April 4, 2023

To:

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Senator Lisa Seminara, Ranking Member
Representative Mitch Bolinsky, Ranking Member
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From: Members of the Statewide Senior Center Workgroup

Re: Report of the Statewide Senior Center Workgroup

In accordance with Public Act No. 21-7 *An Act Concerning Senior Centers and Senior Crime Prevention Education*, we hereby submit to the joint standing committees of the General Assembly having cognizance of matters related to aging, human services, housing, planning and development, public health and transportation, the preliminary report of the Statewide Senior Center Workgroup. The Workgroup hopes the **Aging Committee, Human Services Committee, Housing Committee, Planning and Development Committee, Public Health Committee, and Transportation Committee** will consider these recommendations during its deliberations in the 2023 legislative session.

Connecticut General Assembly

Report of the Statewide Senior Center Workgroup

Public Act No. 21-7 *An Act Concerning Senior Centers and Senior Crime Prevention Education*

Submitted:
April 4, 2023

Statewide Senior Center Workgroup Membership

Steven Hernández, Esq. (Chair), Executive Director,
The Commission on Women, Children, Seniors, Equity & Opportunity (CWCSEO)

Claire Cote, Field Representative, Senior Center Liaison, State Unit on Aging
Appointed by Commissioner Amy Porter of the Department of Aging and Disability Services

Dorian Long, Protective Services for the Elderly, Department of Social Services
Appointed by Commissioner Deidre Gifford of the Department of Social Services

Leonora C. Rodriguez, Executive Director, Milford Senior Center
Appointed by Governor Ned Lamont

Dianne Stone, National Council on Aging, President of the Connecticut Association of Senior Center Personnel (CASCP)
Appointed by Senate Majority Leader Bob Duff

Elizabeth Paris, Director of Darien Senior Programs at the Mather Center
Appointed by Senate Majority Leader Bob Duff

Joy Hollister, Ellington Senior Center, Ellington, CT, President of the Connecticut Association of Senior Center Personnel (CLASS)
Appointed by House of Representatives Minority Leader Vincent Candelora

Marina Vracevic, Senior Citizens Coordinator, New London, CT
Appointed by Speaker of the House of Representatives Matt Ritter

Liany Arroyo, Hartford Health Department, Hartford, CT
Appointed by Speaker of the House of Representatives Matt Ritter

Dagmar Ridgway, Director, Canoe Brook Center, Branford, CT
Appointed by Senate President Pro Tempore Martin Looney

Mary Jo Riley, Thrive55+ Active Living Center, Groton, CT
Appointed by Senate Minority Leader Kevin C. Kelly

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This report is dedicated in honor and memory of Representative Quentin "Q" Williams, co-chair of the Aging Committee at the time of the signing of Public Act 21-7 preceding his untimely passing on January 5, 2023, with gratitude from the Workgroup members for his devoted public service and leadership advancing the rights of older adults across Connecticut.

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The Commission on
Women, Children, Seniors, Equity & Opportunity
CWCSEO
Connecticut General Assembly

Letter from the Chair of the Statewide Senior Center Workgroup

April 4, 2023

Dear Members of the Committees of Cognizance listed above:

Pursuant to Public Act 21-7, the Connecticut General Assembly created the Statewide Senior Center Workgroup, to be administered by the Commission on Women, Children, Seniors, Equity & Opportunity.

At the establishment of this Workgroup, the membership and staff agreed to engage in this task to best bring about the goals and intentions behind the legislation, while establishing the groundwork for the series of recommendations contained herein.

During the 2022 legislative session, at the advice of this Workgroup, the General Assembly created and funded the statewide Senior Center Coordinator role, as was originally imagined in the Senior Center Task Force created by Special Act 16-7.

We hereby present this report with the hope that the work of coordinating Senior Center voices deepens, and we are proud to continue supporting our Executive Branch and community-based partners in those efforts.

Looking forward,

Steven Hernández, Esq., *Workgroup Chair*
Executive Director
The Commission on Women, Children, Seniors, Equity & Opportunity

Statewide Senior Center Workgroup Overview

The following report is the culmination of the work of the Statewide Senior Center Workgroup. In its 2021 session, the Connecticut General Assembly passed Public Act 21-7 *AN ACT CONCERNING SENIOR CENTERS AND SENIOR CRIME PREVENTION EDUCATION*[1], which tasked the Commission on Women, Children, Seniors, Equity & Opportunity (CWCSEO) with providing assistance to Senior Centers, including but not limited to the (1) Establishment and maintenance of a list of Senior Centers and municipal services for older persons; (2) establishment and maintenance of a list of resources for staff of Senior Centers and municipal services for older persons; (3) development of technical assistance for staff of Senior Centers and municipal services for older persons through direct assistance or referral to expert resources; (4) regular communication with staff of Senior Centers and municipal services for older persons; (5) dissemination of information about local, state and federal support and services of interest to Senior Centers and municipal services for older persons; and (6) establishment and facilitation of a state-wide Senior Center Workgroup.

The established Statewide Senior Center Workgroup, which was created by this statute was further charged with developing a coordinated plan of development for Senior Centers and municipal services for older persons, including:

(1) Developing an annual plan for the support and development of Senior Centers and municipal services for older persons, including, but not limited to, training needs and the coordination of existing resources;
(2) Evaluating the feasibility of implementing standards for the delivery of core services and make recommendations for such standards, including, but not limited to, standards that allow for parity of core services across municipalities while maintaining flexibility for delivery of those core services;
(3) Consulting with the five area agencies on aging and other agencies;
(4) Facilitating coordination and communication between Senior Centers and municipal services for older persons with executive branch departments, including, but not limited to, the Departments of Aging and Disability Services, Housing, Mental Health and Addiction Services, Public Health, Social Services, Transportation and agencies and initiatives that impact older persons in the community;
(5) Developing and providing access to best practices and procedures for Senior Centers and municipal services for older persons; and
(6) Making recommendations to the joint standing committees of the General Assembly having cognizance of matters relating to aging, human services, housing, planning and development, public health and transportation for any necessary appropriations or legislative change.

[1] *See*, Public Act 21-7 *AN ACT CONCERNING SENIOR CENTERS AND SENIOR CRIME PREVENTION EDUCATION*, https://www.cga.ct.gov/2021/ACT/PA/pdf/2021PA-00007-R00SB-00817-PA.pdf

Connecticut has the seventh-oldest population in the United States and is home to 823,529 residents aged 60 or older, which is 23% of our state's inhabitants.[2]. It benefits the state of Connecticut to invest in systems that empower, connect and protect our vastly diverse group of residents 60 years and older.

As of 2021, "[t]here are currently 168 Senior Centers in Connecticut reaching an estimated 150,000 people. Senior Centers are largely municipal operations with a few regional and not for profit operations. There is an estimated $45 million dollars of local funding for Senior Centers and up to 1,000 full and part time employees. Research shows that Senior Center participation has demonstrated positive impact on the health and well-being of older adults and leads to positive behavior change."[3]

Executive Summary

Senior Centers in Connecticut have a longstanding history of being undervalued, underrepresented, and misunderstood. Over the past decade, Senior Center Professionals have made great strides in advocating to be recognized at the state level and to be understood as integral parts of the communities they serve. The legislature has worked with these professionals and supported several efforts to advance Senior Centers, including the creation of this Workgroup and these recommendations.

While the need for acknowledgement of Senior Centers as exemplified in the passage of the 2016 legislation remained, the pandemic added a sense of urgency and intent to the government's work protecting older adults. There exist top down Federal and State responses to COVID-19, but it is local Senior Centers who provide crucial services directly to constituents in Connecticut communities.

This Statewide Senior Center Workgroup consisted of Senior Center Professionals, administrative staff from the CWCSEO, representatives from the Department of Social Services as well as the Department of Aging and Disability Services. The Workgroup met a total of thirteen times between November 2021 and March 2023. Each meeting was scheduled for two-hours, and at six of these meetings, guests with expertise in the relevant fields provided essential information for consideration.

Guests who were invited to attend meetings included leadership from the Massachusetts Council on Aging; the Connecticut Alzheimer's Association; the Long-Term Care Advisory

[2] *See*, The 2021 Connecticut Healthy Aging Data Report, https://healthyagingdatareports.org/wp-content/uploads/2021/06/CT-Healthy-Aging-Report-2020_final.pdf
[3] *See*, Dianne Stone, Testimony in Support of SB 817 *AN ACT CONCERNING SENIOR CENTERS*, February 9, 2021, https://cga.ct.gov/2021/agedata/TMY/2021SB-00817-R000209-Stone,%20Dianne,%20Senior%20Center%20Task%20Force%20Co-chair-Aging%20Committee-Concerning%20Senior%20Centers-TMY.PDF

Council; Connecticut Association of Adult Day Services; the Judicial Branch's Court Support Services Division; and the Connecticut Area Agencies on Aging (AgingCT). The Workgroup also hosted legislators who have already championed some of the recommendations in this report, including leaders from the Aging Committee.

Due to the broad nature of the statutory language from the establishing public act and the potential statewide impact on municipal Senior Centers, the Workgroup's first step was to review the mandated charges with our membership to determine what was achievable. The subsequent meetings of the Workgroup involved reviewing current legislation and discussing the most relevant and pressing issues as determined by members. Narrowing the topics allowed the Workgroup to discuss a wide range of relevant issues, identifying key recommendations surrounding Senior Centers. The Workgroup particularly prioritized the creation of a dedicated, full-time, Statewide Senior Center Coordinator position as a strategy to advance identified goals.

Ultimately, it is the hope of this Workgroup that this report will guide future efforts in advancing the wellbeing and position of Senior Centers in the State of Connecticut.

The Workgroup recommendations for the state of Connecticut are *prioritized* and include:

1. Ensure the annualization of the Statewide Senior Center Coordinator/Municipal Liaison position within the Department of Aging and Disability Services-State Unit on Aging.

2. Establish a standing Statewide Senior Center advisory group to meet monthly to be administered by the Department of Aging and Disability Services comprised of Senior Center Professionals representing each Area Agency on Aging (AAA) region and inclusive of rural, urban, not for profit and municipal-governed Senior Centers.

a. Establish a special group, perhaps a subgroup to the Statewide Senior Center Advocacy Group that consists of human services experts in the field of aging, and is tasked with gathering knowledge, advocacy and resources to address special topics of concern (e.g., the housing crisis, food shortage, barriers to accessing services of migrant populations).

3. Fund Senior Centers with a permanent line item of the budget, following the rollout of the forthcoming $10 Million of ARPA funds.

a. Ensure rural – urban equity, sociographic equity in allocation of these funds.

4. Ensure the Statewide Senior Center Coordinator/Municipal Liaison position incorporates the following tasks:

a. Organize and sponsor an inaugural in-person Senior Center summit, bringing together Senior Center Professionals and a variety of speakers on areas of interest to Senior Center Professionals who can provide training, round-table discussions and sharing opportunities.

b. Clearly define the roles and responsibilities of the Department of Aging and Disability Services.

c. Regularly communicate with staff of Senior Centers and Municipal Agents for the Elderly.

d. Establish and maintain a list of Senior Centers and Municipal Agents for the Elderly.

e. Develop a website portal to host links to each individual Senior Center in the state.

f. Facilitate training and mentorship opportunities for new and existing Senior Center Professionals.

g. Conduct a pay scale equity study of compensation differentials for Senior Center Professionals within municipalities and non-profits.

h. Develop model job descriptions for Senior Center Professionals.

