CHIPPEWA COUNTY

ADRC (AGING & DISABILITY RESOURCE CENTER) BOARD

REGULAR MEETING

OCTOBER 14, 2021

CHIPPEWA COUNTY COURTHOUSE, RM 302

4:45 PM

1. CALL TO ORDER

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 12 (Chair)	Present	
Larry Marquardt	Chippewa County	Citizen Rep, Vice-Chair	Present	
Patricia German	Chippewa County	Citizen Rep	Present	
David Alley	Chippewa County	Citizen Rep	Present	
Mary Frasier	Chippewa County	Citizen Rep	Present	
Janet Mayer	Chippewa County	Citizen Rep	Absent	
Glen Howell	Chippewa County	Citizen Rep	Absent	

Others Present: Leslie Fijalkiewicz, ADRC Manager; Tim Easker, Human Services Director; Pauline Spiegel, Administrative Assistant; Paul Brenner, Human Services Senior Fiscal Manager; ADRC Staff: Jordy Miles, Renee Price

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

4. CONSENT AGENDA

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	David Alley, Citizen Rep
SECONDER:	Larry Marquardt, Citizen Rep, Vice-Chair
AYES:	Ives, Marquardt, German, Alley, Frasier
ABSENT:	Mayer, Howell

1. Approve the agenda

2. Approve the Minutes

   ADRC (Aging & Disability Resource Center) Board - Regular Meeting - Jul 8, 2021 4:45 PM

3. Schedule next meeting date - November 11, 2021

5. REPORTS

1. ADRC Manager Report - Leslie Fijalkiewicz
   The written manager's report was reviewed and discussed with Leslie highlighting strategic planning, Medicare Open Enrollment, and education workshops through Cardinal Community Learning Center.

RESULT:	**DISCUSSED**

2. ADRC Fiscal and Budget Report - Leslie Fijalkiewicz/Paul Brenner
   The monthly fiscal and budget reports were reviewed and discussed. The written 2021 and 2022 budget updates were also reviewed and discussed.

RESULT:	**DISCUSSED**

3. ADRC Advocacy Report - Leslie Fijalkiewicz
   The ADRC Advocacy Report was reviewed and discussed.

RESULT:	**DISCUSSED**

6. BUSINESS ITEMS

1. ADRC Three-Year Plan (Review and Approve) - Leslie Fijalkiewicz
   Leslie reviewed the final Chippewa County ADRC three year plan. Upon approval by the ADRC Board, the plan will be submitted in the form of a resolution to the November 18, 2021 Health & Human Services Board meeting and then final approval by the County Board of Supervisors at their December 14, 2021 meeting. The Chippewa County approved plan will then be submitted to GWAAR - Greater Wisconsin Aging on Aging Resources.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Patricia German, Citizen Rep
SECONDER:	Mary Frasier, Citizen Rep
AYES:	Ives, Marquardt, German, Alley, Frasier
ABSENT:	Mayer, Howell

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

Transportation Grant Approval

8. ADJOURN

Meeting adjourned at 5:23 p.m.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Larry Marquardt, Citizen Rep, Vice-Chair
SECONDER:	Mary Frasier, Citizen Rep
AYES:	Ives, Marquardt, German, Alley, Frasier
ABSENT:	Mayer, Howell

CHIPPEWA COUNTY

ADRC (AGING & DISABILITY RESOURCE CENTER) BOARD

REGULAR MEETING

JULY 8, 2021

CHIPPEWA COUNTY COURTHOUSE, RM 302

4:45 PM

1. CALL TO ORDER

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 12 (Chair)	Present	
Larry Marquardt	Chippewa County	Citizen Rep, Vice-Chair	Present	
Patricia German	Chippewa County	Citizen Rep	Present	
David Alley	Chippewa County	Citizen Rep	Present	
Mary Frasier	Chippewa County	Citizen Rep	Present	
Janet Mayer	Chippewa County	Citizen Rep	Present	
Glen Howell	Chippewa County	Citizen Rep	Absent	

Others Present: Leslie Fijalkiewicz, Pauline Spiegel, Administrative Assistant; Paul Brenner, Senior Fiscal Manager; ADRC Staff: Jordy Miles, Sandy Winrich, Sarah Hedlund,

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

There were no members of the public wishing to be heard.

4. CONSENT AGENDA

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	David Alley, Citizen Rep
SECONDER:	Patricia German, Citizen Rep
AYES:	Ives, Marquardt, German, Alley, Frasier, Mayer
ABSENT:	Howell

1. Approve the agenda

2. Approve the Minutes

   ADRC (Aging & Disability Resource Center) Board - Regular Meeting - May 13, 2021 4:45 PM

3. Schedule next meeting date - September 9, 2021

5. REPORTS

1. ADRC Manager Report
   The Aging & Disability Resource Center's Manager's Report was reviewed and discussed. Fijalkiewicz also provided an update on the Nutrition Program - an employment offer was made and accepted for the second program assistant position.

Minutes Acceptance: Minutes of Jul 8, 2021 4:45 PM (Consent Agenda)

RESULT:	**DISCUSSED**

2. ADRC Advocacy Report
Fijalkiewicz shared a few advocacy related updates regarding the State of Wisconsin budget signed today by the governor. She also stated letters were bring mailed out by the State regarding voter registration.

RESULT:	**DISCUSSED**

3. State of Wisconsin Biennial Budget Update
Fijalkiewicz stated there were no ADRC related budget items vetoed by the Governor. Included in the budget (but no details): AFSCP additional funding for respite care, in-home support, support groups, other dementia care related items, plus 18 additional Dementia Care Specialist positions for the State of Wisconsin. There will also be an increase in Medicaid reimbursement for nursing home and similar elder care facilities so wages for those care workers can then be increased.

RESULT:	**DISCUSSED**

6. BUSINESS ITEMS

1. ADRC 2022 Fees and Donations (Review/Approve)
The 2022 recommended fees and donation were reviewed, discussed, and approved.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Larry Marquardt, Citizen Rep, Vice-Chair
SECONDER:	David Alley, Citizen Rep
AYES:	Ives, Marquardt, German, Alley, Frasier, Mayer
ABSENT:	Howell

2. ADRC 2022 Budget (Review/Approve to Forward to County Administrator)
The 2022 budget was reviewed, discussed, and approved to forward to the County Administrator.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Patricia German, Citizen Rep
SECONDER:	Larry Marquardt, Citizen Rep, Vice-Chair
AYES:	Ives, Marquardt, German, Alley, Frasier, Mayer
ABSENT:	Howell

3. ADRC Draft Three-Year Plan (Review/Approve for Sending to GWAAR)
The ADRC three-year draft plan was reviewed, discussed, and approved. Next steps include sending draft plan to GWAAR (Greater Wisconsin Agency on Aging Resources), a public hearing, and final ADRC Board and County Board approval.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	David Alley, Citizen Rep
SECONDER:	Janet Mayer, Citizen Rep
AYES:	Ives, Marquardt, German, Alley, Frasier, Mayer
ABSENT:	Howell

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

8. ADJOURN

Adjourned 6:08 p.m.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	David Alley, Citizen Rep
SECONDER:	Larry Marquardt, Citizen Rep, Vice-Chair
AYES:	Ives, Marquardt, German, Alley, Frasier, Mayer
ABSENT:	Howell

Minutes Acceptance: Minutes of Jul 8, 2021 4:45 PM (Consent Agenda)

STATEMENT OF EXPLANATION
ADRC MANAGER REPORT - LESLIE FIJALKIEWICZ

Aging & Disability Resource Center Manager Leslie Fijalkiewicz, provides a division program and financial report.

Manager's Report to the ADRC Board
Leslie Fijalkiewicz

Board Meeting Date: October 14, 2021

1. Personnel updates
- Recently hired Michelle Fellom to complete Meals on Wheels assessments
- Still looking to hire a driver to deliver meals in rural Cadott two days a week
- Nutrition Program Assistants are both working out very well

2. Nutrition Program Updates
- Cadott meals are being picked up by ADRC van along with Chippewa Falls meals
- Uncertain when Senior Dining sites will open county-wide
- Currently Cornell is only Senior Dining location operating

3. Strategic Planning in process
- Staff completed a SWOT analysis (Strengths, Weaknesses, Opportunities & Threats)
- Results will be used to develop our division's Strategic Goals for the next three years
- It will also Department's overall Goals
- We will also incorporate aspects of our recently developed Three Year Plan

4. ADRC Grant updates
- Consolidated Appropriations Grant has been fully expended
- ADRC Vaccination Outreach Grant has also been fully expended
- GWAAR Vaccination Outreach Grant has not been spent
- American Rescue Plan Act (ARPA) allocations have not been received
- CARES Act funds for Meals on Wheels (C2) not been fully spent ($35,580 remains)

5. Medicare Annual Open Enrollment
- Planfinder Workshops are being held every two weeks into December (see attachment)
- Medicare & You Workshops have been filling up. Redirecting people to EC County
- Same process as last year for running individual plans

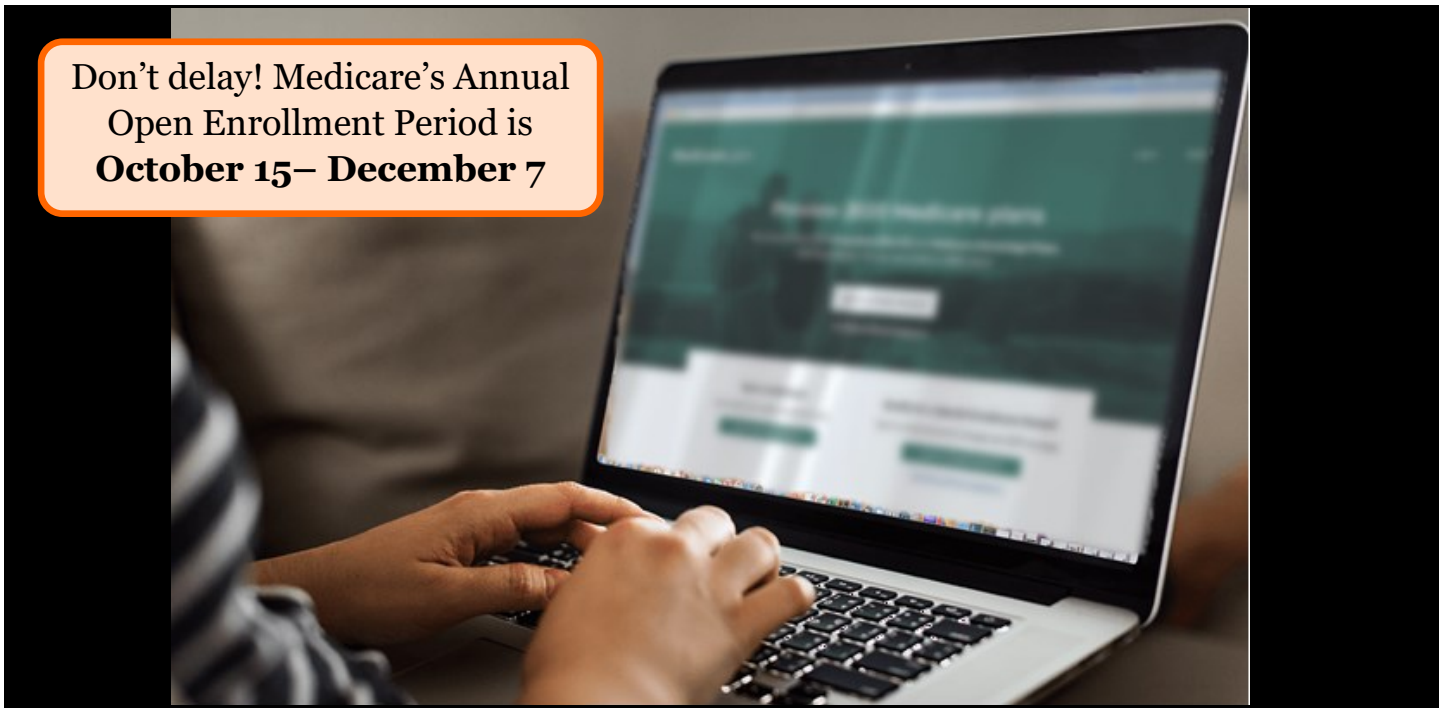
6. Dementia Related Activities
- October Brain Gains well attended (see attachment)
- Dementia Book Club starts October 20 (see attachment)
- Watch Bridging Chippewa County for monthly listing of all programs in region

7. Mark your Calendars (registration required for both)
- Caregiver Conference – November 1 in person/ Online throughout November
- Sleep and Brain Health – November 2

8. State Updates
- Database that we record calls and services has had some changes
- Dementia Care Specialist program expansion did not distribute funds in a manner that was expected by any ADRC.

The Aging and Disability Resource Center (ADRC) brings you a presentation on:

Comparing Medicare Drug Plans Online



Learn to Use the Online Medicare Planfinder Tool

Did you know drug plans change their costs and coverage every year? Want to see if you can save money on drug costs?

Don't get stuck in a plan that doesn't work for you. The power is at your fingertips! Learn how to navigate the Medicare.gov website, create an account, enter your drug list and pharmacy, and learn what to look for in a good plan & what's important to you. Workshop is FREE and computers are available for use.

2021 Sessions

10/13 @ 1:00 pm
10/27 @ 9:00 am & 10:30 am
11/10 @ 1:00 pm & 2:30 pm
11/24 @ 9:00 am & 10:30 am
12/01 @ 1:00 pm & 2:30 pm

CVTC Chippewa Falls Campus
Room 103 Computer Lab
770Scheidler Rd
Chippewa Falls, WI 54729

Space is limited. Register below:
www.co.chippewa.wi.us/ADRC
Find the **Medicare** tab on the side menu.

ADRC Aging & Disability Resource Center of Chippewa County

Presented by Benefits Specialists
adrc@co.chippewa.wi.us 715– 726-7777

BRAIN GAINS

Brain Health Education Series

First Tuesday of the Month 5:30—7:00 pm

• October 5th—Intermittent Fasting, Recipes and Cooking for Brain Health

Pam VanKampen, RDN, CD and Lori Fernandez, CDM, Chef. Join us to learn the science behind intermittent fasting and how it affects your brain. Chef Lori will share delicious and healthy recipes that support a fasting eating pattern.

• November 2nd—Sleep and Brain Health

Kelly Jo Schmidt, RPSGT, CCSH, RCP, Facilitator of the HSHS Sleep Disorder Center. Sleep is a time to restore the body and mind. Kelly will provide information on how good and bad sleep habits affect brain health. Kelly will also provide tips on what you can do to improve your sleep habits.

• December 7th—Exercise and Brain Health

Curt Riley, PT, DPT, OCS, TPS, owner of Turning Point Physical Therapy. Did you know that exercise can impact your brain? Have you ever wondered how much exercise is enough, or what kind of exercise is best? Join us for answers to these questions and more and leave with information you can use immediately to improve your brain health.

