



**GREATER SPRINGFIELD
SENIOR SERVICES, INC.**
DIGNITY - PASSION - PURPOSE

FFY 2026 -2029

Area Plan on Aging

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GSSSI Area Plan on Aging FFY 2026-2029

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At Greater Springfield Senior Services, Inc. (GSSSI), our mission is rooted in dignity, driven by passion, and guided by purpose. Since 1972, we have been dedicated to enhancing the quality of life for older adults, caregivers, and individuals living with disabilities. Through compassionate programs, supportive services, and trusted information, we foster independence and safety, empowering individuals to make informed choices and live with peace of mind in the setting of their choice.

~ Mission Statement

Executive Summary

For over five decades, GSSSI has established itself as a trusted leader in providing innovative and compassionate support across twelve core communities in Western Massachusetts. As a designated Area Agency on Aging (AAA) and Aging Services Access Point (ASAP), we offer over 25 programs and services to help individuals age in place with dignity, independence, and choice.

GSSSI is dedicated to providing services that are culturally responsive, accessible, and grounded in equity. We honor the dignity, autonomy, and contributions of older adults in every community. Our person-centered approach prioritizes individual choice and independence, ensuring that older adults and caregivers receive support that aligns with their specific goals, cultural backgrounds, and lived experiences. Whether through offering nutritious meals, in-home care, or caregiver support, our programs are designed to empower older adults and caregivers to thrive in the setting of their choice.

Our Area Plan on Aging for Federal Fiscal Years 2026–2029 builds upon this strong foundation and aligns closely with the [Massachusetts State Plan on Aging](#). We recognize the increasing complexity of needs among older adults, especially those facing socioeconomic challenges, including individuals living in rural areas, racial and ethnic minorities, persons with limited English proficiency, members of the LGBTQIA+ community, and those at risk of institutionalization. These groups remain the central focus of our planning and service delivery.

Collaboration remains a cornerstone of our approach. Through the Pioneer Valley Aging and Disability Resource Consortium (PVADRC), a regional partnership including Access Care Partners, Highland Valley Elder Services, LifePath, and the Stavros Center for Independent Living, we implement a “No Wrong Door” system that ensures individuals and families can access the resources they need seamlessly, regardless of their entry point. Moreover, many GSSSI staff members serve on boards and committees throughout our core service area and beyond, ensuring that we remain attuned to the changing needs of our community.

Beyond direct service provision, GSSSI actively engages in policy advocacy and community initiatives to address emerging trends and foster age and dementia-friendly communities.

Our work is made possible through funding and support from the Massachusetts Executive Office of Aging & Independence (AGE), the Massachusetts Executive Office of Health &

Human Services (EOHHS), the federal Older Americans Act (OAA), managed care partners, and private donations.

Our accompanying Impact Report, **Attachment G**, highlights the reach and effectiveness of our programs in Fiscal Year 2024, underscoring the positive difference GSSSI continues to make in the lives of those we serve.

Program and Service Area (PSA) Profile

GSSSI's traditional PSA encompasses twelve cities and towns, divided into urban (Springfield), suburban (Agawam, East Longmeadow, Longmeadow, West Springfield, Wilbraham), and rural communities (Brimfield, Hampden, Holland, Monson, Palmer, Wales).

Our Protective Services unit also covers the towns of Belchertown, Chicopee, Granby, Holyoke, Ludlow, South Hadley, and Ware, investigating reports of abuse and neglect to safeguard the safety and well-being of vulnerable older adults. Additionally, many of our MassHealth-funded programs cover extended areas in the region.

GSSSI is the largest AAA/ASAP in Western Massachusetts, serving a diverse population of over 70,000 older adults and many more caregivers. Springfield is the largest and most populated city in our PSA and is designated a gateway city under the General Laws of Massachusetts.¹

The total population in GSSSI's PSA is 294,045, with 24% (71,042) aged 60 or older.² The rural town of Hampden has the highest percentage of older adults (36%) in the PSA; however, all rural communities in our PSA have population percentages of individuals 60 and older that are well above the state average of 24%. The average population of individuals aged 60 and above in the PSA consists of 53% women and 47% men.

The predominant languages spoken among the PSA's total population are English, Nepali, Russian, Spanish, and Vietnamese. Spanish is the most widely spoken language among non-English speakers and older adults with limited English proficiency, particularly in Springfield, where 48% of the population identifies as Hispanic or Latino. While the overall average for the PSA's older adult population is 76% White, the diversity within the PSA is represented as follows: 9% Black, 2% Asian, 7% Other Race, and 5% Two or More Races.

An average of 9% of all PSA residents aged 65 and above live below the poverty level. Springfield has the highest rate at 26%, more than 1.5 times the rate in Hampden County (15%) and nearly double the rate across Massachusetts (11%).³ Interestingly, the town of Hampden has the highest proportion of adults aged 60 and older (36%), yet it also has the lowest percentage of adults aged 65 and older living below the poverty line, at just 2%.

¹ (<https://massinc.org/our-work/policy-center/gateway-cities/about-the-gateway-cities/>)

² U.S Decennial Census 2020, prepared by University of Massachusetts-Boston Center for Social and Demographic research on Aging, and aggregated by AGE.

³ <https://censusreporter.org/>

Community Needs Assessment

In the fall of 2024, alongside other Massachusetts AAA/ASAPs as part of the statewide Needs Assessment Project, GSSSI conducted needs assessment activities within its PSA that included input from several key stakeholders. Utilizing the survey provided by the Office of Aging and Independence (AGE), GSSSI focused on older adults and caregivers throughout the PSA and conducted several focus groups to gain a deeper understanding of the community's needs.

Needs assessment activities included, but were not limited to:

- Mailed paper surveys to every caregiver who participated in the Family Caregiver Support Program during the previous two federal fiscal years.
- Various Councils on Aging incorporated paper surveys in their monthly Brown Bag distributions.
- Distributed paper surveys to Meal Site Managers at our Community Dining locations in Brimfield, Hampden, Springfield, Palmer, and Wilbraham.
- A flyer featuring a QR code linked to the survey was distributed to all Meals on Wheels consumers.
- Many COAs within our PSA posted the QR code on their social media accounts, as applicable, and each was given paper surveys with prepaid return envelopes to distribute at their centers.
- A focus group featuring primarily Russian-speaking residents was held at the West Springfield Supportive Housing site.
- A Spanish language focus group was held at the Community Dining site at Baystate Place, a low-income housing residence in Springfield.
- Focus groups were held at the Raymond Jordon Senior Center in Springfield and the East Longmeadow Supportive Housing sites.
- A targeted social media campaign with weekly posts featuring the QR code and an invitation to complete the survey on all our social media accounts, including Facebook and LinkedIn.
- General input from the GSSSI Board of Directors, the AAA Advisory Group, providers, and internal staff.

GSSSI received 504 responses, including 121 from informal caregivers and 383 from older adults. Informal caregivers identified their top needs as **Access to Respite Care, Financial Assistance, and In-Home Support**. Older adults ranked **Affordable Health Care, In-Home Support to Maintain Independence, and Access to Services** as their highest priorities, reflecting a strong desire to age in place safely and with support. Although **Affordable Housing** and **Transportation** ranked sixth and seventh in this year's survey, they remained

significant concerns expressed in focus groups. These findings will help guide GSSSI's efforts to align services with the evolving needs of older adults and caregivers in the region.

A comprehensive summary of GSSSI's Needs Assessment data results is available in **Attachment D**.

