Greater Lynn Senior Services

AREA PLAN ON AGING
2026-2029

Submitted to:

Executive Office of Aging & Independence

One Ashburton Place, 5th Floor, Boston, MA 02108

June 7, 2025

Greater Lynn Senior Services is the Area Agency on Aging serving...

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GLSS

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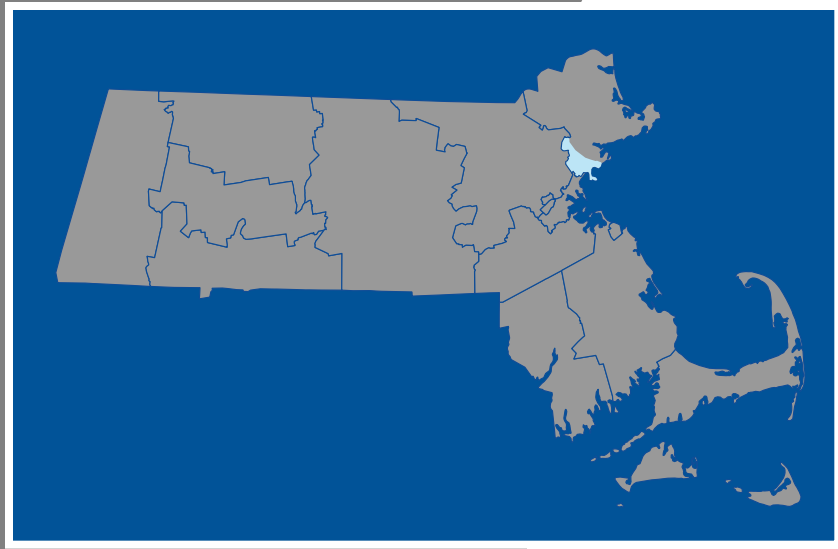

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EXECUTIVE SUMMARY

Greater Lynn Senior Services (GLSS) was established in 1976 when the Lynn Council on Aging (LCOA), which had been providing senior services along with advocacy, adult day health, and other more comprehensive services, agreed to take on the functions of both a federal Area Agency on Aging (AAA) and a state-designated provider of older adult services (precursor to its current Aging Services Access Point designation) for the communities of Lynn, Lynnfield, Nahant, Saugus, and Swampscott. After almost 50 years, GLSS continues to stand by its commitment to the Older Americans Act and the Massachusetts Executive Office of Aging and Independence, providing AAA and ASAP services to its five-community planning and service area (PSA). Today, GLSS continues to work to provide, along with its partner organizations, a full continuum of community health and social services, enabling older adults, individuals with disabilities, and their caregivers to maintain their independence in a safe and dignified manner while remaining in their communities.

Through the years, GLSS has faced challenges from the loss of its visionary leader, Vince Lique, through economic highs and lows to the recent COVID-19 pandemic. Through it all, GLSS has retained its resiliency and successfully adapted to each new environment, building and reinforcing its network of partners and services to respond to these challenges. In 2026, GLSS will achieve its 50-year milestone. Currently, the agency is again facing challenges and reinventing itself in response, launching new initiatives and charting new pathways toward achieving its mission of building healthier and more livable communities for all.

As GLSS enters its 50th year, it faces a panoply of trends and challenges:

- Government changes in Washington, D.C., have resulted in funding cuts for some programs that serve many of the most vulnerable populations in the U.S. Medicaid is facing more than $700 billion in cuts and proposed SNAP cuts are estimated at $300 billion. Further cuts are anticipated. In addition, the Commonwealth of Massachusetts is instituting a managed intake process and other program changes which will result in reduced enrollments for our Home Care and Enhanced Community Options Program (ECOP) for FFY2026.
- An increasing emphasis on wellness and mental health by medical providers is driving demand for wellness programs and mental health supports.
- Federal policy changes include reversing the implementation of DEI policies at federal agencies, and expunging LGBTQIA+ designations from population records. At the same time, GLSS' needs assessment efforts revealed that the agency is well poised to build its connection with the LGBTQ+ population.
- GLSS is finding that immigrants are increasingly deciding to forego food distributions and other services because these events no longer feel safe for them.
- Rising housing and healthcare costs are a major concern for older adults on fixed incomes.

- Staffing shortages in the aging services industry and increasing competition for caregivers are raising the cost of care.
- Housing scarcity is accelerating the need for aging-in-place supports such as assistive technology, home modifications, caregiver supports and home-based services.
- Technology is playing an increasingly important role in aging, from health-related devices such as hearing aids, mobility technology, wearables, and home fitness technology to telehealth and health portals. Smart home systems are on the rise including security systems, video doorbells, smart locks, lighting, appliances, utility, cleaning, and home monitoring assistants. Finally, digital equity technology and AI-driven solutions are being used to build connections or community and reduce social isolation in the older adult community. This influx of technological supports has increased the need for older Americans to be digitally literate. According to AARP, Medicaid enrollees are 2.7 times more likely to be offline; and Black and Latino older adults are 2.5 and 3.3 times more likely, respectively, to be offline, indicating that digital equity is rapidly becoming an important social determinant of health[i]
- Pre-pandemic social activities and attitudes have largely returned, overturning most COVID-19 'New Normal' trends; however, isolation and mental health continue to be major concerns in the older adult community.

To address these challenges, GLSS is pivoting with the following strategies:

- The Phoenix Food Hub (PFH), in collaboration with 14 community organizations and the City of Lynn, is expanding its "Food is Medicine" approach to address the increasing food insecurity and nutrition insufficiency in our communities. Specifically, PFH will continue to serve those in need through its food pantry and SNAP outreach and enrollment assistance, while expanding culturally responsible nutrition education as well as multiple gardening supports, providing an opportunity for self-sufficiency. PFH will also provide mental health support through its "Food & Thought" program and add expanded home delivered meals and emergency food box distribution for those who don't feel safe coming to GLSS or who don't have access to transportation options.
- PFH is also building multiple collaborations with local healthcare providers to ensure that food access coincides with public health strategies. These efforts will also reach a broader range of clientele, as PFH is expanding access for non-English speakers and enhancing disability-inclusive services.
- Move Safe/Mobility Links, through PFH, seeks to provide consumers with increased mobility, ranging from falls prevention and driver cessation to travel training and a ride-finding service that matches individuals with rides that meet their specific needs.
- GLSS has launched new Belonging and Leadership programs to address racism and discrimination issues, during this time when many populations are feeling they are under attack by the elimination of social inclusiveness policies. In addition, GLSS is reconvening its LGBTQ+ outreach committee to reconnect with this important population.
- GLSS has restarted its agency-wide Volunteer Program to officially encourage and welcome volunteer assistance and to bolster programs of all kinds within GLSS.
- Health-related offering enhancements will include additional SHINE Counselors to assist at area COAs, new funding that will provide benefits support by assisting consumers with MassHealth applications, a Behavioral Health Outreach to Aging Populations

program that addresses behavioral health and substance abuse treatment, maintaining GLSS' Family Abuse Program—the only program of its kind in Massachusetts, training sessions on working with those suffering from dementia offered by GLSS' Caregiver Specialist who is a designated Dementia Friends Champion, a strengthened partnership with the New England AIDS Education Center, and an "Aging Well with HIV" course added to Wellness Pathways offerings.

- GLSS will initiate a trial virtual social engagement program within one or more of its elder supportive housing sites, which will include access to Wi-Fi, digital devices and education in an effort to build social engagement and community.
- GLSS is the lead partner of the North Region Long-Term Support Services Community Partnership (NRLP). This is a contract with Mass Health to deliver coordination services to eligible members of twelve Accountable Care Organizations (ACOs) across 60 communities on the North Shore and parts of the Merrimack Valley. LTSS supports are delivered to individuals between the ages of 3 and 64 and include ongoing person-centered planning, Social Determinants of Health assessment, resource coordination, health and wellness coaching, life skills training and supports, and care transitions.
- The GLSS One Care Long-Term Support Services Coordination (LTSSC) contract with Commonwealth Care Alliance provides services to eligible members on the North Shore. These services are delivered to individuals ages 21 and 64 who have MassHealth Standard or MassHealth CommonHealth and Medicare. Services include care planning, risk assessment, resource coordination, life skills coaching, and ongoing health and wellness supports. In 2025 GLSS added a second One Care LTSSC contract with United Health Care, and we are currently in contract discussions with multiple other One Care plans.
- FFY2025- 2026 will be pivotal to our future, as the agency plans a re-branding for the summer and fall months in 2025, with a roll-out in winter and spring. GLSS will celebrate its 50th Anniversary in spring 2026. We are planning celebrations for the community, a commemorative event for staff, an open house at our office, and special visits to all of our councils on aging.

CONTEXT

Area Demographics

The GLSS Planning and Service Area (PSA) encompasses the communities of Lynn, Lynnfield, Nahant, Saugus and Swampscott, Massachusetts – a region that is diverse and complex. Of 160,605[ii] PSA residents, 22% are now 60 years or older.

The population of these communities vary in size from 3,336 residents in Nahant to 100,653 people residing in Lynn. There are 35,697[iii] Older Americans (age 60+) in the PSA population, but the percentage in the five communities varies from 18% in the relatively youthful Lynn to 44% in well-seasoned Nahant. Within the PSA, 51%[iv] fall within the 60-69 age bracket, 39% are in the 70-84 bracket, and 9% are aged 85 or older. Five percent of older adults speak Spanish at home, 2% speak Russian, and 1% each speak Portuguese, French, or Italian. GLSS serves a growing number of older adults who speak Khmer and Haitian Creole, as well. In our Home Care and Managed Care populations, 2.9% are Khmer-speaking, and 0.8% speak Haitian Creole. Race identifiers in the PSA population include 78%[v] white, 6% Black or African American, 4% Asian, Native Hawaiian, or Other Pacific Islander, 7% identify as Other, and 5% list two or more races. Regarding

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ethnicity, 12% of the PSA's 60+ population is Hispanic or Latino, while 88% is not. Notably, nearly 20% of the 65+ population in Lynn is Hispanic.

The PSA serves consumers who are house rich and cash poor in communities like Nahant and Swampscott, as well as those who struggle to maintain affordable housing and other key necessities in Lynn. Approximately 28% of the PSA's 65+ population live alone. Forty-one percent of the 65+ renter households spend greater than 35% of their income on housing. This includes 73% from Lynnfield, 56% from Nahant, 44% from Swampscott, 41% from Lynn, and 25% from Saugus. The state average is 43%. For homeowners, roughly 36% of 65+ households spend greater than 35% of their income on housing compared to a state average of 27%. Swampscott is the highest with 47% followed by 36% from Lynn, 34% from Saugus and Nahant, and 25% from Lynnfield.[vi]

Over time, population demographics have shifted. Preliminary 2020 Census results indicated the total population for the GLSS PSA had increased by approximately 11%, significantly higher than a statewide increase of 7.4%. While age cohorts have generally increased accordingly, the dominant demographic shifts have been largely related to changes in patterns of race and ethnicity. While minority residents comprised 24% of the total PSA population in the 2000 Census, 36% in the 2010 Census and 44% according to the American Community Survey (ACS) 2019 Census Data, minority residents now comprise 48%[vii] of the PSA. Hispanic residents now constitute 30% of PSA residents as a whole and 43%[vii] of those living specifically in Lynn. Black or African Americans, identified in the 2000 Census as less than 7% of the PSA population, now make up 9%[ix] of the region as a whole and constitute 12% of Lynn's residents. Individuals of Asian descent make up about 5% of the total PSA population.

Overall, almost 63% of area residents live in the city of Lynn, a "Gateway City," wherein social indicators such as employment, income, and educational achievement are consistently lowest among the five GLSS PSA communities and generally lower than for the Commonwealth as a whole. For example, the proportion of individuals over 65 living in poverty in Lynn is 19.8% while the statewide rate for this cohort is 9.9%.[x] 38.1% of people 65 and over are dually eligible for Medicare and Medicaid while the state average is 17%. As verified in our needs assessment process, these factors create barriers to housing, transportation access and availability, access to services and more.

Needs Assessment and Quality of Life Summary Report

The 2024 Needs Assessment completed in preparation for this Area Plan sought to gather information from consumers and community organizations in order to more accurately define the resources and programs necessary to best serve the needs of our current and prospective consumers.

Our primary method of data collection was through the Executive Office of Aging and Independence (AGE)-developed Needs Assessment Survey. We distributed 1,030 Needs Assessment Surveys to people aged 60 and older in our community. We received a total of 314 completed surveys across our English, Russian, Spanish, Khmer and Haitian/Creole speaking respondents. This represents a return rate of 30.48%.

Respondents were provided with a list of 25 different needs and encouraged to select as many as they deemed important. Of the 314 surveys returned, 285 respondents answered this question.

- The most frequently identified need was Access to Services with 47.7% (136 respondents) highlighting its importance.
- Transportation Access and Availability followed with 39.6% (113 respondents) indicating it as a priority.
- The third most significant need was In-Home Support for Maintaining Independence, chosen by 33.7% (96 respondents).