ADRC Aging & Disability Resource Center of Chippewa County

CARDINAL Community Learning Center

Registration begins September 27th

To register: https://chipfalls.revtrak.net/Community-Ed/

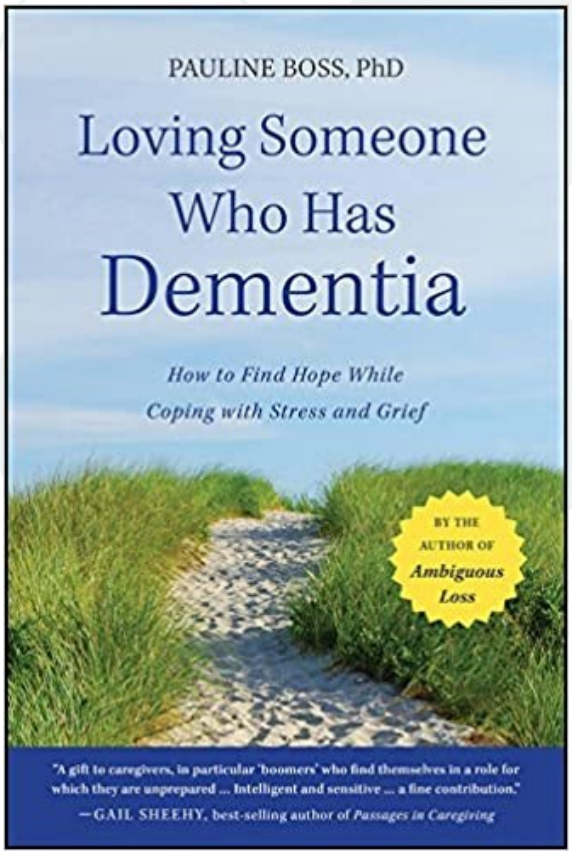
or call 715-720-3749

FREE

Presentations will be held at the Korger Chestnut School, 140 W. Elm Street, Chippewa Falls. All presentations are planned to be in person, subject to change to comply with Public Health Guidelines.

ADRC
Aging & Disability Resource Center

Book Club



Are you caring for someone with dementia? Join us virtually to learn proven strategies to increase your resiliency while caring for someone with dementia.

Every Wednesday

October 20—December 15, 2021

3:00—4:00 pm

To register call Carla Berscheit, Dementia Care Specialist at 715-944-8091

STATEMENT OF EXPLANATION
ADRC FISCAL AND BUDGET REPORT - LESLIE FIJALKIEWICZ/PAUL BRENNER

A year-to-date report will be provided along with new information released from the Bureau on Aging & Disability Resources. Topics covered include: Dementia Care Specialist expansion grants, 2020 Nutrition Program Carryover, CARES Act carryover, and Other Older Americans Act 2020 carryover.

Fiscal Report to ADRC Board
Though September 2021
75 Percent of Year

Program/Grants	Budgeted Amount	Expenses	Revenue	Remaining Grant	% Budget Expended
ADRC Grants	$ 818,344	$ 609,004	$609,004	209,340	74%
Nutrition Program (grants & donations)	452,636	332,760	332,760	119,876	69%
COVID carry over Funding	19,441	*(included above)*	19,441	0	100%
Transportation (85.21 grant, levy, donations)	226,475	103,625	226,475	122,850	46%
Other Grants	221,719	161,657	161,657	60,062	73%
Dementia Care Specialist	107,456	80,238	80,238	27,218	74%
TOTALS	**$1,846,071**	**$1,287,284**	**$1,429,575**	**$539,346**	**70%**

Fiscal and Budget Report

2021 ADRC Budget Updates

- We have learned that the 2020 Congregate funds (Title III C1) that were unspent are not able to be carried over.
- Since we transferred our 2020 Congregate funds (Title III C1) to Home Delivered (Title C2), we do not yet know if those funds are going to be available. This question was brought to the Bureau on Aging & Disability Resources and we are awaiting an answer.
- We do expect to have 2020 In-home Support funds (Title III B) and Caregiver funds (Title III E) carryover but the amounts have not yet been made available to us for spending.
- We also underspent our CARES Act funds for Meals on Wheels but these funds have not yet been made available for spending in 2021.
- When budgeting for 2021, we did not plan for carryover because we weren't 100% certain that would be allowed. Therefore, we will be fine with our 2021 budget.

2022 ADRC Budget Updates

- The Dementia Care Specialist Expansion did not provide every ADRC with a full-time Dementia Care Specialist ($80,000). Instead, the State allocated each **county** a minimum of $40,000. The formula included a hold harmless clause which meant that all ADRCs that were already receiving $80,000 to serve just that ADRC would continue to receive that amount.
- This meant Florence County received the same funding as Chippewa ($40K), and only slightly less than Racine County ($48,000).
- Dunn County also received $40,000. We will continue our partnership with Dunn County but our contract will need to include language that will allow the state to transfer their funds to Chippewa County. The state will also have forms for us to sign indicating that once it's done each year, we must remain partners for the duration of that calendar year.
- The State will also be eliminating the DCS as a separate grant. It will be added to our larger ADRC grant. Paul and I will need to decide how we want to track Dementia expenses in 2022 since we won't have separate grant to bill those expenses to.
- We also don't yet know if our ARPA funds will be made available as one lump sum or if they will be dividing it across the three years we can spend it.

STATEMENT OF EXPLANATION
ADRC ADVOCACY REPORT - LESLIE FIJALKIEWICZ

The ADRC is required to advocate on behalf of and empower our consumers to be their own advocates. Per the state contract for ADRCs, the governing board role includes: “Be an advocate for older adults and adults with physical or intellectual/developmental disabilities in the ADRC service area.” This report identifies issues that relate to our consumers. The report is not all inclusive but will address federal, state, and local concerns.

Greater Wisconsin Agency on Aging Resources, Inc.

GWAAR Board - Advocacy Update
Prepared on October 6, 2021

State

A. **Wisconsin's Plan - American Rescue Plan Act (ARPA) 10% Enhanced Federal Funds for Home and Community Based Services**

Through ARPA, Wisconsin has access to approximately $350 million dollars in Enhanced Federal Matching Percentage (eFMAP) for Medicaid-eligible activities. These funds must be used for activities to enhance, expand, or strengthen home and community-based services under Medicaid. CMS provided initial approval of Wisconsin's initial plan on 9/03/21. The state can now begin to move forward with additional planning. The activities in the proposed plan submitted to CMS fall under four themes: caregiving, policy and program improvement, continuum of care, and fiscal stability.

For more information go to: https://www.dhs.wisconsin.gov/arpa/hcbs.htm

B. **Long Term Care Advisory Council (LTCAC) Openings for 2022**

The LTCAC is tasked with providing advice to the Wisconsin Department of Health Services (DHS) as outlined in the Council charges. DHS is looking for individuals that represent either consumer or advocate groups to fill current vacancies on the Council. Members of the LTCAC are appointed by the DHS Secretary to three-year terms beginning in January. Individuals interested in being considered for LTCAC membership should send a letter of interest describing themselves, including their background, why they are interested in serving on the Council , and how they will provide diversity on the Council. Letters of interest should be submitted to Suzanne Ziehr – Suzanne.ziehr@dhs.wisconsin.gov by Oct. 15, 2021.

C. **State Legislation** – see bill tracking spreadsheet (separate document pending)

Federal

A. Recognize, Assist, Include, Support, & Engage (RAISE) Family Caregiving Advisory Council Report

The report, delivered to Congress last week, provides an overview of many of the issues faced by family caregivers nationwide and provides recommendations for addressing them. The recommendations will form the foundation of the National Family Caregiving Strategy, which will include action steps to increase recognition and support for family caregivers.

The 26 recommendations fall under five goals:

- **Increasing Awareness of Family Caregivers** (5 recommendations) to increase public understanding of the contributions caregivers make, including helping individuals self-identify as caregivers so that they can get the support they need.
- **Engaging Family Caregivers as Partners in Healthcare and Long-Term Services and Supports** (5 recommendations) to better integrate family caregivers into healthcare processes and systems.
- **Improving Access to Services and Supports for Family Caregivers** (9 recommendations) including counseling, respite care, peer support, training on common in-home medical tasks, and practical assistance like transportation. Also included is a recommendation for strengthening the paid caregiver workforce.
- **Financial and Workplace Security for Family Caregivers** (4 recommendations) to decrease the impact family caregiving can have on the financial well-being and professional lives of caregivers.
- **Generating Research, Data, and Evidence-Informed Practices** (3 recommendations) to help create policies and interventions that meaningfully help family caregivers.

The full report can be found here: https://acl.gov/programs/support-caregivers/raise-family-caregiving-advisory-council

B. House Passes Bill to Prevent Government Shutdown

Last week Thurs. (9/30/21), the Senate and House approved a measure to fund the government until December 3, 2021. President Biden signed the bill hours later, avoiding a government shutdown. The continuing resolution (CR) gives Congress more time to approve all twelve annual appropriations bills for FY 2022. The legislation does not; however, include a debt limit suspension which Treasury Sec. Janet Yellen indicated is needed (either a suspension or raising of the limit) for the federal government to be able to continue to pay its bills later this month.

C. Infrastructure Bill

The $1.2 trillion bipartisan infrastructure bill passed by the Senate in August is still awaiting passage in the House. The bill includes investments in transportation and energy systems, as well as funding for large broadband expansion projects. The House vote continues to be pushed back as House leadership also works to secure votes for a larger economic recovery and care infrastructure bill that expands social safety net programs (Build Back Better Act - reconciliation package).

D. Build Back Better Act - Care Infrastructure Package

The House and Senate continue to negotiate on a $3.5 trillion budget resolution that advances the Biden administration's care infrastructure package. The reconciliation package includes the following provisions (and more): **expanding paid family and medical leave, making childcare more accessible**, creating universal pre-K and tuition-free community college, and extending enhanced household tax credits passed during the coronavirus pandemic. The legislation also includes Medicare proposals to reduce prescription drug costs by allowing Medicare to negotiate drug prices and **expands Medicare benefits to include dental, vision and hearing.**

Earlier this month, **the House Education and Labor Committee (which has jurisdiction over the Older Americans Act [OAA] and other key aging service programs) introduced its portion of the $3.5 trillion budget reconciliation package with a $761 billion bill.** Thanks to continued advocacy and dedicated congressional champions, **the package also includes an additional investment of $1.3 billion in critically needed Older Americans Act funding**. This bill, should it be enacted into law in its current form, would

provide the type of direct appropriations that Congress provided in the CARES Act and the American Rescue Plan Act (ARPA)—in other words, **it is in addition to regular, annual appropriations, may be spent over several years, and does not replace the forthcoming FY 2022 appropriations bill**. **Importantly, this proposal includes a waiver of the state and local match typically required for OAA services for both the new funding included in the reconciliation package as well as retroactively to the funding provided under ARPA.**

Specific OAA program allocations in the Committee's legislation include:

- **$655 million for OAA Title III B Home & Community-Based Supportive Services** – including III B direct services; activities to improve the availability of services (including workforce initiatives); acquisition, modification, or renovation of facilities; and construction or modification of multipurpose senior center facilities;
- **$140 million for OAA Title III C Nutrition Services** to support the modernization of infrastructure and technology, including kitchen equipment and delivery vehicles;
- **$150 million for the OAA Title III E National Family Caregiver Support Program**;
- **$50 million for OAA Title VI Native American Nutrition, Supportive and Caregiver Services** to support the modernization of infrastructure and technology including kitchen equipment and delivery vehicles investment for sustainability of food distribution in congregate and home-delivered programs;
- **$50 million for OAA Title VII Long-Term Care Ombudsman Program**, a nearly 48 percent increase to the current level of spending for the LTCOP, clearly a pandemic-influenced decision to improve our nation's protection of nursing home residents;
- **$75 million for the Research, Demonstration and Evaluation Center** at the Administration on Aging, established during the 2020 reauthorization of the OAA to improve assessment and promote advancement of the relationship between OAA programs and services and health outcomes;
- **$1 million to support expanding the reach of aging services that address social isolation;**
- **$100 million for the Senior Community Services Employment Program (SCSEP).**

The full House had hoped to pass the final bill by the end of September, but this has now been pushed back to the end of October. The final legislation passed by the House will then move to the Senate, where there remains uncertainty about the outcome of the bill. The Senate must adhere to the "Byrd Rule" which limits the scope of reconciliation legislation only to provisions that are primarily related to revenue and spending. Additionally, there remain a subset of Democratic Senators that are concerned about the size and scope of this legislation. Given that all 50 Democratic Senators must vote in favor of the bill for it to pass, it is possible that the total funding levels will need to be reduced. These negotiations are ongoing.

Stay tuned, as **your efforts will continue to be critical** as we work together to secure these essential funding increases for Older Americans Act programs and other critical infrastructure supports.

Contact:
Janet Zander
Advocacy & Public Policy Coordinator
p. 715-677-6723 | m. 608-228-7253
fb. Facebook.com/WAAN.ACTION | tw. @ZanderWAAN
Greater Wisconsin Agency on Aging Resources, Inc.
www.gwaar.org

STATEMENT OF EXPLANATION
ADRC THREE-YEAR PLAN (REVIEW AND APPROVE) - LESLIE FIJALKIEWICZ

Background: Every three years the ADRC is required to develop a three-year plan. The ADRC Board approved the DRAFT Plan on July 8, 2021. Following three public hearings and having 6 weeks for public feedback, there are no changes to the goals approved at the July meeting.

Action: The recommendation to the ADRC Board is to approve the ADRC 2022-2024 Plan for forwarding to the Health & Human Services Board for their review.

Chippewa County Three Year Plan 2022–2024

Table of Contents

EXECUTIVE SUMMARY

The ADRC of Chippewa County focuses on empowering, advocating with and for individuals to help them secure needed services or benefits in order to promote their dignity, quality of life and maximum independence.

The programs and services we offer through the ADRC are continually being evaluated for effectiveness, efficiency, relevance, and resources.

The ADRC of Chippewa County identified goals for the next three years by collecting citizen and provider feedback through online and mailed surveys, employee and ADRC Board discussions, and through our ongoing tracking of unmet needs. Feedback was compiled, evaluated and assessed for trends and recurring themes and then incorporated into the 2022-2024 Plan.

The goals emphasize development of new services, expansion of existing services, and enhancing our efforts to connect with people before they are in crisis or in need of more long-term care supports.

Our ADRC is always evaluating programs and services. In fact, we do this with the idea that if our programs look the same way they did five years ago, then we are not evolving. Nobody truly enjoys constant change, but it is fair to say that the ADRC of Chippewa County is in a perpetual state of change. Admittedly, sometimes our changes reflect a “rationing” of services in an effort to deal with the increasing demands on the agency without the benefit of increased funding. This is not the kind of change we like, but we can’t ignore the obvious and avoid the tough decisions. Quite truthfully it is might be essential if programs and services are added or expanded.

Changing programs and services means identifying the priorities within our programs and determining how our existing resources can best be used to reach consumers now, within the next three years and beyond that. It is a balancing act that encompasses:

- Balancing consumer choice with taxpayer accountability
- Balancing needs of each community with limited resources
- Balancing prevention activities with “crisis” intervention
- Balancing various contract requirements with staffing limitations
- Balancing evolution with preservation of Older Americans Act objectives

Probably one of the most difficult balancing acts is trying to identify if we, as an agency want to provide a little service to many people, or a lot of service to a few. Does this philosophy apply universally to our programs or is there a different philosophy for each? These are questions we continuously ask ourselves, our board and our residents as we move toward improving our services, reaching our goals and meeting the needs of an ever-increasing consumer base.

The ADRC of Chippewa County provides many services including Senior Dining, Meals on Wheels, Caregiver support programs, Healthy Aging programs, In-home support (chores & housekeeping), dementia-related programming, Elder Benefits Counseling, Disability Benefits

Counseling, Information & Assistance, Public Information, monthly newsletter, memory screening, Options Counseling, and other services.

