

How States are Advancing Caregiver Support through Multisector Plans on Aging

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The
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Speakers & Agenda

- **Welcome and Introduction**
 - Wendy Fox-Grage, Senior Director, National Academy for State Health Policy
- **Overview of Caregiving within State MPAs**
 - Torshira Moffet, Senior Program Director, CHCS
- **Key Progress and Accomplishments in North Carolina, Texas, and Vermont**
 - Caylee Weaver, Planner/Evaluator, North Carolina Division of Aging
 - Sara Damiano, Director, Office of Aging Services Coordination, Texas Health and Human Services
 - Sarah Keating, Manager, Age Strong VT
- **Facilitated Q&A with speakers**
- **Wrap-up**

Related Publication: How States Are Leveraging MPAs to Support Caregivers

New brief published by NASHP and CHCS

- Link will be posted in chat: [How States Are Leveraging Multisector Plans for Aging to Support Caregivers](#)

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BRIEF / 08-24-26

How States Are Leveraging Multisector Plans for Aging to Support Caregivers

by [Jacob Thayil](#), [Wendy Fox-Grage](#), Torshira Moffett, Center for Health Care Strategies

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A growing number of states are looking beyond traditional aging policy to prepare for and [address the long-term needs of a rapidly aging population](#). One strategy gaining momentum is the multisector plan for aging (MPA), a state-led planning effort that brings together state agencies and public and private stakeholders to coordinate aging-related policies, programs, and investments. As of July 2026, 14 states are implementing MPAs, and over half of states are developing or exploring one.

[MPAs, also known as master plans or strategic plans for aging](#), are 10-year plans designed to address the current and future needs of older adults. These plans often [emerge from legislation or executive order](#) and can help states align policy and program priorities across aging, disability, health care, housing, transportation, and other public sectors. Critically, [the MPA development and implementation](#) process is designed to incorporate the perspectives of older adults, [caregivers](#), and other community stakeholders, which to ensure that goals are grounded in the realities of people's lives.

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Effective models for prevention and care delivery that harness the field's best thinking and practices to meet critical needs.



Efficient solutions for policies and programs that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.



Equitable outcomes for people that improve the overall well-being of populations facing the greatest needs and health disparities.



What is a Multisector Plan for Aging (MPA)?



1 State-Led: Authorized through legislation, Executive Order, or a decree/declaration.



2 Cross-Agency Development and Accountability: Involves input, leadership, and accountability from various departments, agencies, and branches of state government.



3 Stakeholder and Community Engagement: Incorporates broad stakeholder engagement, including input from non-traditional stakeholders and community members.



