



Joint Meeting of the RAISE Family Caregiving Advisory Council and Advisory Council to Support Grandparents Raising Grandchildren

Hosted by the Administration for Community Living
Tuesday, January 20, 2026 | 12:00 - 4:00 PM ET

Call to Order and Welcome Remarks

Jonathan Westin, Aging Services Program Specialist with Health and Human Services' Administration for Community Living (ACL) and lead staffer for the RAISE Council, called the meeting to order, thanked participants, and introduced Mary Lazare, Principal Deputy Administrator serving as Senior Official performing the duties of the ACL Administrator and Assistant Secretary of Aging. Lazare emphasized that caregiving is ACL's top priority, noting that 63 million family caregivers provide an average of 27 hours to more than 40 hours of care per week amid a shortage of over 500,000 workers. She highlighted the economic impact of caregiving, and cited recent progress such as the November 2024 Caregiver Month event and the launch of the Artificial Intelligence (AI) Caregiver Initiative. She stressed the need for continued focus, expanded supports like respite and training, and better outreach so caregivers can access available resources.

Westin then introduced Rani Snyder, President of the John A. Hartford Foundation, who reaffirmed the foundation's commitment to advancing the National Strategy through collaboration and sustained action. Snyder highlighted the foundation's mission to improve care for older adults and noted that since 2018, it has invested nearly \$22 million in grants to support RAISE Act implementation, including funding technical assistance, policy tools, state learning collaboratives, age-friendly care models, and caregiver support programs. She underscored the urgent need to strengthen the direct care workforce alongside family caregivers.

A roll call of RAISE and SGRG council members followed.

Review of the 2025 Discussion Guide Findings to the Joint RAISE and SGRG Councils

Jonathan Westin introduced a recap of the RAISE and SGRG Councils' work on the 2025 discussion guides, which were developed to inform the next update of the National Strategy to Support Family Caregivers planned for release later this year. He noted the value of revisiting the councils' proposed modifications and recommendations and then transitioned to the RAISE and SGRG co-chairs to lead the review of the Discussion Guides for Goals 1-5 and proposed Goal 6.

Review of SGRG and RAISE, Strategy Update, Goal 1 Overview:

Carol Zernial, co-chair of the RAISE Council, reviewed the roles of the RAISE and SGRG Councils, the five existing goals of the 2022 National Strategy, and a proposed sixth goal addressing the shortage of direct care workers. She explained that the Strategy update will document progress across federal, state, private, nonprofit, and philanthropic sectors and will be informed by meetings, work groups, public comment, and federal clearance, noting that agencies are on track to complete more than 350 recommended actions. She highlighted Goal 1 and related federal successes, including \$20 million in new ACL funding and grants, before turning to Keith Lowhorne to discuss Goals 2 and 3.

Goal 2 and Goal 3 Overview:

Keith Lowhorne, Chair of the SGRG council, reviewed progress on Goals 2 and 3 of the National Strategy, emphasizing efforts to engage caregivers as essential care partners and strengthen caregiver services amid workforce shortages and evolving care models. He highlighted federal actions such as Health Resources and Services Administration's (HRSA) caregiver training through Geriatrics Workforce Enhancement Programs, Administration for Children and Families' (ACF) rule equalizing foster care payments for family caregivers, and the Caregivers as Partners in Care Teams (CAP-CT) training initiative, along with expanded supports including respite care, kinship caregiver recognition, and direct care workforce initiatives. He also cited successes such as new Medicare billing codes, the Medicare GUIDE (Guiding an Improved Dementia Experience) Model, ACL's Direct Care Workforce Strategies Center, and state innovations in Arkansas, Delaware, and Montana, before transitioning to Jonathan Cottor to discuss Goals 4 and 5 and proposed Goal 6.