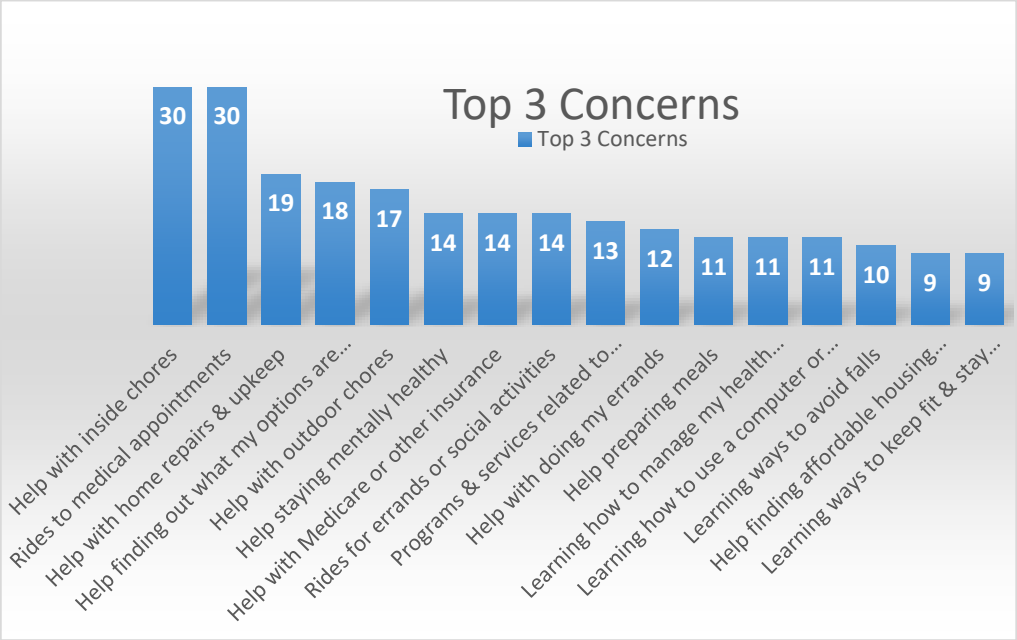
While we had hoped for a larger response rate from our community engagement, the results were consistent with the topics we receive calls about. This leads us to believe that a larger sample size would yield the same results. The primary areas of concern that our community members expressed were transportation, help keeping their home clean and in good repair and staying mentally and physically healthy.
Survey takers were asked "Over the next 3, 5, or even 10 years, what do you think you might need to help you live where you want to live?" They were allowed to check all that apply. The following chart shows how people responded.

Over the next 3, 5 or even 10 years, what do you think you might need to help you live where you want to live?	**Number that checked topic**
Rides to medical appointments	105
Help with inside chores – cleaning, laundry, etc	104
Help with home repairs and upkeep	75
Help staying mentally healthy	73
Help with outdoor chores	71
Rides for errands or social activities	70
Help with doing my errands	68
Learning ways to avoid falls	65
Learning ways to keep fit and stay healthy	64
Help figuring out what my options are where I live	63
Programs or services related to memory loss	62
Staying connected to friends and family	56
Help with preparing meals	56
Help with Medicare or other insurance	53
Learning about brain health	50
Learning how to manage my health problem(s)	49
Help finding affordable housing options	47
Learning how to use a computer or other technology	41
Help finding ways to pay for medications or medical bills	41
Help caring for a loved one	29
Help finding ways to make ends meet	28

Survey takers were then asked to circle their top three concerns. You can see from the next chart that the areas of greatest concern mirrored the topics selected when folks could check all the apply. Interestingly, *Learning About Options* and *Help With Medicare* became a higher priority when folks were asked to identify their biggest concerns.

Of the 165 surveys received, only 90 respondents actually noted their top three concerns. Despite the relatively small sample size it is our belief that the data is reliable. According to our ***SAMS-WellSky Agency Call Reports***, these results are consistent with the reasons people contact our ADRC. The topics that consumers most often request information about include in-home help, transportation, insurance, and potentially changing their living arrangements. While our mission is to try to help people remain in their homes as long as possible, we also know that some areas of the county are very challenged when it comes to

the provision of services that can help people remain there. Several goals have been identified in the plan that will address the lack of services and supports that can help people remain in their homes longer.



The 2022-2024 Goals were created using the results of the community engagement surveys as well as data from the following sources:

- 2018 United Way ALICE Report for Chippewa County
- 2021 County Health Rankings & Roadmaps
- 2021 Chippewa County Health Assessment
- SAMS-WellSky Agency Call Reports
- Department of Health Services: Demographics of Aging in Wisconsin
- 2021 Policy Priorities of National Association of Area Agencies on Aging
- American Community Survey 2015-19 Statewide and County Aging Profiles

The ADRC of Chippewa County is an agency that strives for excellence in the development and delivery of services to our residents. Our goals for the 2022-2024 plan reflect our desire to evolve to maintain relevance to those we serve. Striving for excellence is facilitated by the diverse backgrounds of the ADRC Board. As a subcommittee of the Health & Human Services Board, we also have the benefit of their insights as decisions are made. The ADRC Board has seven members, five of which are age 60 or better. The ADRC Board Chairperson, Kari Ives, is also on the Health & Human Services Board and the County Board of Supervisors. The ADRC manager has 25 years of experience managing Older Americans Act programs and developing/ implementing other home and community-based services.

The 2022-2024 plan will not only rely on the experience of the ADRC manager and board, but also the staff. As an agency with low employee turnover, there is a wealth of professional experience to ensure success with the plan.

CONTEXT

There are many challenges in meeting the needs of the individual communities within the larger community of Chippewa County. These challenges include, but are not limited to rural nature of the county, median income of the folks we serve, availability of resources, and growing population of the people served by the ADRC. Likewise, we have many strengths that will serve us well when implementing our goals and advancing the mission of our agency.

As an agency, our goal is to assist and empower our folks to secure the services needed to help them remain independent. This goal does not come with the caveat "as long as it is convenient for the ADRC." As an agency that provides information, assistance, programs and services, we have the responsibility to serve all areas of our county therefore our plan includes goals to move us in that direction.

Being a rural county with one significantly larger community (Chippewa Falls) presents challenges in all of our programs. Access to or even the availability of services is less of a problem in Chippewa Falls than it is in Cadott, Cornell, Lake Holcombe, Bloomer, New Auburn, Stanley, and Boyd. Consequently, the ability to deliver services throughout the county can be a problem. However, as is often the case in rural areas, there is a vested interest of community members in helping their neighbors. In addition, knowing there are other services available in our largest community, allows our agency to concentrate our efforts in areas that are resource-poor.

Educating our remote areas about the availability of services can be challenging. Some of these communities don't have newspapers or if they do, it is only a weekly publication. In addition, there continues to be a significant portion of potential customers who do not access information through the internet. This could be by choice and it could also be related to accessibility/connectivity. Outreach to these communities requires more staff time, resources and intention to ensure people have the information needed to remain in their home. These challenges can be met with the strength of word of mouth, which takes place in the grocery store, church, local cafes and other places folks gather. We can maximize our outreach through using word of mouth.

Chippewa county is slightly higher than the state percent of persons age 60+ as well as those age 75+ and 85+. That is significant because relatively few people age 60-75 access the home and community-based services. They are primarily serving people age 75+ and typically people who are accessing more than one service are in the 85+ age group.

While Chippewa County is slightly lower than the state percent of persons age 65+ who live alone, we do have several communities that are significantly higher. The cities of Bloomer and Chippewa Falls along with the village of New Auburn are all over 40% compared to the state's 28.8%! These three communities together combine for 43% of all persons age 65+ living alone in Chippewa County.

Another challenge is the fact that the median income for households age 65+ for Chippewa County is lower than the state. The communities of Bloomer, Cadott, Chippewa Falls, New Auburn and Stanley are 17-57% **lower than the state**! The impact this has on service

delivery is also profound…many of our programs are supposed to target low-income older adults and they have a harder time donating for the services they receive. For programs that rely on donations to fund additional services, this contributes to lower financial resources available for expansion. This is also reflected in our ***Sams/Wellsky Agency Call Report,*** that shows over half of the conversations with customers include the topic of public benefits and long-term care supports.

According to the ***Department of Health Services Demographics of Aging in Wisconsin***, Chippewa County's 60+ population will be just shy of 30% of the total population by the year 2040. Between 2020 and 2025, which includes this three-year plan period, we will see 11-12% increase! With no additional funding and growth of this magnitude, tough decisions will need to be made in order to achieve our goals.

Sometimes the biggest challenges create the greatest opportunity for collaborations. When partners and potential partners understand the problem, they are more likely to participate in the solutions. The best way to achieve all of our goals is by maximizing our community collaborations and creating a network of Chippewa County aging and disability advocates! With several Advocacy Days (Disability, Alzheimer's, Aging) each year, we are going to work on increasing the number of Chippewa County advocates that attend these events. We also will work to increase the number of people who share their concerns with our agency through public hearings, board meetings, and social media.

The ***2021 County Health Rankings & Roadmaps*** reveal some noteworthy and celebratory data about Chippewa County. We rank 16th in overall health outcomes…up from 26th in one year! And we rank 24th in overall health factors, which is up from 25th a year ago. This can only occur by the intentional efforts of many working in concert. In 2020 and 2021, the ADRC developed a very strong relationship with Chippewa County Public Health by serving on and chairing several COVID related committees. This led to additional partnerships in the county that have been instrumental in recruiting volunteers and sharing information about other needs.

The ***2021 Chippewa County Health Assessment*** (CHA) surveyed a total of 637 residents, 15% of whom were age 65+. The health areas identified most frequently as a 'major' concern by those taking the survey included Mental Health, Drug Use and Alcohol Misuse followed by Obesity, Communicable Disease Prevention & Control and Chronic Disease Prevention & Management. Issues like availability of resources to meet daily needs, socioeconomic conditions and poverty, and access to health care topped the list of conditions that pose health concerns.

The only significant limitation of the survey was the relatively high-income level of the respondents. A full 34% of those who participated had annual household incomes greater than $100,000, whereas only 18% of Chippewa County residents fall into that income level. Only 26% of respondents had incomes below $55,000 while 49% of Chippewa County households are below $50,000. Even still, the information is valuable as we work toward improving our healthy living programs.

Older persons in Chippewa County, like other rural counties in west central Wisconsin, are experiencing the devastating effects of methamphetamine addiction. According to the ***American Community Survey 2015-19 Statewide and County Aging***, there are

approximately 359 households in Chippewa County where grandparents are responsible for the care of grandchildren. Of these over 70% of the grandparents are over the age of 60! While we have not created goals specific to this, we remain vigilant in our efforts to continue building collaborations as we work on providing support and resources to assist these families.

Every day, the staff of the ADRC work with many types of family caregivers. Local, live-in and long-distance caregivers reach out to us for information and assistance. Ironically, just because we identify them as caregivers, they just think of themselves as a good daughter, son, spouse, grandchild, neighbor, etc. Providing support to these caregivers takes many forms and it is our goal to expand these services with evidence-based programs. In addition, we know that many caregivers are accessing information online, at times when it is most convenient. That is precisely why we are continuously working on our Resource Guide and Website to ensure its relevancy.

ADRC Staff have been trained to provide Memory Screening to encourage people to identify a baseline, and in some cases, start the conversation with their health care provider. Persons with memory problems often rely heavily of family and friends to assist them in remaining in their home. It is important that these folks have the tools they need to better assist their loved ones with the challenges of memory loss while also maintaining their own health and wellbeing. Communication skills are of primary importance in helping caregivers feel effective and less stressed in that role. Our Dementia Care Specialist is a great resource to our community and also to our staff. In addition, the ADRC of Chippewa County is an active member of the Chippewa Valley Caregiver Alliance.

Remaining healthy is important for more than just persons who are caregivers. As our population ages and funding for programs remains stagnant, we have a demographic imperative to keep people healthier longer. It is never too late to start a healthy habit, which is why we continually look for evidence-based as well as evidence-informed programs that promote good health. The reality is, even people who are experiencing major health problems, can reduce the risk of further decline by participating in health promotion programs. We are always looking for new partnerships as well as maintain our current partnerships to reach people with these vital programs.
According to the ***2021 Policy Priorities of the National Association of Area Agencies on Aging, "***Prolonged loneliness for an older adult is as medically detrimental as smoking 15 cigarettes a day. Individuals who are socially isolated have an increased risk of heart disease, dementia, functional impairment and premature death. Federally, social isolation and loneliness cost the Medicare program an estimated $6.7 billion annually-or an added $1,600 per socially isolated beneficiary." It is for this reason that we will be researching and implementing an evidence-based program that best addresses the issues of social isolation, loneliness and/or depression.

Inclusivity. Racial Equity. Health Equity. Person-Centered. These are not buzzwords but rather important aspects of our three-year plan. It is easy for people to think that northern Wisconsin is pretty homogenous with regard to race and ethnicity. Relative to other areas of the state this is certainly true. However, that doesn't absolve us of our responsibility to make sure that our programs and services are accessible to all.

According to the ***American Community Survey 2015-19 Statewide and County Aging*** Chippewa County is 93.3% white, non-Hispanic. That means we have a full 6.7% of our population that may not being adequately represented in our approach to delivering programs and services. We have identified goals that will address our desire to be more intentional in how we make our agency, programs, and services known and equitably accessible to minority populations. In addition, we will also be looking at how we can be more intentional in our outreach to other marginalized communities, e.g. LGBTQ+ within Chippewa County.

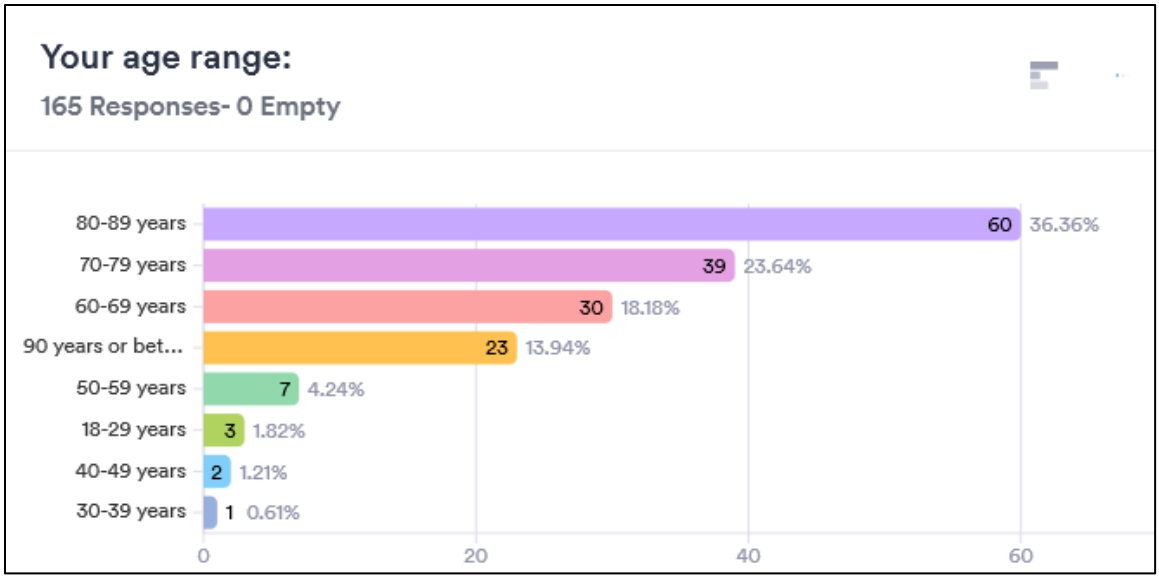
COMMUNITY INVOLVEMENT IN THE DEVELOPMENT OF THE PLAN

The ADRC of Chippewa County utilized our Board members, partnerships as well as our current customers to obtain input on our plan.