After identifying their needs, respondents were asked to rank the three needs that were most important to them. Of the 314 surveys returned, 218 respondents provided rankings.

- The highest-ranked need was In-Home Support for Maintaining Independence, chosen by 41.28% (90 respondents).
- Transportation Access and Availability followed with 24.77% (54 respondents).
- Access to Services was ranked third with 24.31% (53 respondents).

In early 2025, we distributed 2,853 Quality of Life Surveys to our GLSS consumers to better understand their needs. We received 732 completed surveys from our English, Russian, and Spanish speaking consumers. This represents a return rate of 25.65%.

One of the questions in our survey was open-ended, allowing consumers to respond freely. They were asked, "Based on your experience, what do you see as critical needs or challenges facing elders in your community?" Of the 732 completed surveys, 204 consumers answered this question. Using our previous Needs Assessment Survey as a model, we categorized the responses.

- 40.68% (83 consumers) mentioned they did not see any critical needs or challenges in their community, expressing satisfaction with current conditions and gratitude for GLSS.
- In-Home Support for Maintaining Independence was the most frequently identified need with 13.23% (27 consumers).
- Assistance Addressing Social Isolation was the second most mentioned need with 9.80% (20 consumers).
- Transportation was the third most identified need with 8.33% (17 consumers).

In summary, our surveys conducted in 2024 and early 2025 have provided valuable insights into the needs and challenges of both our community members aged 60 and older and GLSS consumers. The Needs Assessment Survey revealed that Access to Services, Transportation Access and Availability, and In-Home Support for Maintaining Independence are the most critical needs. In addition, the Quality of Life Survey highlighted that a significant portion of our consumers (for whom we coordinate in-home supports) are content with current conditions, while others identified In-Home Support for Maintaining Independence, Assistance Addressing Social Isolation, and Transportation as key areas of concern. These findings will guide our efforts to enhance services and address the needs of our community effectively.

Goals, Objectives and Strategies of the Four AGE Focus Areas

1. OLDER AMERICANS ACT CORE PROGRAMS (TITLE III AND TITLE VII PROGRAMS)

Goal:
Greater Lynn Senior Services will offer older individuals, adults living with disabili-ties, and their caregivers, programs and supports that can assist in maintaining their well-being and dignity.
Objective:
By the end of FFY2029, GLSS will have grown existing core programs and delivered new programs as appropriate to ensure that PSA consumers have the tools they need to maintain and enhance their health and optimal independence in their homes and communities. As a result, GLSS' core OAA programs will have delivered services and supports to an additional 700 consumers by June 2029. At least 80% of Home Care and Managed Care consumers will report improved quality of life as a result of pro-gram participation.

Nutrition Strategies:

1. GLSS's Congregate Meals Program will provide nutritional meals to individuals at its current Councils on Aging and GLSS housing sites, potentially expanding congregate service to other COAs, such as Lynnfield, if the opportunity arises.

2. GLSS will provide home-delivered meals (HDMs) to those who need them and explore expanding specialized meal options for the HDM and congregate meals programs.

3. GLSS' Phoenix Food Hub, will address the issue of food insecurity and nutrition insufficiency by taking a 'food is medicine' approach, seeking to reduce the incidence of chronic health issues which will improve overall health and well-being. This will be accomplished by offering more classes, home and hydroponic and community gardening supports, and expanded food deliveries;

4. Phoenix Food Hub will provide access to food pantry supports and emergency food assistance, nutrition education and support; healthy meal planning and food preparation; mental health supports; collaboration with local healthcare providers; and referrals to programs addressing other social determinants within its single one-stop shop approach.

5. Phoenix Food Hub will expand access for non-English speakers; reduce barriers to food access by offering more home-delivery options and more cultural food options; enhance disability-inclusive program options and promote workforce diversity and leadership development.

Disease Prevention and Health Promotion Strategies

1. In response to increased demand from individuals in the community with greatest economic need (GEN) and greatest social need (GSN), the Wellness Pathways Program will expand its impact by offering programs at subsidized housing, elderly housing sites, councils on aging, adult day health centers, and other areas

where potential participants are low-income and/or speak a second language or limited English. Workshops will continue to be offered in English, Spanish, and Russian.

2. In order to expand its reach, Wellness Pathways will continue to seek referrals from case managers, Geriatric Social Services Coordinators (GSSCs), RNs, adult day health centers, Senior Care Options (SCO) teams, and others who have the ability to identify low-income or disabled consumers who could benefit from participating in wellness workshops.

3. Wellness Pathways has increased from 8 to 24 workshops annually since 2022. As a result of reduced funding, the program will offer 18 workshops a year for the next four years. Of these workshops, most will be delivered in person, though some will still be offered virtually as needed.

4. To the current workshop offerings of Chronic Disease Self-Management, Diabetes Self-Management, Chronic Pain Self-Management, Healthy Eating, Cancer Thriving and Surviving, and A Matter of Balance, a new workshop, Aging Well with HIV, will be added. This will enable GLSS to connect with and provide support to those community members living with HIV/AIDS.

5. Wellness Pathways will continue to seek out funding from other sources such as grants and sponsorships from other agencies and foundations to supplement its Senior Care Options Organizations and State Home Care Programs, Title III subsidy, and sponsorships from community partners.

Supportive Services Strategies

1. GLSS will send out a Request for Proposals (RFP) for Title III-B program sub-grants every two years. Service priorities will be developed according to unmet needs discovered in the most recent Needs Assessment. The next sub-grant RFP will be offered in spring/summer of 2025.

A BRIEF INVENTORY OF GLSS OAA CORE PROGRAM FUNDED BY TITLE III FOR FFY 2025			
PROGRAM	**TITLE III FUNDING**	**BRIEF DESCRIPTION**	**POPULATION SERVED**
NORTHEAST LEGAL AID	Title III B Legal Services	Free civil legal services to elders, focusing services on elders in the greatest social and economic need, in the following issue areas: subsistence income, maintenance, public benefits, health care access and costs, loss of housing, and protective services.	Low-income Older Adults (OAs), isolated and socially isolated OAs, socially isolated, disabled OAs
LYNN ECONOMIC OPPORTUNITY, INC. .	Title III B Access Services	Provides access to a safety net of services including utility assistance, emergency rent, supplemental food distribution, English language and financial literacy classes, and VITA income tax preparation. Helps clients to remain independent and in their homes, while also addressing malnutrition issues.	At-risk OAs, adults with disabilities, isolated and socially isolated OAs, low-income OAs, minority OAs, socially isolated OAs
YMCA STAY FIT & HEALTHY	Title III B Access Services	A free fitness program for older adults that is offered at the Lynnfield Senior Center.	Isolated and socially isolated OAs, low income OAs, minority OAs,
SWAMPSCOTT SENIOR CENTER OPENING MINDS THROUGH ART (OMA) PROGRAM	Title III B Access Services	Offers three rotations of a six-week program of weekly art classes. These classes will be staffed by an OMA facilitator and 10 volunteers from the High School, who are paired with the artist, with each session followed by a grand exhibit.	OAs with Alzheimer's Disease and Related Dementias, isolated and socially isolated OAs, low-income OAs, minority OAs, disabled OAs
YMCA LOVE INSPIRED SENIOR ENRICHMENT PROGRAM	Title III B Other Services	The program focuses on those who have limited or no access to social interaction and/or opportunities to enhance their knowledge of issues and concerns of value to seniors. The program provides case management and other supportive services.	Isolated and socially isolated OAs, low-income OAs, minority OAs, OAs with disabilities
NAHANT SENIOR CENTER DEMENTIA FRIENDLY NEIGHBORHOOD	Title III B Access Services	Outreach, and a monthly group that offers education, referral and follow-up services, recreation, and socialization.	Isolated and socially isolated OAs, low-income OAs, minority OAs, OAs with disabilities
YMCA METRO NORTH ENHANCE FITNESS	Title III B Other Services	A free, nationally offered, evidence-based fitness program at YMCAs across the country. Services offered will include Enhance Fitness classes plus chronic disease prevention and overall health support programs at local YMCA's and offsite locations.	Isolated and socially isolated OAs, low-income OAs, minority OAs.
GLSS LONG-TERM CARE OMBUDSMAN (OMB)	Title III B, OMB In-Home Services	Assures that residents of all ages living in long -term care facilities in the Planning Service Area have an independent advocate to help protect their rights.	Isolated and socially isolated low-income OAs and adults with disabilities, minority OAs

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GLSS WELLNESS PATHWAYS	Title III B and Title III D Access Services	Incorporates Evidence Based Disease and Disability Prevention programs to empower adults to self-manage for quality of life.	Isolated and socially isolated OAs, persons with disabilities, low-income OAs, minority OAs
GLSS MONEY MANAGEMENT	Title III B In-Home Services	Assists elders and adults with disabilities with the task of monthly bill paying and other needed assistance that enables them to maintain financial independence	Isolated and socially isolated OAs, low income OAs, minority OAs, OAs with disabilities
GLSS HOMELESS AND HOUSING ADVOCACY PROGRAM	Title III B Access Services	A two-person GLSS team that assists individuals with housing search and applications, securing documentation and addressing CORI history, Options Counseling, and tenancy preservation advocacy. Services are provided in both English and Spanish.	Isolated and socially isolated OAs, low-income OAs, minority OAs, OAs with disabilities
GLSS MEDIA	Title III B Access Services	Includes health and educational services/programs via telehealth or virtual technology.	Isolated and socially isolated OAs, low-income OAs, minority OAs, OAs with disabilities
GLSS INFORMATION AND REFERRAL	No Title III Funds Access Services	Connects consumers with information and supports to make informed choices about their lives	OAs with disabilities and their caregivers; isolated, low income, minority, socially isolated OAs
GLSS CONGREGATE MEALS	Title III C	Offers hot, nutritious meals at several community congregate meal sites located in the planning service area.	Low-income OAs, minority OAs, socially isolated OAs, OAs with disabilities
GLSS HOME-DELIVERED MEALS	Title III C	Delivers nutritious meals to people aged 60+ who are homebound and unable to prepare meals.	Low-income OAs, isolated OAs, minority OAs, socially isolated OAs, OAs with disabilities
GLSS FAMILY CAREGIVER PROGRAM	Title III E	Provides support to caregivers through in-home assessments, information and referral, counseling and support groups, education and training (including evidence-based training) and respite care.	Caregivers of OAs and adults with disabilities, isolated OAs, low income, minority and socially isolated OAs

Supportive Services Strategies (Continued)

2. In its 2025 RFP process, GLSS will prioritize unmet needs identified through our recent needs assessment process, underrepresented AGE focus areas, and underrepresented populations. Prioritized needs will include:
    - In-home supports for maintaining independence
    - Transportation access and availability
    - Access to services
    - Assistance addressing social isolation
    - Outreach and services that are sensitive to and provide support to elders who are isolated and/or disadvantaged by economic, racial, cultural, and/or linguistic barriers
    - Legal services
    - Access to assistive technology options
    - Services targeting the LGBTQIA+ population
    - Services targeting Native American older adults

Elder Rights Programs Strategies

1. GLSS's Protective Services program will investigate reports alleging abuse and neglect of older adults living in the community, as this population includes some of our most vulnerable community members including people experiencing mental health challenges, homelessness, substance use disorders, and more. Because multi-disciplinary responses are often required in these cases, Protective Services will continue to coordinate with other agencies and with other GLSS programs. For example, a Protective Services client may also have services from GLSS's Home Care department, a community visiting nurse association, GLSS's money management program, GLSS's housing advocate, and the local Veteran's Administration.
2. Protective Services plans to further strengthen and enhance its relationship with community resource partners. Its complete list of community partners includes emergency responders (police, fire, and EMS), medical providers, Home Care, Senior Care Options (SCO), Clinical Programs, legal aid agencies, skilled nursing facilities, Councils on Aging (COAs), housing authorities, behavioral health providers, law enforcement, the Department of Mental Health, Disability Determination Services, and the Disabled Persons Protection Commission. To maintain and build these coordinated responses, Protective Services plans more outreach and trainings, specifically participating in the Lynn Police Department–Criminal Justice/Mental Health meeting, the Swampscott Police Department–Criminal Justice/Mental Health meeting, the District Attorney's High-Risk Domestic Violence Roundtable for the Greater Lynn Area, and other similar assemblies. It will also provide annual trainings for Home Care staff, Lynn Fire Department, and new Protective Services staff.
3. In 2024, GLSS was awarded a grant to fund a Behavioral Health Outreach to Aging Populations (BHOAP) program. This will add another dimension to GLSS's multi-disciplinary collaboration, engaging older adults at risk in the community, often with behavioral health or substance use disorders and dealing with multiple social determinants of health. GLSS will continue to grow the BHOAP program to offer support in reducing risk and increasing services for this population. The BHOAP program works closely with GLSS' Mobile Mental Health Program (MMH). Established in 2008, MMH

provides individual therapy, support groups, and other behavioral health supports to older adults who experience barriers to utilizing traditional outpatient mental health resources. Through telehealth and home visits, clinicians on the MMH team assist individuals for whom transportation, insurance, mobility, chronic health conditions, and other challenges make in-person, clinic-based mental health treatment inaccessible.

