Draft

ADRC of Brown County
County Aging Plan
FY 2022–2024

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EXECUTIVE SUMMARY

What does the aging unit provide for the community?

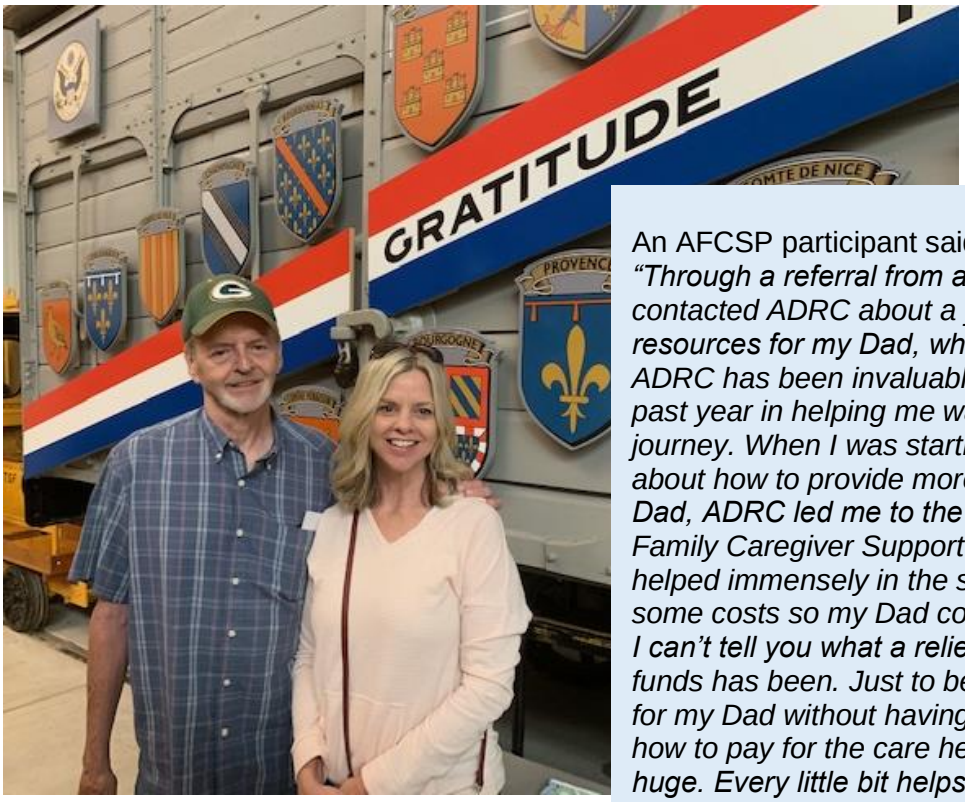
Who we are and what we provide

Since 1979, the Aging & Disability Resource Center of Brown County (ADRC) has played a critical role in building a community that values, supports, and empowers seniors, adults with disabilities, and their caregivers. ADRC offers a wide range of services. Our goal is to reach people sooner providing answers and solutions, allowing people to meet their goals, conserve their personal resources, remain in their homes, and delay or optimally prevent the need for expensive long-term care. ADRC is here to instill hope and promote possibilities.

Staff listen for and support individual choices. They equip persons and caregivers with the tools needed to maintain control of their lives. Whatever the need; care in the home, congregate or home delivered meals, transportation, housing choices, understanding Medicare, or finding funding, staff search for options, empowering persons to make informed decisions.

ADRC helps people stay healthy, active, and connected to others through evidenced based classes, educational speakers, clubs, cooking classes, home safety, respite care, and so much more.

The majority of programs are offered free of charge. Volunteer talent and community donations are used extensively, reducing program expense.



An AFCSP participant said:
"Through a referral from a co-worker, I contacted ADRC about a year ago to find resources for my Dad, who has Alzheimer's. ADRC has been invaluable to me over the past year in helping me walk through this journey. When I was starting to feel anxious about how to provide more in-home care for Dad, ADRC led me to the Alzheimer's Family Caregiver Support Program, which helped immensely in the short term to offset some costs so my Dad could get more care. I can't tell you what a relief having those funds has been. Just to be able to be there for my Dad without having to worry about how to pay for the care he needs has been huge. Every little bit helps, and I'm so appreciative of the AFCSP funding and all the caregiver specialists at ADRC!"

This plan is a federal and state requirement under the Older American's Act for agencies that administer those dollars. In the state of Wisconsin, the development of ADRCs has been a tremendous commitment to assure the dollars and services reach as many people as possible. The state's strong county-based system of services also encourages additional local commitment to make programs and services robust and help them thrive. As a result, communities look different dependent on their organization and level of commitment in each county. In addition, overlapping requirements for Aging Units and ADRC's related to their funding and contracts can be a challenge. For example, Information and Assistance is a requirement of the Older American's Act and the ADRC. Coordination of Elder Benefit Specialist services, an OAA program, can create challenges or greater opportunity, depending on the county and which office (Aging or ADRC) they are housed in. Prevention services are promoted and encouraged in both networks. However, neither system has enough resources to carry these programs out alone.

Efforts to integrate Aging and ADRC agencies have been encouraged to maximize coordination of programs and stretch limited resources as far as possible. This creates both challenges and opportunities as complex funding streams and reporting requirements can require a delicate balance to assure contracts, computer systems, reporting, and dollars are implemented as intended.

REQUIRED PLAN ELEMENTS

Every 3 years, Aging Units and ADRCs integrated with Aging Units are required to robustly collect information on community needs, analyze primary and secondary data they received, and construct a plan that reflects the pulse of their community. An important note is critical here. This 3 Year Aging Plan must follow the plan instructions provided by the Federal and State network that include specific focus areas for the plan. As a result, this plan should not be considered a comprehensive document that tells the ADRC of Brown County's story of programs and services, holistic long term plans, or our full array of goals for these years. Our required areas of focus in this aging plan are:

1. Title III-B Supportive Services
2. Title III-C Nutrition Program
3. Title III-D Health Promotion
4. Title III-E Caregiver Support

In addition, we are to challenge ourselves to assure at least one goal addresses each area of: ongoing community engagement, person-centered services, barriers to racial equity, and knowledge and skills related to advocacy.

As an Aging Unit since 1979, and an ADRC since 2005, our focus is the customer, their needs, and the high level of customer service we are committed to providing. We want the customer to come to us "as they are" while we work out the program and funding complexities behind the scenes. Creating a one-stop shop requires commitment, tenacity, and creativity to assure silos do not exist and customers seamlessly get the services they need across all of the critical programs.

Central to the bones of our organization is the vision, mission, and values that guide us. These values were developed and cultivated through the words, beliefs, and collaboration of our ADRC staff and Board of Directors. This year-long project will serve us well as the values resonate with employees and customers alike.


ADRC
OUR VISION
All people are valued, celebrated and connected to a life of possibilities.
OUR MISSION
Empower and enrich the lives of older adults, adults with disabilities and their caregivers.
OUR VALUES
We Put People First
Every story matters. We work to elevate each other.
Cultivate Joy
We live our passion and share gratitude in everything we do.
Build Connected Relationships
We foster partnerships through meaningful sincere interactions, together we are stronger.
Inspire Innovation
We disrupt the status quo to envision and create our future.
Ignite Action
We drive change that we want to see in our community. We are the spark that lift people and ideas off the ground. We are a catalyst for change.

As an integrated Aging Unit and ADRC, there is an invisible line that we can no longer see. Persons with disabilities and older persons are who we serve, no matter what program, what funding source, or what doorway they come through. As a result, we are committed to creating a plan that addresses the needs of all the people we serve; we no longer can create programs that will serve only one population. We need to make sure everyone is served better. The following plan goals have been created to guide us forward, both meeting the requirements of this planning document and not excluding all the persons we serve.

What was learned through community engagement?

As is outlined in the community engagement reports, ADRC used multiple approaches to reaching community members for input. This process is critical to learning what our community members think, but the actual engagement of board members, staff, and participants, are impacted by the process in and of itself. For example, when our board members set up focus groups in their circle of influence, they engage in different ways, become stronger ambassadors of ADRC, and bring the voice of their groups back to the board in a more formal way.

Some of the critical questions we asked will help us as a baseline for future study. We asked global questions as well as more specific and pointed questions as we looked for "signals". The different methods of input collection resulted in these learnings:

- We tried a phone survey for the first time. This method included forwarding callers to an automated voice message allowing them to answer individual questions following a prompt. We discovered callers expected the questions to be about customers service and were not prepared to answer "big" questions like what older people might need in our community.
- 1:1 interview and focus groups are rich information and allowed us to provide education alongside gathering input. This is time intensive, but the information collected allows for nuances and clarifications to occur.
- Engagement with established groups is a good place to start. Coalitions and community groups already meeting was much more likely to allow for input opportunities.
- Reaching ethnically diverse groups was difficult during the pandemic. These individuals were not coming to their respective resource centers in groups at the same pace as pre-pandemic. In addition, the resource centers that serve Somali, Hispanic, Lantinx, Black, and Asian individuals, are stretched with the demands of providing services with limited resources and the demands of many groups and organizations asking them to reach their populations for input. Knowing these organization had the trust of the people they serve, also creates great stress for them to provide a voice for their constituents while still doing their day-to-day work. ADRC was willing to set up times, be present, take notes, help facilitate-but we did not hold the social capital and trust for individuals to attend and share their perspective freely. This only highlighted our needed work in engaging and supporting individuals in these populations and lifting up the agencies that serve them. A success story came from a grocery store who was able to handout surveys and support their completion-it's not always a resource center or formal service where the best information lies.
- Many Aging Units had success at vaccine clinics. This opportunity allowed for access to many people, in person, in short periods of time. We wanted to capitalize on these events, so we created flyers, QR code posters, printed surveys, and deployed our outreach staff to engage vaccine goers. Having to secure permission from our large health care partners was needed as our Public Health department helped coordinate but were not running the clinics. We did find very engaged and supportive health care partners willing to help, but the timing did not produce the outcome we had hoped. The process and partnerships still resulted in stronger collaborations and positive discussions for the future.

What are the current challenges and needs of the community?

All of the raw data collected through surveys, focus groups, and 1:1 interviews revealed themes that were compiled and analyzed. High-level examination of community member's perception of growing older or living with a disability in Brown County is very helpful for today and for future baselines. *(Appendix #1: Survey Responses)*

The input received helped us understand how our customers feel about our community. 95% of respondents identified Brown County as a Good or Very Good place to grow old. Even in the face of individual needs and challenges, having an overall positive feeling about the community they live has been consistent with other community surveys such as the Life Study and Wello's Well-Being survey *(Sources listed at end of context section).*

95% of respondents identified Brown County as a Good or Very Good place to grow old.

25-29% of respondents described Brown County a Poor or Very Poor community to live in for those who identify as a minority ethnic group or LGBTQ.

In contrast, not all populations would rank Brown County as an excellent place to live. Most respondents shared they felt Brown County was rated Good or Very Good for older adults, adults with disabilities, and persons of all races to live; however, 25-29% of respondents described Brown County a Poor or Very Poor community to live in for those who identify as a minority ethnic group or LGBTQ. There is much for us to learn and opportunities for impact with populations that feel "outside" of the circle of belonging. ADRC has committed to reaching out and engaging communities of color and LGBTQ individuals though our strategic initiatives to create change.

Some additional themes arose:

For persons of color and persons who identify as LGBTQ

- Discrimination was high among disparate groups
- Feeling different or unwelcome was not identified by caregivers or older adults, but was high for disparate groups
- Community safety was highest the racially diverse
- Being heard by community leaders

For older adults

- Isolation and loneliness for older adults tops the list of needs
- Accessible/affordable housing was a close 2nd
- Transportation
- Having enough money to meet needs
- Food and nutrition
- Memory loss
- In-home care services

For person with disabilities

- Affordable housing
- Isolation and loneliness
- Transportation
- Physical barriers
- Feeling different or unwelcomed

Top challenges for each population uncover the diverse needs of each group and support a need to create an individualized approached to community problems. One size does not fit all. Collectively, however, there are overlapping themes that resonate with all target populations we serve.

Overlapping themes:

- Isolation/loneliness
- Transportation
- Caregivers
- Housing
- Discrimination

GOAL DEVELOPMENT

The themes collected through our Aging Plan input process helped us develop critical goals for our next 3 years. These themes, outlined in the graphs in Appendix #1, can be found integrated into our focus areas and goals. The detailed goals are found starting on page 32 of this plan. The federal government outlined focus areas where goals are required, so as a result, not all input resulted in a specific goal. However, all input was critical in assuring what our customers said and what the federal government required were integrated into goals wherever possible. At a very high level, this outline highlights major opportunities to make an impact in areas where our customers have provided input about what is most important to them and where the federal government is requiring a focus.