We received 165 responses to our survey and while it was less than what was hoped for, the responses definitely provided a clear picture of current and anticipated needs in our communities.

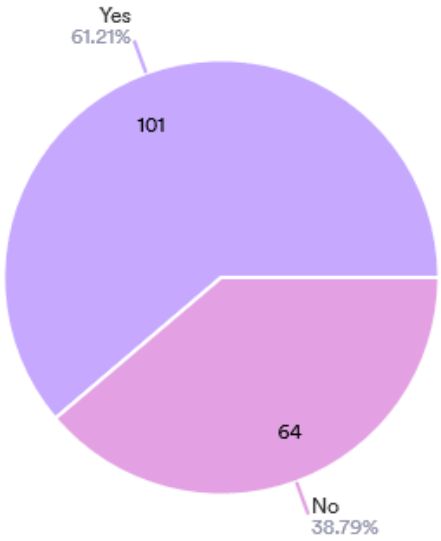
The number of responses from each community were consistent with the relative population distribution. In other words, we received the most responses from residents with a Chippewa Falls address, followed by Bloomer, Cadott, Stanley, Cornell. This is consistent with the size of the communities.

Below are several charts which show some of the demographics from our survey responses. The charts demonstrate over 92% of respondents were age 60+ and just over half of the people who responded do not use email and/or the internet. This is consistent with the number of hard copy and online survey responses we received.



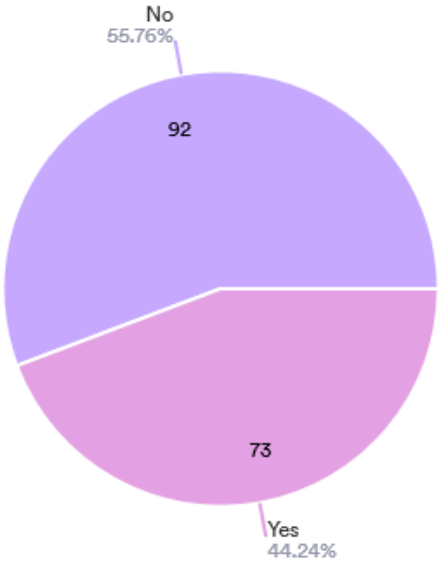
Do you live alone?

165 Responses- 0 Empty



Do you use email and/or the internet?

165 Responses- 0 Empty



Board members were also involved in distribution of the survey. Some shared it online, while others distributed paper copies of the survey. We also shared links to our survey with our many partners and also shared on Facebook. Partners included: Public Health, Hospitals, Clinics, Law Enforcement, Senior Centers, and others. The survey was also printed in our monthly newsletter but we didn't expect a huge turnout from that because our overall distribution numbers for the paper have not reached their pre-COVID levels.

The results of our outreach efforts clearly identified the issues of greatest concern and quite frankly, the results would probably not have changed much with a significantly larger number of responses. ***(refer to Community Engagement Report)***

Even though the issues identified probably wouldn't change much with a larger sample size, it was not our intent to rest on that assumption. As previously mentioned, we utilized many other local surveys/reports in the development of our goals. These included:

- 2018 United Way ALICE Report for Chippewa County
- 2021 County Health Rankings & Roadmaps
- 2021 Chippewa County Health Assessment
- SAMS-WellSky Agency Call Reports
- American Community Survey 2015-19 Statewide and County Aging Profiles

PUBLIC HEARINGS

Beginning August 2, 2021, a summary of the survey, data used for creating the goals, and the goals created were posted on our website. In addition, three public hearings were scheduled in locations that provided a greater opportunity for older adults to participate. Flyers (see attachment) were distributed in the communities, shared with congregate/grab & go diners, and posted on Facebook several times leading up to the scheduled dates. Notice of Public Hearings were in 4 local papers.

In addition to the public hearings, people could provide feedback in several other ways:

- A hard copy of plan summary, goals and feedback form would be mailed upon request
- A hard copy of plan summary, goals and feedback form could be picked up from or viewed at the ADRC office.
- Plan summary and goals could be viewed online with opportunity to provide feedback online

Public comments were collected through September 17th, 2021

Summary of Public Feedback:

Public hearing attendees all indicated that the goals were reasonable and consistent with the feedback received from community surveys and input. In particular the intent to provide more support for individuals that are struggling with in-home supports and home repairs and upkeep. Several suggestions were offered as it relates to agencies to partner with as we move toward the completion of the goals.

There was a suggestion to work more on transportation services for older people in Chippewa County. While there is no goal specifically targeting this issue, this is something that we already work on with partners to streamline services and to make the funding go further.

The following Public Hearing documents are included in the Appendix.

1. Four public hearing flyers distributed throughout the county
2. Public hearing reports for each of the three locations public hearings were held
3. Affidavit of Publication for two of the four newspapers that the notification was published in

GOALS FOR THE PLAN PERIOD

Focus area: Title III-B and Person-Centered Services/Equity		Due Date
Goal statement: To improve access to in-home supports for all persons		12/31/24
Plan for measuring overall goal success – A program/service will be developed and implemented; Hmong elders will utilize the service/program		
Specific strategies and steps to meet your goal:	**Measure**	**Due Date**
Strategy 1: Develop a comprehensive list of strategies that could be used to deal with the unmet in-home support needs in Chippewa County		
Action step: Brainstorm with staff, consumers and other potential stakeholders ways to deal with unmet in-home support needs	Brainstorming session(s) held	3/31/2022
Action step: Reach out to other ADRCs to learn how they are dealing with unmet in-home support needs in their communities	Other ADRCs are contacted	3/31/2022
Action step: Brainstorm with staff the pros and cons of each strategy identified as it relates to implementation potential in Chippewa County	Brainstorming session(s) held	4/30/2022
Strategy 2: Develop a better understanding of Hmong Elders and the unmet in-home support needs they have		
Action step: Attend training to expand understanding of Hmong elders, culture, and expectations.	Trainings are documented and attended	8/31/2022
Action step: Meet with Hmong Mutual Assistance Association to identify unmet in-home support needs/challenges, and barriers to seeking or utilizing services	Meeting held	5/31/2022
Action step: Hold a focus group of family caregivers in the Hmong community to identify additional challenges or considerations that need to be incorporated into larger plan/program/service developed	Focus group held	8/31/2022
Strategy 3: Develop program/service that addresses the unmet in-home support needs of Chippewa County older adults and adults with disabilities that addresses with intention the specific needs of the Hmong community.		
Action step: Utilizing pros and cons list above, work with stakeholders to develop forms, waivers of liability or other documents needed and ensuring language barriers are addressed in creation of the forms.	List of documents needed is developed and documents are created in languages needed	5/31/2023
Action step: Create marketing plans for program/service developed, including a plan separate and specific to reaching Hmong elders and their families	Marketing plans are developed	8/31/2023
Action step: Simultaneously implement marketing plans utilizing agency resources, community partners, social media and other forms of reaching the community.	Program/service participants are surveyed to identify how they learned about it.	12/31/2023
Annual progress notes		

Focus area: Title III-C Nutrition		Due Date
Goal statement: To ensure that all eligible people who want Meals on Wheels have access to the program regardless of where they live in the county		12/31/24
Plan for measuring overall goal success – By December 31, 2024 there will no longer be a waiting list for meals in Chippewa County. By December 31, 2024 the Meals on Wheels delivery volunteer force will increase by 15% (compared to number of volunteers on January 1, 2022)		
Specific strategies and steps to meet your goal:	**Measure**	**Due Date**
Strategy 1: Identify and prioritize communities most in need of additional volunteers based on need to split large routes.		
Action step: Ask other counties for volunteer recruitment activities that were successful.	Documentation of successful strategies used in other counties	2-28-2022
Action step: Develop and implement volunteer recruitment strategies	Recruitment plan created and followed	8-31-2022
Action step: Evaluate effectiveness of recruitment strategies;	Chart created of recruitment strategy used and volunteers recruited using each strategy	10-31-2022
Action step: Repeat effective strategies as needed throughout the three- year plan.	Volunteer force expands by 15%	12-31-2024
Strategy 2: Communicate with partners regarding waiting lists and ways to eliminate the waiting lists		
Action step: Create a list of past, current and potential partners	List is created	2-28-2023
Action step: Create list of what is needed for resources to eliminate waiting lists in each area where they exist	List is created	3-31-2023
Action step: Personal contact, letters, social media and other methods will be used to share the needs with partners.	Partners will be contacted	7-31-2023
Strategy 3: Increase capacity for paid meal delivery routes in locations where volunteers are insufficient		
Action step: Brainstorm with Nutrition Council, site aids, and other partners, to identify possible funding sources to support expansion of paid routes.	Brainstorming sessions held	3-31-2024
Action step: Brainstorm with staff, nutrition council and other partners, to identify various solutions to expanded delivery areas (new positions, alternate delivery days, multiple meals delivered, etc.)	Brainstorming sessions held	3-31-2024
Action step: Implement solution(s) most appropriate given funding and area.	Areas are served	12-31-2022
Annual progress notes		

Focus area: Title III-C Nutrition & Racial Equity		Due Date
Goal statement: To enhance congregate meal program by providing Hmong Elders a dining location that is culturally competent, warm and welcoming		12/31/24
Plan for measuring overall goal success – Hmong dining site is established that serves Eau Claire and Chippewa County residents		
Specific strategies and steps to meet your goal:	**Measure**	**Due Date**
Strategy 1: Identify partnerships needed for development of new meal site		
Action step: Meet with Eau Claire County nutrition program to create list of who, what, when, where and how as it relates to development of new meal site	Meeting occurs	3/31/2022
Action step: Meet with Hmong Mutual Assistance Association (HMAA)and Hmong Senior Center to identify Hmong elders that would participate in planning and implementation process	Meetings occur	6/30/2022
Action step: Connect with additional partners recommended by Hmong Senior Center representatives, Hmong elders and HMAA	Meetings occur	9/30/2022
Strategy 2: Establish work plan/timeline for completion of each section of "who, what, when, where and how" noted above		
Action step: Create list of possible vendors and locations that can meet the cultural needs and program requirements and meet with each	Lists created	12/31/2022
Action step: Develop plan for outreach and marketing of new meal site	Plan created	8/31/2023
Action step: Develop plan for addressing barriers to participation (i.e. transportation)	Barriers identified; plan created	8/31/2023
Strategy 3: Meal site costs, revenues and opening are established		
Action step: Work with vendors, locations, and partners to identify start-up costs	Budget for start-up created	10/31/2023
Action step: Work with partners to identify opportunities for revenue to cover start-up costs; apply for grants	Revenues identified; grants applied for	3/31/2024
Action step: Work with partners to estimate revenue from participant donations.	Budget for maintenance of meal site created	3/31/2024
Strategy 4: Marketing plan implemented prior to and after meal site opening	Meal site opens with participation	12/31/2024
Annual progress notes		

Focus area: III-D Health Promotion-Social Isolation, Loneliness, Depression		Due Date
Goal statement: Reduce the negative health effects of social isolation, loneliness and depression in older adults in Chippewa County by implementing proven interventions that address one or more of these issues		12/31/24
Plan for measuring overall goal success – Implement use of loneliness and/or depression scales to develop a baseline; evidence-based program(s) implemented in at least 3 communities in Chippewa County; participation rates are sufficient for program efficacy		
Specific strategies and steps to meet your goal:	**Measure**	**Due Date**
Strategy 1: Communicate with the public regarding the importance of social connectedness		
Action step: Identify existing awareness materials that can be used to educate the public and stakeholders.	Awareness materials are published and shared	7/31/2022
Action step: Create any awareness materials that reflect the unique needs of vulnerable populations (Hmong, LGBTQ+, low literacy, etc.)	Awareness materials are created and distributed	7/31/2022
Action step: Communication plan is developed and implemented	Plan is created	8/31/2022
Action step: Distribute awareness materials widely and in a manner that reaches vulnerable populations	Methods of distribution are documented to reach vulnerable populations	12/31/2022 and ongoing
Strategy 2: Implement tools to measure or identify potential or existence of loneliness, social isolation or depression		
Action step: Identify various tools available to measure loneliness, depression, and/or social isolation	Screening tools compiled	12/31/2022
Action step: Evaluate tools for ability to widely distribute to or use with older adults in Chippewa County	Tool(s) are selected	3/31/2023
Action step: Identify and work with partners to assist in distribution of the tool(s) that are selected for use	Tool(s) are distributed and completed	6/30/2023
Strategy 3: Using information obtained from tools, implement one program that best addresses the issues identified		
Action step: Review evidence-based programs that can address the issues of loneliness, social isolation and/or depression	EB programs list is compiled; program selected	9/30/2023
Action step: Recruit leaders that represent populations that are most vulnerable to isolation/loneliness/depression (LGBTQ+, Hmong)	Leaders are selected and trained	3/31/2024
Action step: Work with existing partners and cultivate new partners to assist in implementation of and/or referrals to evidence-based programs	Referrals to program are received; participants will be asked how they learned about it	12/31/2024
Annual progress notes		

Focus area: Title III-E and Inclusivity		Due Date
Goal statement: Caregivers will have access to a variety of virtual and in-person training, support group/programs, workshops and events		12/31/24
Plan for measuring overall goal success – Participation of caregivers at various ADRC affiliated programs/events will be tracked with a demonstrated increase between 2022 and end of 2024. (SAMS and DCS Sharepoint data will be used); participation in caregiver programs that target marginalized communities		
Specific strategies and steps to meet your goal:	**Measure**	**Due Date**
Strategy 1: Identify all caregiver related programs offered in Chippewa Valley		
Action step: Contact partner agencies to gather programs they offer or have been considering offering	List of programs our partners offer will be created	2/28/2023
Action step: Contact neighboring ADRCs to identify caregiver programs that have been successful	List of programs other ADRCs offer will be created	2/28/2023
Action step: Create list of caregiver related programs offered by the ADRC of Chippewa County over the past 5 years	List will be created	3/31/2023
Strategy 2: Identify caregiver needs in Chippewa County as it relates to education/training, support and events		
Action step: Identify other surveys that have been successfully used by others to gather similar information and review those results	Surveys and results will be gathered	4/30/2023
Action step: Develop survey to address caregiver needs within marginalized communities and distribute in ways most appropriate for those communities	Create survey if needed	5/31/2023
Action step: Identify barriers to participation through community input, with intentional outreach to marginalized communities	Create a list of barriers to participation	7/31/2023
Strategy 3: Implement programming that meets the identified training, support, and event needs of caregivers in Chippewa County		
Action step: Recruit leaders, being intentional toward marginalized communities and ensure they are properly trained for the role they have	Leaders are identified and trained	Ongoing 12/31/2024
Action step: Secure locations for programs/services that address barriers to participation; including barriers for marginalized populations	Locations are secured	Ongoing 12/31/2024
Action step: Utilize program evaluations to ensure all activities remain relevant to the needs of the community	Programs/services are utilized by caregivers	Ongoing 12/31/2024
Annual progress notes		