Focus Area: Strengthen and Expand Core Older Americans Act Programs

The Older Americans Act (OAA), enacted by Congress in 1965, established the Administration on Aging (AOA), now known as the Administration for Community Living (ACL), at the time of this report's publication, to address the needs for support and services among older adults. The OAA's core programs are services authorized and funded through this legislation. They are grouped under broader categories that include the following:

- **Title III-B Supportive Services** are person-centered and designed to inform older adults about and assist them in accessing available supports and services, including, but not limited to, in-home services, outreach, information and referral, legal services, and transportation.
- **Title III-C1 Nutrition Services** supports local community dining sites, also called congregate sites, that offer nutritious meals in a social setting to reduce social isolation.
- **Title III-C2 Nutrition Services** provides hot, home-delivered meals, also known as Meals on Wheels, to homebound older adults. The program also serves a dual purpose, providing a daily wellness check for those individuals.
- **Title III-D Health Promotion Services** provides evidence-based health education on various topics to the broader community, including advanced care planning and the management of chronic diseases.
- **Title III-E Caregiver Services** offers programs that directly support and connect caregivers to resources and support, enabling them to continue caring for their loved ones. This includes support for Kinship Caregivers, also known as grandparents raising grandchildren.
- **Title VII Ombudsman Services** provide advocacy for residents of long-term care facilities, including nursing homes, assisted living residences, and rest homes.

Title III-B Supportive Services Overview:

GSSSI utilizes Title III-B funds to support several essential internal programs, including, but not limited to, Information & Referral (I&R) services, community outreach, and legal services.

Often described as the "heart" of the agency, the I&R department responds to over 12,000 contacts annually. It connects individuals to GSSSI's wide array of programs, including State Home Care, Meals on Wheels, Money Management, Adult Foster Care, and Personal Care Management. The team also provides information about community services such as local Councils on Aging, food pantries, and support groups.

The I&R team maintains a comprehensive database of community resources to ensure that staff and partners have the most up-to-date information. Additionally, all I&R staff must complete 40 hours of annual training on related topics. As a platinum member of Inform USA, the national I&R standards organization, the team achieved a 97% compliance rating during the FY 2025 AGE designation. GSSSI currently employs four certified Community Resource Specialists, two of whom hold advanced certifications in Aging and Disability Services.

In collaboration with the Outreach Director and Marketing Coordinator, the I&R team plays a central role in expanding public awareness and connecting individuals across the PSA to available support. Our recent Needs Assessment identified “Access to Services” as a top concern, underscoring the importance of outreach. Frequent feedback such as “I wish I had known about your services sooner” reflects a broader need for increased visibility. Outreach priorities focus on educating the public about GSSSI’s core programs, including those under the Older Americans Act (OAA), and identifying unmet needs across urban, suburban, and rural communities.

In addition to internal services, GSSSI has historically administered several smaller Title III-B subgrants to support local community programs. Currently, seven local Councils on Aging (COAs) (Brimfield, Hampden, Holland, Monson, Palmer, Wales, and Wilbraham) receive Title III-B funds to strengthen their outreach efforts. In FFY 2024, these towns collectively assisted more than 3,500 unduplicated individuals with application assistance, referrals, and access to essential services. The rural town of Monson also receives a Title III-B subgrant to operate its transportation program, which provided rides to 86 unduplicated older adults in FFY 2024.

GSSSI also supports Community Legal Aid, Inc. (CLA), our region’s designated Legal Services Provider, with a Title III-B subgrant. CLA provides essential legal support to older adults with limited financial resources. In FFY 2024, CLA served more than 2,600 individuals facing legal challenges related to income, health care, housing, and other essential rights.

Title III B Supportive Services Goals:

- **Quality Information and Referral Services:** GSSSI remains committed to delivering high-quality Information and Referral services and connecting older adults, individuals living with disabilities, and caregivers to person-centered resources and community programs.
- **Enhanced Referral Systems:** GSSSI intended to upgrade its professional and internal referral systems to ensure the accuracy and reliability of collected data. These improved systems will utilize referral information alongside the latest Needs Assessment data to develop more targeted and strategic outreach campaigns that respond to community needs.
- **Ongoing Support for Community Legal Aid, Inc.:** GSSSI will continue collaborating with Community Legal Aid to ensure older adults have access to essential legal assistance that protects their rights and secures basic needs through ongoing outreach to staff and the wider community.

- **Sustainable Outreach Funding:** GSSSI has historically provided Title III-B subgrants to local towns to support the salaries of COA Outreach Workers. While this funding has contributed to a robust outreach network, the current instability with various funding sources makes this model unsustainable. GSSSI plans to transition to a new funding approach within the next four years, potentially sooner. We will collaborate with current and prospective subgrantees to redirect Title III B funds to more sustainable initiatives, such as support groups and memory cafés, ensuring that older adults continue to access essential services despite potential funding changes.

** At the time of this plan's publication, with the exception of Legal Services, all other Supportive Services Requests for Proposals (RFPs) for FFY 2026 have been paused until there is further clarification regarding the federal budget*

Title III-C Nutrition Services Overview:

GSSSI's Nutrition Programs are a crucial part of our core services, focused on providing hot, nutritious home-delivered lunches to chronically homebound adults aged 60 and over. All menus are developed or approved by GSSSI's on-staff Registered Dietitian and AGE, ensuring compliance with the standards issued by the ACL and AGE. Our professional caterer, Trio Community Meals, provides meals to seven cities and towns in our PSA (Brimfield, Hampden, Holland, Palmer, Springfield, Wales, and Wilbraham). Additionally, GSSSI administers a Title III-C subgrant to five towns (Agawam, East Longmeadow, Longmeadow, Monson, and West Springfield), which prepare meals in-house at their senior centers. The Community Services Director and Registered Dietitian regularly monitor all sites to ensure compliance with health and program standards.

Beyond standard meal offerings, GSSSI provides cold suppers and frozen meals for eligible consumers needing evening and weekend options. The Nutrition Program also offers therapeutic meals, including Medically Tailored Meals for renal, cardiac, and diabetic diets, as well as pureed traditional meals. Twice a week, authentic Latino meals are available for Meals on Wheels consumers and Community Dining participants at the Baystate Place Community Dining site in Springfield.

In addition to Meals on Wheels, GSSSI offers or supports Community Dining sites across the PSA. Community Dining provides an environment where older adults can enjoy nutritious meals while socializing, thereby reducing the risk of isolation. At many sites, educational events are held during meals to provide participants with additional information and resources on various topics, including healthy eating, GSSSI services, and other relevant issues. Five PSA towns receive a Title III-C subgrant to support their Community Dining program (Agawam, East Longmeadow, Longmeadow, Monson, and West Springfield). GSSSI also provides Community Dining meals through Trio Community Meals at Baystate Place in Springfield, as well as at the Brimfield, Hampden, Palmer, and Wilbraham Council on Aging locations.

GSSSI also collaborates with the East Longmeadow COA to provide daily weekday meals to the East Longmeadow Supportive Housing sites, which include Inward Commons, Quarry Hill,

and Village Green. Although the West Springfield Supportive Housing site, Oxford Place, is not currently supported by Title III funds, the program offers weekday breakfast meals and socialization opportunities led by a bilingual Case Manager for residents, many of whom are Russian-speaking and might not otherwise attend community programming due to language barriers.

GSSSI provides free nutrition counseling and education through in-home and telephone consultations for residents within its PSA. Our Registered Dietitian supports individuals in improving their diets, making better food choices, and managing chronic health issues. Monthly meal menus are accompanied by educational materials in various languages and distributed during in-person community educational sessions.

GSSSI annually offers emergency shelf-stable meal packs to Meals on Wheels consumers during inclement weather or other emergencies, further supporting efforts to address food insecurity. Shelf-stable meal packs are also available to case managers throughout the agency, including those in Adult Protective Services (APS), to provide to consumers they believe are food insecure at any time during the year.

