

## AGENDA

Eau Claire County  
Aging & Disability Resource Center Board  
Monday, October 28, 2024, 4 P.M.  
Eau Claire County Government Center Room 1301/1302

Those wishing to make public comments must submit their name and address no later than 30 minutes prior to the meeting to [karen.hauck@eauclairecounty.gov](mailto:karen.hauck@eauclairecounty.gov). Comments are limited to 3 minutes; you will be called on during the public section of the meeting. Written comments will also be accepted and should be submitted to [karen.hauck@eauclairecounty.gov](mailto:karen.hauck@eauclairecounty.gov)

Join from meeting link:

<https://eauclairecounty.webex.com/eauclairecounty/j.php?MTID=m1f9bdd24d6b272ac4b7a9f1bb9b0b423>

Join from meeting number:

Access Code: 2594 179 0097 Meeting Password: hP8rb5drYr4

Join from phone: 1-415-655-0001 US Toll, Access Code: 25941790097##

*A majority of the county board may be in attendance at this meeting, however, only members of the committee may take action on an agenda item.*

1. Welcome & Call to Order
2. Confirmation of Meeting Notice
3. Roll Call
4. Public Comment
5. Review of September 16, 2024, ADRC Board Minutes - Discussion- Action Handout #1
6. Eau Claire County Aging Plan 2025-2027 – Discussion – Handout #2
7. ADRC By-Laws – Discussion – Handout #3
8. Transportation Updates
9. Nutrition Updates
10. Resource Center Updates
11. Public Hearing – November 18, 3 p.m. - Board Meeting- 4 p.m.
12. Future Agenda Items – Elder/Disability Benefit Training
13. Adjourn

Prepared by Karen Hauck

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**MINUTES**

Eau Claire County  
Aging & Disability Resource Center Board  
Monday, September 16, 2024, 4 P.M.  
Eau Claire County Government Center, 721 Oxford Ave., Eau Claire, WI, Room 1301/1302

Welcome & Call to Order- Meeting was called to order by Chair, Tami Schraufnagel at 4 p.m.

Confirmation of Meeting Notice Yes

Roll Call/Introductions Tami Schraufnagel, Sandra Romey, Jean Doty, Deirdre Jenkins, Stella Pagonis, Jonathan Wessel, Thomas Vue, John Folstad, Bill Libberton.

Others present: Linda Struck, Lisa Riley, Betsy Henck, Anna Bonner, Karen Hauck

Public Comment None received

Review of August 5th, 2024, ADRC Board | Committee on Finance & Budget Minutes/Discussion- Action Handout #1 - John Folstad moved to approve the minutes as submitted, Bill Libberton seconded. All in favor. None Opposed.

ADRC Options Counseling Presentation - Manager Lisa Riley

Transportation Updates - Manager Betsy Henck

Nutrition Updates - Manager Betsy Henck

Resource Center Updates - Director Linda Struck - New ADRC ADA resource shared with board members, Bill Libberton has additional information to add to this resource.

Next Meeting-October 21, 2024 – Discussion-Action - ADRC Board meeting rescheduled to October 28<sup>th</sup>, 2024, at 4 p.m.

Future Agenda Items – Revisit ADRC By-Laws, Draft of the Aging Plan, Elder Benefit and Disability Benefit Training

Tami Schraufnagel adjourned the meeting at 5:18 p.m.

Respectfully submitted,

Karen Hauck, Clerk  
Aging & Disability Resource Center Board



# **Eau Claire County Aging Plan 2025-2027**

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## **Executive summary**

The Aging & Disability Resource Center (ADRC) of Eau Claire County's mission is to advocate for individuals age 60+ and adults living with disabilities, and assist them in securing needed services or benefits, live with dignity and security, and achieve maximum independence and quality of life. We empower individuals to make informed choices and to streamline access to the right and appropriate services and support.

Eau Claire County ADRC provides a central foundation of reliable and unbiased information and assistance, outreach, long-term care options counseling, elder benefit specialist services, disability benefit services, health promotion and prevention, short-term service coordination, dementia-specific programs and education, transportation options and nutritional services. ADRC services are available to older adults and adults living with disabilities regardless of income and regardless of the individual's eligibility for publicly funded long-term care. ADRC services are also available to families, caregivers, and others who work with or care about older people or adults with disabilities.

The Aging and Disability Resource Center of Eau Claire County is a fully integrated aging unit and ADRC. It is housed as a stand-alone department of Eau Claire County government. The ADRC's primary location is at the Eau Claire County Government Center within the City of Eau Claire. At this location, the ADRC is co-located with Eau Claire County Veteran Services. There is also a satellite office located in Augusta at the Augusta Senior and Community Center, and operate a central kitchen that is co-located with the highway department. The satellite office in Augusta is open the first Wednesday of every month so residents of the rural area of the county have an opportunity to have walk-in services and benefits within their local community. The central kitchen operates Monday through Friday and provides a daily lunch for the congregate and home delivered meal programs and has office space available.

Eau Claire County's 2025-2027 Aging Plan was developed with input from the community and 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.

We initiated two community engagement activities, which resulted in 383 survey responses and 284 additional individuals were given a presentation on the aging plan and the importance of filling out the survey. The top health concerns identified were brain health, arthritis, preventing falls and sufficient exercise opportunities. The survey also showed that community members feel affordable housing, transportation, home health options and help with repairs and upkeep are the primary issues facing older adults. As a result of the community engagement activities, the following goal statements were established to assist in addressing current needs and challenges within our community:

- More than 40% of Eau Claire County survey participants report that brain health and dementia are a top concern as they age. To help mitigate these concerns, the Dementia Care Specialist will implement a brain health “Knowledge is Power” campaign in rural communities of Eau Claire County (Fall Creek, Augusta, and Fairchild). Education on brain health and dementia can help older adults make better decisions about brain health, boost problem-solving skills, build confidence, support behavior change, and achieve success. Correct information can also protect individuals from misinformation and lay the foundation for a better future including follow-up and better care with a primary care physician when concerned about memory loss.
- Non-professional caregivers are as vital a resource to aging Wisconsinites as ever. The ADRC/Aging Unit wants to provide education, support and emotional buoyancy to these important caregivers. The Eau Claire ADRC/Aging Unit will create a new, comprehensive guidebook for caregivers of all types (not dementia specific).
- To provide equitable access to evidence-based programs, fostering a sense of belonging, and mitigating the negative effects of social isolation and loneliness, the ADRC will implement quarterly presentations promoting health promotion through DIII Healthy Aging programs in rural communities of Eau Claire County in the first year. The presentation aims to create a “choose your own adventure” interactive demonstration to give participants a sampling of activities from three evidence-based workshops that foster feelings of connection, support, and empowerment.
- The Eau Claire ADRC team will create new strategies toward helping Eau Claire County Residents Age in Place.
- The Nutrition Program will provide more culturally diverse meals at our Congregate Dining locations.

The ADRC of Eau Claire County takes necessary steps to strive for excellent delivery of services. Our goals for the 2025-2027 plan show our commitment to the individuals we serve. The programs and services offered through the ADRC are continually being evaluated for effectiveness, efficiency and relevance. We have the benefit of a diverse leadership team, staff and ADRC Board that assisted in guiding this process.