Goal 4, Goal 5, and proposed Goal 6 Overview:

Jonathan Cottor, co-chair of the RAISE council, reviewed progress on Goals 4 and 5 and introduced a proposed Goal 6, emphasizing the rising need to support family caregivers as unpaid caregiving grows. He highlighted Goal 4's focus on financial and workplace security for the 7 in 10 caregivers who are also employed, citing federal actions such as a paid leave report and a new VA program offering financial and legal support. He noted that Goal 5 updates will strengthen data and evidence-based practices, reflect emerging models and youth caregiving, and respond to the 2025 Caregiving in the U.S. report showing growth from 53 to 63 million caregivers. Cottor explained that proposed Goal 6 would focus on the direct care workforce to improve caregiver well-being, access to respite, and workforce recruitment and retention. He also shared a personal caregiving experience to underscore the importance of this work, before returning the discussion to Jonathan Westin.

Westin facilitated discussion centered around questions from the council members directed at the council Co-Chairs.

Question: Ana Beltran asked whether the definition of “family caregiver,” used in the National Strategy includes kin and grandfamily caregivers, given the existence of varying definitions and the emphasis on family caregiving?

- Jonathan Westin confirmed that the definition of family caregiver is not changing and that the RAISE definition included in the National Strategy will be maintained throughout the update. He affirmed that the definition includes kinship and grandfamily caregivers and applies to both RAISE and SGRG.

National Caregiver Strategy Progress since 2022: The National Caregiver Support Collaborative Grantees

Westin welcomed participants back from the 15-minute break and introduced Nikaela Frederick, Aging Services Program Specialist at ACL and the new lead staffer for the SGRG Council. Frederick shared her background, including her motivation to work in aging services, experience supporting state implementation of the National Strategy, and commitment to strengthening support for kinship and grandfamily caregivers.

Westin then introduced a session on progress under the National Caregiver Strategy since 2022, highlighting ACL investments through the National Caregiver Support Collaborative. He thanked and introduced the six national grantees and explained that he would guide them through questions to highlight their work, collaboration, and lessons to inform the Strategy update.

Discussion Question 1: Since the release of the National Strategy in 2022, what key changes or trends in caregiving or caregiver needs, or in the broader long-term care system, has shaped your thinking about what effective caregiver support looks like now and its potential?

- **Donna Benton (Grantee, Goal 4)** emphasized that direct care workforce shortages and limited respite options are increasing financial strain on family caregivers, particularly as many women left the workforce during the pandemic to assume caregiving roles. She highlighted how these trends threaten long-term family economic security and stability.
 - **Recommendation:** Strengthen workplace support, financial planning tools, and employer-based solutions, supported by better use of technology and data, to help caregivers remain in the workforce and reduce long-term financial harm.
- **Meredith Hanley (Grantee, Goal 3)** noted the rapid growth in the number of family caregivers, driven by an aging population, increasing dementia prevalence, and expanded caregiving responsibilities, along with persistent challenges such as social isolation and loneliness. She also emphasized the growing visibility and needs of kinship and grandfamily caregivers.
 - **Recommendation:** Continued and enhanced focus on kinship families and services that address caregiver isolation and mental health, given the increasing complexity and emotional toll of caregiving.
- **George Kueppers (Grantee, Goal 5)** highlighted findings from the Caregiving in the U.S. 2025 report, including significant growth in the caregiver population, increased caregiving

intensity and duration, expanded technology use, and more caregivers receiving compensation through public programs. He also underscored persistent disparities across demographic groups.