4. The Homeless and Housing Advocacy Program for older adults will continue to assist individuals with housing search and applications, securing documentation and addressing CORI history, Options Counseling, and tenancy preservation advocacy. Services will continue to be provided in both English and Spanish. The Housing Advocacy program will continue to work closely with our Money Management Program to address financial management issues that contribute to loss of housing, as well as Adult Protective Services, Home Care, SCO, our Behavioral Health team, Family Abuse Program, and the Continuum of Care committee at the City of Lynn

   The Housing Advocacy Program was previously grant-funded. After the grant funding ended, GLSS committed to continuing the program through allocating case management funding from the Home Care and SCO programs, as well as a small contribution from Title IIIB. GLSS will seek to raise funds or pursue grants to fund its Homeless/ Housing Advocacy program for OAs in need of assistance navigating the housing system. Alternatively, GLSS may advocate for funding at the state level.

5. Our Money Management program is an essential program supporting the needs of older adults whose financial management skills create a risk to maintaining their housing, utilities, health care, communication, and other essential services. The Money Management program will work closely with Home Care, SCO, Protective Services, and our Behavioral Health Team to identify and refer individuals who need education and assistance in this area. Our Rep Payee service, which has grown significantly since its beginnings, will also continue to respond to the need for this essential service.

   The Money Management program intends to extend its reach and services in the coming year by increasing the volunteer workforce providing bill-paying assistance.

6. Funded by the Victims of Crime Act (VOCA), the Family Abuse Program will work closely with Protective Services on issues of abuse, providing advocacy, counseling, and support groups for older adults that are or have been abused by family members. GLSS will continue to advocate for funding so that it can maintain the Family Abuse Program, which is currently the only program of its kind in Massachusetts.

7. Since transportation is often an issue for its consumers, GLSS Clinical Programs will seek out ways to budget for taxis and ridesharing resources, or problem solve better access to The Ride and other forms of transportation for its clients or encourage staff to go to clients' homes to assist with technology and other needs.

8. Northeast Legal Aid and its subsidiary, the Northeast Justice Center (jointly NLA), will continue to provide direct legal services to elders, consisting of advice and consultation, drafting of legal documents, negotiation, and representation of clients before administrative and judicial tribunals. Where appropriate, NLA will engage in representation of clients in select litigation and/or administrative or legislative advocacy efforts designed to benefit large numbers of needed elders. NLA will continue to prioritize the following areas of work: Housing and Homelessness; Family and Domestic Violence; Public Benefits, Elder Law; Consumer Law; Employment Law; Immigration

Law; Environmental Law; Discrimination; CORI-Criminal Record Sealing and Expungement; Community Development; Tax Assistance; and Victims of Crime. NLA is also increasing office hours both for staff and clients after the long pandemic-related period of remote-work and access to services.

9. NLA will continue to engage in policy work advocating to curb MassHealth systemic abuses, and to affect Guardianship Reform. In addition, the Center will continue to pursue other more-focused projects, such as protecting the rights of LGBTQ nursing home residents and protecting the right of 65+ disabled persons to establish a pooled trust in order to maintain eligibility for Medicaid and SSI.

10. The Long-Term Care Ombudsman program will advocate for the rights and well-being of residents in long-term care facilities, addressing abuse, neglect, mistreatment, and misappropriation of property. Volunteer Ombudsmen will visit facilities, provide information to residents on their rights, investigate complaints, mediate disputes, and provide consultation to nursing home management on specific cases and necessary procedures to follow.

11. The Long-Term Care Ombudsman program will work closely with GLSS' new Agency-wide Volunteer Coordinator to educate the community about the Ombudsman program and bring additional volunteer Ombudsmen on board. In addition, if funds can be found, the program will ideally begin to pay stipends to its Ombudsmen.

12. In order to improve Ombudsmen retention, the program will schedule appreciation events and recognition for volunteers, provide more training supports, and assist the Ombudsmen in scheduling events to address resident councils at each facility, or, in facilities where there are no resident councils, the program will help facility residents create facility resident councils which can represent facility residents.

Age and Dementia Friendly Strategies

1. Our GLSS Family Caregiver Specialist is a Certified Dementia Practitioner (CDP), as well as a Dementia Friends Champion who has been trained by Dementia Friends Massachusetts. Through the Family Caregiver Program our CGS will pro-vide dementia information sessions to groups, workplaces, and families in our catch-ment area, helping them to understand what dementia is, how it affects people, and how each of us can make a difference.

2. Printed Information on Dementia will be made available to anyone who needs it from our Family Caregiver Office, and our CGS also will send out a regular email blast that will provide registered caregivers with information updates and details on supportive events.

3. Memory Cafés will be held quarterly at GLSS and monthly at the Swampscott Senior Center for individuals with dementia as well as for their caregivers.

Strategies to Provide Access to Assistive Technology Options

GLSS has not approached assistive technologies as a separate service area. Instead, assistive technologies have been offered by programs as they are needed. For example, Home Care and SCO have provided assistive technology in the form of medication dispensing machines to over 80 consumers in the past three years. Wellness Pathways

has digital tablets that can be loaned to people who are interested in completing a virtual workshop and may not have the technological device they need. NLA has disposable cellphones available for the neediest clients who do not have telephones to keep in contact with their NLA attorneys.

1. In FFY2026, GLSS intends to pilot a virtual social engagement initiative within one or more of our elder supportive housing sites. The planned program will include access to Internet/Wi-Fi, provision of tablets or laptops to residents, identification of a virtual 'events and education' platform to deliver programming, and education around the use of the technology. Engagement in on-site events at supportive housing sites tends to be low among residents. This virtual social engagement initiative will offer more opportunities for social interaction and community building.
2. GLSS will explore additional ways to address access to assistive technology through the biannual Title IIIB Request for Proposal process.

Strengthening and Expanding Programs

1. The Volunteer Program – GLSS has recently reinstituted centralized coordination of GLSS volunteers under a new Volunteer Coordinator position. The Volunteer Coordinator will oversee the recruitment, onboarding, and recognition of all volunteers at GLSS, whether they are newly recruited or long-standing team members. This effort will include centralized tracking of volunteer hours and data. The renewed focus on volunteers will enable GLSS to strengthen its program offerings and inject new energy and talent into all aspects of the agency.

   Several programs, including Money Management, Ombudsman, Wellness Pathways, and Phoenix Food Hub are actively seeking volunteers to expand or support their programs. Online recruiting efforts are already underway for these volunteer positions. In spring, summer and fall, outreach efforts at community events and locations such as Councils on Aging will follow, and the roster of volunteer positions available will be expanded.

2. TARGETING SERVICES TO THOSE WITH GREATEST ECONOMIC NEED AND GREATEST SOCIAL NEED

Goal: Greater Lynn Senior Services will find new ways to target older adults who have the Greatest Economic Need (GEN) or Greatest Social Need (GSN) in our PSA.
Objective: Build programs to target at least one unreached GEN population and one unreached GSN population identified in the 2024 Needs Assessment as underserved, such as the LGBTQ+ and the Native American populations.

Targeting GEN and GSN Older Adults Strategy
The majority of GLSS programs target those with greatest economic and/or greatest social need. While many assume these two populations are much the same, these are often two distinctly different populations. In a 2024 demographic analysis of GLSS programs, 82% of our consumers were on MassHealth. These are the members in our community with the Greatest Economic Need, and GLSS, along with partner organizations, effectively targets and provides these older adults with services they need.

Greatest Social Need means the need is caused by non-economic factors which may include language barriers, people with physical and mental disabilities, cultural, geographic or social isolation caused by racial or ethnic status etc. The GLSS Caregiver program supports individuals who struggle to deal with financial and emotional demands of caregiving and who are often surprised that services exist to help them with the burdens they shoulder. Alternatively, some GSN individuals have been ostracized by family due to social or health-related issues. GLSS's Caregiver Specialist and others are working to reach out to this GSN population by partnering with groups such as the Lynnfield Community Outreach organization, a coalition of police and mental health specialists who connect those with GSN to appropriate supports.

1. Whether older individuals are GEN or GSN or both, GLSS will continue to seek out innovative practices to broaden the spectrum of these individuals reached by GLSS programming.

2. GLSS will also continue to reach out to minority and underserved populations through partnerships with other community businesses and organizations. For example, during the 2025 Needs Assessment we were able to leverage our relationship with Rainbow Adult Day Health to conduct surveys in English, Khmer, and Haitian Creole. We enjoy strong partnerships with the Food Policy Council, members of the LGBTQ+ Aging Roundtable, Lynn Continuum of Care, MGB/Salem Hospital, Lynn Housing and Neighborhood Development, Saugus Housing Authority, Councils on Aging, other ASAPs, and more. Our goal is to strengthen these relationships and build additional partner relationships to reach out to new GEN and GSN client populations.

Strategies to Impact Social Determinants of Health

1. Strategies to Address Socioeconomic Status – Currently, we are serving 4,332 individuals age 60 or older who are receiving MassHealth assistance. GLSS's three Certified Application Counselors will continue to assist these and other older adults with MassHealth applications, and Case Managers will continue to provide information and application assistance for a variety of public benefits, such as SNAP, Low Income Home Energy Assistance Program (LIHEAP), and MassHealth.

2. Strategies to Address Social Isolation – Social isolation can cause loneliness in older adults. Prolonged loneliness has been associated with higher rates of cognitive decline, premature death, heart disease, and stroke. Home and Community Based Services (HCBS) provided by GLSS will continue to help combat loneliness among consumers. Additional services provided to address loneliness and isolation will include support groups and health education workshops offered by our Family Caregiver Support Program, Wellness Pathways, and Behavioral Health Team. These activities will be offered in person as well as virtually. GLSS will also continue to produce a monthly cable television show called "GLSS TV" to reach, educate, and engage individuals throughout the Lynn area. At our Supportive Housing sites in Lynn and Saugus, we are increasing our social engagement activities, and adding new initiatives including on-site behavioral health supports, digital access supports, and cooking classes.

   In its Title III-B RFP process for FFY2026, GLSS will seek to fund intergenerational programming for the services it offers, such as the Swampscott Opening Minds through Art Program. According to the American Psychological Association, greater intergenerational connectedness has the potential to mitigate the public health crisis of loneliness

and isolation—an epidemic that can increase the risk of mortality as much as smoking up to 15 cigarettes a day.[xi] In addition, GLSS will host a group of high school aged interns from Girls, Inc. over the summer.

In the coming year, GLSS plans to expand its offering of educational and social support activities. One specific area of outreach will be the older LGBTQ population. GLSS participates in the statewide monthly LGBTQ Aging Programs Roundtable where we have built a network of partnerships with organizations serving the older LGBTQ community. GLSS has also participated in and sponsored the annual North Shore Pride festival for a number of years. Recently, GLSS has reestablished an agency committee focused on outreach to older LGBTQ individuals which will begin offering social events for this group. GLSS will be seeking funding to support this project.

3. Strategies to Provide Access to Safe/Accessible/Affordable Housing—GLSS' Housing Advocacy program will aid older adults seeking to preserve or obtain safe, affordable, and accessible housing. Formerly grant funded, this program is now receiving 93% of its funding from internal program funds, with 7% of program funds coming from a Title IIIB supplement. GLSS is actively seeking additional external funding but is committed to supporting this essential area of advocacy and support for older adults. The Housing Advocacy team works closely with our Money Management program to address budgeting and financial management issues that can threaten housing preservation. In addition, collaboration with our SCO and Home Care teams helps address service needs that can support housing preservation, such as chore services and accessibility adaptations.

   GLSS also will continue to maintain three AGE Supportive Housing contracted sites in Lynn and Saugus, and one AGE Congregate Housing contracted site in Lynn. In addition, through a private partnership with Maloney Properties, GLSS will continue to offer supportive housing services at St. Theresa House in Lynn. GLSS has a long-standing collaborative relationship with Lynn Housing Authority and Neighborhood Development (LHAND), with whom we are actively exploring additional opportunities to provide supportive services to more older residents of LHAND properties.

   GLSS representatives will actively serve on the Lynn Continuum of Care, a coalition of non-profit organizations in the City of Lynn working together as a collaborative team to end homelessness.