4 Broad Focus on Aging Throughout the Lifespan: Promotes the message that "we are all aging".



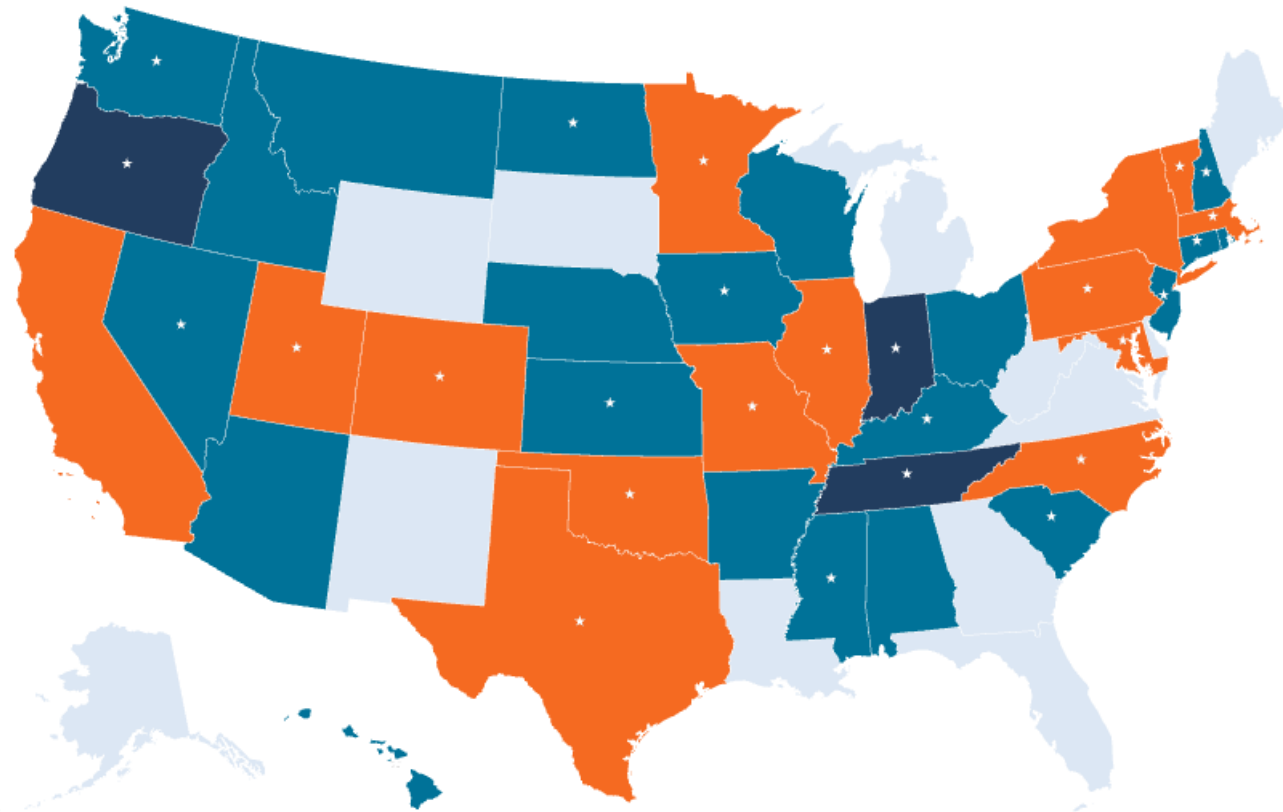
5 Data Driven: Uses data to identify needs and priorities, create benchmarks and targets, and measure progress and outcomes.



