficacy principles and has been shown to be effective in reducing hospitalizations and improving health outcomes.
2. The Arthritis Foundation Exercise Program (AFEP): This program is a low-impact exercise program designed specifically for seniors with arthritis. It includes exercises that improve flexibility, strength, and endurance and has been shown to reduce pain and improve function.
3. The Tai Chi for Arthritis Program: This program is a gentle form of exercise that has been shown to improve balance, flexibility, and cardiovascular health. It is designed specifically for seniors with arthritis and other chronic conditions.
4. The National Diabetes Prevention Program (NDPP): This program is designed to help seniors with pre-diabetes reduce their risk of developing type 2 diabetes through lifestyle changes such as diet and exercise. It has been shown to be effective in reducing the incidence of diabetes.
5. The Stay Independent Program (SIP): This program is designed to help seniors maintain their independence by reducing the risk of falls and improving balance and mobility. It includes exercises and education on fall prevention strategies.
6. The Aging Mastery Program (AMP): This program is designed to help seniors develop healthy habits and behaviors in areas such as physical activity, nutrition, sleep, and social engagement. It includes education, goal-setting, and social support.

These programs have been rigorously evaluated and have demonstrated effectiveness in improving health outcomes for seniors. However, it is important to note that not all programs may be suitable for every individual, and it is recommended to consult with a healthcare professional before starting any new program.

Title III-E National Family Caregiver Support Program (NFCSP)

Through the National Family Caregiver Support Program under Title III-E of the Older Americans Act, we assist caregivers of individuals who are 60 years of age and older, and grandparents or other family members caring for children with developmental disabilities. This program ensures that those family members and other caregivers are able to provide adequate services to individuals in need. The OoA has outlined the following activities as part of the implementation plan under the National Family Caregiver Support Program.

1. **Information Services** – The Office on Aging offers information and other resources to caregivers that may be useful to them, including tips on how to deal with stress, and more. Print-outs are available at the Office on Aging and are also disseminated to caregivers upon registration. Media outlets such as social media, television networks, and newspapers are also used to help promote the National Family Caregiver Support Program. We offer these services daily.
2. **Access Assistance** – Is a service that assists caregivers in obtaining access to the services and resources available within the communities. The Office on Aging coordinates with a network of agencies such as various social service networks, public safety, and others that will be readily accessible to caregivers if needed. Registered nurses may temporarily watch over the elderly client giving the caregiver the time and opportunity to do important errands. This program is offered as needed.
3. **Counseling** – Is a service that assists caregivers in decision-making and problem solving related to caregiver roles. This includes counseling to individuals, support groups, and caregiver training. OoA staff, along with trained healthcare providers will conduct visits to the homes of the caregivers to provide necessary training and counseling. This program is offered as requested by the caregiver.
4. **Respite care** – Is a short-term accommodation to provide temporary relief to those caring for elder persons and people with disabilities. This service is provided once a month per client, for a minimum of one hour. The Office on Aging contracts a nursing company to provide temporary relief for caregivers to allow them time to rest and prevent burnout.
5. **Chore** – Helping homebound seniors without caregivers with housing and yard chores. Homebound seniors who have no means to maintain their yard or keep their house clean may receive assistance from the Office on Aging. The Office on Aging would like to assist seniors with disabilities keep their homes sanitary and salubrious.

The CNMI Office on Aging will continue to assist Caregivers in the CNMI. Healthcare providers such as the Marianas Visiting Nurses or Marianas Health Services are contracted by the OoA to administer respite services for eligible caregivers.

The OoA will continue to provide the following:

- Information to caregivers about available services
- Assistance to caregivers in gaining access to the services
- Individual counseling, organization of support groups, and caregiver training
- Respite care; and
- Supplemental services, on a limited basis

These services work in conjunction with other state and community-based services to provide a coordinated set of supports. Studies have shown that these services can reduce caregiver depression, anxiety, and stress as well as enable caregivers to provide care longer, thereby avoiding or delaying the need for costly institutional care.

As of the 2020 Reauthorization of the Older Americans Act, the following specific populations of caregivers are eligible to receive services:

- Adult family members or other informal caregivers age 18 and older providing care to individuals 60 years of age and older
- Adult family members or other informal caregivers age 18 and older providing care to individuals of any age with Alzheimer’s disease and related disorders
- Older relatives (not parents) age 55 and older providing care to children under the age of 18; and
- Older relatives, including parents, age 55 and older providing care to adults ages 18-59 with disabilities

Family caregivers present their unique needs and preferences for the types of programs and services they wish to receive at any given point in time.

Title VII – Elder Abuse Prevention Program and Ombudsman

Elder Abuse Prevention Program - CNMI Public Law (Public Law No. 9-21) provides for the protection of elders from physical, financial, and mental cruelty. The Elder Abuse Prevention Program upholds this law. In deterring abuse and protecting the interests of elders, this program protects those who may be especially vulnerable due to physical or mental capacity. Possible elder abuse allegations are reported to the Office on Aging and/or the Department of Public Safety.

CNMI Public Law 19-81 was established to punish those who commit theft and other malpractice against the elderly. Our Man Amko’ (elderly) persons may be especially vulnerable to exploitation due to dependency upon family members and caregivers.

The US Department of Health and Human Services, Administration for Community Living (ACL) has contracted WRMA Inc. to conduct a national reporting system of adult maltreatment called NAMRS. The National Adult Maltreatment Reporting System (NAMRS) is the first comprehensive, national reporting system for adult protective services (APS) programs. It collects quantitative and qualitative data on APS practices and policies, and the outcomes of investigations into the maltreatment of older adults

and adults with disabilities. The goal of NAMRS is to provide consistent, accurate national data on the exploitation and abuse of older adults and adults with disabilities, as reported to APS agencies. Although the CNMI does not currently have an Adult Protective Service Agency, the Department of Public Safety assumes the role of APS.

