



Senior
Connection

UKAFI

FFY 2026 - 2029

Area Plan

Executive Summary

In 2020 the Federal Decennial Census estimated that Central Massachusetts had a population of 862,111 with 204,518 residents of Worcester County over the age of 60. In the coming years this population is expected to increase significantly, rising from 17.8% of the total population in 2010 to approximately 28% in 2030. This increase is driven by the aging of the baby boomer generation. In addition to the greater number of Older Adults, Senior Connection has seen the provision of services to consumers becoming more complex as their needs are more complicated while many Older Adults also require services for longer than in the past. This shift has led Senior Connection to redesign our planning to ensure that the allocation of Title III Funding from the Older Americans Act is utilized in the most effective manner possible in this new environment and can address the most pressing needs of older adults and caregivers residing in the 61 cities and towns that compose our Planning and Service Area (PSA).

Senior Connections Goals for Federal Fiscal Years 2026 – 2029 include:

- Addressing the housing crisis by advocating on behalf of the need for affordable accessible housing for older adults and their families, funding programs that prove that they are the best equipped to address this challenge, and to work to develop housing on our own. In Worcester there has been a 114% increase in elder homelessness.
- Addressing Social Isolation
- Streamlining how services are provided
- Meeting the needs of Grandfamilies (families in which grandparents serve as the primary caregivers to their grandchildren) who have historically been one of the most overlooked and underserved population needing caregiver support. This population is large and growing. 9.8% of respondents to our Needs Survey conducted in the Fall of 2024 identified as a Grandparent Raising their Grandchildren.
- Ensuring the Evidence Based Health Promotion and Disease Prevention Programming support with title III-D Funding is offered throughout our entire Planning and Service Area.
- Increasing Outreach to Rural Areas through programs such as The Care Express, Senior Connection's Mobile Health and Outreach Clinic.

All of these goals will be incorporated into our Funding Priorities for FFY26-29.

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Senior Connection Goals and Objectives

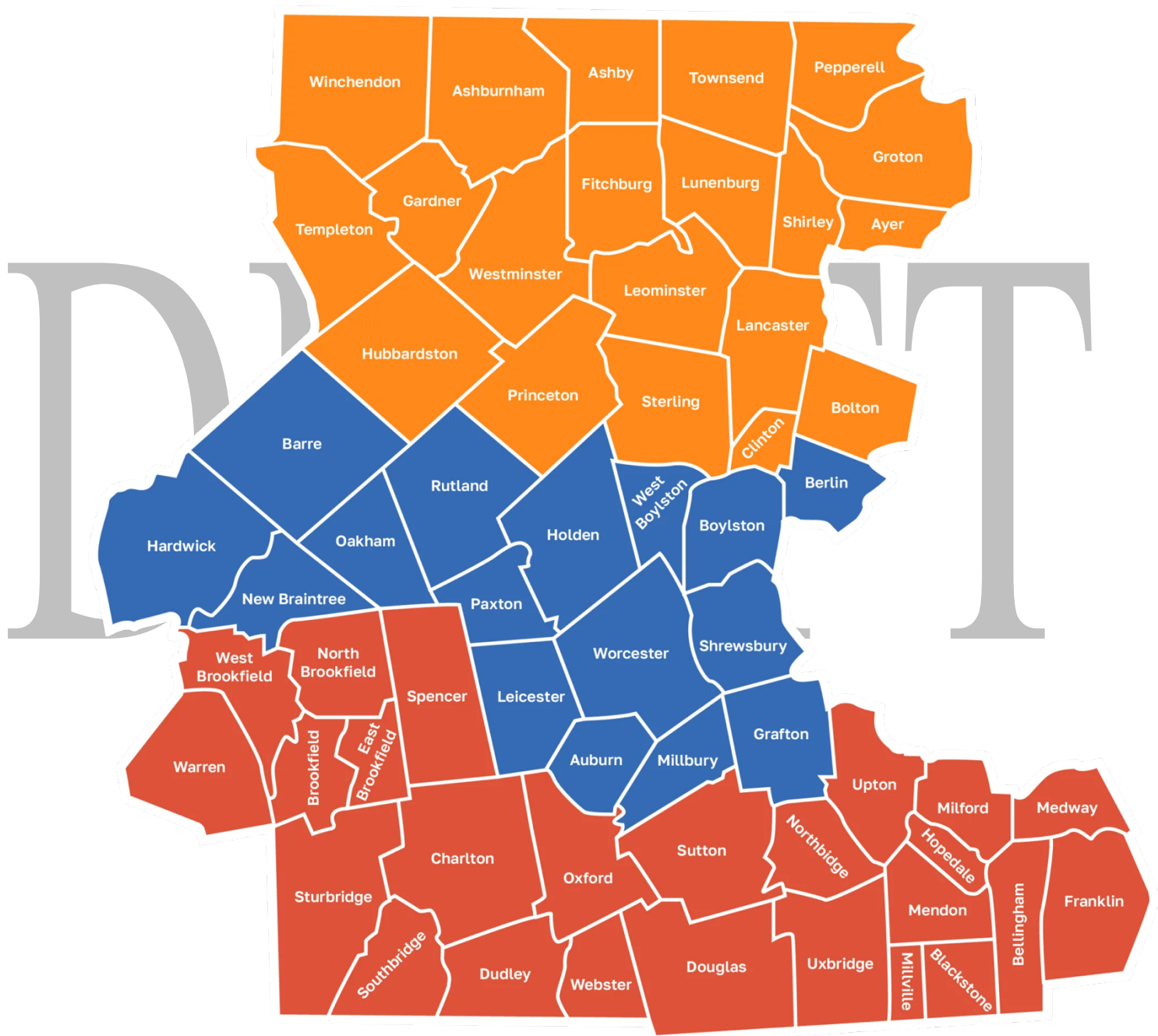
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Area Plan FFY2026-2029
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Our Mission

Senior Connection seeks to enhance the quality of life for area older persons and caregivers through Leadership, Resources, Coordination of Services and Advocacy.

Our Vision

We are the area's leader in the planning, development and funding of a comprehensive and coordinated community-based service system throughout our planning and service area. Senior Connection holds a preeminent place in the provision of information online, helping all consumers in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible.

Our Origins

In September of 1974, supported by legislation amending the Older Americans Act of 1965, a new organization was formed to plan and allocate funds under Title III of the Act. This organization, at the time named Region II Area Agency on Aging, had as its mission to bring services to older Americans in the Worcester County region. With offices in Holden and with James M. McNamara of Clinton as the first appointed agency coordinator, Region II Area Agency on Aging began offering an Information and Referral Service to seniors throughout the region's cities and towns.

A more enhanced Information and Referral (I&R) service was established at the Agency in 1985. The Board of Directors, now with 17 members, changed the Agency's name in 1989 to more accurately reflect our planning and service area of sixty-one communities in Central Massachusetts. In 1990, Senior Connection moved its offices to West Boylston.

In the late 1990's, Senior Connection developed an online presence with the launch of the SeniorConnection website. During the 2000s, Senior Connection began to refocus its outreach efforts to use existing technology to its full extent. Expansions to our website and the use of social media have helped bring the agency into the digital world. At the same time, Senior Connection continues to offer information to consumers by phone, email and in person keeping close to our mission. In 2019, Dr. Moses S. Dixon became the President & CEO and in 2020, Senior Connection moved to its current location in Worcester at 330 Southwest Cutoff. We are excited to continue growing and serving our region to support the needs of older adults and caregivers.

SENIOR CONNECTION INC'S PLANNING AND SERVICE AREA COMMUNITIES:

Ashburnham

Ashby

Auburn

Ayer

Barre

Bellingham

Berlin

Blackstone

Bolton

Boylston

Brookfield

Charlton

Clinton

Douglas

Dudley

East Brookfield

Fitchburg

Franklin

Gardner

Grafton

Groton

Hardwick

Holden

Hopedale

Hubbardston

Lancaster

Leicester

Leominster

Lunenburg

Medway

Mendon

Milford

Millbury

Millville

New Braintree

North Brookfield

Northbridge

Oakham

Oxford

Paxton

Pepperell

Princeton

Rutland

Shirley

Shrewsbury

Southbridge

Spencer

Sterling

Sturbridge

Sutton

Templeton

Townsend

Upton

Uxbridge

Warren

Webster

West Boylston

West Brookfield

Westminster

Winchendon

Worcester

Area Agency on Aging Demographics: Central Massachusetts

Table 1. Age Group, People 60+ Years Old

% Age 60-69	% Age 70-84	% Age 85+
54%	38%	8%

Source: U.S. Decennial Census 2020, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by EOEa.