5. Develop and coordinate in collaboration with the Statewide Senior Center Advisory Group and the Connecticut Association of Senior Center Personnel (CASCP):

a. Technical Assistance for Senior Centers, local aging professionals and organizations in areas impacting their operations, including:

i. volunteer recruitment and management best practices and potentially systems that support volunteer management.

ii. policies and procedures associated with Senior Center Professionals and membership safety.

iii. information about local, state and federal supports and services of interest to Senior Centers and Municipal Agents.

c. Support collaborations and sharing of resources between Senior Centers, adult day services entities, aging-in-place organizations and others who serve aging and older adults through endeavors including, but not limited to, the virtual Senior Center project.

d. Further explore salaries and titles of Senior Center Professionals among municipalities and non-profit senior centers, increase public education on the purpose and importance of Senior Centers.

e. Ensure active inclusion of Senior Center leadership in workforce development directed at outreach, recruitment, education, burnout mitigation, and training to ensure interest and consideration in the service of Senior Centers as keystone community aging resources and delivery including:

i. continuing to encourage, market, and promote the study of gerontology, aging studies and other related Senior Center Professional career tracks.

ii. implement a multi-targeted approach to outreach and recruitment via social media outreach for workforce recruitment, sharing knowledge, reducing age-related stigma and to encourage interest and inclusivity in the field.

6. Development of a systemic approach to support aging community-dwelling residents (60 and above) via Senior Centers during large-scale public health emergencies such as pandemics, natural disasters, etc. in collaboration with the municipal public health departments.

Invited Guest Participants

- Senator Pat Miller, *Senate Co-Chair*, Aging Committee, 2022 Session
- Senator Cathy Osten, *Senate Co-Chair*, Appropriations Committee
- Senator Jan Hochadel, *Senate Co-Chair*, Aging Committee, 2023 Session
- Representative Jane Garibay, *House Co-Chair*, Aging Committee, 2022, 2023 Sessions
- Representative Mary Fortier, *House Vice Chair*, Aging Committee, 2023 Session
- Margy Gerundo-Murkette, *Program Manager*, of the Department of Aging and Disability Services State Unit on Aging
- Betsy Connell, *Interim Executive Director*, at the Massachusetts Council on Aging
- Michael Aiello, *Program Manager II*, Court Support Services Division
- Alyssa Norwood, *Director*, Connecticut Age Well Collaborative
- Christy Kovel, *Director of Public Policy*, Connecticut Alzheimer's Association
- Chrissie Schettini, *President*, Connecticut Association of Adult Day Services
- Marie Allen, *President & CEO*, Southwestern Connecticut Agency on Aging
- Deanna L. Dorkins, *Chief Probation Officer II, Statewide Sex Offender Supervision Unit, Collaborative Case Work Unit*, Court Supports Services Division
- Erika Thiel, LPC, *Credibility Assessment Manager, Polygraph Examiner, EyeDetect Administrator*, The Connection, Inc.
- Ashlei Biggs, *Supervisor of Post Conviction Victim Advocacy*, Connecticut Alliance to End Sexual Violence

Historical Background

In 2016, the Connecticut General Assembly passed Special Act 16-7 *AN ACT CONCERNING SENIOR CENTERS*[4], which created a Senior Center Task Force and resulting Report[5], which was submitted in February 2018, recommending many of the elements of study charged to the Commission on Women, Children, Seniors, Equity & Opportunity (CWCSEO) and this Statewide Senior Center Workgroup a few years later.

[4] *See*, Special Act 16-7 *AN ACT CONCERNING SERNIOR CENTERS*, https://www.cga.ct.gov/2016/ACT/sa/2016SA-00007-R00HB-05291-SA.htm

[5] *See*, *Report of the Senior Center Task Force – Special Act 16-7: An Act Concerning Senior Centers,* Submitted February 6, 2018, https://www.cga.ct.gov/age/related/20130101_Reports,%20Briefings%20&%20Updates/2018%20Senior%20Center%20Task%20Force%20Final%20Report%202.7.18.pdf

The main recommendation of the Senior Center Task Force that unlocks the capacity to fulfill the rest of the recommendations was the formalization and full funding of a dedicated statewide Senior Center/municipal liaison within the state unit on aging. The idea being that a dedicated, fulltime state employee could coordinate the inventory of Senior Center/municipal aging services, establish a clearing house of resources, provide technical assistance, collect data, and administer a standing Senior Center Working Group. While the recommendations were intentionally created to be low cost, the fiscal nature of creating a new fulltime employment position, led to numerous unsuccessful attempts in codification, until it was ultimately passed, within available appropriations, for the CWCSEO to administer.

On May 13, 2021, Governor Lamont signed Public Act 21-7 *An Act Concerning Senior Centers and Senior Crime Prevention Education*. The law makes several changes concerning municipal services for older adults which have no fiscal impact; one of those changes includes the allowance of one or more municipalities to establish multipurpose Senior Centers. Another change expands the definition of a "municipal agent for the elderly", to include staff of Senior Centers. This is the first time in state statute that "Senior Center" was defined and recognized. Although these changes had no fiscal impact, as the bill does not require municipalities to incur any cost in establishing a multipurpose Senior Center, the positive impact of this bill was felt across the state by Senior Center Professionals who have been providing valuable work for decades without any formal recognition.

One of the **primary recommendations** of the Senior Center Task Force that has only recently been realized and remains a priority for this Workgroup is the **formalizing of and the permanent full funding of a Senior Center Coordinator/Municipal Liaison within the ADS-SUA.** Our Workgroup believes it is important to have this permanent dedicated role to be placed within the Executive Branch.

The pandemic highlighted the value and importance of Senior Centers in Connecticut communities; Senior Centers quickly pivoted, without any formal guidance, to meet the ever-changing needs of their communities. While the pandemic shone a light on the horrific effects of ageism, isolation, and chronic health conditions, with approximately 90%[6] of all COVID-19 associated deaths being of residents 60 years old or older,[7] this was also an opportunity for Senior Centers to show just how much of a lifeline they are to individuals they serve, and to folks who may not have ever been served by them previously.

Centers provided daily phone check-ins and virtual programming; they reorganized their spaces to act as vaccination clinics and were trusted local professionals who shared valid information about the pandemic and importance of everything from physical distancing to social isolation, hand washing and mask wearing. Centers provided fun programming that kept

[6] *See*, page 15, *COVID-19 DPH Report*, March 2, 2023, https://stateofhealth.ct.gov/content/coronavirus/reports/CTDPHCOVID19summary322023.pdf

[7] *See*, Conn. Gen. Stat. §17b-450 defines an "elderly person" as "any resident of Connecticut who is sixty years of age or older." Accordingly, use of the terms "older adult," "senior" or "elder" are utilized interchangeably within this report to refer to individuals sixty years or older, https://www.cga.ct.gov/current/pub/chap_319dd.htm#sec_17b-450

residents socially engaged and connected when physical connection was unsafe; they opened up their parking lots and handed out grab and go meals, activity kits and supported informal caregivers in caring for their Connecticut family members and friends. **During the pandemic there was no central coordinating support mechanism for common use by all Senior Centers**. If the initial recommendations of the Senior Center Task Force had been supported, Senior Centers would have been in an even better position to address COVID-19 response and would have had an increased capacity to address Connecticut older adult and informal caregivers' needs. Instead, the membership organization Connecticut Association of Senior Center Personnel (CASCP) worked collaboratively with the State Unit on Aging, with support from Commission Porter of Aging and Disability Services.

Themes and Assertions

- The past few years of the pandemic have highlighted the high value of Senior Centers, given even without formal guidance, Senior Centers pivot their roles and responsibilities and spaces to meet the ever-changing needs of their communities.

- There was an impressive pulling-together response to the pandemic across the state by Senior Centers, despite a lack of centralized support early on. Needs and services were able to be identified including: how to reach out to people, how to feed people, how to keep people active through virtual meetings supported by the statewide membership organization of Senior Center Personnel.

- The position to respond to the pandemic by Senior Centers could have been even more effective had the original recommendation by the 2018 Senior Center Task Force of a dedicated statewide Senior Center Coordinator been put in place.

- Senior Centers still have needs, including for minimum standards and best practices that could be replicable across the state.

- The idea of parity is important when it comes to equity and funding for Senior Centers, as not all municipalities provide the same resourcing and traditionally the State of Connecticut does not subsidize directly, unlike a neighboring state like Massachusetts. Parity should be considered as creating an environment where an older adult gets the same level of services of programs and activities from their local Senior Center regardless of where people live.

- The Senior Center Network, Commissioner Amy Porter and the Department of Aging and Disability Services State Unit on Aging, stepped in to be substantially supportive for Senior Center coordination efforts.

- When it comes to spending money, the philanthropic model considers funding youth programs as an investment, while funding older adult programs is looked at like an expense.

- Reiterate how important it is to think of our aging population as a resource and as an asset. We are going to have to come to our senses about the importance of our aging population, and the importance of a **state-led and resourced initiative**.

- We have an expectation in Connecticut that every municipality is going to educate children to a certain standard, which is backed up with resources. It's invested in through the State Department of Education, DCF, local Boards of Education, and up to 75% of most municipal budgets. We need to set the same kind of an expectation of how people age in our communities. And we don't need equal investment, but there needs to be an investment in that at all levels.

- The Workgroup needs to think about how to develop an annual plan that is considerate of multigenerational centers but addresses the needs, resources considerations and training to best serve aging communities.

- How best can we work with Area Agencies on Aging? Keeping up communication regularly with the AAAs. We should work on getting our work highlighted in their newsletters.

- What might it look like to develop training that involves some of our state and local agencies that we can take on the road someway?

- A lot of our challenge in supporting Senior Centers is that they have no money to do it.

- Massachusetts Council on Aging is "top notch" and the "gold standard." Dave Stevens from MCOA presented at the Senior Center Task Force in 2017, and they are the model state association throughout the country.

- In the initial recommendations of the 2018 Senior Center Task Force, **the most critical idea that was offered, was the creation of a fully funded coordinating staff position at the State Unit on Aging**, to do this work. That should still be a recommendation. The State Unit on Aging is still the appropriate place for that. The coordinator might be able to serve as a navigator, toward possible accreditation and certification process for Senior Centers and municipal aging services. We should revisit the ask for a funded dedicated position at State Unit on Aging. In the past the legislature has taken it upon itself to almost write a job description or at least a set of expectations, for a particular position of government.

- The overarching goals of this work align with healthy aging in place policies surrounding livable communities[8] and rebalancing initiatives[9], which aim to assure accessible and compelling quality delivery of services in our towns and cities. Through promotions of older adult resident-oriented policies, Connecticut is fostering a deliberate environment to attract and retain our residents in furtherance for a sustainable and prosperous future.

Implementing Standards, Certification & Training

- NISC is the National Institute of Senior Centers. Most Senior Centers in Connecticut would meet NISC standards for accreditation. A lot of our Senior Centers would make the standards now or within a year or more of working on areas of concentration.

- This idea of accreditation should not be seen as a barrier to entry, but actually as a way of self-assessing what services being providing.

- Catalogue what is currently available in regard to training by conducting a survey of relevant certification programs. Maintain a calendar of training offerings easily accessible for all.

- Senior Centers need marketing and promotion campaign training regarding who and what they are, what they do, and their value to individuals and the community/state.

- Explore baseline expectations of the personnel is at every Senior Center.