Focus area: Advocacy		Due Date
Goal statement: Chippewa County residents will have access to training and/or issue workshops that provide skills and resources needed to become effective advocates in the aging & disabilities network		12/31/24
Plan for measuring overall goal success – Annual training about policy making processes will be provided; at least 10 trained advocates will participate in Aging, Disability or Alzheimer's Advocacy Day events by 12/31/2024		
Specific strategies and steps to meet your goal:	**Measure**	**Due Date**
Strategy 1: Train interested community members about the legislative process and ways to advocate at least every other year		
Action step: Identify trainer, location and "curriculum" for the training	Date will be scheduled	12/31/2022 and ongoing
Action step: Resources/materials will be located or developed for the training	Learning materials will be created for participant use	12/31/2022 and ongoing
Action step: Recruit participants to attend the training through personal phone calls, social media, newsletter, and word of mouth and hold training	Training will be held with at least 10 participants	1/31/2023 and ongoing
Strategy 2: Identify opportunities where trained advocates can gain experience using their newly acquired skills and knowledge		
Action step: Create a contact mailing list of advocates, invite to follow on FB and register for newsletter mailing (postal service or email)	Contact list created; additional newsletter mailings or FB friends	1/31/2023 and ongoing
Action step: Provide information about Advocacy Day events and offer opportunities to attend	Notified of events; attendance at events	1/31/2023 and ongoing
Action step: Provide notifications of issues that affect older adults and people with disabilities at least quarterly or more often for those who desire more frequent updates	Mailed, emailed and FB notifications completed at least quarterly	1/31/2023 and ongoing
Strategy 3:		
Action step:		
Action step:		
Action step:		
Annual progress notes		

Focus area: Community Engagement		Due Date
Goal statement: The ADRC will provide opportunities for community members to become more actively involved in the planning and development of programs and services		12/31/24
Plan for measuring overall goal success – Public attendance at ADRC Board & Nutrition Advisory Council meetings; attendance at listening and brainstorming sessions and focus groups (in-person and virtual); participation in surveys increases		
Specific strategies and steps to meet your goal:	**Measure**	**Due Date**
Strategy 1: Increase opportunities for people to learn about upcoming ADRC Board and Nutrition Council meetings		
Action step: Use monthly newsletter to notify community members about upcoming meetings as well as information about where to find minutes of meetings	Newsletter has meeting dates	4/30/2022 and ongoing
Action step: Notify program participants of meetings through table tents, donation letters, flyers, etc.	Donation letters will include notices; table tents will be used	7/31/2022 and ongoing
Action step: Use website and social media to inform community of meetings	Meeting notices will be on website and added to social media publishing calendar	4/30/2022 and ongoing
Strategy 2: Increase opportunities for people to provide input about program or service delivery changes		
Action step: Develop a plan for using website and social media platforms to survey the public about targeted topics and needs throughout the year. (e.g during Nutrition Month we could have a survey about nutrition needs)	Plan is created and used	2/28/2022 and ongoing
Action step: Before changing, discontinuing or developing a program or service, provide at least two events for the public to provide input	Community input is documented	Ongoing
Action step: Before changing, discontinuing or developing a program or service, use monthly newsletter, website, and/or social media to gather input	Community input is documented	Ongoing
Strategy 3: Increase opportunities for marginalized populations within our communities to provide input into program or service delivery changes		
Action step: Staff will participate in trainings to enhance cultural competency of the identified marginalized populations in Chippewa County	Trainings are recorded	Ongoing
Action step: Identify leaders within various marginalized populations and seek guidance about ways to obtain input from individuals	Meetings with community leaders occur	6/30/2022
Action step: Provide opportunities for input from marginalized populations in the ways that are most appropriate.	Community input is documented	7/31/2022 and ongoing
Annual progress notes		

COORDINATION BETWEEN TITLE III AND TITLE VI

The estimated number of Chippewa County residents that are Native American/Alaska native alone, not Hispanic is 314. Approximately 28 of those are age 65+ but it is unknown how many are ages 55-65 years old. This age range is significant because eligibility for Title III programs begins at age 55 for those who are Native American.

When the ADRC of Chippewa County is working with someone who is eligible to receive services through Title III and/or Title VI, the customer will remain in control of this decision. In an effort to help the customer decide, and with the expressed permission of the customer, the ADRC will communicate with the appropriate Tribal Aging Unit.

Once the customer has been provided with the details of the options, the ADRC and the Tribal Aging Unit will coordinate all aspects of the service, including the following:

1. Assessment
2. Enrollment
3. Delivery
4. Donation
5. Data collection
6. SAMS/WellSky recording

The customer can participate in one Title III program while simultaneously participating in a different Title VI program. For example, the customer may be receiving Meals on Wheels as a Tribal Aging Unit funded service while also participating in the National Family Caregiver Support Program through the ADRC.

The goal will always be to keep the customer informed and in charge. It is also recognized that overcomplicating something can create a barrier to participation. Therefore, to the extent possible and acceptable to the customer, the ADRC and Tribal Aging Unit will handle as much as possible “behind the scenes” to not be overly burdensome to the customer.

ORGANIZATION, STRUCTURE AND LEADERSHIP

Primary Contact to Respond to Questions About the Aging Plan

Name: Leslie Fijalkiewicz

Title: ADRC Manager

County: Chippewa

Organizational Name: Aging & Disability Resource Center of Chippewa County

Address: 711 N. Bridge Street, Room 118

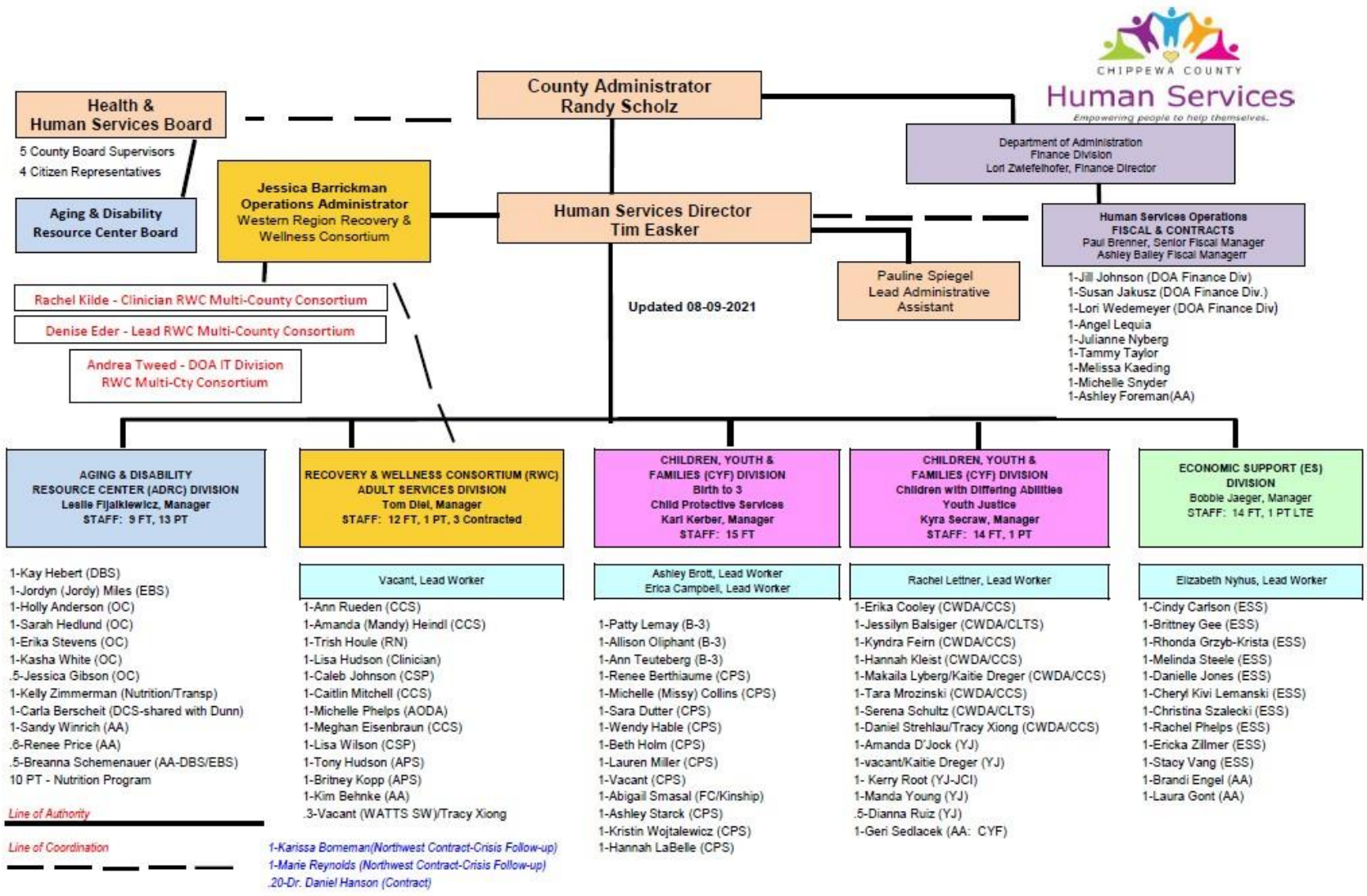
City: Chippewa Falls State: WI Zip Code: 54729

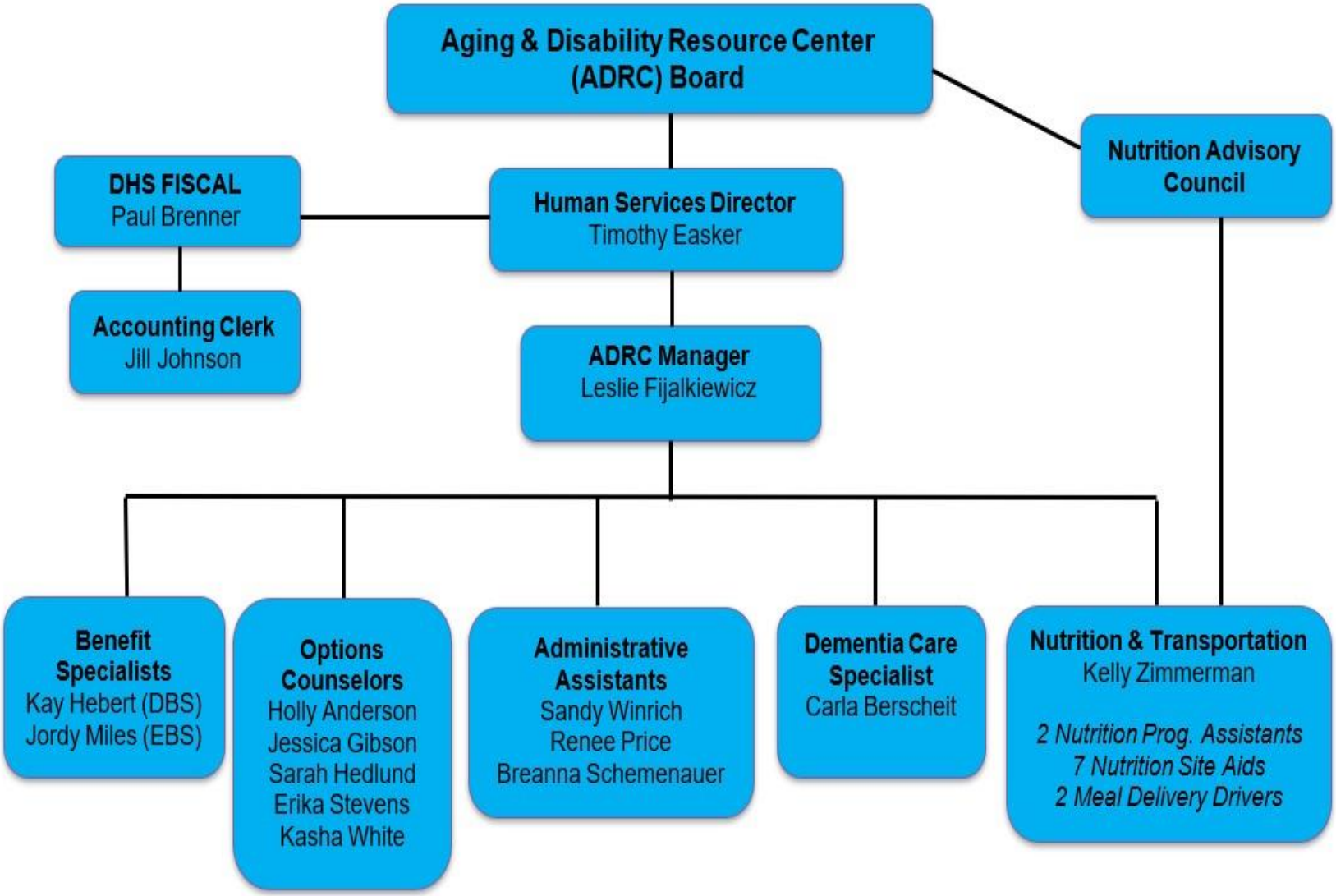
Email Address: lfijalkiewicz@co.chippewa.wi.us Phone (715) 726-7779

The Aging and Disability Resource Center of Chippewa County is the single agency that also includes what was formerly referred to as the Commission on Aging or Aging Unit. It is supervised by a single manager, is composed of one budget, serves under one mission statement, adheres to the same agency policies, serves under one name, and one Board. The ADRC is a division of the Department of Human Services and the ADRC Board functions as a subcommittee under the Health and Human Services Board.

Please see the Organizational Charts on the next two pages.