Age Distribution

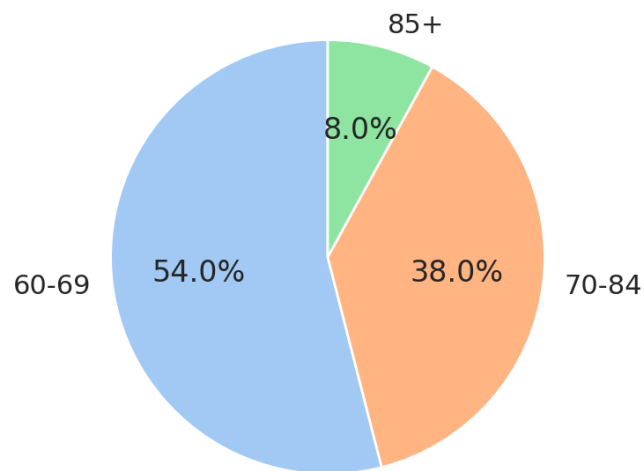


Table 2. Race, People 60+ Years Old

% White	% Black or African American	% American Indian or Alaska Native	% Asian/ Native Hawaiian/ Other Pacific Islander	% Other Race	% Two or More Races
88%	3%	0%	3%	3%	4%

Source: U.S. Decennial Census 2020, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by EOEa.

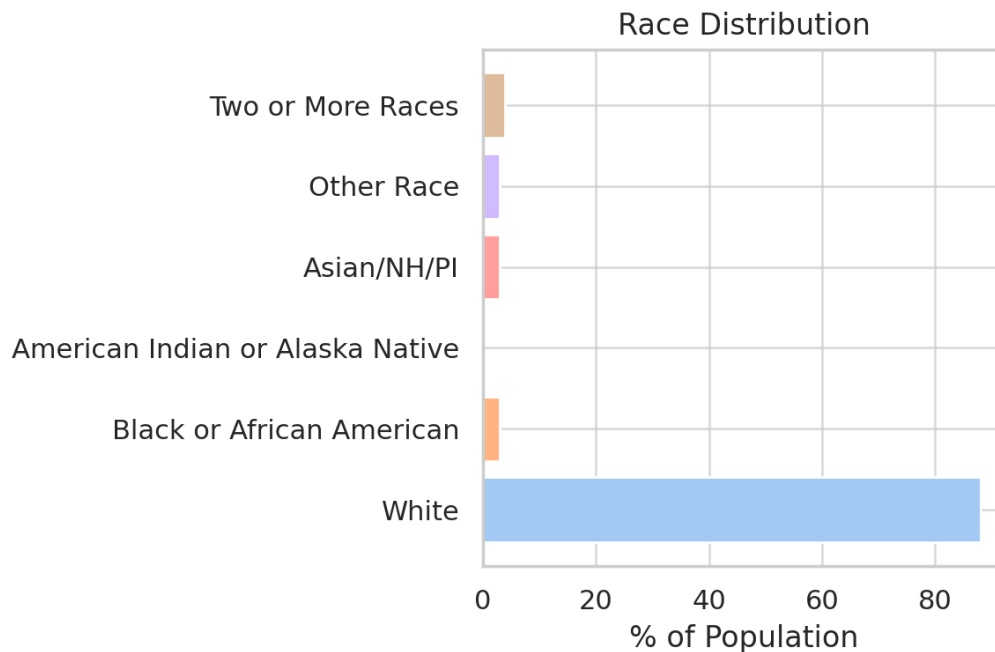


Table 3. Ethnicity, People 60+ Years Old

% Hispanic or Latino	% Not Hispanic or Latino
5%	95%

Source: U.S. Decennial Census 2020, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by EOEa.

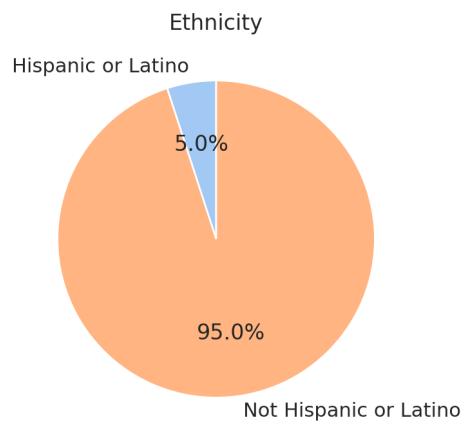


Table 4. Living Arrangements, People 65+ Years Old

% In Household, Living Alone	% In Household, Not Living Alone	% Group Quarters
26%	70%	4%

Source: U.S. Decennial Census 2020, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by EOEa.

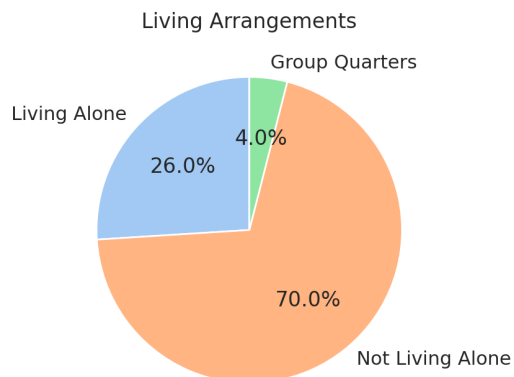
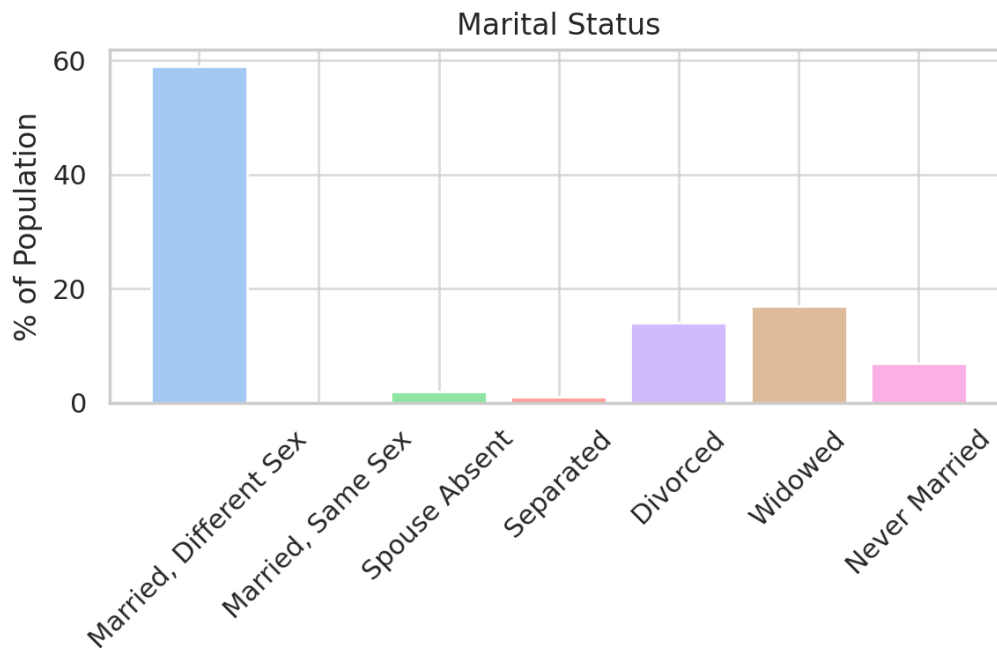


Table 5. Marital Status, People 60+ Years Old

% Born in U.S.		% Born Outside of U.S. to American Parents		% Born Outside of U.S., Naturalized Citizen		% Born Outside of U.S., Not a Citizen	
90%		0%		6%		2%	
% Married, Different Sex	% Married, Same Sex	% Married, Spouse Absent	% Separated	% Divorced	% Widowed	% Never Married/ Single	
59%	0%	2%	1%	14%	17%	7%	



Source: 2016-2020 5-year file of the U.S. Census American Community Survey, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by EOE. Notes. The Census provides this data for regions (not municipalities) and so the reported statistics might include some older adults who reside in neighboring municipalities outside of the AAA. As a result, the actual AAA demographics might slightly differ from statistics in this table. The category "Married, Spouse Absent" includes married people living apart because either the husband or wife was employed and living at a considerable distance from home, was serving away from home in the Armed Forces, had moved to another area, or had a different place of residence for any other reason except separation.

Table 6. Nativity, People 60+ Years Old

% Born in U.S.	% Born in U.S. Territory	% Born Outside of U.S. to American Parents	% Born Outside of U.S., Naturalized Citizen	% Born Outside of U.S., Not a Citizen
90%	1%	0%	6%	2%

Source: 2016-2020 5-year file of the U.S. Census American Community Survey, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by EOEa.
 Note. The Census provides this data for regions (not municipalities) and so the reported statistics might include some older adults who reside in neighboring municipalities outside of the AAA. As a result, the actual AAA demographics might slightly differ from statistics in this table.