Strategies to Improve Healthcare Access and Quality

1. GLSS has entered into a partnership with Massachusetts General Brigham/Salem Hospital to offer an array of services through HCBS and Options Counseling, LTSS after Institutionalization, and the Phoenix Food Hub.
2. GLSS is also partnering with Elder Services of Worcester and Blue Cross Blue Shield of MA to provide transitions coaching to Blue Cross Blue Shield of Massachusetts patients following Emergency Room visits.
3. SHINE Program - GLSS fielded 687 SHINE-related calls in 2024. Our two certified SHINE counselors will continue to provide unbiased health insurance counseling information and assistance to Massachusetts residents with Medicare, their caregivers, and those approaching Medicare eligibility. In addition, GLSS continues to seek volunteers to become SHINE counselors who can assist older adults at area COAs.

4. Benefits Support Program - GLSS has three Certified Application Counselors (CACs) who assist older adults with MassHealth applications. In 2024, 183 older adults received application assistance from GLSS CACs. Since 2022, GLSS has received funding from AGE to maintain a Benefits Support Program, allowing our CAC supports to expand beyond enrolled SCO and Home Care consumers, to assist any adult age 65+ with a MassHealth renewal or new application. Through this funding and with help from our partner organizations, GLSS has significantly expanded the program.

Strategies to Assist with Transportation Access

1. Lack of access to transportation affects health care accessibility, food security, social inclusion, safety, and independence in the community. Transportation is often expensive, and therefore affects economic security as well. Not surprisingly, both our statewide AGE -directed Needs Assessment survey and our local Quality of Life survey in FFY2025 identified transportation as a top-three need. GLSS staff members across the agency will continue to do what they can to assist with transportation on an individual level. GLSS case management staff will assist older adults with accessing available transportation resources through MassHealth, Home Care, and SCO plans. Finally, GLSS TV, with its broadcast coverage in the cities of Lynn, Lynnfield, Swampscott, Saugus and Nahant, will continue to provide an additional channel to reach consumers in the comfort of their own homes with travel and mobility tips from our Mobility Specialist and Manager in monthly segments.
2. The Move Safe/Mobility Links Program will continue to strengthen the capacities of consumers to effectively navigate around their community, optimally using available options including public transportation. It comprises transportation safety and falls reduction supports; exercise programs to increase flexibility and balance; a comprehensive regional mobility options database; travel counseling supporting consumers' connection to a wide range of mobility options; and driver safety, modification, and cessation supports. Staffing includes a Community Health Worker, who is also trained as an OTA, who delivers falls prevention and travel counseling offering ride connection options; a part-time Driver Cessation Specialist who organizes community audiences and engages multiple sectors' programming; and part time data analysts who track project impact.
3. GLSS plans to leverage the Mobility Links program to effectively transport home-bound consumers or those facing transportation barriers through our pilot initiative within Mobility Links. Initially, this will be limited to transportation from Phoenix Food Hub. Over time, we expect to expand services to other agency supports within and adjacent to Lynn. By partnering with local transit services (Sunshine Taxi), GLSS aims to establish a reliable shuttle or taxi system that accommodates the specific needs of these individuals. Other resources in the area include apps such as go-go-grandparent, Uber, or Lyft. These all either charge a fee—which is not always affordable for everyone—and/or require technology, which is not always accessible. Mobility Links will explain and connect consumers with these resources as well as services such as Ride Match, a free service in Massachusetts.
4. A key focus of Mobility Links is the integration of disparate resources into a seamless package of supports that meets the particular needs, preferences and capacities of our consumers. In addition, by collaborating with key community stakeholders, including local health centers, housing authorities, and COAs, GLSS will be better able to identify

individuals in need, ensuring comprehensive, wrap-around services. This integrated approach will ensure that mobility and food access challenges are addressed collectively, improving overall health outcomes for the population.

Nutrition Access and Quality Strategies

1. In addition to our Congregate, HDM, and In-House Phoenix Food Hub offerings, GLSS will work to reach out to populations in our community that are unable to come to the Hub. In our Community Grants program, GLSS has partnered with Mass General Brigham to offer grants to community partners, who are working with these harder to reach populations, to enable GLSS services and resources to reach GEN and GSN individuals who can't come to us. Also, our Wellness Pathways programs such as the evidence-based "Healthy Eating for Successful Living" workshop can be conducted wherever people need it in our communities.

2. GLSS will continue to support nutrition access through SNAP benefits counseling provided via the Phoenix Food Hub. In addition, Home Care and SCO will continue to provide advocacy, information and referrals to consumers experiencing barriers to accessing and utilizing their SNAP benefits.

Strategies to Combat Racism and Discrimination

1.GLSS recognizes that its PSA is growing ever more diverse, as noted in our Demographics update. Accordingly, GLSS continues to regularly monitor employee caseload assignments to ensure that consumers are assigned to culturally and linguistically appropriate case managers whenever possible.

2.In 2025, GLSS launched a Belonging Initiative, an organization-wide effort to create a standard that recognizes and celebrates our talents, our differences, and those of the people we take care of. Some of the outcomes of this initiative will include the development of policies and procedures to address bias, culture, and discrimination, establishing a committee to organize activities and educational opportunities for employees, and the implementation of a bias incident reporting process.

Strategies for Serving Older Adults Living with HIV/AIDS

1.Of the total population of people living with HIV in Massachusetts, 64% are age 50+.[xii] This statistic is the same among women and men. This reflects the success of medications and treatments available and suggests that focusing on management of HIV as a chronic condition is an important area for education, outreach, and supports. In response, GLSS is committed to expanding its outreach to this population.

2.GLSS will continue its partnership with the New England AIDS Education and Training Center, committing to send more employees to the annual conference for education on the topic of "HIV over 50," as well as offering training on HIV and Aging to all ASAP and AAA staff.

3.GLSS will add "Aging Well with HIV"—an evidence-based chronic disease self-management workshop—to the list of programs offered by our Wellness Pathways program. This will require additional workshop leader training and incur the expense of offering workshops both in person and remotely. GLSS will actively be seeking funding for this effort.

Strategies for Providing LTSS Participant-Directed/Person-Centered Care

1. Participant-directed care models are effective in supporting informal caregivers, which is essential to compete with burdens on the home care workforce and allows participants to receive more flexible, personally tailored, and culturally and linguistically appropriate care. GLSS has seen increased enrollment across all participant-directed care models in our SCO and Home Care programs in the past 4 years and anticipates continued growth for these service models. GLSS will continue to educate all program applicants about participant-directed care models.

2. Options Counseling is a person-centered service provided to any older adult or person with a disability or caregiver, seeking support in coordinating LTSS in the community. Options Counselors provide short-term counseling and facilitate access to services through the model of "decision support." GLSS provides this service as a founding member of the Greater North Shore Link, the Aging and Disabilities Resources Consortium (ADRC) serving the North Shore region. GLSS will continue to offer Options Counselors who specialize in a number of areas, including affordable housing, public benefits, in-home services, and long-term care. In the coming year, GLSS intends to expand its outreach for this service through our partnership with MGB/Salem Hospital and our Community Services Liaison Program. This program will allow us to embed the Options Counseling service in Salem Hospital to provide patients with faster access to information and LTSS community supports.

3. Through its Community Transitions Liaison Program (CTLP), GLSS will continue to provide counseling, advocacy, information, and care coordination to nursing facility residents who want to transition to the community. In the first two years of this program at GLSS, our liaisons have worked with 89 individuals whose goal is to transition to the community, and have facilitated 39 successful discharges in that time. These discharges included locating affordable permanent housing for 22 nursing facility residents for whom housing was a barrier to discharge. The CTLP work involves extensive resource gathering, advocacy, and referrals, including applying for housing, securing identification documents, and enrolling in MassHealth and other community benefits.

3. EXPANDING/SECURING ACCESS TO HOME- AND COMMUNITY-BASED SERVICES

Goal: Through its Home Care, SCO, and One Care programs, GLSS will continue to secure and expand access to Home- and Community-Based Services (HCBS), which are fundamental to making it possible for older adults to age in place.
Objective: Despite reduced state funding for Home Care programs in 2026, GLSS will continue to find HCBS for at least 5,853 individuals through a broader array of offerings at GLSS and partner organizations.

Strategies for Expanding and Securing Access to Home- and Community-Based Services

1.Through Home Care, SCO, Adult Foster Care, and One Care programs, GLSS provides case management and in-home direct supports to 5,853 individuals as of May 2025. GLSS' Home Care and SCO enrollments have steadily and significantly increased since the pandemic, when the home care workforce crisis resulted in fewer supports and options available to individuals seeking access to in-home services. Through active outreach in the community, in addition to collaborative partnerships with community providers, Home Care and SCO have grown by 18% since 2022. GLSS will seek to ensure that these clients continue to receive HCBS over the next four years through collaboration with a variety of partners, including state and Medicaid-funded programs.

2.With funding for state Home Care program services being reduced in the coming year, GLSS will continue to advocate and provide referrals to help applicants find the best HCBS program

to meet their needs. For some applicants who may have previously enrolled in Home Care, this may now mean connecting them with a SCO plan, One Care, an ACO/Certified Community Partner, PACE, state plan services, participant-directed care, or a variety of other models.

3. GLSS will increase its outreach and education regarding Frail Elder Waiver enrollment. This includes providing informational materials to Home Care consumers and applicants, and outreach events in the community, including COAs and housing sites. With three Certified Application Counselors at GLSS and expanded availability to support all MassHealth applicants age 65+ through our state-funded Benefits Support Program, GLSS plans to increase access to HCBS for older adults through MassHealth and Frail Elder Waiver programs and services.

4. Community-Based LTSS after Institutionalization - In partnership with Agespan and MGB/ Salem Hospital, GLSS participated in the Hospital to Home Partnership Program (HHPP) from September 2024 to June 2025. Through HHPP, a GLSS liaison was embedded at Salem Hospital. The role of the liaison is to assess functional, health, and Social Determinant of Health (SDOH) needs, and facilitate HCBS referrals to allow more patients to discharge to their homes in the community, rather than to nursing facilities, as well as to reduce re-admissions within 90 days of discharge. This program lost all of its funding (state funds through AGE). For FFY2026, GLSS will continue to provide LTSS coordination supports at Salem Hospital through Options Counseling, while pursuing ongoing funding to restore the Hospital to Home Partnership Program. In addition, GLSS will begin partnering with Blue Cross Blue Shield MA to provide transitions coaching for BCBSMA members who have an ER visit, through a program called Transitions in Care (TIC).

4. CAREGIVING

Goal: GLSS will enhance and provide a range of services and supports to family and informal caregivers to assist them in caring for loved ones, with a focus on promoting person-centered supports and developing tools and services that address caregivers' needs.
Objective: GLSS will implement at least two new caregiver initiatives in the next four years, and add at least 2 volunteers to assist with the GLSS caregiver programs.

Caregiver Program Strategies

1. GLSS' Caregiver Program will continue to use a person-centered Family Caregiver Assessment, developed by the AGE Massachusetts Family Caregiver Support Program (MFCSP) when meeting with new referrals. This assessment provides a comprehensive overview of each Caregiver's situation including demographics, activities of daily living (ADL) and instrumental activities of daily living (IADL) needs, medical needs of caregiver and care recipient, and existing supports and needs.

2. The Caregiver Program will continue to provide:

- Assessments to help caregivers identify services and support needs for themselves and their loved ones.
- Information about resources, and referrals to specific services and programs that meet caregiver's needs.
- Counseling to help caregivers cope with the stress, worry, and loneliness that they often experience.
- Education and training in skills that caregiving requires along with specialized support in dealing with the effects of Alzheimer's Disease and dementia.
- In-person and virtual support groups where caregivers share the joys and challenges of caregiving, along with helpful tips and resources.

- Individual meetings with caregivers and families to work on plans for providing the best care available for their loved one.
- Assistance in finding respite care to obtain "time off" from caregiving responsibilities.
- Special events and programs that provide connections for caregivers and care recipients with people who understand and support them in their journeys.

3. The first series of cooking and wellness classes for caregivers, offered in the Phoenix Food Hub facilities was successfully launched in Spring of 2025. The series culminated in a creative and engaging cooking competition for caregivers and care recipients.

4. The GLSS Caregiver Program will investigate funding options, perhaps from the Lifespan Respite Care Program, to provide respite stipends to caregivers as needed, or to fund adult day health and respite care as requested by caregivers. Also, funding will be sought to provide opportunities for use of technology and equipment to support caregivers who do not qualify for assistance provided by other programs such as home care.

5. GLSS intends to increase its dementia friendly community focus by providing Dementia Friends information sessions to a widespread audience throughout our catchment area. In addition, the agency would like to increase the number of Dementia Friends Champions employed by GLSS to provide Dementia Friends sessions to targeted audi-ences (languages, LGBTQ, etc.).

6. The Caregiver Program hopes to bring in one or more interns who will assist with in-takes, support groups, individual counseling, caregiver day and/or event back-up. In addition, the program is working with GLSS's new Volunteer Coordinator to bring in volunteers who might assist with Memory Cafés, a caregiver coaching program, cooking classes and caregiver day events.

7. The Caregiver program will utilize a new Dementia Friends curriculum oriented towards the LGBTQ community to provide information sessions.