Chippewa County Department of Human Services
Organizational Chart - Employees




Aging & Disability Resource Center (ADRC) Board
Nutrition Advisory Council
DHS FISCAL
Paul Brenner
Human Services Director
Timothy Easker
Accounting Clerk
Jill Johnson
ADRC Manager
Leslie Fijalkiewicz
Benefit Specialists
Kay Hebert (DBS)
Jordy Miles (EBS)
Options Counselors
Holly Anderson
Jessica Gibson
Sarah Hedlund
Erika Stevens
Kasha White
Administrative Assistants
Sandy Winrich
Renee Price
Breanna Schemenauer
Dementia Care Specialist
Carla Berscheit
Nutrition & Transportation
Kelly Zimmerman
2 Nutrition Prog. Assistants
7 Nutrition Site Aids
2 Meal Delivery Drivers

Aging & Disability Resource Center Staff

*Denotes staff for which all or some portion of their wages/benefits are paid w/Title III funds

Name: Timothy Easker Job Title: Department of Human Services Director Telephone Number/email Address: 715-726-7868 teasker@co.chippewa.wi.us Brief Description of Duties: Oversight of DHS to ensure county and agency strategic plans are incorporated into day to day operations.
Name: Leslie Fijalkiewicz* Job Title: ADRC Manager Telephone Number/email Address: 715-726-7779 lfijalkiewicz@co.chippewa.wi.us Brief Description of Duties: Oversight of day to day operations of ADRC and ensures agency policies, procedures and outcomes are implemented.
Name: Kelly Zimmerman* Job Title: Nutrition & Transportation Programs Coordinator Telephone Number/email Address: 715-738-2590 kzimmerman@co.chippewa.wi.us Brief Description of Duties: Coordinates nutrition program and works with contracted transportation providers
Name: Jordy Miles Job Title: Elder Benefits Specialist Telephone Number/email Address: 715-726-7778 jmiles@co.chippewa.wi.us Brief Description of Duties: Assists persons age 60+ with public and private benefits and consumer related issues
Name: Sandy Winrich* Job Title: Administrative Assistant & In-Home Support Coordinator Telephone Number/email Address: 715-726-7992 swinrich@co.chippewa.wi.us Brief Description of Duties: Provides administrative assistance to the division, provides back up reception and coordinates III-B, NFCSP and AFCSP programs
Name: Renee Price* Job Title: Administrative Assistant Telephone Number/email Address: 715-726-7828 rprice@co.chippewa.wi.us Brief Description of Duties: Provides administrative assistance to the division and provides primary reception
Name: Breanna Schemenauer* Job Title: Administrative Assistant (to Benefit Specialists) Telephone Number/email Address: 715-726-2505 bschemenauer@co.chippewa.wi.us Brief Description of Duties: Provides administrative support to EBS and DBS
Name: Jeff Hahn* & Jessica Schemenauer* Job Title: Nutrition Program Assistants email Address: jhahn@co.chippewa.wi.us jmschemenauer@co.chippewa.wi.us Brief Description of Duties: Delivers bulk senior dining food and home delivered meals; maintains nutrition program inventory; delivers monthly newsletter throughout the county.
Name: Mary Ann Brodbeck*, Darlene Sykora*, Rose August*, Yvonne Bernier*, Susan Barnum*, Kathy Boiteau*, Cathie Mercier*, Michelle Fellom*

Job Title: Nutrition Program Site Aids Telephone Number: Varies by location Brief Description of Duties: Oversee daily meal site operations; performs in-home Meals on Wheels assessments
Name: Brent Harings*, Vacancy* Job Title: Meal Delivery Driver Telephone Number: Varies by location Brief Description of Duties: Package and deliver meals on wheels in rural areas
Name: Kay Hebert Job Title: Disability Benefit Specialist Telephone Number/email: 715-726-2503 khebert@co.chippewa.wi.us Brief Description of Duties: Benefit Counseling for individual 18-59
Name: Carla Berscheit Job Title: Dementia Care Specialist Telephone Number/email: 715-944-8091 cberscheit@co.chippewa.wi.us Brief Description of Duties: Provides programs and services to individuals living with or caring for someone with dementia
Name: Holly Anderson, Jessica Gibson, Sarah Hedlund, Erika Stevens, Kasha White Job Title: Options Counselors Telephone: 715-726-7777 Brief Description of Duties: Provide information, assistance, options counseling, and Long Term Care functional screen assessment and enrollment counseling.
Name: Jill Johnson* Job Title: DHS Accountant Telephone Number/email Address: 715-726-7819 jjohnson@co.chippewa.wi.us Brief Description of Duties: Coordinates/assists with ADRC contracts and accounts payable/receivable
Name: Paul Brenner* Job Title: DHS Senior Fiscal Manager Telephone Number/email Address: 715-726-7810 pbrenner@co.chippewa.wi.us Brief Description of Duties: Coordinates and assists with all DHS/ADRC budget activities; submits all claims to GWAAR and State for payment
Contracted Staff: **Kayla Olmstead*** Contracted Dietitian providing menu review and nutrition education

Statutory Requirements for the Structure of the Aging Unit

Organization: The law permits one of three options. Which of the following permissible options has the county chosen?	**Check One**
(1) An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	**X**
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	
Organization of the Commission on Aging: The law permits one of three options. Which of the following permissible options has the county chosen?	**Check One**
For an aging unit that is described in (1) or (2) above, organized as a committee of the county board of supervisors/tribal council, composed of supervisors and, advised by an advisory committee, appointed by the county board/tribal council. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.	**X**
For an aging unit that is described in (1) or (2) above, composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	
For an aging unit that is described in (3) above, the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	
Full-Time Aging Director: The law requires that the aging unit have a full-time director as described below. Does the county have a full-time aging director as required by law?	**Yes**

Role and Membership of the Policy-Making Body

The ADRC Board is a policy-making board. All policies specific to the ADRC must be approved by this Board. Since the ADRC is part of the Department of Human Services, it also is advisory to the Health & Human Services Board in other non-policy making activities. Examples of such activities include budgeting and creation of new positions.

Aging & Disability Resource Center Board Members

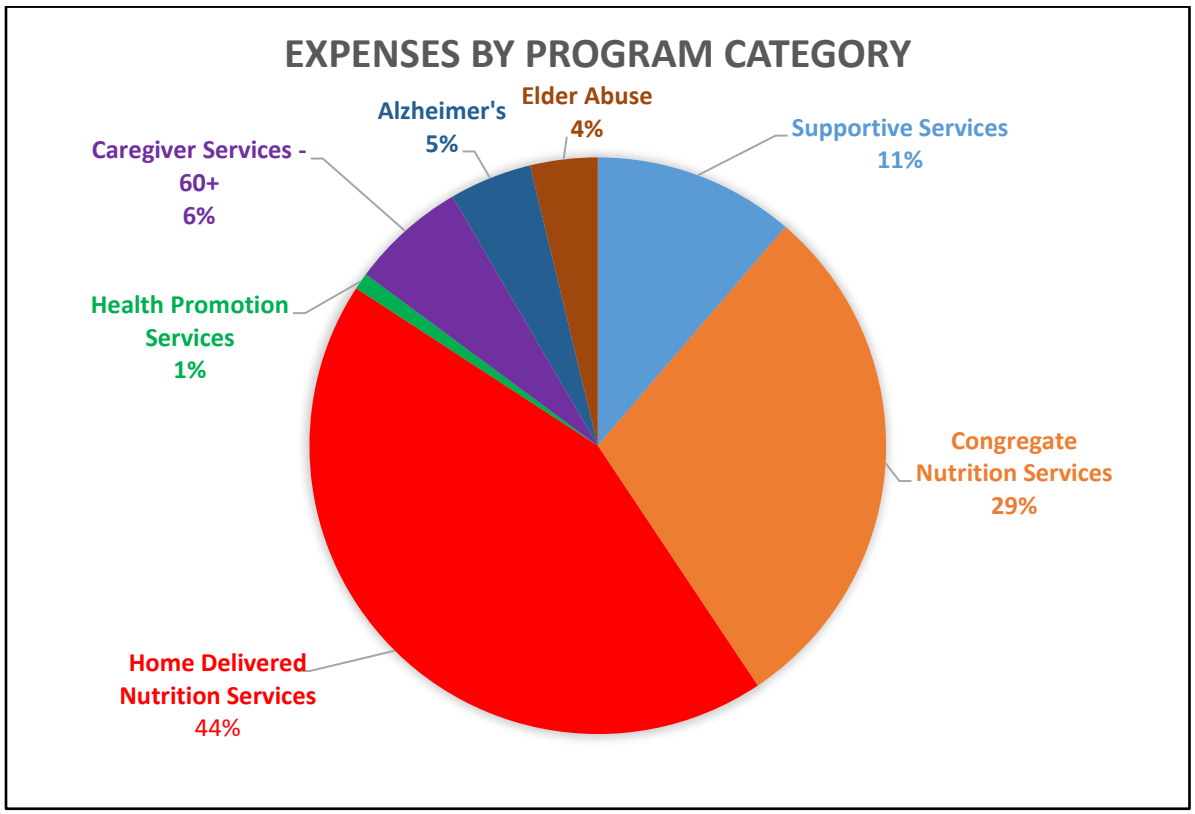
Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson: Kari Ives		X	2018
David Alley	X		2014^
Glen Howell			2017
Janet Mayer	X		2017
Patricia German	X		2020
Larry Marquardt	X		2021
Mary Frasier	X		2021

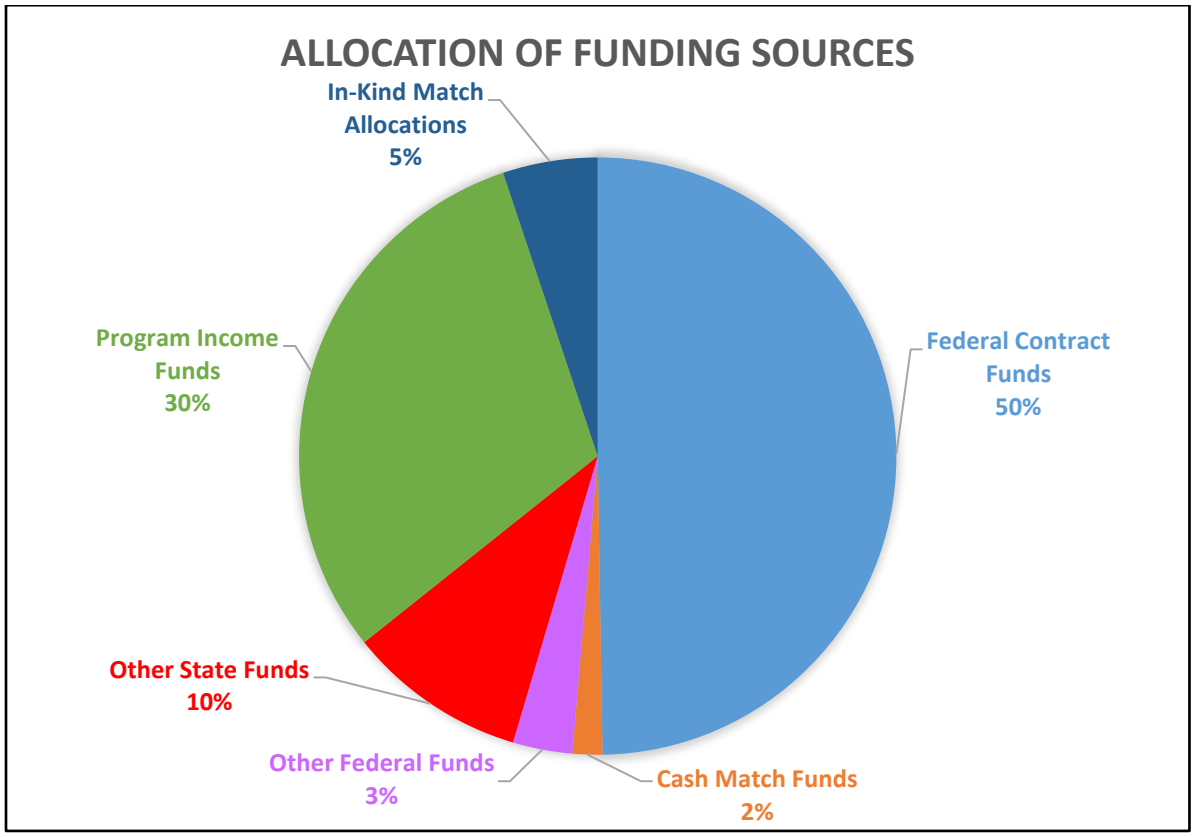
^David Alley was appointed in 2014 to finish the term of another board member. He was then appointed to his first three-year term in 2016 and his second three-year term in 2019.

Refer to Appendix E for minutes from ADRC Board, Health & Human Services Board, and County Board of Supervisors approval of 2022-2024 Three Year Plan.

BUDGET SUMMARY

	Federal Contract Funds	Cash Match Funds	Other Federal Funds	Other State Funds	Other Local Funds	Program Income Funds	Total Cash Funds	In-Kind Match Allocations	Grand Total
Supportive Services	$ 64,474.00	$ -	$ -	$ -	$ -	$ -	$ 64,474.00	$ 7,164.00	$ 71,638.00
Congregate Nutrition Services	$ 127,987.00	$ -	$ 15,000.00	$ -	$ -	$ 29,101.00	$ 172,088.00	$ 14,221.00	$ 186,309.00
Home Delivered Nutrition Services	$ 87,134.00	$ -	$ 5,434.00	$ 8,288.00	$ -	$ 165,000.00	$ 265,856.00	$ 10,603.00	$ 276,459.00
Health Promotion Services	$ 5,344.00	$ -	$ -	$ -	$ -	$ -	$ 5,344.00	$ 594.00	$ 5,938.00
Caregiver Services - 60+	$ 30,806.00	$ 10,269.00	$ -	$ -	$ -	$ -	$ 41,075.00	$ -	$ 41,075.00
Caregiver Services - Underage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Alzheimer's	$ -	$ -	$ -	$ 29,358.00	$ -	$ -	$ 29,358.00	$ -	$ 29,358.00
Elder Abuse	$ -	$ -	$ -	$ 23,961.00	$ -	$ -	$ 23,961.00	$ -	$ 23,961.00
Grand Total	$ 315,745.00	$ 10,269.00	$ 20,434.00	$ 61,607.00	$ -	$ 194,101.00	$ 602,156.00	$ 32,582.00	$ 634,738.00





VERIFICATION OF INTENT

The purpose of the Verification of Intent is to show that county government has approved the plan. It further signifies the commitment of county government to carry out the plan. Copies of approval documents must be available in the offices of the aging unit.

The person(s) authorized to sign the final plan on behalf of the Aging & Disability Resource Center and the county board must sign and indicate their title. This approval must occur before the final plan is submitted to the AAA for approval.

In the case of multi-county aging units, the verification page must be signed by the representatives, board chairpersons, and Aging & Disability Resource Center chairpersons, of all participating counties.

We verify that all information contained in this plan is correct.

Signature and Title of the Chairperson of the ADRC Board	Date
Signature and Title of the Authorized County Board Representative	Date

ASSURANCES OF COMPLIANCE WITH FEDERAL AND STATE LAWS AND REGULATIONS

NOTE: This document contains changes related to the OAA Reauthorization as of March 2020

A signed copy of this statement must accompany the plan. The plan must be signed by the person with the designated authority to enter into a legally binding contract. Most often this is the county board chairperson. The assurances agreed to by this signature page must accompany the plan when submitted to the AAA and BADR. The assurances need not be included with copies of the plan distributed to the public.

On behalf of the county, we certify

*Aging & Disability Resource Center of Chippewa County**
(Give the full name of the county aging unit)

has reviewed Assurances of Compliance with Federal and State Laws and Regulations and assures activities identified within this document and the aging unit plan will be carried out compliance with Federal and State laws.

_____

Signature and Title of the Chairperson of the ADRC Board Date

_____

Signature and Title of the Authorized County Board Representative Date

*The ***Aging & Disability Resource Center of Chippewa County*** is the agency being referred to in the Assurances of Compliance where the terms Aging Unit and Commission on Aging are used.

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

   - The applicant must possess legal authority to apply for the grant.
   - A resolution, motion or similar action must be duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein.
   - This resolution, motion or similar action must direct and authorize the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.

2. Outreach, Training, Coordination & Public Information

   - The applicant must assure that outreach activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
   - The applicant must assure that each service provider trains and uses elderly persons and other volunteers and paid personnel as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
   - The applicant must assure that each service provider coordinates with other service providers, including senior centers and the nutrition program, in the planning and service area as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
   - The applicant must assure that public information activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.

3. Preference for Older People with Greatest Social and Economic Need

   The applicant must assure that all service providers follow priorities set by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging for serving older people with greatest social and economic need.

4. Advisory Role to Service Providers of Older Persons

   The applicant must assure that each service provider utilizes procedures for obtaining the views of participants about the services they receive.

5. Contributions for Services

   - The applicant shall assure that agencies providing services supported with Older Americans Act and state aging funds shall give older adults a free and voluntary opportunity to contribute to the costs of services consistent with the Older Americans Act regulations.