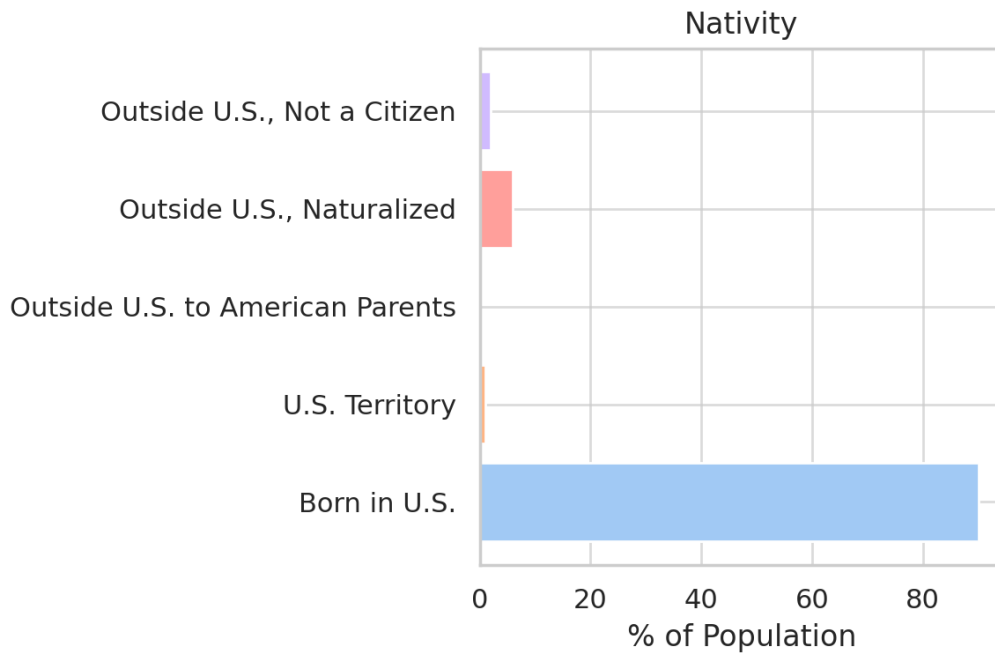


Table 7. Highest Level of Education, People 60+ Years Old

% Did Not Complete High School	% GED	% High School Graduate	% Some College	% Associate's Degree	% Bachelor's Degree	% Post-Graduate Degree
10%	3%	29%	18%	9%	17%	15%

Source: 2016-2020 5-year file of the U.S. Census American Community Survey, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by EOEa.
Note. The Census provides this data for regions (not municipalities) and so the reported statistics might include some older adults who reside in neighboring municipalities outside of the AAA. As a result, the actual AAA demographics might slightly differ from statistics in this table.

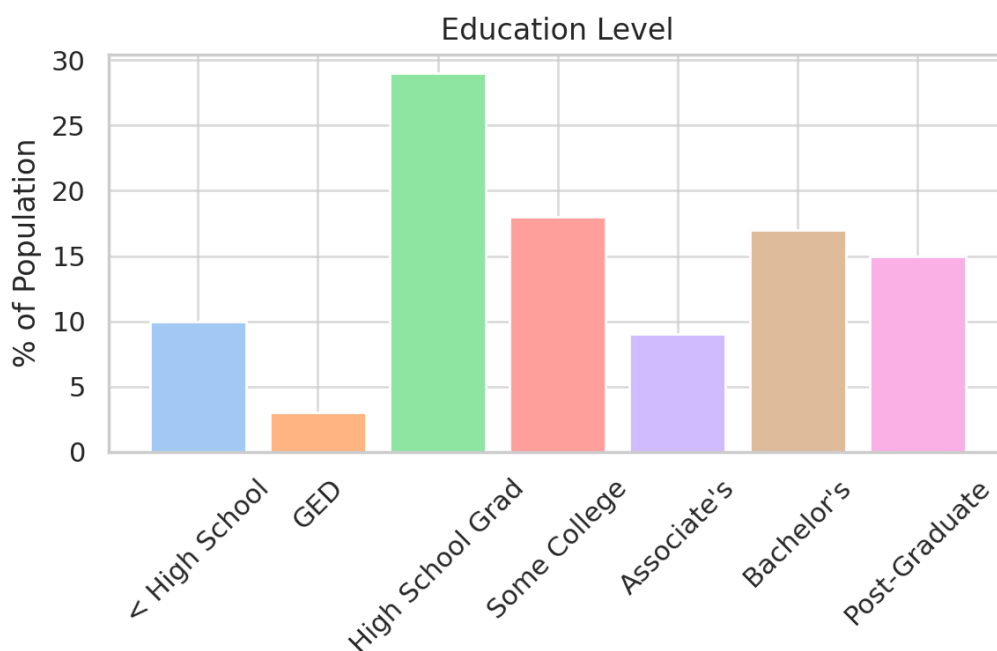


Table 8. English Language Use at Home and Proficiency, People 60+ Years Old

% Speaks Only English	% Speaks Non-English Language at Home, Speaks English Very Well	% Speaks Non-English Language at Home, Speaks English Well	% Speaks Non-English Language at Home, Speaks English Not Well	% Speaks Non-English Language at Home, Does Not Speak English
90%	5%	2%	1%	1%

Source: 2016-2020 5-year file of the U.S. Census American Community Survey, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by EOEa.
 Note. Reported statistics might include some older adults who reside in municipalities outside of AAA (that is, the actual AAA demographics might be slightly different).

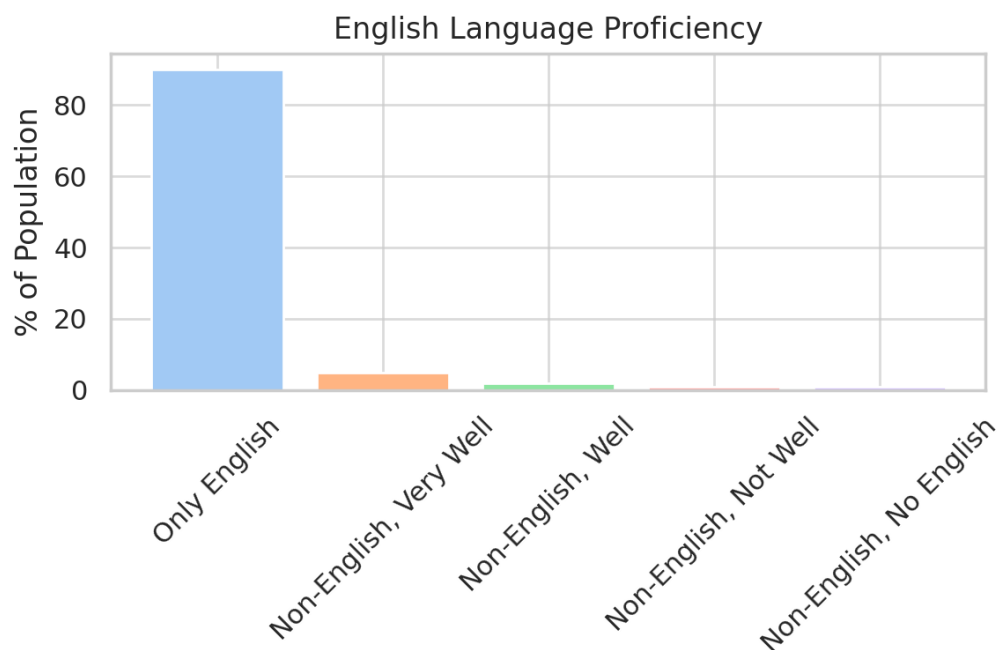
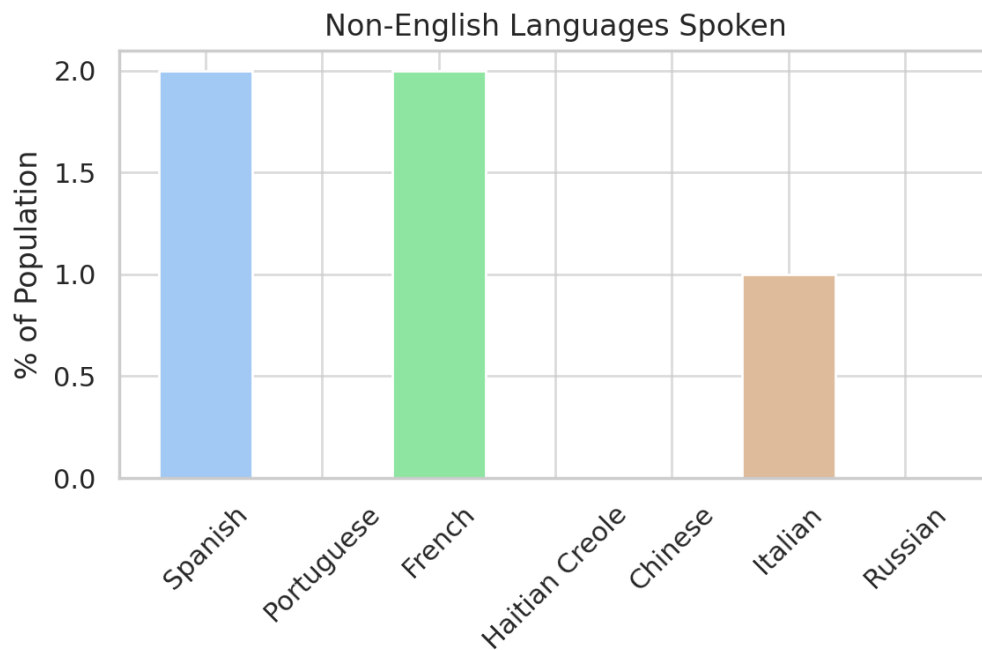