Family Caregiving:

Family caregivers provide most of the care for their loved ones who need support, and caregivers of color, provide informal care at a higher rate than their white counterparts. Families also report that finding and retaining paid caregivers is a tremendous burden. Our goals reflect our need to increase access to our caregiver resources for ethnically diverse and working caregivers, help strengthen the pool of paid caregivers, and assure we are individualizing each plan to reflect the specific needs of that one person. Top challenges reported by survey respondents include emotional support, knowledge of resources, respite, and financial support. Public input also identified that overall support to caregivers would improve Brown County's livability. Creativity, flexibility, and engagement are critical to our success. Our goals' focus:

- Reach ethnically diverse communities with AFCSP/NFCSP
- Increase pool of trained caregivers
- Connect with employers about their employees who are caregiving
- Develop person centered caregiver actions plans that speak to what the caregiver needs

Advocacy

Advocacy opportunities and skills are pivotal to an individual's perception of personal power and ability to influence decisions. ADRC has a critical role in assuring our customers have the information to create change in their community where policy makers impact their lives. Our community input revealed that persons of color and those who are LGBTQ identified "being heard by community leaders" as a challenge in our community. 19% of our customers identified that they did not feel confident they could advocate for issues they care about. One survey respondent stated, "I need a platform to be

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"I need a platform to be heard, acknowledged, and see a change that reflects the very real issues that are brought to attention with my voice and actions."

heard, acknowledged, and see a change that reflects the very real issues that are brought to attention with my voice and actions. “Leaders" need to see what direct-client service care providers witness every day.” We want to change that. We will be providing opportunities for customers to participate in advocacy days, provide training and focus on building confidence. Our goals include:

- Increase confidence in customer’s abilities to advocate around benefit programs

Nutrition

ADRC nutrition program recognizes our challenge providing local, high quality, variable, and fresh foods that cater to our community. Additionally, while ethnically diverse population participation has increased, it is not proportional to our other populations. Having enough money for necessities was the number three challenge reported by older adults in our surveys- food is one of those necessities. We also know our reach to rural and underserved populations is a critical challenge to addressing food security. Exploring all options, including a potential central kitchen, will be an important strategy over the next several years. Our goals will focus on:

- Increase reach in rural communities
- Create ethnically diverse menus and build partnerships
- Increase healthy, locally sourced foods

Outreach and Engagement

It has become clear that the traditional “build it and they will come” approach will not create the impact ADRC desires. We also know our traditional state and federal dollars will not be enough to change that. We have been using the principles of social innovation to look for new, creative ways to bring in new revenue, offer opportunities for new experiences, and reach people where they are at. Shifting our approach to “meeting people where they are” and coming to the locations they live, feel safe, and will engage with our programs is critical for our future. ADRC wrote a grant to the David and Rita Nelson Foundation and received dollars to create an accessible food truck program that will increase our visibility, improve access to nutrition, and provide training opportunities for persons with disabilities. These types of bold initiatives are needed to move the needle. Our goals will focus on:

- ADRC/Grounded-on-the-Go Food Truck
- Reach those who are underserved

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Health Promotion: Racial Equity

Isolation and loneliness are a health crisis. Among our survey participants, it was rated number one of the top five challenges for older adults and number two for persons with disabilities. We also know that individuals who participate in our prevention classes are 48% less likely to feel isolated and that we have had limited success reaching ethnically diverse populations with our prevention classes. The word needs to get out and connections need to be made. The pandemic of 2020 accelerated this issue and the need for technology solutions. Input gathered identified 67% of participants are interested in learning and using technology to connect with others. There is an opportunity here. Our goals will focus on:

- Isolation and loneliness public awareness campaign
- Reduce isolation and loneliness within the Hispanic community
- Increase access and confidence in using technology to connect to others

An important element of all of our goals, whether for caregivers, grandparents, persons of color,

individuals with gender or sexual orientation differences, youth with disabilities, or those who are 85 or older, is the need for a sense of belonging in our community. We strive to bring people together, break down barriers to inclusion, and assure everyone knows they have a place at our table. We asked survey participants what they would need to feel like they belonged. Overwhelmingly, the response was a need to connect and see each other. One respondent commented, “I have lived here for 20 years and I mostly feel accepted, but I don’t feel like anyone would miss me if I were gone.” Woven in the words and actions of our plan are goals that include a focus on belonging.

What is the long path vision of the aging unit?

Foresight and the long path vision of the Aging Network have been central learning for our ADRC in the past few years. Today, we talk about our third horizon and generational thinking on a regular basis as we set goals, make plans, and review policy. ADRC has participated in Foresight Analysis training with its management team and board. We challenge ourselves to always be viewing decisions, planning, and goal setting for generations in the future. We have worked to identify trends, events, and choices that drive us toward our preferred future. The Director is a board member of *Envision Greater Green Bay* that has provided training and support in order to shift thinking from a 5-year plan to a long path vision for the future of our agency and people we serve.

Data, input, and attention to signals in current events have us imagining where our community might head. We ask ourselves: How do we impact this? Is this the trend we want to impact? Or is there another trend we should be attending to? How do we drive change?

Each board meeting, agency program areas have presented a potential newspaper headline for 20 years in our future. This helps the agency imagine, dream, and begin to build programs that move us toward that future.

As an example, we explored Horizons thinking. In this, we think about a future where we are today (Horizon 1), a future of where we want to be (Horizon 3), and a transitional future that gets us there (Horizon 2). As we review these possible futures, we use a lens of the elements that impact those futures: Social, Technological, Economic, Environmental, and Political.

Example: We imagine an ADRC in the future that is a full community partner where all members belong. The growing demographics and trends in our community members would suggest we can’t do this alone. There will not be enough government funding to sustain 15 or 20 different community centers with a specific target population it serves. The 3rd Horizon is a community center where all nonprofits enjoy space, young and old learn and play together, and all ethnic groups have a sense of belonging. Today, our 1st Horizon outlines a community with segregated community centers, by municipality and target population, while in the central city there is not one location. A 2nd Horizon, or transitional future, challenges us to make decisions on partnerships, start coalition work, explore opportunities to join forces, and efforts to create a new holistic approach/center.

We dream of a world where drones deliver meals, prevention comes to you virtually and in person, rural communities feel connected to the city, we “chat” anytime of the day or night with folks who need our help, and a ride is on its way anytime you need it. If you can see it, work toward it.

Describe the leadership of the aging unit

ADRC of Brown County is a fully integrated, single county nonprofit agency. There is strong county support of ADRC, even though it is not an official full Brown County entity. While ADRC Board members are appointed by the County Executive and approved by the County Board, the ADRC board has full decision-making responsibilities. The ADRC and Aging unit share the same board, environment, and management. The goal of ADRC has always been to remove any divisions or silos between Aging Programs and ADRC Core Services. People come to us and we meet them where they are at, not by a funding source or with program criteria.

- **Aging Unit Director**
  - The ADRC Director is hired, evaluated, and managed by the ADRC Board of Directors. The Director provides updates and reports not only to the ADRC Board but also to the Brown County Human Services Committee and, ultimately, the Brown County Board of Supervisors. These reports are informational in nature, to educate and engage Brown County in all ADRC activities and impact on the community. The Brown County Board reviews the budget annually, following approval from the ADRC Board of Directors and County Executive review. This mutually supportive relationship between Brown County government and ADRC is often described as a win-win arrangement.
- **Policy-Making Body Chairperson**
  - The ADRC Board of Directors chairperson is elected by the ADRC Board annually. This board member represents the people that the ADRC serves in its target population, helps facilitate board action, and guides the ADRC Director with agency issues and policy.
- **Advisory Committee Chairperson (if applicable)**
  - ADRC does not have a separate Advisory Committee but will appoint various task forces that meet on a short-term basis to address issues in greater depth. Task forces report back to the ADRC Board with recommendations as appropriate.

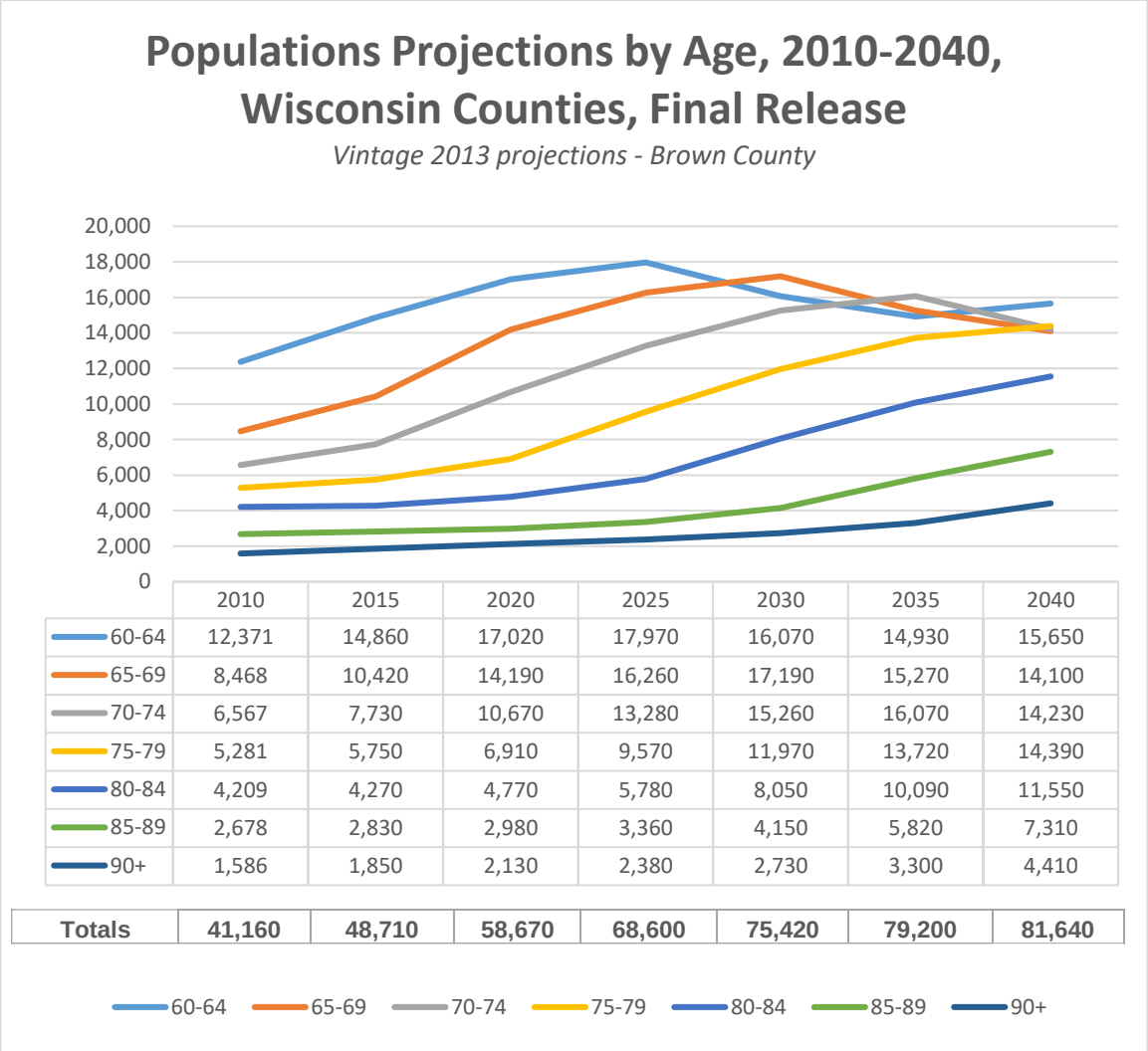
Who are the current and future older persons?

One in five Wisconsinites will be 65 or older eight years from now due to the fact that birth rates were so high between 1946 and 1964. The first members of this “baby boom” generation began turning 65 in 2011. “Boomers” will continue turning 65 through 2029. By that time, the number of older people will have almost doubled. In 2031, the first Boomers will turn 85, and this “oldest old” group will show a similar growth pattern until 2049 when the last of the Boomers turn 85. *(Wisconsin Plan for Older People 2013-2015)*. This pattern of population growth will also be reflected proportionately in Brown County.

As the population projections indicate, the number of persons age 60 and older in Brown County is estimated to climb from 41,160 in 2010 to 81,640 in the year 2040. This 50% overall increase climbs faster in proportion as the age ranges increase. In other words, the old old will increase at a faster pace than the age group of 60-64.

Note: Projections for population change annually as Wisconsin demographers adjust projections each year. Information researched by the ADRC, regarding our County demographics, has been collected from several sources recommended by Demographer/Program Data Analyst, Eric Grosso, at the State of Wisconsin, Office on Aging. The major source of information is the U.S Census 2010, and the American Community Survey, 2012-2016, that makes additional projections based on census data. Additional sources are listed if otherwise referenced.

Table 1:



	2010	2015	2020	2025	2030	2035	2040
60-64	12,371	14,860	17,020	17,970	16,070	14,930	15,650
65-69	8,468	10,420	14,190	16,260	17,190	15,270	14,100
70-74	6,567	7,730	10,670	13,280	15,260	16,070	14,230
75-79	5,281	5,750	6,910	9,570	11,970	13,720	14,390
80-84	4,209	4,270	4,770	5,780	8,050	10,090	11,550
85-89	2,678	2,830	2,980	3,360	4,150	5,820	7,310
90+	1,586	1,850	2,130	2,380	2,730	3,300	4,410
Totals	**41,160**	**48,710**	**58,670**	**68,600**	**75,420**	**79,200**	**81,640**

Of Wisconsin's total population (5,822,434), Brown County makes up 4.54% with a population of 264,542. People who are ages 60 and older make up 21.7% (57,435) of the total population in Brown County.

Of this 21.7% older adult population:

- 53.3% - 30,586, are between ages 60-69
- 30.1% - 17,278 are between ages 70-79
- 16.7% - 9,571 are ages 80 and older
- 6% - 3,465 are age 60 and over and people of color.
  - Table 2 demonstrates the percentage older adults that are people of color by race/ethnicity in Brown County.

July 2019 Population Estimates, Ages 60 and Older by Age Group (U.S. Census, Population Estimates Program, June 2020)

Table 2:

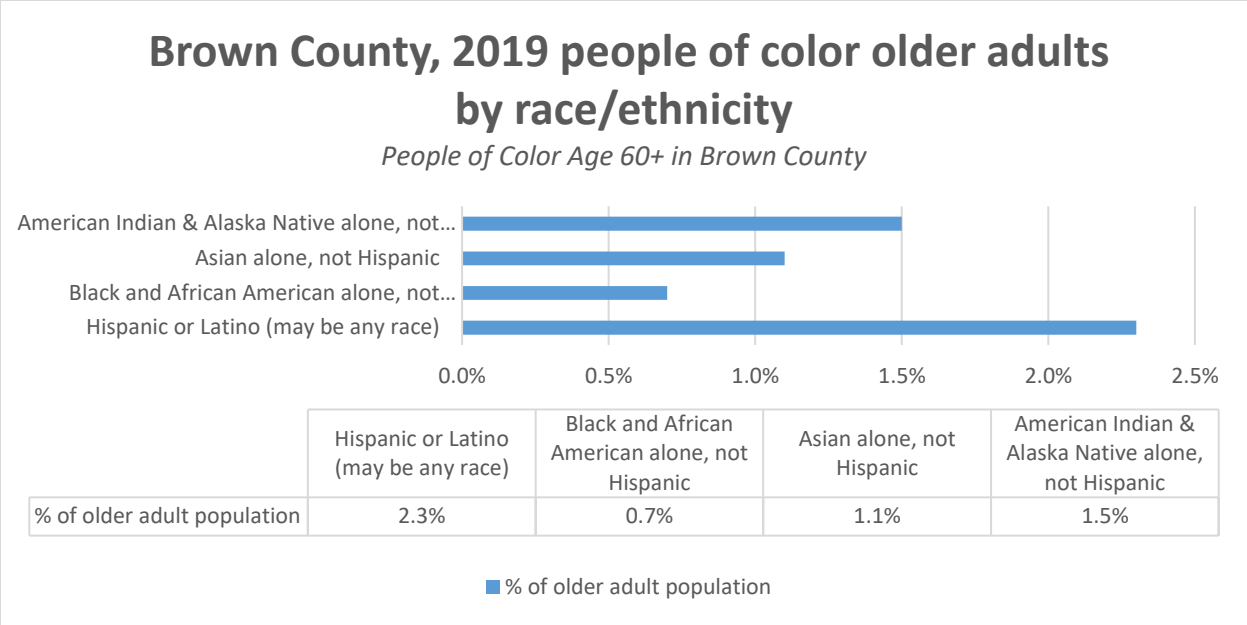
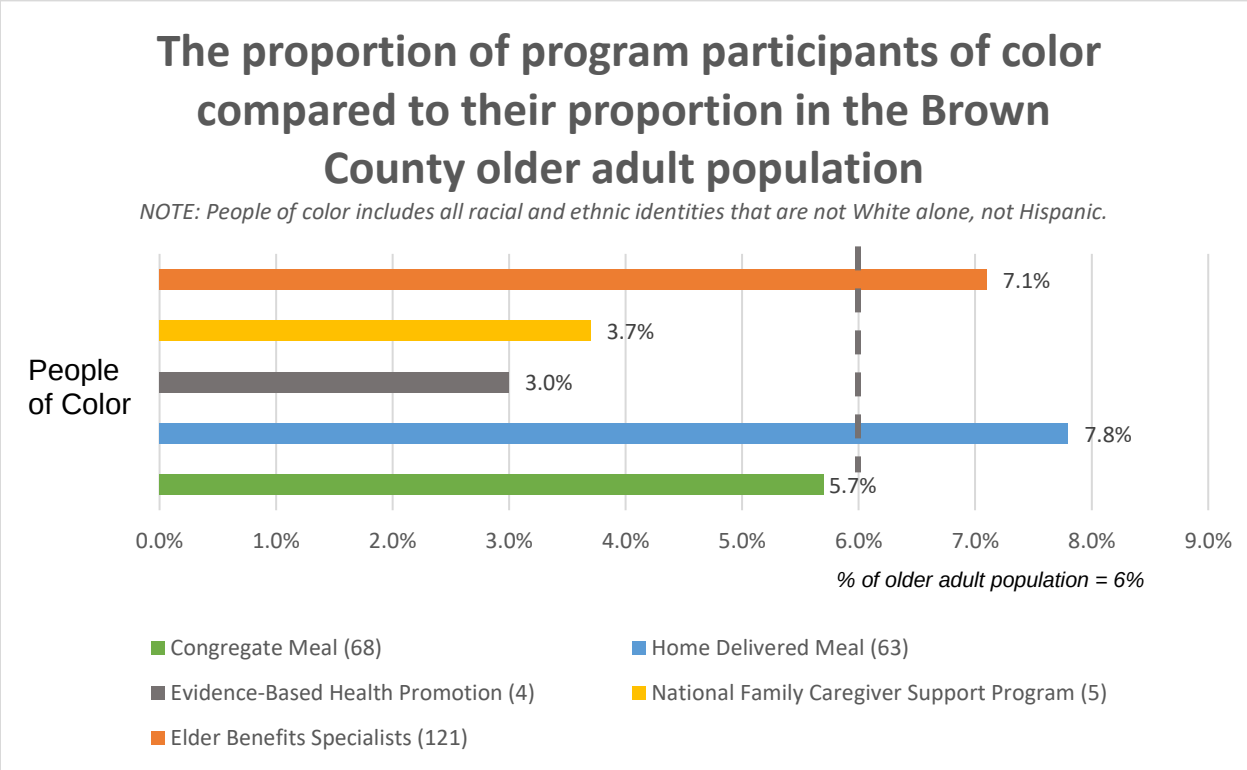


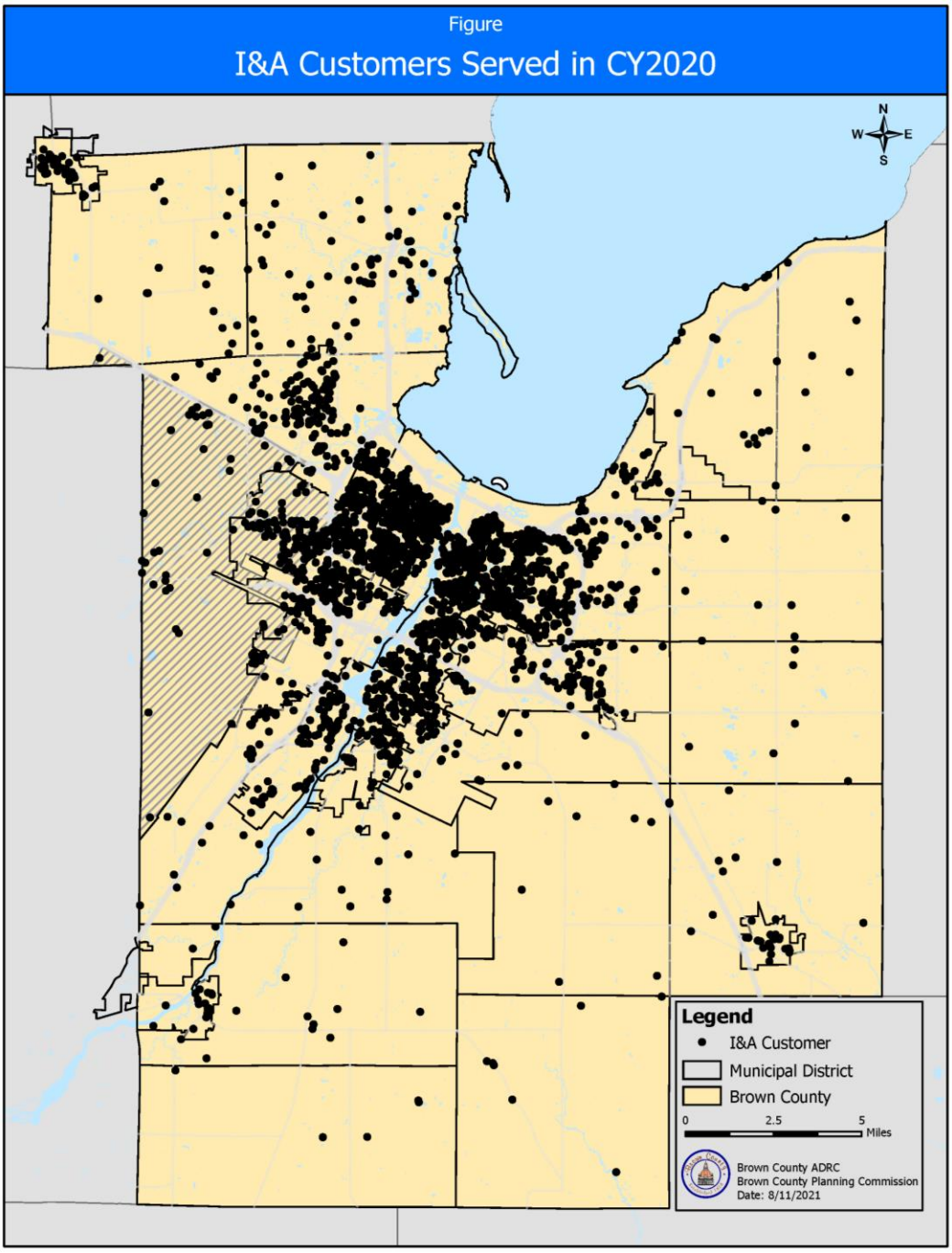
Table 3:



With the continued growth in the aging population over the next 20 years, especially the growth in ethnically diverse populations, the data suggests that ADRC is falling short of serving expected targets. The chart above demonstrates the program areas that need additional strategic efforts to make an impact: Congregate dining, health promotion, and caregiver programs.

Figure

I&A Customers Served in CY2020



According to the US Census, 11% of the Brown County residents have a disability. We know that the greatest risk of developing a disability is aging. The older we become, the more disability we will face. This is even more true for persons of color. According to the Wisconsin School of Medicine and Public Health, African Americans and Latino/a/x Americans are twice as likely to develop Alzheimer's Disease. Persons of color face much greater rates of chronic health conditions and disability. Social determinants of health can be pointed to for this disparity. Our social environment and factors in our environment, family structure, access to education, financial status, and living conditions are responsible for 70% of health outcomes. Direct medical care is important, but not where the real impact lies. Health Equity and Social Determinants of Health will be the focus of our network, our programs, and our energy for the decades ahead.

COMMUNITY ENGAGEMENT ANALYSIS

We learn, live, and flourish by integrating the multitude data points into our strategic plans. This data, along with customer input, tells the story of Brown County. Over the past year, the COVID-19 pandemic and health equity issues that were brought to the national conversation, dominated a very difficult 2020. These issues uncovered the critical complexity of health, housing, and cultural inequities, mental health gaps, transportation barriers, and basic needs. A collaborative partnership between United Way 211, Family Services Crisis Center and the ADRC of Brown County has produced and annual report on Brown County's to requests for services and unmet needs (211 Community Collaborative Report https://adrcofbrowncounty.org/who-we-are/)

Pandemic Response

Nationally, COVID-19 has been an accelerator for service gaps, programming, and innovation. Brown County is no different. ADRC was required to stop the in-person gathering of customers in March 2020, due to the anticipated spread of COVID-19 and the highly vulnerable populations we serve. All in-agency programming, walk-in traffic, and congregate dining were put on hold. The federal government shifted eligibility for in-home meals and redefined "homebound" status, so any older person who needed meals could obtain them. no matter their driving status. Encouraging all older adults to stay at home during the majority of 2020, with limited outside contact, was the message from the federal government. Other issues became more dominant as the year progressed, and the impact of the pandemic deepened.

ADRC had to quickly move regular programs to an online forum, learning where the challenges, barriers, and opportunities existed. Older adults and adults with disabilities needing a connection to services were offered services via phone and virtual meetings. For long-distance caregivers, this virtual option was a silver lining allowing access to programs that have been inaccessible to them from a distance. ADRC staff learned quickly to work remotely as the call centers were moved to a virtual platform. Services were never interrupted and new opportunities for online offerings will be a long-term option moving forward. Persons with poor internet connectivity, technology literacy limitations, and hardware affordability will continue to be a focus for many human service organizations. One-size-fits-all is not a strategy that will work to remove service gaps. Educational support, affordable technology, and broadband access will dominate discussions in the years to come.

Health Equity

2020 was not only the year of the pandemic, but also the year of racial divide across the country. Divisions across political parties and tensions between Black communities and law enforcement heightened as several events across the country occurred involving fatal police shootings of Black persons. In Green Bay, several protests were organized to call attention to the systemic racism identified by individuals, advocates, and community members. Health disparities rose to the top of priorities for healthcare systems and human service networks as the pandemic elevated and accelerated issues of health equity.

According to the Department of Health Services, 2020 was a year of great disruption for older persons and persons of color. As the pandemic raged, the need for financial, social, and emotional support increased. Older persons in Wisconsin comprise 23% of all the COVID-19 cases and 87% of all deaths. They are 18x more likely to die than their younger counterparts.

Older persons made up 23% of COVID-19 cases and 87% of deaths.

Those of color are up to 10 times more likely than white persons to be diagnosed, and to die from COVID-19.

Being old, poor, and Black in Wisconsin is the most vulnerable demographic.

Those of color are more likely to be diagnosed:

- Older Black persons are diagnosed at 9x the rate of white persons
- Older Hispanics 10x the rate of white persons
- Older Asians 4x the rate of white persons

Those of color are more likely to die:

- Older Black persons die at 10x the rate of white persons
- Older Hispanics 5x the rate of white persons
- Older Asians 3x the rate of white persons

In Wisconsin, Black persons comprise 7% of the state's population but make up 20% of all COVID-19 cases and 25% of all deaths. All of this complicates an already widening gap in life expectancy. The most significant disparity is between the subgroups of educated white persons and low educated Black persons, a disparity of 14.2 years. Being old, poor, and Black in this state, and all others, is the most vulnerable demographic.

Similar to our key findings, the Brown County Community Health Assessment and Improvement Plan for 2020-2021 also identified isolation/loneliness (inadequate or missing internet access), lack of participation in public transportation, homelessness (lack of resources), and the need to address health equity and racism (power and social connectedness) amongst their focus areas.

Isolation and Loneliness

According to The Family Services Crisis Center in Green Bay, approximately 455 Brown County residents experience suicidal thoughts or consider specific suicide plans and call the Crisis Center each month (26% increase over the last four years). In 2019, each day just over four people living in Brown County contacted the Crisis Center reporting thoughts about or suicide attempts.

According to the 2019 Wello Community Health and Well-Being survey results, one-third of residents have negative feelings such as blue mood, despair, anxiety, or depression impacting their psychological health. Nearly one-in-three Brown County residents were indifferent or dissatisfied with the support they received from friends. These responses indicate an increase in isolation and loneliness in Brown County.

As a result of our survey, isolation and loneliness was indicated as a top five challenge for older adults, adults with disabilities, persons who identify as LGBTQ, and caregivers. At the same time, feeling different or unwelcome was recognized as a top five challenge for persons who identify as LGBTQ and those identified as racially diverse.

30% of the 36,047 people 65 and older live alone in Brown County. This factor, in addition to the growing trend of older adults, emphasizes the need for increased social support *(County Health Rankings and Roadmaps).*

Lack of technology plays a role in isolation and loneliness. Technology and internet create virtual platforms to assure access for individuals. Traditionally our agency has a heavy walk-in and community-based in-person service delivery, approaches that were temporarily unsafe during the pandemic. Nationally, COVID-19 has been an accelerator for services gaps, programming, and innovation. As discussed earlier, ADRC had to quickly move all regular programs to an online forum, learning where the challenges, barriers, and opportunities existed. Older adults and adults with disabilities needing a connection to services were offered assistance via phone and virtual meetings. According to the Census, 23% of people age 65 and older do not have a computer as compared to the 3% of those ages 18-64. For long-distance

caregivers, virtual options provided opportunities and access to programs previously inaccessible to them due to distance. ADRC services were never interrupted, and online offerings will be an ongoing option. Persons with poor internet connectivity, limited technology literacy, and equipment affordability will continue to be a focus for many organizations and service systems. Educational support, affordable technology, and broadband access will continue to dominate discussions in the months and years to come.

ADRC moved all meetings to a remote platform, offering phone and virtual meetings for those needing connections to services.