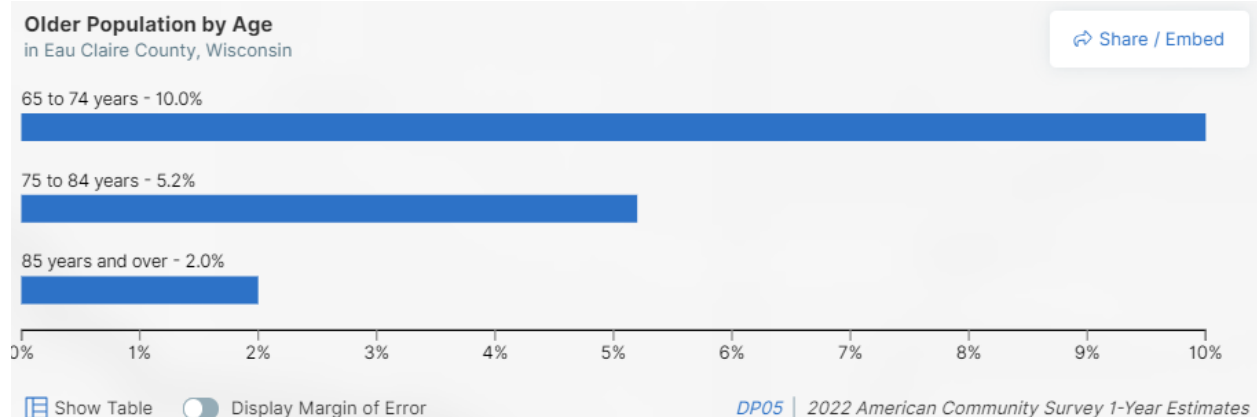
## Context

Eau Claire County is in west-central Wisconsin. The county is a mix of both rural and urban communities. This can create some unique challenges when it comes to programming offered by ADRC as resources and desires may differ from community to community. The county is comprised of three cities (Altoona, Augusta, and Eau Claire), two villages (Fairchild and Fall Creek), and 13 townships. Bordering counties include Chippewa to the north; Dunn and Pepin to the west; Buffalo, Trempealeau, and Jackson to the south; and Clark to the east. Eau Claire is the largest county within those borders.

There are several challenges in meeting the needs of the population we serve with a community our size; availability of resources, especially in the rural areas, the growing aging population and lack of funding to name a few. With challenges also comes opportunities and we are fortunate that we collaborate with many outside agencies (nonprofits, businesses, nearby ADRC's) and other county departments. We also have staff in numerous coalitions and taskforces which allows us as an agency to be solution focused.

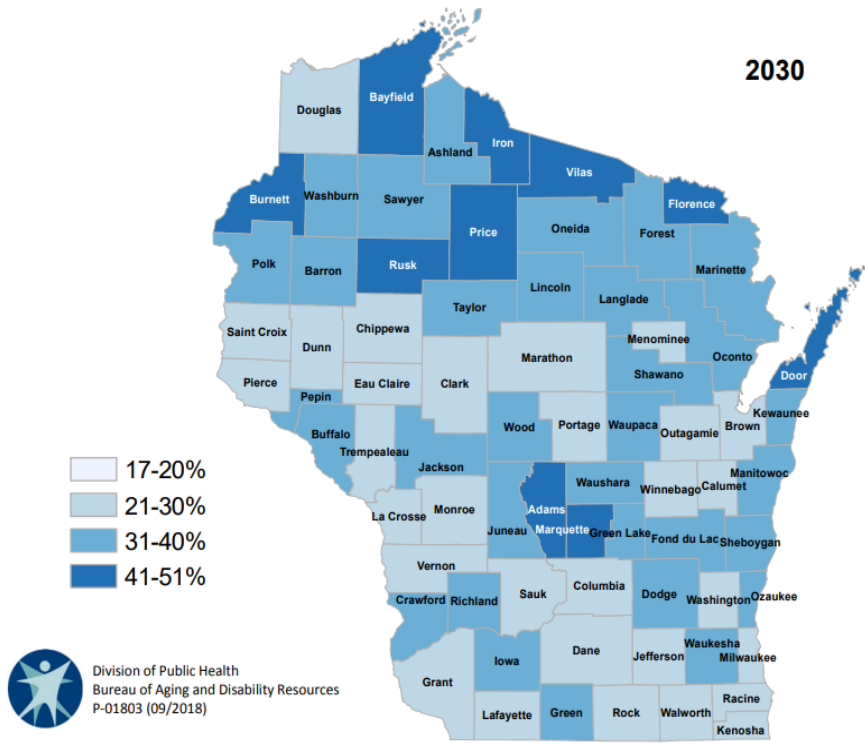
The total population of Eau Claire County is 105,710 individuals. Eau Claire, the county seat, is 66% (69,737) of the county population and encompasses 32 square miles.

The populations of those age 60+ continues to increase at a rapid rate as the baby boomers grow older. All communities throughout the United States are experiencing this to some degree and Eau Claire County is no exception. It is anticipated that the percentage of adults 60+ in Eau Claire County will continue to grow. From 2010 to 2020, Eau Claire County had an increase of 26% and from 2020 to 2040, we are projecting to have an additional 18% increase in this population.

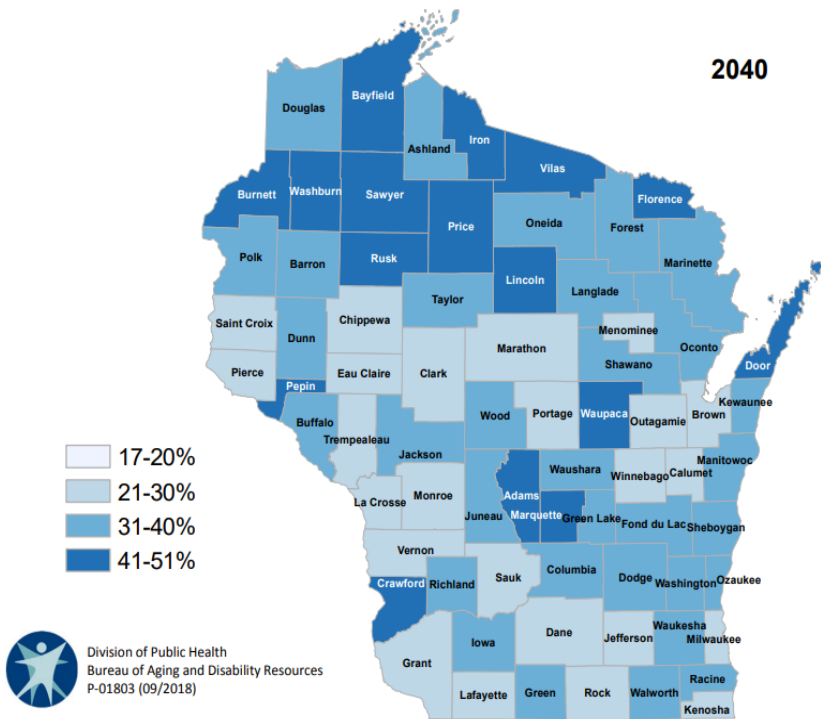


	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	% Ages 60 and Older	% Ages 60 and Older
County	2010	2015	2020	2025	2030	2035	2040	2010	2040
Eau Claire	17,745	20,975	23,915	26,610	28,015	28,660	29,230	18.0%	26.2%

### Percent of Projected Population Ages 60 and Older







According to the US Bureau of Census data, White/Caucasian individuals (93,277) make up most of the county's population of 105,710. Asians coming in next at 4,401 of the population.

Label	Eau Claire County, Wisconsin
▼ Total:	105,710
▼ Population of one race:	100,701
White alone	93,277
Black or African American alone	1,255
American Indian and Alaska Native alone	527
Asian alone	4,401
Native Hawaiian and Other Pacific Islander alone	83
Some Other Race alone	1,158

## Development of the aging plan

### Community engagement

See attached Community Engagement report in appendices section

### Partners and resources

A draft of the Aging Plan was presented to the ADRC board on Monday, October 28<sup>th</sup>. During that meeting questions and feedback were given. Updates to the plan were made and then publicized on the ADRC website and copies were available in office. Two board members ran the public hearing which was held on November 18<sup>th</sup>, followed up by a board meeting and a motion to pass the plan.