Table 9. Non-English Languages Spoken at Home, People 60+ Years Old

% Spanish	% Portuguese	% French	% Haitian Creole	% Chinese	% Italian	% Russian
2%	0%	2%	0%	0%	1%	0%

Source: 2016-2020 5-year file of the U.S. Census American Community Survey, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by EOE. Notes. This table only includes languages with 10,000+ older adult speakers in Massachusetts. The Census provides this data for regions (not municipalities) and so the reported statistics might include some older adults who reside in neighboring municipalities outside of the AAA. As a result, the actual AAA demographics might slightly differ from statistics in this table.



The Needs of Older Adults in Central Massachusetts

During the Fall of 2024, Senior Connection began a Needs Assessment to assess the most pressing issues facing Older Adults and Caregivers residing in the 61 communities that compose our Planning and Service Area. The findings of this project are used to determine our Funding Priorities for FFY26-29. This process involved a combination of Survey Research, Expert Interviews, and Focus Groups. These data were used to develop our Area Plan for FFY26-29 which will guide our operations in serving caregivers and the 200,000 plus older adults residing in Central Massachusetts

It must be documented that in order to achieve the goals outlined in this document we must be awarded allocations of at least the same funding levels that we have received in the past Federal Fiscal Year and the funds must be sent to Senior Connection in a timely manner. We also reserve the right to adjust our Strategies and Operations in response to any changes that are beyond our control.

To understand Senior Connections Focus Areas of Coordination we must first take a brief look at some of the findings of the Needs Assessment conducted in the Fall of 2024.

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2024 Needs Survey Findings:

Reported Caregiver Supports

Support	Older Adults (%)
Respite Care	75%
Support Groups	58.3%
Financial Assistance	58.3%
Training and Education	50%
Medical Support	58.3%
Legal Assistance	41.7%
Transportation Services	33.3%
Home Modifications	50%
Care Coordination	41.7%
Mental Health Support	33.3%
Technology Support	41.7%
Information and Resources	66.7%
In-Home Care	50%
Nutritional Support	33.3%
Work-Life Balance Support	33.3%
Community Resources	58.3%

N = 12

Notes. The reported sample size (N) is the number of respondents who reported at least one support.

Reported Needs

Need	Older Adults (%)
Access to Services	52.4%
Affordable Health Care	58.1%
Access to Health Care	54.2%
Affordable Housing	46.1%
Housing Accessibility & Maintenance	38.6%
In-Home Support for Independence	60.8%
Long-Term Services & Supports	41.3%
Assistance Managing Other Expenses	36.7%
Legal Services	38.6%
Mental & Behavioral Health Support	43.7%
Nutrition Support	52.4%
Safety & Security	46.1%
Transportation Access	56.3%
Workforce Development	19.3%
Social Isolation	45.5%
Leisure, Recreation, & Socialization	51.8%
Civic Engagement/Volunteer Opportunities	28%
Learning & Development Opportunities	33.1%
Staying Active/Wellness Promotion	56%
Addressing Ageism	34%
Overcoming Language/Communication Barriers	25.9%
LGBTQIA+ Support	13.3%
Spirituality Support	24.1%

N = 332

Notes. The reported sample size (N) is the number of respondents who reported at least one need.

Reported Needs by Income

Need	Household Income < \$20,000 (%)	Household Income ≥ \$20,000 (%)
Access to Services	55.1%	42.9%
Affordable Health Care	46.9%	28.6%
Access to Health Care	30.6%	37.5%
Affordable Housing	26.5%	16.1%
Housing Accessibility & Maintenance	38.8%	25%
In-Home Support for Independence	55.1%	57.1%
Long-Term Services & Supports	32.7%	41.1%
Assistance Managing Other Expenses	32.7%	17.9%
Legal Services	28.6%	23.2%
Mental & Behavioral Health Support	20.4%	23.2%
Nutrition Support	42.9%	44.6%
Safety & Security	34.7%	28.6%
Transportation Access	51%	37.5%
Workforce Development	6.1%	7.1%
Social Isolation	36.7%	16.1%
Leisure, Recreation, & Socialization	28.6%	23.2%
Civic Engagement/Volunteer Opportunities	6.1%	7.1%
Learning & Development Opportunities	16.3%	14.3%
Staying Active/Wellness Promotion	30.6%	35.7%
Addressing Ageism	14.3%	3.6%
Overcoming Language/Communication Barriers	4.1%	1.8%
LGBTQIA+ Support	6.1%	5.4%
Spirituality Support	14.3%	19.6%

N (Income < \$20,000) = 49; N (Income ≥ \$20,000) = 56

Notes. Percentages reflect respondents who reported at least one need. Respondents who did not report household income are not included.

Ranked Needs

Needs Ranked	Ranked 1 (%)	Ranked 2 (%)	Ranked 3 (%)
Access to Services	12.3%	4%	1.7%
Affordable Health Care	14.6%	10.5%	2.5%
Access to Health Care	6.2%	6.5%	3.4%
Affordable Housing	11.5%	8.9%	3.4%
Housing Accessibility and Maintenance	4.6%	4%	6.8%
In-Home Support for Maintaining Independence	13.1%	13.7%	5.9%
Long Term Services & Supports	1.5%	3.2%	6.8%
Assistance Managing Other Expenses	2.3%	1.6%	5.1%
Legal Services	1.5%	3.2%	5.9%
Mental & Behavioral Health Support	1.5%	3.2%	3.4%
Nutrition Support	8.5%	5.6%	5.1%
Safety & Security	0.8%	0%	4.2%
Transportation Access & Availability	4.6%	10.5%	9.3%
Workforce Development	0%	1.6%	1.7%
Assistance Addressing Social Isolation	2.3%	2.4%	5.1%
Opportunities for Leisure, Recreation, & Socialization	4.6%	7.3%	2.5%
Civic Engagement / Volunteer Opportunities	0%	0.8%	0.8%
Learning & Development Opportunities	0%	1.6%	6.8%
Staying Active / Wellness Promotion	4.6%	8.1%	7.6%
Addressing Ageism and Age Discrimination	0.8%	0%	4.2%
Overcoming Language / Communication Barriers	0.8%	0%	2.5%
LGBTQIA+ Support	1.5%	0.8%	0.8%
Spirituality Support	0%	0%	0%
Other	2.3%	2.4%	4.2%

N = 130

Notes. The reported sample size (N) is the number of respondents who ranked at least one need. Columns 2-4 might not sum to 100% due to rounding.

Respondent Demographics

Age	Older Adults (%)
Less than 60	6.8%
60-69	26.9%
70-79	36.5%
80-89	23.8%
90 or older	5.9%

N = 323

Gender Identity	Older Adults (%)
Woman	72.4%
Man	27%
Prefer Not To Say	0.6%

N = 330

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Race/Ethnicity	Older Adults (%)
American Indian or Alaska Native	0.3%
Asian	9.3%
Black or African American	9.6%
Latino	12%
Middle Eastern or North African	0.9%
Native Hawaiian or Other Pacific Islander	0.3%
White	62.3%
More than One	4.8%
Other Race/Ethnicity Listed	0.3%

N = 332

Notes. AGE classified a respondent as 'More Than One Race or Ethnicity' when the respondent selected more than one race or ethnicity. AGE classified respondents as 'Other Race/Ethnicity' when they selected 'Some other race or ethnicity' and no other category.

Language Spoken at Home	Older Adults (%)
English	70.4%
Arabic	1.9%
Chinese (including Mandarin, Cantonese)	7.8%
French	1.6%
Haitian Creole	0.3%
Japanese	0.3%
Polish	1.2%
Spanish	15.3%
Vietnamese	1.2%

N = 321

Notes. Only languages spoken by at least 0.1% of respondents are listed.

English Proficiency	Older Adults (%)
Very Well	29.8%
Well	26%
Not Well	11.5%
Not At All	32.7%

N = 104

Notes. This table only includes people who speak a language other than English at home.