Strategies for Supporting Grandparents Raising Grandchildren

1. The GLSS Caregiver Program plans to continue working with the Massachusetts AGE Commission on Grandparents Raising Grandchildren (GRG). The Caregiver Specialist (CGS) receives regular e-mails from the commission related to webinars, groups, commission meetings and resources to support grand-families and kinship families and will forward that information on to registered GRG/Kinship families.

2. The North Region Long-Term Services and Supports Partnership (NRLP) Senior Clinical Lead, a Licensed Mental Health Counselor (LMHC), also continues to support the GRG group currently offered by the Lynn Family Resource Center as a service provided by the GLSS Caregiver Program.

3. Our CGS recently completed the Massachusetts AGE Commission on Grandparents Raising Grandchildren's Support Group training and is now trained to lead GRG/Kinship Family support groups. The CGS has partnered with the Lynn COA Director to facilitate a new GRG group focused on grandparents affected by the Opioid crisis. This new group will be funded by a grant recently secured by the Lynn COA.

4.Greater Lynn agencies who provide services to grandparents raising grandchildren and kinship families recently formed a working group to coordinate services. This group meets monthly and agencies involved include the Lynn COA, Lynn Family Resource Center, Lynn Community Connections Coalition and GLSS. This enhanced coordination will seek to strengthen and broaden the network of services provided to GRG clients.

CONCLUSION

Over the next four years, Greater Lynn Senior Services aims to remain resilient and adaptable, working closely with partner organizations and state and federal collaborators to continue to develop, maintain and expand services for older adults, their caregivers, and people living with disabilities, while advocating for and promoting services that enable consumers to maintain their independence and dignity while remaining in their community. GLSS will focus on targeting older adults with Greatest Economic Need and Greatest Social Need as it prioritizes its Home- and Community-Based Services and Caregiver services, which will provide its older adult consumers with the resources necessary to comfortably and safely age in place. Though political winds will blow, GLSS will draw on its experience and expertise to make good on its longstanding commitment to fulfill the promise of the Older Americans Act.

END NOTES

i Massachusetts AI and Technology Center (Mass AITC) 4/22/25 Webinar, 'Harnessing the Power of Technology to Change the Way We Age.

ii 2025 Massachusetts Healthy Aging Data Report.

iii 2025 ibid.

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

v Ibid.

vi Ibid.

vii U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates- reported in last twelve months (S1703) https://mapublichealth.org/priorities/access-to-healthy-affordable-food/ (2018).

viii Ibid.

ix Ibid.

x Ibid.

xi Holt-Lunstad, J., Smith, T. B., Baker, M., et al, (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. Perspectives on Psychological Science, 10(2), 227 – 237. https://doi.org/10.1177/1745691614568352.

xii Massachusetts HIV Epidemiologic Profile Statewide Report – Data as of 1/1/2024, Massachusetts Department of Public Health Bureau of Infectious Disease and Laboratory Sciences, p. 15, Figure 11.

AREA PLAN ON AGING 2026-2029

Greater Lynn Senior Services

ATTACHEMENTS AND ADDENDA

Attachment A: Area Agency on Aging Assurances and Affirmation

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

OAA Sec. 306, AREA PLANS

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

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

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

the provider;

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

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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically

including survivors of the Holocaust; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

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

(H) in coordination with the State agency and with the State agency responsible for elder

abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(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)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

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

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

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

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

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

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

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

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

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

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

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

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

institutions that have responsibility for disaster relief service delivery;

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

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

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

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

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

Area Agency on Aging:

7-8-25
Date

Signature - Chairperson of Board of Directors

7.7.25
Date

Signature - Chairperson of Area Advisory Council

7/7/25
Date

Signature - Area Agency on Aging Executive Director

Attachment B: Area Agency on Aging Information Requirements

Area Agencies on Aging must provide responses, for the Area Plan on Aging (2026-2029) in support of each Older Americans Act (OAA), as amended 2020, citation as presented below. Responses can take the form of written explanations, detailed examples, charts, graphs, etc.

1. OAA Section 306 (a)(4)(A)(i)(I)
Describe the activities and methods that demonstrate that the AAA 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;

Objectives will be set during the two-year request for proposal process soliciting services from community partners for Title III-B grants. This process will emphasize preference given to programs that provide services to individuals with greatest economic need, older individuals with greatest social need, older individuals at risk for institutional placement, as well as those who are disadvantaged by linguistic barriers. Annual monitoring visits to contracted organizations will include a review of how they are meeting these objectives.

GLSS will provide the following services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement between October 1, 2025 and September 30, 2029:

- *Home Care services including FEW, ECOP, and CDC programs*
- *Home Delivered Meals*
- *Congregate Meals*
- *Long-Term Care Ombudsman*
- *Health Education and Wellness Virtual Programs*
- *Money Management Program*
- *One Care LTSS Supports for older One Care Members*
- *Options Counseling*
- *Protective Services*
- *Senior Care Options*
- *Wellness Pathways (Evidence-based programs)*
- *Women's and Family Abuse programs*
- *Benefits counseling, including SHINE*
- *Mobile Mental Health*
- *Enhanced Information and Referral*
- *Family Caregiver Support Program*
- *Housing/Homeless Outreach*

- *Congregate Housing*
- *Supportive Housing*
- *GLSS TV*
- *Transitions in Care Hospital Liaison, Salem Hospital*
- *Conversations for Caring (provider-focused training) enabling providers to support all ages in dealing with issues including how to access affordable healthcare, homelessness, anxiety and dementia and more.*
- *Phoenix Food Hub services including a community-based food pantry, nutrition education and support, healthy cooking classes, mental health support through Food & Thought Program (connecting emotional well- being and stress management with nutrition), SNAP outreach and enrollment assistance, HDM and Emergency food box distribution, brown bag food distributions, transportation safety and falls reduction supports, mobility counseling and travel training, driving cessation webinars and toolkits, mobility links ride-finding service, and collaborations with healthcare providers.*

(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**;**

There are no rural communities in the GLSS catchment area. Objectives supporting services to low-income minority older individuals and older individuals with limited English proficiency will include:

- *105 GLSS staff members who speak 18 languages, including Russian, Spanish, and Khmer. At least 80% of non-English speaking consumers work with case managers who speak the consumer's native tongue.*
- *Collaboration with organizations in the area that focus on delivering supports to cultural minorities, such as Lynn Community Health Center, Family and Children's Services, Leading through Empowering Opportunities (LEO), New American Center, Best Choice Adult Day Health Care, Lynn Zabota and Staywell ADH (Russian speakers), East Point Adult Day Care, Lynn Adult Day Care Center and North Shore Adult Day Care (Latino elders), and Rainbow Adult Day Health (Khmer and Creole-speaking elders)*
- *GLSS Marketing materials available in Russian, Spanish*
- *Wellness Pathways programs offered in Spanish and Russian*
- *Phoenix Food Hub is being introduced to offer nutrition-oriented resources in downtown Lynn to support all elders and others in the community, and especially the low-income, minority cohort that reside in the downtown area.*
- *Most Phoenix services are available in multiple languages, particularly English and Spanish (navigation/service coordination; SNAP counseling; cooking classes; nutrition screening; nutrition counseling and education classes (with interpreter); Food and Thought (with interpreter); upcoming gardening classes (with interpreter)*
- *Housing/Homeless Outreach is offered in English and Spanish*

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

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

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

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

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas 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 [as germane] within the planning and service area;

GLSS will include a requirement that any provider of services under this title 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 [as germane] within the planning and service area;*

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

Describe how the AAA will use outreach efforts that will:

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

(I) older individuals residing in rural areas;

GLSS has no rural communities in its catchment area.

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

Money management program – assist individuals who need assistance managing and budgeting their finances
SHINE counseling
CAC assistance with MH applications
PFH SNAP benefit counseling

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

- *LGBTQ+ - GLSS has established an LGBTQ+ Committee that will be planning outreach activities and social events for older LGBTQ+ individuals. We will participate in North Shore Pride festival and parade to distribute information about resources and supports and engage members of the community.*
- *Options Counseling has a monthly presence in several area Senior Centers – offering assistance with public benefits, housing, and HCBS referrals.*
- *Housing Advocacy (this group doesn't actually do specific outreach because word of mouth keeps their schedules full)*
- *Brown bag distribution*

(IV) older individuals with severe disabilities;

The Disability Resource Center is a partner of ours in the Greater North Shore Link (our ADRC). Through the Link we participate in regular meetings with other disability providers in the region. We also do outreach at Adult Day Health programs throughout our area.

(V) older individuals with limited English proficiency;

Our printed information is available in multiple languages. In addition, we employ staff who speak 18 different languages and whenever possible we pair consumers with staff members who speak their language. Finally, many of our PFH and Wellness Pathways classes are offered in English and Spanish with some Russian offerings as well.

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

Our Caregiver Specialist, a Dementia Friends Champion, is actively engaged with COA and town leadership in the 5 town catchment area. She participates in a Lynn Grandparents raising grandchildren workgroup, and partners with the Lynn Senior Center to offer groups to this population. She is also involved in a Lynnfield work group related to supporting aging residents, including caregivers and individuals with dementia. We offer regular Memory Cafés as well as Caregiver Days (day-long events focused on caregiver education and support. In addition, through our Title III-B grants, we support the Swampscott Opening Minds Through Art program which serves this population.

We are applying for grant funding to increase our ongoing supports to caregivers beyond their initial Family Caregiver Support Program interventions. This might include services and supports provided by a trained volunteer corps, as well as a digital engagement and support platform for caregivers that would include educational videos and information, resource navigation, and social support.

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust;

In 2024, GLSS launched our successful Hospital to Home Partnership Program, in partnership with Agespan and Salem Hospital. GLSS will continue this effort into the coming Fiscal Year. The Hospital to Home Liaison meets with patients at Salem Hospital to provide Options Counseling, decision support, and appropriate referrals for community based HCBS. The Liaison also follows

up with the patient after discharge. This year we will become a partner in the BCBS Transitions in Care program, providing care transitions support to patients experiencing an Emergency Department visit. We are entering our third year of our Community Transitions Liaison Program through AGE. Through this program, care coordinators engage with nursing facility residents who wish to return to the community. The assess individual needs and barriers to discharge, assist in accessing resources, and facilitate referrals and supported discharge to community settings.

4. OAA Section 306 (a)(6)
Describe the mechanism(s) for assuring that the AAA 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;

GLSS takes into account the views of recipients of services under the Area Plan through engagement with:

- *GLSS Advisory Council*
- *Board of Directors*
- *"Conversations for Caring" program*
- *Evidence-based program surveys*
- *Home Care, SCO, and Title III provider monitoring*
- *Online and written surveys of consumers and providers, including annual Consumer Experience surveys*

(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;

GLSS will serve as the advocate and focal point for older individuals within the community through its leadership roles, partnerships with and/or participation in:

- *GLSS Advisory Council*
- *Aging Services Access Point Quality Network*
- *Board of Directors*
- *Northeast Legal Aid*
- *Mass Home Care*
- *Greater North Shore LINK*
- *Lynn Council on Aging*
- *Lynnfield Council on Aging*
- *Nahant Council on Aging*
- *Saugus Council on Aging*
- *Swampscott Council on Aging*

5. OAA Section 306 (a)(6)(I)
Describe the mechanism(s) for assuring that the Area Plan will include information detailing how the AAA will:
(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

AAA Response:
GLSS will, to the extent feasible, coordinate with the Massachusett's Rehabilitation Commission's MassAbility Programs through our connection with the ADRC and our Information and Referral services.

6. OAA Section 306 (a)(7)
Describe how the AAA will address the following assurances:
(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

GLSS will facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by-

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.