## Public hearings

See attached public hearing report in appendices section

## Goals and strategies

Supportive Services: Aging Plans for 2025–2027

### Goal Writing Template

<p><b>Older Americans Act program area</b> (Select a program area if applicable.)</p> <p><input checked="" type="checkbox"/> Title III-B Supportive Services</p> <p><input type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program</p> <p><input type="checkbox"/> Title III-D Evidence-Based Health Promotion</p> <p><input type="checkbox"/> Title III-E Caregiver Supports</p>
<p><b>Aging Network value</b> (Select a value if applicable.)</p> <p><input checked="" type="checkbox"/> Person centeredness</p> <p><input type="checkbox"/> Equity</p> <p><input type="checkbox"/> Advocacy</p>
<p><b>Goal statement:</b></p> <p>The Eau Claire ADRC/Unit will create new strategies toward helping Eau Claire County residents Age in Place.</p>
<p><b>Plan or strategy:</b></p> <p>Efforts toward this goal will include 3 strategies.</p> <p>1) Mugs for Rugs events: throw rugs are known to cause falls. ADRC/Aging Unit will host events (or piggyback onto existing events) to take old throw rugs and provide a coffee mug in its place.</p> <p>2) A supply of grab bars (both regular and suction cup) will be made available to Eau Claire County residents, free of charge, wishing to enhance the safety of their home.</p> <p>3) Educational materials related to the above two strategies will be developed and included to take the educational piece even further. For example, the benefits of</p>

decluttering and other home safety tips will also be covered along with the throw rug safety.

**Documenting efforts and tools:**

Documenting **how much** has been done:

Numbers of grab bars distributed and throw rugs retrieved will be recorded.

Documenting **how well** it has been done:

Surveys will be sent to participants at the end of each plan year to assess satisfaction.

Assessing whether anyone is **better off**:

Surveys will be sent to participants at the end of each plan year to assess falls and perceived safety.

**OPTIONAL: Notes on considerations for framing goals**

1. Why are we choosing this thing to focus our efforts on?  
Aging in Place is an almost universal desire. Community feedback indicated home modification/aging in place is an area of interest. In order to make this safely happen, a variety of equipment, education and small & large modifications may be needed. These efforts are a direct, albeit not all-inclusive, tangible way to facilitate safety needed for Aging in Place. It also brings general attention to other ways to Age in Place.

Brain Health/Dementia: Aging Plans for 2025–2027

**Goal Writing Template**

**Older Americans Act program area** (Select a program area if applicable.)

- Title III-B Supportive Services
- Title III-C1 and/or III-C2 Nutrition Program
- Title III-D Evidence-Based Health Promotion
- Title III-E Caregiver Supports

**Aging Network value** (Select a value if applicable.)

- Person centeredness

Equity

Advocacy

**Goal statement:**

More than 40% of Eau Claire County survey participants report that brain health and dementia are a top concern as they age. To help mitigate these concerns, the Dementia Care Specialist will implement a brain health “Knowledge is Power” campaign in rural communities of Eau Claire County (Fall Creek, Augusta, and Fairchild). Education on brain health and dementia can help older adults make better decisions about brain health, boost problem-solving skills, build confidence, support behavior change, and achieve success. Correct knowledge can also protect individuals from misinformation and lay the foundation for a better future including follow-up and better care with a primary care physician when concerned about memory loss.

**Plan or strategy:**

The strategies to incorporate the Knowledge is Power campaign will include:

- 1) Brain Health Check-Ups (includes memory screen and education)
- 2) “Brainy Bits” information in rural Meals on Wheels bags 1x-2x/month
- 3) Wits Workout, Boost Your Brain & Memory Class, and/or Better Brain Wednesdays presentations (Fall Creek Village Hall, Augusta Senior Center, Fairchild Community Center, libraries, banks)
- 4) Education/flyer in August Senior Center newsletter, libraries, local banks
- 5) Provide continued advocacy for increased ADRC funding to expand brain health/dementia related programs in the rural areas of Eau Claire County. This investment is essential to address the growing needs of individuals in these underserved communities.

**Documenting efforts and tools:**

Documenting **how much** has been done:

- Number of brain health check-ups (memory screens)
- Number of presentations and individuals attending
- Number of flyers

Documenting **how well** it has been done:

- Feedback from post-presentation surveys, classes, and brain health checkups.

Assessing whether anyone is **better off**:

- Increase opportunities for rural older adults to learn about brain health strategies to reduce their risk of developing Alzheimer’s disease or other dementias.
- Increase opportunities for rural older adults concerned about memory loss and/or who have scored poorly on the memory screen to contact their primary care provider for follow-up.

Caregiver Supports: Aging Plans for 2025–2027

### Goal Writing Template

**Older Americans Act program area** (Select a program area if applicable.)

- Title III-B Supportive Services
- Title III-C1 and/or III-C2 Nutrition Program
- Title III-D Evidence-Based Health Promotion
- Title III-E Caregiver Supports

**Aging Network value** (Select a value if applicable.)

- Person centeredness
- Equity
- Advocacy

**Goal statement:**

Non-professional caregivers are as vital a resource to aging Wisconsinites as ever. The ADRC/Aging Unit wants to provide education, support and emotional buoyancy to these important caregivers. The Eau Claire ADRC/Unit will create a new, comprehensive guidebook for caregivers of all types (not dementia specific).

**Plan or strategy:**

A new booklet will be created to serve as a comprehensive guidebook regarding many aspects of caregiving and include local Eau Claire County resources. This booklet will be in print and posted online so that busy caregivers, perhaps those still working, can access it on their terms.

To maximize NFCSP funding, we will advocate for removal of the AFCSP means test requirement. Eliminating this requirement would greatly enhance our ability to leverage this program as match funding, thereby amplifying its impact and broadening its reach.

**Documenting efforts and tools:**

Documenting **how much** has been done:

This will have a clear completion of a published booklet available in several mediums for Eau Claire County caregivers. Efforts will be made to proactively get this into the hands of caregivers by distributing and outreaching to partner agencies and groups.

Documenting **how well** it has been done:

Feedback will be solicited from 10 caregivers who have received it to determine if information is clear, helpful and comprehensive.

Assessing whether anyone is **better off**:

Feedback will be solicited from 10 caregivers who have received it to determine if they felt more prepared, empowered and appreciated in their caregiving role.

**OPTIONAL: Notes on considerations for framing goal**

Why do we believe this particular effort will make things better?  
We have many other written materials but not one dedicated to caregivers, so this will be a lasting resource to update into the future.

Health Promotion: Aging Plans for 2025–2027

**Older Americans Act program area** (Select a program area if applicable.)

- Title III-B Supportive Services
- Title III-C1 and/or III-C2 Nutrition Program
- Title III-D Evidence-Based Health Promotion
- Title III-E Caregiver Supports

**Aging Network value** (Select a value if applicable.)

Person centeredness

Equity

Advocacy

**Goal statement:**

To provide equitable access to evidence-based programs, fostering a sense of belonging, and mitigating the negative effects of social isolation and loneliness the ADRC will implement quarterly presentations promoting health promotion through DIII Healthy Aging programs in rural communities of Eau Claire County in the first year. The presentation aims to create a “choose your own adventure” interactive demonstration to give participants a sampling of activities from three evidence-based workshops that foster feelings of connection, support, and empowerment.

**Plan or strategy:**

Develop an interactive “Sample platter” presentation that will increase awareness of what evidence-based health promotion programs have to offer and demonstrate the type of support participants receive for making healthy behavior change in the workshops.

As these are group events, the presentations will provide an opportunity for older adults to foster meaningful social connections to enhance both physical and mental health outcomes and reduce social isolation and loneliness. Post surveys will also identify barriers older adults experience participating in an evidence-based workshop. We will use feedback collected in 2025 to plan interventions and programming in the rural communities of Fairchild and Augusta in 2026.

