# Western Connecticut Area Plan on Aging

**Effective Dates:**

## October 1, 2025 - September 30, 2028

*Serving Older Adults, Caregivers, and Individuals with Disabilities Across 41 Towns*

## II. Table of Contents

## III. VERIFICATION OF INTENT

**Area Plan for the Western Connecticut Area Agency on Aging, Inc. Planning and Service Area**

**October 1, 2025 – September 30, 2028**

The proposed Area Plan is hereby submitted for the Western Connecticut Planning and Service Area for the period of October 1, 2025, through September 30, 2028.

The Area Plan includes all assurances to be followed by the Western CT Area Agency on Aging, Inc. under the provisions of Title III of the Older Americans Act of 1965, as amended. The Area Agency, as identified above, will assume full authority to develop and administer the Area Plan in accordance with the requirements of the Act and related Federal and State regulations and policies.

In accepting this authority, the Area Agency assumes responsibility to develop and implement the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older adults in the Planning and Service Area.

The proposed Area Plan has been developed in accordance with all applicable rules and regulations specified under the Older Americans Act and is hereby submitted to the State of Connecticut Bureau of Aging (BOA) for approval.

**Submitted by: Western Connecticut Area Agency on Aging, Inc.**

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|---|---|
| May 1, 2025 | *Spring Raymond* |
| Date | Spring Raymond, President & CEO |

Approved by Governing Body of Western Connecticut Area Agency on Aging, Inc:

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|---|---|
| **8/27/25** | *Susan Coates* |
| Date | Susan Coates, Chairperson, Board of Directors |
| 8/29/25 | Kathy Kinane |
| Date | Kathy Kinane Chairperson, Advisory Council |

## IV. ACRONYMS

| Acronym | Definition | Acronym | Definition |
|---|---|---|---|
| **AAA** | Area Agency on Aging | **HCBS** | Home and Community Based Services |
| **AASCC** | Agency on Aging of South-Central Connecticut | **IFF** | Intrastate Funding Formula |
| **ACL** | Administration for Community Living | **I&R/A** | Information & Referral/Assistance |
| **ADRC** | Aging and Disability Resource Centers | **LTCOP** | Long Term Care Ombudsman Program |
| **ADRD** | Alzheimer's Disease and Related Dementias | **LGBTQ** | Lesbian, Gay, Bisexual, Transgender, Queer/Questioning |
| **ADS** | Aging and Disability Services | **LTSS** | Long Term Services and Supports |
| **ARPA** | American Rescue Plan Act | **MIPPA** | Medicare Improvements for Patients and Providers Act |
| **BESB** | Bureau of Education and Services for the Blind | **MIS** | Management Information System(s) |
| **BOA** | Bureau of Aging | **NCAAA** | North Central Area Agency on Aging |
| **CAP** | Corrective Action Plan | **NFCSP** | National Family Caregiver Support Program |
| **CARES** | Coronavirus Aid, Relief, and Economic Security Act | **NSIP** | Nutrition Services Incentives Program |
| **CIL** | Center for Independent Living | **NWD** | No Wrong Door |
| **CDSME** | Chronic Disease Self-Management Education | **OAA** | Older Americans Act |
| **CEJC** | Coalition for Elder Justice in Connecticut | **PSA** | Planning and Service Area |
| **CHLC** | CT Healthy Living Collective | **PSE** | Protective Services for the Elderly |
| **CHOICES** | Connecticut's program for Health insurance assistance, Outreach, Information and referral, Counseling, Eligibility Screening | **SCSEP** | Senior Community Service Employment Program |
| **CHSP** | Congregate Housing Services Program | **SDOH** | Social Determinants of Health |
| **DPH** | Department of Public Health | **SMP** | Senior Medicare Patrol |
| **DSS** | Department of Social Services | **WCAAA** | Western Connecticut Agency on Aging |
| **ENP** | Elderly Nutrition Program/Provider | **HCBS** | Home and Community Based Services |
| **FFY** | Federal Fiscal Year | **IFF** | Intrastate Funding Formula |

## V. NARRATIVE

### a. Executive Summary

On behalf of the Western Connecticut Area Agency on Aging (WCAAA), we present our Area Plan on Aging for Federal Fiscal Years 2026–2028. This plan builds on our longstanding commitment to empower older adults, support caregivers, and strengthen the aging services network across our 41-town service region. Aligned with the State Plan on Aging—*Rooted in Connection*—and guided by the mandates of the Older Americans Act (OAA), our plan reflects WCAAA's deep understanding of regional needs and our initiative-taking strategies to meet them.

Our region is no exception to the growth of Connecticut's population. As the proportion of residents aged sixty and older rises, WCAAA remains focused on ensuring that older adults can live independently, safely, and with dignity in the setting of their choice. Our programs and partnerships aim to expand access to long-term services and support (LTSS), address caregiver burden, and promote healthy aging through evidence-based programs, education, and direct assistance.

Through collaboration with senior centers, municipal agents, healthcare partners, and other community-based organizations, WCAAA has expanded its visibility and impact. We have embraced innovation, prioritized equity, and worked intentionally to close service gaps, especially among underserved, rural, and linguistically isolated populations. Whether through nutrition programs, or Chronic Condition workshops, Service Navigation, CHOICES counseling, or fraud prevention efforts led by our Senior Medicare Patrol, we strive to meet individuals where they are and guide them towards meaningful supports and assistance.

The COVID-19 pandemic introduced lasting challenges, from social isolation to staffing shortages, but it also made us adapt and rethink in creative ways. WCAAA transitioned and modernized our technology infrastructure, building new pathways for digital inclusion. We equipped local senior centers with devices and training under a "Train-the-Trainer" model, which enables older adults to engage in telehealth, virtual programming, and online resources. Our commitment to adaptability and resilience has continued into the post-pandemic era, positioning us to serve more effectively each year.

To ensure long-term organizational health and service quality, WCAAA has made significant investments in workforce development, leadership succession planning, and the strengthening of our volunteer base. We have strengthened the governance capacity of our Board of Directors through training, strategic planning, and efforts to diversify membership in alignment with our communities. Our recent strategic planning process engaged stakeholders from across sectors and reaffirmed our mission while sharpening our priorities.

We initiated long-term planning for the Lifeline Fund, our regionally focused resource that provides emergency financial support to older adults and individuals with disabilities. In parallel, we advanced advocacy efforts around housing, transportation, nutrition, and elder justice—ensuring that regional concerns inform both local action and statewide priorities.

Our work is grounded in WCAAA's values of integrity, inclusion, compassion, and advocacy. These principles guide our daily operations and our long-term goals. As we look ahead, we do so with confidence—knowing that our foundation is strong, our partnerships are deep, and our community's voice remains at the center of all we do.

This Area Plan reflects not only our agency's vision but the input of the older adults, caregivers, providers, and stakeholders who helped shape it. Together, we are building an inclusive, age-friendly future—one rooted in connection, equity, and opportunity for all.

## b. Context

### i. *Overview of the AAA*

#### 1. Mission Statement

**WCAAA's mission**—to enrich the lives of older adults, individuals with disabilities, and their caregivers by providing support, services, and information to help them live well with assurance, independence, and dignity—serves as the foundation for all strategic planning and program implementation outlined in the Area Plan.

**The Area Plan's three overarching goals—** (1) Long-Term Services and Supports, (2) Healthy Aging, and (3) Elder Rights—are directly aligned with this mission. Each goal translates the mission into actionable strategies and measurable outcomes designed to address the evolving needs of our region's aging population.

**Assurance and Independence** are advanced through programs that enable aging in place, such as chore services, transportation, personal emergency response systems, and housing supports. These initiatives align with Goal 1: Empower older adults to remain in the community setting of their choice.

**Dignity and Wellness** are central to our health promotion programs and caregiver support efforts. By offering chronic disease self-management, nutrition counseling, and respite services, WCAAA addresses both individual and family well-being in support of Goal 2: Provide older adults with prevention and wellness opportunities.

**Trust and Protection** are reflected in our commitment to elder justice through legal assistance, Medicare fraud prevention, and public education. These safeguards reinforce Goal 3: Protect elder rights and prevent abuse, fraud, and neglect.

#### 2. Core Values

At the Western Connecticut Area Agency on Aging (WCAAA), our core values—dignity, compassion, inclusion, choice, trust, and collaboration—are more than guiding principles; they shape every decision we make and are woven into every program and service we provide. These values are embedded throughout the Area Plan, which serves both as a strategic roadmap and a reflection of our mission to enhance the lives of older adults and individuals with disabilities.

Compassion, inclusion, and choice are central to all service delivery strategies, ensuring that care is culturally competent, person-centered, and responsive to the diverse lived experiences, languages, and preferences of those we serve. Through thoughtful resource allocation, intentional partnerships, and clearly defined priorities, the Area Plan helps WCAAA remain both mission-driven and community-focused.

Each value informs a core aspect of our six goals and strategic objectives:

- **Dignity** is the foundation of our commitment to helping individuals live safely, independently, and with respect—an essential driver of Goal 1: Long-Term Services and Supports.
- **Compassion** guides the design and implementation of our caregiver support, case management, and health promotion programs. It is reflected in staff training, client interactions, and crisis response.
- **Inclusion** ensures our outreach strategies address the needs of underserved populations—including rural, low-income, minority, and LGBTQ+ communities—so that all individuals have equitable access to services.
- **Choice** is honored through person-centered planning, benefits counseling, and care and housing navigation, empowering individuals to make decisions aligned with their goals and values.

- **Trust** is built through transparent communication, ethical practice, and accountability—fostering confidence in key programs such as CHOICES, the Senior Medicare Patrol, and legal assistance services.
- **Collaboration** drives our work with senior centers, municipal leaders, healthcare systems, and community-based partners. These cross-sector relationships are vital to achieving our strategic objectives.

Together, these values provide an ethical and relational framework that ensures the WCAAA Area Plan is not only strategic and data-informed but also inclusive, person-centered, and grounded in respect for every individual we serve.

## 3. Accomplishments and Challenges

*Note: Details of these primary accomplishments are captured in Attachment E: Accomplishments.*

Overview (Oct 1, 2021 – Sept 30, 2025). WCAAA advanced OAA Title III core programs (Supportive Services, Nutrition, Disease Prevention/Health Promotion, Caregiver Support) and Title VII Elder Rights, adapting to evolving needs and public-health constraints.

Alignment with Previous Area Plan Goals (2021–2024)

Goal 1: Empower older individuals to reside in the community setting of their choice

Objective 1 – Expand access to supportive community services

- Adult Day Services: ≥3 centers funded annually; 22,900+ hours of Alzheimer's Aide respite.
- In-Home Services: $904,477 awarded (FFY2022–2024) for chore, money management, energy aid; 909 clients; 47,770 chore hours.
- Transportation: 10,748 medical trips ($140,487) and 33,130 one-way social trips ($178,989).

Objective 2 – Strengthen care for older adults and caregivers

- CHSP: 28,000+ service units for 215 clients (foot care, homemaking, personal care, ERS).
- Title III-E Caregiver Support: 469 clients; 95,000+ units (care management, support groups, respite, benefits counseling).
- CT Statewide Respite: 326 clients; 94,967 direct/supplemental respite units.
- Pandemic Response: Onsite case management at senior housing, expanded Title III-B transportation, CHOICES/SHIP counseling, integrated CHSP and caregiver supports—reducing isolation and stabilizing health and caregiver burden.

Goal 2: Implement Aging and Disability Answers (statewide AAA partnership)

- Launched Aging Answers within AgingCT; funded Service Navigator at each AAA.
- Adopted ADRC/No Wrong Door model using Title III-B and state resources.
- Implemented Salesforce Client Management System for coordinated referrals across programs.
- Cross-trained CHOICES, SMP, Service Navigation, and RSC staff—streamlining access and reducing delays.

Goal 3: Improve the Economic Security of Older Adults

- PERS: 293 clients; 7,248 service units (install/maintain/monitor).
- Alternative Housing: 326 days (2022), 291 (2023), 610 (2024) of temporary housing.
- I&R/A: 4,742 individuals assisted with SNAP, energy aid, housing, local supports (2022).
- MIPPA: 684 MSP/LIS enrollments; 22,759 outreach contacts targeting rural/minority/ESL communities.
- CHOICES/SHIP: 20,800+ one-on-one Medicare counseling sessions.
- Financial Education & Outreach: Workshops/webinars; bilingual media, podcasts, newsletters—improving benefit uptake and budget stability.

Goal 4: Provide Seniors with Prevention and Wellness Opportunities (FFY2022–2024)

- Shifted Title III-D programs (Live Well, DSME) to virtual/phone/hybrid; sustained Title III-C nutrition education (dietitian outreach to HDM clients) and Title III-E caregiver wellness.
- Objective 1 – Information & Awareness: Health fair + regional events; Advisory Council/Board hand-delivery to focal points; expanded media (Western Compass, radio/TV, print).
- Objective 2 – CDSME Access: 17 virtual diabetes workshops; Chronic Pain, Live Well Diabetes Prevention; Monitor My Health launched with foundation support.
- Objective 3 – MMH Subcontract: Service growth +18.8% (’22–’23), +86.1% (’24); 4,654 clients (incl. 46 high nutritional risk; 65 in poverty).
- Objective 4 – Food Insecurity/Malnutrition: 1,858 clients; 3,818 units of nutrition education/assessment/counseling.
- Objective 5 – Greatest Economic Need: MIPPA targets met/exceeded; SNAP and income supports.
- Objective 6 – Reduce Caregiver Burden: 81,197 respite hours for 271 clients (CSRCP/NFCSP); 21% CSRCP and 39% NFCSP in rural areas.
- Objective 7 – Behavioral Health Training: CHOICES trained (NAMI-CT, substance-use prevention); enhanced referral tools.
- Objective 8 – Diversity & Inclusion: LGBTQ trainings; inclusive language; suicide-prevention QPR training for care managers and ADRC/I&R/A.
- Objective 9 – Business Acumen: Agreements and alternative funding to support SDOH and health-care integration.
- Objective 10 – Disaster Readiness: Integrated emergency partners into communications/newsletters to bolster preparedness.

Goal 5: Protect Elder Rights & Prevent Abuse, Fraud, Neglect, Exploitation

- Legal Assistance (CT Legal Services): 2,787 units (1,035 in ’22; 949 in ’23; 803 in ’24).
- CFHC Legal Assistance (launched 2024): 45.7 units in year one; both programs operational in 2025 with anticipated capacity growth.
- SMP Expansion: Multi-channel fraud-prevention education; coordination with CT Legal Services and LTCO for timely responses—strengthening the safety net.