GLSS provides information, resources, referral, outreach, case management, and service coordination through a variety of programs and services, including the State Home Care program, Senior Care Options, One Care, Information and Referral, Options Counseling, Family Caregiver Support Program, North Region LTSS Partnership, Community Transitions Liaison Program, Protective Services, and the Phoenix Food Hub. In these roles, we collaborate with numerous community service partners, including:

1. *Area ASAPs in the Lifetime Care Solutions consortium – SeniorCare, Mystic Valley Elder Services, Somerville-Cambridge Elder Services, Agespan, Springwell, and Greater Lynn Senior Services, Inc.*
2. *Bridgewell*
3. *Element Care*
4. *Greater North Shore LINK*
5. *City of Lynn*

6. *Councils on Aging*
7. *Home Care, SCO and Title III Provider network*
8. *Lynn Community Health Center*
9. *Recuperative Care Center*
10. *Northeast Arc*
11. *Northeast Legal Aid*
12. *Lynn Food Policy Council*
13. *MassHealth and various Accountable Care Organizations*
14. *Lynn Housing and Neighborhood Development*
15. *Saugus Housing Authority*
16. *Eliot Community Services*
17. *Gather Health*
18. *LEO, Inc.*
19. *Lynn Shelter Association*
20. *My Brother's Table*
21. *Disability Resource Center*
22. *Catholic Charities*
23. *Greater Boston Food Bank*
24. *Massachusetts Coalition for the Homeless*
25. *Lynn Police Department*
26. *Lynn Fire Department*
27. *Mass General Brigham (MGB) Salem Hospital*
28. *Several local/regional coalitions and task forces bringing together community organizations focusing on various Social Determinants of Health, such as the Lynn Continuum of Care committee, Jail Diversion team, Lynn PD Behavioral Health group, Grandparents Raising Grandchildren Task Force, LGBTQ Aging Roundtable, and the Lynn Food Policy Council*
29. *Adult Day Health programs:*
    - *Zabota ADH Center*
    - *Rainbow ADHC of Lynn – Bayon Center*
    - *Lynn Adult Day Care*
    - *North Shore ADHC*
    - *Shapiro Rudolph ADHC*
    - *Best Choice ADHC*
    - *East Point Adult Day Health Center*
    - *Stay Well ADHC*
30. *Area Nursing Homes:*
    - *Alliance Health at Abbott*
    - *Cambridge Rehab and Nursing Center*
    - *Chestnut Woods Rehabilitation and Healthcare Center*
    - *Jesmond Nursing Home*
    - *Life Care Center of the North Shore*
    - *Neville Center at Fresh Pond*

- *Sancta Maria Nursing Facility*
- *Saugus Rehab and Nursing*
- *The Rubin Home*

31. *Rest Homes:*
    - *Lynn Home for the Elderly*
    - *Lynn Shore Rest Home*
    - *VNA at Highland*

(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;

GLSS will:

- *In conjunction with the State Unit on Aging, conduct a needs assessment of elders and caregivers of elders in the catchment area every four years, with particular attention to those in greatest economic need and greatest social need.*
- *Conduct annual Quality of Life Surveys of GLSS consumers, directed towards identifying the needs of elders in their community.*
- *Develop a request for proposals from service providers to provide services that address the top needs identified in the Needs Assessment process.*
- *Through its Long-Term Care Ombudsman Program, conduct regular nursing and rest home visits to each facility in its area to evaluate the environment and identify any residents who may need Ombudsman assistance advocating for their concerns and improving their care and quality of life.*

In addition, sources of data and information GLSS uses to make recommendations about the needs and preferences of older adults and caregivers include the quadrennial state Needs Assessment, US Census data, Massachusetts Healthy Aging Collaborative, and a variety of Consumer Satisfaction Surveys. GLSS trains all program staff in Person-Centered Care Planning and Consumer Choice. GLSS strives to provide culturally and linguistically appropriate services, including matching consumers with staff who speak the same language, when possible. In response to increasing interest in self-directed care models, GLSS has greatly increased its delivery of Consumer Directed Care (CDC) in both our SCO and Home Care programs. Another example of GLSS' responsiveness to the needs of a group is demonstrated through the adaptation of our Family Caregiver Support Program services to better support Grandparents Raising Grandchildren (GRG). While we have provided a support group for this population for many years, we are now expanding our work with this population by partnering with other local city and community organizations in a GRG Taskforce, in particular developing shared programming and resources with the Lynn Senior Center. An additional example can be seen in our Behavioral Health Outreach to Aging Populations (BHOAP) program. The BHOAP grant has allowed us to increase our focus on outreach and engagement to older adults in the community with Behavioral Health needs, including those who speak Spanish. The outreach supports

offered by our BHOAP team allow older adults to more fully engage in efforts to address Social Determinants of Health that present barriers to engaging in long-term traditional community behavioral health models.

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

GLSS holds contracts with 48 providers of HCBS such as Adult Day Health, Personal Care, Homemaking, Complex Care Training & Oversight, Companion, Transportation, Laundry, Chore, Personal Emergency Response Systems, Environmental Accessibility Adaptation, Home Health Aide, Peer Supports, and other supportive services.

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

In recent years, GLSS has successfully launched two important programs providing supports with transitions in care settings for older adults: Community Transitions Liaison Program (CTLP) and Hospital to Home Partnership Program (HHPP). Through the CTLP initiative, GLSS embeds care coordinators in our local nursing facilities, where they identify residents who are interested in moving into the community but need help overcoming barriers. The HHPP is a partnership with MGB Salem Hospital and Agespan to support hospital patients in successful discharges to the community, as an alternative to nursing facilities, and to reduce rehospitalizations among this population. In the coming year, GLSS will expand the focus on transitions in care through a partnership with Blue Cross/Blue Shield and Elder Services of the Worcester Area to provide transitions coaching for older adults who have visited the Emergency Department.

(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;

Evidence-based programs available through GLSS will include:

- *A Matter of Balance (English and Spanish)*
- *Chronic Pain Self-Management*
- *Diabetes Self-Management (English and Spanish)*
- *My Life My Health: Chronic Disease Self-Management*
- *Tomando Control de su Salud*
- *Healthy Eating for Successful Living in Older Adults*
- *Aging Well with HIV*

We expect the number of workshops we deliver on a yearly basis to continue to grow in response to the demand in the community and GLSS's decision to enhance its outreach to hard-to-reach communities. Our plan is to deliver at least 18 to 26 workshops per year over the next four years and to service at least 250 to 300 participants every year. All Workshops offered

through GLSS are available in English and Spanish and some workshops are offered in Russian. We will increase the number of workshops that at delivered in Russian by the end of FY26.

We will continue to deliver workshops in all five cities and towns in our catchment area. Most workshops will be delivered in densely populated areas, primarily in areas where low income and/or hard to reach people live. Outreach to potential participants will be done at subsidized housing, elderly housing sites, Councils on Aging, Adult Day Health Centers and other areas where a number of residents or participants are low-income and/or speak a second language or limited English. Workshop referrals also come from Case Managers, GSSCs, RNs, ADH Centers, and others who have the ability to identify low-income or disabled consumers who could benefit from participating in wellness workshops.

7. OAA Section 306 (a)(10)

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

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

GLSS has various tools in place for older individuals who are dissatisfied with or denied Title III or other services. Examples include:

1. *The Consumer Complaint process is provided to each new client in their welcome packet. This provides information about handling complaints from individuals who are dissatisfied with or denied services. The Consumer Complaint process includes:*
   - *Consumer Grievances*
   - *Critical Incident Management System*
   - *Handling Complaints from individuals*
2. *GLSS Title VI and Related Federal and State Non-Discrimination Obligation Complaint procedure posted in the main reception area of Greater Lynn Senior Services and the GLSS website. This complaint process is for anyone who feels they have been discriminated on the basis of race, color, national origin, sex, age, disability, income, religion, creed, sexual orientation, gender identity or expression, veteran's status and/or ancestry .*
3. *Consumer experience surveys are implemented, reviewed and acted upon for all Title III, Home Care and SCO programs*
4. *Home Care consumers are instructed to contact their assigned Case Manager or Case Manager on Duty with any questions or concerns about their services or needs at any time.*
5. *The consumer's Case Manager and the Program Manager are notified of any complaints not directly received by them, and the appropriate supervisors (Director of Home Care Services, the Director of Clinical Services, Manager of Provider Relations) are consulted to resolve the issue.*
6. *Long-Term Care Ombudsmen provide information and consultation to nursing and rest home residents on residents' rights surrounding abuse, neglect, mistreatment, and misappropriation of a resident's property, and will advocate for residents' concerns around care and life at the facility.*

8. OAA Section 306 (a)(11)

Describe the procedures for assuring the AAA will:

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

Per the U.S. Decennial Census 2020, 0% of people who are 60+ years old in the GLSS catchment area are American Indian/Alaska Native. The American Community Survey (ACS) 2018-2022 indicates that 75 people ages 55+ in the GLSS catchment area are Native Alaskan/Native American. This represents 0.2% of the GLSS total 60+ population (though some of these individuals may not be aged 60+.) In FFY2025, the GLSS database reflects that 5 unique individuals self-identifying as Alaskan/Native American have successfully accessed GLSS services. GLSS will continue to make all services available to all consumers regardless of race, ethnicity, or other demographic classification. In addition, GLSS will work with AGE and neighboring agencies in its outreach efforts to provide offerings for this older Native American population.

9. OAA Section 306 (a)(17)

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

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

GLSS's Continuity of Operation Plan (COOP) provides policy and guidance to ensure the execution of essential functions in the event that the agency's operations are threatened. It is an extension of the Long-Range Disaster Plan. These plans were established for the coordination of activities, and development of long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery. Coordination of activities includes participation from GLSS personnel, and the agencies and organizations listed below:

- *Staffing Response Team comprised of the Executive Director and Senior Managers*
- *Local, State, and Federal government agencies including the Commonwealth of Massachusetts, the City of Lynn Emergency Management Team, Department of Mental Health, Department of Public Health, and the Massachusetts Emergency Management Agency*

- *Local fire and police departments of Lynn, Lynnfield, Nahant, Saugus and Swampscott*
- *The Greater Boston Food Bank, as well as local supermarkets and restaurants, to ensure access to food for MOW*

To ensure GLSS is in compliance with §1321.97 and §1321.103 of the 2024 Older Americans Act Final Rule, the agency will establish the following emergency planning documents by October 1, 2025:

- *Greater Lynn Senior Services Continuity of Operations Plan (COOP)*
- *All-hazards emergency response plan*
- *Risk assessment*
- *Long-Range Emergency and Disaster Preparedness Plan describing coordination activities for the development and implementation of the plan, including:*
    - *Plans for coordination between GLSS and AGE*
    - *Specific hierarchies between GLSS and AGE, MEMA, towns/city, and COAs*
    - *Plans for coordination with AGE will be based on AGE specifications on emergency response which are provided annually to GLSS' CEO.*
    - *GLSS' COOP and All-Hazards Emergency Response plans will be based on an annually updated and completed risk assessment.*

GLSS emergency plans will be in place by October 1, 2025, and will include area agency building evacuation procedures. They will:

- *Be placed in a prominent location*
- *Contain emergency numbers/contacts*
- *Outline emergency evacuation procedures including:*
    - *Rally point*
    - *Evacuation routes*
    - *Provisions for evacuation procedures for people with disabilities*
    - *Provisions to ensure that everyone has left the building and is accounted for*

Each GLSS emergency planning document will contain provisions that the plans will be updated and exercised annually, allowing staff an opportunity to practice the plan. In addition, each key staff member will have 2 levels of succession, and successor staff will be trained on their critical functions.

Finally, GLSS will establish a continuity of operations plan specific to cyber incidents in line with guidance to be issued by AGE in the coming months.

10. OAA Section 307 (a)(11)
In alignment with State Plan assurances, the AAA assures that case priorities for legal assistance will concentrate on the following:
(E) …contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Through its Title III-B grants, GLSS in partnership with The Elder Justice Program, will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

GLSS Greater Lynn Senior Services

Service Area Map

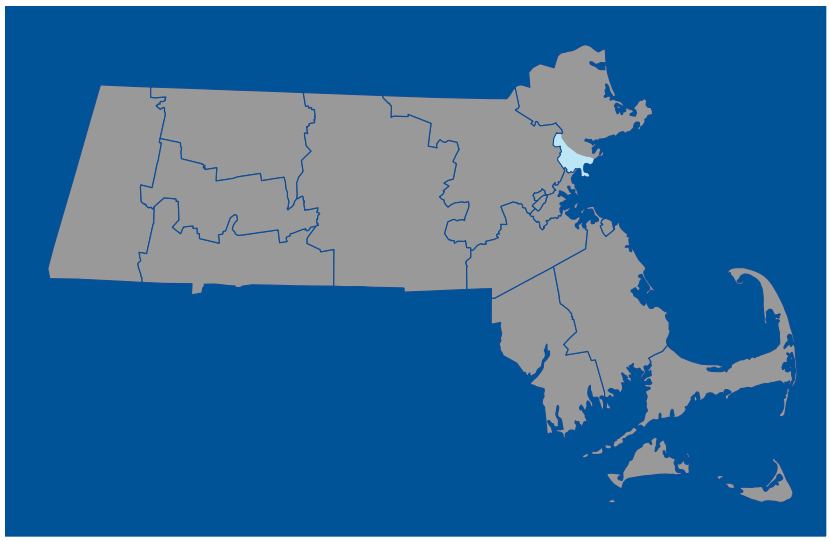
LYNNFIELD

SAUGUS

LYNN

SWAMPSCOTT

NAHANT



Greater Lynn Senior Services
8 Silsbee Street
Lynn, MA 01901
781-599-0110
www.glss.net