**Documenting efforts and tools:**

Documenting **how much** has been done:

- The “Sample platter” presentation and participant handout that will be developed in the first quarter
- Number of presentations implemented in year one
- Number of participant post-presentation surveys

Documenting **how well** it has been done:

- Assess recruitment efforts based on presentation turnout
- Compile qualitative feedback from presentations (would they recommend it to a friend or relation?)

Assessing whether anyone is **better off**:

- Increase opportunities for rural older adults to participant in evidence-based programming
- Address identified barriers to participating in programs for program planning purposes in 2026

**OPTIONAL: Notes on considerations for framing goals**

1. Why are we choosing this thing to focus our efforts on?  
Eau Claire County’s Aging Plan survey asked community members what their top three health concerns are as they age. Responses included arthritis, exercise, prevention falls, and bowel and bladder health. Health promotion program offerings currently include: Stepping On, StrongBodies, Walk With Ease, Healthy Living with Chronic Pain, Healthy Living with Diabetes, and Med Wise Rx. Rural community members are less likely to sign up for classes.
2. Why do we believe this particular effort will make things better?  
Presentations can be a catalyst toward encouraging people to take the first step in making positive behavior change, increasing knowledge about programs that support behavior change, and addressing reluctance to participate in a workshop.
3. How do we think this leads to people being better off?  
This plan employs active outreach and increases knowledge among older adults about programs to improve their well-being and social connectiveness.
4. How will we know when we’re done with this effort?  
This goal will be achieved after the four quarterly presentations are delivered. Additionally, post survey results will provide information for program planning in the subsequent year.
5. How will we know whether anyone is better off because of this effort?  
Responses from post presentation surveys and participation numbers in classes will illustrate improvements in well-being and social connection.

Nutrition: Aging Plans for 2025–2027

**Older Americans Act program area** (Select a program area if applicable.)

- Title III-B Supportive Services
- Title III-C1 and/or III-C2 Nutrition Program



Title III-D Evidence-Based Health Promotion

Title III-E Caregiver Supports

**Aging Network value** (Select a value if applicable.)

Person centeredness

Equity

Advocacy

**Goal statement:**

The Nutrition Program will provide more culturally diverse meals at our Congregate Dining locations, helping to increase meals provided to our senior dining sites.

**Plan or strategy:**

The Nutrition Program will partner with local agencies to offer “pop – up” Senior Dining, offering a variety of different meals from around the world.

**Documenting efforts and tools:**

Documenting **how much** has been done:

- Documenting how many additional pop – up meal sites have been completed each year beginning in 2025.
- Documenting how many Senior Dining Participants we had in each year starting in 2025.

Documenting **how well** it has been done:

- Included in our 2025 annual survey we will gather feedback from pop – up meal site participants overall satisfaction.

Assessing whether anyone is **better off**:

- In our annual survey for 2025 we will request feedback about overall satisfaction of the pop – up meal sites regarding location, food choices, social isolation and overall satisfaction.

**OPTIONAL: Notes on considerations for framing goals**

2. Why are we choosing this thing to focus our efforts on? We want to increase our overall participation for Senior Dining. We also want to provide a variety of food choices to our participants.
3. Why do we believe this particular effort will make things better? This will provide individuals with additional options for meals, additional options for social connectedness as well as an opportunity to try foods they may not otherwise have access to.
4. How do we think this leads to people being better off?
5. How will we know that when we're done with this effort? This will be an ongoing effort and a project we will want to maintain as a regular part of our Nutrition Program. Overall we anticipate additional participants and meals served with these extra meal sites and additional food choice options.
6. How will we know whether anyone is better off because of this effort? Increase participation in our Nutrition Program will allow more individuals earlier access to the ADRC. It will provide additional opportunity to reduce social isolation as well as extra support for nutritional support. We will know this based on increased numbers in participation and overall nutrition survey scores indicating satisfaction with the program.

**Program advancement**

**Title III and Title VI coordination**

We will coordinate with local tribes and determine if there are tribal members who are interested in accessing our programs/services. We will also work with local tribes to assist with connecting tribal consumers to Tribal Aging Units if requested. This will be done initially via SharePoint list serve that is provided by DHS.

**Aging unit integration and collaboration with the local aging and disability resource center**

The Aging and Disability Resource Center of Eau Claire County is a fully integrated aging unit. The ADRC is housed as a stand-alone department of Eau Claire County government. The ADRC's primary location is at the Eau Claire County Government Center in the City of Eau Claire. At this location, the ADRC is also co-located with Eau Claire County Veteran Services. There is also a satellite office located in Augusta at the Augusta Senior and operate a central kitchen located on the southside of Eau Claire. The satellite office in Augusta is open twice monthly, giving residents of the rural area of the county an opportunity to access needed services and benefits within their local community. The central kitchen operates Monday through Friday. The ADRC's management team consist of one director and two managers, all of whom have years of experience in the social service field.

## **Emergency preparedness**

During COVID-19 public health emergency, ADRC of Eau Claire County learned valuable lessons that have shaped our approach to emergency preparedness, ensuring continuity of aging program operations and essential services.

### Lessons Learned:

1. **Adaptability and Flexibility:** We quickly adapted service delivery models to ensure that older adults and individuals with disabilities continued to receive essential services. This included shifting to virtual or remote service provision and leveraging technology to connect with consumers.
2. **Importance of Collaboration:** COVID-19 highlighted the critical need for partnerships across sectors. We enhanced partnerships with public health agencies, local governments, nonprofits, and private sector organizations to address service gaps, secure resources, and ensure access to services.
3. **Communication and Outreach:** Proactive communication with clients, caregivers, and stakeholders became crucial during the pandemic. We enhanced outreach through regular check-ins, informational hotlines, and dissemination of up-to-date guidance on safety measures, vaccination, and other health protocols.
4. **Resource Mobilization:** Securing and reallocating resources was essential in responding to the pandemic. We learned the importance of having a flexible and agile resource mobilization strategy, whether in terms of funding, staff, or technology, to meet increased demands during crises.
5. **Focus on Equity:** COVID-19 disproportionately impacted certain communities, prompting ADRCs to prioritize equitable service delivery. Efforts were made to reach underserved populations, including racial and ethnic minorities, rural communities, and individuals with disabilities who faced greater barriers to accessing services.

### Partnerships Formed:

1. **Public Health and Emergency Management-** We partnered with local public health departments to align efforts with state and national health directives, ensuring that services remained operational and safe during the pandemic.
2. **Nonprofit and Volunteer Organizations-** Organizations such as Meals on Wheels and local volunteer groups collaborated with ADRCs to deliver food, COVID tests, and essential supplies to homebound older adults and individuals with disabilities.

3. Digital Equity- To address social isolation and the digital divide, we formed partnerships with technology providers to deliver tablets, internet access, and tech training to older adults and people with disabilities.

ADRCs Approach to Emergency Preparedness:

1. Comprehensive Emergency Plans- ADRCs have incorporated lessons from COVID-19 into more robust emergency preparedness plans. These plans now include strategies for remote operations, continuity of care, and coordination with other emergency response agencies to ensure seamless service provision during future crises.

2. Virtual and Hybrid Service Delivery- The use of technology during COVID-19 has led to a permanent shift towards virtual or hybrid models. This flexibility is crucial for ensuring continuity during emergencies.