- **Recommendation:** Policies and programs that expand equitable access to support, leverage technology, recognize compensated caregiving, and address disparities, based on evidence showing caregiving is more intensive, longer-term, and unevenly burdensome across populations.
- **Anna Chodos (Grantee, Goal 2)** described CAP-CT’s work to improve care coordination by training healthcare providers to identify, engage, and support caregivers while connecting them to community resources. She emphasized that rising caregiving intensity makes caregiver engagement essential to effective healthcare delivery.
 - **Recommendation:** Incentivize healthcare systems to treat caregiver engagement as a core competency through payment, quality measures, and accountability mechanisms. Medicare’s Age-Friendly Health Systems quality metrics are a promising model because it shows that incentives have proven effective in driving system-level change.
- **Sara Maloney (Grantee, Caregiver Navigation)** described the emerging role of caregiver navigation as individualized, professional support that helps family and informal caregivers identify, access, and use services across the caregiving system. While many aging network organizations already perform navigation activities, they often do not recognize or label them as such. Demand for access assistance has grown, with Area Agencies on Aging (AAA) providing this support increasing 10% from 2022 to 2025. Maloney also highlighted growing use of technology and AI in caregiving, while emphasizing that caregivers continue to value trusted, human-centered guidance.
 - **Recommendations:** Formally recognize caregiver navigation as a distinct and essential service across the National Strategy, since helping caregivers find timely resources is foundational to effective support across all goals. She also recommended using technology thoughtfully to complement, not replace, human navigation, noting that while digital tools expand access, caregivers benefit most when technology is paired with trusted professionals.

Discussion Question 2: How have changes in the paid direct care workforce shortage affected family caregivers’ roles, stress levels, and decision-making? What do these impacts suggest about the need to better align supports for family caregivers and the direct care workforce?

- **George Kueppers (Grantee, Goal 5)** shared findings from the Caregiving in the U.S. 2025 data showing that access to paid direct care is limited and uneven, with only 32% of family caregivers receiving paid help. In addition, there is rising difficulty finding affordable services such as home health aides, transportation, and meal delivery. These workforce shortages and cost pressures are increasingly shifting more caregiving responsibility onto families.
 - **Recommendation:** The 2026 Strategy should explicitly address the interdependence between family caregivers and the paid direct care workforce. Suggested approaches include expanding self-direction programs, addressing affordability barriers, and ensuring policies to support both caregivers and workers simultaneously, rather than treating them as separate populations.

- **Donna Benton (Grantee, Goal 4)** discussed how direct care workforce shortages are pushing family caregivers to leave the workforce, often at the cost of long-term financial security, such as Social Security benefits. She highlighted that many caregivers leave paid employment to provide care, which increases economic risk and strain. She emphasized that workforce retention challenges are not only driven by wages, but also by the demanding nature of caregiving.
 - **Recommendation:** Develop policies that protect caregivers' long-term economic security when they leave the workforce, including ways for caregiving to count toward compensation or benefits. She pointed to promising practices that retrain former family caregivers as paid care workers. Lastly, she urged employers to adopt flexible schedules and supports that help caregivers remain employed.
 - **Follow up Question:** Jonathan Westin asked Donna Benton what technology she has seen to support communication between a paid caregiver and non-paid caregiver?
 - **Response:** Donna described platforms like Wellthy and RubyWell that enable real-time updates, questions, photos, and text-based communications. These apps and others like it increase trust, clarity, and coordination between families and paid caregivers.
 - **Response:** Meredith Hanley agreed with Donna Benton and noted that technology should support, not replace, hands-on caregiving. She emphasized the essential role of direct care workers and highlighted ongoing challenges in recruiting and retaining this workforce. She suggested technology and policy around it should focus on strengthening relationships without substituting people.

Discussion Question 3: What efforts have been made to educate and engage family caregivers, not just at the federal level, but also with different state coalitions?

- **Sheree Keitt (Grantee, Goal 1)** described Community Catalyst's work supporting state-based caregiver coalitions through capacity building, training, and technical assistance. She highlighted ambassador and peer-to-peer programs, citing Tennessee and Oklahoma as examples of effective ways to normalize caregiving, build trust, ensure cultural competence and position caregivers as leaders who want to be actively involved in decision making at state and national levels.
 - **Recommendation:** Expand and scale caregiver ambassador programs because peer-led models build trust, resonate with lived experience, and more effectively connect caregivers to supports, while increasing engagement in policy and strategy implementation.