Goal 6: Create Awareness Around Elder Abuse, Neglect, and Fraud

- Bilingual public-education campaigns; Title III-E caregiver workshops on recognition/reporting; SMP collaboration with caregiver groups and providers—improving protection and access in underserved populations.
- Objective 1 – Elder Justice Awareness: 45 I&R/A contacts (FFY2022–FFY2024) specific to elder abuse/protective services.

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Agency Strengths
Dedicated, culturally competent staff; strong municipal/health-care partnerships; robust data systems (STARS, WellSky, I&R/A); active, well-oriented Board governance.
Key Challenges
COVID-19 disruptions and isolation; workforce shortages (homecare aides and internal capacity); digital divide limiting virtual participation; funding instability post-relief and inflation; rising SDOH needs (housing, transportation, nutrition) outpacing resources.

**b. Agency Strengths That Supported Program Goals**

Dedicated, culturally competent staff; strong municipal/health-care partnerships; robust data systems (STARS, WellSky, I&R/A); active, well-oriented Board governance.

**c. Challenges That Limited Goal Attainment**

COVID-19 disruptions and isolation; workforce shortages (homecare aides and internal capacity); digital divide limiting virtual participation; funding instability post-relief and inflation; rising SDOH needs (housing, transportation, nutrition) outpacing resources.

**d. Actions Taken and Planned to Strengthen the Agency**

To strengthen the agency and ensure its long-term sustainability, the Western Connecticut Area Agency on Aging (WCAAA) took purposeful and compassionate action to meet the evolving needs of the community. Recognizing that a strong, supported workforce is essential to meaningful service, WCAAA invested in staff through targeted recruitment, ongoing training, succession planning, and leadership development, fostering a culture of growth and stability. Guided by a newly developed multi-year strategic plan, the agency now operates with a clear, coordinated vision across governance, finance, and service delivery. Technology improvements, including upgrades to case management systems, essential hardware, and a more responsive call-routing system, have allowed staff to serve clients more efficiently and with greater care. In response to the urgent needs faced by many older adults, WCAAA launched the Lifeline Fund to provide emergency financial assistance during moments of crisis, ensuring that vulnerable individuals receive timely, compassionate support. Finally, the agency deepened its roots in the community by expanding collaboration with local leaders and providers through Regional Leadership Breakfasts, interagency forums, and outreach partnerships—reinforcing WCAAA's role as a trusted convener and connector across the aging services network.

**e. The Evolving Role of WCAAA in the Community**

During the 2021–2025 planning period, the Western Connecticut Area Agency on Aging (WCAAA) embraced a transformative shift—growing from a traditional funder and program planner into a compassionate, forward-thinking regional convener, systems navigator, and policy advocate. This evolution was rooted in a deep commitment to meeting individuals where they are and addressing the full spectrum of aging-related needs. WCAAA led the implementation of Aging Answers and the No Wrong Door model for Western CT, helping to ensure that older adults and individuals with disabilities can access services through a streamlined, person-centered system without fear of confusion or delay.[20] In its advocacy role, the agency engaged directly with lawmakers to protect and enhance federal programs, including the Older Americans Act and Medicaid, recognizing that public policy must reflect the lived realities of those aging in our communities.[21] WCAAA also served as a vital connector—bridging the gaps between residents, healthcare providers, social service agencies, and local governments—so that care could be more coordinated, holistic, and accessible.

Looking ahead to 2026–2028, WCAAA envisions an even more integrated and responsive role within the region. Plans are underway to expand the agency's function as a central hub for service delivery that weaves together public health, housing, transportation, and technology—ensuring a wraparound system of support that reflects the real-life challenges older adults face. Building on the success of the Lifeline Fund, WCAAA will continue to lead emergency response initiatives, offering compassionate, rapid assistance to those in moments of crisis. Additionally, the agency will deepen its cross-sector partnerships to address the root causes of health and social disparities, especially those linked to social determinants of health such as housing insecurity, transportation gaps, and food access.[16][17] Through these actions, WCAAA's vision is clear: to remain a trusted, innovative leader who walks alongside older adults and individuals with disabilities in Western Connecticut, ensuring their voices are heard and their needs are met with dignity, inclusion, and care.

*Endnotes:*
*[20] AgingCT. (2023). Aging Answers Implementation and No Wrong Door Model Summary.*
*[21] USAging and WCAAA. (2024). Legislative Priorities for Older Americans Act Reauthorization.*
*[16] Connecticut Coalition to End Homelessness. (2025). Older Adult Homelessness in Connecticut.*
*[17] WCAAA Rural Needs Assessment. (2024). Barriers in Transportation and Healthcare Access.*

**Looking Ahead: Strategic Vision and Priorities for 2026–2028**

As WCAAA enters the 2026–2028 Area Plan period, it envisions a broader, more integrated role within the aging services landscape of Western Connecticut—one rooted in innovation, strategic growth, and community responsiveness. The agency is guided by four internal strategic goals that will shape operations and organizational development over the next three years:

1. Foster a workplace culture that supports personal and professional growth, positioning WCAAA as an employer of choice within the nonprofit and public health sectors.
2. Diversify funding sources to reduce reliance on government contracts and ensure long-term sustainability through private partnerships, philanthropic investment, and grant development.
3. Deliver responsive, person-centered programs that reflect the evolving needs of older adults, caregivers, and individuals with disabilities.
4. Enhance operational efficiency and internal systems through the implementation of modern tools, cross-program coordination, and data-driven management.

To meet the increasingly complex and growing needs of the community, WCAAA will expand I&R/A offerings, implement integrated case management models, and strengthen chronic disease self-management and wellness programming. New software platforms will facilitate streamlined data sharing and internal referrals, while grant-funded initiatives will prioritize urgent needs in housing, transportation, and behavioral health.

WCAAA will also continue its evolution into a regional hub for aging services, combining service delivery with advocacy, systems-level coordination, and community engagement. Legislative advocacy has already been expanded during the current plan cycle. WCAAA worked in close partnership with the Connecticut General Assembly, AgingCT, and USAging to preserve and enhance funding for Older Americans Act (OAA) programs, advocate for reforms to Medicaid asset limits, and expand caregiver respite and service navigation infrastructure.

The agency's strategic framework for 2026–2028 is aligned with the goals outlined in the Connecticut State Plan on Aging and centers around three primary statewide priorities:

5. **Long-Term Services and Supports** – Empower older adults to remain in their homes and communities of choice through coordinated, accessible supports.
6. **Healthy Aging** – Promote disease prevention and overall wellness through evidence-based education, outreach, and engagement.
7. **Elder Rights** – Safeguard older adults from fraud, abuse, neglect, and exploitation, while promoting independence and dignity.

To achieve these goals, WCAAA will focus on seven cross-cutting priorities:

- Strengthening **Service Navigation** through the Aging Answers model
- Investing in **workforce development and succession planning**
- Advancing **digital inclusion** through technology access and training initiatives
- Enhancing **caregiver support systems** and outreach
- Expanding **evidence-based wellness programs** to new populations
- Leading **policy and legislative advocacy** efforts on issues that matter most to older adults.
- Embedding **data-informed decision-making** into planning, evaluation, and resource allocation

These priorities reflect WCAAA's deep commitment to building an inclusive, high-performing aging network—one that is responsive, equitable, and prepared to meet the challenges and opportunities of the coming years.

WCAAA enters the 2026–2028 planning period with optimism, preparedness, and momentum. As the region's aging population grows more diverse and complex, WCAAA remains committed to building inclusive, accessible, and innovative systems of care. The agency will continue to lead regional efforts in addressing social determinants of health and play a vital role in emergency preparedness, public health, and housing stabilization.

With strategic foresight, engaged leadership, and a trusted community presence, WCAAA will continue to be a central hub in Connecticut's aging services ecosystem—one that uplifts, connects, and empowers the older adults and caregivers of Western Connecticut.

### ii. Needs and Targets

As part of its Area Plan development process, the WCAAA implemented a comprehensive stakeholder

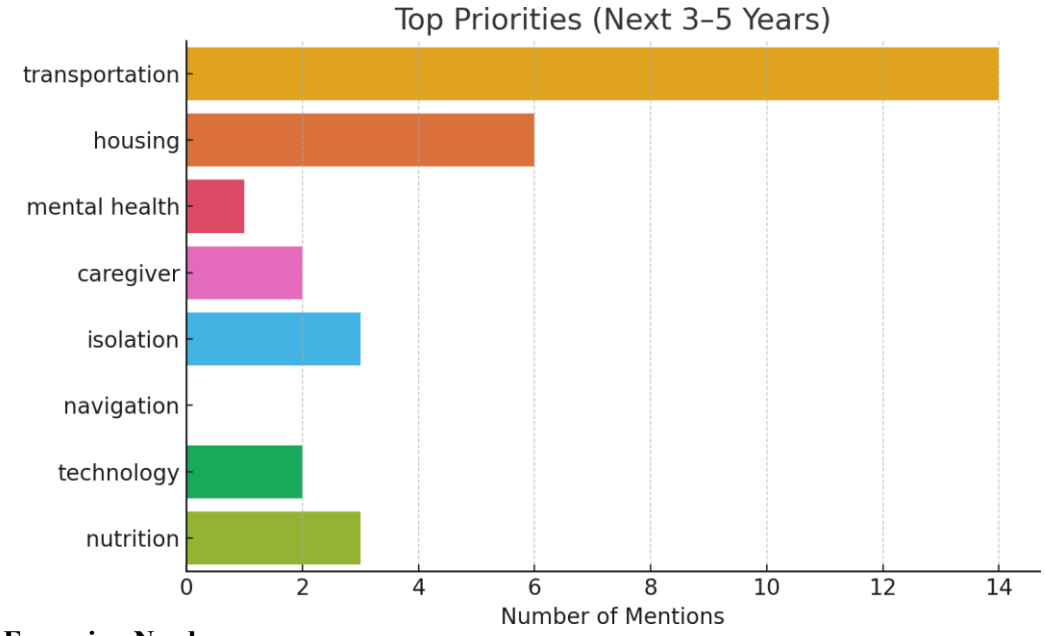
engagement strategy to gather input from a broad cross-section of the region. WCAAA distributed over five hundred community feedback surveys, receiving thirty-five detailed responses from organizational partners. The primary goal of the survey was to assess both current and emerging needs of older adults and individuals with disabilities, identify service gaps, and collect input on how WCAAA can enhance its support and coordination across the 41-town Planning and Service Area.

In addition to the survey, WCAAA hosted community meetings and public input sessions to gather direct feedback from key stakeholders, including older adults and individuals with disabilities, Family caregivers, Municipal Agents, town social workers, and senior center directors, local service providers and nonprofit organizations and members of the WCAAA Advisory Council and Board of Directors. This inclusive outreach ensured that the Area Plan is informed by real-world insights and reflects the lived experiences, priorities, and concerns of those served by WCAAA programs.

Organizations completed a structured online survey composed of multiple open- and closed- ended questions. The questions focused on the served populations, priority areas, emergency needs, service access barriers, and recommendations for future WCAAA programming. Responses were qualitatively analyzed for key themes, and quantitative patterns were identified through keyword analysis.

Key Findings:

**Top Priorities for the Next 3–5 Years,** respondents identified the following service priorities:




**Emerging Needs**

Agencies noted the following emerging issues:

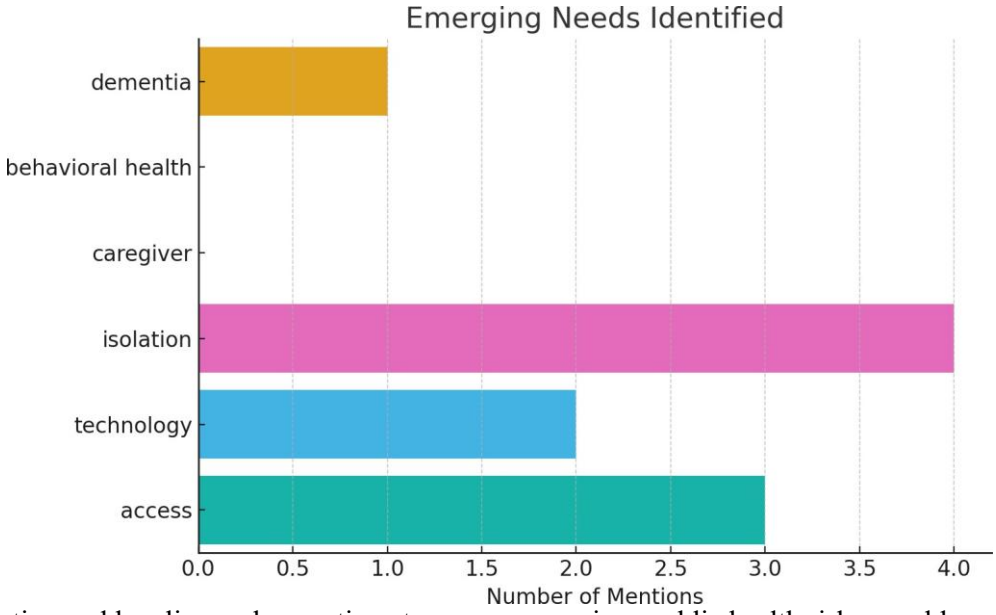
The increasing prevalence of Alzheimer's disease and related dementia—now affecting approximately 7.2 million older Americans and projected to nearly double by 2050—continues to strain caregivers, healthcare systems, and community-based support systems. As caregiver burden rises, so too does the need for dementia-capable services like adult day and respite programs, as well as tailored caregiver education and navigation support.[1][2][3]

[1] The 2025 *Alzheimer's Association Facts & Figures* (7.2 million cases; projected growth) AP News

[2] The 2024 *Alzheimer's Association Facts & Figures* (70% of caregivers report care coordination as a major stressor) Alzheimer's Association

[3] Coverage of surrogate or adult day services and continuing unmet needs for funded, accessible programs AP News

Additionally, behavioral, and mental health challenges—including depression, anxiety, and trauma—are increasingly reported among older adults, often compounded by social determinants such as poverty, chronic illness, or grief. The availability of age-appropriate mental health services remains uneven across the region, especially in rural areas.




Social isolation and loneliness also continue to emerge as serious public health risks, as older adults live alone, lack access to transportation, or face mobility limitations that reduce their opportunities for connection and engagement. These conditions have been further exacerbated by the lingering impacts of the COVID-19 pandemic.

Finally, a growing digital literacy gap presents a significant barrier as service access and communication channels continue to shift online. Older adults who lack access to devices, broadband, or basic digital skills are increasingly at risk of exclusion from vital services such as telehealth, online benefits enrollment, and virtual support groups.