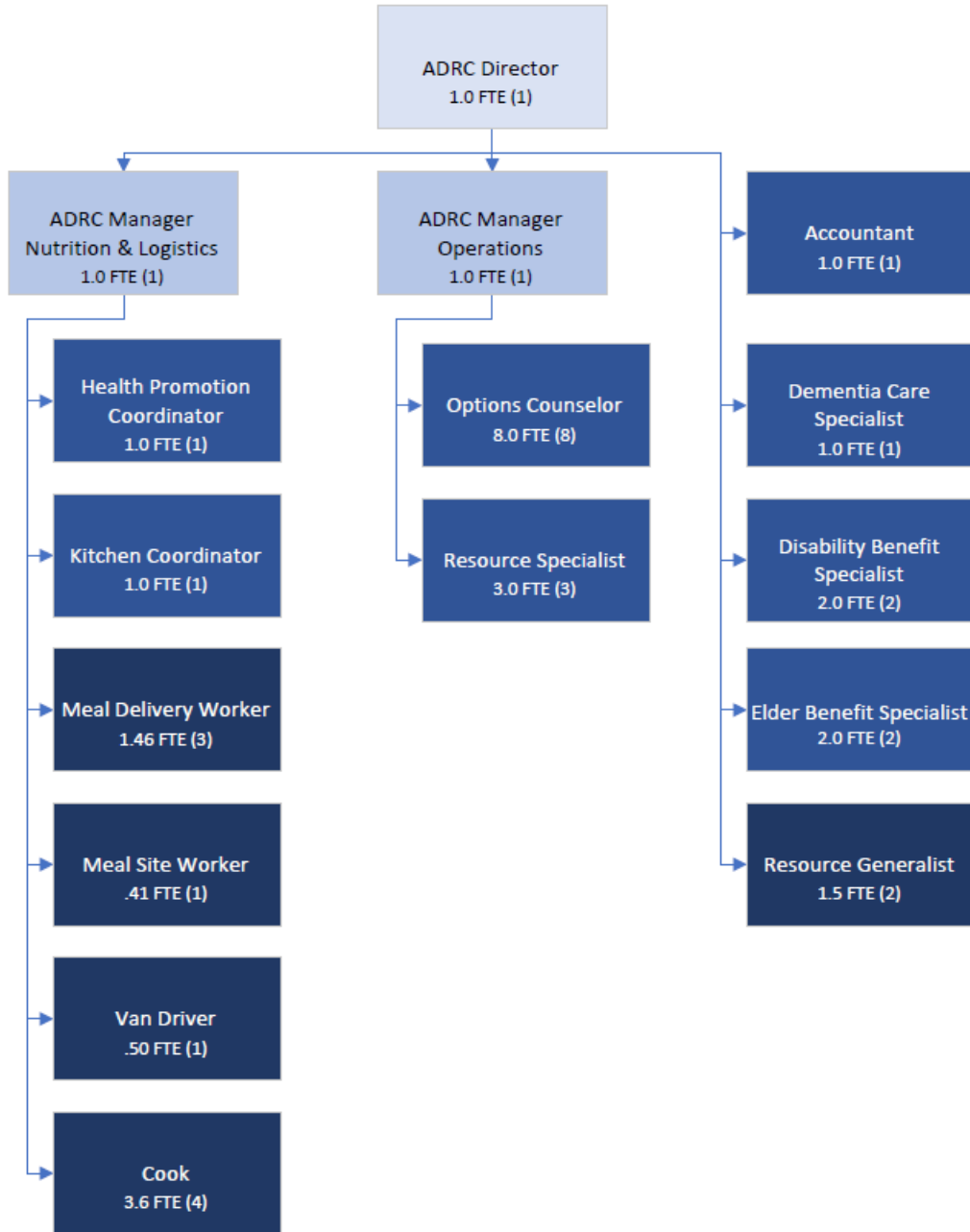
3. Training and Capacity Building- We have invested in training staff on emergency protocols, technology use, and crisis communication. Additionally, we have developed contingency staffing plans to ensure that essential functions can continue even if personnel are impacted by future emergencies.

4. Community Resilience and Support Networks- We have enhanced our role in fostering community resilience by building stronger networks of support. These networks include family caregivers, community-based organizations, and local governments that can step in to assist with service delivery during times of crisis.

## Organizational structure and leadership of the aging unit

# Aging and Disability Resource Center (ADRC)

2024 FTE: 29.47



## **Primary contact**

Name: Linda Struck

Title: ADRC Director

County: Eau Claire

Organizational Name: ADRC of Eau Claire County

Address: 721 Oxford Avenue, Suite 1130, Eau Claire, WI 54703

Email Address: linda.struck@eauclairecounty.gov Phone: 715-839-6713

### **Statutory requirements for the structure of the aging unit**

This section refers to requirements in [Chapter 46.82 of the Wisconsin Statutes](#).

Consider if the aging unit is in compliance with the law. If the aging unit is integrated with the local ADRC, the requirements of [Chapter 46.82](#) still apply.

State law does not permit a waiver of the requirements in this section. If a real or potential violation of the requirements of [Chapter 46.82](#) exists, contact GWAAR for assistance in arranging a corrective action plan. Failure to do so could result in non-approval of the plan and suspension of funding.

<b>Organizational structure:</b> Choose the option that represents the organizational structure of the aging unit.	<b>Check one</b>
(1) An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	<input checked="" type="checkbox"/>
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	<input type="checkbox"/>
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	<input type="checkbox"/>
<b>Composition of the policy-making body:</b> Choose the option that represents the composition of the policy-making body.	<b>Check one</b>
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.	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
<b>Full-time aging director:</b> The law requires that the aging unit have a full-time aging director.	<b>Check one</b>
The aging unit has a full-time aging director as required by law.	<input checked="" type="checkbox"/>
The aging unit does not have a full-time aging director as required by law.	<input type="checkbox"/>

### **Policy-making body**

Official name of the policy-making body: ADRC Board

Chairperson of the policy-making body: Tami Schraufnagel

### **Advisory committee**

Official name of the advisory committee: Nutrition Advisory Committee

Chairperson of the advisory committee: Sue Miller

# Assurances of Compliance with Federal and State Laws and Regulations

The assurances below often refer to requirements of area agencies on aging (AAAs) and is absent of references to aging units. Wisconsin's structure of AAAs and local county and tribal aging units differs from other states but is recognized in state statute 46.82 and by the federal Administration for Community Living. Therefore, AAAs and county and tribal aging units are required to provide assurances of compliance with federal and state laws in the delivery of Older Americans Act programs and supports.

The structure of AAAs in Wisconsin are as follows:

1. An agency designated as the AAA must subcontract with counties, tribal nations, or providers to carry out Older Americans Act programs. The AAA, in a binding contract with the state, and counties and tribal nations, in a binding contract with the AAA, must support and comply with 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 as updated in March 2024.
2. A county designated as the AAA must designate a department of local government as the aging unit. The AAA and the county aging unit are bound by a binding contract with the state and must support and comply with 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 as updated in March 2024.

AAAs and aging units are subject to the requirements in the Wisconsin Elders Act 235, often referenced in Chapter 46.82 of Wisconsin Statutes. Please note: Chapter 46.82 has been updated to reflect changes in programs originally referenced in the Act when passed in 1991.

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 or tribal governing board chairperson. The assurances agreed to by this signature page must accompany the plan when submitted to the AAA or Bureau of Aging and Disability Resources.

The assurances need not be included with copies of the plan distributed to the public.

Use the template provided below and include as an appendix to the aging plan.





The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

- The applicant must possess legal authority to apply for Older Americans Act grant funds.
- 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

As required by the Bureau of Aging and Disability Resources, designated AAAs and aging units must assure:

- Outreach activities are conducted to ensure the participation of eligible older persons in all funded services.
- Each service provider trains and uses older persons and other volunteers and paid personnel.
- Each service provider coordinates with other service providers, including senior centers and the nutrition program, in the planning and service area.
- Public information activities are conducted to ensure the participation of eligible older persons in all funded services.

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

All service providers follow priorities set by the Bureau of Aging and Disability Resources for serving older people with greatest social and economic need.

4. Advisory Role to Service Providers of Older Persons

Each service provider utilizes procedures for obtaining the views of participants about the services they receive.