Discussion Question 4: What approaches, partnerships, or ways of working together have you seen that show real promise in advancing these goals?

- **Donna Benton (Grantee, Goal 4)** emphasized the importance of collaboration across work groups to ensure caregiver financial impacts are fully addressed in caregiver assessments and care coordination. She noted that caregivers often accept their role without considering effects on income, employment, or out-of-pocket costs, and argued for proactively assessing financial strain and connecting caregivers to resources to mitigate long-term consequences.

- **George Kueppers (Grantee, Goal 5)** described collaborative efforts to coordinate evaluation across all goal areas to demonstrate the overall impact of the National Caregiver Support Collaborative. He highlighted three promising approaches identified through Caregiving in the U.S. 2025 data: Medicare Caregiver Training Services billing codes, which show strong effectiveness in preparing caregivers; expanded Medicaid self-direction policies that allow payment to family caregivers in most states; and growth in caregiver-friendly workplace benefits.
- **Anna Chodos (Grantee, Goal 2)** shared that cross-goal partnerships have been essential to strengthening their healthcare-focused work, particularly by elevating issues like caregiver financial strain, that benefit from shared expertise. She noted that collaboration through steering committees, shared resources, and mutual promotion of trainings has expanded reach, deepened impact, and allowed all partners to do more together than they could independently.

Discussion Question 5: As we reflect on this year’s National Strategy update, what outcomes from your project have made the biggest difference for caregivers so far? How have you documented those results, and are there important outcomes you are still working toward or see as unmaterialized?

- **George Kueppers (Grantee, Goal 5):** shared that their team is developing a compendium of evidence-based caregiving interventions that translates research into practical guidance for AAAs and other providers, helping them to identify and implement effective programs for diverse caregiver populations. Second, they are strengthening research–practice partnerships through a peer learning webinar series with USAging, which is designed to connect researchers and aging network providers, document impact through participation and engagement, and ensure future research is grounded in the real needs of caregivers and service providers.
- **Sara Maloney (Grantee, Caregiver Navigation)** explained that because caregiver navigation is a relatively new concept, there is limited existing research on outcomes. To address this, her team developed a research tool for program sites that measures caregiver burden, confidence and skills, intent for placement, unmet needs, and satisfaction, allowing them to evaluate navigation models objectively, identify those that are most effective, and share scalable best practices with the aging network.
- **Donna Benton (Grantee, Goal 4)** described a focus on supporting working caregivers by developing workplace toolkits and best-practice models that AAAs can use to help businesses better support employees with caregiving responsibilities. She emphasized filling gaps for hourly workers and highlighted upcoming pilot programs with school districts, government employers, and small businesses, to test scalable models that employers can adopt to better support working family caregivers.
- **Meredith Hanley (Grantee, Goal 3)** explained that her team developed action guides for each objective area in Goal 3, launched an Innovations Hub featuring replicable caregiving programs, integrated this content into a Caregiver Champion Collaborative, and funded eight pilot sites tied to those objectives, with a research partner evaluating outcomes to build stronger evidence going forward.

- **Sheree Keitt (Grantee, Goal 1)** explained that the project is being evaluated with LeadingAge LTSS Center at UMass Boston through interviews and outcome tracking. The team also conducted a baseline public awareness survey across 10 states and developed state coalition profiles to document caregiver challenges and share effective practices, which will be posted on the microsite.

Questions from the public and council members followed.

Question 1: How do kinship caregivers navigate services, and how do AAAs collaborate with other agencies to support them?

- **Sara Maloney** shared that AAAs administer the Older Americans Act Title III-E National Family Caregiver Support Program, which serves family caregivers including grandparents and kinship caregivers. She encouraged caregivers to reach out to their local AAAs, which can be found through USAging’s Elder Care Locator, as AAAs are looking to connect caregivers to resources and partner with community-based organizations.

Question 2: What trends have been observed in the kinship care space?