In FFY 2024, GSSSI distributed \$70,000 in Farmers' Market coupons to local COAs, GSSSI consumers, and other community organizations. These coupons are available for older adults and can be used at local farmers' markets to purchase fresh fruits and vegetables. Additionally, GSSSI collaborates with the Western Massachusetts Food Partnership and the Food Bank of Western Massachusetts to deliver meals and produce boxes to Accountable Care Organization (ACO) members facing food insecurity, including individuals under 60 who live with disabilities.

In FY 2024, GSSSI provided or partially funded over 480,000 home-delivered meals and more than 47,000 community dining meals, representing a 25% increase in need since before the COVID-19 pandemic started. Despite rising food insecurity due to inflation and funding cuts, GSSSI remains committed to meeting the growing demand by prioritizing service categories, exploring alternative staffing models (i.e., paid vs. volunteer meal drivers), and exploring sustainable funding solutions, among other cost-reduction measures.

Title III-C Nutrition Services Goals:

- **Enhance Meal Accessibility & Efficiency:** GSSSI will continuously assess community members for appropriate care plans while optimizing cost-effectiveness and minimizing food waste.
- **Explore Alternative Funding & Partnerships:** GSSSI will explore ways to sustain and expand nutrition services and pursue alternative funding sources, including increased fundraising efforts and strategic community collaborations.

- **Strengthen Program Sustainability:** GSSSI will work with internal teams and external Nutrition subgrantees to establish best practices for managed intake, waitlist protocols, and refined eligibility criteria across all nutrition programs.
- **Promote Community Dining Engagement:** GSSSI aims to actively encourage and educate older adults who do not qualify for Meals on Wheels about Community Dining sites through improved outreach efforts.

Title III-D Health Promotion Services Overview

Greater Springfield Senior Services is currently the only AAA/ASAP in the Commonwealth to offer **Respecting Choices**, an evidence-based program on advanced care planning. This program provides programming at three levels: Basic Advanced Care Planning 101, which offers foundational information about future healthcare decisions; Disease-Specific Advanced Care Planning Conversations, which tailor discussions to individuals managing chronic illnesses; and End-of-Life Advanced Care Planning, which supports individuals and families in making informed choices about final healthcare decisions.

Currently, GSSSI's Evidence-Based Programs Coordinator is certified at the first level. Although not an approved Evidence-Based Program, they are also an Honoring Choices Massachusetts Partner, focusing explicitly on Massachusetts regulations and planning documents.

In FFY 2024, GSSI facilitated the introductory session for over 100 older adults, community members, and internal staff. While continuing to offer these foundational sessions, GSSSI plans to expand the program by certifying the Coordinator at the second level (Disease Specific Advanced Care Planning Conversations) in FFY 2025. To enhance accessibility and provide personalized support, GSSSI will launch a pilot program in which the Coordinator will receive internal referrals and conduct home visits for individuals who require a more private and holistic conversation. These one-on-one sessions will provide individuals and their families with tailored guidance, ensuring they can confidently navigate complex care decisions. Recognizing the diverse linguistic needs of our community, GSSSI is committed to investing in multilingual resources, including advanced care planning materials in English, Spanish, and Russian. Additionally, the agency will explore non-traditional outreach sites, such as libraries and support groups, to reach individuals who may not typically engage with programming at a senior center.

In addition to Respecting Choices, GSSSI offers the Chronic Disease Self-Management Program (CDSMP). This nationally recognized, evidence-based program encourages participants to take control of their chronic health issues through a structured six-week course. Although the Evidence-Based Programs Coordinator is certified to lead CDSMP, the program requires two trained facilitators to conduct a workshop. Due to staffing changes, GSSSI has been unable to offer sessions in FFY 2025. To address this, GSSSI is actively seeking partnerships with other ASAPs that have trained staff or volunteers to deliver in-person and

virtual sessions. The agency also aims to recruit volunteers within the PSA to increase program availability and ensure ongoing access to this valuable resource.

Title III-D Health Promotion Services Goals

- **Expand Access to Advanced Care Planning:** Conduct a variety of community-based and in-home visits annually, focusing on supporting underserved populations.
- **Enhance Multilingual Resources:** Invest in advanced care planning materials in multiple languages and formats to ensure all community members can access vital information.
- **Increase Community Outreach:** Identify and utilize non-traditional outreach locations, such as libraries and support groups, to reach older adults who may not attend senior center programs.
- **Strengthen CDSMP Offerings:** Collaborate with other ASAPs and recruit volunteers within the PSA to provide more frequent in-person and virtual CDSMP sessions.

Title III-E Caregiver Services Overview:

The Family Caregiver Support Program (FCSP), funded through Title III-E, assists non-professional caregivers in managing the challenges of caring for their loved ones. While previous ARPA-related funding allowed GSSSI to employ a second full-time Caregiver Specialist (CGS), the program now operates with one CGS and a part-time Program Assistant. Together, they assess caregiver needs and connect them with respite care, public benefits, local support groups, and other essential resources.

In the fall of 2024, GSSSI conducted a Needs Assessment Survey, which included responses from 121 caregivers. Among their top concerns were **Access to Respite Care, Financial Assistance, In-Home Services, and Legal Support**. Notably, 36% of respondents expressed a growing need for mental health services, not only for their loved ones but for themselves as well. In response, GSSSI will continue to allocate Title III-E funds, as available, to provide scholarships for licensed mental health counseling. Additionally, the CGS will coordinate respite care to ensure caregivers can access these services without disrupting their responsibilities.

Additionally, 32% of participants also reported a need for legal services. In FFY 2024, GSSSI awarded fourteen caregiver scholarships to help cover attorney fees, assisting families with complex caregiving challenges and enabling them to obtain vital legal documents, such as a Power of Attorney. GSSSI plans to continue earmarking Title III-E funds to sustain this initiative and further strengthen it through a partnership with the Title III-D Advanced Care Planning initiatives.

The FCSP also supports Kinship Caregivers (Grandparents Raising Grandchildren), who comprise approximately 6% of the respondents in the Needs Assessment survey. When funding is available, GSSSI offers financial scholarships for respite care and supplemental items,

including camperships during school breaks, school supplies, uniforms, and nutritional assistance to families facing food insecurity.

In FFY 2024, the program assisted over 200 caregivers, offering case management and awarding thousands of dollars in caregiver scholarships for respite and supplemental needs. Despite funding challenges following the end of the COVID-era funding, GSSSI remains committed to adapting resources to meet the evolving needs of caregivers. The program will continue to provide access to critical services, such as respite care, mental health counseling, and legal assistance, while ensuring ongoing support for Kinship Caregivers.

Title III-E Caregiver Services Goals:

- **Increase Access to Respite and Support Services:** GSSSI will continue to assist caregivers in identifying and accessing resources for respite care and mental health counseling, providing limited financial scholarships as funding allows.
- **Sustain Legal Assistance for Caregivers:** GSSSI will allocate caregiver scholarships for legal services to help families navigate caregiving challenges and secure necessary legal documents. Additionally, the program will participate in the Title III-D Advanced Care Planning initiative, identifying caregivers who need support in having these challenging conversations about advanced care planning with their care recipients.
- **Support Kinship Caregivers:** GSSSI will provide financial assistance to Kinship Caregivers, as available, including funding for respite care, school supplies, and nutritional support to alleviate financial burdens.
- **Ensure Resource Access Amid Funding Uncertainty:** In the event of reduced funding for GSSSI caregiver scholarships, GSSSI will proactively assist caregivers in accessing all available community resources to meet their needs.

Title VII Ombudsman Services Overview:

The Long-Term Care (LTC) Ombudsman Program at GSSSI provides advocacy, support, and education on resident rights for individuals in nursing facilities and rest homes. Our certified volunteers maintain a strong presence across 15 nursing facilities and 2 rest homes in our PSA, regularly visiting residents and addressing concerns to promote quality care and uphold their rights.