- Comprehensive review of job descriptions for consistency and variability; lack of consistency (identified in the 2011 Senior Center Profile report) is probably a main factor for misunderstanding of role of Senior Centers and job specifications of Senior Center Professionals.

- A policy manual for a Senior Center is highly recommended. Look at what the expectation is for staff and what the staffing is at each center.

- Develop best practices and training opportunities for those specific roles but also for the general role of what a Senior Center does and its components. View elevating within those professions as vital right now, not just for the communities but for the aging

[8] *See*, CGS Sec. 17b-420a. "Livable Communities" initiative. Internet portal. Report. Community recognition. https://www.cga.ct.gov/current/pub/chap_319bb.htm#sec_17b-420a
[9] *See*, Strategic Rebalancing Plan: *A Plan to Rebalance Long Term Service and Supports* https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Health-and-Home-Care/Medicaid-Long-Term-Care-Demand-Projections/strategic_rebalancing_plan-2020.pdf

industry as a whole.

- Protect staff from bumping rights through a possible Senior Center Professional certification process.

- Certification to protect team members from job displacement would go a long way to keep seniors safe and well.

- Defining standard expectations would be a good step. Standards are guidance and work as a framework of support, **not as a rigid structure that you have to comply with**.

- Different communities have different resources and so there are equitable access issues. What is available equitably for our Senior Centers?

- Highlight the different ways in which some of our Senior Centers are doing well. **Stories are always a good communication tool.** Collecting those stories as a matter of course and ongoing basis, is a good idea.

- Develop a "one size does NOT fit all" approach.

- Develop training for those Senior Center Professionals who do not have gerontology or social service backgrounds.

- Send letters to local mayors, selectmen, and town managers to encourage Senior Center Professionals to attend annual summits and training opportunities.

As described in the Report this important recommendation of a dedicated coordinator in the Executive Branch position should: a. Establish and maintain a comprehensive inventory of Senior Centers/municipal aging services. b. Establish a clearinghouse of resources for Senior Centers/municipal aging services. c. Provide access to technical assistance to Senior Centers/municipal aging services through direct assistance or referral to expert resources (including peer resources). d. Receive, collect and provide access to information about local, state and federal services and supports of interest to Senior Centers/municipal aging services through regular communication. Currently, these tasks are being worked on by this Workgroup, but the state would benefit from have the continuous oversight of a permanent Executive Branch employee. This role could also assist in the development of new best practices for the State of Connecticut based on existing models in other states, such as Massachusetts.

The Recommendations of the Senior Center Task Force were the foundational, low-cost components that lead to the formation of the current Statewide Senior Center Workgroup, in Public Act 21-7.

Meetings and Video links to meetings

The Statewide Senior Center Workgroup met thirteen times from November 2021 through February 2023. In 2021, the Workgroup met on November 12th for its organizational meeting. In 2022, the Workgroup convened on January 21st, February 25th, May 27th, June 17th, July 6th, August 19th, October 21st, November 18th, December 9th, December 16th, and in 2023 on January 13th and March 10th.

Discussion Highlights from November 2021 Meeting

The following summarizes the meetings and process. During the organizational meeting on November 21, 2021, Chairman Steven Hernández, Esq. presided over welcoming remarks, membership introductions and led a discussion on the statutory charge of Public Act 21-7 *AN ACT CONCERNING SENIOR CENTERS AND SENIOR CRIME PREVENTION*. The Workgroup reviewed the history of the Senior Center Task Force that preceded it through Special Act 16-7 *AN ACT CONCERNING SENIOR CENTERS*. The resulting Task Force ultimately recommended the legislative concepts establishing the current Statewide Senior Center Workgroup and its charges. The meeting also discussed scheduling, Senior Center issues of concern and future recommendations.

On January 21, 2022, the Workgroup convened for the first meeting of 2022. Chairman Hernández led a discussion, which uncovered a number of themes important for the duration of the Workgroup.

Discussion Highlights from January 2022 Meeting

Meeting Video Link: https://www.facebook.com/CWCSEO/videos/statewide-senior-center-workgroup-meeting-friday-january-21-2022-10-am-12-pm/623413052259503

The Workgroup convened for the first meeting of 2022 to review the statutory requirements of Public Act 21-7, including a background review of the *Report of the Senior Center Task Force – Special Act 16-7: An Act Concerning Senior Centers, Submitted February 6, 2018.*[10] Members introduced themselves and shared experiential reflections that brought them to the Workgroup. In preparing for the future work process, the discussion further reviewed Section

[10] *See, Report of the Senior Center Task Force – Special Act 16-7: An Act Concerning Senior Centers,* Submitted February 6, 2018, https://www.cga.ct.gov/age/related/20130101_Reports,%20Briefings%20&%20Updates/2018%20Senior%20Center%20Task%20Force%20Final%20Report%202.7.18.pdf

3 & 4 of Public Act 21-7 *An Act Concerning Senior Centers and Senior Crime Prevention.*[11] The membership reviewed the proposed schedule of monthly meetings, which would generally be the third Fridays of each month, with a few exceptions.

The Workgroup discussed the role-model example state of high-regard, Massachusetts, for its state-level approach to organizing and funding Senior Centers, which incorporates the Massachusetts Councils on Aging nonprofit system. Under this regime, the state budget includes a line item and utilizes formula grant of $12 per senior in funds toward a given municipality.[12] There is a central administrative office that helps to coordinate advocacy and programming opportunities among its membership of 350 local municipal councils on aging.

The Workgroup agreed with the findings of the 2018 Senior Center Task Force Report, which recommended for the State of Connecticut to create an Executive Branch level position statewide Senior Center coordinator. This position was to be a dedicated worker, administratively housed at the State Unit on Aging, to fully devote to the data requests and tasks of the remainder of the report. The Workgroup recognized that while the administrative role of the Commission on Women, Children, Seniors, Equity & Opportunity was tasked in the main charge of PA 21-7 within available resources and appropriations, the most effective way forward was to continue with the primary recommendation of the coordinator to the Connecticut General Assembly.

Discussion Highlights from the February 25th Meeting

Meeting Video Link: https://www.facebook.com/CWCSEO/videos/statewide-senior-center-workgroup-meeting-friday-february-25th-2022/328549712585741

The membership welcomed Senator Pat Miller, co-chair of the Aging Committee to its February meeting. We held a discussion reviewing our mandated charges and topics discussed during the January meeting. Chair Hernández recapped the reasons for pursuing a permanent statewide senior center Coordinator at the State Unit on Aging, including its recommendation from the 2018 Senior Center Task Force Report and how we might resource Senior Centers around the state like the model of the Massachusetts Council on Aging. Members shared important concepts to help Senior Centers, including marketing training and accessibility to training for workers. Chair Hernández and Dianne Stone led a presentation to Sen. Miller about the role of the Statewide Senior Center Workgroup and the proposed concept of a permanent statewide Senior Center Coordinator. The Workgroup shared about how Massachusetts utilizes a

[11] *See*, Public Act 21-7 *AN ACT CONCERNING SENIOR CENTERS AND SENIOR CRIME PREVENTION EDUCATION*, https://www.cga.ct.gov/2021/ACT/PA/pdf/2021PA-00007-R00SB-00817-PA.pdf
[12] *See*, page 3, MCOA 2022 *Annual Report*, https://mcoaonline.com/wp-content/uploads/2022/07/2021-Annual-Report.pdf

state budget line item to fund their Senior Centers, while Connecticut municipalities are the primary revenue providers directly and sometimes in competition with other local considerations, leading to a wide variety of capacity and resources among in our state.

Discussion Highlights from the May 27th Meeting

Meeting Video Link: https://www.facebook.com/CWCSEO/videos/statewide-senior-center-workgroup-meeting/552855960005440

In the time between meetings of the Statewide Senior Center Workgroup, under the leadership of Chair Hernández, The CWCSEO worked with legislative leaders, including Sen. Miller, Sen. Osten, Rep. Garibay and others to create the statewide Senior Center Coordinator at the Department of Aging and Disability Services and the State Unit on Aging.

The New London-based *The Day* newspaper reported on the new seniors-oriented funding stating, interviewing Sen. Osten for their article, stating, "[w]hile not specifically an allocation for southeastern Connecticut, Osten said she got $21 million to work on every Senior Center in the state.

'It's a combination of $10 million for Senior Centers, we put a position in the Aging Department acting as the Senior Center Coordinator, $3 million for adult day services, $3 million for Meals on Wheels, $4 million for the agency on aging and $1 million on Alzheimer's respite," Osten said. "I think the Senior Centers funding is a really big deal. It would help out every Senior Center in the state. The policy behind that is … a lot of people are still not leaving their homes. We want to make people comfortable to go out.'"

The Department of Aging and Disability Services received the following ARPA funding for specified services and programs:

Blind and Deaf Community Supports	2,000,000
Senior Centers	10,000,000
Home Delivery Meal Program	3,000,000
Respite Care for Alzheimer's	1,000,000
Area Agencies on Aging	4,000,000
Avon Senior Center	100,000
Dixwell Senior Center (New Haven)	100,000
Eisenhower Senior Center (Bridgeport)	100,000
Orange Senior Center	100,000
Sullivan Senior Center (Torrington)	100,000
Ellington Senior Center Outdoor Fitness Area	57,418

The Workgroup convened in May, towards the end of the legislative session. Chair Hernández led a review of new legislative investments impacting Senior Centers and older adults across the state, as a result of new federal American Rescue Plan (ARPA) dollars. Nearly $21 Million total was being implemented toward a variety of senior related initiatives, including $10 Million for Senior Centers.[13] The Workgroup had a strategy discussion about how to help advise on the direction of new state resources.

a) Highlighted concepts:
   i. The best people to use the funds will be at the local level.
   ii. Massachusetts Council on Aging has experience to help us effectively use these new funds.
   iii. Connecticut has leapfrogged over many other states by being one of the strongest supporters of Senior Centers.
   iv. These funds could be used for innovation such as certain vending machines
   v. Questions about whether these funds will only bolster existing programs or innovate new ones.
   vi. There should not be State dictated mandates for Senior Centers in how to use these funds.
   vii. There is difficulty in gathering Senior Center data due to differences in job titles, salaries, numbers of people being served, roles and responsibilities.
   viii. Whether there should there be an initial long-range plan with minimum standards (using funds to create data bases before using funds for ice cream socials).

The members resolved to invite Sen. Osten to come speak to the Workgroup at a future meeting. In consideration of immediate next steps, the Workgroup requested to invite Margy Gerundo-Murkette from ADS and a representative from the Massachusetts Council on Aging to come speak at its next meeting.