The Office on Aging will continue to closely monitor the elderly and people with disabilities daily. Our Office will continue to provide the necessary information and trainings to OoA employees to be able to effectively perform their duties and responsibilities. The Office on Aging will continue to carry out its action plan and goals and objectives. As we continue to evolve, the Office on Aging will work closely with our federal counterparts (Administration for Community Living/Adult protective Service) to ensure proper compliance, accountability, and delivery of service. Our office will also work closely with the Administration to address any concerns or challenges that may arise in the future. We will closely monitor our service data to ensure equality amongst all senior citizens in the CNMI. The CNMI Office on Aging will continue its outreach efforts and update our needs assessment of clients to use as a guide to identify areas of need. We will continue to advocate for the protection of our elderly from abuse or any other form of maltreatment.

In 1987, AoA established the Prevention of Elder Abuse, Neglect, and Exploitation program. Through the program, AoA provides federal leadership in strengthening elder justice strategic planning and direction for programs, activities, and research related to elder abuse awareness and prevention. This program trains law enforcement officers, health care providers, and other professionals on how to recognize and respond to elder abuse; supports outreach and education campaigns to increase public awareness of elder abuse and how to prevent it; and supports the efforts of state and local elder abuse prevention coalitions and multidisciplinary teams.

AoA allocates grants under this program by formula to states and territories based on their share of the population age 60 and over. States and territories have the discretion to allocate funding among the various activities authorized under the program. They also may choose to distribute funds to Area Agencies on Aging (AAA) and local service providers.

To support this important program, AoA provides funding for the National Center on Elder Abuse (NCEA). NCEA serves as a national resource center dedicated to the prevention of elder mistreatment. It provides relevant information, materials, and support to enhance state and local efforts to prevent and address the issue.

The CNMI Office on Aging is currently working on a feasibility study to determine if an Adult Protective Service (APS) is needed in the CNMI. The adoption of this program in the CNMI is highly probable.

APS services will be available to any elder (60 or older) or dependent adult who is believed to have been a victim of abuse, neglect or exploitation regardless of income at

no cost.

Types of Abuse

- Physical: e.g. Hitting, kicking, burning, dragging, over or under medicating
- Sexual Abuse: e.g. Unwanted sexual contact, sexual exploitation, forced viewing of pornography
- Abandonment: e.g. Desertion or willful forsaking by anyone having responsibility for care
- Isolation: e.g. Preventing the individual from receiving mail, telephone calls, visitors
- Financial: e.g. Theft, misuse of funds or property, extortion, duress, fraud
- Neglect: e.g. Failure to provide food, clothing, shelter, or health care for an individual under one's care when the means to do so are available.
- Self-neglect: e.g. Failure to provide food, clothing, shelter, or health care for oneself.
- Mental suffering: e.g. Verbal assaults, threats, causing fear.

When a report of abuse, neglect or exploitation is received, CNMI APS's goal is to create a stable environment where the individual can safely function without requiring on-going intervention from the CNMI APS program. Services provided by CNMI APS include responding to reports of known or suspected abuse or neglect, conducting an investigation (through the Department of Public Safety), and arranging for the delivery of services from available community agencies.

CNMI APS is not intended to interfere with the life style choices of elders or dependent adults, nor to protect those individuals from the consequences of their choices. For this reason, an elder or dependent adult who has been abused may refuse or withdraw consent at any time to preventive and remedial services offered by an APS agency.

However, CNMI APS is required to conduct an investigation when there is an allegation that a crime has been committed, regardless of whether the elder or dependent adult wants the investigation to go forward or not.

Benefits to Reporting Abuse

- The elder or dependent adult will be given options to keep him/her safe from harm
- The APS worker can link the client, family to needed community resources
- Unaware family members and friends can be alerted to step in to help
- The APS worker can find ways to help the caregiver handle stress
- In some cases, the abuse perpetrator can be prosecuted, lessening the harm to others
- The individual making the report feels relief that a professional is assessing the situation

Ombudsman Program – There are no nursing homes or adult day care services in the CNMI at this present time. With the above referenced services, the Office on Aging provides protection, rights, and entitlement to the elderly and people with disabilities of the CNMI. Funding received from this grant is used to financially assist the Elder Abuse

Prevention Program in the CNMI.

Title V - Senior Community Service Employment Program (SCSEP)

SCSEP is also known as the Title V program of the Older Americans Act. SCSEP is a training program for older individuals 55 and above needing additional skills in order to join the workforce. Participants work 20 hours a week, and cannot be in the program longer than 48 months before transitioning to unsubsidized employment. The goal of the program is to provide the necessary training and guidance to eligible individuals so that they may enter the workforce outside the SCSEP program, while maintaining their financial independence. The OoA currently has 31 slots for SCSEP participants: 19 in Saipan, 6 in Rota, and 6 in Tinian.

IV. GOALS AND OBJECTIVES.

Goal 1: Provide information to the general public on the programs and services available at the Office on Aging, to include Title III-B, Title III-C, Title III-D, Title III-E, Title VII, and Title V.

Objectives

- 1.1 Create social media ads and educational videos to help promote our programs and services and how to stay safe from covid-19 to the people in our communities.
- 1.2 Advertise our programs and services and other important information on the radio, television, newspapers, and internet in the quest to reach out to more elderly individuals and people with disabilities in our community.
- 1.3 Organize the Annual CNMI Conference on Aging with the intent to provide updated information to the elderly and people with disabilities.

Strategies

- ✓ Programmatic ads and educational videos will be available year-round at. A goal of producing approximately 50 video productions by the end of each year in the hopes of educating community members about the programs and the services we provide and how to stay safe from Covid-19.
- ✓ Media advertisements through cable television, newspapers, radio stations and our website (cnmiooa.org) and social media pages will be available year-round to people in the CNMI to further promote the programs and services of the CNMI Office on Aging.
- ✓ The CNMI Conference on Aging will be held annually during the Older Americans Month in May. The CNMI Conference on Aging is usually held at a major hotel in Saipan.

Measurement

OoA shall assess any increase in the number of participants and the total number of services rendered each year. An annual survey will be conducted to help determine just how effective the promotional campaign is. Service data gathered each year will be reviewed and further adjustments may be in place to ensure effectiveness of program promotions.

Outcome

- Increased public knowledge of OoA programs and services to ensure that more senior citizens and people with disabilities will benefit from those programs and services and to be safe from Covid-19.

- Increased number of participants availing of OoA programs and services.

Goal 2: Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports, including supports for families and caregivers, and access to emergency management.