5. Contributions for Services

- Agencies providing services supported with Older Americans Act and state aging funds shall give older adults the opportunity to voluntarily 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 methods of receiving contributions from individuals by the agencies providing services under the county or tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.
- Each service provider establishes appropriate procedures to safeguard and account for all contributions.
- 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

- 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 AAA, the county or tribal aging unit, 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 and aging unit 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 AAA to safeguard confidentiality of participant information, including those delineated in these rules.
- Appropriate precautions shall be taken to protect the safety of all files and records in any format or location which contain sensitive information on individuals receiving services under the state, area plan, and aging unit. 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 AAA. 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' authorized AAAs 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 Services, Division of Public Health, 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 AAA 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 as updated in March 2024.

##### 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.

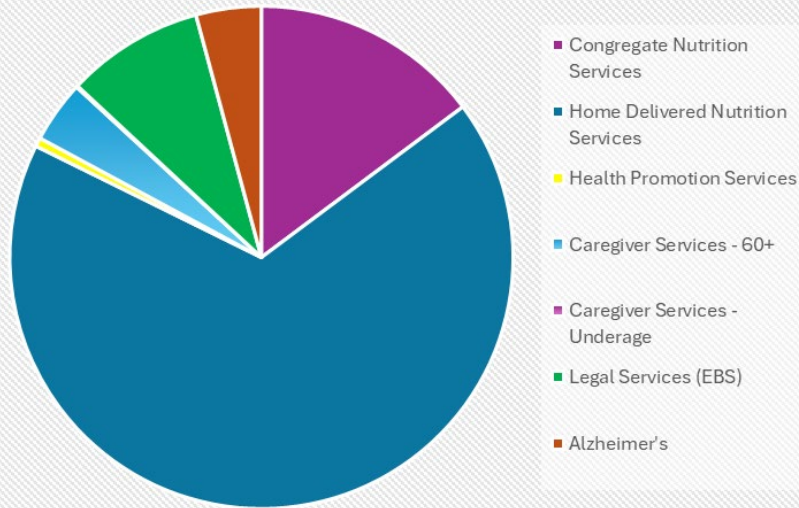
## Wisconsin Elders Act

If the applicant is an aging unit, the aging unit must comply with the provisions of the Wisconsin Elders Act, the title given to Chapter 46.82 of the Wisconsin Statutes.

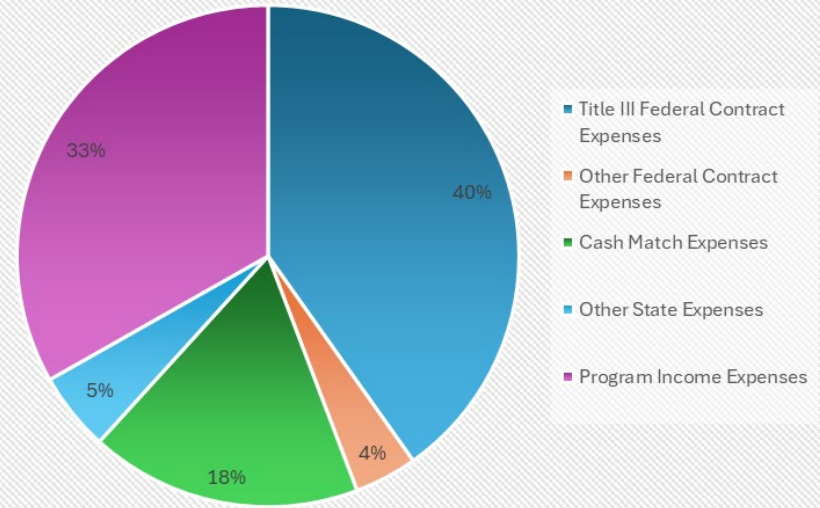
## Budget summary

	Title III Federal Contract Expenses	Other Federal Contract Expenses	Cash Match Expenses	Other Federal Expenses	Other State Expenses	Other Local Expenses	Program Income Expenses	Total Cash Expenses	In-Kind Match Allocations	Grand Total
Supportive Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Congregate Nutrition Services	\$ 113,704.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 41,800.00	\$ 155,504.00	\$ 18,236.00	\$ 173,740.00
Home Delivered Nutrition Services	\$ 176,489.00	\$ 42,549.00	\$ 174,907.00	\$ -	\$ 9,136.00	\$ -	\$ 307,647.00	\$ 710,728.00	\$ 385,358.00	\$ 1,096,086.00
Health Promotion Services	\$ 5,964.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,964.00	\$ 17,662.00	\$ 23,626.00
Caregiver Services - 60+	\$ 41,990.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 41,990.00	\$ 14,306.00	\$ 56,296.00
Caregiver Services - Underage	\$ 927.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 927.00	\$ -	\$ 927.00
Legal Services (EBS)	\$ 83,860.00	\$ -	\$ 9,318.00	\$ -	\$ -	\$ -	\$ -	\$ 93,178.00	\$ 16,661.00	\$ 109,839.00
Alzheimer's	\$ -	\$ -	\$ -	\$ -	\$ 44,138.00	\$ -	\$ -	\$ 44,138.00	\$ -	\$ 44,138.00
Elder Abuse	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Grand Total</b>	<b>\$ 422,934.00</b>	<b>\$ 42,549.00</b>	<b>\$ 184,225.00</b>	<b>\$ -</b>	<b>\$ 53,274.00</b>	<b>\$ -</b>	<b>\$ 349,447.00</b>	<b>\$ 1,052,429.00</b>	<b>\$ 452,223.00</b>	<b>\$ 1,504,652.00</b>

### Expenses by Program Category



### Allocation of Funding Sources



**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. Use the template provided below and insert a signed copy of it in the aging plan.

**Signed verification of intent**

The person(s) authorized to sign the final plan on behalf of the commission on aging and the county board must sign and indicate their title. This approval must occur before the final plan is submitted to the area agency on aging for approval.

In the case of multi-county aging units, the verification page must be signed by the representatives, board chairpersons, and commission on aging chairpersons, of all participating counties.

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

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Signature and Title of the Chairperson of the Commission on Aging	Date
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Signature and Title of the Authorized County Board Representative	Date
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**Appendices**

- Assurance of compliance with federal and state laws and regulations
  - County aging units must review, sign, and include the Assurances of Compliance with Federal and State Laws and Regulations document as an appendix to their aging plan when submitting to the area agency on aging. The assurances need not be included with copies of the plan distributed to the public.
- Community engagement reports
- Public hearing reports
  - Complete one [Public Hearing Report](#) for each public hearing held to collect feedback and comments from the public to improve the draft plan prior to the policy-making body approving the final aging plan. Aging units must conduct one or more public hearings.

# 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.

<b>Date of Hearing:</b>	<b>County or Tribe:</b>
<b>Location of Hearing:</b>	<b>Accessibility of Hearing:</b> <input type="checkbox"/> Location was convenient, accessible & large enough <input type="checkbox"/> Provisions were made for hearing/visual impairments <input type="checkbox"/> Provisions were made for those who do not speak English <input type="checkbox"/> Hearings were held in several locations (at least one in each county your agency serves) <input type="checkbox"/> Hearing was not held with board/committee meetings
<b>Address of Hearing:</b>	
<b>Number of Attendees:</b>	
<b>Public Notice:</b> <input type="checkbox"/> Official public notification began at least 2 weeks prior? Date: _____ <input type="checkbox"/> <b>Notice must be posted</b> in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue <input type="checkbox"/> <b>*Print/online newspaper</b> _____ <input type="checkbox"/> <b>*Nutrition sites</b> <input type="checkbox"/> <b>*Senior centers</b> <input type="checkbox"/> Newsletter, radio, TV, social media <input type="checkbox"/> Sent to partner agencies/individuals <input type="checkbox"/> Other _____  <input type="checkbox"/> Notifications include <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Location <input type="checkbox"/> Subject of hearing <input type="checkbox"/> Location and hours that the plan is available for examination <input type="checkbox"/> Where appropriate, notice was made available in languages other than English <input type="checkbox"/> A copy of the notice is included with this report	