The Workgroup reviewed newly signed laws of interest to constituent Senior Center populations, including the following:

Long-Term Services and Supports

Expanding Access to the CT Home Care Program for Elders *(included in the budget, Section 236)*

According to a recent AARP survey, 81% of older Connecticut residents say that, if they ever need long-term care, they want to receive that care in their own home. The budget agreement supports this preference and makes the Connecticut Home Care Program for Elders (CHCPE) more accessible by lowering the copay for program participants from 4.5% to 3.0%. CHCPE

[13] *See*, *The Day* article, *Connecticut House Passes State Budget in Partisan Vote*, https://www.theday.com/local-news/20220502/connecticut-house-passes-state-budget-in-partisan-vote

provides assistance with activities of daily living such as bathing, dressing, eating, and taking medication, which allows older adults who are at risk of nursing home placement remain at home. Funding of $500,000 is provided in the bill to fund the associated costs in DSS. ***(H.B. 5339)***

Creating a Community Ombudsman Program for Home Care ***(included in the budget implementer, Section 7) (budget Section 245)***
The budget will also support individuals who receive home care through the creation of a Community Ombudsman Program for Home Care. This program will be modeled on the existing Long-Term Care Ombudsman Program, which provides information, support, and advocacy to individuals who receive care in institutional care settings like nursing homes. The Community Ombudsman Program will support the more than 30,000 individuals in Connecticut who receive Medicaid home and community-based long-term services and supports. Funding of $98,000 and one Ombudsman Supervisor position is provided in the bill to support the program. ***(H.B. 5227)***

Community Spouse Resource Allowance ***(budget, Section 237)***
When a married individual needs to move into a nursing home, the spouse who remains in the community typically needs to spend down their shared assets below a certain level for Medicaid to pay for the nursing home care. The budget includes an increase in the minimum community spouse protected asset limit from $27,480 to $50,000, which will help married low- and middle-income Connecticut residents remain in their home and meet their basic needs if their spouse enters a nursing home. Funding of $4.5 million is provided in the bill to fund the associated costs in DSS. ***(S.B. 195)***

Ban on Non-Compete Contracts Between Homemaker Companion Agencies and a Client (*budget*, *Section 246 & 247*)
Any no-hire clause in a contract between a homemaker-companion agency or a home health agency and a client of such agency is against public policy and shall be void. The bill makes various changes regarding contracts between homemaker-companion agencies and clients, resulting in no fiscal impact to the state or municipalities. ***(H.B. 5332)***

Studying the Cost and Feasibility of Permitting Community Spouses to Retain Maximum Allowable Assets (***PA 22-121***)
The Commissioner of Social Services shall study the cost and feasibility of permitting a community spouse of an institutionalized spouse to retain the maximum resource amount allowable for such community spouse pursuant to 42 USC 1396r-5(f)(2), which is currently $137,400. This bill could result in cost to DSS associated with completing this study and the potential cost is dependent on the extent to which system changes are required in order to obtain and track the data necessary to conduct the study. (***S.B. 173***)

Studying Homemaker-Companion Agency Issues ***(S.A. 22-12)***
The bill establishes a task force to study issues concerning homemaker-companion agencies. Specifically, the task force will look into issues including how to resolve complaints against such agencies, staff training and recruitment methods, how to help potential clients locate and choose quality services, and best practices from other states. This law has no fiscal impact. ***(S.B. 262)***

Medicaid Coverage of Naturopath Services (***budget, Section 249***)
The bill requires the DSS commissioner to amend the Medicaid state plan by October 1, 2022, to provide Medicaid coverage for services provided by a licensed naturopath. By law, the practice of naturopathy means the science, art, and practice of healing by natural methods as recognized by the Council of Naturopathic Medical Education. It includes disease diagnosis, prevention, and treatment and health optimization by stimulating and supporting the body's natural healing processes, as approved by the State Board of Naturopathic Examiners with the consent of the Department of Public Health commissioner (CGS § 20-34). EFFECTIVE DATE: Upon passage. Section 249 requires Medicaid coverage for services provided by licensed naturopaths for adults 21 years and older. Funding of $100,000 is provided in the bill to fund the associated costs in DSS. (***S.B. 280***)

Elder Abuse

Deadlines for Mandatory Reporting of Suspected Elder Abuse ***(S.A. 22-145)***
An estimated 1 in 10 older adults experience elder abuse each year, but this remains a very underreported crime. Under current law, mandated reporters of elder abuse have 72 hours to contact the Department of Social Services when they have reason to believe that an elderly person needs protective services or has been abused, neglected, exploited, or abandoned. **This new law will reduce that timeframe to 24 hours** and require individuals who fail to report in a timely manner to retake mandated reporter training. This law has no fiscal impact. ***(S.B. 286)***

Training for Mandated Reporters ***(P.A. 22-57, Sections 12 & 13)***
HB 5313 requires mandated elder abuse reporters to complete the Department of Social Service's elder abuse training program, or another approved program, within 90 days of becoming a mandated elder abuse reporter. ***(H.B. 5314)*** **(*H.B. 5313*)**

Medical Assistance Application Advisory ***(P.A. 22-57, Section 14)***
The Department of Social Services shall develop an advisory for medical assistance applicants for long-term medical care and home care concerning their right to seek legal assistance. The advisory shall state, at a minimum, that while applicants are not required to utilize an attorney, obtaining legal advice prior to completing such application for long-term medical care and home care may help protect their finances and rights. The department shall post the advisory developed pursuant to subsection (a) of this section not later than July 1, 2022, on its Internet web site and shall include the advisory in such applications for long-term medical care and home care not later than September 1, 2023. **(*H.B. 5313*)**

Involuntary Transfers from Long-Term Care Facilities ***(P.A. 22-57, Sections 9 & 10)***
LTCFs shall electronically report each involuntary transfer or discharge to the State Ombudsman. **(*H.B. 5195* + *5196*)** **(*H.B. 5313*)**

Studying Rent Increases, Fee Increases and Changes in Residency Status at Managed Residential Communities ***(P.A. 22-57, Section 11)***
The State Ombudsman, shall appoint and convene a working group of not more than eight members to study the following issues involving a managed residential community, that is not affiliated with a facility providing services under a continuing-care contract: (1) What notice

should be provided to residents of managed residential communities of rental and other fee increases that exceed certain percentages, and (2) resident health transitions and determinations of care levels. ***(H.B. 5193)*** ***(H.B. 5313)***

Registering Temporary Nursing Services Agencies *(P.A. 22-57, Sections 1-8)*
The bill repeals current statutes on nursing pools and replaces them with provisions for "temporary nursing services agencies" with the same requirements. Under the bill, these agencies provide temporary nursing services to nursing homes, residential care homes, and hospitals on a per diem or temporary basis. It requires the DPH commissioner, by October 1, 2022, to establish an annual registration system for these agencies and authorizes her to charge an annual registration fee of up to $750. Starting by January 1, 2023, it prohibits temporary nursing services agencies from providing services in the state unless they obtain DPH registration. The bill also makes related technical and conforming changes, replacing references to nursing pools with temporary nursing services agencies in various statutes (§§ 5-8). The bill results in a revenue gain to the Department of Public Health (DPH) associated with registration fees for temporary nursing services. The revenue gain is dependent on the fee established (up to $750 annually) and the number of registrations. ***(H.B. 5313)***

Addressing Nutrition

Malnutrition Data Collection (*P.A. 22-32*)
This bill requires the state's five area agencies on aging (AAAs) to distribute and collect nutritional risk assessment surveys to older persons and report individual and average scores for their service areas to the Department of Aging and Disability Services (ADS, which distributes both federal and state matching funds to the AAAs for elderly nutrition programs). Under current law, ADS must evaluate its allocation of federal funds received under Title III B (home and community-based services) and III C (nutrition services) of the Older Americans Act, which must be allocated equitably to the AAAs and in accordance with federal law. **The bill requires ADS** to additionally evaluate the allocation of state funding to AAAs for elderly nutrition and social services. It requires the department to evaluate both federal and state funding allocations for elderly nutrition services based on factors including: (1) elderly population data from the most recent U.S. census and (2) the average and individual assessment scores. ADS must also solicit and consider information and recommendations from Elderly Nutrition Program providers. Current law requires ADS, in consultation with the AAAs, to report its findings or recommendations on the allocation evaluation, as well as service level and cost data, to the Appropriations and Human Services committees. The bill instead requires ADS to report to the Aging, Appropriations, and Human Services committees by July 1, 2023, on: 1. the collected survey data; 2. for each Meals on Wheels provider (i.e., delivering ready-to-eat meals to home-bound clients), (a) the reimbursement rates compared to their cost to provide these meals, (b) their administrative expenses, and (c) the number of providers that have reduced or eliminated deliveries based on inadequate state reimbursement; and 3. any recommended changes in how the funds are allocated. This bill has no anticipated fiscal impact. (***H.B. 5231***)

Discussion Highlights from the June 17th Meeting

Meeting Video Link: https://www.facebook.com/CWCSEO/videos/statewide-senior-center-workgroup-june-meeting/3312060235688816

The membership welcomed its first of two guests, Margy Gerundo-Murkette, Program Manager, of the Department of Aging and Disability Services State Unit on Aging, who gave an overview of new legislative investments impacting Senior Centers and older adults across the state. She shared how the State Unit on Aging (SUA) was in process of finding how to utilize funds for Senior Centers from the budget. They have spoken with MCOA to see how they use funds. The statewide Senior Center Coordinator position was created in the budget. Until now, there has only been a part time dedication to this work, but the agency is looking forward to seeking input from Connecticut Senior Centers about what the design of the position would look like. The $10 million for Senior Centers are from ARPA funds, one time only. SUA was determining how much each Senior Center should receive had communicated with MCOA and learned of the population-based grant model from Massachusetts. The funds will come with certain guidelines about how to be spend. They must generally be responding to the public health emergency or its negative economic impacts, broadly speaking. This is where the SUA is looking to focus on areas of need, including creative ways to bring people back to Senior Centers. Also, the SUA is looking at reporting and accountability to show the value of how the money will be spent. The goal is to meaningfully create this position with feedback from Senior Centers, distribute the ARPA funds to Senior Centers.

The Workgroup then welcomed Betsy Connell, Interim Executive Director, at the Massachusetts Council on Aging (MCOA), who led an overview of the structure of how Massachusetts funds Senior Centers, including the following highlights:

- MCOA represents 350 towns that have established municipal councils on aging, which receive state funding through a formula grant to pay for operations. This is a permanent line item[14] in the state budget (9110.9002)[15], which has existed since 1980/81 with the purpose of strengthening Senior Centers. The funder is per capita based on the federal census count of Senior Centers.

- Over the years, MCOA has advocated to increase the formula grant to its current $12 per elder or $17 million total. 90% of the line item goes to the formula grant and 10% goes to competitive service grants, which coincide with the priorities of the governor's administration.

[14] *See*, 2022 Massachusetts Governor's Budget Recommendations, *Grants to Councils on Aging*, https://budget.digital.mass.gov/govbudget/fy22/appropriations/health-and-human-services/elder-affairs/91109002
[15] *See*, the Line Item in the Massachusetts State Budget for the MCOA (senior centers) Formula Grant. https://budget.digital.mass.gov/govbudget/fy22/appropriations/health-and-human-services/elder-affairs/91109002

- MCOA has generously included CT in its past events and meetings.

- The formula grant supports MCOA directly. In the last 18 months, the Governor's administration has stated as long as funds are being spent on identified needs, they no long would require top-down expectations. For example, they no longer have to make requests for permission to fund building improvements such as elevator repairs. Senior Centers can self-declare priorities.

- MCOA identifies core services, such as staffing to help run healthy aging priorities with a portion of state funds (about $1.2 million).