- **Meredith Hanley** noted that kinship care is growing nationwide, with many AAAs expanding eligibility for existing caregiver programs and offering kinship-specific services like respite, summer camps, and stipends. National efforts such as the Grandfamilies and Kinship Support Network and state Kinship Navigator programs are helping catalog and scale effective models.
- **Keith Lowhorne** shared insights from lived experience as a grandparent raising grandchildren, emphasizing that informal kinship caregivers far outnumber those supported through formal child welfare systems, yet receive far less attention and resources. He highlighted advocacy efforts through Generations United and the GRAND Voice Network to direct opioid settlement funds toward grandparents and kinship caregivers and underscored the critical role AAAs place in supporting informal caregivers through strong local partnerships.
- **Donna Benton** agreed with Keith, expressing inequities between how formal foster care and informal kinship caregiving are funded, noting that kinship caregivers have not historically received equal financial support. She emphasized that grandparents and other unpaid caregivers save the system significant money and that caregiving is now a national systems challenge that requires fair, meaningful investment to sustain these families.
- **George Kueppers** shared that the 2025 Caregiving in the U.S. study found 11 percent of caregivers are caring for a non-relative, such as a friend or neighbor, making this the third most common caregiving relationship after parents and spouses. These caregivers are more likely to be women, older adults, and individuals not working while caregiving, highlighting a distinct and significant segment of the caregiver population.

Question 3: What trends are you seeing in respite care and where is it headed?

- **Meredith Hanley** highlighted that respite care remains one of the top services caregivers seek because it directly addresses caregiver stress and the need for breaks, even while

recognizing the positive aspects of caregiving. Demand continues to outpace supply, resulting in waitlists nationwide, and future progress depends on increased funding, diversified resources, and innovative partnerships to expand access, especially for diverse and kinship families.

Question 4: Besides AAAs, State Units on Aging (SUA), or other entities, what is caregiver counseling? Does it include information, assistance, and mental health, or is it only education? And do states determine the definition?

- **Meredith Hanley** stated there is no consistent federal definition of caregiver counseling, and it is broadly interpreted, with states largely determining what it includes. Examples of caregiver counseling models can be found in the USAging Innovations Hub, such as Florida’s Share the Care program.

Question 5: Council member Lynn Gall asked if the RAISE Council was doing enough targeted, direct outreach to state policymakers, such as legislators and governors, to ensure they are aware of caregiver initiatives and can support sustaining programs after grant funding ends?

- **Jonathan Westin** suggested using existing resources, such as the 2024 progress report, the upcoming National Strategy Update, and the original 2022 Strategy, as concrete tools for outreach to policymakers. He emphasized the need for sustained, intentional efforts to demystify caregiving issues not only for caregivers, but also for public officials at the local, state, and federal levels.

Question 6: Felicia Walker-Hayes asked how caregivers could be better integrated into healthcare teams and provider training? She wondered whether medical, nursing, and allied health schools could better prepare providers to work with caregivers?

- **Anna Chodos** explained that many efforts already focus on training future healthcare providers and emphasized that caregivers should be recognized as expert members of the care team. She noted that stronger incentives, reimbursement structures, and expectations are needed so providers consistently engage and respect caregivers’ expertise.

Question 7: Felicia Walker-Hayes asked why caregiving practices differ between specialized providers and local healthcare settings?

- **Anna Chodos** acknowledged this gap and stressed that healthcare systems remain fragmented. She reinforced the need for broader training standards and policies that support caregiver engagement across all care settings, not just specialty centers.

Question 8: Felicia Walker-Hayes asked why respite care was treated like an option when caregivers clearly need it?

- **Meredith Hanley** agreed that respite care is essential, not a “nice-to-have,” and is critical to sustaining caregivers long-term. She noted high demand and waitlists nationwide and highlighted advocacy efforts to increase funding and expand community-based respite services.