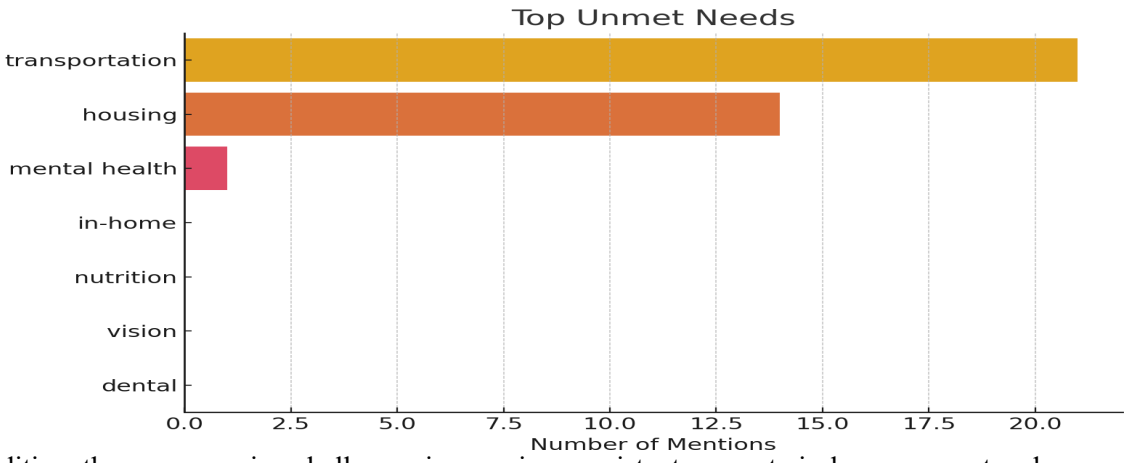
These emerging needs underscore the importance of responsive, community-informed strategies that address the multifaceted challenges facing the region's aging population.

**1. Unmet Needs**

Despite the breadth of services currently available across the WCAAA's Planning and Service Area there are several critical needs that remain significantly underserved. These persistent gaps limit the ability of older adults and individuals with disabilities to age with dignity, safety, and independence in their communities.

Most prevalent among these is transportation, particularly for medical and social appointments. Many older adults, especially those living in rural or semi-rural towns—lack access to reliable, affordable transportation options, resulting in missed medical care, limited social engagement, and increased isolation.

Safe, affordable housing is another high-priority unmet need. Rising housing costs, limited senior-specific developments, and aging housing stock have made it increasingly difficult for older adults to find and maintain stable living environments. Housing insecurity is particularly acute among renters and those on fixed incomes.



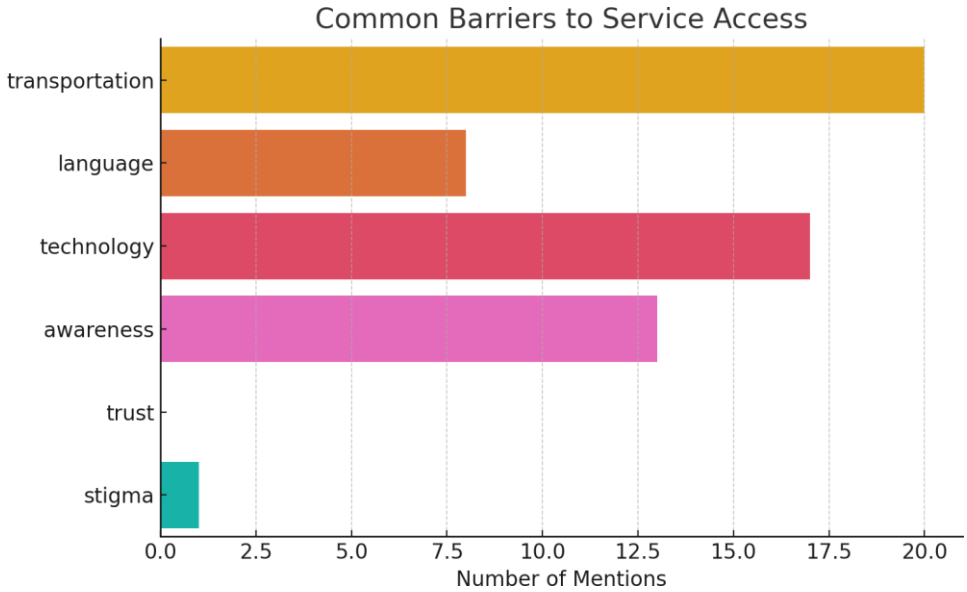

In addition, there are ongoing challenges in ensuring consistent access to in-home support and personal care services, particularly for individuals who do not meet Medicaid eligibility but still need assistance with activities of daily living. These gaps place significant strain on family caregivers and increase the risk of premature institutionalization.

Lastly, older adults continue to face barriers in accessing vision and dental care, services that are often not fully covered by Medicare and can be financially out of reach for those with limited resources. The absence of regular preventive care in these areas can lead to serious health complications and diminished quality of life.

These unmet needs highlight the importance of ongoing advocacy, targeted funding, and strategic partnerships to address service gaps and improve equity in access across the region.

## 2. Barriers to Access

Technology limitations and digital divide




## Recommendations

Based on the survey results, the following recommendations are proposed:

1. Increase visibility through local community outreach and on-site visits.
2. Strengthen partnerships with town-level service providers.

3. Expand direct access to transportation, mental health, and home care services.
4. Tailor outreach strategies for isolated, rural, and culturally diverse populations.
5. Develop multilingual materials and digital training for older adults and caregivers.

**Current and Projected Needs**

The Western Connecticut Area Agency on Aging (WCAAA) serves a diverse, aging population across forty-one towns. The PSA includes both urban centers and rural communities, resulting in significant variation in service accessibility, resource availability, and demographic characteristics. Based on comprehensive input gathered from organizational surveys, public meetings, demographic data (including the American Community Survey and Decennial Census), and internal reporting systems, the following needs have been prioritized.[4]

One of the most significant trends is population growth among residents aged seventy-five and older, which is expected to rise sharply.[5] This demographic shift will lead to increased demand for aging-in-place services, chronic disease management programs, and in-home support for daily living activities.

The prevalence of Alzheimer's disease and related dementias is also anticipated to increase, placing additional strain on both formal health systems and informal caregivers.[6] The need for dementia-capable services, respite support, and caregiver education will continue to grow.

The region is already experiencing an affordable housing shortage, which is projected to worsen during the planned period.[7]Limited development of senior-friendly housing and rising rental costs are exacerbating housing insecurity for older renters, particularly those on fixed incomes.

Transportation barriers remain a chronic concern, especially in rural and suburban towns with limited public transit options.[8]Without targeted investment and service coordination, transportation challenges will continue to limit access to healthcare, food, and social engagement opportunities.

As services and healthcare increasingly move to digital platforms, technological barriers such as lack of internet access, digital devices, and training will disproportionately affect older adults, particularly those in low-income and rural areas.[9] Digital inclusion is becoming essential for accessing telehealth, benefit applications, and community resources.

Additionally, older adults are presenting with increasingly complex health profiles, including co-occurring chronic diseases, behavioral health needs, and mobility challenges.[10]These trends

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*[4] U.S. Census Bureau, American Community Survey, 5-Year Estimates (Washington, DC: U.S. Census Bureau, 2021); Western Connecticut Area Agency on Aging, Internal Service Utilization Reports (Waterbury, CT: WCAAA, 2024).*

*[5] Connecticut State Data Center, Population Projections 2020–2040 (Storrs: University of Connecticut, 2020).*
*[6] Alzheimer's Association, 2025 Alzheimer's Disease Facts and Figures (Chicago: Alzheimer's Association, 2025); Connecticut Department of Public Health, Chronic Disease Burden Report: Older Adults (Hartford, CT: DPH, 2023).*
*[7] Partnership for Strong Communities, Housing Affordability in Connecticut (Hartford, CT: PSC, 2024); CT Housing Finance Authority, Annual Housing Report (Hartford, CT: CHFA, 2023).*
*[8] Greater Waterbury Transit District, Housatonic Area Regional Transit (HARTransit), and Northwestern CT Transit District, Annual Service Reports (2023); Age Well Community Council, Transportation Subcommittee Findings (Danbury, CT: AWCC, 2024).*
*[9] Federal Communications Commission, Broadband Deployment Report (Washington, DC: FCC, 2023); Pew Research Center, Technology Adoption Among Older Adults (Washington, DC: Pew, 2023).*
*[10] Centers for Medicare & Medicaid Services, Chronic Conditions Chartbook (Baltimore, MD: CMS, 2023);*

underscore the need for integrated, person-centered care and strengthened coordination across aging, health, and behavioral health systems.

Finally, the aging population is becoming more diverse. WCAAA anticipates growth among older adults who are Black, Indigenous, and People of Color (BIPOC), LGBTQ+, limited-English proficient, and economically insecure.[11] These populations often face compounded barriers to care, making culturally and linguistically appropriate services essential for equity in access and outcomes.

## I. Current Needs (FFY2025)

Based on analysis of thirty-five Senior Center/Regional Leaders in Senior Social Services stakeholder surveys, regional demographic data, and ongoing community engagement, WCAAA has identified the following current needs among older adults and individuals with disabilities, listed in order of priority:[12]

### 1. Transportation

Limited access to affordable, reliable transportation continues to be the most frequently cited barrier, especially in rural and suburban areas where public transit is lacking. This affects access to healthcare, food, and social opportunities. The Age Well Community Council Transportation Subcommittee (2024) documented persistent service gaps in Danbury and surrounding towns. [13] Reports from Greater Waterbury Transit District (GWTD) and Housatonic Area Regional Transit (HARTransit, 2023) highlight the absence of fixed-route and paratransit options in many suburban and rural towns.[14] Additionally, the CTDataHaven Community Wellbeing Survey (2023) found that 17% of older adults in Western Connecticut reported difficulty accessing reliable transportation, a rate higher than the statewide average.[15] The Connecticut Healthy Aging Data Report (2023) further notes that older adults in Litchfield County and Greater Waterbury are more likely to miss medical appointments due to transportation barriers than those in other parts of the state.[16]

### 2. Affordable Housing

There is a growing demand for safe, affordable, and accessible housing options. According to the CTDataHaven Equity Profile: Western CT Council of Governments Region (2023), nearly one in three renter households aged 65 and older spend more than 30% of their income on housing.[17] The Partnership for Strong Communities Housing Affordability Report (2024) underscores rising rents in Danbury, New Milford, and Waterbury, combined with a shortage of subsidized senior housing units.[18]Similarly, the Connecticut Housing Finance Authority (CHFA, 2023) has reported a mismatch between senior housing demand and available stock, especially accessible, affordable units suitable for aging-in-place.[19]

### 3. Mental Health & Social Isolation

Stakeholders highlighted increased loneliness, depression, and cognitive decline among older adults, particularly since the COVID-19 pandemic. The Connecticut Healthy Aging Data Report (2023) indicates that 15–20% of older adults in Litchfield and New Haven counties experience frequent mental distress or

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*Connecticut Department of Public Health, Behavioral Health and Aging Fact Sheet (Hartford, CT: DPH, 2023).*

*[11] U.S. Census Bureau, American Community Survey, 5-Year Estimates (2021); Movement Advancement Project and* SAGE, *LGBTQ+ Older Adults Report* (Denver, CO: MAP, 2022).

*12 WCAAA. Stakeholder Survey Results (Waterbury, CT: WCAAA, 2024).*

*13 Age Well Community Council. Transportation Subcommittee Findings (Danbury, CT: AWCC, 2024)*

*14 GWTD & HARTransit. Annual Service Reports (Waterbury/Danbury, CT: 2023).*

*15 CTDataHaven. Community Wellbeing Survey (New Haven, CT: 2023).*

*16 UMass Boston. Connecticut Healthy Aging Data Report (Boston, MA: 2023).*

*17 CTDataHaven. Equity Profile: Western CT Council of Governments Region (New Haven, CT: 2023).*

*18 Partnership for Strong Communities. Housing Affordability in Connecticut (Hartford, CT: 2024).*

*19 CHFA. Annual Housing Report (Hartford, CT: 2023).*

depressive symptoms.[20] The CTDataHaven Wellbeing Survey (2023) found that social isolation and loneliness were disproportionately high among seniors living alone, particularly women and low-income residents.[21] Demand for counseling, companionship programs, and dementia-specific supports has grown.

### 4. In-Home Supportive Services

Many individuals aging at home require help with daily living tasks. Gaps remain in access to homemakers, personal care, chore and respite services, especially for those not qualifying under Medicaid. According to CMS Chronic Conditions Data (2023), over two-thirds of Medicare beneficiaries in Connecticut have two or more chronic conditions, increasing their risk of functional decline.[22] WCAAA internal reporting (2024) shows increased requests for non-Medicaid homemaker and respite supports, confirming service gaps for moderate-income older adults.

### 5. Caregiver Support

Family caregivers are experiencing significant stress and burnout. The Alzheimer's Association 2024 Facts & Figures Report found that 70% of dementia caregivers report high emotional stress, and 40% report significant financial strain.[23] Locally, caregiver input from WCAAA listening sessions in 2024 identified respite services, dementia-specific training, and peer support as urgent needs.[24]

### 6. Nutrition & Food Insecurity

While congregate and home-delivered meal programs remain vital, access remains uneven. The USDA Household Food Security Report (2023) estimated that 8.8% of Connecticut households with adults aged 65+ experience food insecurity.[25] In Western CT, CTDataHaven (2023) reports higher rates of food insecurity among seniors in Waterbury and Danbury compared to surrounding suburban towns.[26] Rising food costs and specialized medical dietary needs are compounding the challenge.

### 7. Health System Navigation

Older adults and caregivers frequently struggle with navigating Medicare, Medicaid, long-term care options, and benefit programs. Demand for unbiased counseling, especially via CHOICES, remains high. According to the National Council on Aging (NCOA, 2023), nearly 50% of Medicare beneficiaries report difficulty understanding coverage and enrollment options.[27] WCAAA's CHOICES program records show year-over-year increases in calls and counseling sessions, particularly during open enrollment periods.[28]

### 8. Digital Inclusion

Many older adults lack internet access, digital literacy, or devices necessary for telehealth and service navigation. This disproportionately affects low-income and rural individuals. The FCC Broadband Deployment Report (2023) confirms persistent broadband gaps in rural Litchfield County towns.[29]The Pew Research Center (2023) found that only 61% of adults aged 65+ own a smartphone and fewer than half feel confident using digital tools.[30] WCAAA I&R/A staff report frequent cases of older adults unable to access telehealth, online benefits applications, or digital communication with providers.