AGENCY ORGANIZATIONAL CHART

GLSS

Greater Lynn Senior Services

Updated June 2025

INDIAN ROCK SUPPORTIVE HOUSING

BOARD OF DIRECTORS
Nelson Chang, Esq.
President

GREATER NORTH SHORE LINK

EXECUTIVE ASSISTANT
Phoebe Bakeman

CHIEF EXECUTIVE OFFICER
Kathryn C. Burns, MHA

CONSUMER SERVICES
Holly Jarrell-Marcinelli, LICSW
Senior Director

ADMINISTRATIVE SERVICES

POPULATION HEALTH
Valerie Parker Callahan
Senior Director

HOME CARE SERVICES
Virgen Gonzalez
Maureen Teal
Co-Directors

- Home Care
- ECOP
- Choices
- CAE
- Community Transitions Liaison Program
- Supportive and Congregate Housing
- Options Counseling
- Public Benefits/CAC
- Consumer Directed Care
- Hospital to Home

MANAGED CARE
Ambiorix Montano, MBA
Director

- Senior Care Options (SCO)
- One Care
- Adult Foster Care (AFC)
- Personal Care Attendant (PCA)
- Wellness Pathways
- Public Benefits/CAC
- Congregate Housing

FISCAL
Kevin Derrivan
Chief Financial Officer

- Contracting
- Billing
- Accounts Payable
- Accounts Receivable
- Budgeting and Analytics
- Payroll

HUMAN RESOURCES
Lisa Wharff
Director

- Recruiting and Retention
- Benefits Administration
- Performance Management
- Employee Relations

ADMINISTRATIVE DIRECTOR
Eileen Burk, MBA

MEDIA TEAM
Liz Bulkley
Media Content Manager

DEVELOPMENT
Pattyanne Lyons
Director

- Fundraising
- Marketing
- Public Relations/ Community Outreach
- Grant Writing
- Rebranding

ADMINISTRATION
Kathryn Burns
Chief Executive Officer

- Quality Assurance/ Improvement
- Title III/Advisory Council
- Staff Training: Belonging/Health Equity
- Analytics
- Housing Projects

PHOENIX FOOD HUB

- Program Development and Operations
- Nutrition Counseling/ Programming
- Food Security Benefits
- Counselor
- Analytics
- Mobility Links

NORTH REGION LTSS PARTNERSHIP
Katey Hazelton, RN
Director

- Outreach and Engagement
- Clerical
- Administration
- Quality Assurance
- Research and Discovery
- Analytics

CLINICAL/PROTECTIVE SERVICES
Dottie Davies, LICSW
Director

- Protective Services
- Mobile Mental Health Program
- Money Management Program
- Housing Advocacy Program
- Family Abuse Program
- Behavioral Health Outreach for Aging Populations

COMMUNITY PROGRAMS
Nick Anander
Manager

- Information & Referral
- Family Caregiver Support Program
- Ombudsman Program
- SHINE Benefits Specialists
- Meals on Wheels/ Nutrition

LEGAL COUNSEL/ COMPLIANCE OFFICER
Marie Castineyra, Esq.

INFORMATION TECHNOLOGY
Kevin Derrivan
Chief Financial Officer

CONVERSATIONS FOR CARING
Liz Bulkley
Media Content Manager

BEHAVIORAL HEALTH NAVIGATION
Kelly Daugherty, LMHC
Population Health Spec.

OPERATIONS/ GOVT. RELATIONS/ SAFETY OFFICER
Michele Desmarais

- Reception
- Facilities

RESEARCH/ DISCOVERY INSTITUTE

Attachment E: Area Agency on Aging, 2025 Needs Assessment Project and Public Input to Area Plan on Aging

[**1. AGE**: Present a summary of the 2025 Needs Assessment Project as conducted by the AAA. Include process, data collection methods, findings, and lessons learned toward targeting OAA identified populations and in development of the Area Plan on Aging.]

For its 2025 Needs Assessment Project, GLSS initiated an area-wide polling of residents aged 60 and above, focused on collecting responses from residents of all 5 communities in its Planning and Service Area (PSA), and eventually generating 314 survey responses. In addition, GLSS sought representation from specific populations within its respondent pool, aiming to collect at least 25 responses from each of the following groups:

- *LGBTQIA+ Community*
- *Caregivers Aged 60+*
- *Veterans*
- *Black/African Americans*
- *Cambodian/Khmer Community Members*
- *Haitian/Creole Older Americans*
- *New Americans/Immigrants*
- *Older Americans Living in Poverty (based on enrollment in Medicaid/MassHealth)*
- *Latino Community Members*
- *Russian Community Members*

The primary data collection method was through the AGE-developed Needs Assessment Survey, which came in two versions: one for caregivers responding both for themselves and for their care recipient, and the other for older adults self-reporting their needs. Surveys were available in several languages. GLSS ended up using surveys in just four languages: English, Spanish, Russian and Haitian Creole. Initially, Khmer surveys were also made available, but area older adults who speak Khmer don't necessarily read and write the language, so they generally opted to instead complete surveys in English with family member or caregiver assistance.

GLSS's primary means of survey distribution was via U.S. mail. Lists of residents aged 60 and above were obtained from each town or city, and surveys were sent to a random group of these residents. In total, 400 surveys were sent out to Lynn, 106 to Lynnfield, 31 to Nahant, 165 to Saugus, and 98 to Swampscott, for a total of 800 surveys mailed out. Surveys were returned to GLSS for recording with Remark software. Results were then shared with AGE.

In addition to surveys, provider interviews were conducted with the directors of each COA in the PSA using the template provided by AGE. Summaries of these interviews were transcribed and the results were sent to AGE.

As the NA project progressed, notices about the project including QR codes and locations of paper surveys were included in the various GLSS newsletters (monthly, constant contact, meals on wheels, etc.), on GLSS TV, and with a pop-up notice on the GLSS website. Stacks of paper surveys in preferred languages were supplied to each COA for distribution to consumers, and notices including QR codes and paper survey locations were run in COA newsletters. Advisory Council members distributed surveys in Spanish and English to libraries and also to members of their own networks within the PSA.

Certain populations targeted by GLSS proved to be more difficult to reach than anticipated. For the LGBTQIA+ population, efforts were made to post survey links and QR codes on the NS Pride and various other websites and social media group sites with little efficacy. Surveys were sent to self-identified LGBT+ members on the GLSS mailing list (which includes non-GLSS consumers), again with little return. GLSS staff attended Out Night at the Titanic and its after party at the North Shore Music Theatre, setting up tables with surveys at each event. While several surveys were completed and submitted, members of the LGBTQIA+ population noted that they had not self-identified as members of the LGBTQIA+ group and did not wish to be on any list that identified them as such due to the recent presidential election. GLSS complied with their wishes and processed the surveys as they were completed. In the end, GLSS nominally received 4 surveys from the LGBTQIA+ demographic, though in fact, GLSS did receive surveys from many more people in this population.

In reaching out to the veterans' community, GLSS sent 122 surveys to veterans in the GLSS database (which includes non-GLSS consumers). After the initial 800-piece mailing and this additional mailing to veterans, GLSS staff realized that the AGE survey did not include veteran status in its demographic questions. GLSS added a question on veteran status to its surveys and staff attended veterans' luncheons at GLSS and the Saugus COA but were not able to get 25 more veterans' responses at that time, so again, veterans are strongly represented in GLSS surveys, but not specifically identified.

GLSS also fell short on its attempts to reach the new American population. Despite connecting with the New American Center in Lynn, GLSS was unable to find a concentration of 60+aged recent immigrants. Immigration numbers as a whole had dropped in anticipation of the presidential election and GLSS learned that in general, immigrants tend to be younger people. While the New American Center's director did have contact information for a larger group of older Ukranian immigrants, these people did not live in the GLSS PSA, so GLSS was not successful in accessing older immigrants .

More success was achieved as GLSS reached out to ethnic populations it had targeted. The Black and African American population, Cambodian/Khmer, Latino and Russian populations were accessed through adult day centers in the PSA such as The Rainbow Adult Day Center and Zaboda. COAs were also good resources for accessing these populations, as were special interest groups such as the Mass Senior Action group. Cultural events including the Wellness Pathways graduation enabled GLSS to reach concentrations of certain populations. Finally, GLSS programs such as Home Care, SCO, senior housing sites, Phoenix Food Hub brown bag distributions, and even grass roots GLSS staff members reaching out to their communities assisted in making the connections necessary to reach targeted populations. GLSS collected responses from 29 Black or African American respondents, 17 Asian respondents, and 27 Hispanic or Latino respondents.

To reach older adults living in poverty, GLSS sent out a survey mailing to its Medicaid/MassHealth mailing list, and surveys were distributed to senior housing sites. The Phoenix Food Hub brown bag distribution and food pantry also provided a strong connection to this population, as did the. brown bag distribution operated by GLSS vendor Leo, Inc. Comparably little effort was required to reach the 95 respondents in this group, as members of this population walk through GLSS' doors every day.

Finally, GLSS accessed the Caregiver population through its Caregiver program's mailing list and Caregiver support groups, as well as through the COAs with which this program partners. Twenty-nine Caregivers completed GLSS' survey.

Once the gathering of survey and interview information was complete, GLSS benefitted greatly from its use of the Remark survey software to read and record survey data. The only data GLSS was lacking was that of those who completed their surveys online, which went directly to AGE. Having this data alleviated the impact of delays in the release of NA data to AAAs.

The AGE-directed 2025 Needs Assessment: Older Adult Survey identified the GLSS PSA most important needs to consumers as:

1. In-Home Support for Maintaining Independence (41.28%) For example, help with aging in place, assistance with activities of daily living (such as bathing, toileting, dressing, feeding, walking, grooming, etc.), home and property maintenance (snow removal, lawn care, leaf removal, etc.), housing modifications, general tasks, balance and mobility issues, and obtaining needed devices.

2. Transportation Access and Availability (24.77%) For example, finding rides for appointments or social activities, more bus/carpool opportunities, help with public transportation, and weekend transportation.

3. Access to Services (24.31%) For example, getting help with Food/SNAP benefits and financial services, and applying for health insurance.

The next most important needs were Staying Active/Wellness Promotion (43.5%), Affordable Health Care (43%), Access to Health Care (42.8%), and Affordable Housing (40%).

Many lessons, great and small, were gleaned from the Needs Assessment project. During the data collection phase it quickly became apparent that older Americans far prefer to respond via paper survey rather than online. Efforts to post or send links and QR codes to websites, social media and email communications all essentially represented time wasted for the paltry response rate these actions elicited. In addition, because the surveys were quite long and somewhat complicated to fill out, our participation rate was lower than we anticipated. One veteran who had taken a survey to fill out, along with a cookie we provided, came back and returned his unmarked survey and the cookie, saying the cookie was not worth the effort of filling out the survey. Those who did complete their surveys often made errors or failed to rank their needs, so the survey did not reliably provide ranked needs.

Finally, creating one survey for an entire state provided results that were less tailored to individual AAA needs. While AAAs were given the choice of which populations they wanted to track, there was no avenue for tailoring demographic information to reflect those populations, and efforts to add demographic questions mid-assessment missed the lion's share of the returned surveys. Also, certain AAA-specific questions, for example, questions to determine interest in services offered by other AAAs which are lacking at GLSS (specific transportation options, digital equity offerings or assistive technology options) would also have been helpful in gauging GLSS area needs and putting together the Area Plan on Aging. While the benefit of being able to compare results from one AAA to the next, and from each AAA to the state as a whole is important, it seems like creating a 10-15 question base statewide survey, with the expectation that AAAs will customize additional questions, might offer the benefits of both approaches.

[**2. AGE**: In alignment with Needs Assessment Project goals and summary data released to AAAs, Needs Assessment Project Review, AAAs that did not meet AGE recommendations per PSA populations for survey responses by population - >100K pop = 750 surveys; <100K pop = 250 surveys - are required to develop strategies and plans to address their outreach methods and are required to develop an action plan for implementation by the year end 9.30.2026.]

GLSS received 314 surveys, which exceeds our minimum of 250 surveys.

[**3. AGE**: The Needs Assessment Project Review data release identifies circumstances where towns /municipalities realized zero survey responses. AAAs with such data points must develop strategies to foster older adults and family caregivers in the towns/municipalities as

identified and incorporate such approaches and timeframes for implementation within their Title III operation. While items 2. and 3. can be addressed within Attachment D, AGE will require separate submission of follow-up reports for 2. and 3.]

GLSS received surveys from all 5 cities and towns in its planning and service area.

[**4. AGE**: Aligning with 45 CFR 1321.65 (b)(4), describe how the AAA considered the views of older adults, family caregivers, service providers and the public in developing the Area Plan on Aging, and how the AAA considers such views in administering the Area Plan. Include a description of the public review methodology, timeline of the public review and comment periods, summaries of public input (including Board and Advisory Council), and how the AAA responded to public input and comments in the development of the Area Plan.]

GLSS conducted a comprehensive Needs Assessment Project including surveys and provider interviews designed to elicit the views of older adults, family caregivers, and service providers. The opinions expressed informed the development of the GLSS FFY2026–FFY2029 Area Plan on Aging Draft.