Question 9: Felicia Walker Hayes asked how caregivers can find respite and support services in their communities, especially when they already feel overwhelmed?

- **Jonathan Westin** pointed caregivers to AAAs, SUAs, and the Elder Care Locator on the ACL website as key entry points for respite and local services.

Question 10: Felicia Walker Hayes wondered how caregivers working for small businesses manage jobs, benefits, and financial insecurity?

- **Donna Benton** explained that this “middle-income caregiver” gap is a major policy challenge. She emphasized the need for new models such as affordable insurance options, paid family leave adapted for small businesses, job-sharing, temporary staffing solutions, and broader policy reforms to prevent caregiving from forcing people out of the workforce.

Question 11: Felicia Walker-Hayes asked how can caregivers who feel isolated find help and options, especially those who are unable to navigate available systems?

- **Donna Benton** acknowledged the complexity and stressed the importance of continued policy work, education, and practical employer-focused solutions. She emphasized that caregiving should not end careers and she highlighted upcoming efforts, including a podcast focused on real-world employer practices and solutions.

Jonathan Westin thanked all Grantees for their participation and transitioned to the next session.

Direct Care Workforce Strategies and Next Steps

Jonathan Westin transitioned the meeting to the final panel of the day, focused on the Direct Care Workforce Strategies Center and its next steps, noting its relevance to addressing the direct care workforce shortage and a potential Goal 6. He then introduced Kezia Scales, the discussant for this session. Kezia Scales briefly introduced herself and framed the importance of the topic, emphasizing her role at PHI and her involvement with the RAISE Council and the Strategies Center. She then introduced Caroline Ryan and Nicole Howell.

Caroline Ryan described ACL’s role in leading and coordinating federal efforts to strengthen the direct care workforce, noting that she oversees this work through the Center for Innovation and Partnership. She explained that earlier federal investments often focused on individual programs or populations, but COVID amplified the workforce shortage. With projections showing the need for nearly 800,000 new direct care jobs by 2034, she noted that the scale of the challenge requires a broader, more coordinated response.

Beginning in 2022, ACL joined with Centers for Medicare & Medicaid Services (CMS), Assistant Secretary for Planning and Evaluation (ASPE), and multiple Department of Labor (DOL) agencies to pursue a unified approach across HHS and DOL. A key outcome was the creation of the ACL-funded Direct Care Workforce Strategies Center, designed to foster cross-sector partnerships and collective action among aging, disability, workforce, Medicaid, and labor stakeholders. Ryan also noted that the Center is guided by an advisory group that includes direct care workers and people who receive services. She added that ACL and its partners continue to collaborate on improving workforce data and on new initiatives such as the caregiver AI prize competition,

which seeks affordable AI-enabled tools to help direct care workers and family caregivers. She then turned the floor over to Nicole Howell.

Nicole Howell explained that the Direct Care Workforce Strategies Center supports states in strengthening the direct care workforce through tailored technical assistance and shared learning. Funded by ACL and guided by an advisory committee, the Center helps advance practical goals related to Medicaid-funded home and community-based services. In 2024, its first year, the Center supported 20 states through providing up to 200 hours of technical assistance over 9 to 18 months, alongside structured peer learning opportunities that allowed states to learn from national experts and from one another.

A central feature of the work is cross-agency collaboration, bringing together state leaders from aging, disability, Medicaid, and workforce systems to pursue collective solutions. State goals ranged from workforce outreach and training efforts to more complex system changes such as payment alignment. Building on early results, the Center refined its approach in 2025 and launched a second round of technical assistance, supporting 17 states and the Commonwealth of Puerto Rico, for a total of 18 teams receiving up to 250 hours of support. Over two years, the Center has assisted 28 cross-state teams, working closely with national partners such as PHI, the University of Minnesota's Institute on Community Integration, the Center for Health Care Strategies, and others.