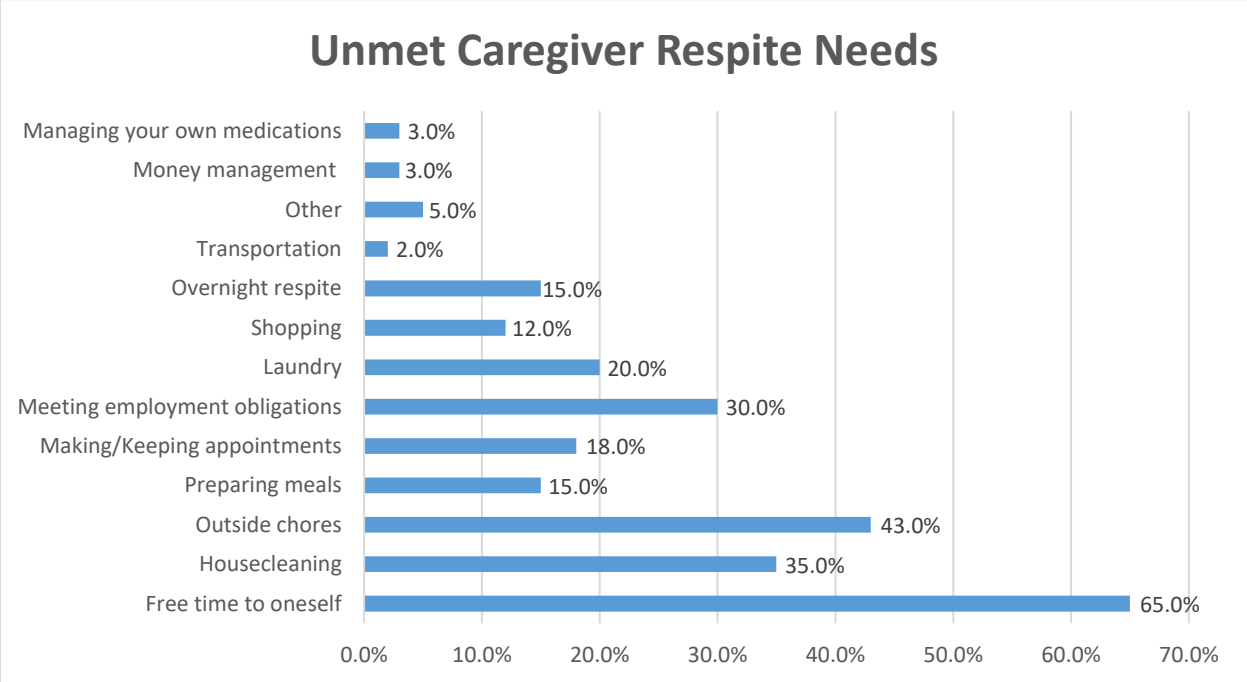
For long-distance caregivers, this virtual option was a silver lining to programs that have been inaccessible to them from a distance. Virtual meetings will continue to be an option going forward.

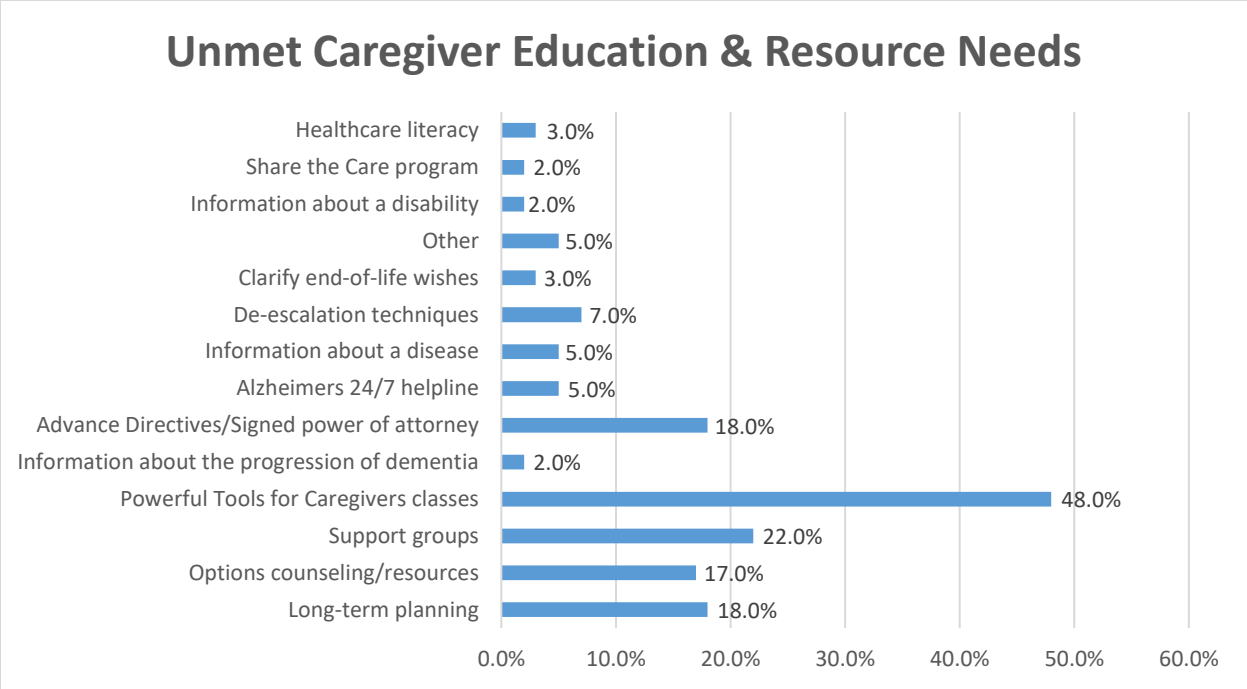
Transportation

The public has consistently identified transportation as a service gap. Service outside of fixed routes and paratransit is limited. Specialized transportation offered by Curative Connections offers coverage throughout the county, but is dependent on the availability of volunteers. Gaps identified as not meeting community needs include limited rural service, 3rd shift, weekend, holiday, and on-demand service. According to Brown County Community Health Assessment and Improvement Plan, 29% of Brown County population has access to public transportation as compared to the 54% of Wisconsin population. This area is regularly identified as a service gap in both rural and urban areas of Brown County. Especially since 31% of the Brown County population does not have a driver's license and relies on public transportation or informal supports for employment, food, and health care.

Caregiver Burden

Growing concerns exist for individuals providing care to those they love. Stress, isolation, the need for respite care, self-care, and the need for accurate information on the complex web of services top the list of issues.





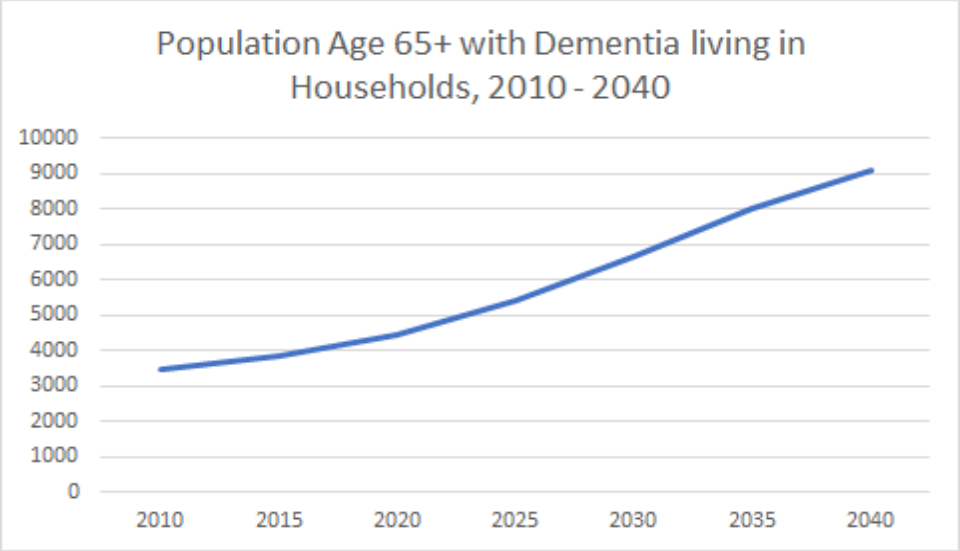
A growing number of grandparents raising grandchildren is emerging as our community struggles with substance use and opioid addiction, as parents, in the grip of addition, turn childcare over to their parents. There are many other reasons grandparents find themselves "parenting again" including mental or physical illness, military deployment, incarceration, or death. Regardless of the reason, this group of caregivers require support.

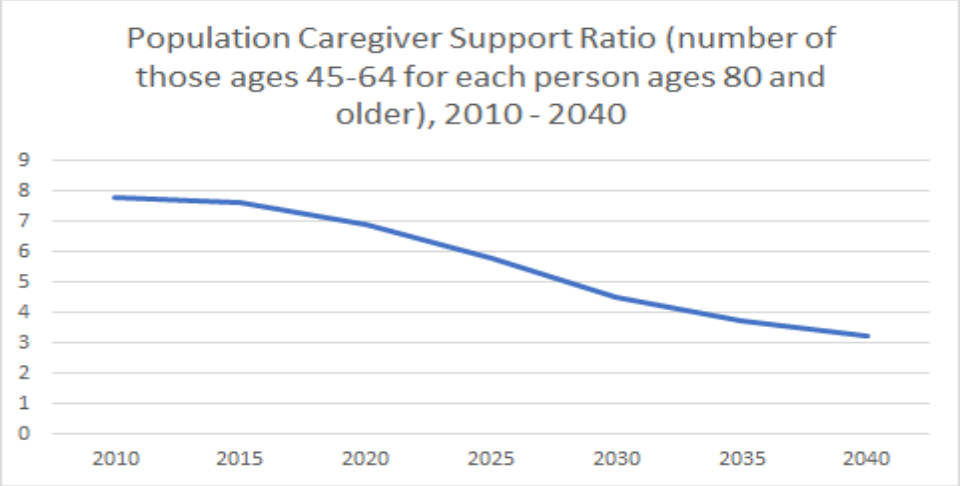
According to the census, Grandparents living with own grandchildren under 18 (997) –

- 727 (73%) of these grandparents live in the city of Green Bay
- Grandparents 60+ (457)
- Race:
  - White: 81%
  - Black or African American: 2%
  - American Indian and Alaska Native: 8%
  - Asian: 3%
  - Native Hawaiian and Other Pacific Islander: 0%
  - Some other race: 7%

During the pandemic, grandparents and parents with disabilities suddenly had to shift to at-home learning for their children and grandchildren. This was something most people were ill-prepared to do. The lack of affordable childcare and the challenge of needing to quarantine made consistent employment a significant concern.

Based on estimates provided by Eric Grosso, Demographer for the State Office on Aging, the number of households with someone living with Dementia will double by 2040. This data, in addition to the data for projected caregiver support, demonstrates the critical nature of the need for additional caregiver support. Other concerning trends are the number of caregivers in the workforce balancing demands of work and life. Persons of color provide informal caregiving supports to family and friends at a much higher rate, again, highlighting health disparities in these populations.





Housing

Housing and homelessness have been one of the top service gaps and are widely discussed in the community. Reports show that 14% of households have at least 1 of 4 housing problems:

- Overcrowding (3%)
- High housing costs (11%)
- Lack of kitchen facilities
- Lack of plumbing facilities (1%)

10% of Brown County's population spends 50% or more of their household income on housing *(County Health Rankings and Roadmaps).*

Survey feedback from the community showed concerns with the lack of housing for elders and those with limited income. Specific to seniors, affordable housing will become more of an issue as Baby Boomers age, especially those who can no longer live in their homes. Common feedback shows a need for senior housing with affordable rental expenses and in a safe area. Other issues arose with significant rent costs increasing or change-over in rental property owners, in turn raising the rent cost out of the affordability range. In addition, discussion around minority groups feeling they are not equal when obtaining housing due to discrimination issues.

Discrimination

The City of Green Bay officially declared racism as a public health crisis in August 2020. Brown County Public Health has recognized health equity as a priority in their Community Health Assessment and Improvement Plan, and Brown County Board of Supervisors approved the resolution, "Resolution Advancing Racial Equity and Support Throughout Brown County in 2021." Both initiatives aim to address health equity and racism.

Racism causes persistent racial discrimination in a variety of settings including housing, education, employment, and criminal justice. Research shows that racism is a social determinant of health (*Wello*). In Wisconsin, white persons live, on average, 16 years longer than Black persons and 18 years longer than Hispanic persons. In Brown County, that difference is even higher, with white persons on average live 28 years longer than Black and Hispanic persons. It is important to recognize the trauma and impact on mental health that a person of color experiences due to the color of their skin *(Brown County-Secondary Data Report. (2018). Advocate Aurora Health. Prepared by the Center for Urban Population Health).*

Demographics show the need when it comes to health disparities among races. According to the Population Health Institute at the University of Wisconsin, differences in health between white communities and communities of color are due to the life-long experience of long-standing, deep-rooted institutional racism that created unfair systems, policies, and practices that reinforce barriers to opportunity. These are barriers to health, wealth, safety, opportunity, employment, education, and clean and healthy environments. When we think about social determinants of health, it comes to the things outside of health care that help us stay well and those that we can control. About 80% of our state of wellness is about elements outside of a doctor's office. As we explore the data around older persons of color and persons with disabilities, we have found that the pandemic has pulled back the covers of health issues that can no longer be ignored.

All of this complicates an already widening gap of life expectancy. The largest disparity is between the subgroups of educated white persons and low educated Black persons, a disparity of 14.2 years. This disparity grows as one ages. Specific to Wisconsin, the Center on Wisconsin Strategy, called out Wisconsin as one of the worst states in the nation for racial equality. It is a grim picture painted by indicators in unemployment, income, education, and incarceration *(wpr.org/wisconsin-considered-one-worst-states-racial-disparities).* For example, the median income of a white household is around $58,000 annually. For a Black Wisconsinite, the median income is $29,000. This is just one of many data points that confirm this gap.

Differences in health are due to the life-long experience of long-standing, deep-rooted institutional racism that created unfair systems, policies, and practices that reinforce barriers to opportunity.

These are barriers to health, wealth, safety, opportunity, employment, education, and clean and healthy environments.

As we explore the data around older persons of color and persons with disabilities, we have found that the pandemic has pulled back the covers of health issues that can no longer be ignored.

COMMUNITY NEEDS

Hardship in Brown County exists across boundaries of race, age, and geography. Individuals and families that had not faced economic hardships in their lifetimes were experiencing layoffs, furloughs, and financial instabilities that were very new. As a result, people needed to navigate systems they had not before, which elevated the need for human service information and assistance programs that provide easy access to information when people need it. Diving deeper across race, ethnic groups, rural vs urban, income, and generations we find that access to resources vary differently among these groups.

Race & Ethnicity

The Community Health profile is made up of different factors or social determinants of health: 70% of our overall health is determined by factors (education, employment, income, family & social support, community safety, physical environment, and clinical care) beyond our daily health behaviors which only makes up 30% of our overall health. Some of the inequities in these areas significantly impact the overall health for racial and ethnic groups. According to the Centers for Disease Control, discrimination exists in systems meant to protect well-being or health. Examples of such systems include health care, housing, education, criminal justice, and finance. Discrimination, which includes racism, can lead to chronic and toxic stress, and shapes social and economic factors. Overall, people from some racial and ethnic minority groups have less access to high-quality education. Without a high-quality education, people face greater challenges in getting jobs and people with limited job options likely have less flexibility to leave jobs.