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*20 UMass Boston. Connecticut Healthy Aging Data Report (2023).*

*21 CTDataHaven. Community Wellbeing Survey (2023).*

[22] CMS. *Chronic Conditions Chartbook* (Baltimore, MD: 2023).
[23] Alzheimer's Association. *2024 Alzheimer's Disease Facts and Figures*, *Alzheimer's & Dementia* 20, no. 3 (2024).
[24] WCAAA. *Caregiver Listening Session Notes* (Waterbury, CT: 2024).
[25] USDA. *Household Food Security in the United States in 2023* (Washington, DC: 2023).
[26] CTDataHaven. *Community Wellbeing Survey* (2023).
[27] NCOA. *Older Adults and Medicare Complexity Survey* (Washington, DC: 2023).
[28] WCAAA. *CHOICES Program Data Reports* (Waterbury, CT: 2024).
[29] FCC. *Broadband Deployment Report* (Washington, DC: 2023).
[30] Pew Research Center. *Technology Adoption Among Older Adults* (Washington, DC: 2023).

### 9. Equity & Diversity

The aging population is becoming more diverse. WCAAA anticipates growth among older adults who are Black, Indigenous, and People of Color (BIPOC), LGBTQ+, limited-English proficient, and economically insecure. U.S. Census Bureau ACS estimates (2021) show an upward trend in racial/ethnic diversity among older adults in Western Connecticut.[31] The Movement Advancement Project and SAGE (2022) confirm that LGBTQ+ seniors face higher rates of isolation, financial insecurity, and barriers to culturally appropriate care.[32]

## II. Projected Needs (October 1, 2025 – September 30, 2028)

Over the course of the 2025–2028 Area Plan period, the needs of older adults across the Western Connecticut Area Agency on Aging's (WCAAA) Planning and Service Area (PSA) are projected to intensify and diversify. These shifts are driven by multiple factors, including accelerated demographic aging, the rising cost of living, and the enduring effects of the COVID-19 pandemic on health, housing, and social connections.

### Provider Information

The WCAAA contracts with a diverse network of providers to deliver critical services under the OAA and other funding streams. These providers include municipal human service departments, nonprofit agencies, senior centers, transportation operators, and home care organizations serving older adults and individuals with disabilities across the 41-town Planning and Service Area (PSA).

### I. Provider Availability and Capabilities

Overall, the provider network is robust and experienced in delivering services across Title III-B (Supportive Services), III-C (Nutrition), III-D (Health Promotion), and III-E (Caregiver Support). Providers demonstrate strong capabilities in:

- Home-delivered and congregate meals
- Transportation coordination
- Homemaker and personal care services
- Benefits counseling and care coordination
- Dementia and caregiver support
- Evidence-based wellness programming

Providers in urban centers such as Waterbury, Danbury, Torrington, and Naugatuck offer extensive service infrastructure, including full-time staff, multidisciplinary teams, and higher program capacity. These areas also benefit from established nonprofit networks and public transit access, improving service reach.

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## II. Geographic and Provider Gaps

Despite overall network strength, gaps persist in rural, geographically isolated, and lower-income communities. Towns where service access and provider availability are more limited include:

| Geographic Area | Identified Challenges |
|---|---|
| Colebrook, Warren, Cornwall, Sharon, Woodbury, and Norfolk | Sparse provider presence, transportation isolation, and limited broadband connectivity. |
| North Canaan and Salisbury | Lack of bilingual service providers and limited in-home support capacity. |
| Roxbury, Washington, Bridgewater | Aging populations with limited public transportation options and infrequent outreach programming. |

[31] U.S. Census Bureau. *ACS 5-Year Estimates* (Washington, DC: 2021).
[32] Movement Advancement Project and SAGE. *LGBTQ+ Older Adults Report* (Denver, CO: 2022).

| | |
|---|---|
| Kent, Newtown, and Goshen | Difficulty recruiting trained personal care-aides and caregivers. |
| Bethlehem and Morris | Infrequent evidence-based program offerings and inconsistent access to medical transportation. |

Additionally, providers have cited difficulties in securing qualified staff, particularly in:

- Homemaker and personal care roles
- Respite providers for dementia care.
- Transportation drivers for rural routes
- Bilingual service professionals (Spanish and Portuguese especially)

## III. WCAAA Strategies to Address Gaps

The Western Connecticut Area Agency on Aging (WCAAA) will implement a comprehensive set of strategies during the 2025–2028 Area Plan period. These strategies are designed to strengthen infrastructure, enhance equity, and ensure that critical services reach older adults and individuals with disabilities in both urban and rural communities.

WCAAA will continue to participate in regional housing coalitions, collaborate with the Connecticut Coalition to End Homelessness, and engage with state legislators and local leaders to advocate for sustainable funding and policy solutions. Through ongoing Regional Leadership meetings, the agency will bring together stakeholders to collectively address and respond to community-wide challenges.
In addition, WCAAA will prioritize funding transportation projects that address unmet community needs and will actively engage contractors and providers in expanding their capacity to serve high-need populations.

**Key strategies include:**

### 1. Provider Recruitment & Development

WCAAA will strengthen its provider network through targeted outreach and support, particularly in underserved and rural areas.

### 2. Funding and Contract Flexibility

The agency will utilize discretionary resources—such as the **Lifeline Fund**—to support emergent client needs. WCAAA will explore adjustments to procurement and service delivery models that expand opportunities for diversified funding streams. This may include developing partnerships with healthcare providers and payors (e.g., hospitals, physician networks, and insurers) to support care management and case management services. By broadening contracting approaches and aligning with emerging healthcare reimbursement structures, WCAAA seeks to strengthen sustainability and ensure that services remain accessible across both larger and smaller communities within the region.

### 3. Transportation

WCAAA will continue to invest in transportation initiatives to increase outreach in hard-to-reach communities. Partnerships with regional transportation planners and senior centers with an effort to support the creation or expansion of dial-a-ride services and volunteer driver programs that enhance access to medical appointments, shopping, and community engagement.

### 4. Workforce Pipeline Initiatives

In partnership with service providers WCAAA will continue to show flexibility and cooperation in filling difficult positions in understaffed communities. **This will include:**

- **Flexible contracting models** – adapting procurement and reimbursement approaches to support providers in recruiting and retaining staff, including allowing varied payment structures.
- **Pipeline development** – promoting entry into caregiving roles by collaborating with local colleges, workforce boards, and training organizations to highlight caregiving, homemaking, and case aide positions as viable career paths.

- **Community outreach** – using WCAAA's publications, media, and outreach platforms to elevate the value of caregiving, homemaking, and volunteer roles, thereby encouraging broader participation.
- **Volunteer engagement** – strengthening recruitment of volunteers who can supplement the paid workforce, particularly for companionship, homemaking assistance, and transportation supports.

Through these approaches, WCAAA seeks to mitigate staffing challenges while ensuring older adults and individuals with disabilities in rural and underserved communities maintain access to essential services.

### 5. Enhanced Coordination with Local Governments

WCAAA will formalize and deepen its relationships with municipal agents and town-based social service departments, especially in rural towns. These partnerships will facilitate better data collection, outreach, and service integration at the local level.

### 6. Technology and Access Equity

Recognizing the growing digital divide, WCAAA will continue to support digital service tools and remote program delivery options. In collaboration with technology training partners, the agency will work to improve digital literacy among older adults and caregivers and help them navigate telehealth, benefits enrollment, and information resources.

This targeted and responsive provider strategy ensures WCAAA continues to deliver high-quality, accessible services to older adults and individuals with disabilities across all communities in the region—regardless of geography, income, or identity.

## TARGET POPULATIONS

### Target Setting for Supportive Services

The WCAAA establishes targets for supportive services using a data-driven and community- informed approach to ensure services are aligned with the evolving needs of older adults and individuals with disabilities in our Planning and Service Area (PSA).

### Data Utilization and Interpretation

The Western Connecticut Area Agency on Aging (WCAAA) draws upon demographic data from the most recent Decennial Census (2020) and the American Community Survey (ACS) 2018–2022 five-year estimates to identify trends that impact older adults and individuals with disabilities. This data is analyzed across towns and disaggregated by age cohort, race/ethnicity, income level, housing status, disability prevalence, and other relevant factors to ensure equitable resource allocation throughout the region.

Key indicators include:

- The population of individuals aged 60+ and 75+
- The percentage of older adults living below 100% and 200% of the Federal Poverty Level (FPL)
- The number of older adults living alone, particularly those widowed or at risk of isolation
- Disability prevalence among seniors and the impact of multiple chronic conditions
- Limited English proficiency and cultural barriers
- Rural residency and geographic isolation
- Access to affordable and reliable transportation and housing stability

Consistent with the Older Americans Act (OAA), WCAAA places particular emphasis on identifying and addressing the needs of older individuals in the target populations, including those with the greatest economic need (low-income individuals, particularly those near or below the FPL), those with the greatest social need (including socially isolated, disabled, or limited English proficient individuals), and those belonging to historically underserved groups. This specifically includes:

- Rural older adults, who face barriers to accessing services due to limited transportation and geographic isolation.
- Minority older adults, who may experience systemic inequities, cultural or linguistic barriers, and higher prevalence of chronic health disparities.
- Frail older adults, who require assistance with activities of daily living (ADLs) and are at heightened risk of institutionalization without adequate home- and community-based services.

By incorporating these dimensions into its analysis, WCAAA is able to determine the communities and populations with the highest vulnerability. These insights directly inform the prioritization of service categories such as homemaker assistance, transportation, chore services, nutrition programs, caregiver support, and evidence-based health promotion. This approach ensures that resources are directed where they will have the greatest impact, advancing WCAAA's mission to support older adults and individuals with disabilities in maintaining dignity, independence, and quality of life.

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**Footnotes**

*U.S. Census Bureau, Decennial Census 2020.*

*U.S. Census Bureau, American Community Survey (ACS), 2018–2022 5-Year Estimates.*

*Older Americans Act of 1965, as amended, Title III, Section 305(a)(2)(E) – targeting services to individuals with the greatest economic and social need.*

*Older Americans Act of 1965, as amended, Title III, Section 102(23) – definition of "greatest economic need."*

*Older Americans Act of 1965, as amended, Title III, Section 102(24) – definition of "greatest social need."*

*Older Americans Act of 1965, as amended, Title III, Section 102(6), (23), and (24) – including older individuals residing in rural areas, minority older individuals, and older individuals with limited English proficiency.*

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## Target Setting Process:

The Western Connecticut Area Agency on Aging (WCAAA) sets annual and multi-year targets for supportive services through a multi-pronged process that aligns demographic data, community-based needs assessments, and federal priorities established under the Older Americans Act (OAA). The process is grounded in evidence-based planning, driven by current data from the U.S. Decennial Census and the American Community Survey (ACS), and guided by ongoing feedback from stakeholders across our 41-town region.

1. **Needs Assessment Integration**: Targets are informed by both quantitative Census/ACS data and qualitative findings from community surveys, public hearings, focus groups, and input from providers and consumers.
2. **Prioritization Criteria**: Services are prioritized based on unmet needs, regional disparities, population vulnerability, and existing service gaps.

3. **Program-Specific Benchmarks**: Each Title III service is assigned annual targets based on historical utilization, projected population changes, and funding availability.
4. **Stakeholder Input**: The Advisory Council and community partners provide insight into local trends, barriers, and service gaps that influence final target numbers.
5. **Continuous Monitoring and Adjustment**: Targets are revisited annually and adjusted based on updated ACS data, program outcomes, waitlist data, and emerging needs.
   Through this method, WCAAA ensures that supportive services are strategically deployed to maximize impact, reach underserved communities, and uphold equity in service delivery.

### Targeting Strategies for Individuals Aged 60 and Older

WCAAA routinely analyzes Decennial Census and ACS 5-Year Estimates to identify shifts in the size and composition of the aging population. Key indicators such as age 60+ population growth, poverty status, disability prevalence, household type (e.g., living alone), language spoken at home, veteran status, and housing cost burden are used to determine where service demand is expected to increase and where underserved populations reside. For example, recent ACS data revealed a sharp increase in older adults living below the poverty line in urban centers such as Waterbury, and a rise in seniors living alone in rural towns like Kent and Canaan—both factors strongly correlated with need for transportation, homemaking, and case management services.

WCAAA uses this data to generate town-by-town risk profiles and forecast the service utilization of key OAA programs. These forecasts inform the allocation of funding, set program-level service targets (e.g., hours of homemaker service, meals served or delivered, number of transportation trips), and shape contractual expectations with community-based providers.

The agency's Needs Assessment further refines these targets by collecting qualitative and quantitative data directly from older adults, caregivers, municipal leaders, and service providers. Surveys, focus groups, and interviews reveal emerging concerns not fully captured by census data—such as barriers to care navigation, perceived service gaps, or cultural and language access issues. In the most recent cycle (2024), stakeholders emphasized the urgent need for mental health support, flexible transportation options, and increased availability of homemaking services.

Needs Assessment results are cross-referenced with demographic data and program performance metrics (e.g., unmet requests, waitlists) to guide resource prioritization and program design. This combined analysis ensures that targets reflect both systemic trends and lived experiences, with special attention to vulnerable populations.

### Addressing OAA Target Populations

WCAAA's planning and service delivery model prioritizes the OAA-defined target populations, which include:

- Individuals aged sixty and over with the greatest economic need (particularly low-income seniors).
- Individuals with the greatest social need (including those who are isolated or lack access to transportation or supportive networks).
- Older adults living in rural areas.
- Older individuals with limited English proficiency.
- Individuals at risk of institutional placement.
- Adults with disabilities and informal caregivers.

These populations are explicitly identified in WCAAA's allocation formulas, outreach efforts, and service prioritization strategies. For instance, low-income older adults and those with disabilities are prioritized for homemaker and case management services, while rural residents are targeted through mobile outreach and community-based access points in areas lacking fixed infrastructure. Programs such as CHOICES and I&R/A maintain multilingual staff and materials to better serve limited English proficient clients, especially in urban areas with growing Hispanic and Portuguese-speaking populations.

In summary, WCAAA sets service targets through a deliberate process that integrates Census and ACS data, community-driven needs assessments, and a firm commitment to reaching OAA target populations. This ensures that resources are directed where they are most needed, and that the agency fulfills its mission of equity, accessibility, and dignity in aging. WCAAA uses U.S. Census Bureau's *Decennial Census* and *American Community Survey (ACS)* data to analyze the geographic and demographic distribution of target populations. This information is supplemented by:

- Community needs assessments.
- Consumer surveys
- Public input sessions
- Provider-reported service gaps

This evidence base ensures that targeting strategies reflect the actual proportion of underserved populations within the PSA.