Since Spring 2021, GSSSI has also served as the host agency for one of the state's regional Assisted Living Ombudsman Program Directors. This role oversees advocacy in 56 assisted living communities across Berkshire, Franklin, Hampden, Hampshire, Middlesex, Norfolk, and Worcester counties. This program is also actively involved with volunteer recruitment.

In the upcoming planning period, GSSSI will also advocate for the state to modernize the official Ombudsman certification training to enhance recruitment efforts and volunteer

retention. We are also committed to ensuring all Ombudsman materials are available in multiple languages and accessible formats across all nursing facilities, rest homes, and assisted living communities in our service area, reinforcing our dedication to equity and informed advocacy for all residents.

Title VII Ombudsman Services Goals:

- **Enhance Volunteer Engagement and Training:** GSSSI will advocate at the state level for the modernization of volunteer training programs to attract and retain more Ombudsman volunteers and ensure they are well-prepared to provide high-quality advocacy and support for residents and their families.
- **Strengthen Resident Advocacy and Accessibility:** GSSSI will improve outreach efforts to ensure that all residents, including those with language barriers or accessibility needs, have equitable access to Ombudsman support and advocacy services. This includes ongoing efforts to recruit volunteers for both programs.
- **Enhance Awareness of the Assisted Living Ombudsman Program:** GSSSI will raise awareness of the Assisted Living Ombudsman Program by providing more education and resources to the aging network, including the AAA/ASAPS, COAs, and other community organizations, about the expertise and benefits that the program offers.
- **Ensure Equitable Access to Information and Support:** In conjunction with EOHHS, GSSSI will develop and distribute Ombudsman materials in multiple languages and accessible formats across all communities.

Focus Area: Targeting Those with the Most Social and Economic Need

At GSSSI, we are deeply committed to addressing the needs of older individuals and family caregivers, especially those facing the most significant economic and social challenges. Our programs are designed to ensure that vulnerable members of our community receive the care and support they need to thrive, as funding allows.

At the time of publication, GSSSI contracts with five Senior Care Options (SCO) programs, which are comprehensive managed care programs specifically designed to support adults aged 65 and older who qualify for Medicare and Medicaid (MassHealth) due to their low-income status or complex care needs. This program offers a wide range of healthcare services, including in-home care and community-based support, to ensure that members receive the necessary care to maintain their health and independence. In FY 2024, GSSSI assisted over 6,196 members across all plans, providing a comprehensive set of essential services, including care coordination, assistance with daily living activities, and access to specialized healthcare providers.

Many SCO participants are economically disadvantaged, with limited financial resources and significant barriers to accessing traditional healthcare services. The program assists older adults with complex medical conditions, those with disabilities, and vulnerable communities that

experience disparities in healthcare access. Through services such as medication management and behavioral health support, SCOs ensure that individuals receive the necessary treatment, helping prevent potentially unnecessary hospitalizations and emergency room visits.

Additionally, GSSSI currently contracts with two One Care programs, which operate similarly to an SCO. These programs serve adults aged 21-64 who are eligible for Medicare and MassHealth (Massachusetts Medicaid) and are deemed to be disabled. Supports and services are available and tailored to the members' preferences and needs. In FY 2024, GSSSI assisted 1082 members with services and supports that allowed them to continue living in the setting of their choice.

GSSSI is committed to empowering individuals to live independently in their chosen communities through a range of person-centered programs and services. Among these, the Consumer-Directed Care (CDC) Program and the Personal Care Management (PCM) Program enable consumers to select, hire, and supervise their own caregivers for tasks such as personal care, grocery shopping, and other daily activities. This autonomy allows consumers to receive care from individuals they trust and feel comfortable with. It is particularly beneficial for those who prefer caregivers who are fluent in their native language, thereby enhancing communication and cultural compatibility. Case managers or skill trainers in these programs serve as facilitators, helping consumers create and manage personalized care plans.

GSSSI's Options Counseling Program also employs a person-centered planning model where consumers identify their most pressing needs. This process involves a series of in-depth discussions and assessments to ensure that the consumer's needs are fully understood and addressed. The program is often referred to as “mobile I&R,” as Options Counselors provide tailored information about relevant programs and services to address these needs in the consumer's preferred setting, with in-home visits being the preferred option. With the consumer's consent, counselors facilitate referrals and conduct follow-ups to ensure that services are provided effectively. The primary goal of this program is to empower consumers to make informed decisions about their care and establish a trusting relationship that encourages them to seek assistance, whether through the Options Counseling program or another GSSSI service, as needed.

GSSSI also offers the Community Transition Liaison Program (CTLTP), assisting nursing home residents aged 22 and older who wish to return to community living. The CTLTP team collaborates with residents, their families, and interdisciplinary professionals to develop personalized discharge plans, connect individuals to state programs and local community supports, and advocate for resolving any concerns related to the transition process. By addressing barriers to community reintegration and facilitating access to essential resources, the CTLTP exemplifies GSSSI's commitment to person-centered planning and advocacy, ensuring that individuals receive the support necessary to reintegrate into the community.

GSSSI's Adult Protective Services (APS) team plays a critical role in safeguarding vulnerable, and often isolated, older adults by addressing allegations of physical, sexual, and emotional

abuse, as well as reports of financial exploitation, caregiver issues, and self-neglect. The APS team conducts comprehensive risk assessments to evaluate and substantiate any allegations of abuse or neglect, ensuring a thorough and effective response. The team connects at-risk older adults to essential services and support, utilizing person-centered and participant-directed methods that empower individuals to make decisions about their care. The department operates an after-hours response system to ensure consumer safety, providing continuous protection and support.

In addition to its direct services, the APS team is committed to training mandated reporters and educating the public on recognizing and preventing elder abuse and neglect. The program works closely with local partners, including the Hampden County District Attorney's Office and local Police Departments, across the expanded PSA to strengthen collaborative efforts in protecting vulnerable older adults and supporting them in the community. In FY 2024, the APS team received over 3000 reports or allegations of abuse and neglect.

Language access remains critical to GSSSI's commitment to serving diverse populations. In the last Needs Assessment survey, 14% of respondents reported speaking Spanish as their primary language, making Spanish the most commonly spoken language in the PSA, aside from English. To bridge language barriers, most of GSSSI's SCO case managers, Geriatric Services Support Coordinators (GSSCs), are bilingual in Spanish, ensuring that members can communicate effectively about their healthcare needs. Additionally, one GSSC maintains a caseload of approximately 150 Vietnamese-speaking members, demonstrating GSSSI's ability to provide culturally and linguistically appropriate care to meet the unique needs of this community. Additionally, callers to GSSSI's I&R team have access to a Spanish-bilingual I&R Specialist, and all agency staff, regardless of program, have access to translation services through Language Line and TTY services.

GSSSI is also committed to actively participating in key community events, such as the annual Springfield PRIDE Parade, where we work to raise awareness of the unique challenges faced by older LGBTQIA+ adults. Our participation underscores our dedication to inclusivity and advocacy for this underserved population. Additionally, we proudly attend the Springfield Puerto Rican Parade to celebrate the vibrant culture and contributions of the local Puerto Rican community, reinforcing our support for this group and the importance of addressing their specific needs in our services.

GSSSI is dedicated to reaching all vulnerable populations within our service area and ensuring equitable access to our comprehensive programs and services. We recognize that a diverse and inclusive workforce enhances our ability to serve our community effectively. Therefore, we actively seek to recruit and retain staff and leadership that reflects the rich diversity of the communities we are honored to serve. This commitment is integral to our mission of delivering person-centered care that respects and understands the unique needs of each individual, ensuring that we continue to make efforts to reach those who are the most socially and economically disadvantaged.