6 Living Document: Refreshed every 1-2 years with regular reports on progress and measurement of goals.

State Adoption of MPAs: Snapshot of Progress

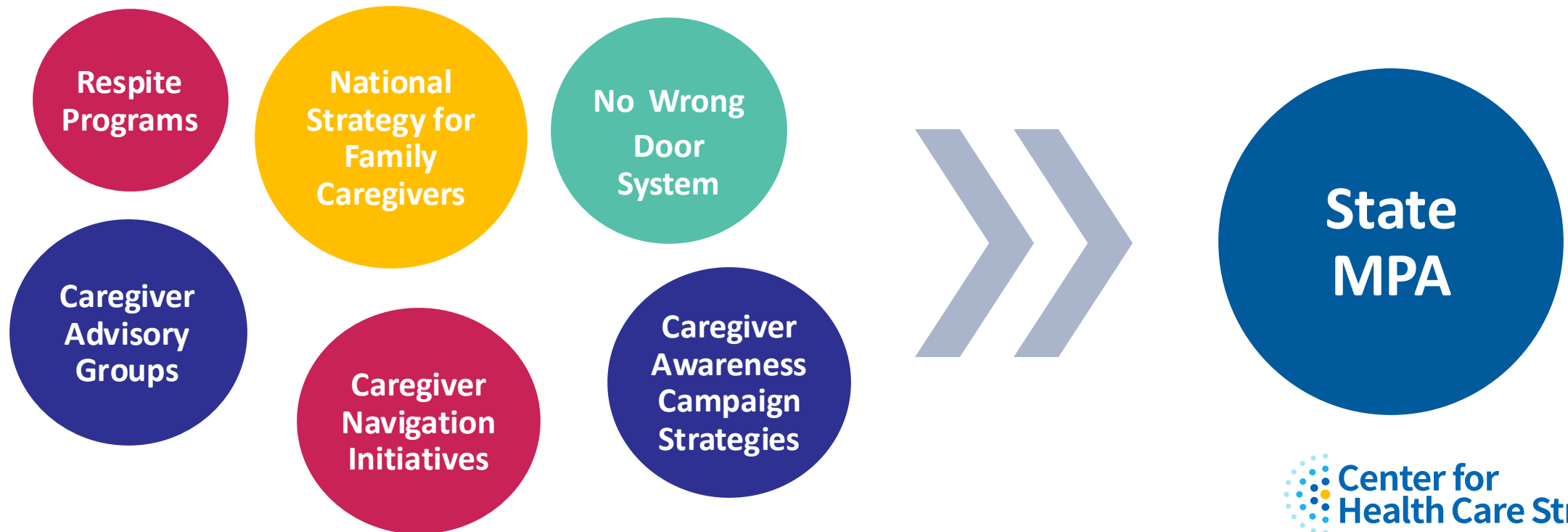
**As of September 2026*



★ MPA learning collaborative ● Authorization ● Implementing or refreshing an MPA ● Interested or actively planning
● Not actively engaged ● Data not available

MPAs Build Upon Existing Initiatives and Align with Key Partners

MPAs do not replace existing aging-related initiatives but rather strengthen them by **elevating common goals and connections across initiatives, reducing duplication, and streamlining efforts.**



How States are Supporting Family Caregivers through MPAs

- **Providing free training and education programs** for paid and unpaid caregivers
- **Expanding caregiver navigation support**, including pilot programs that partner with community health workers and serving as trusted health partners within communities who can enhance connection with resources and supports
- **Raising awareness and use of respite care** and other supports through outreach campaigns and media efforts
- **Expanding or creating public caregiving supports**, including portals, resource centers, and No Wrong Door systems

How States Have Addressed Implementation Challenges



1. Building alignment to sustain caregiver supports

Strategies:

- Braiding funding through Medicaid or Medicare
- Leveraging nonprofit and community resources
- Maintaining a pipeline of public and private grants



2. Promoting coordination and partnership across state programs

Strategies:

- Identifying shared goals and convening with partner agencies
- Having strong support from agency and executive leadership
- Creating both formal and informal communication channels across agencies



3. Improving caregiver data collection

Strategies:

- Investing in aging-related data infrastructure, both to identify gaps in services and to build a stronger evidence base for their programs



**For questions or follow up on MPAs,
contact:**

Torshira Moffett (tmoffett@chcs.org)

All Ages, All Stages NC: Building on a Strong Caregiving Foundation

- **The MPA elevated caregiving as a statewide priority**
- Built on established infrastructure:
 - Dementia State Plan
 - NC Caregiving Collaborative
 - Family Caregiver Support Program
 - Lifespan Respite
 - Project C.A.R.E. (Caregivers Alternative to Running on Empty)
 - No Wrong Door
- Aligned existing efforts under a shared, 10-year framework
- Expanded engagement across agencies, sectors, and community partners
- Created new opportunities for innovation and peer learning
 - Example: ASTHO Brain Health & Caregiving Learning Collaborative



Early Progress: Expanding Resources, Awareness & Accountability

Strengthening respite & caregiver support

- **183** Lifespan Respite vouchers awarded in FY 2025–26 to date
- Project C.A.R.E. continues care consultation, education, training, and respite support
- Family Caregiver Support Program provides locally tailored services and resources

Growing reach and engagement

- **3,461 caregivers** registered in the NC Caregiving Portal
- **26,114** content views
- **5,542** toolkit views
- **3,562 hours** of total seat time
- **93%** of users report that self-led education is helpful

Building for long-term impact

- MPA Implementation Tracker + Data Dashboard
- Outcomes and indicators tied to recommendations
- Focus on continuous improvement
- Sustainability through policy alignment, systems change, and partnerships
- Caregiving task force to help implement a lifespan approach

OVERVIEW

Office of Aging Services Coordination

Our mission is to support **older Texans** to **age and live well**

- Assessing the state's readiness to respond to older adults' needs
- Connecting and coordinating aging supports and services
- Raising awareness of aging-related issues & available resources
- Creating innovative programs and models to meet needs
- Building partnerships to enhance and expand existing efforts



Established in 2005
by Executive Order R.P.

Priority Domains



Aging Texas Well: Multi-Sector Plan on Aging Launching in 2028

AGE STRONG VT – Our Roadmap for an Age-friendly State

Vermont Department of Disabilities, Aging and Independent Living (DAIL)

Vermont Department of Health (VDH)

VALUING FAMILY CARE PARTNERS



Family care partners are fundamental to supporting the health and well-being of Vermonters across the lifespan. To address the needs of family care partners requires systemic change and strong collaboration among the state, providers, and the community of Vermont for success.