The Workgroup held a strategy discussion, which included the following themes and assertions:

- Connecticut should refresh its old view of Senior Centers through innovative rebranding/refreshing marketing campaigns. MCOA does this through its established service incentive grants. It would be important to educate the local communities about the local resources that Senior Centers offer.
- Statewide marketing for Senior Centers would be useful. It may be helpful to pool funds locally and regionally from Senior Centers to fund education/marketing/awareness videos. There is a fear that some Senior Centers may not apply for new funding based on whether there will be a formula grant to distribute money.
- ARPA funding is divided into municipal ARPA funding, aging ARPA funding, and state budget ARPA funding.
- SUA is coming up with a plan in regard to how the new statewide Senior Center Coordinator and the new funding will be implemented to best serve Senior Centers, and what potential restrictions may be in place.
- Massachusetts Senior Centers do have some required data reporting, though there could be a difference in how data is collected, including the use of a program called "My Senior Center" among others. There are differences between various local Senior Centers in how titles and salaries are structured (not uniform across the state).
- There are concerns about CT state-imposed requirements and certifications for use of the ARPA funding, which could be considered a burden by local Senior Centers. CT municipalities are sensitive to unfunded mandates.
- Technology has helped record data tracking requirements in the last few years.
- The legislative intent of the ARPA funding is to creatively get seniors back into Senior Centers, not to develop standards. However, the scope of our Workgroup is to look at the feasibility of standards, restrictions and accreditations.
- Local Commissions on Aging operate differently all over the state, as far as how they advocate on behalf of their local communities.
- Connecticut should have a permanent state budget line item to fund Senior Centers.
- Chair Hernández requested that members think about ideas pertaining to how resources could be spent and leveraged in preparation for the July 6th discussion with Cathy Osten.

- A video with the National Council on Aging and the Administration for Community Living, which was shared during the meeting[16].
- The statewide Senior Center Coordinator position could become the clearing house for marketing videos and materials from Senior Centers across the state. It's important to highlight the work of Senior Centers, including connecting to human services such as helping to connect to DSS, renters rebate programs, farmers market coupons, host grants to pay rent and bill payment, which should also be highlighted in any videos or marketing materials. Senior Centers are beyond simple social clubs. It would be good if the video had a statewide perspective, not simply locally or regionally.
- It will be important to be mindful of diversity and economic differences in wealth amongst communities that host Senior Centers in Connecticut.

Discussion Highlights from the July 6th Meeting

Meeting Video Link: https://www.facebook.com/CWCSEO/videos/statewide-senior-center-workgroup-special-meeting/2197187250478614

Pursuant to the membership request in May, the CWCSEO coordinated the July meeting with special guest, Sen. Cathy Osten, Co-Chair of the Appropriations Committee. During the meeting, Chair Hernández welcomed Sen. Cathy Osten to the Workgroup and members introduced themselves and held a discussion, including the following highlights:

Guest Speaker – Senator Cathy Osten

a) The Appropriations Chairs and Committee took the Human Services budget to a new level to help out seniors. There was a $21 Million plan with $10 Million for Senior Centers. The goal of the new $10 Million was to make sure that we were providing resources for Senior Centers to get people back out of their homes. Without resources, Senior Centers won't be able to get people out to come to events. The funds are to be used broadly to allow Senior Centers to use the funds as they are locally determined to be needed.
b) These are not matching grant funds and it doesn't have to all be used this year. The funds can be used until 2026.
c) ADS has indicated that they aim to help get the funds released starting in September. ARPA dollars require tracking.

[16] *See*, National Council on Aging video, *How Senior Centers are Serving Older Adults Post-Pandemic*, https://www.youtube.com/watch?v=MpE9AwTwBns

d) $3 Million each is for Adult Day Care Centers and Home Delivery Meals Program, to be broadly defined so that recipient organizations can use them as needed. This is not a one-size-fits-all mechanism.
e) The Respite Care program will receive an additional $1 Million, due to the support of Sen. Miller, Co-Chair of the Aging Committee.
f) There will be $4 Million to the 5 Area Agencies on Aging to have broadly defined grants to go out to some of their partner organizations that they contract with along with other potential organizations that could provide outside services.
g) The funds are intended to be distributed on a per capita basis, with a "floor" payout amount so that smaller municipalities, who may not have a large senior population could still receive a worthwhile grant. Rural communities sometimes have seniors that live far away and it is hoped that these dollars can be used to engage with those community members who don't often leave their home.
h) The budget also funds a Statewide Senior Center Coordinator to be housed at the Department of Aging and Disability Services.

II. Workgroup Strategy Discussion Highlights

a) There was expressed emphasized importance of Workgroup members engaging with their local legislators in further supporting Senior Centers. The pandemic elevated and demonstrated the value Senior Centers provide to their local communities. The worse thing that could happen would be for Senior Centers to not apply for funding and the best thing that could happen would be for these funds to be used well to demonstrate the benefit of investing in Senior Centers in a post-ARPA world, for continued consideration in future such funding.
b) Sen. Osten sent out notice to her local constituent communities and Senior Centers advising them of the forthcoming grants. She echoed the importance of these funds to be effectively utilized. She hopes for good feedback from the community to help legislators and policymakers understand the impact of the grants.
c) These Appropriations efforts have been in response to previously reduced budgets for services going back to 2017.
d) Connecticut state government has annually funded Youth Service Bureaus for many years. Now is the time to look at annual appropriations for municipal senior services, especially given that we have more older adults than school age children. This will be a good opportunity to demonstrate the impact.
    i. At a recent CT Association of Senior Center Personnel (CASCP) meeting some good ideas were discussed, including: the creation of a statewide Senior Center video to promote Senior Centers across the board, including aggregate spending so individual Senior Centers are not simply purchasing things.
e) Sen. Osten emphasized the legislative intent to allow broadly defined use of the funds, as may arise by very specific individual needs, including potentially home furnace repair.
f) When asked about further practical examples of state legislative intent for use of the funds. Sen. Osten responded with Senior Center examples from her senatorial

district, including Sprague, which is struggling to come up with practices that encourage seniors to come back into Senior Centers to have a meal in the middle of the day or watch a movie with people of their own age. Her hope is to develop certain policies and practices that can demonstrate the need for future state funding of Senior Centers year after year. Her main hopes are for seniors to come out of their homes, reducing isolation and engaging in socialization.

g) An informal poll of Fairfield County colleagues and found that Senior Centers are at about half of their attendance numbers pre-Covid. Many older adults are still fearful and feeling vulnerable from the pandemic. The messaging of future potential promotional materials should emphasize that nursing homes are safe, employing protocols and are flexible with what helps seniors to feel safe, as well as an educational component. Training in the mental health remediation arena would be helpful for Senior Center Professionals. Members appreciate the flexibility to be offered by the forthcoming funds. People who live in senior housing communities are particularly fearful of coming out to Senior Centers.
h) Recipients should market this funding opportunity to help drive attendance for Senior Centers.
i) Sen. Osten discussed informing the Senior Centers in her district of the funding opportunities to come. Her hope was to give Senior Centers time to start considering how to spend the funds effectively.
j) Members underscored the importance of the forthcoming Statewide Senior Center Coordinator from the State Unit on Aging, who will be able to act as a resource hub for all the Senior Centers in the state.
k) The State Unit on Aging is collecting ideas to utilize the funds. There have been discussions about concepts like setting aside funds for statewide marketing and data collection, while ensuring the maximum amount possible for Senior Centers. The State Unit on Aging will be mindful to fund the smaller, rural communities and the department is planning to incorporate a new statewide Senior Center Coordinator position.
l) Uplift Senior Centers by bringing them together through an in-person event, to help start raising the bar for those centers that struggle. Some Senior Centers have expressed that they don’t want anything (like a mandate) from the state, as they are fine the way they are. Some Senior Centers are struggling in their communities and are feeling like no one is listening to them. They would like expectations laid out before them, so their communities would start listening to them to some degree. This could be achieved by gathering people for a summit who don’t otherwise get the opportunity to get together. Newly created communication tools could elevate Senior Centers that need help.
m) During the pandemic, CASCP members would meet online on a regular basis. There was a unified intention of the 169 members to serve the aging population, despite differences in funding and available resources among themselves.
n) Local Parks & Recs organizations have a major annual summit, and their members are expected to attend. Similarly, Senior Center personnel should be accommodated to attend major annual in person events.
o) There exists expectations of schools and boards of education in how they should educate our children and we should have similar expectations for how we work

with older adults in our communities, outside of the Long-Term Supports and Services community.

p) Some Senior Centers do not outsource their transportation, meals, or social services.
q) Residents attend Senior Centers not because they have to come but because they want to come, and so this new funding is a way to offer more programs that older and aging adults would want to attend, while Senior Centers grow and learn along the way.
r) Senior Centers work with an expanded age group of 50-100+ years old, with people of all different levels, abilities and health issues. It is important to train and educate Senior Center staff, so they have the confidence to deal with diverse needs, including ramp construction for houses, connecting with Protective Services for the Elderly when appropriate, and orienting new volunteers.
s) Local Commissions on Aging (COA's) are important resources. Fairfield County has 27 COA's. COA's could be a strong advocate in the work of supporting Senior Centers. New training could be helpful for COAs regarding what is important to Senior Centers and municipalities.
t) Sen. Osten expressed her belief in the importance of the state supporting Senior Centers to do what they do, including providing training. She believes this funding should not be a one-time piece but should be annually reoccurring in the state budget.
u) The reason why some municipal employees attend trainings are due to acquiring needed certifications. Connecticut does not require certifications for Senior Centers, though perhaps it should. This Workgroup has a broad scope, which includes looking at these issues, including whether there should be standards for Senior Centers, expectations for communities of their Senior Centers, what are the existing statutes and how do we improve them and how do we move all this work going forward? What is the role in community safety for older adults?
v) Chair Hernández thanked Sen. Osten and expressed his hope for the next legislative session to include an Executive Branch level Statewide Dementia Care Coordinator, as has been promoted by the Connecticut Alzheimer's Association.
w) Sen. Osten expressed that it took her awhile to get the Statewide Senior Center Coordinator position filled but that she is willing to work on a dementia care coordinator concept. She looks forward to hearing the ideas for how the Senior Centers will spend the $10 Million.

Discussion Highlights from August 19th Meeting

Meeting Video Link: https://www.facebook.com/CWCSEO/videos/statewide-senior-center-workgroup-meeting-friday-august-19th-2022-for-more-infor/3150773801917753

Pursuant to Section 5 of PA 21-7[17], the CWCSEO coordinated with the Judicial Branch's Court Support Services Division (CSSD) to lead a presentation on senior crime prevention to members of the Workgroup. Chair Hernández welcomed guest speaker Michael Aiello, CSSD Program Manager, who gave an overview of programming, requirements for sex offenders, and resources for Senior Centers personnel. Members asked questions and requested a larger, dedicated program to be available for Senior Centers from around the state. The Workgroup decided it would work on sponsoring a future webinar with CSSD to allow Senior Center personnel and members of the public to participate in a larger conversation about community concerns and best practices.

Highlights from the August meeting include:

- Michael Aiello reviewed his work with sex offender treatment, adult probation, department of correction, state police, the Alliance to End Sexual Violence (victim advocates), and Center for Treatment of Problem Sexual Behavior (CTPSB). The bulk of work is addressing community concerns when a sex offender is released back into a community
- Having sex offenders engaged in the community (such as in Senior Centers) makes it easier for them to be supervised and receive community input. If they are not doing so, then what else is there for them to do?
- Individual cases and individual risk is a conversation that needs to be a reoccurring conversation, especially for this older age group.
- There are very limited options for older adults in society and from a supervision standpoint (cannot house them, cannot find employment for them, etc.)
- It will be important to boost communication and increase general awareness of how to approach the topic of sex offenders in Senior Centers, understanding risk, educating other older adults, etc.
    - Considerations included:
        - Defining what a Senior Center is compared to a community center or a senior safety center (e.g., Are there children also at these centers?)
        - Senior Centers need to be a part of the conversations surrounding sex offenders and probationers being placed back into a community.