**Summary of Comments:**

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

## Community Engagement Report

*Complete one worksheet for each separate method used to elicit input from the community. i.e. 12 interviews conducted can be compiled on one sheet. **At least two methods must be used.***

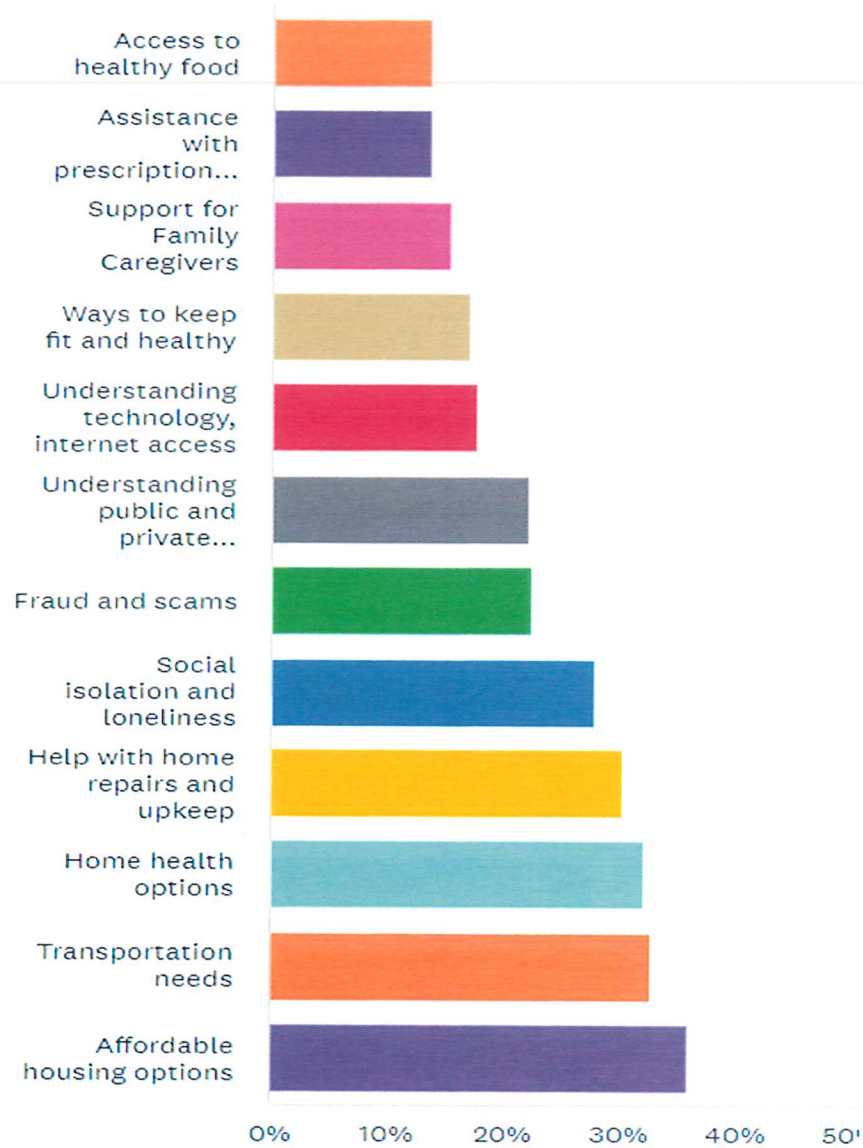
<b>Your County or Tribe:</b> Eau Claire County	<b>Date/s of Event or Effort:</b> March 2024-May 2024
<b>Target audience(s):</b> Eau Claire County residents	<b>Number of Participants/ Respondents:</b> 383
<p><b>Describe the method used including partners and outreach done to solicit responses:</b></p> <p>We distributed a survey via paper to Meals on Wheels participants through meal routes, social media posts, article in ADRC newsletter, link to survey under staff electronic signatures on all outgoing emails, email blasts to various individuals/coalitions and distribution through ADRC Board and County Board members.</p> <p>The following survey was conducted.</p> <ol style="list-style-type: none"> <li>1. What do you think are the top three needs or issues facing Eau Claire County’s older adults today (16 multiple choice options were given)?</li> <li>2. Wha are the top three health concerns you have as you age (12 multiple choice options given)?</li> <li>3. Any further comments or suggestions?</li> </ol>	
<p><b>Describe how the information collected was used to develop the plan:</b></p> <p>All survey responses were entered into our survey monkey database and responses were analyzed-prioritized. Goals were then based on top responses.</p>	



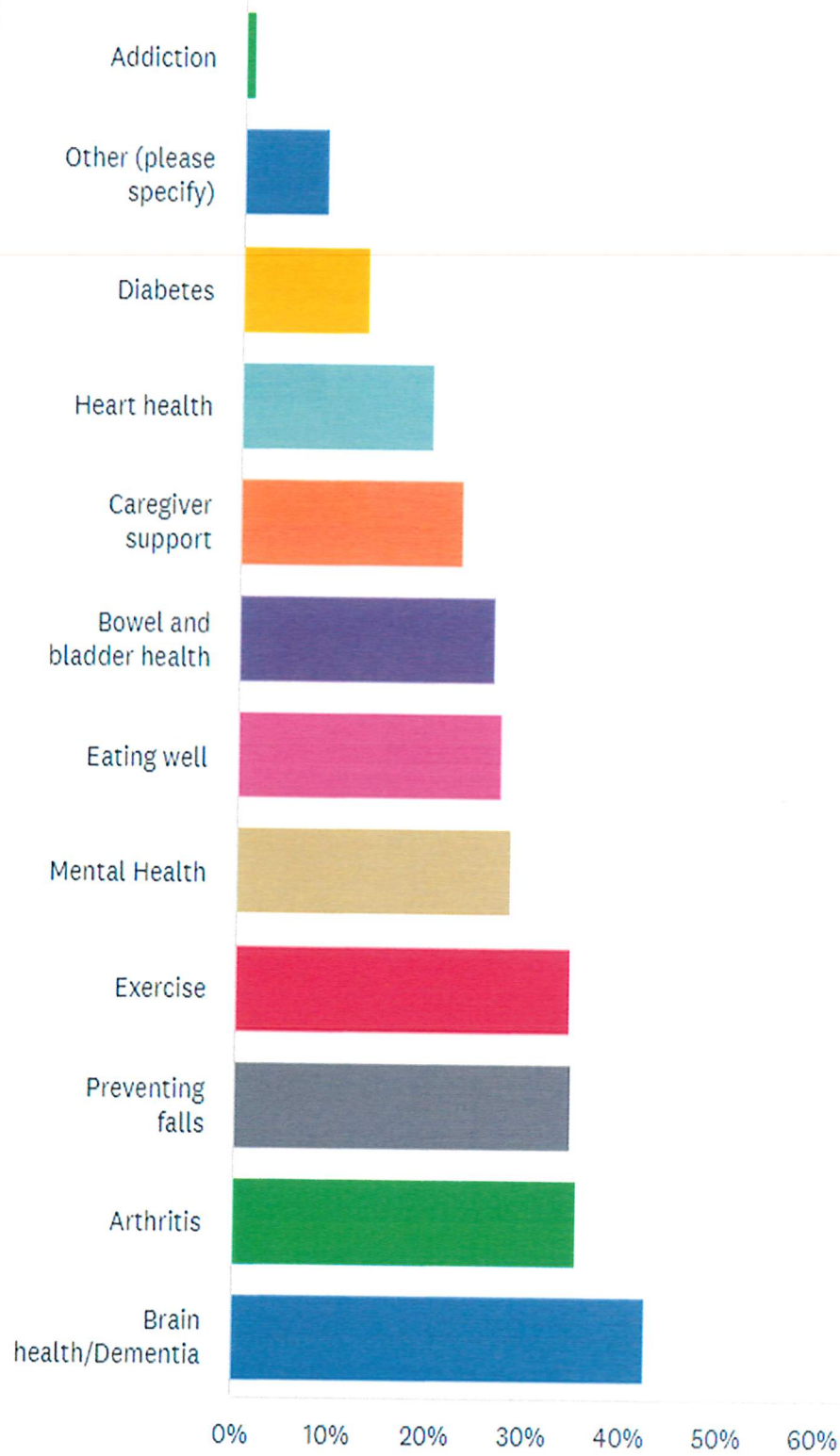
## What were the key takeaways/findings from the outreach?