** At the time of this plan's publication, all off-site paid activities are suspended until there is clarification regarding the federal FFY 2026 budget.*

Focus Area Goals:

- **Increase Access to Essential Programs and Services:** GSSSI will continue to expand outreach and support for vulnerable populations to ensure equitable access to its programs, utilizing data from the Needs Assessment and other relevant information.
- **Promote Person-Centered Care and Consumer Empowerment:** GSSSI will continue to provide person-centered care across all programs, including all core OAA programs.
- **Support Community Integration for Long-Term Care Residents:** GSSSI will continue supporting nursing home residents in transitioning to community living, ensuring they can access necessary resources and assistance.
- **Enhance Support and Awareness for At-Risk Older Adults:** GSSSI will strengthen outreach, training, and collaboration efforts throughout the community to improve the identification, reporting, and prevention of elder abuse and neglect.
- **Enhance Language Access and Cultural Competency:** GSSSI will maintain and improve language access services and cultural competency across all programs to ensure that individuals from diverse backgrounds can access the care and support they need.
- **Strengthen Advocacy and Community Engagement:** As funding allows, GSSSI will actively participate in community events that raise awareness of the challenges faced by underserved populations, including, but not limited to, LGBTQIA+ older adults and the Puerto Rican community.

Focus Area: Promoting Access to Home and Community-Based Services (HCBS)

GSSSI's recent Needs Assessment highlighted the importance of providing access to in-home support services tailored to each individual's unique needs. These services are not one-size-fits-all; they must be flexible, person-centered, and accessible in order to truly support older adults and caregivers. GSSSI is committed to connecting individuals with the right level of support at the right time, helping them remain safely at home, maintain independence, and continue living with dignity and purpose in their communities. To meet these needs, GSSSI offers a broad range of home and community-based services that adapt to the varying levels of support required across the aging journey.

GSSSI's Adult Foster Care (AFC) program is an excellent option for individuals who are unable to live independently due to medical, physical, or cognitive challenges. In this model, participants reside in private homes with trained caregivers who provide daily assistance in a safe, family-like environment. This program offers a supportive home atmosphere and ensures meaningful integration into the community, fostering a sense of belonging. Unique to GSSSI's program is our ability to accept interested individuals and match them with community

members willing to provide in-home care. Additionally, our program is accredited by the National Committee for Quality Assurance (NCQA), demonstrating GSSSI's commitment to high-quality improvement and insurance standards.

The State Home Care (SHC) program is another cornerstone of access, offering services such as personal care, homemaking, meal preparation, and case management. Through a comprehensive assessment process, GSSSI staff work collaboratively with consumers and their support networks to develop individualized care plans tailored to each person's needs. In FY 2024, SHC provided essential in-home services to 3,240 older adults across the PSA, enabling many to remain safely at home with the necessary resources and support.

GSSSI's Supportive Housing Programs in West Springfield and East Longmeadow embed critical services within subsidized housing communities, bringing services closer to where people live. On-site service coordination ensures residents receive timely support while reducing common barriers to care, such as transportation or social isolation. Additionally, the weekday meals provide residents with an opportunity to socialize with their neighbors and enjoy a nutritious meal.

Financial well-being is also essential for stability at home. GSSSI's Money Management Program supports older adults in managing their personal finances, including budgeting, bill payment, and preventing financial exploitation. In FY 2024, 34 trained volunteers and staff assisted 75 individuals in maintaining financial independence, thereby reducing risks such as eviction or utility shut-offs.

In 2023, GSSSI expanded access further by participating in the Hospital-to-Home Grant in partnership with the Executive Office of Aging & Independence, Baystate Medical Center, LifePath, and Baystate Franklin. This initiative focused on helping hospitalized older adults transition directly back to the community with the necessary services rather than being admitted to a rehabilitation facility. A GSSSI Hospital Liaison (HL) stationed at Baystate Medical Center met with patients during their stay to identify and coordinate support services for their return home. The HL also reconnected current GSSSI clients with their case managers prior to discharge, ensuring that care continued uninterrupted.

This collaborative model improved patient outcomes and strengthened the hospital staff's understanding of GSSSI and other community supports. GSSSI staff gained deeper insight into hospital systems, enhancing coordination and the agency's ability to serve more people effectively. Although the grant concluded in April 2025, its success has prompted GSSSI to continue hospital engagement. We have trained the HL as an Options Counselor, and maintain weekly care coordination meetings to generate referrals and support smoother transitions home.

As the need for in-home care grows, GSSSI continues to invest in outreach, partnership development, and advocacy to expand access. By promoting awareness of available services, reducing barriers to care, and securing support for program growth, GSSSI ensures that every

individual, regardless of income, background, or circumstance, can access the services they need to age well at home.

Focus Area Goals:

- **Expand Access to Services:** GSSSI will ensure individuals receive timely, person-centered care through flexible programs tailored to their unique needs.
- **Enhance Care Coordination:** GSSSI will strengthen collaborations with healthcare providers and community organizations to improve transitions from hospital or rehabilitation settings to home.
- **Increase Community Awareness:** GSSSI aims to raise awareness of available services through targeted outreach, making it easier for individuals and caregivers to access support.
- **Advocate for Program Sustainability:** GSSSI will work with policymakers and funders to secure resources that sustain and expand home and community-based services, particularly for underserved populations.

Focus Area: Supporting Caregivers

Greater Springfield Senior Services acknowledges that family caregivers are the backbone of long-term care for older adults and individuals with disabilities. These unpaid caregivers provide critical physical, emotional, and logistical support to their loved ones, often at significant personal cost. The ability of caregivers to maintain this role, particularly over time, relies heavily on access to respite, clear guidance, emotional support, and a stable workforce of professional providers, including GSSSI Care Managers and community-based partners.

GSSSI's 2024 Needs Assessment confirmed that caregivers throughout the PSA continue to report access to respite, financial assistance, in-home services, and legal guidance as their most pressing needs. Many caregivers also expressed a desire for improved navigation assistance, peer support, and tools to manage stress and avoid burnout. In response, GSSSI will continue to offer a person-centered approach through the Family Caregiver Support Program (FCSP), enhanced by Title III-E funding, and will pursue new opportunities to meet the evolving needs of this population.

GSSSI is committed to maintaining a comprehensive and up-to-date inventory of resources on its website. It provides caregivers with easy access to information about supports, services, and community partners such as the Alzheimer's Association. Internally, GSSSI staff will continue to receive training and educational materials to understand the caregiver experience better and strengthen referral pathways between departments and programs.

Evidence-based education remains a critical tool for empowering caregivers. GSSSI will utilize Title III funds to offer programs such as Savvy Caregiver, which equips participants with

practical skills to navigate their caregiving role while maintaining their well-being. To ensure accessibility, GSSSI will coordinate respite services that allow caregivers to attend trainings without compromising the care of their loved ones.

GSSSI will continue to support caregiver groups and inclusive programming, such as Memory Cafés, throughout the PSA, with a focus on rural areas with limited access to resources. These social and educational gatherings help reduce isolation, strengthen community connections, and provide caregivers with vital opportunities to recharge.

A strong and reliable workforce is also essential for caregiving. GSSSI will promote training opportunities such as the Personal and Home Care Aide State Training (PHCAST) and other skills-based initiatives to strengthen the pool of home-based caregivers who support families. This approach will help those receiving care and offer training and support to family caregivers.

For caregivers seeking formal compensation, GSSSI will continue to promote participation in consumer-directed programs such as Personal Care Management (PCM) and Consumer-Directed Care. These options enable informal caregivers, particularly in underserved communities, to become paid caregivers, thereby improving financial stability while maintaining continuity of care.