Howell described how the Center now organizes its work around the "journey of the worker," focusing on entry into the workforce, well-being at work, and career progression. States are developing recruitment and training pipelines, improving job quality and retention supports, and creating clearer career pathways through credentials and advanced roles. She cited examples from New Jersey, Nevada, Idaho, Alabama, and New Mexico to show how states are reframing direct care as both a profession and an economic priority. Looking ahead, the Center plans to launch on-demand technical assistance for short-term policy needs, expand webinars and AI-related resources, and continue sharing tools and lessons through its Strategies Center microsite. She then turned it over to Kezia Scales.

Kezia Scales thanked the presenters and reflected on the collective progress discussed throughout the meeting, describing the National Caregiver Strategy as an active, ongoing commitment rather than a static document. She noted that the case for a new Goal 6 focused on the direct care workforce is well-grounded, given the clear connection between supporting family caregivers and strengthening the paid caregiving workforce. Direct care workers enable family caregivers to remain employed, maintain financial stability, and protect their own health, while gaps in this workforce place strain on families, communities, and the broader economy.

Scales underscored that addressing direct care workforce challenges requires sustained, coordinated effort across government, nonprofit, private, and philanthropic sectors. She noted that direct care jobs remain undervalued and insufficiently supported, contributing to persistent recruitment and retention problems and limited access to care. She pointed to the growing federal and state momentum, including the work of the Direct Care Workforce Strategies Center

and active efforts underway in multiple states, and stressed the importance of ensuring this momentum leads to meaningful improvements for workers and those they serve. A well-defined and comprehensive Goal 6, she said, can help maintain focus and accountability.

She identified three cross-cutting themes: the existing commitment and momentum for change, the need for comprehensive and sustainable solutions rather than piecemeal fixes, and the critical role of data and evidence. Scales emphasized reframing direct care as a profession with clear competencies and career pathways, supported by adequate compensation and protection. She also highlighted the importance of combining workforce data with personal stories to inform policy, measure progress, and keep attention on the human impact of this work. She concluded that advancing a direct care workforce goal within the National Caregiver Strategy is an important step toward building a stronger caregiving system overall.

Questions from the public followed.

Question 1: Is it accurate that the direct care workforce will need about 800,000 new workers, and what does that projection reflect?

- Yes. By 2034, projections show nearly 800,000 new direct care jobs will be needed to meet growing demand, based on Bureau of Labor Statistics data analyzed by PHI. In addition, when expected turnover and workforce exits are included, there may be about 8.9 million total job openings in direct care between 2024 and 2034, underscoring the scale of the recruitment and retention challenge.

Question 2: With American Rescue Plan Act of 2021 (ARPA) and Money Follows the Person funding sunseting, where are states finding support for innovation in the direct care workforce, and what funding sources should they consider going forward?

- ARPA investments, particularly through Section 9817, enabled significant progress in training, career pathways, wages, and job quality, and nearly every state used these funds to support the direct care workforce. As those funds and Money Follows the Person resources wind down, there is concern about losing momentum, especially as states face tighter Medicaid funding. Going forward, states are being encouraged to take more coordinated and creative approaches, such as aligning Medicaid and workforce development resources, pooling expertise across systems, and identifying sustainable practices that can continue under more constrained fiscal conditions.

Next Steps and Adjourn

Kari Benson, Deputy Assistant Secretary of Aging at the Administration for Community Living, closed the meeting by thanking participants and expressing how energized she was by the quality of the discussion and the shared commitment to supporting family caregivers as a core element of community living. She emphasized that caregiver support is a top priority at ACL, reflected on her personal caregiving experiences, and highlighted the progress made since the National Strategy was released in 2022, noting strong infrastructure and partnerships already in place. Looking ahead, she outlined next steps, including continued work by the joint RAISE-SGRG Councils, two additional public meetings, and a draft updated Strategy expected by mid-year for

feedback, while encouraging participants to build new connections, act on what they learned, and continue advancing this collective movement, before she adjourned the meeting.