Survey results are as follows.

What do you think are the top three needs or issues facing Eau Claire County's older adults today (top 12 are listed below)?



What are the top three health concerns you have as you age?



**Eau Claire County  
Aging and Disability Resource Center Board  
By-Laws**

**Article I: Definitions**Section 1:

1. "ADRC Board" means the Aging and Disability Resource Center Board.
2. "ADRC" means the Aging and Disability Resource Center.
3. "Older adults" means individuals 60 years of age or over.

Section 2:

The ADRC Board shall be the governing committee for the Aging and Disability Resource Center, which is the lead agency of municipal government representing the needs, concerns, interests, and well-being of older adults and individuals living with disabilities in Eau Claire County.

**Article II: Mission and Duties**Section 1:

The ADRC Board shall be the governing committee for the Aging and Disability Resource Center, which is the lead agency of municipal government representing the needs, concerns, interests, and well-being of older adults and individuals with disabilities in Eau Claire County.

The mission of the agency is to advocate for individuals ag 60+ and adults living with disabilities and assist them in securing needed services or benefits, live with dignity and security, and achieve maximum independence and quality of life. \*updated to match what is in other publications.

Section 2:

The powers and duties of the Board shall be exercised and performed in conformity with the laws, ordinances and resolutions of Eau Claire County. Duties of the Board shall include the following:

- Develop a mission statement for the Aging and Disability Resource Center (ADRC) that is consistent with the goals of the statewide redesign long term care system;
- Determine the structure, policies and procedures of the ADRC within state guidelines and the local governance structure of the county;
- Be an ambassador for the ADRC, representing and promoting the ADRC and the services it provides to the community at large
- Ensure that the ADRC has a viable plan for implementation and operation;
- Oversee the operation of the ADRC;
- Annually, identify unmet needs and prepare plans to meet them;
- Ensure input from consumers, service providers and local constituents in general in the policies, practice and goals of the ADRC;
- Orient and train ADRC board members;
- Provide input to ADRC budget and review spending relative to the budget.
- Ensure that the terms of the State/County ADRC contract are fulfilled;
- Serve as a grievance committee after other local steps to resolve concerns about the ADRC, have proved unsuccessful.

**Article III: ADRC Board Membership, Appointment and Tenure**Section 1:

- The ADRC Board will consist of 11 members appointed by the County Board Chair, with confirmation by the County Board.

- The ADRC Board will reflect the ethnic and economic diversity of the geographic area served by the resource center.
- At least one-fourth of the membership of the board will consist of individuals who belong to an ADRC client group or their family members, guardians, or other advocates.
- The proportion of board members representing older adults, individuals who are physically disabled, and individuals who are intellectual disabled shall be the same as the proportion of individuals in these target groups statewide that are enrolled in Medicaid managed long-term care programs. These individuals will each only represent one target group. To ensure adequate representation statewide, all ADRC boards must include at least one person with a physical disability or an acceptable representative, one person with an intellectual disability or an acceptable representative, and two people age 60 or older or acceptable representative(s). These individuals will each only represent one target group.
- One member of the governing board will be an individual with a mental health or substance abuse issue, or their family member or other representative. \*not a state requirement
- One member of the governing board may represent youth transitioning to the adult system. \*not a state requirement.

Section 2:

Initially 3 members shall serve a term of 1 year, 4 members shall serve a term of 2 years and 4 members shall serve a term of 3 years.

Section 3:

Thereafter all, County board members shall serve a term of 2 years from the 3rd Tuesday of April and until their respective successors are appointed and qualified. No member may serve more than 3 consecutive 2 -year terms. Citizen members shall serve for terms of 3 years, and no member shall serve more than 2 consecutive 3-year term. Any vacancy shall be filled for the unexpired term in the same manner as the original appointment.

The board shall be composed of:

1. 6 citizen members.
2. 5 members of the county board of supervisors with 1 member from the human services board and one member residing outside the City of Eau Claire.
3. Members shall be chosen on the basis of recognized ability and demonstrate an interest in services for older adults, individuals with physical or intellectual developmental disabilities, or individuals with mental health or substance abuse issues. No person shall be appointed who has a conflict of interest as determined by state law or regulations or by county ordinance. No member of the ADRC Board may have any direct or indirect financial interest in a managed care organization.

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Section 4:

Eligibility to become a member of the ADRC Board shall be the same as those for other County Board appointments to committees.

Section 5:

Persons seeking to fill the position of citizen member must submit ~~ana letter and~~ application to the Eau Claire County Administrator within the time frame identified.

Section 6:

Any member that has more than three (3) unexcused absences in a twelve (12) month period, from regular ADRC Board meetings, shall resign his/her position on the Board. An unexcused absence means that the absentee did not notify the Chair or the appointed agent that he/she would be unable to attend the meeting.

Section 7:

The current policies on payment of per diems for attending meetings for the county shall be applied to representatives appointed by the County to serve on the Board.

#### **Article IV: ADRC Board Officers**

##### Section 1:

The County Board Chair shall appoint a chair pro tem to chair the first meeting. The ADRC Board shall elect a chair and a vice-chair. Officers so elected shall serve a term of 1 year from the 1<sup>st</sup> Monday of May following their election or until their respective successors are elected and qualified. All succeeding terms shall be for one year.

##### Section 2:

The Chair shall:

1. preside at regular and special meetings of the ADRC Board
2. be prepared to report to the County Board and/or its committees, and to attend such meetings as are appropriate to the business of the ADRC Board
3. appoint committees as needed
4. approve and sign documents where appropriate

##### Section 3:

The Vice-Chair shall:

1. Assume the responsibilities of the Chair in the Chair's absence

#### **Article V: Appointments**

##### Section 1:

The Chair will make appointments to board committees and to regional and state committees as appropriate.

#### **Article VI: Meetings**

##### Section 1:

The ADRC Board shall meet as the members determine or the chair directs, but at least a minimum of six times per year. The majority of the ADRC Board shall constitute a quorum.

##### Section 2:

The ADRC Board shall determine its meeting schedule based upon the convenience of its members. Thereafter, a change in the regular schedule shall be approved by a two-thirds vote of the ADRC Board. The members shall be notified in advance of any change in the schedule.

#### **Article VII: Committees**

##### Section 1:

The ADRC Board may appoint sub-committees, or advisory committees consisting of either members or non-members or both, to encourage community involvement and carry out the purposes and objectives of the ADRC Board.

#### **Article VIII: Code of Ethics**

##### Section 1:

Both ADRC Board members and staff must abide by the Eau Claire County Ethics Code.

##### Section 2:

ADRC Board members shall not release the names and/or other confidential information about program participants without the consent of the participant. The responsibility to maintain confidentiality should be fulfilled in such a way as to not obstruct or preclude legitimate public access to records or information relative to the activities, programs, services and financing of the Aging and Disability Resource Center.

**Article IX: Rules of Order**

Section 1:

The ADRC Board shall conduct its business according to Roberts' Rules of Order.

**Article X: Ratification of By-Laws**

Section 1:

Ratification of these by-laws shall be by a two-thirds vote of the ADRC Board.

Section 2:

These by-laws may be amended as deemed necessary by a two-thirds vote of the ADRC Board at any regularly scheduled meeting provided there has been at least ten days advance notice of the intent to amend.

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Approved 4/11/22, ls