Focus Area Goals:

- **Maintain Caregiver Resource Access:** GSSSI will keep caregiver resources current and accessible on its website and strengthen partnerships with organizations like the Alzheimer's Association.
- **Build Internal Staff Capacity:** GSSSI will train staff on caregiver needs and referral options to improve program coordination.
- **Deliver Evidence-Based Education:** GSSSI will offer programs like Savvy Caregiver using Title III funds and ensure respite support is available for participants.
- **Support Connection and Social Engagement:** GSSSI will expand knowledge of caregiver support groups and Memory Cafés, emphasizing rural access.
- **Promote Direct Care Workforce Development:** GSSSI will advance training efforts, including PHCAST, to grow a skilled in-home care workforce.
- **Encourage Consumer-Directed Care Options:** GSSSI will support caregiver participation in PCA and CDC programs to increase flexibility and compensation.

Closing Summary:

Greater Springfield Senior Services, Inc. remains steadfast in our mission to empower older adults, individuals living with disabilities, and family caregivers. This plan reflects the collective voice of our community and outlines a path forward rooted in compassion, equity, and strategic action.

Our progress is fueled by trusted partnerships, the dedication of our staff and volunteers, and the continued support of the communities we serve. Over the next four years, as funding allows, we will focus on strengthening essential services, including in-home care and caregiver education.

As the aging landscape and funding shift, GSSSI will remain adaptable and deeply committed to advocating for a region where aging is respected, supported, and celebrated.

Attachment A: Area Agency on Aging Assurances and Affirmation

For the Federal Fiscal Year 2026, October 1, 2025, to September 30, 2026, the named Area Agency on Aging hereby commits to performing the following assurances and activities as stipulated in the Older Americans of 1965, as amended in 2020:

OAA Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

- (1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;
- (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 with 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;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(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, specifically

including survivors of the Holocaust; 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;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that

meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(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 and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(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; and

(l) 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;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and

State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9)(A) 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services 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;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(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; and

(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;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities,

and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

The undersigned acknowledge the Area Plan Assurances for Federal Fiscal Year 2026 and affirm their Area Agency on Aging's adherence to them.

Area Agency on Aging:

7/9/25

Date

9/12/25

Date

9/15/25

Date

Julie Quink

Signature - Chairperson of Board of Directors

William C. Cuzo

Signature - Chairperson of Area Advisory Council

Jim W.

Signature - Area Agency on Aging Executive Director

Attachment B: Area Agency on Aging Information Requirements

1. OAA Section 306 (a)(4)(A)(i)(I)

Describe the activities and methods that demonstrate that the AAA will:

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

AAA Response:

(A) Setting Specific Objectives for Priority Populations

GSSSI has established clear objectives throughout its Area Plan to prioritize services for older adults with the greatest economic and social need, including those at risk for institutionalization. The agency uses data from its 2024 Needs Assessment, service utilization trends, and town-level socioeconomic indicators to identify underserved populations and guide resource allocation. Strategies include targeted outreach in high-need communities, regular equity-focused assessments, and prioritization of these populations in nutrition, caregiver, and in-home support programs.

(B) Objectives for Underserved and Rural Populations

GSSSI's plan includes specific goals and strategies to reach low-income minority older adults, individuals with limited English proficiency, and those residing in rural areas. Initiatives include multilingual outreach materials, partnerships with cultural and faith-based organizations, interpreter services, and an enhanced presence in rural communities through programs such as Supportive Housing and mobile outreach. Rural towns and linguistic minorities are specifically prioritized in Title III service planning and allocation, with objectives aligned with the Massachusetts State Plan on Aging to promote equity and access.

2. OAA Section 306 (a)(4)(A)(ii)

Describe the activities and methods that demonstrate that the AAA will:

- (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, per 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 [as germane] within the planning and service area;

AAA Response:

GSSSI includes language in all provider agreements that requires agencies to outline how they will meet the needs of low-income minority older adults, individuals with limited English proficiency (LEP), and those residing in rural areas. Each contract requires providers to detail outreach strategies, service delivery methods, and cultural or linguistic accommodations that will be used to engage and serve these priority populations. Providers must also track participation by demographics and report on service utilization by underserved groups.

To ensure these commitments are met, GSSSI monitors provider performance through contract reviews, service reports, and site visits, and works closely with partners to support continuous improvement. Providers are expected to align their activities with GSSSI's goals and objectives as stated in the Area Plan, including equitable access to nutrition, caregiver support, and in-home services. Priority is given to programs demonstrating a clear plan for culturally competent service delivery and outreach in rural or hard-to-reach communities.

3. OAA Section 306 (a)(4)(B)

Describe how the AAA 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 the most significant economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with the 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 organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust;

AAA Response:

GSSSI employs targeted, data-informed outreach strategies to identify and connect eligible individuals to services under the Older Americans Act, with a strong focus on underserved populations. These strategies include community presentations, multilingual outreach materials, collaborations with local Councils on Aging, cultural organizations, and healthcare providers, as well as leveraging GSSSI's Information & Referral department to field and triage needs. Special efforts are made to reach individuals in rural areas, those with limited English proficiency, low-income and minority populations, and people at high risk for institutionalization or social isolation.

In addition, outreach strategies specifically address individuals with severe disabilities and dementia-related disorders and their caregivers through partnerships with memory cafés,

support groups, and agencies such as the Alzheimer's Association. Staff are trained to recognize and assist those experiencing complex health or cognitive conditions. GSSSI also maintains awareness of the needs of Holocaust survivors and others with high vulnerability, ensuring culturally sensitive service delivery and connecting them to appropriate supports. These efforts are aligned with the agency's commitment to equity, inclusion, and person-centered care.

4. OAA Section 306 (a)(6)

Describe the mechanism(s) for assuring that the AAA will:

(A) consider, in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions that will affect older individuals;

AAA Response:

(A) GSSSI gathers input from older adults and caregivers through community surveys, focus groups, public hearings, and direct feedback during program participation. The agency's 2024 Needs Assessment engaged hundreds of participants, whose responses directly informed Area Plan goals and strategies. Feedback mechanisms remain active year-round through program evaluations and ongoing engagement with Councils on Aging, ensuring that the voices of service recipients shape policy decisions and service delivery.

(B) The agency actively monitors local and state initiatives, participates in coalitions and advisory groups, and comments on policies affecting aging populations. Through partnerships with providers, elected officials, and advocacy organizations, GSSSI influences decisions around transportation, housing, healthcare, and long-term services, ensuring that older individuals remain central to community planning and policy development.

5. OAA Section 306 (a)(6)(I)

Describe the mechanism(s) for assuring that the Area Plan will include information detailing how the AAA will:

(I) 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;

AAA Response:

GSSSI coordinates with the Executive Office of Aging and Independence (AGE) to disseminate information about the Massachusetts state assistive technology (AT) program and promote access to AT resources for older adults. Information about assistive technology options is shared through GSSSI's website, printed materials, caregiver outreach, and staff training.

GSSSI collaborates with the Massachusetts Assistive Technology Loan Program (MassMATCH) and other regional AT providers to further these efforts. Staff are trained to identify when AT may help consumers maintain independence at home and incorporate those supports into care plans when appropriate. Through these coordinated efforts, GSSSI ensures that older adults and caregivers are informed about available AT tools that enhance safety, communication, and quality of life.

6. OAA Section 306 (a)(7)

Describe how the AAA will address the following assurances:

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations concerning strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals;

AAA Response:

GSSSI facilitates a comprehensive, coordinated long-term care system by collaborating with hospitals, Councils on Aging, home health agencies, housing authorities, and other local organizations to align services and avoid duplication. This includes active participation in hospital discharge planning, supportive housing partnerships, and referral systems that integrate state and federal programs, such as Adult Foster Care (AFC), Senior Care Options (SCO), and PCM services. These partnerships enable GSSSI to coordinate person-centered, in-home, and community-based care that reflects the preferences and cultural needs of older adults and their families.