In relation to the pandemic, living in crowded conditions can make it very difficult to separate when you are, or may be, sick. A higher percentage of persons from racial and ethnic minority groups live in crowded housing as compared to non-Hispanic white persons and therefore may be more likely to be exposed to COVID-19 *(Centers for Disease Control: cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html).* As a result of these barriers, persons of color have been placed at an increased risk for poor health and at a higher risk of contracting and dying of COVID-19.

70% of our overall health is determined by factors beyond our daily health behaviors - which only makes up 30% of our overall health.

According to the Centers for Disease Control, discrimination exists in systems meant to protect well-being or health.

Examples of such systems include:

- Health care
- Housing
- Education
- Criminal justice
- Finance

Discrimination, which includes racism, can lead to chronic and toxic stress, and shapes social and economic factors.

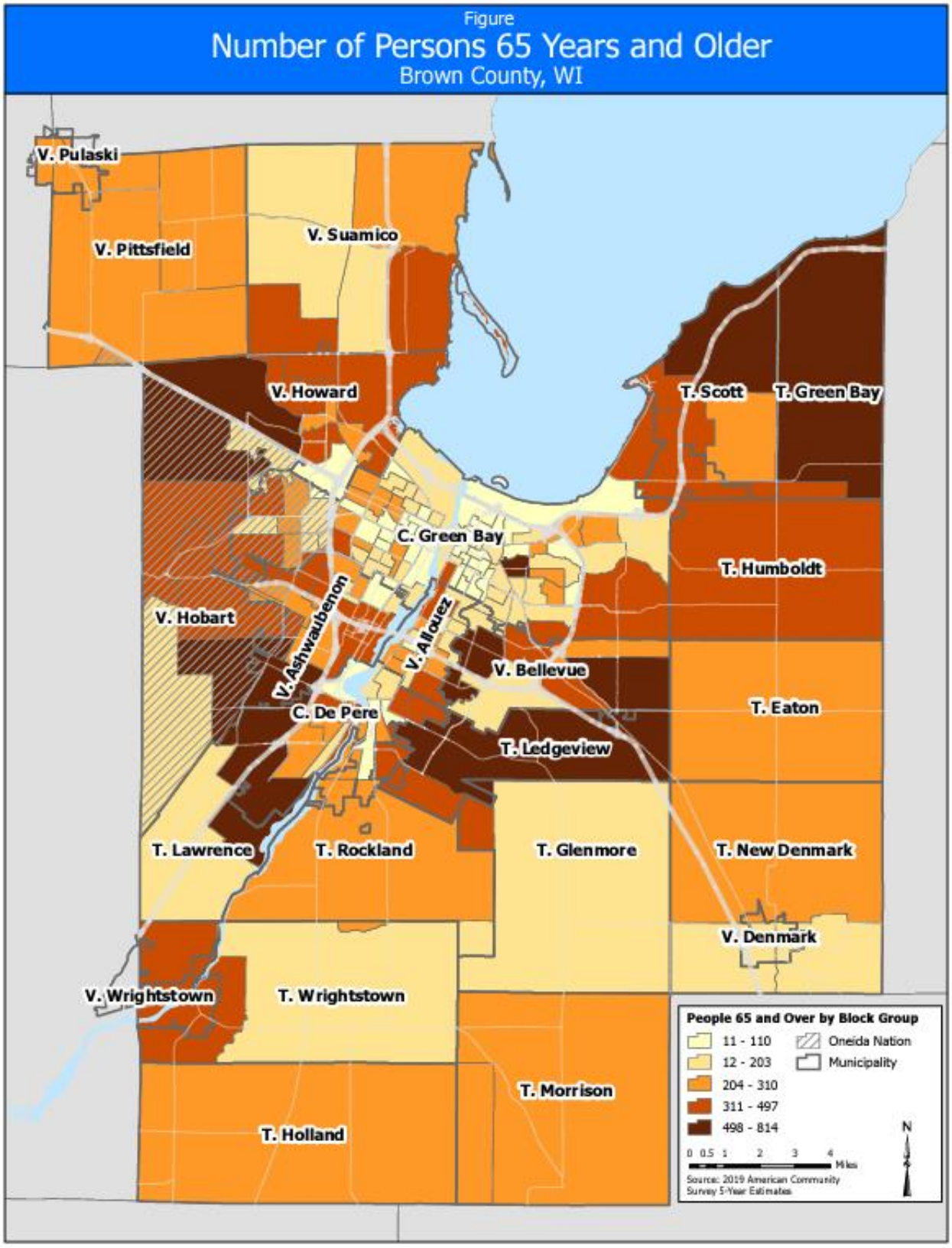
Urban/Rural

Brown County is nearly 529 square miles and is the 4th largest County in Wisconsin. While there are parts of the county that are rural, Brown County is considered urban with 86% of the residents living in urban areas and 14% in rural regions. There are 468.2 population per square mile in the county- the state's average is 105. The following chart demonstrates where persons 65 and older live throughout Brown County based on 2019 American Community Survey data.

Figure

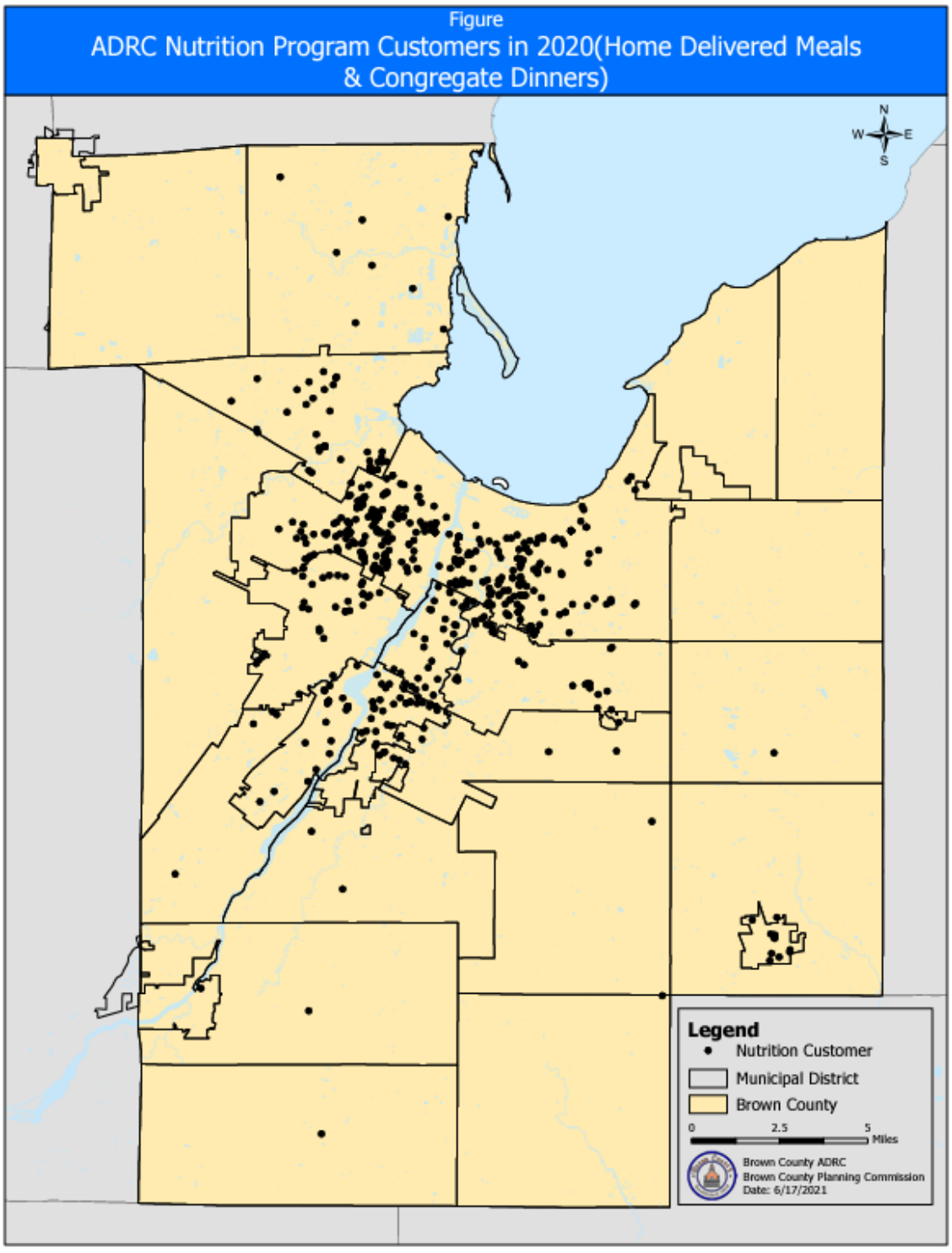
Number of Persons 65 Years and Older

Brown County, WI



Our data collected shows that we are underserving rural Brown County communities in our nutrition program. The map below illustrates the geographic area our nutrition program currently serves within Brown County. Based on the residence of Brown County citizens over age 65, we know that we have opportunities to expand our reach into more rural areas. According to County Health Rankings and Roadmaps data, approximately 23,800 people, or 9% of our population, lack adequate access to a reliable source of food.

Figure



Age, Disability, and Poverty

The way Americans live is changing. There is a greater variety of family and living combinations than ever before, including more adults living alone, with roommates, or with their parents. Yet all types of households continue to face challenges from low wages, depleted savings, and the increasing cost of basic household goods. As people age, the likelihood of developing disabling health conditions that affect one's ability to engage in activities of daily living tends to increase. In turn, increased life expectancy often brings economic hardship as older people have outlived their savings and other resources. Approximately 10% of persons 65 years of age and over are in poverty.

Here is a look at Brown County disability population status. According to the Census, 11% of Brown County community members have a disability (27,648). Breaking those statistics down further by race, age, and employment we found:

Race disability data:

- 11% White alone
- 13% Black or African American alone
- 16% American Indian and Alaska Native alone
- 6% Asian alone
- 11% Native Hawaiian and other Pacific Islander alone
- 5% Some other race alone
- 15% Two or more races

Age disability data:

- 44% 75+
- 19% 65 - 74
- 10% 35 - 64
- 6% 18 - 34
- 6% 5 - 17
- 1% Under 5

Employment status disability data:

- 29% of persons with a disability age 16 and over are employed
- 19% of persons 16 and older with a disability are below 100 percent of the poverty level.

Data pulled from the Asset Limited, Income Constrained, Employed (ALICE) Report states: "In Brown County, 1 in 3, households are living below the ALICE threshold and are struggling to meet their basic needs" especially in areas of housing, childcare, and transportation. *(browncountyunitedway.org/our-impact/meet-alice/).*

Here is a sample breakdown of households living below the ALICE threshold in Brown County in 2018 *(ALICE Threshold 2018)*:

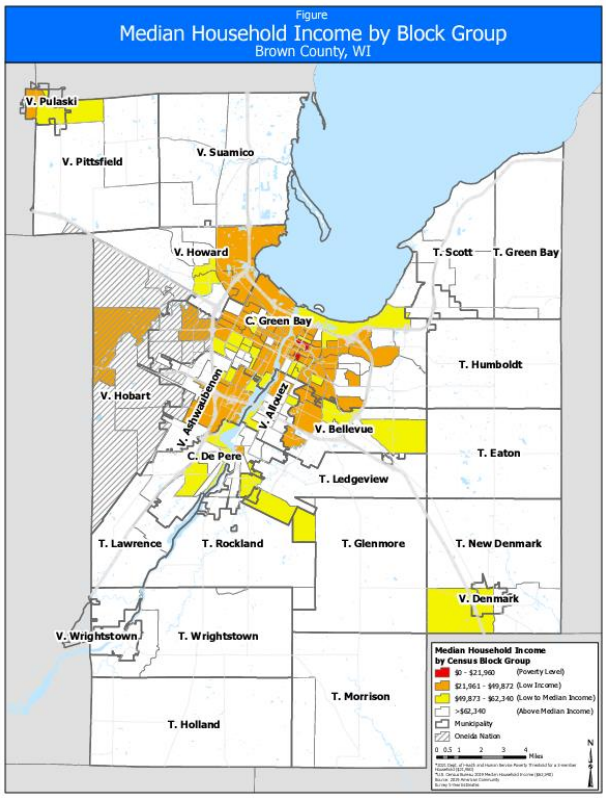
- 53% of households headed by individuals age 65 and older
- 79% of Black households
- 47% of Hispanic households
- 33% of Caucasian households

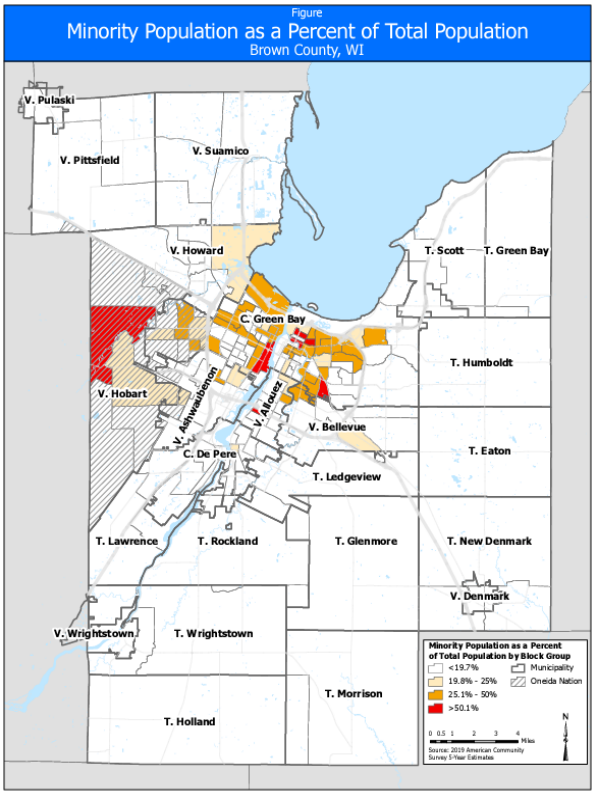
The overall median income for Brown County residents is $62,100, which is just shy of the median income for white workers, $62,900. For Asian workers, the median income in 2019 was $76,500 and for Hispanic workers, $46,500. Native Americans median household

In Brown County, 1 in 3, households are living below the ALICE threshold and are struggling to meet their basic needs.

53% of households headed by individuals age 65+ lived below the ALICE threshold.

income is $36,700 while Black workers have the lowest median earnings at $23,200 and have not experienced much improvement since 2010 (ALICE). Looking at the two maps below and comparing side by side the median household income and minority population by municipality demonstrates this to be true.