[17] *See*, Section 5 of Public Act 21-7 *AN ACT CONCERNING SENIOR CENTERS AND SENIOR CRIME PREVENTION EDUCATION*, https://www.cga.ct.gov/2021/ACT/PA/pdf/2021PA-00007-R00SB-00817-PA.pdf

- Normalizing communication between probation officers and Senior Centers with the goal of engaging sex offenders in a safe manner and finding how to best do that.
- How to interface with sex offenders so they can function better in the community while also supporting concerns of community members (suggestions: accompaniment for sex offenders to appointments)
- How to address those who are suffering silently (who may not be at risk now, but were once targeted)
- Provide victim advocate resources to those who may have been affected by this topic years ago and are still struggling with being comfortable in situations among sex offenders.

The Workgroup also discussed Executive Branch updates surrounding ARPA dollars and state budget implementation. Other presentations and discussion topics included:

- The Age Well CT events calendar website was shown as an example/concept/template that the Senior Center Coordinator might be able to use to provide technical assistance or resources to the various regions of CT and boost collaboration across municipalities.[18] The suggestion was raised for there to be a central Senior Center website containing links to every Senior Center across the state (could include statewide organizations, resources from multiple organizations, events, activities, etc.). Such a website would be beneficial for those who run Senior Centers, those who use Senior Centers, those looking to move to Connecticut, family members/caregivers looking at CT for a place to relocate elderly family members
- The State Unit on Aging is exploring the potential of a Virtual Senior Center platform (purposes of social connection, engagement, accessibility, expand opportunities, etc.)
- It was agreed that we do not know enough about Senior Centers in our state mostly because our collection of information is limited (Comparatively, the Massachusetts survey is successful because of funding for such collection of information).
- Members suggested to take advantage of "Senior Center Month" in September to promote Senior Center access and activities. Many Senior Centers are planning celebration activities including newsletters, celebrations, building connections, activities, entertainments, open house events, yoga classes, day in the life simulations, and volunteer-led tours.
- Members emphasized collaboration and communication between the State Unit on Aging, our Workgroup, and the future statewide Senior Center coordinator position.

- There was a Workforce Development discussion including the following topics:

    - What is our role in building the excitement for desired workforce demographics? (Those who are retiring, those changing their career paths, and younger people who are just entering their career paths).

[18] *See*, Age Well CT Events Calendar, https://agewellct.org/events-calendar/

- Students are more interested in working with children than with seniors (similar with retiring teachers) and there's not a great incentive to fill a position with less time flexibility, low pay, etc. How can we find ways to boost desirability of Senior Center work?
- Exposing young people to the excitement of working with "living books"/learning to value their wisdom and life experiences, have more Occupational Therapy students work with seniors to gain experience, and expanding intergenerational programs especially high school to college-aged kids (boost empowerment between generations; this intergenerational concept can easily be incorporated into education; community service).
- Important to explore Senior Center salaries and recommends bring them to be on par with the management positions of the various other municipal departments.
- In order to develop a better workforce (in addition to boosting interest and engagement with gerontology), we must find a way to provide more monetary benefits as a career choice, including fair wages and benefits to support the extensive work they do.
- Accessibility to volunteer management systems?
- Exploring detailed job descriptions of various personnel positions at Senior Centers.
- Overall, we must consider these workforce concerns now because of the aging workforce in this sector.
- Suggest researching the importance of seniors and Senior Centers to the community across domains (socially, from a childcare perspective, etc.).

Discussion Highlights from October 21st Meeting

Meeting Video Link: https://www.facebook.com/CWCSEO/videos/statewide-senior-center-workgroup-meeting-friday-october-21st-2022-for-more-info/858728788644714

Chair Hernández welcomed Alyssa Norwood, Director of the Connecticut Age Well Collaborative (AWC)[19]. Recently, the CWCSEO has signed a Memorandum of Understanding (MOU) with the AWC to provide thoughtful and legislatively responsive responsibilities of Connecticut's Livable Communities Initiative, pursuant to CGS Sec. 17b-420a[20]. Director Norwood gave a historical background and future plan presentation to the membership. In 2013, the CGA passed the first Livable Communities Initiative. The CWCSEO is tasked with

[19] *See*, Connecticut Age Well Collaborative website, https://ctagewellcollaborative.org/
[20] *See*, CGS Sec. 17b-420a. "Livable Communities" initiative. Internet portal. Report. Community recognition. https://www.cga.ct.gov/current/pub/chap_319bb.htm#sec_17b-420a

coordinating a number of functions, which through partnership and strong support with the AWC will lead to creatively and thoughtfully tell the story of aging well in Connecticut. Senior Centers play a crucial role in helping to reframe aging. The AWC utilizes collective impact partners including philanthropic and fiscal sponsors along with the State Department of Aging and Disability Services (ADS).

Director Norwood outlined Roles for Senior Centers, including a Community Leaders Fellowship program designed to recruit applicants to engage as thought partners focusing on the themes of empowerment, shared learning models, trust-building, and other community engagement functions. There are important ways that the lived-experiences of the fellows could meaningfully help on the topic of Senior Centers. Municipal considerations and the reality of differently abled perspectives could help in considering new policy proposals. She emphasized the practical realities of the broad capacities of Senior Center participants who are in their fifties as compared to those in their eighties or nineties. Fellowship composition considerations included age cohorts, geography, housing experiences, relationship experiences, race & ethnicity, and wellness capacities.

The AWC is starting an Age Well Academy program to educate primarily municipal staff and leaders, as well as members of the public, about lifespan approaches to planning communities. She requested that Senior Centers could collaborate on these future programs and curriculum design. These programs could be eligible for Certified Connecticut Municipal Official Credit (CCMO) with the Connecticut Conference of Municipalities (CCM). These opportunities will seek to include the contributions of older people, individuals living with Alzheimer's disease and related dementias, and individuals with disabilities. Director Norwood reviewed preliminary plans for upcoming programing, including on the topics of reframing aging, and a sharing and celebration summit at the State Capitol. The AWC plans to honor and uplift innovating examples of work happening on the group through giving awards and acknowledgements in addition to making new community connections, by inviting legislators into the process.

Finally, Director Norwood reviewed intra-municipal collaboration efforts to apply an aging, dementia and disability lens, not only to the work of Senior Centers, but across municipal government. She plans deliberations about how to engage with local planning and zoning, transportation and housing authorities to incorporate the opportunities embodied in the Age Well Collaborative's operating framework.

The membership engaged in a conversation, including on the topic of addressing certification in ways that are not onerous to local Senior Centers in implementation. CCM is offering certification opportunities in the name of lifelong learning to people who wish to expand beyond the traditional knowledge scope of their careers. These programs offer credit and recognition for learning new disciplines and continuing education in the spirit of crossing traditional silos of professions. These collaborations between AWC and CCM will benefit Senior Center personnel and leadership along with many others.

The membership received an update regarding Executive Branch actions. Discussion highlighted the importance of the AWC to change to the conversation to make Senior Centers visible and more respected.

Discussion Highlights from November 18th Meeting

Meeting Video Link: https://www.facebook.com/CWCSEO/videos/statewide-senior-center-workgroup-meeting-friday-november-18th-2022-for-more-inf/1535814380161484

Pursuant to Sec. 4(b)(3) of PA 21-7[21], Chair Hernández welcomed Marie Allen, President & CEO of the Southwestern Connecticut Agency on Aging to consult with our Workgroup as called for by PA 21-7. She reviewed the Role of Agencies on Aging as established by the Older Adults Act of 1965.

Marie Allen presented on Connecticut Area Agencies on Aging

- Role of Agencies on Aging:
  1. *Plan*
     a. Federally mandated to develop a plan for the region's older adults. The plan must be coordinated with the State.
  2. *Programs*
     a. Where they are most needed, while also considering cost effectiveness, existing gaps and programs outside of the Older Americans Act.
  3. *Fund*
     a. The Area Plan guides regional spending. Funding decisions made by volunteer community members.
  4. *Convene & Advocate*
     a. Create opportunities for information sharing, identification of best practices and advocacy to state and federal leaders on behalf of the Aging network.

- Additional Comments:
  - Senior Centers are the "Gateway" (the primary resource hub for information and help for the majority of seniors).
  - Hosting listening sessions in January to boost advocacy and understanding of the issues faced by seniors.
  - ARPA funds delegated $4 million to AAA for developments.
  - $10,000 of funding for Senior Centers to allocate to various areas of development and training.

[21] *See*, Section 4(b)(3) of Public Act 21-7 *AN ACT CONCERNING SENIOR CENTERS AND SENIOR CRIME PREVENTION EDUCATION*, https://www.cga.ct.gov/2021/ACT/PA/pdf/2021PA-00007-R00SB-00817-PA.pdf

- Area Agencies on Aging (AAA) is planning an in-person aging summit in November 2023.
  - Work with thought leaders to address the challenges of aging and look for best practices to form a better coordinated network of supports, services, information sharing and problem solving.
  - Suggests joining forces with Statewide Senior Center coordination.
  - Help support the Connecticut Association of Senior Center Personnel (CASCP).
  - Goal: Work with councils that support an annual Aging Summit.
- Members highlighted the suggestion to certify Senior Center staff as to secure and protect their positions from the implications of unions.
  - Unions, although beneficial to supporting worker's rights, are also a major cause of Senior Center workforce shortages and struggles.
- There was a stressing of the importance of workforce training, funding, and increasing volunteers, as well as allocating the incoming funds to provide training at no cost to Senior Centers.
  - Marie Allen reminded that the funds she was referencing are designated for the Center for Medicare Advocacy, so new sources of funds and/or a discussion about spreading funds out more evenly may need to be had.

Members heard an update regarding the administration of ARPA dollars for upcoming plans, including a forthcoming Senior Center Coordinator and state funding for Senior Centers.

Christy Kovel, of the Alzheimer's Association Connecticut Chapter, presented on a CT Department of Public Health two-year grant from federal legislation (the Building our Largest Dementia Infrastructure - BOLD Act)[22] to look at Alzheimer's Disease as a public health issue.

Together, DPH and the Alzheimer's Disease and Related Dementias (ADRD) Coalition have been working together to update the CT Alzheimer's State Plan.

- The plan consists of 5 statewide workgroups; each focuses in on different areas and issues surrounding ADRD through a public health lens.
  - Statewide policy/access to care
  - Supporting caregivers
  - Workforce issues
  - Early detection and diagnosis
  - Avoiding hospitalization
- First draft of updated plan will be released this winter.
- Goal: Highlight the need for statewide dementia coordination and maintain the government's investment in Alzheimer's disease.

[22] *See*, Center for Disease Control and Prevention, *BOLD Public Health Programs to Address Alzheimer's Disease and Related Dementias*, https://www.cdc.gov/aging/funding/php23/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Faging%2Ffunding%2Fphp%2F2023.html

Chrissie Schettini, President of the Connecticut Association of Adult Day Services, shared an update on the Adult Day Services Workgroup

- The Adult Day Services working group is preparing legislative recommendations for the 2023 legislative session based on several initiatives they have been working on.
    - Considerations that were mentioned:
        - Expand enrollment in Adult Day Centers beyond current eligibility (looking to include people under the age of 65).
        - Clearing pathways for people over 65 to attend adult day centers (Medicaid eligible).
        - Education and outreach initiatives to help agencies in different fields (and the public) be more aware of and refer to Adult Day Centers.
            - Working with DSS on a training piece that will be distributed to access agencies and other agencies to help staff in medical settings to work with adult day centers, save money, etc.
        - Collaborate with Senior Centers in case further care is necessary down the line.
        - Working with legislators and DSS on clarifying the eligibility process for Adult Day Services.
- Although it has not been finalized yet, there is an anticipated $3 million of ARPA funding with DSS being allocated to Adult Day Services.
    - Currently in the stage of discussing applicable uses, specifically focused on the following concerns: transportation, costs, and staffing shortages.