Objectives

- 2.1 Provide nutritional meals to the elderly population, both active and homebound, including caregivers.
- 2.2 Continue transportation services to and from the Senior Centers, appointments, personal errands and other destinations as necessary.
- 2.3 Provide support for caregivers to include respite care, information services, access assistance, and counseling.
- 2.4 Disseminate contact information of the OoA Director and staff to all senior citizens and people with disabilities, to include government cellular numbers, for use in case of an emergency.
- 2.5 Consolidate the contact information of all senior citizens and people with disabilities, to include telephone numbers (home and cell phones), physical address and map of residence, email address, and list of individuals for emergency contacts. This will be done for all 3 senior centers, and for both active and homebound clients to be used in case of emergency.

Strategies

- ✓ Nutritional meals will be given to the elderly and caregivers daily, excluding weekends and holidays. The approximate number of days per year in which meals will be served is two hundred and forty-six (246).
- ✓ Transportation services will be available Monday thru Friday, 9:30 a.m. to 2:00 p.m. excluding holidays. Approximately 15,744 rides will be given annually in Saipan, 7,872 in Tinian, and 3,936 in Rota.
- ✓ Respite care, information services, access assistance, and counseling for caregivers will be given once monthly. Approximately 47 caregivers on Saipan avail of respite care each month. Certified home care specialists are not available on Rota and Tinian to provide respite care to caregivers. An estimated 40 caregivers will avail from information services, access assistance, and counseling each year.
- ✓ All contact information of registered elderly clients and persons with disabilities will be collected upon registration and will be updated annually every January or as needed.
- ✓ Contact information for all OoA staff will be compiled and updated every January or as needed.

Measurement

OoA will keep daily meals-counts of active and homebound clients. OoA will also keep record of daily transportation services. Respite care and other services for caregivers will be closely monitored and counted. Data collected shall be reported in the Older Americans Act Performance System (**OAAPS**), under the Administration for Community Living (**ACL**) every year.

Outcome

- Healthy, nutritious meals provided to the elderly and people with disabilities will encourage healthy eating habits and help alleviate food costs.
- Our elders and people with disabilities will have a means to transportation to help them

in their daily lives.

- Encourages self-sufficiency by allowing the elderly and people with disabilities to independently perform their own errands.
- Prevent burnout of caregivers by providing a break from care giving duties, receive important information, obtain caregiver trainings, and a chance to speak to a counselor for any concerns.
- Easier access to OoA staff and management during an emergency.
- The OoA will be able to communicate with the elderly and people with disabilities in the event that an unexpected emergency or disaster occurs.

Goal 3: Work with older adults and people with disabilities as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health.

Objectives

- 2.1 Maintain collaborative strategies with health care providers in promoting evidence-based disease and disability prevention programs to include health lectures and physical fitness activities.
- 2.2 Coordinate/schedule health screenings and other services on a regular basis to include eye check-ups, blood sugar checks, blood pressure checks, and more.

Strategies

- ✓ Health lectures will be conducted twice a year at the Senior Centers on all three islands. Approximately 75 active participants will avail of this service in Saipan, 18 in Tinian, and 20 in Rota.
- ✓ Activities that promote physical fitness under the Preventive Health Program (Title IIID) will be conducted daily at the senior centers on all three islands. Approximately 75 active participants will avail of this service in Saipan, 18 in Tinian, and 20 in Rota.
- ✓ Health checks for our elders and people with disabilities will be conducted monthly at the senior centers on all three islands. Approximately 75 active participants will avail of this service in Saipan, 18 in Tinian, and 20 in Rota.

Measurement

OoA will closely monitor the health status of every elderly participant. Health records provided by registered nurses each month to the Office on Aging shall be closely monitored by OoA personnel. Headcount of client participation in physical fitness activities will also be monitored daily.

Outcome

- Increased knowledge of healthcare information and strategies so that elders and people with disabilities will be able to make informed decisions pertaining to their health and wellness.
- Elderly clients will feel more energetic and stress-free due to increased physical activity.
- Better control of age-related illnesses such as diabetes and hypertension.

Goal 4: Protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older adults and people with disabilities.

Objectives

- 1.1 Disseminate information on the existence of the CNMI Elder Abuse Prevention Law,

Public Law No. 9-21 and 19-81. Information will be available at the senior centers on all three islands and during special events such as Talent Shows at the Multi-Purpose Center, the Annual King & Queen activity, the Conference on Aging, and more. Conduct outreach assessments to homebound elderly to look for possible signs of elder abuse and/or neglect. There are currently 148 homebound seniors in Saipan, 35 in Tinian, and 37 in Rota. Homebound elderly may be more vulnerable to abuse and/or neglect due to their frail nature and deteriorating health.

Strategies

- ✓ Educational videos and ads on elder abuse prevention will be available year-round at the OoA social media sites and website. A goal of approximately 50 videos shall be uploaded by the end of every year.
- ✓ Office on Aging staff shall conduct outreach to homes daily to ensure the safety of elderly individuals and people with disabilities on all three islands and look for possible signs of elder abuse and/or neglect.

Measurement

OoA will continue keep data and submit to the National Adult Maltreatment Reporting System (NAMRS). OoA shall train its employees and equip them with the tools needed to better monitor and protect the interests of the elderly. OoA will conduct home assessments of homebound clients daily while they deliver HDM. Information services will also be made available daily. OoA shall assess data collected for processing and reporting.

Outcome

- Elderly individuals will be more informed of their rights and have access to legal opinion.
- Increased public knowledge on elder abuse prevention and neglect so that people will be well informed on how to deal with and report elder abuse and neglect in the CNMI.
- Overall decrease in cases of elder abuse and neglect in the CNMI.

Goal 5: Implement management and workforce practices that support the integrity and efficient operations of programs serving people with disabilities and older adults and ensure stewardship of taxpayers' dollars.