### III. Populations Targeted and Strategies Employed

| Target Population | Strategy | Implementation Methods |
|---|---|---|
| Individuals with the Greatest Economic Need | Prioritize individuals below 100–200% of the Federal Poverty Level (FPL). | Income verification, benefits screenings (CHOICES, MIPPA), DSS partnerships. |
| Individuals with the Greatest Social Need | Identify and prioritize those experiencing isolation due to geography, language, or disability. | Use social isolation indicators; coordinate services to reduce barriers. |
| Low-Income Minority Individuals | Conduct culturally competent outreach to minority communities. | Bilingual materials, partnerships with cultural associations and faith-based groups. |
| At Risk for Institutional Placement | Promote aging in place through home- and community-based support. | Utilize OAA programs; provide homemakers, nutrition, and caregiver support. |
| Limited English Proficiency (LEP) | Increase language access and culturally appropriate services. | Translate materials, hire bilingual staff, provide interpreters, ESL partnerships. |
| Individuals in Rural Areas | Expand access to isolated or underserved regions. | Mobile outreach, transportation support, satellite service locations (e.g., libraries, senior centers). |
| Older Native American Individuals | Ensure access and inclusion of Native American elders. | Maintain contact with tribal entities; ensure services are available and inclusive. |

| | | |
|---|---|---|
| Older LGBTQ Individuals | Provide culturally sensitive and affirming services. | Partner with LGBTQ+ organizations, train staff in inclusive practices, update intake processes. |
| Individuals with Alzheimer's and Related Dementias | Support both clients and caregivers with dementia-specific services. | Caregiver support groups, training, respite services, Alzheimer's Association partnerships. |
| Individuals with Severe Disabilities | Ensure equitable service access and prioritize functional support needs. | Collaborate with ABI Waiver, DDS, and provide accessible mobility and personal care services. |

**Alignment with Population Proportions**

| Target Population | Estimated % of 60+ Population | Average Annual Estimate (PSA) |
|---|---|---|
| Total Population Age 60+ | 100% | 180,000+ |
| Low-Income Minority Individuals | 10% | 18,000 |
| Individuals with Limited English Proficiency | 5% | 9,000 |
| Socially Isolated Individuals | 15% | 27,000 |
| At Risk for Institutionalization | 7% | 12,600 |
| Individuals with Severe Disabilities | 12% | 21,600 |
| LGBTQ+ Elders | 5% | 9,000 |
| Individuals with Alzheimer's or Related Dementias | 9% | 16,200 |
| Rural Older Adults | 20% | 36,000 |
| HIV Positive Older Adults | 1% | 1,800 |

WCAAA conducts annual reviews comparing service usage with population estimates to identify underrepresented groups. Adjustments to outreach, provider contracts, and resource allocation are made accordingly to align services with demographic need.

WCAAA is committed to delivering equitable and person-centered services to individuals aged sixty and older throughout its 41-town Planning and Service Area (PSA). Guided by the Older Americans Act (OAA), WCAAA employs data-informed strategies to identify and meet the needs of target populations, particularly those facing economic hardship, social isolation, linguistic and cultural barriers, geographic isolation, and chronic health challenges.

**Identification of Target Populations (October 1, 2025 – September 30, 2028)**

Using population modeling and estimates derived from the American Community Survey and local service data, WCAAA has identified the approximate number of persons in each target group within its PSA. Estimates were generated by applying standardized population percentages to the total population age 60 and older across the forty-one towns:

These numbers are refined annually using program data, local assessments, and town-level demographic trends to ensure relevance and alignment with actual service needs.

Population estimates are derived from U.S. Census Bureau data including the 2020 Decennial Census and the 2018–2022 American Community Survey (ACS) 5-Year Estimates, as well as WCAAA service

utilization records and program administrative data compiled through WellSky and I&R/A systems. Percentage assumptions are based on national prevalence rates, state trend data, and local needs assessments.

### ii. Methods Used to Support Target Populations

WCAAA delivers services through a robust network of contracted providers, municipal agencies, senior centers, and direct program initiatives. Methods used to support older adults in target groups include:

- **Culturally Competent Outreach**: Tailored messaging and multilingual materials reach low- income minority and LEP individuals through senior centers, community health centers, health fairs, churches, and grassroots partners.
- **CHOICES and I&R/A Services**: Benefits counseling and resource navigation are provided via trained staff and volunteers, with accommodation for language and disability access.
- **In-Home and Community-Based Supports**: Homemaker, chore services, transportation, and meal services are prioritized for those at risk of institutional placement, living in rural areas, or socially isolated.
- **Dementia and Caregiver Programs**: Title III-E funds support respite, training, and Alzheimer's-specific support for caregivers and care recipients.
- **Inclusion of LGBTQ+ and HIV+ Individuals**: Affirming services, confidentiality protections, and partnerships with local advocacy organizations promote equity and trust.
  WCAAA also coordinates with programs such as CHCPE, MFP, SMP, and the Live Well evidence-based workshops to ensure a comprehensive and person-centered approach.

### iii. Evaluation of Success in Meeting Service Targets

WCAAA conducts ongoing evaluation of service reach and effectiveness through:

- Monthly Provider Reporting: Contractors report demographic and service data aligned with OAA performance measures with the submission of Form 5 data.
- Data Validation and Analysis: Target population service rates are reviewed quarterly in WellSky and I&R systems to identify gaps and inform realignment strategies.
- Annual Program Reviews: Results are shared with the Board of Directors and Advisory Council to refine targets and strategies.
- Community Feedback Mechanisms: Surveys and focus groups, Regional Leadership meetings, and provide user perspectives to measure cultural competence, access, and satisfaction.

**Progress to Date**:

- Title III-funded programs have met or exceeded service delivery benchmarks for low-income, rural, and minority elders in most towns.
- Bilingual CHOICES counselors and partnerships with ESL organizations have significantly increased LEP access.
- Respite and dementia-related programs have grown each year, with over 1,000 caregivers supported annually.
- Social isolation remains a priority area, with new initiatives launching in FFY2026 to expand peer connection and volunteer engagement models.
  WCAAA remains committed to continuous improvement in targeting and reaching underserved older adults and adapting strategies to meet the dynamic needs of the PSA population.

### d. Data Collection

The Western Connecticut Area Agency on Aging (WCAAA) utilizes a structured and multi-layered

approach to collect, validate, and report data on services provided to older adults, individuals with disabilities, and caregivers across the PSA. This process ensures compliance with the Bureau of Aging (BOA) requirements and facilitates informed decision-making, program evaluation, and planning. WCAAA collects data through multiple intake points and service touchpoints using standardized tools, including:

- **Form 5**: Completed by Title III-funded providers, this form captures detailed demographic, service unit, and outcome data for individuals served through grant-funded programs.
- **Information and Referral/Assistance (I/R&A) Tracking**: All CHOICES, I&R, and Options Counseling interactions are documented by trained staff and volunteers using standardized forms and procedures, capturing the nature of assistance provided, referral outcomes, and client demographics.
- **Client Feedback Instruments**: Surveys, provider reports, and direct client contact also inform data quality and identify emerging needs or patterns not captured in formal service units. Title III program collected data is entered into **WellSky**, the BOA-designated statewide Management Information System (MIS). This platform is used by WCAAA for service categories, including:
    - Title III-B Supportive Services
    - Title III-C Nutrition Services
    - Title III-D Disease Prevention
    - Title III-E Caregiver Support

Each program maintains detailed client records that include demographics, service history, and outcome measures, allowing for robust longitudinal tracking. To ensure timely and accurate reporting:

- WCAAA enforces monthly data entry deadlines, with all Title III service records for the prior month required to be entered into WellSky by the 15th of the following month.
- For CHOICES and I/R&A, staff and volunteer counselors are instructed to enter encounters into a separate tracking system within 48 hours of client contact, whenever feasible.
- The CDSMP data is entered into HAPID.

WCAAA applies a layered quality assurance process to ensure data accuracy and completeness:

- Monthly internal data audits are conducted to flag missing or incomplete entries, especially in Form 5 submissions and I/R&A records.
- Automated validation reports within WellSky are reviewed to detect outliers, inconsistencies, or records lacking required fields.
- Program leads and grant managers monitor contractor compliance with data entry requirements and provide technical assistance where needed.
- Quarterly feedback is provided to contracted providers summarizing data quality trends and offering guidance for correction or training.

WCAAA regularly updates its data protocols in alignment with BOA guidelines and provides:

- Ongoing training to staff, volunteers, and provider agencies on Form 5 completion, I/R&A documentation, and WellSky usage.
- One-on-one coaching for new team members and provider staff to reinforce best practices in real-time data entry and client confidentiality.

### e. Evaluation of Target Achievement

WCAAA employs a structured, data-driven approach to evaluate whether service delivery targets for older adults and individuals with disabilities have been met across its 41-town Planning and Service Area (PSA). These evaluations are essential to ensuring program accountability, equitable service access, and continuous improvement.

Targets for each program year are established based on:

- Demographic data from the Decennial Census and American Community Survey (ACS)
- WCAAA's internal utilization and service history (via WellSky Aging & Disability)
- Community feedback from surveys, public input, and municipal partnerships
- BOA guidance and priority population benchmarks

Targets are disaggregated by service type, geographic area, and priority population group (e.g., low-income minority, LEP individuals, rural older adults, caregivers, etc.).

WCAAA determines whether annual targets were met using the following mechanisms:

- Monthly and quarterly data from the WellSky, MIS system are analyzed to compare actual service units delivered and client counts against established targets. Data includes:
    - Unduplicated client counts
    - Service units (e.g., meals delivered, transportation rides)
    - Demographic breakdowns by age, race/ethnicity, language, income, and geography
- Contracted providers submit Form 5's and quarterly progress reports. These are reviewed to assess:
    - Output achievement (service volume vs. target)
    - Outcomes (e.g., client satisfaction, reduced isolation, caregiver burden alleviation)
    - Target population reach (percent of clients from underserved groups)
- WCAAA compares the proportion of individuals served from each priority group with their representation in the PSA population. For example:
    - If 20% of the PSA population is considered a low-income minority, WCAAA aims to meet or exceed that proportion in service delivery.

1. **Annual Evaluation Reports**

End-of-year evaluations are conducted by program managers and the planning department to document:

- Goals met, exceeded, or underachieved.
- Barriers contributing to unmet targets (e.g., staffing shortages, transportation limits)
- Corrective actions and technical assistance plans

Input from advisory councils, providers, town agents, and consumers is collected to validate quantitative findings and identify service gaps not captured through MIS alone.

When service delivery targets are not met, the Western Connecticut Area Agency on Aging (WCAAA) takes timely and strategic corrective actions to improve performance and address service gaps. These corrective measures may include offering additional technical assistance and training to providers, particularly in areas such as data entry, program reporting, and outreach to underserved populations.

WCAAA may also adjust outreach strategies to improve engagement in communities or demographic groups that are underrepresented in service delivery. In response to shifting demand or unforeseen barriers, the agency is prepared to reallocate resources mid-year, ensuring that funding and support are directed where they are most needed. Finally, WCAAA will revisit and refine performance targets when necessary to ensure that they remain both realistic and equitable, based on updated data and changing community conditions.

This responsive, data-informed approach enables WCAAA to uphold its commitment to service quality, equity, and continuous improvement across the Planning and Service Area.

The Western Connecticut Area Agency on Aging (WCAAA) maintains comprehensive policies and procedures to ensure the quality, effectiveness, and fiscal integrity of all programs funded and administered within its 41-town Planning and Service Area (PSA). These policies govern how the agency evaluates and monitors both direct service programs and subrecipient activities to fulfill the intent of the Older Americans Act (OAA) and ensure compliance with applicable federal and state regulations.

## C. Quality Management

WCAAA maintains a comprehensive quality management system designed to ensure effectiveness, accountability, and community impact of its programs. This system integrates ongoing programmatic and fiscal oversight with outcome-based evaluation and stakeholder engagement.
As part of this framework, program performance is evaluated annually using a combination of outcomes-based metrics, service utilization data, and progress reports submitted by subrecipients. These evaluations allow WCAAA to assess whether funded programs are meeting established objectives and reaching targeted populations.

To supplement this annual review, quarterly monitoring is conducted. All subrecipients are required to submit Form 5 and narrative reports that detail the number and type of service units delivered, progress made toward stated goals, demographic characteristics of clients served, and any operational challenges encountered. This allows WCAAA to identify trends, address issues early, and provide technical assistance where needed.

In addition, WCAAA conducts monthly financial reviews to ensure fiscal accountability. Subrecipients are required to submit monthly fiscal reports documenting expenditures, which are then reviewed for allowability, consistency with approved grant budgets, and compliance with timeliness requirements. This process helps maintain alignment between financial activity and programmatic goals.

Finally, WCAAA performs a community impact review to ensure that programs not only meet contractual targets but also deliver measurable benefits to older adults and caregivers across the region. These reviews examine indicators such as increased access to services, reductions in social isolation, enhanced caregiver support, and participation in health promotion programs. This data-driven approach ensures that WCAAA-funded initiatives continue to produce meaningful, real-world outcomes aligned with the agency's mission.

To ensure full compliance with **2 CFR Part 200, Subpart F** and **45 CFR Part 75, Subpart F**, the WCAAA implements a structured and initiative-taking approach to monitoring and evaluating its subrecipients. These activities ensure the proper use of federal funds, program integrity, and alignment with the goals of the Older Americans Act (OAA).

### 1. Subrecipient Risk Assessment (Pre-Award and Annual)

Before awarding any grant and on an annual basis, WCAAA conducts a comprehensive risk assessment of each subrecipient. This evaluation is designed to identify the likelihood of noncompliance and inform the level of monitoring needed. The assessment includes a review of the subrecipient's financial capacity, prior performance, organizational history with federal funding, staff turnover, technical capability, and outcomes from previous audits or monitoring visits.

### 2. Review of Policies and Procedures

WCAAA performs formal reviews of each subrecipient's operational policies to ensure adherence to federal and state standards. These reviews include an assessment of financial policies and internal controls, procurement and personnel procedures, client recordkeeping and confidentiality protocols, and governance and reporting frameworks.

### 3. Subrecipient Audits and Site Visits

All subrecipients are monitored at least once every two years through a formal Subrecipient Audit, conducted by WCAAA's program and fiscal monitoring team. These reviews are comprehensive, addressing fiscal accountability, programmatic performance, and compliance with OAA regulations. Additionally, WCAAA ensures that all subrecipients who meet the federal threshold for Single Audits complete them in accordance with federal guidelines. Submitted audit reports are reviewed for findings. If any findings are identified, the subrecipient is required to develop and submit a Corrective Action Plan (CAP) outlining the steps being taken to address the deficiencies. Subrecipients identified as high-risk are subject to more frequent monitoring, including annual audits. These monitoring protocols reinforce WCAAA's commitment to stewardship, transparency, and quality assurance in the administration of

federal and state aging programs.