Dementia

According to the Alzheimer's Association Facts and Figures for 2021, in 2020, the total number of people in Wisconsin aged 65 and older with Alzheimer's is 120,000. That is expected to increase to 130,000 by 2025. More than 6 million Americans live with Alzheimer's. 1 in 3 seniors die with Alzheimer's or another dementia and Alzheimer's and dementia deaths have increased 16% during the COVID-19 pandemic. The cost of caring for those with Alzheimer's and other dementias is estimated to total $355 billion in 2021, increasing to more than $1.1 trillion (in today's dollars) by mid-century. Today, those caregiving for individuals with dementia are providing 20% more care than in 2009.

The survey results from Brown County overlap with the needs in Wisconsin and across the nation. When the community was asked how they would rate Brown County as a place for persons living with memory loss or dementia, four common themes developed: availability of knowledgeable caregiver support, connections to resources on dementia, limited residential placement options, and an increased need for a dementia-friendly community.

There is a strong correlation to dementia caregivers having an increase in depression and mental health symptoms. In Wisconsin, a total of 204,000,000 hours of unpaid caregiving was reported for the 2020 year, with a report of 17.8% of caregivers reporting depression *(Alzheimer's Association Facts and Figures for 2021)*. Furthermore, unpaid or natural support caregivers of people with dementia report providing 27 hours more care per month on average (92 hours versus 65 hours) than caregivers of people without dementia. An analysis of national caregiving trends from 1999 to 2015 found that the average hours of care per week increased from 45 in 1999 to 48 in 2015 for dementia caregivers; over the same time period, weekly hours of care decreased for non-dementia caregivers from 34 to 24 *(Alzheimer's Association Facts and Figures for 2021)*.

There is a strong correlation to dementia caregivers having an increase in depression and mental health symptoms.

In Wisconsin, a total of 204,000,000 hours of unpaid caregiving was reported for the 2020 year.

17.8% of caregivers reported depression.

The community widely reports that there are not enough paid caregivers to offset the burnout of natural support caregivers. Survey results show that of the paid caregivers available, there is a lack of knowledge about dementia due to a variety of reasons, such as lack of proper training of the disease and frequent staff turnover. Home health agencies are struggling with recruiting caregivers and cannot keep up with the demand of caregiving needs for respite and paid support. Research shows that direct-care workers have difficult jobs. They may not receive the training necessary to provide dementia care due to inadequate education and challenging work environments contributing to higher turnover rates among nursing staff across care environments *(Alzheimer's Association Facts and Figures for 2021)*. Our survey results echo the community needs reporting that in addition to the shortage of general caregivers, there is a lack of caregivers skilled in dementia care. A better foundation is needed for caregivers to understand the experience a person with dementia is going through when cared for. Lack of knowledgeable staff causes increased behaviors, police involvement, emergency visits, and medication interventions. Caregivers who feel a better understanding of the dementia experience report fewer behaviors and better manage care in the home.

Aside from the caregiver shortage, there is a need to make connections to resources on dementia either formally or informally. There are barriers when a caregiver or family cannot have a dialogue with trained specialists to learn and understand the available resources around dementia. The community reports that specific resources such as self-navigation on dementia websites or brochures, are not sufficient for everybody. For some caregivers, those resources are sufficient if they can find and navigate them on their own, while others need personal support. There is a need for diverse opportunities to educate and support caregivers and families, whether that be ongoing electronic exchanges, virtual meetings, in-person meetings, or phone contact, to support the varying challenges that come with the disease. We often hear from the community, “We get connected to the resources, but it is often too late in the disease progression”, or “We have maximized our support by the time we get connected.” Again, as with most things, COVID has put a halt on, or delayed, several dementia-friendly initiatives. One example is the Purple Angel Training program, where businesses participate in training on dementia, which was impacted as businesses were shut down during COVID-19 lockdown. Other initiatives such as Dementia Friends were delayed as they transitioned to virtual platforms that were not widely utilized.

When discussing limited residential placement options with a caregiver as they consider utilizing a facility, there are no openings with the level of care needed, or admittance be may denied due to the care needs of the person with dementia. Community members report, that it is difficult to know where to turn for assistance or advice, and that there seems to be a shortage of memory

care options in the community. Other survey results indicate a need for more residential placement and help to find alternatives to "nursing homes." Across Brown County, nursing homes are closing, increasing the need for alternative care options, and making it difficult to find affordable care. There needs to be an improvement in the image of memory care units that are local, safe, and highly rated. Lack of adequate staff leaves many persons who have dementia are left to sit unattended, unengaged, and often medicated to reduce dementia-related behaviors.

People with dementia and their caregivers often find that there is a lack of dementia-friendly locations to enjoy in the community. Businesses, places, and parks lack the knowledge and community support around dementia, leaving those with dementia and caregiver not connected to their community. The pandemic has impacted the business that does not know about dementia-friendly environments or strategies, such example requiring a person with dementia to wear a mask or asked to leave if that person is unable to wear one. With the pandemic shift, caregivers choose to bring their loved one with dementia wherever they go instead of having a caregiver come into the home, increasing the importance of and need for the public to be trained on a dementia-friendly community. We often find that people keep dementia a secret due to the stigma of having dementia, making their world small and isolated.

Future Implications

There are several trends that are important for the ADRC to watch and prioritize.

Brown County's total population is expected to increase by 29%; however, the population of persons 60 years of age and older is expected to increase by 117%. While Brown County will not see the higher percentages of older persons that many other northern Wisconsin counties will experience, the growth in numbers of older persons is substantial and will impact the need for aging and long-term care services. This growth is often referred to as the *Age Wave* and Brown County will need to plan creatively and collaboratively to address the needs and capitalize on the opportunities that this "wave" will bring. Today's data shows the number of senior households increasing while the number of nursing home beds decreasing. If the caregiver shortage is not addressed the crisis will increase significantly as the need for long-term care grows with the population.

Looking at the population trends by county and comparing to our current customer demographics, it is clear that we need to expand our reach to more rural Brown County areas where older persons reside.

We can see from our data collection that our programs have had minimal success in attracting ethnically diverse customers, this is something we as an ADRC will continue to strive for through outreach and collaboration as we move forward through this plan.

Trends that are important for the ADRC to watch and prioritize:

- Brown County's total population is expected to increase by 29%
- The population of persons 60+ is expected to increase by 117%.

This growth is often referred to as the *Age Wave* and Brown County will need to plan creatively and collaboratively to address the needs and capitalize on the opportunities that this "wave" will bring.

Health disparities for the largest population does not have 30 years of contribution ahead, but 15 years of chronic illness, and along with it, high-cost health care and the need for extensive long term care that our government cannot afford. This is a plausible future, not one we hope for, but the track we are now traveling down.

Our future older persons?
According to the Green Bay Public School data, 55.5% of current students are other than white. These young people will become our workforce, our leaders that drive our community forward. Individuals who are members of diverse groups need to enter careers that will move our economy and our community forward. There needs to be efforts made to assure leaders on our boards, committees and policy making bodies represent the 55.5% of our future population. The voice of ethnically diverse populations as policy makers and people who shape our future needs to start today.

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RESOURCES AND PARTNERSHIPS

Our Funding

The ADRC receives Federal Title III Older American's Act funds to provide:

- Nutrition
- Family Caregiver Support: Day Care, Respite, Support Groups, Resource Database
- Alzheimer's Family Caregiver Support
- Elder Benefit Specialist

The ADRC receives State/Federal funds, including Medical Assistance to provide:

- Information and Assistance
- Functional Screening
- Disability Benefit Specialist
- Prevention
- Dementia Care Specialist
- Community Living/Nursing Home Relocation

The ADRC receives Federal Title programs and County funds to provide:

- Adult Day Care

Participants and Community Donations to provide

- Nutrition program support
- Outreach

The ADRC has so many wonderful resources and partnerships- too many to list them all. ADRC staff are actively involved in our community networking and collaborating to address community issues and needs. The ADRC Board of Directors is committed to our agency and participates in planning and policy making and helping to move agency initiatives forward.

Below is just a sample of active community partnerships:

- ***Community Mental Health and AODA Coalition-***
  Public health initiative to create a recovery-based community. ADRC brings issues of older adults to the coalition, produces educational materials, does outreach and education with the police, hospitals, and county services. With the help of a grant, we are beginning a new partnership with a local mental health provider to create greater access to counseling services onsite at the ADRC.

- ***Homeless and Housing Coalition-***
  A community-based organization which coordinates Brown County's continuum of care for residents who are homeless and housing insecure. The ADRC participates as a full board member and assists with programing, outreach, and collective impact with at risk individuals.

- ***Caregiver Coalition-***
  Plans bi-annual educational events raising awareness about the importance of family caregiving. Reach is broadened with participation of caregivers, organizations and multiple providers who contribute both financially and with in-kind support.

- ***Dementia Friendly Community Coalition-***
  Diverse membership including police, geriatrician, fire/rescue, technical college, service providers, and Alzheimer Association. There are several active subcommittees that ADRC chairs including Memory Café development, Down syndrome assessment, Emergency/Crisis response, and Purple Angel business education.

- ***ENVISION Greater Green Bay-***
  Engages business, government, education, and the nonprofit sectors to guide our community's future. Led by a volunteer board of directors, Envision Greater Green Bay anticipates and leads change by teaching and applying proven strategies that identify disruptors to shape a preferred future.

- ***NeighborCare Collaborative Project-***
  A collaborative project with Goodwill Industries, the ADRC and the local Denmark community focused on reaching isolated rural older adults.

- ***University of Wisconsin-***
  Green Bay Partnership Program - placing interns in ADRC's to bridge the gap between the academic environment and direct practice.

- ***Northeastern Wisconsin Technical College-***
  Participating in the Gerontology and Health Navigator Program Advisory boards and student placements.

- ***Medical College of Wisconsin-***
  Participate in student orientation program. Students select ADRC prevention and nutrition programs for annual project work.

- ***Transportation Coordination Committee (TCC)-***
  Led by Brown County Planning, this committee is comprised of citizens, school and healthcare professionals, an elected official, and other related

transportation providers and agencies. TCC provides recommendations in the development of transportation plans and programs for specialized transportation services for seniors and individuals with disabilities in Brown County.

- ***Brown County Community on Transition (CCoT)-***
  A collaborative group comprised of schools, organizations and providers focused on supporting pathways for youth to explore employment, training and postsecondary education, and engage in skills to be independent in their home and community while building self-advocacy skills. This has resulted in students with disabilities serving meals in our nutrition programs.

- ***Seniors out Speaking-***
  Partners with up to 40 organizations where our Medicare Volunteers provide monthly outreach events.

- ***Volunteer Center-***
  Partnership provides community action days that support older adults living at home.

- ***Prevention Coalition-***
  Where all four hospitals and health systems are at our table, planning a falls prevention outreach project and advanced care planning programs.

- ***Emergency Response Collaboration-***
  Program with Emergency Medical Technician (EMT) providers to coordinate direct referrals for ADRC services for individuals who have fallen but are not hospitalized.

Collaborative Resource Centers

Strategic methods were used to gain feedback from the community on how responsive/welcoming Brown County and the ADRC are to the needs of persons from a racially diverse population. Questions and outreach were developed specifically towards how the community and ADRC can promote racial equity or inclusiveness to address the needs in our community. The primary strategy was connecting with local agencies that focus on serving diverse populations and promoting equity/inclusion. The ADRC, with the partnership of 211 through United Way, set up a collaborative meeting with local Resource Centers. The centers started meeting virtually in February 2021 and named the group "Collaborative Resource Centers (CRC)- Promoting Equity & Bridging the Gap". The goal of CRC is to have community members feel safe in whatever agency they step into, and the best way to do that is to share amongst all resource centers involved. The CRC recognize that individuals feel more comfortable joining and building friendships in whatever group or space they choose. Therefore, collaborating to share resources and events help each center understand cultural norms, needs, and updates within our community.

A new group, the Collaborative Resource Centers (CRC), was born in early 2021.

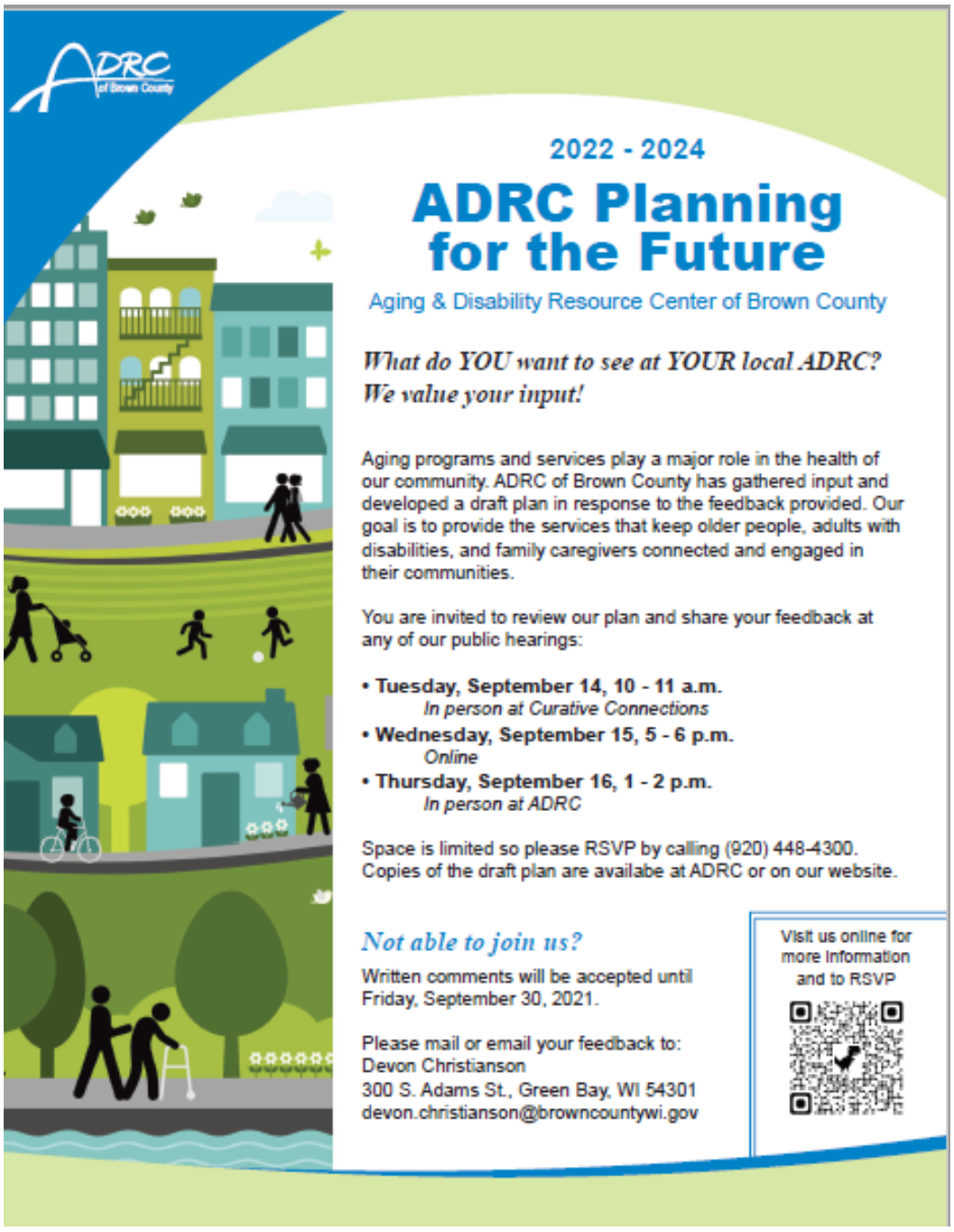
The goal of CRC is to have community members feel safe in whatever agency they step into, and the best way to do that is to share amongst all resource centers involved.