- Each older recipient shall determine what he/she is able to contribute toward the cost of the service. No older adult shall be denied a service because he/she will not or cannot contribute to the cost of such service.
- The applicant shall provide that the methods of receiving contributions from individuals by the agencies providing services under the county/tribal plan shall be handled in a manner that assures the confidentially of the individual's contributions.
- The applicant must assure that each service provider establishes appropriate procedures to safeguard and account for all contributions.
- The applicant must assure that each service provider considers and reports the contributions made by older people as program income. All program income must be used to expand the size or scope of the funded program that generated the income. Nutrition service providers must use all contributions to expand the nutrition services. Program income must be spent within the contract period that it is generated.

6. Confidentiality

- The applicant shall ensure that no information about, or obtained from an individual and in possession of an agency providing services to such individual under the county/tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.

- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.

- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the State Agency, the Area Agency, the county or tribal aging agency, and any other agency, organization, or individual providing services under the State, area, county, or tribal plan, shall be safeguarded by specific policies.

- Each participant from whom personal information is obtained shall be made aware of his or her rights to:

  (a) Have full access to any information about one's self which is being kept on file;
  (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,
  (c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.

- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately necessary for determining an individual's need and/or eligibility for services and other benefits.

- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:

  (a) By court order; or,
  (b) When securing client-requested services, benefits, or rights.

- The lists of older persons receiving services under any programs funded through the State Agency shall be used solely for the purpose of providing said services, and can only be released with the informed consent of each individual on the list.

- All paid and volunteer staff members providing services or conducting other activities under the area plan shall be informed of and agree to:

  (a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,
  (b) All policies and procedures adopted by the State and Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.

- Appropriate precautions shall be taken to protect the safety of all files, microfiche, computer tapes and records in any location which contain sensitive information on individuals receiving services under the State or area plan. This includes but is not limited to assuring registration forms containing personal information are stored in a secure, locked drawer when not in use.

7. Records and Reports

- The applicant shall keep records and make reports in such form and requiring such information as may be required by the Bureau of Aging and Disability Resources and in accordance with guidelines issued solely by the Bureau of Aging and Disability Resources and the Administration on Aging.
- The applicant shall maintain accounts and documents which will enable an accurate review to be made at any time of the status of all funds which it has been granted by the Bureau of Aging and Disability Resources through its designated Area Agency on Aging. This includes both the disposition of all monies received and the nature of all charges claimed against such funds.

8. Licensure and Standards Requirements

- The applicant shall assure that where state or local public jurisdiction requires licensure for the provision of services, agencies providing services under the county/tribal or area plan shall be licensed or shall meet the requirements for licensure.

- The applicant is cognizant of and must agree to operate the program fully in conformance with all applicable state and local standards, including the fire, health, safety and sanitation standards, prescribed in law or regulation.

9. Civil Rights

- The applicant shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that act, no person shall on the basis of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity under this plan.
- All grants, sub-grants, contracts or other agents receiving funds under this plan are subject to compliance with the regulation stated in 9 above.
- The applicant shall develop and continue to maintain written procedures which specify how the agency will conduct the activities under its plan to assure compliance with Title VI of the Civil Rights Act.
- The applicant shall comply with Title VI of the Civil Rights Act (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the service funded by the grant.
- All recipients of funds through the county/tribal or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

10. Uniform Relocation Assistance and Real Property Acquisition Act of 1970

The applicant shall comply with requirements of the provisions of the Uniform Relocation and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of federal and federally assisted programs.

11. Political Activity of Employees

The applicant shall comply with the provisions of the Hatch Act (5 U.S.C. Sections 7321-7326), which limit the political activity of employees who work in federally funded programs. [Information about the Hatch Act is available from the U.S. Office of Special Counsel at http://www.osc.gov/]

12. Fair Labor Standards Act

The applicant shall comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (Title 29, United States Code, Section 201-219), as they apply to hospital and educational institution employees of state and local governments.

13. Private Gain

The applicant shall establish safeguards to prohibit employees from using their positions for a purpose that is or appears to be motivated by a desire for private gain for themselves or others (particularly those with whom they have family, business or other ties).

14. Assessment and Examination of Records

- The applicant shall give the Federal agencies, State agencies and the Bureau of Aging and Disability Resources Resource's authorized Area Agencies on Aging access to and the right to examine all records, books, papers or documents related to the grant.
- The applicant must agree to cooperate and assist in any efforts undertaken by the grantor agency, or the Administration on aging, to evaluate the effectiveness, feasibility, and costs of the project.
- The applicant must agree to conduct regular on-site assessments of each service provider receiving funds through a contract with the applicant under the county or tribal plan.

15. Maintenance of Non-Federal Funding

- The applicant assures that the aging unit, and each service provider, shall not use Older Americans Act or state aging funds to supplant other federal, state or local funds.
- The applicant must assure that each service provider must continue or initiate efforts to obtain funds from private sources and other public organizations for each service funded under the county or tribal plan.

16. Regulations of Grantor Agency

The applicant shall comply with all requirements imposed by the Department of Health and Family Services, Division of Supportive Living, Bureau of Aging and Disability Resources concerning special requirements of federal and state law, program and fiscal requirements, and other administrative requirements.

17. Older Americans Act

Aging Units, through binding agreement/contract with an Area Agency on Aging must support and comply with following requirements under the Older Americans Act (Public Law 89-73) [As Amended Through P.L. 116-131, Enacted March 25, 2020]
Reference: 45 CFR Part 1321 – Grants to State and Community Programs on Aging.

Sec. 306. (a)

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to

low income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;
and assurances that the Area Agency on Aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i)(I) provide assurances that the Area Agency on Aging will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
(ii) provide assurances that the Area Agency on Aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the Area Agency on Aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each Area Agency on Aging shall--
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the Area Agency on Aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
(4)(C) Each area agency on agency shall provide assurance that the Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health

screenings) provided with funds expended by the Area Agency on Aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

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

(6) (H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

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

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

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

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

(13) provide assurances that the Area Agency on Aging will

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

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

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

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

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

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

(14) provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the Area Agency on Aging to carry out a contract or commercial relationship that is not carried out to implement this title.

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

Wisconsin Elders Act

If the applicant is an aging unit, the aging unit must comply with the provisions of the Wisconsin Elders Act.

Wisconsin Statutes Chapter 46.82 Aging unit.

“Aging unit” means an aging unit director and necessary personnel, directed by a county or tribal commission on aging and organized as one of the following:

(1) An agency of county or tribal government with the primary purpose of administering programs of services for older individuals of the county or tribe.
(2) A unit, within a county department under s. 46.215, 46.22

(3) or 46.23, with the primary purpose of administering programs of
(4) services for older individuals of the county.
(5) A private corporation that is organized under ch. 181 and
(6) that is a nonprofit corporation, as defined in s. 181.0103 (17).

Aging Unit; Creation. A county board of supervisors of a county, the county boards of supervisors of 2 or more contiguous counties or an elected tribal governing body of a federally recognized American Indian tribe or band in this state may choose to administer, at the county or tribal level, programs for older individuals that are funded under 42 USC 3001 to 3057n, 42 USC 5001 and 42 USC 5011 (b). If this is done, the county board or boards of supervisors or tribal governing body shall establish by resolution a county or tribal aging unit to provide the services required under this section. If a county board of supervisors or a tribal governing body chooses, or the county boards of supervisors of 2 or more contiguous counties choose, not to administer the programs for older individuals, the department shall direct the Area Agency on Aging that serves the relevant area to contract with a private, nonprofit corporation to provide for the county, tribe or counties the services required under this section.

Aging Unit; Powers and Duties. In accordance with state statutes, rules promulgated by the department and relevant provisions of 42 USC 3001 to 3057n and as directed by the county or tribal commission on aging, an aging unit:

(a) *Duties.* Shall do all of the following:

1. Work to ensure that all older individuals, regardless of income, have access to information, services and opportunities available through the county or tribal aging unit and have the opportunity to contribute to the cost of services and that the services and resources of the county or tribal aging unit are designed to reach those in greatest social and economic need.
2. Plan for, receive and administer federal, state and county, city, town or village funds allocated under the state and area plan on aging to the county or tribal aging unit and any gifts, grants or payments received by the county or tribal aging unit, for the purposes for which allocated or made.
3. Provide a visible and accessible point of contact for individuals to obtain accurate and comprehensive information about public and private resources available in the community which can meet the needs of older individuals.
4. As specified under s. 46.81, provide older individuals with services of benefit specialists or appropriate referrals for assistance.
5. Organize and administer congregate programs, which shall include a nutrition program and may include one or more senior centers or adult day care or respite care programs, that enable older individuals and their families to secure a variety of services, including nutrition, daytime care, educational or volunteer opportunities, job skills preparation and information on health promotion, consumer affairs and civic participation.
6. Work to secure a countywide or tribal transportation system that makes community programs and opportunities accessible to, and meets the basic needs of, older individuals.
7. Work to ensure that programs and services for older individuals are available to homebound, disabled and non–English speaking persons, and to racial, ethnic and religious minorities.

8. Identify and publicize gaps in services needed by older individuals and provide leadership in developing services and programs, including recruitment and training of volunteers, that address those needs.
9. Work cooperatively with other organizations to enable their services to function effectively for older individuals.
10. Actively incorporate and promote the participation of older individuals in the preparation of a county or tribal comprehensive plan for aging resources that identifies needs, goals, activities and county or tribal resources for older individuals.
11. Provide information to the public about the aging experience and about resources for and within the aging population.
12. Assist in representing needs, views and concerns of older individuals in local decision making and assist older individuals in expressing their views to elected officials and providers of services.
13. If designated under s. 46.27 (3) (b) 6., administer the long–term support community options program.
14. If the department is so requested by the county board of supervisors, administer the pilot projects for home and community –based long–term support services under s. 46.271.
15. If designated under s. 46.90 (2), administer the elder abuse reporting system under s. 46.90.
16. If designated under s. 46.87 (3) (c), administer the Alzheimer's disease family and caregiver support program under s.
46.87.
17. If designated by the county or in accordance with a contract with the department, operate the specialized transportation assistance program for a county under s. 85.21.
18. Advocate on behalf of older individuals to assist in enabling them to meet their basic needs.
19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.
20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.284 (1) (a) 1., apply to the department to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

(b) Powers. May perform any other general functions necessary to administer services for older individuals.

(4) Commission on Aging.

(a) Appointment.
1. Except as provided under subd. 2., the county board of supervisors in a county that has established a single–county aging unit, the county boards of supervisors in counties that have established a multicounty aging unit or the elected tribal governing body of a federally recognized American Indian tribe or band that has established a tribal aging unit shall, before qualification under this section, appoint a governing and policy–making body to be known as the commission on aging.
2. In any county that has a county executive or county administrator and that has established a single–county aging unit, the county executive or county administrator shall appoint, subject to confirmation by the county board of supervisors, the commission on aging. A member of a

commission on aging appointed under this subdivision may be removed by the county executive or county administrator for cause.

(b) Composition.
A commission on aging, appointed under par. (a) shall be one of the following:
1. For an aging unit that is described in sub. (1) (a) 1. or 2., organized as a committee of the county board of supervisors, composed of supervisors and, beginning January 1, 1993, advised by an advisory committee, appointed by the county board. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.
2. For an aging unit that is described in sub. (1) (a) 1. or 2., composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.
3. For an aging unit that is described in sub. (1) (a) 3., the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

(c) Terms.
Members of a county or tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one–third of the members shall expire each year, and no member may serve more than 2 consecutive 3–year terms. Vacancies shall be filled in the same manner as the original appointments. A county or tribal commission on aging member appointed under par. (a) 1. may be removed from office for cause by a two–thirds vote of each county board of supervisors or tribal governing body participating in the appointment, on due notice in writing and hearing of the charges against the member.

(c) Powers and duties.
A county or tribal commission on aging appointed under sub. (4) (a) shall, in addition to any other powers or duties established by state law, plan and develop administrative and program policies, in accordance with state law and within limits established by the department of health and family services, if any, for programs in the county or for the tribe or band that are funded by the federal or state government for administration by the aging unit.

Policy decisions not reserved by statute for the department of health and family services may be delegated by the secretary to the county or tribal commission on aging. The county or tribal commission on aging shall direct the aging unit with respect to the powers and duties of the aging unit under sub. (3).

(5) Aging Unit Director; Appointment. A full–time aging unit director shall be appointed on the basis of recognized and demonstrated interest in and knowledge of problems of older individuals, with due regard to training, experience, executive and administrative ability and general qualification and fitness for the performance of his or her duties, by one of the following:

(a) 1. For an aging unit that is described in sub. (1) (a) 1., except as provided in subd. 2., a county or tribal commission on aging shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors or the tribal governing body that participated in the appointment of the county or tribal commission on aging. 2. In any county that has a county executive or county administrator and that has established a single–county aging unit, the county executive or county administrator shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors that participated in the appointment of the county commission on aging.
(b) For an aging unit that is described in sub. (1) (a) 2., the director of the county department under s. 46.215, 46.22 or 46.23 of which the aging unit is a part shall make the appointment, subject to the personnel policies and procedures established by the county board of supervisors.
(d) For an aging unit that is described in sub. (1) (a) 3., the commission on aging under sub. (4) (b) 3. shall make the appointment, subject to ch. 181.

APPENDICES

Appendix A: Chippewa County Community Survey

Appendix B: Public Hearing Flyers (4)

Appendix C: Handout for Public Hearings

Appendix D: Public Hearing Reports (3)

Appendix E: Public Hearing Affidavits of Publication (2)

Appendix F: Minutes from board approvals for Draft and Final plans (ADRC Board, Health & Human Services Board, County Board of Supervisors)

APPENDIX A – CHIPPEWA COUNTY COMMUNITY SURVEY

The Aging & Disability Resource Center of Chippewa County is looking for your input. Your anonymous responses will help us improve programs and services for our county over the next three years and beyond.

If you prefer, the survey is online at: https://hipaa.jotform.com/ADRC_adrc/survey

Over the next 3, 5 or even 10 years, what do you think you might need to help you live where you want to live? Please **check** all that apply & **circle your top three concerns**:

- ☐ Rides to medical appointments
- ☐ Rides for errands or social activities
- ☐ Help with doing my errands
- ☐ Help with home repairs and upkeep
- ☐ Help with caring for a loved one
- ☐ Help finding ways to pay for medications and medical bills
- ☐ Help with Medicare or other insurance
- ☐ Help with inside chores-cleaning, laundry, changing sheets, etc.
- ☐ Help with outdoor chores
- ☐ Help finding ways to make ends meet
- ☐ Help figuring out what my options are/what is available where I live
- ☐ Learning how to manage my health problem(s)
- ☐ Learning how to use a computer or other technology
- ☐ Help staying mentally healthy
- ☐ Staying connected to friends and family
- ☐ Learning ways to keep fit and stay healthy
- ☐ Learning ways to avoid falls
- ☐ Learning about brain health
- ☐ Programs or services related to memory loss/dementia
- ☐ Help finding affordable housing options
- ☐ Help with preparing meals
- ☐ Other_____

_____

What have you seen or heard of in other communities that you think would be good to have in Chippewa County?_____

_____

Please indicate your age range:

☐ 18-29 years ☐ 50-59 years ☐ 80-89 years
☐ 30-39 years ☐ 60-69 years ☐ 90 years or better
☐ 40-49 years ☐ 70-79 years

Please circle your Zip Code: 54724 54726 54727 54729
54732 54739 54745 54748 54757 54768

Would you say your address is (circle): In-Town or In-the-Country

Do you live alone? ☐ Yes ☐ No

Are you caring for a loved one? ☐ Yes ☐ No

Have you ever contacted the Aging & Disability Resource Center of Chippewa County? ☐ Yes ☐ No

Do you use email, internet or a computer? ☐ Yes ☐ No

How did you learn about this survey?