Objectives

- 5.1 Conduct participant survey (written or verbal) evaluating program effectiveness and services provided. One survey will be given to all participating elderly, active and homebound, at all three senior centers yearly.
- 5.2 Compile participant data for active and homebound clients, and caregivers for reporting. Data on number of participants, services availed, meals served, and more will be kept on file at the Office on Aging and used for annual reports and the National Aging Program Information Systems (NAPIS) State Program Report.
- 5.3 Improve the quality of legal services through regular evaluations, and investigations of complaints. Evaluations will be made by the elderly and people with disabilities on the legal services received by the CNMI Attorney General's Office/Northern Marianas Protection Advocacy System Inc.

Strategies

- ✓ Participant surveys on the effectiveness of OoA programs will be distributed at the end

- of every fiscal year to all elderly, active and homebound, on all three islands.
- ✓ Data collection of participants and services provided will be compiled semi-annually, every December and June, on all three islands.
- ✓ Legal services evaluation surveys will be given to each participating elderly or person with disability at the end of every fiscal year for the purpose of ensuring that they are satisfied with the legal services provided.

Measurement

OoA will assess and review the surveys conducted at the end of each year and will address any possible concerns to better enhance the delivery of services to the elderly and people with disabilities. Reports from Saipan, Rota and Tinian shall be reviewed twice a year for closer monitoring. Reported abuse count will be properly documented and details of outreach investigations will remain confidential. The Department of Public Safety will assume the role of Adult Protective Service in the CNMI.

Outcome

- Increased effectiveness and efficiency of all OoA programs and services.
- Monitor changes in data of elderly participants and people with disabilities to be able to focus on areas in most need.
- Improved quality of legal services provided to the elderly and people with disabilities.

Goal 6: Addressing, preventing, detecting, and responding to negative health effects associated with social isolation for senior citizens and people with disabilities. This requires a comprehensive approach that involves various strategies and interventions.

Objectives

1. **Raise Awareness:** Increase awareness among senior citizens, their families, and the community about the risks and consequences of social isolation. Education and outreach programs can help individuals recognize the signs of social isolation and understand its impact on health.
2. **Social Engagement Programs:** Develop and promote programs that encourage social interaction and engagement for seniors. These programs can include community centers, senior centers, clubs, support groups, and volunteer opportunities. Providing transportation options can also help seniors overcome barriers to participation.
3. **Technology and Digital Inclusion:** Facilitate access to technology and promote digital inclusion among seniors. This can involve providing training and resources for using computers, smartphones, and social media platforms to stay connected with family, friends, and community members.
4. **Home Visits and Check-ins:** Establish regular home visits or check-ins by volunteers, caregivers, or social workers to identify isolated seniors and assess their well-being. This can provide opportunities for social interaction and help detect signs of declining health or mental well-being.
5. **Intergenerational Programs:** Foster intergenerational connections by creating opportunities for seniors to engage with younger generations. This can be achieved through mentorship programs, intergenerational learning initiatives, or community service projects that involve seniors and younger individuals working together.
6. **Mental Health Support:** Ensure access to mental health services and resources for seniors experiencing social isolation. This can involve providing counseling, support groups, and

therapy options to address feelings of loneliness, depression, or anxiety.

7. **Collaboration and Partnerships:** Foster collaboration between government agencies, community organizations, healthcare providers, and social service providers to create a comprehensive network of support for seniors. This can include sharing information, coordinating services, and pooling resources to address the multifaceted needs of isolated seniors effectively.
8. **Regular Health Assessments:** Encourage regular health assessments for seniors to identify and address any emerging health issues promptly. Healthcare providers can play a crucial role in detecting and responding to the negative health effects of social isolation.

By combining these objectives, it becomes possible to address, prevent, detect, and respond to the negative health effects associated with social isolation among senior citizens more effectively.

Strategies

1. **Community Outreach and Education:**
 - Conduct outreach programs to raise awareness about social isolation and its impact on senior health.
 - Provide educational resources to seniors, families, and caregivers on the importance of social connections and available support services.
2. **Social Connection Initiatives:**
 - Establish community centers, senior clubs, or recreational programs that encourage social engagement and provide opportunities for interaction.
 - Organize social events, outings, and group activities to facilitate connections among seniors.
 - Promote volunteer opportunities for seniors to engage with their community and feel a sense of purpose.
3. **Technology Adoption:**
 - Offer technology training and support to seniors to help them stay connected with loved ones through video calls, social media, or email.
 - Provide access to internet-enabled devices and offer assistance with their setup and usage.
 - Foster partnerships with technology companies or community organizations to facilitate affordable access to devices and internet services.
4. **Home Visits and Check-ins:**
 - Recruit and train volunteers or caregivers to conduct regular home visits or check-ins with isolated seniors.
 - Establish phone or video call check-in programs to maintain regular communication and assess well-being.
 - Encourage neighbors and community members to look out for isolated seniors and report any concerns.
5. **Transportation Support:**
 - Develop transportation services or partnerships to assist seniors with mobility challenges in accessing social activities and community events.
 - Provide information and assistance in utilizing public transportation options or organize senior-friendly transportation services.
6. **Mental Health Support:**

- Offer mental health resources and counseling services specifically tailored to seniors experiencing social isolation.
- Establish support groups or helplines for seniors to share their feelings and concerns in a supportive environment.
- Train healthcare providers and caregivers to identify signs of mental health issues and provide appropriate support and referrals.

7. Intergenerational Programs:

- Foster connections between seniors and younger generations through intergenerational activities such as mentorship programs, school visits, or joint community projects.
- Encourage schools and youth organizations to engage with seniors and provide opportunities for meaningful interactions.

8. Collaborative Partnerships:

- Foster collaborations among government agencies, community organizations, healthcare providers, and social service agencies to coordinate efforts and share resources.
- Establish a referral network to ensure that isolated seniors are connected to appropriate support services and healthcare providers.
- Share data and information across organizations to better understand and address the needs of seniors in the community.

Measurement

The CNMI Office on Aging will continue to collect data and closely monitor each elderly client to ensure that they progress positively moving forward.

Outcome

- By accomplishing this goal, communities can work towards addressing the negative health effects associated with social isolation for senior citizens, promoting their overall well-being, and enhancing their quality of life.

Goal 7: Create a focus on reaching underserved persons.

Objective

- Create a plan on reaching out to underserved persons.

Strategy

- ✓ Identify and prioritize potential underserved populations (i.e., greatest economic need, greatest social need, rural, limited English speaking, LGBT populations, and veterans) to be reached.