Household Income < \$20,000	Older Adults (%)
Yes	31%
No	50.8%
Prefer Not to Answer	18.2%

N = 319

MassHealth Membership	Older Adults (%)
Yes	44.3%
No	51.7%
I Don't Know	4%

N = 323

Reported Characteristics

Characteristic	Older Adults (%)
Experience issues with abuse, neglect, or exploitation	3.7%
Live with Alzheimer's or dementia	7.5%
Experience memory or thinking problems	26.1%
Need access to cultural or social activities	27.1%
Live with vision loss	24.1%
Live with hearing loss	27.5%
Live with physical disabilities	39.7%
Are in frail or weak health	19%
Are a grandparent raising grandchildren	9.8%
Have housing concerns	17.6%
Often feel lonely or isolated	26.4%
Need legal services	18.6%
Are part of the LGBTQIA+ community	7.5%
Have mental or emotional health issues	29.5%
Need help with meals or nutrition	29.5%
Live in a rural area	11.5%
Have employment or job-related needs	9.2%

N = 295

In addition to the quantitative data gathered through survey research we also collected quantitative data through Expert Interviews and Focus Groups.

2024 Expert Interviews

- Community Legal Aid (Housing and Benefit Concerns were topics that were covered here as well as more general Legal Services)
- MassHire
- Grandparents Raising Grandkids Resource Center

2024 Focus Groups

- The Arabic Elders Group at the Worcester Senior Center
- The African American Elders Group at the Worcester Senior Center
- The Vietnamese Elders Group at the Worcester Senior Center
- The Chinese Elders Group at the Worcester Senior Center
- The Latino Elders Group at the Worcester Senior Center
- The Legally Blind Elders Group at the Worcester Senior Center
- The Caregiver Support Group Elders Group at the Worcester Senior Center
- Consumers at the Clinton Senior Center (many of whom resided in more rural areas)
- Grandparents Raising Grandkids Resource Center

*Please note that many of the attendees of the groups at the Worcester Senior Center include residents from neighboring communities.

The Major Issues That Cut Across These Sessions Included:

- Transportation Access— there is little availability in rural areas and accessibility issues exist due to scheduling and vehicle size in other communities. These findings are backed by the survey results. Households earning less than \$20,000 were the most highly impacted with 51% saying that this was a concern as opposed to 37.5% for Households earning more than \$20,000. With regards to ranking the needs it was only 4.6% as the first ranked need for survey respondents but was 10.5% as their second most pressing need. This is because Housing and Access to Health Care were ranked as greater concerns.
- Access to Affordable and Accessible Housing - Was brought up in the majority of sessions. These findings are backed by the survey results. 11.5% ranked Housing as their Number 1 concern with 17.6% of respondents indicating that they have Housing Concerns specific to their individual circumstances. Households earning less than \$20,000 were the most highly impacted with 26.5% saying that this was a concern as opposed to 16.1% for Households earning more than \$20,000. Homelessness amongst older adults is also trending upwards. A 2025 report from the Central Massachusetts Housing Alliance found that from 2020 to 2024, Worcester experienced a 114% jump of homeless people in this age bracket. Shelters are also often not equipped to meet the needs of Older Adults.
- Access to Medical and Health Education was a need that was repeatedly referenced in the Focus Groups. Though there was no question specific to Medical and Health Education on the survey we do see the following results for Access to Affordable, Quality Healthcare With 14.6% of respondents

ranking access to Affordable Health Care as their greatest need and 6.2% ranking Access to Health Care to Healthcare as their greatest need. Once again, we see a significant difference in how this impacts Households earning less than \$20,000 as opposed to those earning over \$20,000.

	Household Income < \$20,000 (%)	Household Income ≥ \$20,000 (%)
Affordable Health Care	46.9%	28.6%
Access to Health Care	30.6%	37.5%

- Hospital Closures, such as the Nashoba Valley Medical Center in Ayer, MA on August 31, 2024, have had a negative impact on access to health care in many of the more rural communities in Senior Connections PSA. They survey indicates that 11.5% of respondents identify as living in a rural community. This is a challenge given that the National Institute for Healthcare Management research has found that 80% of rural residents are medically underserved.

- Many focus group participants complained about their health insurance not being accepted by providers and of having to wait months to see specialists.

Other Comments

- There appears to be a knowledge gap with regards to available services and consumers’ awareness of these services. This issue transcended socio-economic status and racial and ethnic categorizations.
- Job opportunities that pay a living wage for working class elders are limited. A lack of reliable transport is also a formidable barrier that prevents seniors from working.
- Social Isolation is a problem for elders. The reasons for this issue include a lack of transportation, family members who work during day or live far away, living in unsafe neighborhoods, financial instability, and other causes. This is backed by the survey data that found that 26.4% of respondents reported that they, “Often feel lonely or isolated” and 27.1% who respondents that they, “Need access to cultural or social activities” which can be used to address this issue. Interestingly enough only 2.3% of respondents reported that, “Assistance Addressing Social Isolation” was their top priority though this rose to 5.1% for their third most top priority. This is likely due to Access to Services (including Affordable Health Care) and Housing) being viewed as higher priorities.
- The cost-of-living crisis has impacted nutrition. This is supported by the survey which found that 42.9% of Households earning less than \$20,000 reported nutrition Support as a needed service while this figure actually rose to 44.6% in households whose annual income was over \$20,000. Overall, 29.5% of respondents reported that they personally needed help with meals or nutrition. Based upon the discussions with the Focus Groups it would appear that there is a broad concern about the rising cost of living and though only 8.5% of survey respondents reported Nutrition Support as their Number 1 need, from listening to the Focus Groups it could be inferred that it was still a big issue just it would rank

lower than being evicted or not having access to health care in an emergency or more generally to manage a chronic condition.

- In-Home Support for Independence was a major concern for survey respondents with 55.1% of respondents living in households whose annual income was less than \$20,000 reported this as a need while this figure was 57.1.9 % in households earning more than \$20,000 annually. 13.1% of respondents identified this as their number one need. This is not surprising given that 39.7% of respondents reported having a physical disability, 24.1% suffered from vision loss, and 19% were in frail or weak health.
- Access to Service was another area of concern. 55.1% of respondents living in households whose annual income was less than \$20,000 reported this as a need while this figure was 42.9% in households earning more than \$20,000 annually

Trends Documented in Interviews and Focus Groups and Supported by Survey Data

- In-home support was the number most needed service followed by access to Affordable Healthcare, Transportation and Staying Active, and Access to Healthcare (in general). This is consistent with findings across the commonwealth.
- There is an increased need for Legal Services. Much of this appears to be tied to the Housing Crisis and the resulting eviction attempts. Overall, the survey found that 28.6% of respondents living in households whose annual income was less than \$20,000 reported this as a need while this figure was 23.3% in households earning more than \$20,000 annually. Overall, 18.6% of survey respondents from all income brackets reported needing Legal Services for their individual circumstances. Consumers also stated that they wanted more options to access Legal Services. Senior Connection will be operating a Legal Kiosk in the Care Express (our mobile health and outreach clinic) which. Can help accommodate this need as the service will be offered directly in the most underserved communities (e.g. rural areas).
- There is an increased need for Job Training. This is due to the cost-of-living crisis which is forcing retirees back into the workforce. 9.2% of Survey Respondees reported having employment and job-related needs. While 6.1% of respondents living in households whose annual income was less than \$20,000 reported Work Force Development as a need. This figure rose to 7.1% from respondents living in households earning more than \$20,000 annually.
- There has been an increase in Grandfamilies (families in which grandparents serve as the primary caregivers of their grandchildren). 9.8% of survey respondents also identified as living in a grandfamily.
- More issues related to mental illness are occurring. This can be attributed to a variety of factors such as financial stress caused by the pandemic, better diagnosis of mental illness than in the past, and the fact that mental illness holds less of a stigma for Baby Boomers than for prior generations. The survey's findings support this as it was reported that 26.1% of respondents Experience memory or thinking problems while 29.5% Have mental or emotional health issues.
- The Opioid Crisis is having an impact on elders both in terms of addiction itself, being exploited by family members who have an addiction, and being forced into the role of caregiver for grandchildren

because their children are not capable of being an effective parent. This crisis is likely tied to the fact that 9.8% of survey respondents identified as a grandparent raising their grandchildren.

FFY 2026-2029 Title III Funding Priorities

Title III of the Older American's Act is the source of much of the funding for the Senior Connection. The goal of Senior Connection is to address the most critical needs of elders throughout the region. These funds allow us to achieve this end by working through service providers. Generally, preference will be given to applicants who are locally-based providers, with collaborative proposals and to those that intend to serve the entire planning and service area.

As a Stand- Alone AAA, Senior Connection has historically partnered with organizations who have demonstrated that they have the capacity to address the needs in our Planning and Service Area that were documented in our most recent Needs Assessment. That said, there have been times when we were the most capable organization to meet at need thus, we reserve the right to retain funding in cases where we are the most capable organization to provide a service. During the Needs Assessment if 2024 Senior Connection identified several Funding Priorities for FFY 2026-2029.