☐ Mailed to me ☐ Bridging Chippewa County Paper
☐ ADRC Website ☐ Facebook
☐ Given to me at a meeting ☐ Given to me by family or friend
☐ Given to me at my apartment building ☐ Board member called me
☐ Other_____

If you would like additional information about the ADRC of Chippewa County, please call us **715-726-7777**; email us ADRC@co.chippewa.wi.us or visit us online www.co.chippewa.wi.us/ADRC

Thank you for completing this survey!

APPENDIX B – PUBLIC HEARING FLYERS

All flyers printed 8 ½" x 11"

The Aging and Disability Resource Center Presents

Unveiling the 3-Year Plan

Attend a local public forum and give us your feedback

The local Public Forum will include:

- Results from ADRC survey done March through May 2021
- Presentation of goals created from that survey
- Your opportunity to share your thoughts and ideas with the ADRC Manager, Leslie Fijalkiewicz

Our Saviors Lutheran Church, Cornell
August 30, 2021 9:30—10:30 a.m.

Chippewa Falls Senior Center
September 8, 2021 10—11 a.m.

Main Street Café, Bloomer
September 9, 2021 9 a.m. —10 a.m.

Refreshments will be served.

You can also review the plan online at https://www.co.chippewa.wi.us/government/aging-disability-resource-center-adrc beginning August 2, 2021

For more information contact the ADRC at 1-715– 726-7777

ADRC Aging & Disability Resource Center of Chippewa County

The Aging and Disability Resource Center Presents

Unveiling the 3-Year Plan

Attend a local public forum and give us your feedback

Main Street Café, Bloomer
September 9, 2021 9:00—10:00 a.m.
Refreshments will be served

You can also review the plan online at https://www.co.chippewa.wi.us/government/aging-disability-resource-center-adrc
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Unveiling the 3-Year Plan

Attend a local public forum and give us your feedback

Chippewa Falls Senior Center
September 8, 2021 10:00—11:00 a.m.

You can also review the plan online at https://www.co.chippewa.wi.us/government/aging-disability-resource-center-adrc

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- Results from ADRC survey done March through May 2021
- Presentation of goals created from that survey
- Your opportunity to share your thoughts and ideas with the ADRC Manager, Leslie Fijalkiewicz

Survey Results & Other Data Used in Development of Three-Year Plan

Most Likely To Need...	# Responses
Rides to medical appointments	105
Help with inside chores-cleaning, laundry	104
Help with home repairs & upkeep	75
Help staying mentally healthy	73
Help with outdoor chores	71
Rides for errands or social activities	70
Help with doing my errands	68
Learning ways to avoid falls	65
Learning ways to keep fit and stay healthy	64
Help figuring out what my options are	63
Programs or services related to memory loss	62
Staying connected to friends and family	56
Help with preparing meals	56
Help with Medicare or other insurance	53
Learning about brain health	50
Learning how to manage my health	49
Help finding affordable housing options	47
Learning how to use computer/technology	41
Help finding ways to pay for medications	41
Help with caring for a loved one	29
Help finding ways to make ends meet	28

Survey indicated to circle their top three concerns but only 94 of the 165 respondents did this. The following were the top concerns in order:

- Help with inside chores
- Rides to medical appointments
- Help with home repairs and upkeep
- Help finding out what my options are where I live
- Help with outdoor chores
- Help staying mentally healthy
- Help with Medicare or other insurance
- Rides for errands or social activities
- Programs & services related to memory loss/dementia
- Help with doing my errands

Interesting that there was a three-way tie for #11...help preparing meals, managing health problems and learning to use technology.

Who responded to the survey

60% live in town & 40% live in the country
61% live alone
16% were caring for a loved one
44% use email and/or internet

Zip Codes of respondents

53%	Chippewa Falls
13%	Bloomer
10%	Cadott
7%	Stanley
5%	Cornell
4%	Holcombe
3%	Boyd
3%	Jim Falls
1%	Elk Mound
1%	New Auburn

Age of respondents

90 years +	14%
80-89 years	36%
70-79 years	24%
60-69 years	18%
50-59 years	4%
40-49 years	1%
30-39 years	<1%
18-29 years	2%

Other Chippewa County Household Data

Miscellaneous

- 28% of all person age 65+ in Chippewa County live alone
- Living alone age 65+
  - 47% in city of Bloomer
  - 42% in city of Chippewa Falls
  - 30-40% in villages of New Auburn, Cadott, Boyd and City of Stanley
- Grandparent 60+ living with own grandchildren under 18 with no parent present: 159 households
- Estimated 9% of county population ages 18-64 have a disability (3,253)
- Types of disability ages 18-64 reported in order of prevalence:
  - Ambulation/walking
  - Cognition / thinking
  - Hearing
  - Self-care
  - Vision

Income

Median household income all ages: $59,742
- Under age 25: $44,531
- 25-44 years: $69,538
- 45-64 years: $72,268
- 65 years+: $39,697

Poverty level
$1,073 /month one-person household; $1,452/ month two-person household
- 8% of men age 65+ live in poverty
- 12% of women age 65+ live in poverty
- 28% of people age 65+ live at or below 185% poverty level
  ($1,985 /month one-person household; $2,686 /month two-person household)

Employment status (this data was pre-COVID)
- 34% of men ages 65-74 employed
- 20% of women ages 65-74 employed

Race & Ethnicity

- Black/African American alone: 1,105
- Native American/Alaska native alone: 314
- Asian alone, not Hispanic: 947
- Hispanic/Latino (any race): 1,199
- Hawaiian/Pacific Islander alone, not Hispanic: 22

Chippewa County population is 93.3% white, non-Hispanic.

A full 6.7% of population may not be adequately represented in our current approach to delivering programs and services

APPENDIX D – PUBLIC HEARING REPORTS

Public Hearing Report

Completed report, copy of hearing notice, and copy of actual comments taken during the hearing should be placed in the appendices of the aging plan.

Date of Hearing: **September 8th, 2021**	**County or Tribe:** **Chippewa County**
Location of Hearing: **Chippewa Falls Senior Center**	**Accessibility of Hearing:** ☒ Location was convenient, accessible & large enough ☒ Provisions were made for hearing/visual impairments N/A Provisions were made for those who do not speak English ☒ Hearings were held in several locations (at least one in each county your agency serves) ☒ Hearing was not held with board/committee meetings
Address of Hearing: **Chippewa Falls**	
Number of Attendees: **0**	

Public Notice:

☒ Official public notification began at least 2 weeks prior? Date: August 4, 2021

☒ **Notice must be posted** in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue

- ☒ ***Print/online newspaper** August 4, 2021
- ☒ ***Nutrition sites**
- ☒ ***Senior centers**
- ☒ Newsletter, radio, TV, social media
- ☒ Sent to partner agencies/individuals (for Facebook posting)

☒ Notifications include

- ☒ Date
- ☒ Time
- ☒ Location
- ☒ Subject of hearing
- ☒ Location and hours that the plan is available for examination

☒ A copy of the notice is included with this report

Summary of Comments:
No attendees but spoke with Senior Center Director and she said she would distribute the handout and ask people to call or stop in the ADRC or go online and provide feedback.

No feedback was received.

Changes made to your plan as a result of the input received:

N/A

Public Hearing Report

Completed report, copy of hearing notice, and copy of actual comments taken during the hearing should be placed in the appendices of the aging plan.

Date of Hearing: **September 9th, 2021**	**County or Tribe:** **Chippewa County**
Location of Hearing: **Main Street Cafe**	**Accessibility of Hearing:** ☒ Location was convenient, accessible & large enough ☒ Provisions were made for hearing/visual impairments N/A Provisions were made for those who do not speak English ☒ Hearings were held in several locations (at least one in each county your agency serves) ☒ Hearing was not held with board/committee meetings
Address of Hearing: **1418 Main Street Bloomer**	
Number of Attendees: **3**	

Public Notice:

☒ Official public notification began at least 2 weeks prior? Date: August 4, 2021

☒ **Notice must be posted** in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue

- ☒ ***Print/online newspaper** August 4, 2021
- ☒ ***Nutrition sites**
- ☒ ***Senior centers**
- ☒ Newsletter, radio, TV, social media
- ☒ Sent to partner agencies/individuals (for Facebook posting)

☒ Notifications include:

- ☒ Date
- ☒ Time
- ☒ Location
- ☒ Subject of hearing
- ☒ Location and hours that the plan is available for examination

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Summary of Comments:
The comments really focused on the results of the survey and how the top concerns from the survey are exactly what they have experienced personally or have friends and relatives that have or are experiencing. Much concern was raised about the need for transportation and transportation services. Also concern about the possibility that healthcare providers are going to leave the small towns and make people travel further for services. The example was used about the money that is being spent to build huge clinics and a new hospital in Eau Claire. Anything that can't be done by a Physicians Assistant or Nurse Practitioner already requires a trip to Eau Claire many times.

One person said she actually moved out of her house and sold it because she couldn't maintain it anymore and her kids lived too far away. Likewise, she was a person who used to hire out to provide rides and even housekeeping. She can't do it anymore and yet she sees so many people in her apartment building that need help vacuuming or getting groceries.

Attendees all said the goals were good. They provided suggestions on ways to accomplish the goals in Bloomer, and possibly other communities which involved using the skills of retirees who want to volunteer to help.

Changes made to your plan as a result of the input received:

Plan wasn't changed but will invite these attendees to brainstorming activities to generate ideas for accomplishing goals

Public Hearing Report

Completed report, copy of hearing notice, and copy of actual comments taken during the hearing should be placed in the appendices of the aging plan.

Date of Hearing: **August 30, 2021**	**County or Tribe:** **Chippewa County**
Location of Hearing: **Our Saviors Lutheran Church**	**Accessibility of Hearing:** ☒ Location was convenient, accessible & large enough ☒ Provisions were made for hearing/visual impairments N/A Provisions were made for those who do not speak English ☒ Hearings were held in several locations (at least one in each county your agency serves) ☒ Hearing was not held with board/committee meetings
Address of Hearing: **Cornell, WI**	
Number of Attendees: 17	

Public Notice:

☒ Official public notification began at least 2 weeks prior? Date: August 12, 2021

☒ **Notice must be posted** in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue

- ☒ ***Print/online newspaper** August 12, 2021
- ☒ ***Nutrition sites /**
- ☒ ***Senior centers**
- ☒ Newsletter, radio, TV, social media
- ☒ Sent to partner agencies/individuals (For posting on Facebook)

☒ Notifications include

- ☒ Date
- ☒ Time
- ☒ Location
- ☒ Subject of hearing
- ☒ Location and hours that the plan is available for examination

☒ A copy of the notice is included with this report

Summary of Comments:

Public Hearing attendees indicated that goals were reasonable. There was conversation about the goal to eliminate the waiting list for Meals on Wheels in areas where service is currently not available or there are insufficient volunteers to expand the routes. Many seemed surprised to learn that this problem existed in the county.

Suggestions were made to partner with the Red Cross for Sound The Alarm days to help get fire detectors to people who don't have one or don't have one that meets their hearing needs.

Comments also occurred about the survey results indicating that people are concerned about in-home support and home repairs/upkeep. Appreciated the goal about trying to find solutions to these problems. Suggestion was made to utilize the Lions Clubs more when people need ramps.

There was another concern raised by an attendee regarding a lack of understanding on how to use a fire extinguisher. Another attendee offered to connect with the local Fire Chief to try and set up an educational session at the apartment building she lives in.

Will resume partnership with Emergency Management for articles in monthly newsletter related to this topic as well as other emergency preparedness information. Emergency Management was not able to provide articles in most of 2020 and 2021 due to the pandemic.

Changes made to your plan as a result of the input received:

No specific changes made to the plan but will add Red Cross, local Fire Departments, and Lion's Clubs to agencies to reach out to when partnering.

APPENDIX E – AFFIDAVITS OF PUBLICATION

Central Wisconsin Publications, Inc.

STAR NEWS Courier Sentinel

715-748-2626 | P.O. Box 180, Medford, WI 54451
www.centralwinews.com

Affidavit Proof of Publication
COURIER SENTINEL
Cornell - STATE of WISCONSIN - Chippewa County

I, Kristine O'Leary, Publisher of

The *Courier Sentinel*, Cornell, WI, a weekly newspaper published in the English language, and having a bona fide list of paid subscribers located in the aforementioned city of Cornell, Chippewa County and with a general circulation in Cadott, Cornell, Lake Holcombe and areas entered as a second class matter under the Postal Laws and Regulation of the United States of America for 52 consecutive weeks or more prior to today's date September 16, 2021

certify that the notice of See Hearing Public Comment on Draft 2022-24 Aging Plan Chippewa County

attached hereto has been published in said newspaper for 1 issue(s)

consecutive on the following dates:

August 12, 2021

(Signed) Kristine O'Leary, Publisher

Subscribed and sworn to before me this:

16th day of September 2021

(Signed) Lola L Kreeber
Notary Public, Chippewa County, Wisconsin

(Seal)

My commission expires:
Nov. 2021

Advertiser Name: Aging + Disability Resource Center - Chippewa County

Order # 56374 PO or Reference # _____

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Notary Fees $ 1.00

Printer Fees $ 73.63

Extra Copies $ _____

TOTAL $ 74.63

Received Payment _____

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NOTICE

The Aging & Disability Resource Center of Chippewa County is seeking Public Comment on the Draft 2022-24 Aging Plan

This plan explains our three-year goals for programs and services, targeting persons age 60+ and adults with disabilities in Chippewa County. The draft plan is currently available for viewing on the ADRC website https://www.co.chippewa.wi.us/government/aging-disability-resource-center-adrc, or at the ADRC office located at Chippewa County Government Center, 711 N. Bridge St., Room 118, Chippewa Falls.

Public comment will be held at the following locations, dates and times:

Our Savior's Lutheran Church, 201 S. 6th St., Cornell
Monday, Aug. 30 • 9:30-10:30 a.m.

Chippewa Falls Senior Center
1000 E. Grand Ave., Chippewa Falls
Wednesday, Sept. 8 • 10-11 a.m.

Main Street Café, 1418 Main St., Bloomer
Thursday, Sept. 9 • 9-10 a.m.

Comments will be accepted through Friday, Sept. 17, 2021.

RECEIVED
SEP 20 2021
BY: _____

AFFIDAVIT OF PUBLICATION

STATE OF WISCONSIN
CHIPPEWA COUNTY } ss.

Barry D. Hoff being first duly sworn, says: That he/she is the Foreman of the printer of the BLOOMER ADVANCE INC. which is a weekly newspaper of a general circulation, printed and published in the City of Bloomer, in said county and state; that a notice of which the annexed is a printed copy taken from said newspaper, was printed and published in the full

regular edition once in each week for 1 successive weeks, commencing and the first publication being

on the 4 day of August A.D. 2021 and ending and the last publication being on the 4 day of August A.D. 2021 being 1 such publications.

Barry Hoff

Subscribed and sworn to before me this 10th day of September A.D. 2021

Tammy A. LeBakken
Chippewa County, Wis.

My commission expires 2-17-2025

TAMMY A. LEBAKKEN NOTARY PUBLIC STATE OF WISCONSIN

FEES:

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TOTAL $ 20.94

PAID

(Publish 08-04, 2021)

NOTICE OF PUBLIC HEARING

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WNAXLP

APPENDIX F – MINUTES FROM BOARD APPROVALS OF PLAN