### 4. Ensuring Compliance with Grant Terms

WCAAA's Grants Management Team ensures all funded activities are aligned with the terms and conditions of the award, including maintaining documentation that clearly outlines deliverables, target populations, and allowable costs. Expenditure is consistent with approved budgets and grant purposes. Requiring certification from subrecipients on the use of grant funds. Providing training and technical assistance to enhance compliance

The WCAAA's commitment to accountability and continued improvement across all operations is reflected in its comprehensive quality management system, which aligns with federal and state requirements while promoting transparency, responsiveness, and community impact.

To remain current and compliant, WCAAA routinely updates its monitoring tools and internal checklists in accordance with guidance from the Connecticut Bureau of Aging (BOA). These tools support consistent oversight of both direct service programs and subrecipients, ensuring that performance and fiscal management standards are met.

The agency also convenes semi-annual grantee meetings, uniting contracted partners to review updates to compliance protocols, funding requirements, and programmatic expectations. These sessions foster open communication, capacity-building, and shared understanding across the provider network.

In addition, WCAAA actively collects stakeholder feedback, including insights from program participants, municipal partners, and community organizations—regarding the performance of subrecipients. This input plays a critical role in guiding contract renewal decisions and identifying opportunities for technical intervention.

To inform its ongoing planning and oversight efforts, WCAAA draws on data from the WellSky Aging & Disability system as well as monthly service and financial reporting from all providers. These sources help the agency monitor trends, detect service disparities, and identify emerging best practices across its 41-town Planning and Service Area.

WCAAA's quality management system ensures that all Older Americans Act (OAA) core programs and related services:

- meet federally mandated performance and fiscal accountability standards.
- are delivered by capable and responsive partners.
- are evaluated through a fair, data-driven monitoring process; and
- achieve measurable, meaningful outcomes that enhance the lives of older adults and individuals with disabilities across the region.

This commitment to continuous quality improvement strengthens public trust and ensures that WCAAA remains a leader in aging services—both as a funder and a convener of excellence in care.

## d. Area Plan Development Process

The WCAAA employs a comprehensive and participatory approach to the development of its Area Plan, ensuring full alignment with the requirements set forth in the Older Americans Act (OAA) and the Connecticut State Bureau of Aging. This process is grounded in inclusive community engagement, collaborative stakeholder input, robust data analysis, and a continuous commitment to meeting the evolving needs of the region's older adults, caregivers, and individuals with disabilities.
Development of the 2025–2028 Area Plan was formally launched in Fall 2024 and followed a structured, multi-phase planning model. WCAAA convened a multidisciplinary planning team composed of program leads, data analysts, fiscal staff, and executive leadership. This team oversaw the planning framework, coordinated data collection, and facilitated stakeholder outreach.

### Stakeholder Engagement and Outreach

WCAAA prioritized broad engagement to ensure the plan reflected diverse community voices.
Surveys and facilitated community forums were used to solicit input from key populations, including:

- Older adults residing in both rural and urban communities.
- Individuals with disabilities.
- Family caregivers.
- Municipal agents, town social workers, and senior center directors.
- Nonprofit and community-based service providers.
- Members of the WCAAA Advisory Council and Board of Directors.

### Public Feedback Mechanisms

To enhance transparency and inclusivity, WCAAA deployed multiple channels for public feedback:

- A strategic planning consultant was engaged to coordinate outreach and facilitate collaboration among community members, WCAAA staff, the Board of Directors, and the Advisory Council.
- Feedback sessions were integrated into quarterly Regional Leadership meetings. June 12, 2024, September 6, 2024, February 28, 2025, and June 13, 2025.
- Announcements and participation opportunities were promoted through WCAAA's website, social media, newsletters, and partner publications.
- Listening sessions were held on 2/21/24, 2/26/24, virtually in March 2025 throughout the planning and service area, targeting both rural and urban municipalities to ensure equitable access to the planning process. Public attendance was low at these sessions with just a handful of attendees. The Regional Leadership meetings had much more impact and feedback for the area plan.

This multifaceted approach reflects WCAAA's ongoing commitment to regional collaboration, systems alignment, and evidence-based planning as it prepares to meet the complex and growing needs of older adults across Western Connecticut in the years ahead.

To ensure that its 2025–2028 Area Plan is rooted in real-world insights and grounded in evidence, the WCAAA utilized a variety of tools and data sources to assess both community needs and provider capacity. This multi-dimensional approach captured both quantitative service trends and qualitative feedback from stakeholders across the region.

One of the cornerstone instruments was the 2025 Community Feedback & Assessment Survey, a comprehensive 35-question questionnaire send out to partner organizations and community agencies such as Senior Centers and leaders in Senior Services in each town. This survey gathered both qualitative and quantitative input on unmet needs, emerging trends, barriers to service access, and perceptions of WCAAA's effectiveness and visibility within the aging network.

In addition to stakeholder feedback, WCAAA conducted an extensive Form 5 and I/R&A data review, analyzing demographic data, unit service volumes, and contact logs submitted by providers and entered into the WellSky platform. This analysis provided detailed insight into service utilization patterns by town, program type, and priority population.

WCAAA also leveraged WellSky system-generated reports to evaluate client characteristics, service reach, and program performance across all Title III programs. These internal data analytics tools were critical in identifying geographic disparities, monitoring outcomes, and guiding future investments.

To supplement agency data, WCAAA relied on public demographic resources such as the 2020 Decennial Census and the 2018–2022 American Community Survey (ACS) 5-Year Estimates. These datasets provided valuable information on poverty rates, disability prevalence, language access, and rural/urban population distributions across the 41-town Planning and Service Area.

Finally, WCAAA engaged in provider and staff consultations throughout the planning process. Program managers, municipal agents, and frontline staff contributed firsthand observations about changing client needs, service delivery barriers, and emerging trends that are not always captured through formal data collection. Together, these tools and perspectives allowed WCAAA to construct a holistic understanding of regional needs, ensuring that the Area Plan is both data-informed and grounded in lived experience.

The development of WCAAA's 2025–2028 Area Plan was grounded in a thorough analysis of diverse quantitative and qualitative data sources to ensure that planning decisions are responsive, equitable, and evidence-based. A wide array of datasets and community insights were synthesized to identify needs, assess service gaps, and prioritize future investments.

Key materials and sources analyzed during the planning process included:

- **Regional demographic and geographic trends,** disaggregated by town and subregion, to assess shifts in aging populations, rural density, income levels, and population growth.
- **Service delivery volumes and utilization data** across core programs and providers, which helped to reveal underused services, high-performing interventions, and geographic disparities in access.
- **Documented unmet needs**, particularly those categorized by social determinants of health such as housing stability, food security, mobility, and social connectedness.
- **Barriers to access**, including transportation limitations, affordability challenges, language access, and cultural responsiveness—all of which disproportionately affect marginalized populations.
- **Stakeholder feedback**, collected from municipal leaders, nonprofit service providers, older adults, and caregivers, which provided local context and validation for the quantitative findings.
- **Subrecipient evaluations**, including performance audits and program reviews, which assessed effectiveness, community impact, and progress toward equity in service delivery.

All data was reviewed through an equity lens to ensure prioritization of services for individuals with the greatest economic and social need. This included focused attention on populations who are low- income, members of racial or ethnic minority groups, residents of rural communities, individuals with limited English proficiency (LEP), people with disabilities, and LGBTQ+ older adults.

This comprehensive, inclusive approach ensures that the Area Plan reflects the real conditions and challenges facing Western Connecticut's aging population—and that WCAAA's strategies are rooted in both evidence and equity.

The plan was drafted by WCAAA's planning team in early 2025, reviewed by executive leadership, and shared with the WCAAA Advisory Council for comment. It was finalized following a public comment period January 2025 – May 1, 2025, and approved by the Board of Directors and Advisory Council prior to submission to the State Bureau of Aging. This collaborative and evidence-based approach ensures the Area Plan accurately reflects the strengths, challenges, and opportunities across Western Connecticut's aging network.

## VI. Goals, Objectives, Strategies and Measures

### Strategic Goal 1: Long-Term Services and Supports

Empower older adults to reside in the community setting of their choice.

**Objective 1.1: Strengthen the aging network by promoting a person-centered approach and equitable access to services within a No Wrong Door (NWD) framework.**

- ☐ Strategy 1.1.1: Require training for I&R/A, CHOICES, and Service Navigator staff to align with policy and person-centered principles. (Ongoing through 2028)
- ☐ Short-term Outcome: Increased knowledge and cultural responsiveness among frontline staff.
- ☐ Performance Measure: 100% of I&R/A, CHOICES, and Service Navigator staff trained annually in person-centered practices.
- ☐ Target: Train 100% of I&R/A, CHOICES, and Service Navigator staff annually (approx. 25–30 individuals).
- ☐ Metric: Maintain a minimum of 95% completion within 12 months of hire/renewal.
- ☐ Strategy 1.1.2: Expand outreach and culturally responsive communication targeting low-income, rural, LEP, and LGBTQ+ older adults. (By 2026)
- ☐ Medium-term Outcome: More equitable service reach and increased community awareness.
- ☐ Performance Measure: 10% increase in clients served from high-need zip codes.
- ☐ Target: Achieve a 10% increase in clients served from high-need zip codes by 2026 (baseline: FY2024 client count in WellSky/I&R).
- ☐ Annual Benchmark: 3–4% increase per year in 2025 and 2026.
- ☐ Strategy 1.1.3: Invest in magazine and virtual outreach (e.g., storytelling, educational materials, events) in fifteen underserved towns. (2025–2028)

The Western Connecticut Area Agency on Aging (WCAAA) serves a 41-town region with diverse communities, ranging from urban centers to rural villages in the Northwest Corner. Within this region, 15 towns have been identified as underserved—Canaan (Falls Village), Cornwall, Kent, Norfolk, North Canaan, Salisbury, Sharon, Colebrook, Harwinton, Morris, Warren, Washington, New Fairfield, Roxbury, and Sherman—based on demographic analysis, community assessments, and alignment with the Older Americans Act (OAA) mandate to target individuals with the greatest economic and social need[1–2].

In the Northwest Corner towns (Canaan, Cornwall, Kent, Norfolk, North Canaan, Salisbury, Sharon, and Colebrook), the most pressing issues are geographic isolation, limited public transportation, and small, dispersed populations that make it difficult to deliver consistent services[2]. Even in towns perceived as affluent, such as Salisbury and Washington, there are hidden pockets of poverty among older adults, particularly those living alone and at risk of social isolation[3–4].

In Litchfield Hills communities such as Harwinton, Morris, and Warren, older adults face transportation gaps, limited senior service infrastructure, and higher poverty rates than neighboring towns[2]. These factors reduce opportunities to age in place safely and contribute to increased reliance on municipal agents and volunteers[3].

In the Greater Danbury and Naugatuck Valley area, towns such as New Fairfield, Roxbury, and Sherman are underserved due to a combination of rapid population growth among older adults, limited volunteer and caregiver networks, and geographic barriers that reduce access to nutrition, caregiver, and transportation supports[23]. New Fairfield also demonstrates growing

linguistic diversity, highlighting the importance of culturally responsive outreach to residents with limited English proficiency[3].

Consistent with the OAA targeting provisions, WCAAA prioritizes outreach to these underserved towns by investing in community-based education, culturally responsive communication, and partnerships that promote a No Wrong Door (NWD) framework. The strategies outlined in Objective 1.1—including staff training, outreach to low-income, rural, LEP, and LGBTQ+ older adults, and targeted investment in outreach events and media—are designed to ensure that older adults in these 15 towns can equally access and utilize aging services[5].

By focusing on these communities, WCAAA advances equity and fulfills its statutory obligation to address the needs of those with the greatest social and economic vulnerability. This approach ensures that resources are directed where they will have the most impact, improving quality of life and helping older adults remain independent in their homes and communities.

***Footnotes / References***

*1. U.S. Census Bureau, Decennial Census 2020.*
*2. U.S. Census Bureau, American Community Survey (ACS), 2018–2022 5-Year Estimates.*
*3. WCAAA internal needs assessments and service utilization data, 2023–2024.*
*4. DataHaven, 2021 Community Wellbeing Survey, regional analysis for Northwest Corner towns.*
*5. Older Americans Act of 1965, as amended, Title III, Section 305(a)(2)(E); Sections 102(23)–(24) (definitions of "greatest economic need" and "greatest social need").*

- ☐ Long-term Outcome: Higher utilization of community-based supports among underserved older adults.
- ☐ Target: Deliver at least 15 outreach/educational events annually (2025–2028), ensuring one per underserved town each year.
- ☐ Metric: Reach 750 cumulative attendees by 2028 (avg. 50 per town).

**Objective 1.2: Empower and assist caregivers of older adults.**

- ☐ Strategy 1.2.1: Maintain and distribute Caregiver Program materials to caregivers. (By 2025)
- ☐ Medium-term Outcome: Caregivers have more accessible and consistent support materials.
- ☐ Performance Measure: Caregiver guides distributed to 260 individuals.
- ☐ Target: Distribute 260 caregiver guides by 2025, with 65+ guides annually.
- ☐ Strategy 1.2.2: Develop caregiver resource roadmaps and public awareness campaigns. (By 2026)
- ☐ Medium-term Outcome: Caregivers have more accessible and consistent support materials and awareness.
- ☐ Target: Conduct 12 public caregiver awareness engagements by 2026 (min. 4 annually in 2024–2026).
- ☐ Strategy 1.2.3: Create a regional caregiver coalition to enhance cross-sector coordination. (By 2027)
- ☐ Long-term Outcome: Better navigation of services and reduced caregiver burnout.
- ☐ Performance Measure: Establish coalition with at least 12 participating agencies by 2027, launch 1 cross-sector initiative (e.g., respite awareness campaign).

**Objective 1.3: Expand dementia-capable services and support.**

- ☐ Strategy 1.3.1: Deliver Alzheimer's Disease and Related Dementias (ADRD)-specific training for providers and staff. (Bi-Annually)
- ☐ Short-term Outcome: Providers understand dementia-inclusive practices.
- ☐ Performance Measure: Provide 2 ADRD-specific trainings per year for staff and providers (8 total by 2028).
- ☐ Strategy 1.3.2: Participate in regional meetings and convene stakeholders on gaps in dementia care services. (2025–2028)

- ☐ Medium-term Outcome: Improved coordination among ADRD service providers.
- ☐ Performance Measure: Number of cross-sector regional meetings convened or attended annually that include stakeholders focused on ADRD.
- ☐ Target: Convene/participate in at least 4 regional meetings per year (16 total by 2028).
- ☐ Strategy 1.3.3: Promote dementia-friendly initiatives and communities across towns through media platforms. (Ongoing)
- ☐ Long-term Outcome: Older adults with dementia are supported in inclusive, age-friendly communities.
- ☐ Performance Measure: Increased number of towns promoting dementia-friendly initiatives.
- ☐ Target: Support at least 6 towns adopting/promoting dementia-friendly initiatives by 2028.