Outcome

- Increase percentage of underserved individuals (i.e., greatest economic need, greatest social need, rural, limited English speaking, LGBT populations, and veterans) by 20% after setting baseline in 2024.

QUALITY MANAGEMENT

1. Programmatic reports from the Area Agency on Aging (Saipan, Tinian, and Rota) will be submitted to the SUA Director each month.
2. At the end of each fiscal year, the CNMI Office on Aging will submit a Citizen Centric Report to the Department of Community and Cultural Affairs (DCCA) Secretary. The

Citizen Centric Reports from all DCCA divisions will be submitted to the Governor.

3. The CNMI Office on Aging will be submitting data reports and justifications through the Administration for Community Living's Older Americans Act Performance System (OAAPS) each year.
4. The CNMI Financial Services will be submitting the SF425 financial report at the end of each budget year to ACL's accounting department.
5. The CNMI Office on Aging will be submitting annual reports to ACL's National Adult Maltreatment Reporting System (NAMRS) regarding elder abuse and neglect.

Mental Health Assistance for Seniors

Trauma-informed services in the Commonwealth of the Northern Mariana Islands (CNMI) involve an approach that recognizes the impact of trauma on individuals, including seniors and aims to create an environment of safety, trust, and healing. Partnership with frontliners such as the Department of Fire and Emergency Medical Services, the Department of Corrections, the Commonwealth Healthcare Corporation, and the Domestic Violence Task Force. The CNMI Office on Aging will focus on:

1. Training and Education:

- Provide comprehensive training on trauma-informed care to professionals working in healthcare, social services, education, and other relevant fields.
- Offer training to community members, including teachers, law enforcement personnel, and volunteers, to promote a shared understanding of trauma and its effects.
- Incorporate trauma-informed principles into professional development programs and academic curricula.

2. Collaborative Partnerships:

- Foster partnerships among government agencies, community organizations, and service providers to coordinate trauma-informed initiatives and resources.
- Establish a trauma-informed network or task force to facilitate collaboration, information sharing, and the development of best practices.

3. Public Awareness and Education:

- Conduct public awareness campaigns to reduce stigma and increase understanding of trauma and its effects on individuals and communities.
- Provide information and resources through various channels, including websites, social media, community events, and local media outlets.
- Offer workshops, seminars, or community forums to educate the public about trauma-informed care and available services.

4. Trauma Screening and Assessment:

- Integrate trauma screening and assessment tools into healthcare, mental health, and social service settings to identify individuals who have experienced trauma.
- Train professionals on trauma screening procedures and the appropriate use of assessment tools.
- Develop protocols for responding to positive trauma screens, ensuring appropriate referrals and access to trauma-specific services.

5. Trauma-Informed Services and Treatment:

- Ensure that service providers across disciplines are trained in trauma-informed

- approaches and can provide culturally sensitive care.
 - Establish trauma-specific services, such as trauma-focused therapy or counseling, for individuals who have experienced trauma.
 - Implement evidence-based practices that address the specific needs of trauma survivors, considering cultural factors and community resources.
6. Cultural Sensitivity and Language Accessibility:
 - Promote culturally sensitive practices that recognize and respect the cultural backgrounds, values, and beliefs of individuals in CNMI.
 - Provide language accessibility by offering services and resources in multiple languages spoken within the community, including Chamorro and Carolinian.
 7. Support for Trauma-Informed Workforce:
 - Create a supportive environment for professionals working with trauma-affected individuals by offering supervision, debriefing, and self-care resources.
 - Provide opportunities for professional growth and continuing education related to trauma-informed care.
 8. Data Collection and Evaluation:
 - Establish data collection systems to monitor the prevalence of trauma and evaluate the effectiveness of trauma-informed services.
 - Regularly assess the impact of trauma-informed initiatives and make necessary adjustments based on data and feedback from service recipients.

Implementing trauma-informed services in the CNMI requires a systemic and coordinated effort involving various stakeholders. By adopting trauma-informed practices and creating a supportive environment, the CNMI can better meet the needs of individuals affected by trauma and promote healing and resilience within the community.

Note: Frontliners in the CNMI underwent Trauma-Informed Care training. THE CNMI Blue Ribbon Initiative Consortium, through the Commonwealth Healthcare Corporation-Community Guidance Center, held its 11th meeting, which focused on trauma informed-care training at the Kensington Hotel on October 27, 2022. Building capacity is still in the works.

Suicide Risk for Seniors

Behavioral health (also known as mental health) involves how we think, feel, and behave, and impacts how we manage stress and relate to others. At every stage of life, from childhood and adolescence through adulthood, mental health is essential to well-being. There are many factors that influence well-being. Our physical and mental health, social and physical environment, and even cultural and spiritual influences play a role in our overall function, life satisfaction, and happiness.

As people move through life, their mental health can vary from optimum to poor depending on our internal coping abilities as well as external surroundings, such as stressors and supports. Having optimum mental health is feeling happy and having a well-balanced life, and the ability to manage stress when it does occur. Poor mental health, on the other hand, is the inability to cope with stress, significant changes in your thoughts, feelings, and behavior, and the possible development of mental health conditions.

Having adequate support can improve mental health. By helping people develop skills to handle stress and understand the root of unhealthy behaviors, people can make positive changes in order to live healthy, fulfilling lives and improve well-being.

The **Community Guidance Center (CGC)** is the primary provider of mental and behavioral health services in the CNMI, offering comprehensive services for children, adolescents, adults, and elderly people living with emotional, behavioral, or substance abuse-related issues. The CNMI Office on Aging will work collaboratively with the Commonwealth Healthcare Corporation- Community Guidance Center (CGC) to assist seniors address difficult life situation and possible suicide tendencies.