Title III-B – Supportive Services

Access for Elders

Outreach and Interpretation programs targeting one or more of the following groups: minority and/or non-English speaking populations, rural, low-income, disabled, Native Americans, the LGBT+ community, and Alzheimer's patients and their caregivers. Proposals should address areas and/or populations that are demonstrably without services, or are underserved.

Transportation in areas where significant unmet need is clearly demonstrated. Proposals should include service to residents in more than one community whose residents would otherwise not have access to medical transportation and/or escorted transportation where necessary to access health care. Programs that provide transportation to recreational facilities that can reduce social isolation will be considered as well. The vehicles that will be utilized by the program must have appropriate Safety Features such as handrails.

Crisis Intervention

Short term intensive counseling or problem solving assistance to help seniors deal with crisis situations

Emergency Home Repair

Repair and maintenance services for elders within the entire Senior Connection's Planning and Service Area who are at risk from health and safety hazards or at risk of being homeless. Grant funds will be limited to providing the skilled labor required to make needed repairs and modifications with the expectation that homeowners or other resources will provide any required materials.

Legal Services (mandated)

Includes help in obtaining or restoring public benefits, guardianship services, resolving housing problems or other appropriate concerns.

Long Term Ombudsman (mandated)

Volunteers and stipend staff serving nursing home residents by investigating and resolving complaints made by the residents, or on their behalf.

Technology – Programs that can provide technology and technological training to seniors that can reduce social isolation and increase access to information, programming, and services.

III-C – Nutrition Services

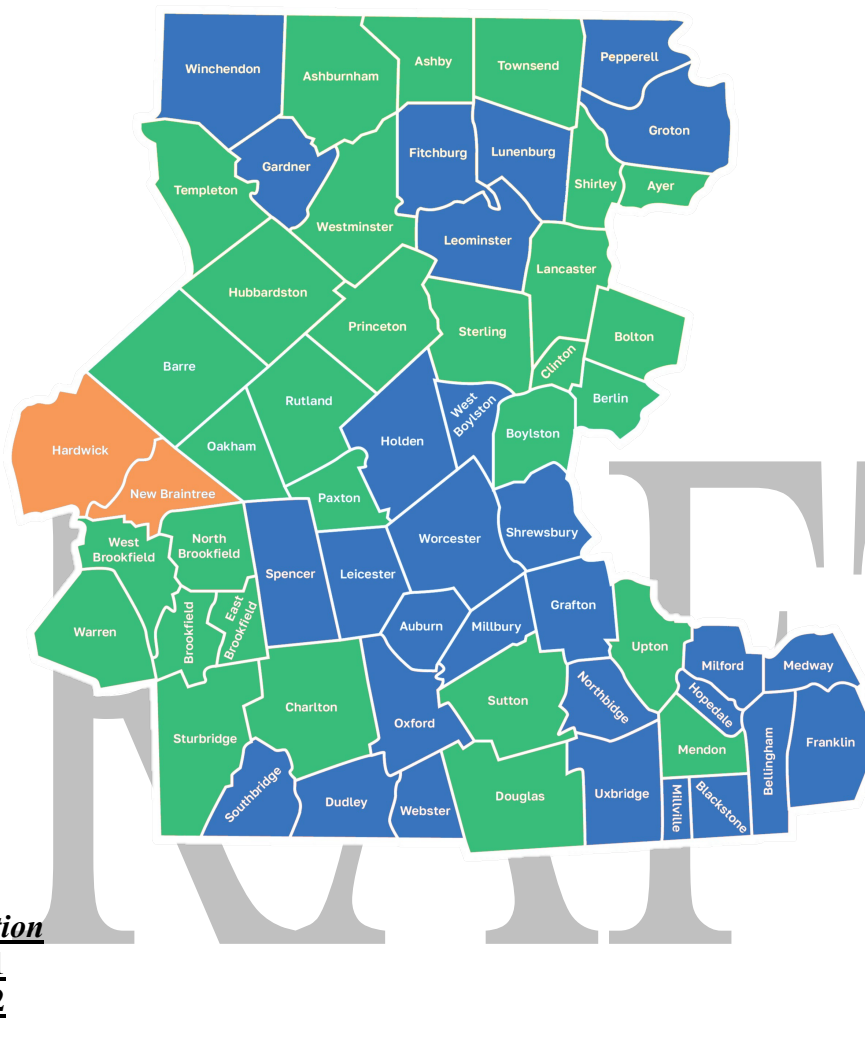
Regional congregate and home delivered meal services. Projects must meet federal regulations governing Nutrition Programs. Senior Connection recognizes the importance of cultural competent meals and will continue to be an advocate for them.

III-D - Disease Prevention and Health Promotion Services

Programs may focus on the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, improved nutrition and related health screenings. Further, program designs should be demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults and service should be provided by community-based organizations employing appropriately credentialed practitioners. Eligible programs must adhere to the Administration for Community Living's definition of "Evidence Based".

Rural Outreach

15% of Senior Connections Planning and Service Area (PSA) has a population below 5,000 while 22% has a population of under 6,000.



Adapted from the Massachusetts Rural Cities and Towns Map from <https://www.mass.gov/doc/massachusetts-rural-towns-map/download>

Due to geographic realities, rural communities often face barriers to accessing services that suburban and urban populations do not. For example, The National Institute for Health Care Management (NIHCM) Foundation estimates that 80% of rural communities are medically underserved.

To address these realities Senior Connection will increase rural outreach in FFY26-29 which will include increased engagement with rural Councils on Aging and the deployment of the Care Express to these communities. The Care Express is our Mobile Health and Outreach Clinic. It is designed to provide medical, vision, and dental screenings and referrals as well as connecting consumers with other crucial services such as a registration for services and legal services.

Indigenous Outreach

Senior Connection continues to attempt to engage indigenous elder populations in our Planning and Service Area. We have contacts with several tribal leaders.

Emergency Protocols

Senior Connection Inc. will be in compliance with The 2024 Older Americans Act (OAA) Final Rule by October 1st, 2025. We are currently reviewing our protocols and the emergency plans of our grantees to ensure compliance with all relevant state, local, and federal regulations.

Legal Services

Senior Connection will continue our partnership with Community Legal Aid (CLA). CLA's data shows that Housing is the largest issue that drives the need for Legal Services amongst the consumers of its Elder Justice Program. Of the 389 cases that Community Legal Aid's Elder Justice Program closed in Federal Fiscal Year 2024, 243 pertained to housing. Based upon the current economic climate it is reasonable to believe that housing will continue to be a major issue that needs to be addressed via Legal Services. It is also not unreasonable to believe that access to benefits will become a much bigger issue between Federal Fiscal Years 2026 and 2029.

In addition to our partnerships with Community Legal Aid, we will Improve Access to Alternate Legal Services via the Legal Kiosk which is offered on the Care Express (our Mobile Health and Outreach Clinic) and is also available at Senior Connection's Worcester office, virtually via a secure Zoom link shared with clients and partners, and at community-based locations upon request. The Legal Kiosk was developed by Western New England University School of Law and provides legal information and guided access to resources, not legal advice, limited representation, or representation in court. It connects consumers to legal documents, educational materials, and public benefits applications. However, our program goes a step further: an attorney is available via Zoom to provide real-time support for document completion and claims preparation. While the Legal Kiosk does not provide formal legal representation, it serves as a vital "bridge service" for many consumers, particularly low-income and limited English proficient older adults, who often only need assistance understanding and completing legal paperwork. The availability of this support in real time helps resolve issues efficiently and can prevent the need for escalation or formal legal proceedings. This multi-access model increases our service reach and ensures the Legal Kiosk remains an equitable and flexible legal support tool for older adults across Central Massachusetts. This innovative approach is fully aligned with the Title III-B requirements outlined in Massachusetts Area Plan on Aging 2026-2029. It directly supports the legal needs of targeted populations, including low-income, limited English proficient (LEP), socially isolated, and rural older adults, groups identified as high-priority under the Older Americans Act. It contributes to fulfilling the required minimum 9% allocation for legal assistance, while advancing the development of a coordinated and community-based legal support infrastructure. Most importantly, the Legal Kiosk model provides a flexible and equitable response to the diverse legal needs faced by older adults throughout our service region. The Legal Kiosk has access to Senior Connection's Language Line in the event that the consumer is Limited English Proficient. It is also being set up to accommodate users with visual and hearing impairments. The Legal Kiosk is also set up to assist with filing for Guardianship which is important for the Grandparents Raising Grandkids Resource Center. It can also serve as a forum to provide Digital Literacy

Trainings while the Care Express and Senior Connection's Outreach staff can help distribute hotspots and other devices that can be used to improve access to services and reduce social isolation.