**Strategic Goal 2: Healthy Aging**

To provide older adults with prevention and wellness opportunities.

**Objective 2.1: Increase access to evidence-based wellness programs in underserved areas.**

- ☐ Strategy 2.1.1: Offer 40+ CDSMP sessions across urban and rural locations. (2025–2028)
- ☐ Short-term Outcome: Older adults gain knowledge in chronic disease self-management.
- ☐ Performance Measure: Number of workshops held and completers by language/region.
- ☐ Target: Deliver 40+ CDSMP workshops (2025–2028) with at least 600 completers (avg. 15 per workshop).
- ☐ Strategy 2.1.2: Translate wellness materials and classes into Spanish and Portuguese (with SMRC approval). (By 2027)
- ☐ Medium-term Outcome: Increased program attendance among underserved groups.
- ☐ Performance Measure: Number of workshops held and completers by language/region.
- ☐ Target: Translate materials/classes into Spanish and Portuguese by 2027; deliver at least 8 bilingual workshops (2026–2028).
- ☐ Strategy 2.1.3: Partner with senior centers and public health networks to build holistic wrap-around services. (Ongoing)
- ☐ Long-term Outcome: Improved health outcomes and reduced hospitalization among older adults.
- ☐ Performance Measure: % of participants reporting improved health behaviors.
- ☐ Target: Formalize 5 new partnership agreements by 2026 (senior centers, FQHCs, public health).

**Objective 2.2: Address food insecurity and malnutrition.**

- ☐ Strategy 2.2.1: Prioritize home-delivered meals based on Greatest Social Need (GSN) (including socially isolated, disabled, or limited English proficient individuals), and those belonging to historically underserved groups) and Greatest Economic Need (GEN) (low-income individuals, particularly those near or below the FPL) criteria. Utilizing reporting from Grantee Gateway Form 5 data and working with Elderly Nutrition provides to ensure criteria is being met. (Ongoing)
- ☐ Short-term Outcome: Reduced wait times for high-risk recipients.
- ☐ Performance Measure: % of meal referrals for individuals with high GSN/GEN scores (≥6) processed within 5 business days.
- ☐ Target: Ensure 90% of referrals with GSN/GEN ≥6 processed within 5 business days by 2026, maintain through 2028.
- ☐ Strategy 2.2.2: Strengthen partnerships with food pantries and referral networks. (2025–2027)
- ☐ Long-term Outcome: Improved nutritional health among low-income and isolated seniors.
- ☐ Performance Measure: % of clients reporting improved access to nutritious meals.
- ☐ Target: Establish/strengthen 5 food pantry partnerships by 2027; secure 2 formal MOU agreements.

**Objective 2.3: Advance health equity and reduce isolation.**

- ☐ Strategy 2.3.1: Expand outreach for congregate meals and social connection programming. (Ongoing)

- ☐ Short-term Outcome: Older adults participate more in social programs.
- ☐ Performance Measure: Number of social programs held.
- ☐ Target: Host 25+ social programs annually (100 cumulative by 2028).
- ☐ Strategy 2.3.2: Promote technology training and access tools to reduce digital isolation. (By 2027)
- ☐ Long-term Outcome: Increased connectedness and access to telehealth/virtual services.
- ☐ Performance Measure: Increase in % of clients using technology through senior center for health or engagement, reported through participant surveys.
- ☐ Target: Increase client use of technology for health/engagement by 15% by 2027 (baseline from 2024 survey).
- ☐ Metric: Deliver 12 technology training workshops annually across senior centers.

**Strategic Goal 3: Elder Rights**

To protect elder rights and well-being, and prevent elder abuse, fraud, neglect, and exploitation.

**Objective 1: Increase elder justice education and prevention outreach.**

- ☐ Strategy 3.1.1: Host public forums and educational events with CT Elder Justice Coalition (CEJC). (Biannually)
- ☐ Short-term Outcome: Greater public and provider knowledge of elder abuse and neglect prevention.
- ☐ Performance Measure: Number of educational events and attendees.
- ☐ Target: Host 2 elder justice events annually (8 total 2025–2028) with 100+ attendees per year.
- ☐ Strategy 3.1.2: Distribute elder abuse prevention materials through all subrecipients. (Annually)
- ☐ Medium-term Outcome: Increased community referrals for suspected abuse.
- ☐ Performance Measure: Number of elder abuse and neglect prevention materials distributed.
- ☐ Target: Distribute 3,000 elder abuse prevention materials annually (12,000 total by 2028).
- ☐ Strategy 3.1.3: Train WCAAA and provider staff in abuse and neglect identification and response. (Ongoing)
- ☐ Long-term Outcome: Reduced incidence of abuse and neglect and improved protection of elder rights.
- ☐ Performance Measure: % of Caregiver staff trained in elder justice principles.
- ☐ Target: Train 100% of WCAAA and provider Caregiver staff annually (approx. 30–40 individuals).

## Attachment A
## AREA PLAN ASSURANCES

The Area Agency on Aging assures that it will comply with the Older Americans Act, including Section 306 as described below.

**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) 1 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 legal assistaemergendy

(C)nce;

(D) 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

(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;

(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) provide assurance that -

(A) 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.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;
(B) land use
(C) housing
(D) transportation
(E) public safety
(F) workforce and economic development
(G) recreation
(H) education
(I) civic engagement
(J) emergency preparedness
(K) protection from elder abuse, neglect, and exploitation
(L) assistive technology devices and services
(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of

individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Spring Raymond

Spring Raymond, President/CEO Western CT Area Agency on Aging, Inc.

May 1, 2025

DATE

## ATTACHMENT B EMERGENCY PREPAREDNESS PLAN

WCAAA has a Business Continuity Plan ("BCP") that has been shared with and is accessible to the Management Team and the Executive Committee of the Board of Directors. The BCP identifies critical operations such as "Service Objectives" and "Essential Functions" and follows these objectives and functions through the following domains: Emergency Preparedness, Technology, Personnel, Financial, Restoration Plan, Plan Maintenance and Updating and Recovery Procedures. Examples of plan appendices include but are not limited to: Contact lists (employees, Board of Directors, State Unit on Aging), vendor lists, most current technology plan, insurance policies, and fiscal control manual. For the purposes of this Area Plan document only select portions are provided for brevity:

### EMERGENCY PREPAREDNESS

Emergency Declarations may arise externally (e.g., Law Enforcement, Governmental agencies, and/or weather-related events; or internally from Management Team) in cases of agency or location-specific events such as fire, power-outage, or staff-related emergencies. In all cases, the Management Team is responsible for the communication of the Emergency Declaration to staff, the Board of Directors, the Advisory Council, and the State Unit on Aging

| Communication | Consumer Facing | Operational | Providers/Vendors | Situation Reporting ASD/BOA (In chronological order of contact) |
|---|---|---|---|---|
| PRES/CEO. | X | X | X | 1 |
| HOMECRE DIR. | X | X | X | 4 |
| CFO. | X | X | X | 2 |
| HR/FINANCE | | X | X | 3 |

### STAKEHOLDER COMMUNICATION

Stakeholder groups include Board of Directors, Advisory Council, Funders, Legislators, Grantees and Providers. The Executive Director will be responsible for crafting and delivering the messaging to all stakeholders. Methodology will depend on nature and potential duration of business disruption. Methodologies include:

- Telephone call *
- Email
- ZOOM meeting
- Electronic Newsletter/Alert
- Social Media: Facebook, Twitter
- Website

**Also, out of office messages will be left on the WCAAA main line number with the necessary information as well as out-of-office messages on individual telephones and emails.*

### PERSONNEL

- Staff are expected to work together, to remain calm, and to assist each other in any way possible.

- All HIPPA guidelines and expectations remain in effect.
- Staff emergency contact information reviewed annually and new-hires' information added to contact list on an ongoing basis.
- In accordance with WCAAA's Telework Agreement, all functions of an employee's job shall be performed as if the employee was seated in the office. Telework Agreements signed and returned effective 1/11/21. Employees hired post-1/11/21 will receive the Telework Agreement in his/her new-hire paperwork.

**RESTORATION PLAN**

The management team maintains, controls, and periodically checks on all the records that are vital to the continuation of business operations and that would be affected by facility disruptions or disasters. The teams periodically back up and store the most critical files on-site.

**TECHNOLOGY**

WCAAA has effectively created an infrastructure that no longer requires an on-ground hub/presence for technology. The Technology Plan is reviewed annually with Technology Vendor to ensure systems are adequate and up to date. All deficiencies are addressed and expenditures/budget impact discussed proactively. Long-term strategy is also discussed.

**RECOVERY PROCEDURES**

WCAAA Management Team relays plans to return to office to Board of Directors, or to Executive Committee in the event of time constraints. WCAAA Management Team determines when conditions support return to office. Factors used to make this determination:

- Employee safety
- Contract deliverable achievement
- Customer service
- Cessation of over-arching Major Disaster Declaration

**DISASTER STEPS/CHRONOLOGY**

1. Disaster Occurrence
2. Notification of Management
3. Preliminary Damage Assessment
4. Declaration of Disaster
5. Plan Activation
6. Relocation to Alternate Site
7. Implementation of Temporary Procedure(s)
8. Establishment of Communication
9. Restoration of Data Process and Communication with Backup Location
10. Commencement of Alternate Site Operations
11. Management of Work
12. Transition Back to Primary Operations
13. Cessation of Alternate Site Procedures
14. Relocation of Resources Back to Primary Site

## Area Agency on Aging Long–Range Emergency Preparedness Plan

1. Since the last area plan period, the WCAAA has not been involved with the 41 towns' emergency

planning mechanisms as senior center directors and municipal agents have assumed that responsibility as formal town agents. However, through our provider network meetings that include senior centers and other municipal representatives, we are aware of emergency procedures for our towns. Western area municipalities have also developed relationships among small towns and share services and information through small regional units. That practice allows for sharing of equipment and facilities such as shelters that are handicapped accessible, allow animals, can accommodate wheelchairs or people who are oxygen dependent. While the WCAAA does not have responsibility for providing or planning emergency services, we share our emergency protocols with our towns through the senior centers and municipal agents via email blasts prior to weather issues, WCAAA Insider newsletter articles and website announcements. In our application process for Title III and State match funds, we request emergency plans & protocols from our grantees/contractors so that we are aware of their office procedures as they impact on our financed services. The WCAAA has two Disaster Communications Officers as they relate to the CHCP and remainder of Agency (Title III, Resident Service Coordinators). While the WCAAA's Executive Director is the Disaster Communications Officer for the Agency, the CHCP Director works directly with the Executive Director to communicate with CHCP and ABI staff as well as contractors.

2. Members of the general public obtain information from the following:
   - WCAAA Insider newsletter articles
   - WCAAA Website
   - Email blasts to towns
   - Message on WCAAA main telephone number
   - Posters provided to the Resident Service Coordinators for distribution to their towns and housing residents.
   - Radioed message on WATR radio whose distribution includes 41 towns; office closure is also published on three Connecticut TV stations (WVIT, WFSB, WTNH).

Wide distribution of emergency preparedness booklets prepared by the WCAAA and distributed to the towns and housing sites. All CHCP clients receive the pamphlet, and copies are included in caregiver packets for other programs.

Prior to weather emergencies, clients of CHCP are contacted by their Care Managers and reminded of emergency WCAAA procedures. Clients are also asked if prescription drugs are available for one week and if not, arrangements are made for prescription drugs to be delivered. Care Managers also make sure that clients have ample food for several days and may arrange for stable shelf meals to be delivered. A list of shelters is also provided to CHCP clients at the beginning of winter. Clients have access to an Emergency Worker who is available on a 24-7 basis by phone to deal with true emergency situations.

Residents who are in housing complexes with a WCAAA RSC have the cell phone number of the RSC for emergencies. However, the RSCs also distribute flyers with housing complex emergency procedures, local shelters and emergency transporters to their residents who receive emergency meals if desired. Participants in the National Family, Money Follows the Person and Alzheimer's Respite Care Programs who do not have local caregiver support receive telephone calls from WCAAA staff or volunteers prior to weather emergencies with reminders on prescription drugs and for checks on food availability.

Elderly Nutrition participants comprise another group deserving of special attention prior to weather emergencies as these are typically the frailest seniors. In our initial telephone process with the senior (or family member), WCAAA staff obtains enough information to determine risk. Questions are subtly asked about family and/or neighbor support, and a list is maintained at the WCAAA office of MOW seniors who might need reminders or warning about weather emergencies. The WCAAA's Registered Dieticians confirm the information during home-based client assessments. Seniors who indicate that Municipal Agents can be notified about their homebound status usually receive telephone calls from municipal officials prior to weather emergencies. Some Meals on Wheels participants are contacted by the three Elderly Nutrition Projects to assess the need for shelf stable meals and provide information on local shelters. MOW participants receive shelf stable meals as well as extra Boost if desired.