Preventing senior suicide requires a multi-faceted approach that addresses various risk factors and promotes mental health and well-being. Here is a list of strategies and actions the Office on Aging will focus on:

1. Enhance Social Connections:
 - Encourage social engagement and connectedness through community activities, support groups, and senior centers.
 - Promote intergenerational programs that facilitate interaction between seniors and younger generations.
 - Provide opportunities for seniors to volunteer and engage in meaningful activities.
2. Increase Mental Health Awareness and Education:
 - Conduct mental health awareness campaigns targeting seniors, their families, and caregivers.
 - Provide education on recognizing the warning signs of depression, anxiety, and suicidal ideation.
 - Offer training to healthcare professionals, caregivers, and community members on identifying and addressing mental health concerns in seniors.
3. Ensure Access to Mental Health Services provided by CGC:
 - Improve access to mental health resources by establishing senior-friendly mental health services.
 - Develop telehealth or tele-counseling services for seniors in remote or underserved areas.
4. Conduct Regular Screenings:
 - Implement routine screenings for depression and suicide risk during healthcare visits for seniors.
 - Ensure follow-up and appropriate referrals for seniors identified as being at risk.
5. Enhance Medication Management:
 - Promote safe medication practices and encourage regular medication reviews for seniors.
 - Provide education on the potential effects of medications on mental health and suicide risk.
 - Encourage seniors to communicate openly with their healthcare providers about any concerns related to their medications.
6. Foster Supportive Environments:
 - Promote age-friendly and inclusive communities that reduce social isolation and

- loneliness among seniors.
 - Develop programs to address housing and financial concerns that may contribute to feelings of hopelessness or despair.
 - Provide supportive services for seniors experiencing major life transitions or loss, such as bereavement counseling or caregiver support.
7. Strengthen Caregiver Support:
 - Offer training and support for family members, caregivers, and professionals caring for seniors at risk of suicide.
 - Educate caregivers on recognizing signs of distress and providing emotional support.
 - Connect caregivers with respite care and support services to prevent burnout.
 8. Crisis Helplines and Hotlines:
 - Promote the availability of crisis helplines and hotlines specifically tailored to seniors.
 - Raise awareness about these resources through community outreach and education campaigns.
 - Ensure that helpline staff are trained in handling senior-specific issues and suicide prevention.
 9. Collaboration and Coordination:
 - Foster collaboration between healthcare providers, mental health professionals, social service agencies, and community organizations.
 - Establish coordinated care networks to facilitate information sharing, referrals, and follow-up for at-risk seniors.
 - Share data and best practices among stakeholders to improve suicide prevention efforts.
 10. Reduce Stigma and Normalize Help-Seeking:
 - Challenge age-related stereotypes and promote a positive image of aging.
 - Educate the community on the importance of seeking help for mental health concerns.
 - Share stories of resilience and recovery among seniors to inspire hope and reduce stigma.

Preventing senior suicide will require ongoing efforts and a compassionate, community-wide approach. By implementing these strategies and supporting mental health in older adults, it is possible to reduce the risk of suicide and promote well-being among seniors.

Seniors with HIV/AIDS

Senior citizens living with HIV or AIDS are always welcomed with open arms at CNMI senior centers. These centers strive to create inclusive and supportive environments for individuals of all backgrounds and health conditions. Seniors living with HIV or AIDS can find a safe space where they can connect with others who understand their unique experiences and challenges. Senior centers provide valuable resources, such as access to support groups, educational programs on HIV/AIDS management, and referrals to healthcare services. Through compassion, understanding, and a commitment to promoting well-being, senior centers ensure that seniors living with HIV or AIDS receive the care, support, and social connections they need to thrive and lead fulfilling lives.

National Technical Assistance Center on Grand Families and Kinship Families, Coordinating Title III Caregiving Efforts

The CNMI Office on Aging will review the recommendations from the RAISE Family Caregiver Advisory Council and will include the ACC and the National Technical Assistance Center on Grand Families and Kinship families to identify opportunities to further partner as a result of this work. In addition, the CNMI Office on Aging will continue to co-facilitate the Lifespan Respite Program with the ACC to assist caregivers with short term services.

The National Technical Assistance Center on Grand Families and Kinship Families plays a vital role in coordinating Title III caregiving efforts. This center serves as a valuable resource and support hub for agencies, organizations, and professionals working with grand families and kinship families who assume caregiving responsibilities for children. By providing technical assistance, training, and resources, the center helps enhance the effectiveness of Title III programs that support these families. It facilitates collaboration, knowledge sharing, and best practice dissemination to ensure that the unique needs and challenges of grand families and kinship families are addressed appropriately. Through its coordination efforts, the center promotes the well-being and stability of these families and strengthens the overall caregiving ecosystem.

V. EMERGENCY PREPAREDNESS and COVID-19 SAFETY PROTOCOLS

Preparing seniors for a typhoon requires special attention and care as they may be more vulnerable to the effects of extreme weather. Here are some assistances the Office on Aging will do to help seniors prepare for a typhoon:

1. **Keep seniors informed:** Make sure that seniors are aware of the typhoon warning and its potential impact. Provide them with updated information on the storm's progress and advise them to stay indoors and away from windows. OoA may transport seniors and people with disabilities to the Senior Center for shelter if needed.
2. **Stock up on essentials:** Ensure that seniors have enough food, water, and medications to last for at least a few days. Stock up on non-perishable food items, such as canned goods, and bottled water. Make sure they have enough medications and a first aid kit.
3. **Secure their home:** Help seniors secure their home by ensuring that doors, windows, and roofs are properly sealed. Clear any debris or loose items that may become hazardous in high winds.
4. **Have a plan:** Create an emergency plan with seniors and ensure they know what to do in case of an emergency. Identify safe areas within their home and create a communication plan in case of separation.
5. **Check in regularly:** During the typhoon, check in regularly with seniors to ensure their safety and well-being. If possible, consider staying with them or arranging for a caregiver to provide assistance.
6. **Be mindful of their health:** Typhoons can be stressful, particularly for seniors who may be dealing with other health issues. Be mindful of their health and ensure that they are taking any necessary medications or following any special instructions from their healthcare provider.

OoA is committed in having seniors be better prepared for a typhoon and increase their chances of staying safe and healthy during this extreme weather event.

The CNMI Office on Aging understands the reality that emergencies and disasters occur when we least expect it. The CNMI was recently hit by the worst typhoon ever. Typhoon Yutu's strong winds overturned cars, knocked down hundreds of power poles, buildings were reduced to haphazard piles of tin and wood and many were rendered homeless and lived at emergency shelters for months. OoA Senior Centers in Saipan, Rota and Tinian were used as long-term shelters.