Senior Connection Actions and Programming

Central Massachusetts Family Caregiver Support Program

The Central Massachusetts Family Caregiver Support Program is funded under Title III-E of the Older Americans Act. It empowers elders, caregivers and professionals by providing information, education, support, and services that enhance quality of life. This program was initiated in an effort to help individuals manage the enormous personal, social, and economic challenges of caring for an elderly parent, relative, or friend. It is a cooperative effort of Senior Connection Inc, Aging Services of North Central Massachusetts, Elder Services of Worcester Area, Inc., and Tri-Valley Elder Services, Inc. designed to bring care for seniors and caregivers to a new level in the 61 cities and towns of Central Massachusetts.

Senior Connection Inc. and its partners share responsibility for:

- **The Caregiver's Guide** which offers concise information and comprehensive community resources to people who are caring for an elderly parent or relative. A Spanish language version of this publication is available.
- **Information and Referral** about local and long-distance caregiving, available services, community resources and local programs.

Grandparents Raising Grandkids Resource Center

Due to the increase in grandfamilies in Central Massachusetts, Senior Connection operates a Grandparents Raising Grandkids Resources Center (GRGRC). These grandfamilies have been historically overlooked and underserved. The GRGRC is a nationally recognized program that serves as a one-stop-shop to connect grandfamilies with the resources that they need to thrive. The program employs specially trained and certified community health workers who go out into the community to find and assist grandfamilies. 9.8% of the Needs Survey Respondents self-identified as grandparents who are raising their grandchildren so clearly there is a great need within this population.

In addition to providing Information and Referral and unregistered services to hundreds of Grandfamilies (families in which grandparents serve as the primary caregivers of their grandchildren), the GRGRC serves over 100 Grandfamilies each year on an ongoing basis connecting them with referrals to culturally appropriate mental and behavioral healthcare, resources to reduce food insecurity and other financial hardships, afterschool and summer programming for the grandchildren (which also provides Respite for the Grandparents), and other crucial services that these families need to thrive. The GRGRC also can make referrals to assist the grandparents with gaining legal custody of their grandchildren so that they can maximize the number of services for which they are eligible. We are also constructing a Housing Project for the most underserved Grandfamilies in our Planning and Service Area. In addition to providing a safe, affordable, and accessible place to live the GRGRC will be housed on the site providing trauma-informed support on the premises as well

as services such as workforce development and job training. By working with the schools and our community-based partners, the GRGRC is able to put Grandfamilies residing in Central Massachusetts in a context where they can thrive.

The feedback form this program has been positive:

“Grandparents Raising Grandkids has been a blessing to me and my family. They have helped me through tough times, food as well as support. I really appreciate this program and the comfort it has provided me.”

Marcy

Grandparent

“You have made my life so much better and less stressful worrying about paying the mortgages and buying food. I am so grateful. Also thank you so much for the beautiful gift for my granddaughter. Thank you for the food cards, and the food bags, it is deeply appreciated.”

Shirley

Grandparent

“This time of year gets very difficult financially. And now being able to put together a Christmas dinner for my family is just one less thing that I have to worry about! I am incredibly grateful for you and this program. Thanks again!”

Shayla

Grandparent

“The sense of belonging and camaraderie among participants is truly heartwarming. I have witnessed firsthand the difference this program has made in the lives of those it serves. The dedication and compassion of the organizers, coupled with the valuable resources offered, contribute significantly to the well-being of the families involved. It is initiatives like these that strengthen communities and create lasting positive change. Thank you.” unregistered services

Naomi

Grandparent

“Becoming a caregiver for another child is hard but with the help of your team it made the transition a little easier with the help from food pantry to gift cards to emotional support offered. This isn’t an income-based program so just because you make enough to get by sometimes it may not be enough for food or clothing or daily essentials. Don’t be afraid to reach out you may be one email or phone call away from getting the little bit of help you need just to get by. Thank your team again and I hope this helps others to find the courage to look for assistance.”

Steven

Grandparent

The GRGRC also aligns with State and Federal Initiatives such as the Massachusetts Kinship Navigator Program, Federal Supporting Grandparents Raising Grandchildren Act, and The RIZE Foundation (which funds opioid-related GRG programming).

The three collaborating ASAPs also focus on providing:

- **Elder Care Advisors** who are professionally trained to provide free in-home assessments; information and recommendations; connections to ongoing support & services and provide educational resources tailored to the specific needs of the elder or caregiver.
- **One-on-one assistance** to assess needs, identify options and gain access to community-based services.
- **Training, support and counseling** such as caregiver support groups and training to assist caregivers in making decisions, solving problems and managing stress.
- **Caregiver Service Scholarships** for temporary relief services through in-home respite care, adult day care or emergency respite, or other one time needs that arise.

Community Outreach and Education

One of the functions of an Area Agency on Aging is to assure the availability of Information and Assistance services for the planning and service area. Senior Connection's Community Outreach and Education Department provides comprehensive state of the art Information and Assistance. Specially trained Information and Referral Specialists are knowledgeable about all of the resources available to elders and caregivers throughout the 61 cities and towns in the Central Massachusetts region. We assist consumers in identifying their needs and then research potential referrals from which they may choose to address their problem. Senior Connection also makes referrals to our ADRC partners. We also make referrals to Area Agencies on Aging around the country. We participate in problem-solving with individual agencies and serve as brokers between successful elder and caregiver service providers and those seeking assistance.

Health Fair and Community Education events offer Senior Connection the opportunity to carry clarifying information about the complicated aging and caregivers networks out into the community. Whether a small presentation to 5 people or a large event for over 500 people, each opportunity is important to potentially change our consumers' lives by offering them skills or information.

Senior Connection elder and caregiver support services information is available through our online presence at www.seniorconnection.org. The website is regularly revised to better provide support services to seniors, caregivers and professionals.

In addition to our website, Senior Connections has a presence on Facebook, Instagram, YouTube, LinkedIn, and X as well as sending out monthly newsletters. The links to these are accessible at www.seniorconnection.org.

Advocacy

Advocacy efforts at Senior Connection link to the community in a variety of ways.

- Senior Connection's staff provides information concerning the elder population of Central Massachusetts and their caregivers to legislators, local government officials, local media and the general public. Through these publicity efforts Senior Connection helps to increase awareness of elder issues and encourage actions to address identified needs.
- Senior Connection's staff advocate on behalf of individuals who are not able to do so for themselves. The necessity of performing such advocacy is determined on a case by case basis.
- Senior Connection's staff are participants with a variety of community organizations including:
 - Leading the Initiative to get Worcester designated as "Age Friendly"
 - Dementia Friendly Worcester Initiative
 - The Coalition for a Healthy Greater Worcester
 - Central Mass Regional Planning Commission Elders and Transit Group
 - Worcester LGBT Elder Network
 - Local Community Health Network Areas (CHNAs)
 - Worcester County Elder Abuse Prevention Roundtable

Through this participation and other activities, elder needs and issues are highlighted to a broader public.

Quality Management

Senior Connection focuses on assuring the quality of services provided under the Older Americans Act. Depending on the characteristics of the service being delivered, a variety of methods must be employed to measure program effectiveness.

For those programs having readily measurable outcomes, such as legal assistance, crisis intervention and money management, outcome data on successful case resolution and improved financial status are routinely collected.

Quality assessment for other programs where the measurable outcomes are more difficult to define requires tailoring any evaluation methodology to be customized to the specific characteristics of the individual program. To this end Senior Connection staff work with agency staff to develop appropriate means of assessing program impact. For all programs, effectiveness is reviewed as part of the annual monitoring process.

The need to justify the expenditure of public funds in terms of achieved results is growing. In order to maintain support for Older Americans Act programming it is important to more clearly represent the difference these programs make in the lives of everyday people. To this end, Senior Connection will place increased emphasis on reviewing and refining outcome measures and evaluation methods for all programs in consultation with the service providers.

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SENIOR CONNECTION FFY 2026-2029 GOALS AND OBJECTIVES

Senior Connection Inc. will absorb the values of AGE into our operations. Our Needs Assessments continue to identify the most pressing service needs of Older Adults and Caregivers in our PSA. We will continue to use this data to determine our Funding Priorities and establish Goals and Objectives that demonstrate that we are meeting these needs. The strategy for achieving these outcomes will continue to be detailed in our Area Plans. The Programs that currently receive Title III funding from Senior Connection address at risk elder populations as identified by ACL:

- ***Elders Living Alone and Socially Isolated Elders*** are served by the in-home service providers that we have funded who meet needs such as nutrition, crisis intervention, money management, home repair, and other programs.
- ***Low Income Elders*** are targeted by the types of services provided by Title III grantees. For example, Title III supported legal services focus on public benefit and eviction cases, but not estate planning.
- ***Minority Populations*** are reached via the programs that Senior Connection supports that target the large Hispanic populations in Worcester, Fitchburg, and Leominster.
- According to the 2020 census there are approximately 776 ***Indian American elders*** in Central Massachusetts.
- All grantees that include ***rural elders*** in their service area must provide proportional levels of service to these elders. This stipulation is cited in contract with organizations receiving Title III funding.