Reference Materials

- 2021 Alzheimer's Disease Facts and Figures https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf
- 211 Community Collaborative Report https://adrcofbrowncounty.org/who-we-are/
- AARP Livability Index https://livabilityindex.aarp.org/
- Brown County Community Health Assessment & Improvement Plan: https://www.canva.com/design/DAETr7jFjR8/xMDecoFQOgxYFNBxh1CuqA/view
- Brown County United Way ALICE https://www.browncountyunitedway.org/our-impact/meet-alice/
- Centers for Disease Control: https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html
- County Health Rankings & Roadmaps https://www.countyhealthrankings.org/
- Demographics of Aging in Wisconsin https://www.dhs.wisconsin.gov/aging/demographics.htm
- Estimated and Projected Population Ages 65 and Older with Dementia Living in Households in Wisconsin Counties, 2010-2040 https://www.dhs.wisconsin.gov/publications/p01049.xlsx
- July 2019 Population estimates, Ages 60 and Older by Age Group https://gwaar.org/api/cms/viewFile/id/2006550
- LIFE Study of Brown County https://lifestudy.info/
- Well Wellbeing Survey https://wello.org/measure/

PUBLIC HEARING

Use the Public Hearing Report to list the dates, times, locations, and numbers of people in attendance at public hearings. The report should include a summary of public comments and explain modifications made to the draft version of the plan as a result of input collected during the public hearing. Attach Public Hearing Report(s) to the appendices of the aging unit plan.



ADRC Goals for the planning period are included below. They were developed following community input and after ADRC management staff completed planning activities.

ADRC OF BROWN COUNTY AGING PLAN GOALS 2022-2024

Focus area: Family Caregiving		**Due Date**
Goal statement: Family caregivers receive the support they need in the manner that they wish to receive support so they can be at their best during their caregiver journey		
Plan for measuring overall goal success – H*ow will you know that you have achieved the results you want? Will use data and feedback from family caregivers through ADRC survey's, one on one interactions with customers, RED CAP data, participation data, dementia caregiving surveys.*		
Specific strategies and steps to meet your goal:	**Measure** *(How will you know the strategies and steps have been completed?)*	**Due Date**
Strategy 1: Partner with community resource centers to build trust, relationship, awareness of and ultimately participation by individuals who are members of diverse communities in ADRC family caregiver programs.	Number of and ongoing participation of diverse community resource centers.	2022
Action step: Explore needs identified by participating resource centers and their customers by using surveys and one on one customer feedback. The 2019 percentage of diverse populations in Brown County receiving NFCSP funds is 3.7% (5 individuals). Increase to 6% by 2022.	RedCap data and Data that is collected in DHS SharePoint by aging program participation by Race/Ethnicity.	2022
Action step: Provide education related to ADRC family caregiver programs and community resources that exist to support the caregiver needs that are identified. I&A staff will identify caregivers during contacts and address caregiver concerns.	Increase number of opportunities for sharing information within the community. This info will be tracked with our outreach and marketing specialist and SAMS and SAMSIR data.	2022 2023 2024
Action step: Identify opportunities for increasing awareness within the diverse communities.	Increased participation in community diversity programs. This info will be tracked with our outreach and marketing specialist	2022 2023 2024
Strategy 2: Partner with and write for a CORE Grant Program through RCAW to increase the pool of trained family caregivers.	**Measure** *(How will you know the strategies and steps have been completed?)*	2023
Action step: Develop plan and submit Core grant program application to RCAW. Goal is to expand the pool of trained respite care providers by hosting recruitment and outreach events, educate family caregivers about long-term care resources, including respite care, and collaborate with agencies that support family caregivers, including but not limited to UW Extension, Brown County Caregiver Coalition and others as Identified.	Hold one to two caregiver recruitment fairs over the next 3 years and track the number of caregivers that register on the Registry.	*2024*
Host Educational forums and conduct an aggressive caregiver recruitment campaign.	Host 1 to 2 educational forums per each year of the plan. Recruit 10 Caregivers each year of the plan	2022 2023 2024
Strategy 3: Based on Employed Caregiver Survey participation ADRC will follow up with Employers in Brown County.	Will target 5 employers per year to host caregiver presentations and support working caregivers	**2023**

Action step: Evaluate the Wisconsin Family and Caregiver Support Alliance Employed Family Caregiver Survey results and build communication strategies to connect and support caregivers based on the information learned.	2 unique communication strategies developed each year of the plan	2022 2023 2024
Action step: Review current resources and create caregiver specific media material as needed in a variety of languages for use in outreach to employees and their employees.	1 new piece of communication material created in 1 additional language each year of the plan	2022 2023 2024
Action step: Provide employer presentations or events based on their specific needs/requests	1 new employer reach and presentation given each year of the plan	2022 2023 2024
Strategy 4: Develop a Person-Centered Caregiver Needs Plan that compliments the Caregiver Needs Assessment.	**Measure**	**2023**
Action step: Review current Caregiver Needs Assessment and add an additional specific Caregiver Support Plan for the caregiver.	Caregiver Support Plan tool added to assessment	**2022**
Action Step: Review Share the Care Model to explore this model to fit the caregiver needs.	1 element of Share the Care Model adapted to ADRC Caregiver Programs	2023
Action Step: Create a committee /task force that pilot the Caregiver Support Plan document/tool. Review/adapt/adopt the plan as needed while being mindful that the plan is person centered and individualized.	Person Centered tool developed and implemented	2024
Action Step: Survey caregiver plan with caregiver during follow up calls at 30-60-90 days.	Follow up calls and Survey completed with each served caregiver	2023
Action step: I &A to assess caregiver needs specific to isolation and loneliness and follow-up is key	75 Caregivers experiencing isolation and loneliness identified and action plan created to address issues	2022

Focus area: Advocacy and Health Equity		Due Date
Goal statement: Increase understanding of Medicare options, coverage, and access to health services. Educate customers on tools and opportunities to advocate for changes. Have a voice in shaping the future of health care.		
Plan for measuring overall goal success – H*ow will you know that you have achieved the results you want? Use data.* Determine impact on participant's Medicare knowledge after attending the Medicare workshops using pre & post surveys. Offer follow up with EBS/DBS for individualized plan comparison or provide follow up call to ensure customer was successful in making and completing Medicare choices. Provide material and include advocacy materials to all customers. Offer opportunities to write, record or email their stories to be used as testimony at public hearings or other appropriate advocacy events.		
Specific strategies and steps to meet your goal:	**Measure** *(How will you know the strategies and steps have been completed?)*	**Due Date**
Strategy 1: Develop outreach campaign to help customers connect to the Medicare workshops being offered in-person again. COVID had reduced and restricted access to our services and education sessions. We will need to rebuild this through an outreach campaign.	We are receiving pre-covid referrals from our community partners. Workshop attendance is near capacity again.	2022
Action step: Look for new opportunities to market our services. Develop reengagement tools (flyers, websites, social media posts) to get the word out that we are open for business.	Increased attendance and requests for workshops at other locations by 4 each year	2022 2023 2024
Action step: Develop outreach communications to be use with our community partners regarding being open for business.	Increase in community partner referrals by 25/year.	2022 2023 2024
Strategy 2: Include materials and information about advocacy and the value of it within all the Medicare presentations.	100% of presentations will include information on advocacy in packets	2022 2023 2024
Action step: Add sides to the PPT for ABCDs of Medicare that help customers understand the importance and impact of advocacy and sharing your story can have in policy development.	Workshops offered at least once per month. Advocacy information distributed at all sessions.	2022 2023 2024
Action step: Offer opportunities to "tell their story" and ability to use the testimony when issues arise. We could record, tape, write or email the customer's story.	Collect at least 10 new testimonies from customers with authorization to use as advocacy tools and promotion of ADRC services.	2022 2023 2024

Action step: Provide education and opportunities to learn how to advocate, who are your representatives and how do you connect with them.	At least quarterly, have articles and on-line resource available and accessible to all ADRC customers.	2022 2023 2024
Strategy 3: Use pre and post test questions to determine whether or not the information presented had an impact on the participants Medicare knowledge. We will include a question about advocacy.	Per and Post Test survey reveals increased knowledge and confidence to advocate regarding participant Medicare benefits	2022 2023 2024
Action step: Develop a "quiz' to be taken before and at the end of each Medicare workshop using a ranking for level of knowledge/understanding. Based on the responses, determine whether the information increased the participant's knowledge or not.	Continuous editing and changes to materials to try and achieve a 25% increase in knowledge based on pre & post quiz.	2022 2023 2024
Action step: Include advocacy material and have customer consent to allow for follow up to discuss advocacy tools and education	Follow up with at least 10 customers each year to provide information and education on the How's and Why's of advocacy.	2022 2023 2024

Focus area: Nutrition Program: Person Centered	**Due Date**
Goal statement: Reinvent the Nutrition Program with improved meal quality and increased access to best meet the nutritional needs of all Brown County older adults.	

Plan for measuring overall goal success – H*ow will you know that you have achieved the results you want? Use data.*

- Increase in unduplicated customers.
- Increase in total meals served.
- Increase meal participation by non-white customers.
- No wait list or unserved areas by homebound meals.
- Lower sodium & saturated fat content of meals
- All areas of Brown County served by congregate dining options in way of food truck and/or ADRC on the Go meals.

Specific strategies and steps to meet your goal:	**Measure** *(How will you know the strategies and steps have been completed?)*	**Due Date**

Strategy 1: Increase variety of fresh, healthy meals.	At least 4 new healthy meal choices will be added to the menu on a rotating basis	2022 2023 2024
Action step: Choose future of food service model.	Decision made with next steps in place.	2022
Action step: Recreate menus to include more scratch cooked recipes and fresh produce.	Menus revised resulting in decreased sodium and saturated fat content.	2024
Action step: Purchase menu ingredients from local growers.	Agreements made with local food growers.	2024
Strategy 2: Expand reach of meals to all areas of Brown County.	1 new unserved community will receive nutrition services each year of the plan	2022 2023 2024
Action step: Recruit volunteers in each unserved homebound meal areas to provide meal delivery.	No wait list or denied meals.	2022
Action step: Complete outreach to ADRC Staff and unserved communities of availability of meal delivery service.	Increase in referrals received for current unserved areas of Brown County. All Brown County Routes serving at least 5 customers.	2023
Action step: Expand ADRC on the Go meals to all rural areas of Brown County.	At least one meal served in each Brown County township/village annually.	2023
Action step: In partnership with Grounded Café, serve Senior Meals through Food Truck.	10% increase in unduplicated congregate customers as result of Food Truck. 5% increase in total congregate meals served as result of Food Truck.	2023
Strategy 3: Nurture inclusive dining experience for all members of our diverse communities.	1 new diverse community each year of the plan will have a dining option	2022 2023 2024

Action step: Partner with 1 local ethnic restaurant to serve Congregate Meals.	Contract with ethnic restaurant to serve Congregate Meals.	2022
Action step: Target volunteer recruitment to non-white Brown County populations.	Increase number of non-white volunteers.	2024
Action step: Translate Nutrition Program materials to variety of languages and ensure they go to customers who need them.	Primary Nutrition Program materials translated in all languages served. Process created for identifying and ensuring customers receive materials in preferred language.	2022

Focus area: IIIB - Supportive Services: Outreach and Community Engagement		**Due Date**
Goal statement: ADRC and Grounded Café will reach, engage, and serve underserved populations with use of a mobile grounded café.		
Plan for measuring overall goal success – *the number of new people who we have reached and served in underserved populations increased.*		
Specific strategies and steps to meet your goal:	**Measure** *(How will you know the strategies and steps have been completed?)*	**Due Date**
Strategy 1: Evaluate and analyze areas where current ADRC populations reside	Work with Brown County Planning to receive a "heat map" of current service delivery location of current customers	**2022**
Action Plan: Connect with BC Planning to identify and map residence in brown county to establish target areas based on underserved populations in brown county	Maps are completed and underserved areas identified	2022
Action Plan: Create and review asset map to evaluate partners and services available in identified target areas.	Asset map developed and partners/services identified	2022
Strategy 2: Implement ADRC and Grounded on the Go impact plan	Outreach plan with dates, location and target completed	**2023**

Action Plan: Gather Input from underserved population identifying and developing programs for underserved populations and receive feedback from customers	Develop 4 different programs each year of this plan	2022 2023 2024
Action Plan: creating procedures to assure consistency at each location	Operational procedures established and policies approved by ADRC board	2022
Action Plan: Develop measurement tools to gauge effectiveness	Tools developed and tested	2023
Strategy 3: Develop a communication and outreach campaign that created community engagement with key partners to build services in order to reach new populations	Campaign with dates, location, and activities developed and implemented	**2022 2023 2024**
Action Plan: Gather input from unserved population on Aging plans and strategies to create programs. Outreach to at least 2 underserved communities as discovered by strategy 1	Events completed	2022
Action Plan: Recruit and engage volunteers to support food truck/ADRC on the Go efforts	4 volunteers recruited	2022
Action Plan: Evaluate impact of campaign and adapt for future programs	Serving a greater percentage of population across programs Unduplicated customers - Increase in new ADRC customers (measure new food truck customers who access other services)	2024

Focus area: Health Promotion: Racial Equity	**Due Date**
Goal statement: Reduce isolation and loneliness (I/L) among older adults.	2024