In 2020, the Vermont Assembly passed the Older Vermonters Act. Caregiver support is a core principle of the Act, calling for informal and family care providers to have affordable, coordinated access to essential resources.

FOUR PRIMARY OBJECTIVES

Reduce	Increase	Increase	Reduce
the need for family/friends to provide full-time care or assistance to a friend/family member.	family care partner knowledge of respite options.	family care partner knowledge of resources on self-care, benefits, long-term care and estate planning.	negative financial impacts on family care partners.

SYSTEMS AND POLICIES

- The Adult Services Division (ASD) enrolled new home care providers to increase Choices for Care (CFC) participants' access to personal care.
- Vermont made permanent COVID-era policies to pay parents and guardians as care providers in Development Disabilities Services.
- The Vermont Aging Network Consortium (VANC) invested in a statewide contract with Trualta, allowing all area agencies on aging to provide caregivers with access to online resources for self-care.



MULTISECTOR COORDINATION AND PLANNING

- Cathedral Square established the first day respite option at Memory Care at Allen Brook Residence to support caregivers in the community who are caring for those with dementia.
- The Vermont Department of Health (VDH) granted funds to the Dementia Family Caregiver Center (DFCC) for the BRIDGES Program to provide geriatrics and gerontology education opportunities to social work students.
- The UVM Center on Aging piloted the Vermont Learning Enhancement in Aging Program (LEAP) through funding from the Vermont Community Foundation (VCF), and in collaboration with the University of Vermont Department of Social Work, the Dementia Family Caregiver Center (DFCC), and the Center for Aging and Disability Education and Research (CADER).

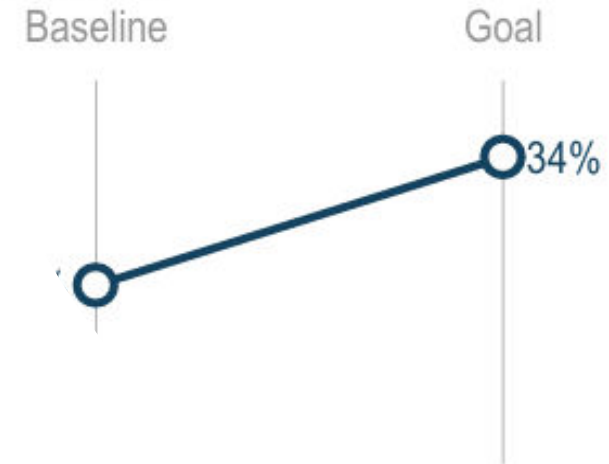
By 2030, **1 in 3 Vermonters** will be over the age of 60.



DIRECT PROGRAMS AND SERVICES

- Area Agencies on Aging has provided respite vouchers to caregivers of individuals living with Alzheimer's Disease and Related Dementias (ADRD) seeking respite for their care recipient. They also reduced the need for family and friends to provide full-time care through coordinated case management, in-home supports, CAPABLE, and community-based services.
- The State Unit on Aging (SUA) has supported the use of TCARE by Area Agencies on Aging for all caregivers of people living with dementia. TCARE is an evidence-based assessment tool and care-management protocol.
- In 2025, The Alzheimer's Association Vermont Chapter increased the number of dementia caregiver support groups to over 25 online and in-person.

Increase the % of family care partners **who use respite services**



AWARENESS AND EDUCATION

- In 2025, AARP and the Alzheimer's Association's Vermont Chapter collaborated to offer the Empowered Caregiver education program, both in person and virtually to over 20 participants across Vermont.
- In 2025, several Area Agencies on Aging increased access to Memory Cafes by expanding to new locations and/or extending their opening hours.
- The VT Dementia Family Caregiver Center (DFCC) uses two Evidence Based Programs, TEACH and CARERS. The DFCC also acts as a gateway to clinical care and specialized services for caregivers and individuals living with dementia across the state.



Thank you!

Read the accompanying brief from NASHP and CHCS:

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