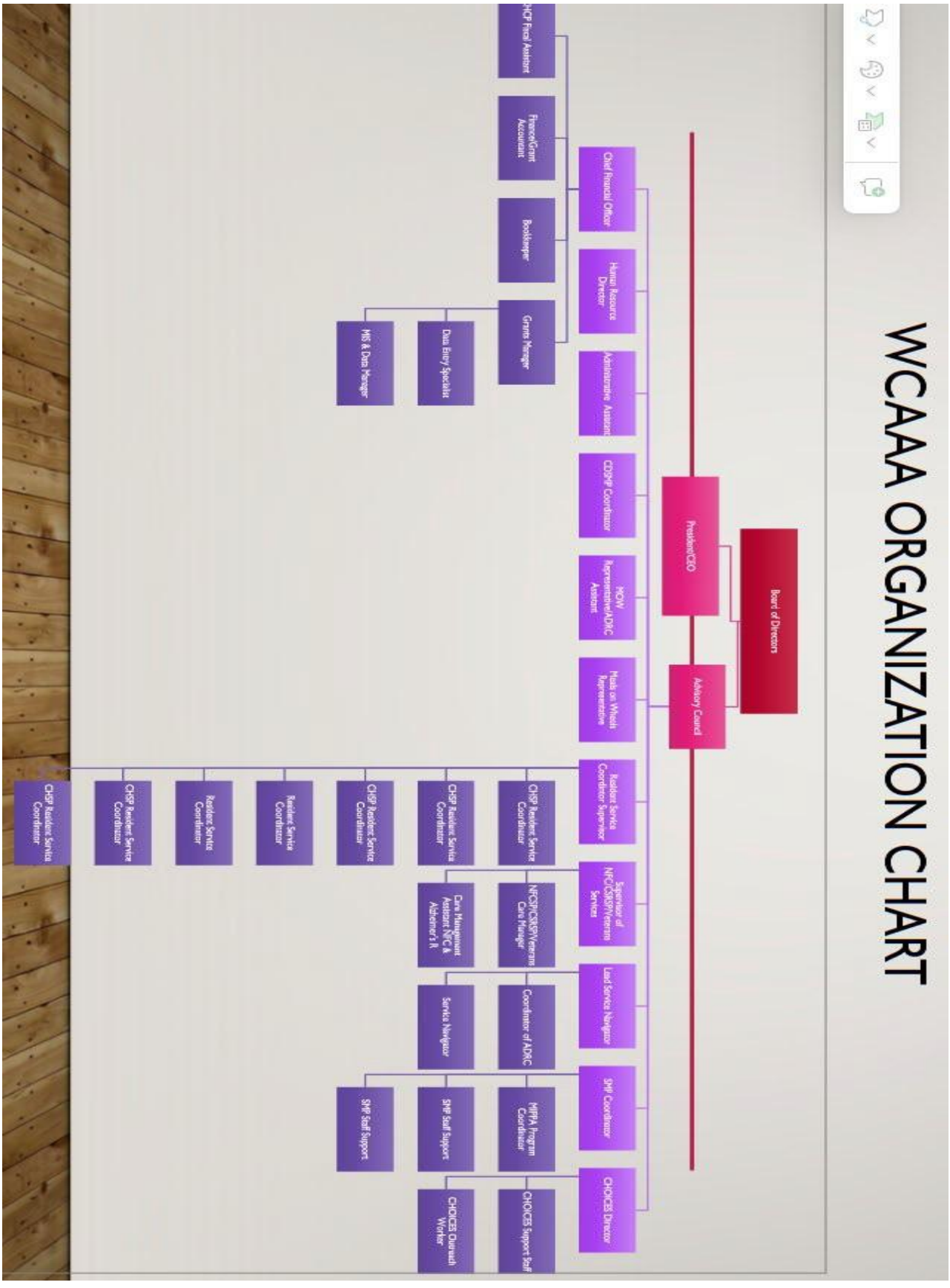
The WCAAA is then notified if MOW participants are moved to reside temporarily with family members or shelters. Some western area towns maintain lists of vulnerable seniors and younger persons with disabilities so that contact can easily be made with fire and police departments. Meals on Wheels participants are asked by the WCAAA staff if they wish to have their town senior center or Municipal Agent notified of their MOW status. If agreeable, WCAAA staff notify the town specific senior center or Municipal Agent and the MOW participant is added to the town's vulnerable person list for follow up in emergencies by fire and police departments. Several western area towns refer these names to their senior centers for follow up and that list is then maintained by the participating senior center.

The following is the WCAAA's process for weather related emergencies as well as situations that might arise with office closure impact: The WCAAA Executive Director calls Finance or Human Resource Director at 5:45 on affected day to determine if office is open at 8:00 or delayed opening;

Director of Finance makes arrangements for telephone system; HR Director notifies TV stations of office closure or delayed opening and also places information on WCAAA website in "for employees only category." The Director of CHCP, ABI and MFP notifies those staff individually through texts/emails. The WCAAA Executive Director notifies WCAAA Board of Directors and BOA by email of Agency closure or emergencies. The following is the WCAAA's process for emergencies related to serve

problems: employees receive calls to their cell phones and if employees are in office at time of emergency, a general announcement is also made. In the event of power outage that affects WCAAA office functions, employees are still required to come to work. Cell phones are provided, or employees can be reimbursed for agency-related calls. Out stationed employees such as Resident Service Coordinators are required to call the WCAAA's Executive Director, Director of Finance or Director of Human Resources to log in and out times as well as provide a status report on their work sites.

# Attachment C



# ATTACHMENT D

| Focal Point | Contact | Email | Address | Phone Number |
|---|---|---|---|---|
| **Barkhamsted Senior and Community Center** | Don Stein | donstein@me.com | 67 Ripley Hill Road, Barkhamsted, CT 06063 | 860-605-7380 |
| **Bridgewater Hilltop Senior Center** | Kathy Creighton | kathy.bwsc@gmail.com | 132 Hut Hill Road, Bridgewater, CT 06752 | (860) 355-3090 |
| **Brookfield Senior Center** | Ellen Melville | emelville@brookfieldct.gov | 100 Pocono Road, Brookfield, CT 06804 | (203) 775-5308 |
| **The Cheshire Senior Center** | Stefanie Theroux | stheroux@cheshirect.org | 240 Maple Ave Cheshire, CT 06410 | (203) 272-3162 |
| **Danbury Public Library** | Katharine Chung | kchung@danburylibrary.org | 170 Main Street, Danbury, CT 06810 | (203) 797-4505 |
| **Edward E. Sullivan Senior Center** | Joel Sekorski | joel_sekorski@torringtonct.org | 88 East Albert St Torrington, CT 06790 | (860) 489-2211 |
| **Fall Avenue Senior Center** | Laura Garay | garay@watertownct.org | 311 Falls Avenue Oakville/Watertown, CT 06779 | (860) 945-5250 |
| **Grace Meadows** | Nancy Gotschlich | ngotschlich@ehmchm.org | 380 North Poverty Road, Southbury, CT 06488 | (203) 264-3228 |
| **The Hispanic Coalition of Greater Waterbury** | Natalie Rosado | nrosado@thehispaniccoalition.org | 135 East Liberty Street, Waterbury, CT 06706 | (203) 754-6172 |
| **Hotchkiss Library of Sharon** | Gretchen Hachmeister | ghachmeisterphd@gmail.com | 10 Upper Main Street, Sharon, CT 06069 | (860) 364-5041 |
| **Independence Northwest** | Eileen Healy | eileen.healy@indnw.org | 1183 New Haven Road, Suite 200, Naugatuck, CT 06770 | (203) 729-3299 |
| **Town of Kent Social Services** | Samantha Hasenflue | socialservices@townofkentct.org | 41 Kent Green Blvd, Kent, CT 06757 | (860) 927-1586 |
| **Middlebury Senior Center** | JoAnn Cappelletti | jcappelletti@middlebury-ct.org | 1172 Whittemore Road Middlebury, CT 06762 | (203) 577-4166 |
| **Naugatuck Senior Center** | Harvey Leon Frydman | HFrydman@naugatuck-ct.gov | 300 Meadow Street Naugatuck, CT 06770 | (203) 720-7069 |
| **New Fairfield Senior Center** | Kathy Hull | khull@newfairfieldct.gov | Heritage Plaza, 33 Route 37 New Fairfield, CT 06812 | (203) 312-5665 |
| **New Milford Senior Center** | Jasmin Marie J. Ducusin-Jara | jducusin@newmilfordct.gov | 40 Main St New Milford, CT 06776 | (203) 355-6075 |
| **New Opportunities, Inc.** | Judy Tallman | JTallman@newoppinc.org | 232 North Elm Street, Waterbury, CT 06702 | (203) 575-9799 |
| **Newtown Senior Center** | Natalie Griffith | natalie.griffith@newtown-ct.org | 8 Simpson Street, Newtown, CT 06470 | (203) 270-4310 |

| | | | | |
|---|---|---|---|---|
| **Regional YMCA of Western Connecticut** | Lisa O'Connor | loconnor@regionalymca.org | 2 Huckleberry Hill Road, Brookfield, CT 06804 | (203) 775-4444 |
| **Sherman Senior Center** | Suzette Berger | seniorcenter@townofshermanct.org | 8 Route 37 Center, Sherman, CT 06784 | (860) 354-2414 |
| **Sherman Social Services** | Lynne Gomez | shermansocserv@gmail.com | 8 Route 37 Center, Sherman, CT 06784 | (860) 354-2414 |
| **Southbury Senior Center** | Andrea Corcoran | acorcoran@southbury-ct.org | 561 Main St South Southbury, CT 06488 | (203) 262-0651 |
| **Waterbury Senior Center** | Mira LeVasseur | mlevasseur@waterburyct.org | 1985 East Main Street, Waterbury, CT 06705 | (203) 574-6746 |
| **Winsted Senior Center** | Jennifer Kelley | jkelley@townofwinchester.org | 80 Holabird Ave Winsted, CT 06098 | (860) 379-4252 |
| **Woodbury Senior Center** | Loryn Ray | lray@woodburyct.org | 281 Main Street South, Woodbury, CT 06798 | (203) 263-2828 |
| **Danbury Senior Center** | Susan M. Tomanio | s.tomanio@danbury-ct.gov | 10 Elmwood Place, Danbury, CT 06810 | (203) 797-4686 |
| **Litchfield Community Center** | Berta Andrulis Mette | litchfieldcommunitycenter@gmail.com | 421 Bantam Road Litchfield, CT 06759 | (860) 567-8302 |

# Attachment E: Accomplishments

## WCAAA Area Plan 2021–2025: Summary of Accomplishments

This attachment provides a detailed breakdown of WCAAA's program accomplishments under Titles III and VII of the Older Americans Act from October 1, 2021, to September 30, 2025.

The following is a summary of major accomplishments achieved by the Western Connecticut Area Agency on Aging (WCAAA) during the 2021–2025 planning period that contributed to meeting goals and objectives aligned with the Older Americans Act (OAA). These outcomes reflect not just programmatic success, but a deeply held commitment to dignity, independence, and quality of life for the older adults and caregivers we are honored to serve.

### Goal 1: Empower Older Adults to Remain in the Community Setting of Their Choice

- WCAAA believes that aging with dignity means having the choice to remain safely at home, connected to community and care.
- Expanded Access to In-Home and Community-Based Supports
- Provided over 47,770 hours of chore services to 909 clients through $904,477 in awarded grants, allowing many older adults to maintain a clean, safe living environment.
- Funded over 43,878 one-way transportation trips, including 10,748 for medical purposes—critical lifelines for seniors without access to reliable transport.
- Delivered over 28,000 units of service through the Congregate Housing Services Program (CHSP), reducing isolation and enhancing stability for vulnerable residents.

<u>Support for Caregivers and Aging in Place</u>

- 469 family caregivers served, many under stress and working full-time, with over 95,000 units of support services.
- Provided nearly 95,000 units of respite to 326 clients through the Statewide Respite Care Program, relieving emotional and physical burden and helping families keep loved ones at home longer.

### Strategic Initiatives

- Expanded Resident Services Coordination to identify risks early and offer support before crises arise.
- Offered in-person Medicare counseling at libraries and senior centers, ensuring trusted guidance was accessible where people live.
- Expanded CHSP supports to strengthen housing-based service delivery.

### Goal 2: Implement Aging and Disability Answers (AgingCT)

In times of confusion, older adults need clear, compassionate guidance. Aging Answers ensures no door is the wrong door.

Systems Integration and Navigation Support

- Fully integrated Aging Answers as part of the ADRC model, streamlining access across complex systems.
- Hired and trained a dedicated Service Navigator to walk clients through benefits enrollment and service coordination.
- Adopted a statewide Salesforce platform to track referrals, ensuring no one falls through the cracks.

Staff Development

- Cross-trained frontline staff in CHOICES, SMP, Navigation, and Resident Service Coordination to ensure holistic, informed assistance.
- Advanced the No Wrong Door model so that all clients receive timely, appropriate connections to care.

## Goal 3: Improve the Economic Security of Older Adults

Aging should not mean living in fear of eviction, food insecurity, or unaffordable medication. WCAAA fought to stabilize lives and offer peace of mind.

Benefit Access and Housing Support

- 7,248 PERS units installed and monitored for 293 clients, offering 24/7 emergency response for those living alone.
- Provided 1,227 days of alternative housing to older adults at risk of homelessness—a safety net in their time of greatest vulnerability.
- Supported 4,742 individuals in accessing vital programs like SNAP, LIHEAP, and SSI through I&R/A.

Medicare and Financial Assistance

- Enrolled 684 seniors in Medicare Savings and LIS programs, easing prescription costs and financial strain.
- Delivered over 20,800 one-on-one Medicare counseling sessions, providing clarity on coverage and options.

Innovative Outreach

Reached underserved populations through bilingual radio, newsletters, and podcasts—breaking through barriers to ensure every voice is heard and every need met.

## Goal 4: Promote Wellness and Prevention

We recognize that health is more than the absence of illness. It's about vitality, resilience, and connection.

Evidence-Based Health Programs

- Delivered 17 virtual CDSME workshops—including programs on chronic disease, pain, and diabetes self-management—that gave participants tools to take control of their health.
- Launched "Monitor My Health," which saw an 86% service increase by 2024, providing older adults with proactive, culturally relevant health coaching.

Nutrition and Health Education

- Reached 1,858 clients with 3,818 units of nutrition education, prioritizing those most at risk of malnutrition and dietary-related illness.
- Offered stress-reducing and wellness tools to caregivers under Title III-E, fostering emotional wellbeing in those giving so much to others.

Community Engagement and Media Presence

- Hosted regional health fairs and produced the Western Compass magazine to connect and inform across the 41-town region.
- Board members and staff led presentations at senior centers and housing sites, embodying our mission in every interaction.

## Goal 5 & 6: Protect Elder Rights and Prevent Elder Abuse and Fraud

Safety is nonnegotiable. Every older adult deserves protection, justice, and the power to say "no" to exploitation.

Legal Assistance and Advocacy

- Delivered 2,787 units of legal services, giving voice to those facing eviction, fraud, or elder abuse.
- Launched the CFHC Legal Initiative to extend protection to even more vulnerable clients.

Fraud Prevention and Elder Justice

- Conducted bilingual SMP outreach and community training to empower older adults with fraud prevention tools.
- Responded to 45 elder abuse-related I&R/A contacts, ensuring that each one was met with urgency and care.

Cross-Cutting Innovations and Strategic Progress

WCAAA understands that excellence requires constant growth. We've invested in our people, systems,

and networks to prepare for tomorrow.

Organizational Strengthening

- Strengthened internal infrastructure with succession planning, training, and board governance reform.
- Embraced equity through increased board diversity and inclusive community engagement.
- Fostered collaboration through quarterly Western CT Regional Leadership Breakfasts.

Technology Modernization

- Upgraded systems and distributed technology kits to narrow the digital divide.
- Created a "Train-the-Trainer" model that built community-based capacity to support older adults online.

Emergency Preparedness and Lifeline Fund

- Advanced the Lifeline Fund to respond quickly when lives are on the line—from heating bills to food, housing, or unexpected crises.
- Incorporated emergency readiness into outreach, equipping communities with information and resilience.

- WCAAA's coordinated approach, deeply rooted values, and heartfelt concern for the wellbeing of older adults continue to shape an aging network that is inclusive, innovative, and responsive. These accomplishments are not merely metrics—they represent lives improved, fears eased, and hope sustained across the region we proudly serve.