Discussion Highlights from December 9th Meeting

Senior Center Crime Prevention Education Workshop

Meeting Video Link: https://www.facebook.com/CWCSEO/videos/senior-center-crime-prevention-education-workshop-presented-by-the-statewide-sen/1525803237899584

Pursuant to Section 5 of PA 21-7[23], the Commission on Women, Children, Seniors, Equity & Opportunity and the Statewide Senior Center Workgroup presented the Senior Centers Crime Prevention Education Workshop on December 9th, 2022, at noon. This virtual event was led by the Court Services and Supports Division (CSSD) of the Connecticut Judicial Branch, The Connection and The Connecticut Alliance to End Sexual Violence. Experts reviewed a community response education program to assist neighborhoods, Senior Centers, and senior housing residents to learn how to better protect themselves from sexual abuse and assault. The program shared resources on prevention and risk reduction, as well as the enforcement of requirements and supervision for released offenders who live the community. This event featured opening and closing remarks by Senator Cathy Osten and was moderated by Chair Steven Hernández, Esq. The Zoom invitation was open to Connecticut's Senior Centers and the public.

[23] *See*, Section 5 of Public Act 21-7 *AN ACT CONCERNING SENIOR CENTERS AND SENIOR CRIME PREVENTION EDUCATION*, https://www.cga.ct.gov/2021/ACT/PA/pdf/2021PA-00007-R00SB-00817-PA.pdf

Workshop presenters began by describing the difference between the Containment model used in other states with the Collaborative model used in Connecticut for working with sex offenders. The Collaborative model is more effective for goals of recidivism reduction and risk management, is mutually beneficial, promotes idea exchange, and provides ongoing support while fostering a unified and comprehensive approach. A video was shown which described the effects of social isolation on addictive behaviors to stress the importance of social connections for those returning to communities after incarceration. There are many different professionals involved in the implementation of the collaborative model who work with offenders from pre-trial to incarceration and community supervision. Presenters noted the success rates for this program in reducing recidivism, where the 3-month arrest rate was <4%, 6 month was <6%, and 12 month was <11%. Presenters also noted Connecticut's work in this area was model other states were looking to for inspiration.

Several presenters mentioned the importance of stable housing, both for supervision as well as transitioning back into a community. They described risk assessment tools, the importance of group therapy, different types of groups including young men and differing levels of risk, credibility assessments, and additional support services which are all part of the collaborative model. An overarching goal was to support survivors and reduce recidivism. Presenters also centered victim empowerment, which included both advocacy and support as well as honoring victims' requests for reunification or communication when desired. It was noted that it is important that victims sharing of their stories, if they choose to share, must be victim-led and directed in whatever way is best for them as it is hard for people to share these stories, especially seniors.

Finally, presenters stressed the importance of conversation and communication. They stated that every person is different, and that in addressing rumors or concerns, it is best to have a direct conversation with the client or their officer. It was noted that as with other crimes, seniors tend to offend less, and that not all victims are minors and individual nuances must be considered. Several questions were asked, including:

- *"What should Senior Center personnel know about complying with court rules?"*
    - Defer to the sex offender probation chief; meet with them and the client and talk to them about their concerns. Senior Center program manager can also decide how many staff are going to be aware to stop whispering and rumors and help the client get the most out of the Senior Center as a resource.
- *What do people who have offended have to tell people if they want to engage in services/entering public building?*
    - There is public information available on their charge, but clients could also share length of incarceration and time in community, needs and interests, conditions and restrictions, things they can and cannot do (i.e., computer restrictions). It is generally most beneficial to have relationship with a supervising officer. It was especially noted that clients should **not** share information about victims.

This final question also sparked a conversation around others in Senior Centers becoming aware of someone's status and their subsequent comfort levels with them, particularly at certain events. Education and open conversation were again suggested, along with the sharing of calendars to potentially avoid coming to the center on certain days (i.e., Grandparents Day). While this may not alleviate all concerns, it is important to keep educating and learning. After sharing contact information, the meeting was adjourned.

Date: Friday, December 9, 2022
Time: 12pm – 2pm
Zoom Event

Statewide Senior Center Workgroup
Senior Center Crime Prevention Education Workshop Agenda
December 9, 2022: 12 p.m. – 2 p.m. via Zoom

I. Welcome Remarks by Chair Steven Hernández, Esq.

II. Opening Remarks by Senator Cathy Osten

III. Deanna L. Dorkins, *Court Supports Services Division*,
Chief Probation Officer II, Statewide Sex Offender Supervision Unit,
Collaborative Case Work Unit
a) Topic: The Collaborative Model, Basic Sex Offender Supervision (Adult Probation)

IV. Erika Thiel, LPC, *The Connection, Inc*.,
Credibility Assessment Manager, Polygraph Examiner, EyeDetect Administrator
a) Topic: Treatment for Problem Sexual Behavior

V. Ashlei Biggs, *Connecticut Alliance to End Sexual Violence*,
Supervisor of Post Conviction Victim Advocacy
a) Topic: Victim Advocacy and Community Safety in Sex-Offender Supervision

VI. Michael Aiello, *Court Supports Services Division*,
Program Manager II
a) Topic: Housing, Electronic Monitoring and Parole

VII. Closing Remarks by Senator Cathy Osten and Chair Steven Hernández, Esq.

VIII. Adjourn

Discussion Highlights from December 16th Meeting

Meeting Video Link: https://www.facebook.com/CWCSEO/videos/statewide-senior-center-workgroup-meeting-december-16th-2022-source-public-act-2/841484466917757

The Workgroup began with a discussion of the recent Crime Prevention Workshop. It mentioned how some Senior Centers have been holding space for police officers and seniors to chat in an informal, non-emergency setting to create a comfortable relationship between officers and seniors. Updates were provided on CT State Unit on Aging as they have posted several new positions and are working to get ARPA funds out into the community, specifically with elderly nutrition providers who demonstrate increasing need. The Workgroup additionally discussed sending allocation charts to municipalities detailing the ARPA funding and continuing communication with state and municipal leaders. Applications for funding are moving forward.

The Workgroup discussed the pilot of a "Virtual Senior Center" to provide content and information to seniors, with the goal of keeping them connected in the future. Workgroup members are hoping to broaden homecare programs for disabled residents, as well as expand the eligibility base for Adult Day Centers Services and boost participation in community events. Funds are needed to provide more accessible and affordable transportation, and Workgroup members are working with DSS to address challenges as they want to continue to provide and improve remote services to those needing to stay at home temporarily. Additionally, a presentation was created with the state which discusses Adult Day Centers, how they benefit the community, how they provide medical options for seniors in ways that allow them to live at home, and how they create partnerships with people in the community, Senior Centers, health care providers, and access agencies. There was discussion of reframing the title of 'Adult Day Care' to Adult Day Program, Adult Day Services, or another descriptive title.

Legislative priorities were discussed, including working on a bill to ensure certain powers of attorney actions are not eroded. The Workgroup expressed a desire to continue meeting until a legislative priority report was produced, which they would like all members to contribute to and edit. Equity was encouraged as a priority, specifically keeping our diverse elders and elders in rural areas in consideration for our recommendations. Additionally, members were encouraged to look in higher-income neighborhoods for the median and low-income pockets, and to not let high-income individuals or second home purchases obscure this information. Finally, a suggestion was raised to invite leaders into Senior Center conversations and for us to share recommendations with them in the same space, perhaps using one document in which everyone can have access to for including and editing recommendations.

Discussion Highlights from January 13th 2023 Meeting

Meeting Video Link: https://www.facebook.com/CWCSEO/videos/statewide-senior-center-workgroup-meeting-friday-january-13th-2023-source-public/867194041190969

Chair Hernández welcomed members and members of the leadership of the Aging Committee, including Co-Chair Sen. Jan Hochadel, Rep. Jane Garibay, and Vice Chair Mary Fortier.

The Workgroup began with a moment of silence and reflection for Representative Quentin "Q" Williams, former co-chair of the Aging Committee. The recently elected representatives were congratulated and introduced to the work of the various Aging Committee members. Dianne Stone provided background on the workings and importance of Senior Centers in Connecticut, whose connective efficacy was and continues to be particularly evident through the COVID-19 pandemic. The Workgroup was highlighted along with the establishment of a permanent position of Senior Center Coordinator to be housed in the Department of Aging. The was also an expressed need for seniors to be a permanent line item in the budget outside of ARPA funding. The Workgroup discussed the process of ARPA funding allocation, expected sometime in mid-2024, and noted that Senior Centers and elder nutrition programs were being prioritized.

Christy Kovel provided the main proposed concept from the Alzheimer's Association of Connecticut, which is the implementation of a state-wide Dementia Services Coordinator. This position is proposed to be housed at the Department of Public Health, which will grant them the ability to access and coordinate state-wide programs and resources and consider dementia holistically. Multiple working group members mentioned the importance of communication and collaboration with local organizations and community members, as well as the immense possibilities which come from state-wide knowledge sharing. Membership discussion noted the importance of remembering the initiatives and programs available on a local level, which may not be state-wide but can be immensely impactful. It was also noted that funding is available for community organization to support the uptake of COVID-19 booster, as Senior Centers and other trusted organizations were especially helpful in getting people vaccinated in the early stages of the pandemic. The conversation stressed the importance of providing seniors with basic human services and the way they can thrive when basic needs are met, especially housing which is a rising crisis for seniors that should be kept in mind. Working group members and legislators alike express their gratitude and support for each other's work, and the meeting concluded.

Discussion Highlights from March 10th 2023 Meeting

Meeting Video Link: https://www.facebook.com/CWCSEO/videos/statewide-senior-center-workgroup-meeting/1824810671211739

Chair Hernández welcomed members. The focus of this meeting was to review and comment on the draft report of the Workgroup to the Legislature. The report was introduced by a walkthrough of the different sections, followed by a request for member reflections. Members noted this report encompasses the history of this Workgroup, the current state of the work, recommendations, and outline of future ongoing directions, while noting that "local knows local best." It was noted that this report is thorough and could be used as an educational piece for Senior Center experts and layperson advocates alike. Workgroup members requested a concise report of recommendation deliverables, such as a table or executive summary that would be accessible for people to carry around.

Discussion included the timeliness of the report for use during the local budget season. It was noted that many different activities and responsibilities of Senior Centers continue daily, and that there will be a usefulness of this report in advocating and informing about duties. It was stated that advocacy and messaging was going to be championed by the people in this group and their colleagues, as well as the importance of continuing to push for all services provided by Senior Centers. Specifically, the Workgroup suggested the recommendations in the report be assigned to a specific group or body and highlighted the importance of Workforce Development. They suggested a shift to more specific recommendations for Senior Centers workforce rather than broader older adult health service workforces, including mentorship, pay equity, and training; there was also a suggestion to use the terminology of "Senior Center Professionals" rather than "Workforce" to encompass all groups of people relevant to these recommendations.