Senior Connection has categorized our FFY26-29 Goals within the guidelines proposed by AGE. They are as follows:

Goal 1. Older Americans Act Core Programs:

In FFY26-FFY29 Senior Connection will continue to fund the Supportive Services that we have historically funded including Nutrition Services, Legal Services, Disease Prevention/Health Promotion, and Caregiver Programs. Senior Connection recognizes and responds to the changing demographics of our territory. We understand that geographic location and cultural differences can hinder the provision of needed services that fall under the Core Programs addressed by the Older Americans Act. In response to this reality, we will continue to provide outreach to historically underserved communities. Through a combination of surveys, an increase of our presence at community events, and recruiting representatives of these groups for our advisory council and board we aim to better identify and overcome obstacles that prevent seniors and caregivers from accessing services that would improve their quality of life.

Areas to Address:

- **Coordinating Title III programs with Title VI Native American Programs – as applicable; -** Though Senior Connection does not have a Federally Recognized Indigenous Population in our PSA we will provide outreach to the Nipmuc and Wampanoag populations that reside in our PSA.
- **Addressing malnutrition; -** Senior Connection funds Title III C1 and C1 Programs operated by ESWA, MOC, and Tri-Valley. In addition to this, we run our own emergency food pantry and distribute of food resources to consumers of our Grandparents Raising Grandkids Resource Center.
- **Preventing, detecting, assessing, intervening, and/or investigating elder abuse, neglect, and financial exploitation; -** Senior Connection leads the Worcester County Elder Abuse Prevention Roundtable. We also sponsor RSVP's Senior Fraud Helpline. In addition to this, we fund Crisis Intervention and Money Management Programs at ESWA, Aging Services of North Central Massachusetts, and Tri-Valley as well as Community Legal Aid. We also run the Long-Term Care Nursing Home Ombudsman Program for Central Massachusetts.
- **Supporting and enhancing multi-disciplinary responses to elder abuse, neglect and exploitation to involve essential partners across the State including adult protective services, long-term care ombudsman programs, social service providers, health care professionals, financial institutions, and criminal and civil justice system partners;**

Senior Connection runs the Long-Term Care Nursing Home Ombudsman Program for Central Massachusetts and leads the Worcester County Elder Prevention Roundtable.

- **Age and dementia friendly efforts; -** Senior Connection was the lead agency for the Age Friendly Worcester Initiative which resulted in the second largest city in New England obtaining the AARP's Age Friendly Designation. We will continue to support Age Friendly and Dementia Friendly Efforts.
- **Discussions on access to assistive technology options for serving older individuals:**

We will continue to work with our consumers and partners to assure that assistive technology is available to older individuals in need. For the past 4 years we have also partnered with Verizon who have provided financial support to hold digital literacy courses at Senior Centers.

- **Strengthening and/or expanding Title III & VII services;**

We are expanding Title III-D Services in our PSA by training staff on Evidence Based Programs and offering them on our own to ensure that this programming is offered throughout all of Central Massachusetts.

- **Improving coordination between the Senior Community Service Employment Program (SCSEP) and other OAA programs; and**

In response to the increased demand for Job Training that we saw in the 2024 Needs Assessment we will take steps to improve coordination between Senior Connection and the Senior Community Service Employment Program.

- **Integrating core programs with ACL's non formula-based grant programs – as applicable.**

Senior Connection works to ensure that programs working on similar issues do so in manner that compliments each other's efforts rather than duplicating them.

Goal 2. Greatest Economic Need and Greatest Social Need:

Areas to Address:

Senior Connection recognizes that the limited Standard Title III OAA Funding that we receive must be used to target services to those that meet the SUA's definitions of greatest economic need and greatest social need (1321.3). Furthermore, we recognize that addressing social determinants of health of older individuals can go a long way towards improving health outcomes and boosting the well-being of this population.

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

Senior Connection conducted research on this topic in the Fall of 2023. One provider has made progress in this area. We will work other providers to help ensure that meals can be medically tailored and adjusted for cultural considerations.

- **Offering home-delivered meal participants the option to participate in and attend congregate meal sites and other health and wellness activities, as feasible, based on a person-centered approach and local service availability;**

We will ensure that the Title III-C Programs that we fund make this information available.

- **Serving older adults living with HIV/AIDS;**

We will conduct research on the needs of this population and provide outreach to the AIDS Project in Worcester.

- **Supporting participant-directed/person-centered planning for older adults and their caregivers across the spectrum of LTSS, including home, community, and institutional settings;**

We will continue to provide funding to support programs that engage in participant-directed/person-centered planning.

- **Incorporating innovative practices that increase access to services particularly for those with mobility and transportation issues as well as those in rural areas; and**

In 2024, Senior Connection launched the Care Express which is our Mobile, Health and Outreach Clinic. This bus allows us to offer health screenings and other crucial services directly in the most underserved communities which include rural areas.

In 2023, we launched our Grandparents Raising Grandkids Resource Center which serves as a one-stop-shop connecting Grandfamilies (families in which grandparents serve as the primary caregivers of their grandchildren) to much needed services.

In 2022, we launched a partnership with Quinsigamond Community College's Dental Clinic to provide free dental care to Older Adults who lacked it. This program included an agreement with Yellow Cab to provide free transportation to and from the appointments.

- **Creating opportunities to educate the network about the prevention of, detection of, and response to negative health effects associated with social isolation.**

We will continue to integrate this approach into our Outreach Strategy.

Goal 3. Expanding Access to Home- and Community-Based Services (HCBS):

HCBS are fundamental to making it possible for older adults to age in place.

Areas to Address:

- **Securing the opportunity for older individuals to receive managed in-home and community-based long-term care services;**

We will continue to collaborate with the ASAPs and other community partners in pursuit of this goal. We recognize the important of these services. In fact, In-Home Support for Independence was the highest recognized need on the 2024 Needs Survey at 60.8% though only 13.1% of the respondents listed it as their Number One Need. This is likely due to the fact that respondents might recognize the need as they are a caregiver, but do not currently need it themselves.

- **Promoting the development and implementation of a State system of long- term care that is a comprehensive, coordinated system that enables older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers;**

We will continue to collaborate with the ASAPs and other community partners in pursuit of this goal.

- **Ensuring that AAAs will conduct efforts to facilitate the coordination of community-based, long-term care services for older individuals who: reside at home and are at risk of institutionalization because of limitations on their ability to function independently; are patients in hospitals and are at risk of prolonged institutionalization; or are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them; and**

We run the Central Massachusetts Long-Term Care Nursing Home Ombudsman Program and thus are well situated to refer these residents to service providers. We can also work with our community partners to conduct efforts to facilitate the coordination of community-based, long-term care services for older individuals who: reside at home and are at risk of institutionalization as well as patients in hospitals who are at risk of prolonged institutionalization

- **Incorporating aging network services with HCBS funded by other entities such as Medicaid.**

We will collaborate with the ASAPs and other Community Partners in pursuit of this goal.

Goal 4. Caregiving:

Areas to Address:

- **Strengthening and supporting the direct care workforce;**

We will engage with the Direct Care Workforce Strategies Center in order to implement the strategies which will strengthen and support the direct care workforce in Central Massachusetts. We will also offer our Bounce (Work Readiness) Trainings to the ASAPs and other relevant partner organizations.

- **Implementing the actions in the National Strategy to Support Family Caregiving that can advance the Commonwealth's ability to better recognize and support family caregivers;**

We will integrate the National Strategy to Support Family Caregiving into our Outreach and Operation Plans.

- **Coordinating Title III caregiving efforts with the Lifespan Respite Care program; and**

We will engage with the Title III-E Programs that we fund to ensure that their operations align with the The Lifespan Respite Care program.

- **Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families.**

Senior Connection will strengthen support for grandparents and other kin caregivers raising children. Our Grandparents Raising Grandkids Resource Center will expand mobile outreach, legal support navigation, trauma-informed family services, and digital scheduling tools for respite and legal aid. We will continue our partnership with the National Technical Assistance Center on

Grandfamilies and Kinship Families as well as State Kinship Navigator Programs and local school districts to increase Grandparents Raising Grandchildren (GRG) visibility and access to child and elder care resources. This partnership began in 2023 when they provided Senior Connection with Technical Assistance when we launched our Grandparents Raising Grandkids Resource Center. Our Outcome measures will include the number of GRGs served, types of needs addressed, and consumer-reported satisfaction. Senior Connection will continue to reserve the right to set aside funding to ensure that Grandparents Raising Grandkids are supported. Preference given to long-term programs that have demonstrated capacity. Steps will also be taken to ensure that consumers are not receiving duplicated services from multiple organizations.

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