The CNMI was better prepared for this typhoon because of our experiences with the previous storm, Typhoon Soudelor which devastated the CNMI just a few years ago leaving many residents without shelter, power, and water for months.

Super Typhoon Yutu damaged many homes in the Commonwealth of the Northern Mariana Islands (CNMI) which resulted in a Presidential Major Disaster Declaration on October 26, 2018. To assist storm-impacted residents returning to or remaining in their homes while permanent repairs were completed, the Commonwealth and FEMA implemented a Temporary Emergency Tent and Roofing Installation Support (TETRIS) program. CNMI has been conducting assessments and tent installations throughout Saipan. This program is an expansion of the CNMI Tenting Program to include Saipan and Tinian with greater outreach and the inclusion of potential roofing repair. The TETRIS program USES technical specialists, FEMA funding, and manpower from our state and military partners. All four branches of our military family are represented. FEMA and the Commonwealth will reimburse our military for their expenses.

US Army Reservists and DFEMS personnel assisted with the Temporary Emergency Tent and Roofing Installation Support program implemented by the Commonwealth of the Northern Mariana Islands government and FEMA in support of the CNMI's civil and local officials as part of the FEMA-supported Super Typhoon Yutu recovery efforts.

The CNMI government conducted its first official Yutu Relief effort with provisions by FEMA and American Red Cross Partners. With the help of federal partners, American Red Cross and our law enforcement officials, spread over five stations on Saipan we were able to give out 10,500 meals and 16,000 liters of water.

The Department of Community & Cultural Affairs, Saipan Mayor's Office, along with military service members in coordination with the Office of the Governor continue debris removal throughout villages. Debris removal includes green wastes, tin, lumber, and white goods.

The Northern Marianas, due to its geographical location, is open to nature-caused disasters that include typhoons, earthquakes, and tsunamis. The CNMI Office of Homeland Security & Emergency Management (HSEM) through the Office of the Governor provides warnings when impending disasters are imminent. Warnings are given through weather bulletins, radio broadcasts, social media and cable television inserts.

Cognizant of the vulnerability of the elderly and people with disabilities whether the disaster is nature-caused or man-made, OoA has adopted a standard operation procedure manual to

specifically assist the elderly and people with disabilities during emergencies including health-related incidents. The Office on Aging operates on the same emergency preparedness procedures as the other divisions under the Department of Community and Cultural Affairs (DCCA). Before a Typhoon, OoA personnel may be temporarily reassigned to assist at the OoA Emergency Short-Term Shelter. After the storm, OoA personnel may be reassigned to assist in recovery efforts. Some employees may be asked to assist the DCCA Assessment Team, the DCCA Cleanup Crew, or work as Shelter Managers/Workers.

In order to ensure that OoA operations continue in case the senior centers are demolished during a disaster, the OoA will create a plan so that staff and the elderly and people with disabilities will be able to contact one another. The Office on Aging will consolidate the contact information of all senior citizens and people with disabilities, to include telephone numbers (home and cell phones), physical address, email address, and list of individuals for emergency contacts. This will be done for all 3 senior centers, and for both active and homebound clients. The OoA will also compile the same listing for its employees on all three islands. These listings will be held by the Director and OoA staff, in both digital and hard copies. In addition, all senior citizens and people with disabilities will be given the office contact information as well as government cellular numbers held by OoA staff, including the OoA Director, to be used in case of emergency.

When the elderly and people with disabilities seek shelter, it is important to work with them individually to assess their needs and to determine the best way to meet those needs. Many individuals find mass care shelter arrangement difficult, being separated from their personal items and familiar surroundings. This can be more difficult, and often frustrating, for an individual with a disability who, as a result of a disaster, has been cut off from people and equipment that he or she relies on for assistance.

Disaster Health Services such as the Commonwealth Health Care Corporation are valuable resources when trying to determine ways to meet the needs of an individual with a disability. In all cases, coordination between the Office on Aging, shelter management, Disaster Health Services, HSEM and the client will determine the solution that best meets the needs of the individual and other shelter residents.

COVID-19 SAFETY PROTOCOLS

Keeping seniors safe from COVID-19 requires a multifaceted approach that includes both personal and environmental measures. Here are some ways OoA will help keep seniors safe from COVID-19:

1. Practice social distancing: Encourage seniors to maintain a distance of at least 6 feet from other people, especially those who may be sick or have been exposed to the virus.
2. Wear a mask: Make sure seniors wear a mask whenever they are in public or around other people, especially when social distancing is difficult.
3. Wash hands frequently: Encourage seniors to wash their hands regularly with soap and water for at least 20 seconds, especially after being in public places or after coughing, sneezing, or blowing their nose.
4. Avoid large gatherings: Encourage seniors to avoid large gatherings or events, especially

those indoors where social distancing may be difficult.

5. Get vaccinated: Encourage seniors to get vaccinated against COVID-19 as soon as possible. The COVID-19 vaccines have been shown to be safe and effective in protecting against the virus.
6. Stay home if feeling unwell: Encourage seniors to stay home if they are feeling unwell or have any symptoms of COVID-19.
7. Disinfect frequently touched surfaces: Clean and disinfect frequently touched surfaces such as doorknobs, light switches, and countertops regularly to reduce the risk of infection.
8. Get regular medical care: Encourage seniors to maintain regular medical care, including check-ups and vaccinations, and to seek medical attention if they develop any symptoms of COVID-19.

To mitigate the spread of the virus, the CNMI government had implemented various measures, including mandatory mask-wearing, social distancing, and quarantine requirements for travelers. The CNMI also established a public health emergency, which enabled the government to allocate funds and resources to combat the virus. The CNMI has also been administering COVID-19 vaccines to its residents and visitors. As of September 2021, the CNMI had fully vaccinated over 60% of its eligible population. Like many other places around the world, the pandemic has had a significant impact on the CNMI's economy, including its tourism industry. However, the CNMI government has been working to balance public health concerns with the need to support the economy, implementing measures to gradually reopen tourism and other sectors while still protecting public health.