Other updates for the Workgroup included State Unit on Aging (SUA) communication around the forthcoming ARPA funds, including the guidance for municipal fund usage and allocation charts. Further outreach will go out later in March for communication from Senior Centers around what these funds will be used for, which will be reviewed by the State Unit on Aging before funds are distributed. Members commended the unprecedented investment by the State of Connecticut in Senior Centers, as well as the inclusive focus on disability and equity in resource distribution. March is National Nutrition Month, and within this month the elder nutrition programs will be getting their funds as well after putting together their plans. The State Unit on Aging field representative positions have been interviewed for, including the Senior Center Coordinator, who will be the point person moving forward in this work, utilizing this report. A current bill was discussed about Adult Day Centers for adults with disabilities under 65 years old. The Workgroup agreed to comment on the draft report over the next few days prior to voting to finalize electronically by email. The meeting was then adjourned.

Reference Resources

Report of the Task Force to Study Senior Centers **(February 6, 2018)**
https://www.cga.ct.gov/2020/AGEdata/Tmy/2020SB-00162-R000227-Task%20Force%20to%20Study%20Senior%20Centers-CT%20Commission%20on%20Women,%20Children%20and%20Seniors-An%20Act%20Concerning%20Senior%20Centers-TMY.PDF

National Institute of Senior Centers (NISC) - ***New Models of Senior Centers Taskforce Final Report*** **(March 2009)**
http://www.oacao.ca/uploads/3/2/9/4/3294559/models_of_senior_centers.pdf

OLR Report – ***Senior Center Laws in Other States*** **(July 2017)**
https://ctcwcs.files.wordpress.com/2017/12/olr-report-other-state-statutes-12-5-17.pdf

National Council on Aging Senior Centers Fact Sheet (2015)
https://ctcwcs.files.wordpress.com/2017/12/ncoa-senior-centers-fact-sheet-12-5-17.pdf

My Senior Center Report **(June 2017)**
https://ctcwcs.files.wordpress.com/2017/05/myseniorcenter-report-6-26-17.pdf

Connecticut Council for Philanthropy – ***Our Aging State: What Connecticut Funders Need to Know*** **(2017)**
https://ctcwcs.files.wordpress.com/2017/05/ct-council-of-philanthropy-our-aging-state-what-ct-funders-need-to-know.pdf

National Council on Aging July 20, 2022 Article: ***Senior Center Spotlight for Professionals: Thrive55+ Rebrands to Broaden Their Appeal,*** **by Dianne Stone**
www.ncoa.org/article/senior-center-spotlight-thrive-55-rebrands-to-broaden-their-appeal

Connecticut Age Well Collaborative
https://ctagewellcollaborative.org/

The Department of Aging and Disability Services - ***State Plan on Aging*** **2020-2023**
https://portal.ct.gov/-/media/AgingandDisability/AgingServices/State-Plans/2021-2023-CT-State-Plan-on-Aging.pdf

Connecticut Association of Senior Center Personnel
https://www.cascp.net/

Connecticut Association of Adult Day Services
https://www.ctadultday.org/

Southwestern CT Agency on Aging
https://www.swcaa.org/

Select Workgroup Resource Documents (August - December 2022)

I. **Statewide Senior Center Workgroup Mandates (Sec. 3 & 4)** – *Public Act 21-7 AN ACT CONCERNING SENIOR CENTERS AND SENIOR CRIME PREVENTION*
   a) https://cga.ct.gov/2021/ACT/PA/PDF/2021PA-00007-R00SB-00817-PA.PDF

II. **Massachusetts Council on Aging Survey FY 2021**
(July 1, 2020 – June 30, 2021)
   a) https://mcoaonline.com/wp-content/uploads/2022/01/2022-COA-Annual-Report-Survey.pdf

III. **2018 Senior Center Task Force Report**
   a) https://www.cga.ct.gov/age/related/20130101_Reports,%20Briefings%20&%20Updates/2018%20Senior%20Center%20Task%20Force%20Final%20Report%202.7.18.pdf

IV. **CASCP 2011 report, "Tomorrow's Senior Centers: Starting the Conversation – A Profile of Senior Centers in Connecticut"**
   a) https://ctcwcs.files.wordpress.com/2017/05/tomorrows-senior-centers-starting-the-conversation.pdf

V. **National Council on Aging – Modernizing Senior Centers Resource Center: Standards and Accreditations for Professionals**
   a) https://www.ncoa.org/professionals/senior-centers/modernizing-senior-centers-resource-center/standards-accreditation

Job Opportunity

Field Representative, Department of Aging and Disability Services, State Unit on Aging, Close Date December 22nd **(THIS IS THE STATEWIDE SENIOR CENTER COORDINATOR POSTION POSTING)**
https://www.jobapscloud.com/CT/sup/bulpreview.asp?R1=221208&R2=7202SH&R3=001

Statutory Authorities

Sec. 7-127h. Multipurpose senior centers. Establishment by municipalities. Services, programs provided. (a) Any one or more municipalities, or any one or more private organizations that serve older persons and are designated to act as agents of one or more municipalities, may establish a multipurpose senior center, as defined in Title I of the Older Americans Act of 1965, as amended from time to time.

(b) A multipurpose senior center established pursuant to subsection (a) of this section may provide assistance, including, but not limited to: (1) Nutrition services; (2) health programs, including, but not limited to, mental health, behavioral health and wellness programs; (3) employment assistance; (4) intergenerational initiatives; (5) community service and civic engagement opportunities; (6) public benefits counseling; (7) socialization and educational opportunities; (8) transportation; (9) peer counseling; (10) financial and retirement counseling; (11) arts and recreation programs; and (12) case management services.

(P.A. 21-7, S. 2; P.A. 22-78, S. 4.)

History: P.A. 22-78 made a technical change in Subsec.(b), effective May 24, 2022.

https://www.cga.ct.gov/current/pub/chap_097.htm#sec_7-127h

Sec. 7-127i. Assistance, resources for senior centers. Duties of Commission on Women, Children, Seniors, Equity and Opportunity. Within available appropriations, the Commission on Women, Children, Seniors, Equity and Opportunity shall provide assistance to senior centers, which may include, but need not be limited to: (1) Establishment and maintenance of a list of senior centers and municipal services for older persons; (2) establishment and maintenance of a list of resources for staff of senior centers and municipal services for older persons; (3) development of technical assistance for staff of senior centers and municipal services for older persons through direct assistance or referral to expert resources; (4) regular communication with staff of senior centers and municipal services for older persons; (5) dissemination of information about local, state and federal support and services of interest to senior centers and municipal services for older persons; and (6) establishment and facilitation of a state-wide senior center Workgroup as described in section 4 of public act 21-7*. The executive director of the Commission on Women, Children, Seniors, Equity and Opportunity shall assign or appoint necessary personnel to perform such duties.

(P.A. 21-7, S. 3.)

*Note: Section 4 of public act 21-7 is special in nature and therefore has not been codified but remains in full force and effect according to its terms.

https://www.cga.ct.gov/current/pub/chap_097.htm#sec_7-127i

Sec. 7-127b. Municipal agents for elderly persons. Duties. Responsibilities of Department of Aging and Disability Services. (a) The chief elected official or the chief executive officer if by ordinance of each municipality shall appoint a municipal agent for elderly persons. Such agent shall be a staff member of a senior center, a member of an agency that serves elderly persons in the municipality or a responsible resident of the municipality who has demonstrated an interest in the elderly or has been involved in programs in the field of aging.

(b) The duties of the municipal agent may include, but shall not be limited to: (1) Disseminating information to elderly persons, assisting such persons in learning about the community resources available to them and publicizing such resources and benefits; (2) assisting elderly persons to apply for federal and other benefits available to such persons; and (3) reporting to the chief elected official or chief executive officer of the municipality and the Department of Aging and Disability Services any needs and problems of the elderly and any recommendations for action to improve services to the elderly.

(c) Each municipal agent shall serve for a term of two or four years, at the discretion of the appointing authority of each municipality, and may be reappointed. If more than one agent is necessary to carry out the purposes of this section, the appointing authority, in its discretion, may appoint one or more assistant agents. The town clerk in each municipality shall notify the Department of Aging and Disability Services immediately of the appointment of a new municipal agent. Each municipality may provide to its municipal agent resources sufficient for such agent to perform the duties of the office.

(d) The Department of Aging and Disability Services shall adopt and disseminate to municipalities guidelines as to the role and duties of municipal agents and such informational and technical materials as may assist such agents in performance of their duties. The department, in cooperation with the area agencies on aging, may provide training for municipal agents within the available resources of the department and of the area agencies on aging.

(1972, P.A. 70; P.A. 77-447; P.A. 85-459, S. 1, 2; P.A. 88-206, S. 2; P.A. 93-262, S. 1, 87; P.A. 95-77; P.A. 01-195, S. 105, 181; P.A. 12-119, S. 3; P.A. 13-125, S. 1; June Sp. Sess. P.A. 17-2, S. 288; P.A. 18-169, S. 14; P.A. 19-157, S. 14; P.A. 21-7, S. 1.)

History: P.A. 77-447 replaced all former provisions re municipal agents for disseminating information to elderly with more detailed provisions of Subsecs. (a) to (d), inclusive; P.A. 85-459 amended Subsec. (b) to require written reports to be submitted to the state department on aging and amended Subsec. (c) to require the town clerk to notify the state department on aging of the appointment of a new municipal agent; P.A. 88-206 gave the chief elected official the authority to appoint a municipal agent and provided that the chief executive officer may also appoint if by ordinance he is given such authority in Subsec. (a), made a technical change in Subsec. (b) and required the department on aging to sponsor at least one training session and specified that the training shall include information re the availability of housing and required each municipal agent to attend at least one session in Subsec. (d); P.A. 93-262 authorized substitution of department of social services for department on aging, effective July 1, 1993; P.A. 95-77 amended Subsec. (c) to allow a municipal agent to serve a term of two or four years, at the discretion of the appointing authority, where previously terms were two years only; P.A. 01-195 made technical changes, effective July 11, 2001; P.A. 12-119 amended Subsec. (a) to delete provisions re commission on

aging members and elected officials as potential agents and make technical changes, amended Subsec. (b) to make technical changes, replace provisions re annual written reports on services provided by the agent with provisions re reporting agent's recommendations to improve services to the elderly, made a technical change in Subsec. (c), and amended Subsec. (d) to delete requirement that department ensure municipalities carry out provisions of section, make technical changes, make agent training discretionary rather than mandatory, delete provisions re training requirements and records re elderly persons and add provision re training within available resources of department and area agencies, effective June 15, 2012; P.A. 13-125 replaced references to Department of Social Services with references to Department on Aging, effective July 1, 2013; June Sp. Sess. P.A. 17-2 replaced "Department on Aging" with "Department of Social Services" in Subsecs. (b) to (d), effective October 31, 2017; P.A. 18-169 replaced "Department of Social Services" with "Department of Rehabilitation Services" in Subsecs. (b) to (d) and made a technical change in Subsec. (b), effective June 14, 2018; P.A. 19-157 amended Subsecs. (b) to (d) by replacing "Department of Rehabilitation Services" with "Department of Aging and Disability Services"; P.A. 21-7 amended Subsec. (a) by adding senior center staff to persons who may be municipal agents and made a technical change in Subsec. (b).

https://www.cga.ct.gov/current/pub/chap_097.htm#sec_7-127b