To enhance the long-term care system, GSSSI regularly analyzes community needs through data collection, surveys, and stakeholder input to identify service gaps and recommend improvements. The agency prioritizes individuals at risk for institutional placement and works to keep them safely at home. GSSSI also implements information sessions, Evidence-based programs, and caregiver training to help older adults and caregivers adopt lifestyle changes that promote independence, safety, and well-being.

7. OAA Section 306 (a)(10)

Provide the policy statement and procedures for assuring that the AAA will:

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

AAA Response:

GSSSI maintains a formal grievance and appeal policy that ensures all older individuals receiving services under the Older Americans Act have the right to file a complaint if they are dissatisfied with or denied services. This policy is explained to consumers during intake and provided again whenever there is a change in the care plan. It outlines a fair and accessible process, allowing grievances to be submitted in writing, by phone, or in person. All complaints are treated with dignity and addressed promptly.

Grievance and Appeal Procedures

- **Filing a Grievance:** Consumers may file a grievance if they are dissatisfied with services or a service decision. A grievance can be submitted in writing, by phone, or in person.
- **Timeliness:** If an appeal is requested, the Appeal Request Form must be completed and submitted within twenty-one (21) business days of the notice of action. Forms may be mailed or hand-delivered to the Community Services Director at GSSSI's office. A copy of this form is included in **Attachment H**.
- **Review Process:** Upon receiving an appeal, the Community Services Director schedules a meeting with an Appeal Review Committee within fourteen (14) business days. Consumers have the right to attend this meeting in person and may bring a representative of their choice. Translation services and reasonable accommodations are available upon request.
- **Hearing:** At the meeting, the consumer (and representative, if any) may present their concerns, and GSSSI staff will explain the original decision. The Appeal Review Committee typically comprises the Community Services Director, relevant program staff, and, when feasible, a member of the AAA Advisory Council or the GSSSI Board.
- **Decision:** A written decision is issued within seven (7) business days following the meeting.
- **Further Review:** If the consumer is not satisfied, they may request an additional administrative review by the Executive Director within seven (7) business days of receiving the decision. The Executive Director's written decision is final.

These procedures are designed to ensure that all consumers understand their rights, have a clear pathway to voice concerns, and receive timely and fair resolution of grievances.

8. OAA Section 306 (a)(11)

Describe the procedures for assuring the AAA will:

(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;

AAA Response:

(A) Based on available data, there is not a significant population of older Native Americans residing within GSSSI's Planning and Service Area (PSA). However, GSSSI remains committed to equity and inclusion and will implement outreach efforts should a need arise, ensuring that any older Native American residents can access programs and benefits available under the Older Americans Act. AAA programs are available to all who qualify, including older Native Americans.

(B & C) GSSSI assures that, to the maximum extent, it will coordinate with any Title VI programs operating in the region and ensure that services offered under the Area Plan are available to older Native Americans on the same basis as all other older adults in the PSA. Should a Title VI grantee or older Native American population be identified in the future, GSSSI will proactively establish partnerships to align services and outreach.

9. OAA Section 306 (a)(17)

Describe the mechanism(s) for assuring that the AAA will:

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

AAA Response:

GSSSI's emergency preparedness planning includes maintaining updated consumer emergency contact and needs information, developing continuity of operations plans (COOP), and participating in drills and training with relevant agencies. The agency also works with home-delivered meals providers and care managers to ensure clients have emergency provisions and support during weather events, power outages, and other crises. These efforts help safeguard the well-being of older adults before, during, and after a disaster.

By October 1, 2025, Greater Springfield Senior Services, Inc. (GSSSI) will establish a comprehensive set of emergency preparedness and response documents in compliance with § 1321.97 and § 1321.103 of the 2024 Older Americans Act Final Rule.

The required plan will include:

- 1: A Continuity of Operations Plan (COOP) to ensure essential services can be maintained during disruptions
- 2: An all-hazards emergency response plan addressing scenarios such as fires, floods, severe weather, and cyber incidents
- 3: A formal risk assessment identifying and evaluating potential service delivery and infrastructure threats.
- 4: A long-range emergency and disaster preparedness plan outlining collaborative efforts with local governments, emergency management agencies, and partner organizations to support coordinated emergency response and recovery efforts across the Planning and Service Area

OAA Section 307 (a)(11)

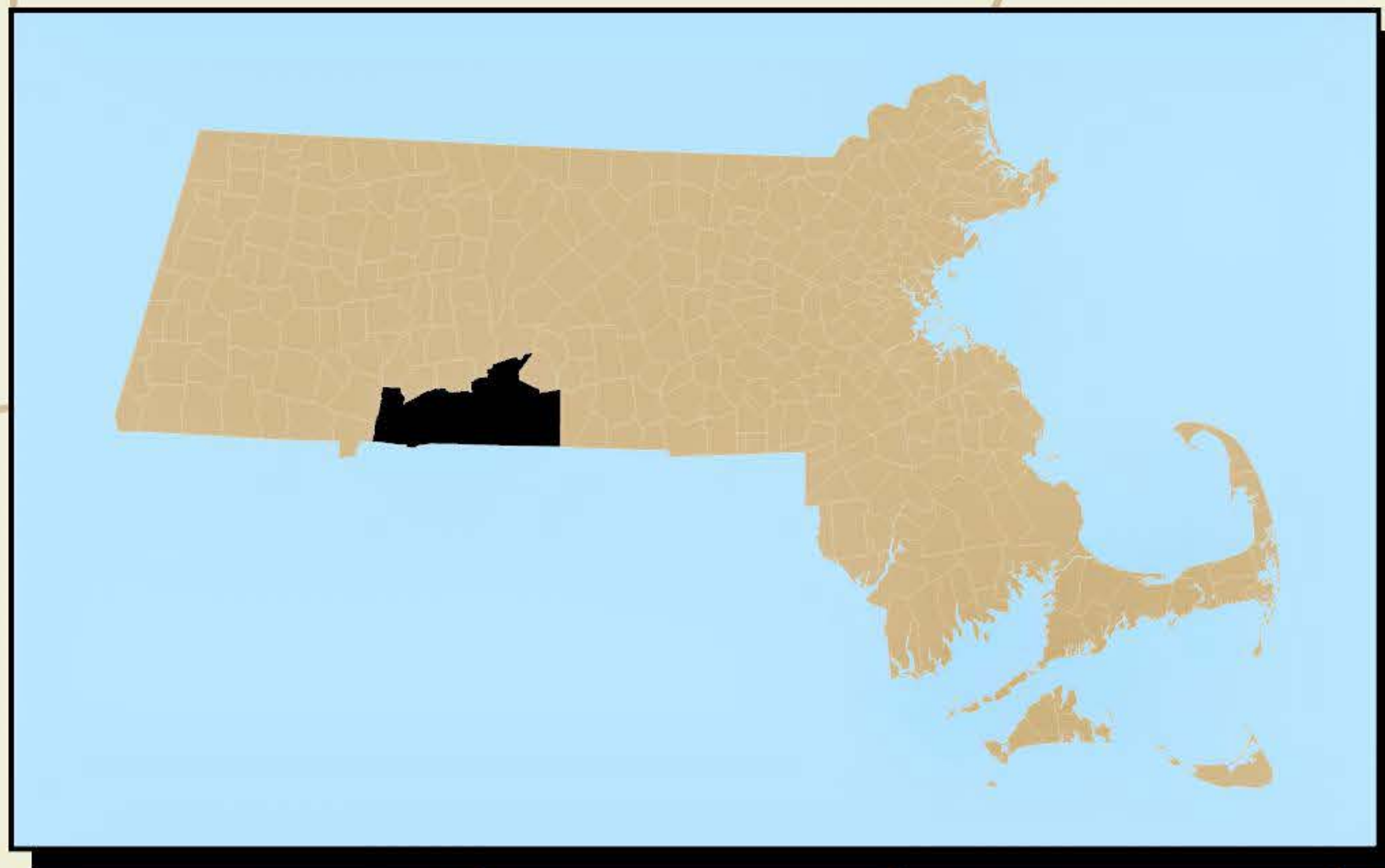
In alignment with State Plan assurances, the AAA assures that case priorities for legal assistance will concentrate on the following:

(E) ...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.