The Office on Aging received Federal funding during the global pandemic to provide aid to seniors and people with disabilities. These Federal grants include, the American Rescue Plan Act (ARPA), Cares Act, the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, Family First Coronavirus Response Act (FFCRA), Aging and Disability Resource Center/No Wrong Door (ADRC/NWD), Expanding Health, and more.

The CNMI continues to monitor the situation and adjust measures as necessary to control the spread of COVID-19 in the islands.

VI. INTRASTATE FUNDING FORMULA

The Intrastate Funding Formula is not applicable to the CNMI OoA State Plan.

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

ASSURANCES

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--

(2)The State agency shall—(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(c) An area agency on aging designated under subsection (a) shall be--...

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of

general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

Note: States must ensure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(a) Each area agency on aging...Each such plan shall--

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services--

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared --
(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(13) provide assurances that the area agency on aging will—

- (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

- (B) disclose to the Assistant Secretary and the State agency--
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship;

- (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

- (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

- (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used--

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(a) . . . Each such plan shall comply with all of the following requirements:...

(3) The plan shall--

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance --

(A) the plan contains assurances that area agencies on aging will

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals --

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;...

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State...

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall--

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order...

**State Plan Guidance
Attachment A (Continued)**

REQUIRED ACTIVITIES

Sec. 305 ORGANIZATION

- (a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .
 - (2) the State agency shall—
 - (G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;
 - (ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and
 - (iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

Sec. 306 – AREA PLANS

- (a) . . . Each such plan shall—
 - (6) provide that the area agency on aging will—
 - (F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;
 - (6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

Sec. 307(a) STATE PLANS

- (1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The plan shall provide that the State agency will --

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; ...

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The plan shall provide that the State agency will:

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

- (i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
- (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
- (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

INFORMATION REQUIREMENTS

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

***OoA RESPONSE:** All participating elderly and people with disabilities, upon application for services work with the OoA staff to complete a basic application form. This form includes the participants' personal information, and will assist in determining whether the participant has a great economic or social need. Upon this determination, high preference will be given for services offered at the Office on Aging. A needs assessment survey will also be given to the participant upon application, and updated yearly, on the types of services they would like to avail at the senior center. These services include all Title III and Title VII programs.*

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

***OoA RESPONSE:** The CNMI does not have Area Agencies on Aging, and this section does not apply.*

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

***OoA RESPONSE:** The CNMI does not have Area Agencies on Aging, and this section does not apply.*

Section 307(a)(2)

The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (Note: those categories are access, in-home, and legal assistance). Provide specific minimum proportion determined for each category of service.

OoA RESPONSE:

2023:

Access (I & A, Case Management and Transportation combined): (15%)

In-home: (5%)

Legal Services: (1.75%)

Next year 2024

Access (I & A, Case Management and Transportation combined): (17%)

In-home: (7%)

Legal Services: (1.75%)

Section (307(a)(3)

The plan shall:

...

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

OoA RESPONSE: *The CNMI is considered 100% rural, thus all Title III and Title VII funds will be spent on services for individuals residing in rural areas.*

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

OoA RESPONSE: *100% of the allotted federal dollars, or approximately \$796,568 each fiscal will be used on services for older individuals residing in rural areas in the CNMI.*

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

OoA RESPONSE: *In the first year of the plan, the OoA focuses on the plan to spend 100% of all Title III and Title VII funds on services for individuals residing in rural areas in the CNMI. The OoA will create an action plan which will include Title III and Title VII programs and to routinely*

monitor all services rendered to ensure that our elders and people with disabilities receive those services.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

OoA RESPONSE: *Since the CNMI is 100% rural, the OoA focuses on providing effective and efficient services to the entire CNMI population of elderly individuals and people with disabilities. All funds under Title-III and Title-VII are used to assist persons from rural areas.*

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and*

OoA RESPONSE: *According to the 2010 CNMI Census, the number of people who speak a language at home other than English and are age 60 and over is 3,110, which coincidentally is the exact number of individuals age 60 and over. The number of individuals age 60 and older who do not speak English at all is 107 or approximately 3.4% of the total senior citizen population in the CNMI. The number of individuals age 60 and over for whom poverty status was determined is 1,564 or roughly 50% of the total senior citizen population.*

(B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

OoA RESPONSE: *Data on whether participants are low-income or have limited English proficiency is collected upon application. Preference is always given to individuals from low-income backgrounds, and translators for the indigenous language (usually by OoA staff) are available for people with limited English proficiency.*

Section 307(a)(21)

The plan shall:

(B) *provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (title III), if applicable, and specify the ways in which the State agency intends to implement the activities. Not applicable*

Section 307(a)(28)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State’s statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive

OoA RESPONSE: *Noted.*

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

OoA RESPONSE: *OoA under the Department of Community and Cultural Affairs (DCCA) works collaboratively with the CNMI Office of Homeland Security and Emergency Management, the Department of Public Safety, and the Governor’s Office to assist in disaster relief programs. The DCCA has implemented an emergency preparedness SOP.*

In the case of an impending disaster, the Office on Aging will transport all active elderly clients to their homes for safety. If their homes seem unstable or they feel unsafe, they may be transported to an emergency shelter. OoA staff will also contact elderly homebound clients to ask if they would like to be transported to an emergency shelter or to a store to purchase supplies. The OoA staff assigned to the Disaster Preparedness Committee will keep a log of this activity. After the disaster, OoA staff will again transport the elderly clients to their homes to assess any damages. The same will be done in Tinian and Rota.

Disaster Health Services such as the Commonwealth Health Care Corporation are valuable resources when trying to determine ways to meet the needs of an individual with a disability. In all cases, coordination between the Office on Aging, shelter management, Disaster Health Services, HSEM and the client will determine the solution that best meets the needs of the individual and other shelter residents.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

OoA RESPONSE: *The OoA Director works closely with the DCCA Disaster Preparedness Committee headed by the DCCA Secretary in formulating the emergency preparedness plan to ensure the safety of senior citizens and people with disabilities residing in the CNMI.*

Section 705(a)(7) *The CNMI office on Aging does not have an Ombudsman Program

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307:*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.


ARNOLD I. PALACIOS, CNMI Governor

Signature and Title of Authorized Official

Date: 6/15/23