This draft document was posted seeking public review from June 3, 2025 through July 2, 2025 on the GLSS website, with paper copies available through U.S. mail, or for pickup at the GLSS front desk. Copies of the draft Area Plan were emailed to every GLSS staff member, COAs in Lynn, Lynnfield, Nahant, Saugus, and Swampscott, the GLSS Title III Advisory Council and Board, and to all GLSS vendors. Notice of draft review availability was posted on the GLSS website, in local papers, in GLSS newsletters, and on GLSS TV.

GLSS received 5 comments over the 30-day comment period. Three of the comments expressed appreciation for finally having a comprehensive list of GLSS programs and services. Each of these commenters also mentioned one or two other services that we should add to our Area Plan, and one also identified an error in the name of a program. The additional services were added to our Area Plan and the program name was corrected. Another commentator informed us that sadly one of our Advisory Council members had passed away the day before, so should no longer be listed. Robert Palleschi was removed from the Council Member list. The final commenter assisted Title III efforts by reviewing the whole document and providing helpful corrections and additions. Included in this review was discussion of the loss of funding for the Hospital to Home program. It was decided that this program would remain in the report since GLSS is actively seeking alternate sources of funding to continue this very successful initiative. Other appropriate changes and improvements were made to the Plan and the updated draft was circulated to the members of the GLSS Title III Advisory Council for approval and then to the Board of Directors.

Upon Board approval, the FFY2026-FFY2029 Area Plan on Aging was signed by GLSS CEO Kathryn Burns, Advisory Council Chair Andrew Wallace and Board of Directors Chair Nelson Chang and then submitted to Ted Zimmerman at AGE on Tuesday, July 8, 2025.

AREA PLAN ON AGING, 2026 - 2029
Form 1 - AAA Corporate Board of Directors - Federal Fiscal Year 2026

Area Agency on Aging : Greater Lynn Senior Services, Inc.

Member Name	Identify Officers by Title	City/Town of Residence	Membership Affiliation
Nelson Chang	President	Saugus	At-Large
Mary Magner	Vice President	Nahant	Nahant COA
Marie Yannaco Grant	Clerk	Swampscott	Swampscott COA
Peter Rossetti	Treasurer	Saugus	At-Large
Robert Long		Saugus	Saugus COA
Michelle D'amico		Lynn	Lynn COA
Naomi Dreeben		Swampscott	Swampscott COA
Guissepe Scianatico		Lynn	At-Large
Brendan Ward		Lynn	At-Large
Margaret Dragon		Nahant	
Tshilanda Mukala		Lynn	

54%	Percentage of the Board that are 60+ years of age.
18%	Percentage of the Board that are minority persons.
9%	Percentage of the Board that are 60+ and minority persons.

AREA PLAN ON AGING, 2026 - 2029
Form 2 - AAA Advisory Council Members - Federal Fiscal Year 2026

Area Agency on Aging: Greater Lynn Senior Services

Member Name	Identify Officers by Title	City/Town of Residence	Membership Affiliation
Andrew Wallace	Chairperson	Lynnfield	Older person, representative of older persons, leadership experience in private and voluntary sectors, general public.
Gail Murray	Vice Chairperson	Saugus	Older person, representative of older persons, leadership experience in private and voluntary sectors, general public.
Sharon Comstock		Revere	Older person, representative of older persons, representative of healthcare provider organization, leadership experience in private and voluntary sectors, general public.
(Clyde) Elizabeth Felton		Lynn	Older individual, minority individual, representative of older individuals,general public.
Andrew Gilroy		Lynn	Representative of social service provider organization, leadership experience in the private and voluntary sectors, general public.
Sheila Goode Hambleton		Nahant	Older individual, representative of older persons, representative of healthcare provider organization, leadership experience in private and voluntary sectors, general public.
Jacqueline Kiddy		Saugus	Older individual, minority individual, family caregiver, older relative caregiver, representative of healthcare organization (LMHC),leadership in the private and voluntary sectors, volunteer - Women's Group Leader/Facilitator at Senior Center and AARP trainer.
Mark MacKay		Lynn	Older individual, LGBTQ+ individual, family caregiver, leadership experience in the private and voluntary sectors, former publisher - education/textbooks k-12, creative director, writer/editor.
Natasha Shah		Lynnfield	Older individual, minority individual, representative of health care provider, leadership experience in the private and voluntary sectors, general public.
Ken Strum		Saugus	Older individual, representative of older individuals, leadership experience in the private and voluntary sectors, general public.

90%	Percentage of the Advisory Council that are 60+ years of age. *
30%	Percentage of the Advisory Council that are minority persons.
30%	Percentage of the Advisory Council that are 60+ and minority persons.

* Membership must be more than 50 percent older (60+) persons.

AREA PLAN ON AGING, 2026 - 2029
Form 3 - Focal Points - Federal Fiscal Year 2026

Area Agency on Aging: Greater Lynn Senior Services, Inc.
Greater Lynn Senior Services

Focal Point Name	Address	Town	Focal Point Designations (Mark with "X")				
			Senior Center/ Council on Aging	Community Center	Nutrition Meal Site	SHINE Site	Adjacent Housing
Lynn Council on Aging	37 Friend Street	Lynnfield	X		X		
Lynnfield Council on Agir	525 Salem Street	Lynnfield	X		X		
Nahant Council on Aging	334 Nahant Street	Nahant	X		X		
Saugus Council on Aging	466 Central Street	Saugus	X		X	X	
Swampscott on Aging	200R Essex Street	Swampscott	X		X	X	

AREA PLAN ON AGING, 2026 - 2029
Form 4a - Title III-B Funded Services - Federal Fiscal Year 2026
Programs Funded in Whole or in Part by Title III-B

Area Agency on Aging: Greater Lynn Senior Services

FUNDED SERVICES	EOEA Use Only	Title III Funding Category	Direct Service Status (Y/N)	Goal Number	Title III Code #'s (1 to 135)	Minimum Adequate Prop Svc 'A'; 'I'; 'L'; 'O' (&)	Name of Evidence-Based Program In Use	FFY2026 FUNDING - PLANNED	
								Title III-B Funding (Planning and Estimated Carryover)	Non-Title III Funding
AAA or PROVIDER									
GLSS-LTC Ombudsman		B	Y		31	I		$ 30,000.00	-
GLSS-Wellness Pathway (EBP)		B	Y		24	A	Matter of Balance, Chronic Disease Self-Management, Healthy Eating	40,000.00	7,058.80
GLSS-Housing		B	Y		19	A		60,000.00	10,588.20
GLSS-Money Management		B	Y		50	I		27,409.00	4,836.87
GLSS-Media		B	Y		14, 24, 130	A		8,000.00	1,411.76
		B							
Northeast Legal Aid		B	N		11	L	Elder Legal Service	27,000.00	4,764.69
YMCA Stay Fit & Healthy		B	N		22	A	Stay Fit & Healthy	2,500.00	441.18
Swampscott COA Opening Minds through Art		B	N		128	A	Opening Minds Through Art	6,610.00	1,166.47
Lynn Economic Opportunity, Inc.		B	N		13, 14, 17, 47	A	Senior Awareness Resources	8,634.00	1,523.64
YMCA LISEP		B	N		32, 52	O	Love Inspired Senior Enrichment	3,500.00	617.65
Nahant Council on Aging		B	N		128, 19	A	Dementia Friendly Community	6,283.00	1,108.76
YMCA Metro North Enhance Fitness		B	N		115	O	Enhanced Fitness	5,000.00	882.35
		B							
		B							
		B							
		B							
		B							
		B							

(&) Minimum Adequate Proportion Services: A - access; I - inhome; L - Legal; O - other.

Total $ 224,936.00 $ 34,400.37

AREA PLAN ON AGING, 2026 - 2029
Form 4b - Title III-C (1 and 2), D, E and OMB (III and VII) Funded Services - Federal Fiscal Year 2026
Programs Funded in Whole or in Part by Title III

Area Agency on Aging: Greater Lynn Senior Services

FUNDED SERVICES	EOEA Use Only	Title III Funding Category (C1/C2/D/E/ OMB)	Direct Service Status (Y/N)	Goal Number	Title III Code #'s (1 to 135)	Name of Evidence-Based Program In Use	FFY2026 FUNDING - PLANNED	
							Title III Funding (Planning and Estimated Carryover)	Non-Title III Funding
AAA or PROVIDER								
GLSS Congregate Meals		C	Y		7		$ 240,144.00	$ 127,499.00
GLSS Home Delivered Meals		C	Y		4		282,225.00	1,550,000.00
GLSS Wellness Pathways		D	Y		0		13,779.00	
GLSS Family Caregiver Services		E	Y		51		140,550.00	
GLSS Ombudsman Program		OMB	Y		31		83,519.00	54,177.00
						Total	$ 760,217.00	$ 1,731,676.00

AREA PLAN ON AGING, 2026 - 2029
Form 5 - Title III-E Family Caregiver Services Breakout - FFY 2026

Area Agency on Aging:

Greater Lynn Senior Services, Inc.

Based on the FFY2026 Title III-E Planning Budget Total (refer to Projected Budget Plan tab), provide percentage (%) estimates below for the Program Costs listed. $ 140,550.00

Program Cost	Percentage (%) of Total
All Wages/Personnel costs of AAA staff involved in Family Caregiver Support Program services (including counseling, support groups, training, access assistance and information outreach and other specific caregiver services). *	48%
Supervision cost. *	8%
All respite service costs.	8%
All supplemental service costs. *	4%
Contracted services that include: counseling, support groups, caregiver training, access assistance and information outreach.	7%
Administration costs. *	25%
Other (explain on separate attachment)	
Total estimated percentage must equal 100% of Title III-E planning budget.	100%
Projected **total** * FTE count for Title III-E (breakdown under "Detail" below).	

Detail - Family Caregiver Support Program

Personnel Position Title	FTE
Program Staff Supervisor	0.05
Case Worker	1.00
Program Manager	0.08
Total FTE	1.13

AREA PLAN ON AGING, FFY2026 - 2029
PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2026

Area Agency on Aging: Greater Lynn Senior Services, Inc.

OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026

	Area Plan Admin	Title III-B Supp Svs	Title III-C1 Cong. Nutr Svs	Title III-C2 HDM Nutr Svs	Title III-D Evi-Based Svs	Title III-E Caregiver Svs	Ombudsman Services
Title III Planning Award:							
Prior FFY Standard Estimated Carryover	15,737	51,337	18,324	130,819	0	54,399	
FFY2026 Title VII LTCO Planning Award							20,261
FFY2026 Standard Planning Award	76,670	173,599	221,820	151,406	13,779	86,151	63,258
FFY2026 Estimated Total Title III Income	92,407	224,936	240,144	282,225	13,779	140,550	83,519
Other Income:							
NSIP Cash			16,000				
NSIP Commodity Credit			60,000				
Other Federal (non-Title III or NSIP)							
Program Income (Client Contributions)			12,000	36,000			
State Home Care Program			11,999	1,499,000			
State Elder Lunch			20,000	15,000			
State - Other (attach detail)			7,500				
Non-Federal Inkind							24,177
Local (attach detail)							
Other (attach detail)							30,000
Total Other Income:	0	0	127,499	1,550,000	0	0	54,177
Total Available Income:	92,407	224,936	367,643	1,832,225	13,779	140,550	137,696
Budgeted Expenditures:							
AAA Number of Supported FTEs							
Wages and Salaries	53,902		71,000	462,000		65,467	73,063
Payroll Taxes/Fringe Benefits	10,780		14,200	92,400		13,093	14,613
Mileage/Travel	301			3,500			1,520
Occupancy Costs	13,943		10,884	10,884		12,972	12,972
Equipment Purchase/Rental/Maintenance			325	2,491			

Area Plan on Aging 2026 - 2029
PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2026

Area Agency on Aging: Greater Lynn Senior Services, Inc.

OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026

	Area Plan Admin	Title III-B Supp Svs	Title III-C1 Cong. Nutr Svs	Title III-C2 HDM Nutr Svs	Title III-D Evi-Based Svs	Title III-E Caregiver Svs	Ombudsman Services
Meal Prep and Related Costs			229,618	830,000			
Other Program Support	1,877	94,456	6,600	139,950	13,779	15,515	15,528
Agency Admin Support Allocation	11,604		35,016	291,000		22,300	20,000
Direct Services to Caregiver						11,203	
Subgrants - Access		57,027					
Subgrants - In-Home		7,953					
Subgrants - Legal		27,000					
Subgrants - Other (or Caregiver Svcs)		38,500					
Subgrants - Inkind							
Total Budgeted Expenditures:	92,407	224,936	367,643	1,832,225	13,779	140,550	137,696

Budgeted Expenditures - Caregivers Serving Elders	$ 139,750
Budgeted Expenditures - Grandparents Serving Children	$ 800

Signature of Area Agency on Aging Fiscal Manager: Kerry Dennis Date: 10/7/25

Signature of Area Agency on Aging Executive Director: Kathryn C M Date: 10/7/25