AAA Response:

GSSSI ensures that legal assistance provided using federal funds prioritizes issues that directly impact the independence, safety, and financial stability of older adults. Consistent with State Plan assurances, priority areas include income security, access to health care and long-term care, housing and utilities, nutrition, protective services, guardianship defense, abuse and neglect, and age discrimination.

These priorities are communicated in contracts with legal service providers and reviewed regularly to ensure alignment with the population's needs. GSSSI monitors case trends and consults with legal partners to adapt services as necessary, ensuring that limited legal resources are directed to the most critical areas affecting older adults' ability to remain safely in the community.



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Attachment D: 2025 Needs Assessment Project and Public Input

In Fall 2024, Greater Springfield Senior Services, Inc. (GSSSI) participated in the statewide Needs Assessment Project, coordinated by the Massachusetts Executive Office of Aging and Independence (AGE), in collaboration with other Area Agencies on Aging (AAAs) and Aging Services Access Points (ASAPs). The purpose of this effort was to collect meaningful data to inform local and statewide planning, ensuring that programs and services remain responsive to the needs of older adults and caregivers.

GSSSI utilized the standardized survey instrument developed by AGE and implemented a comprehensive outreach strategy to maximize participation across its Planning and Service Area (PSA). Target populations included older adults, family caregivers, service providers, and community partners. In addition to survey distribution, GSSSI conducted a series of focus groups and gathered qualitative input from key stakeholders.

Survey distribution activities included the following:

- Paper surveys were mailed to all caregivers who had received services through the Family Caregiver Support Program within the past two federal fiscal years.
- Several Councils on Aging (COAs) incorporated the survey into their monthly Brown Bag food distributions.
- Surveys were distributed by Meal Site Managers at Community Dining sites in Brimfield, Hampden, Springfield, Palmer, and Wilbraham.
- All Meals on Wheels consumers received a flyer featuring a QR code linking to the survey.
- COAs were also provided with prepaid return envelopes and paper copies to distribute at senior centers, and many posted the survey QR code on their social media platforms.
- A targeted social media campaign was conducted through GSSSI's Facebook and LinkedIn accounts, featuring weekly posts with the QR code and an invitation to complete the survey.

To supplement the quantitative data, GSSSI facilitated several focus groups designed to reach populations that may be underrepresented in survey responses. A Spanish-language group was held at Baystate Place in Springfield, a low-income housing complex with an active Community Dining site. A Russian-language group was conducted at the West Springfield Supportive Housing site. Additional focus groups were held at the Raymond Jordan Senior Center in Springfield and the East Longmeadow Supportive Housing site. Feedback was also solicited from GSSSI's Board of Directors, AAA Advisory Group, provider network, and internal staff.

In addition to survey and focus group efforts, GSSSI posted a draft of the Area Plan on its website for public comment. A newspaper announcement was published to notify the public of the opportunity to provide feedback, and several corresponding social media posts were shared. While GSSSI received a handful of responses, most were general in nature or unrelated to the content of the Area Plan and were therefore not included in this document.

Respondent demographics reflected the region’s diversity, with a strong representation of Springfield residents and meaningful participation across all 12 cities and towns in the PSA. The majority of respondents were aged 70 and older, and 73% identified as women. Approximately 22% of respondents reported speaking a language other than English at home, and 26% reported household incomes of less than \$20,000 annually. Nearly one-third of respondents were enrolled in MassHealth.

The assessment revealed several priorities for older adults, including in-home support for independence (69%), access to services (56%), affordable health care (55%), transportation (53%), and wellness promotion (52%). Caregivers reported high demand for respite care (62%), financial assistance (55%), in-home care (53%), and training and education (47%). Additional needs included mental health support, housing assistance, access to legal services, and support with nutrition and technology.

These findings will inform GSSSI’s strategic planning, resource allocation, and program development to ensure that services remain aligned with the needs and preferences of older adults and caregivers across the region.

City/Town Responses	
Agawam	5%
Brimfield	4%
East Longmeadow	9%
Hampden	3%
Holland	4%
Longmeadow	4%
Monson	6%
Palmer	4%
Springfield	43%
Wales	4%
West Springfield	11%
Wilbraham	3%
Age	
Less than 60	3%
60-69	31%
70-79	36%

80-89	25%
90 or Older	6%
Gender Identity:	
Woman	73%
Man	25%
Non-Binary, Gender Non-Conforming, or Genderqueer	0.3%
Other Specified	0.5%
Don't Know	0.3%
Prefer Not to Say	1.6%
Race/Ethnicity:	
Asian	3%
Black or African American	12%
Latino	10%
Native Hawaiian or Other Pacific Islander	0.3%
White	70%
More Than One	5%
Language Spoken at Home	
English	78%
Chinese (including Mandarin & Cantonese)	0.3%
French	1%
Italian	1%
Nepali	1%
Portuguese	0.3%
Russian	2%
Spanish	14%
Tagalog	0.3%
Vietnamese	2%
Other * <i>Ukrainian & French Creole</i>	0.3%
English Proficiency	
Very Well	38%
Well	35%
Not Well	18%
Not at All	9%
Annual Household Income Less than \$20,000	
Yes	26%
No	61%
Prefer Not to Answer	13%
MassHealth Members	
Yes	29%
No	63%

Don't Know	8%
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Reported Characteristics	
Experience Issues with Abuse, Neglect, or Exploitation	3%
Live with Alzheimer's or Dementia	17%
Experience Memory or Thinking Problems	32%
Need Access to Cultural or Social Activities	24%
Live with Vision Loss	23%
Live with Hearing Loss	28%
Live with Physical Disabilities	56%
Are in Frail or Weak Health	22%
Are a Grandparent Raising Grandchildren	6%
Have Housing Concerns	15%
Often Feel Lonely or Isolated	26%
Need Legal Services	10%
Are Part of the LGBTQIA+ Community	5%
Have Mental or Emotional Health Concerns	31%
Need Help with Meals or Nutrition	31%
Live in a Rural Area	19%
Have Employment or Job-Related Needs	3%

Reported Caregiver Needs	
Respite Care	62%
Financial Assistance	55%
In-Home Care	53%
Training & Education	47%
Care Coordination	44%
Transportation Services	41%
Home Modifications	41%
Information & Resources	40%
Work-Life Balance	38%
Community Resources	37%
Medical Support	36%
Mental Health Support	36%
Legal Assistance	32%
Support Groups	31%
Technology Support	26%
Nutritional Support	23%

The top three supports identified by informal caregivers are Respite Care, Financial Assistance, and In-Home Care.

Reported Older Adult Needs	
Access to Services	56%
Affordable Health Care	55%
Access to Health Care	50%
Affordable Housing	39%
Housing Accessibility & Maintenance	47%
In-Home Support for Independence	69%
Long-Term Services & Supports	51%
Assistance Managing Other Expenses	47%
Legal Services	31%
Mental & Behavioral Health Support	36%
Nutrition Support	50%
Safety & Security	38%
Transportation Access	53%
Workforce Developments	11%
Social Isolation	34%
Leisure, Recreation, and Socialization	44%
Civic Engagement & Volunteer Opportunities	20%
Learning & Development Opportunities	23%
Staying Active & Wellness Promotion	52%
Addressing Ageism	21%
Overcoming Language/Communication Barriers	10%
LGBTQIA+ Support	9%
Spirituality Support	18%