Plan for measuring overall goal success – H*ow will you know that you have achieved the results you want? Use data.* Baseline data collected, partnerships developed, isolation and loneliness scores by class participants show improvements, evals from classes demonstrate readiness for change in technology literacy & application of skills learned and confidence gained, customers reached and diversity in participation.		
Specific strategies and steps to meet your goal:	**Measure** *(How will you know the strategies and steps have been completed?)*	**Due Date**
Strategy 1: Create and execute an isolation and loneliness public awareness campaign.	Campaign Developed and Executed	2024
Action Step: Create task force (internal staff and external partner), research options and budget, prepare plan, and implement campaign that is in alignment with Statewide I/L Coalition efforts.	Campaign executed, reach analyzed, and learnings identified	2023
Action Step: Review all materials for ethnic inclusivity.	Feedback gathered from diverse community influencer (stakeholder) and adjustments made.	2023
Strategy 2: In collaboration with staff and health navigator at Casa ALBA (Hispanic Resource Center), work in collaboration to research, develop, and implement a program to reduce isolation and loneliness among Hispanic elders that is also inclusive of their adult children.	Develop 1 new program that addresses isolation and loneliness at Casa ALBA	2024
Action Step: Input collected, and program options researched for feasibility and alignment with need.	Survey created; input gathered	2023
Action Step: Program chosen, piloted, and evaluated.	1 program implemented and evaluated	2023
Strategy 3: Expand detection of isolation and loneliness in individuals.	Tools for Detection integrated into all ADRC Departments	2024
Action Step**:** Research, create, and communicate isolation and loneliness self-awareness/screening tools for wider adoption (use) within ADRC in support of detection.	Self-Awareness tools identified and training for use within ADRC Departments occurs	2023
Action Step: Review all materials for ethnic inclusivity.	Feedback gathered from diverse community influencer (stakeholder) and adjustments made.	2023

Action Step: Implement screening tool(s) within all ADRC departments and report learnings.	Screening tool implemented and adjusted following unit feedback	2023
Action Step: Review trends, data and unmet needs to identify and create action plan within the community.	Action Plan created	2024
Strategy 4: Increase people's access, confidence, and knowledge in utilizing technology in order to connect to others.	Trainings implemented. Measurement of post-training readiness for change scores and impact on isolation/loneliness score	2024
Action step: Partner with one community organization or volunteer position that will prepare, deliver, and manage technology literacy training for older adults.	MOU prepared with community organization/ volunteer, and implementation plan developed.	2022
Action step: Provide input to technology training needs through the voices of our customers.	Input collected and priority needs identified.	2022
Action step: Establish routine classroom space dedicated at ADRC (or partner sites) for delivery of group class training or 1-1 training.	Regular schedule identified and communicated, training delivered, and number served.	2022
Action Step: Support evaluation of technology literacy training intervention and recommend future changes.	Post class evaluation collected and reported.	2024

Coordination Between Title III and Title VI

The ADRC of Brown County and Elderly Services of the Oneida Tribe have a robust and supportive relationship that supports the customers we serve. Consultation and coordination of special projects is a routine practice. Both the ADRC and Oneida Elderly services have had continuous conversations during the pandemic such as grants to outreach to ethnically diverse who might be vaccine hesitant have been in place this year. The Oneida Tribe has robust program and service array for tribal members so the ADRC is certain to connect people quickly to tribal services if they are open to the referral. The tribal ADRS is a liaison with Oneida and the ADRC in order to facilitate long term care access to benefits. Oneida participates in our Community Resource Coalition where resources are shared and training on specific program can occur. Coordination of outreach activities and input for surveys, including this aging planning process occur to assure all voices are heard.

Oneida also has a Dementia Care Specialist who is a member of the Brown County Dementia Friendly Coalition. Coordination of activities, like the Purple Angel program and Memory Cafes occur regularly. Shared training, resource development and creative program partnership will be our focus.

The Oneida Elderly Services Director is invited to all ADRC board meetings and minutes are shared monthly. Communication on efforts is key to our success.

Organization, Structure and Leadership of the Aging Unit

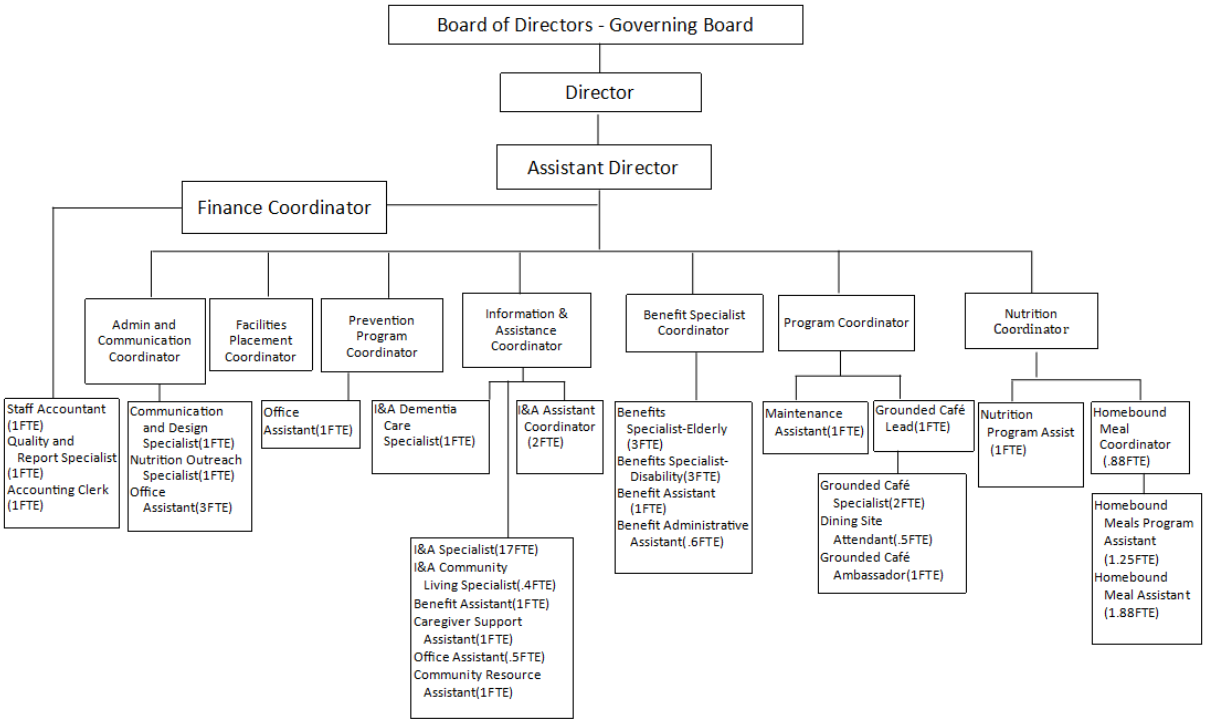
Primary Contact to Respond to Questions About the Aging Plan Template

Name: Devon Christianson
Title: Director
County: Brown
Organizational Name: ADRC of Brown County
Address: 300 S. Adams
City: Green Bay State: WI Zip Code: 54301
Email Address: Devon.Christianson@browncountywi.org
Phone # 920-448-4331

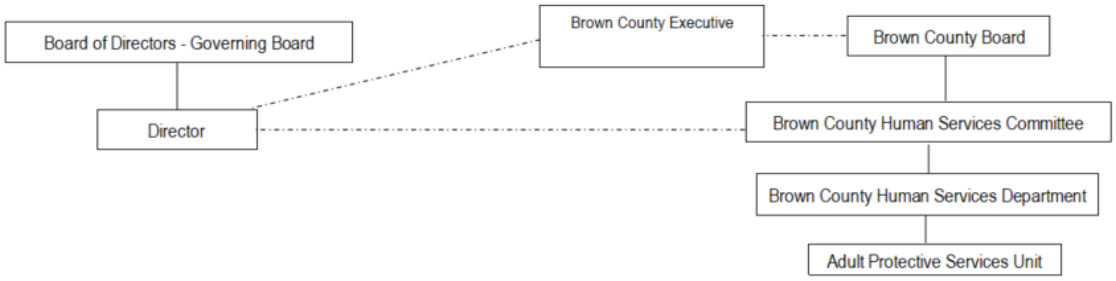
Organizational Chart of the Aging Unit

The ADRC of Brown County is a fully integrated, standalone non-profit 501 c(3) that has a local resolution created relationship with Brown County. On our organizational chart, our direct lines of infrastructure internally are represented by unit, and our external infrastructure is indicated by a dotted line to county government. The ADRC Board of Directors as primary responsibility and authority to hire the ADRC Director, approve budgets, audits, and program development. ADRC Board members, while adhering to required statutory composition standards, are appointed through the Brown County Board of Supervisors following the review and approval of the ADRC Governing Board.

Aging & Disability Resource Center of Brown County 2022



Aging & Disability Resource Center of Brown County **Brown County Government**



1) Brown County Executive and compiles and submits a budget to the Brown County Board, also appoints ADRC board members.

2) ADRC Director submits a budget to County Executive including adding staff, equipment requests, etc. Also submits recommendations for ADRC board membership.

3) County Departments including ADRC-Brown County which is considered a "quasi-department" because it is a non-profit are assigned to County

Key

_____ Indicates relationship between manager and their reports

- - - - - - Indicates accountability without direct report.

Staff of the Aging Unit

The staff listed below are in primary program positions requested by GWAAR to be identified. A full list of staff and positions are included in the Appendix.

Name: Devon Christianson Job Title: Director Telephone Number/email Address: 920-448-4331 Devon.Christianson@browncountywi.gov *Brief Description of Duties: Under the direction and supervision of the ADRC Board of Directors, implements ADRCpolicies; plans and directs the advocacy and support services to Brown County's senior citizens; plans, coordinates, monitors departmental programs and ensures senior citizens'needs are met within the community; prepares annual plan and budget.*
Name: **Christel Giesen** Job Title: Assistant Director Telephone Number/email Address: 920-448-4297 Christel.Giesen@browncountywi.gov *Brief Description of Duties: Assists Director with planning, budgeting, oversight and quality assurance, and staff supervision for ADRC operations; serves as lead and oversees ADRC development and operations.*
Name: Kimberly Gould Job Title: Nutrition/ Volunteer Coordinator Telephone Number/email Address: 920-448-4393 kimberly.gould@bowncountywi.gov *Brief Description of Duties: Administers congregate and homebound meals program; recruits and screens volunteers for delivering meals and provides volunteer support.*
Name: Tina Brunner Job Title: Benefit Specialist Coordinator Telephone Number/email Address: 920-448-4310 Tina.Brunner@browncountywi.gov *Brief Description of Duties: Supervises Elderly Benefits and Disability Benefits staff; provides benefits advocacy for persons 60 years of age and older in the areas of consumer, financial help, food stamps, Homestead Credit, housing, attorney referral, Medigap Insurance, Medical Assistance, Medicare, Senior Care, Medicare Part D, Social Security, SSI.*
Name: Mary Schlautman Job Title: Information & Assistance Coordinator Telephone Number/email Address: 920-448-6456 Mary.Schlautman@browncountywi.gov *Brief Description of Duties: Works with the Assistant Director to assure the development and implementation of ADRC contract requirements, supervises the Information and Assistance staff, Service Connection Specialist, Dementia Care Specialist and Resource Specialist.*
Name: Barb Michaels Job Title: Prevention Coordinator Telephone Number/Email Address: 920-448-4333 Barbara.Michaels@browncountywi.gov *Brief Description of Duties: Coordinates evidenced based and community education prevention programs. throughout the ADRC. Leads the Prevention coalition.*
Name: Jeremy Slusarek Job Title: ADRC Program Coordinator Telephone Number/email Address: 920-448-4309 Jeremy.Slusarek@browncountywi.gov *Brief Description of Duties: Coordinates specials events, classes, programs, trips, Parkinson's support group, intergenerational activities and after-hour usage of building by community groups. Plans and promotes health and wellness activities.*

Name: Kriston Ladwig Job Title: I & A Assistant Coordinator Telephone Number/Email Address: 920-448-6464 Kriston.Ladwig@browncountywi.gov *Brief Description of Duties: Provides day to day support to the I & A including scheduling, assignments of projects and quality assurance.*
Name: Kristin Willems Job Title: Admin and Communications Coordinator Telephone Number/Email Address: 920-448-6475 Kristin.Willems@browncountywi.gov *Brief Description of Duties: Oversees administrative support and agency communication/outreach operations for all ADRC units and programs. Supervises the office assistant positions, Outreach Specialist and assures customers service, registration and front desk activities occur.*
Name: Megan Kolton Job Title: I & A Assistant Coordinator Telephone Number/Email Address: 920-448-6475 Megan.Kolton@browncountywi.gov *Brief Description of Duties: In addition to performing regular I & A responsibilities, coordinates lead responsibilities for functional screening and quality assurance for I & A staff.*
Name: Jessi Arvey Job Title: Quality and Report Specialist Telephone Number/Email Address: 920-448-4307 Jessica.Arvey@browncountywi.gov *Brief Description of Duties: Plan, develop, and coordinate activities related to but not limited to: Quality service development; outcome measurements; information systems analysis; and technology support that supports and enhances the mission and values of the agency.*
Name: Robin Van Remortel Job Title: Finance Coordinator Telephone Number/email Address: 920-448-4396 Robin.Vanremortel@browncountywi.gov *Brief Description of Duties: Directs the accounting, payroll, accounts payable, financial reporting, and budget functions of the ADRC. Responsible for agency-wide financial forecasting and recommendations, budget development and monitoring, financial accounting, and reporting. Insures agency-wide compliance with state laws, federal regulations, agency policies and pertinent accounting standards, methods, policies and procedures.*
Name: Teri Bradford Job Title: Caregiver Assistant Telephone Number/email Address: 920-448-4320 Teri.Bradford@browncountywi.gov *Brief Description of Duties: Support the planning, development, and implementation of Agency Caregiver programs the Alzheimer's Caregiver Support Program (AFCSP) and National Caregiver Support Program (NFCSP) for older adults, adults with disabilities, and caregivers to retain or improve functioning and to delay or prevent the need for comprehensive long-term care services.*
Name: Sheri Mealy Job Title: Dementia Care Specialist Telephone Number/email Address/email Address: 920-448-4293 Sheri.Mealy@browncountywi.gov *Brief Description of Duties: Provide cognitive screening for early detection of cognitive change, assist people in connecting with their physicians for diagnosis, and provide evidence-based programs and support for people with dementia and their caregivers in Brown County. Engage in outreach and collaborative efforts with internal and external services in order to increase community awareness related to dementia and advocate for consumer needs.*

Aging Unit Coordination with ADRCs

The ADRC of Brown County is a single-county fully integrated aging unit and ADRC that stands as a separate non-profit organization with interrelated responsibilities with Brown County government.

Statutory Requirements for the Structure of the Aging Unit

Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units. Consider if the county or tribe is in compliance with the law. If the aging unit is part of an ADRC the requirements of 46.82 still apply.

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.	
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	x
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.	
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.	x
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?	**Circle One** Yes No

Role of the Policy-Making Body

The policy-making body, also called the commission on aging, must approve the aging unit plan. Evidence of review and approval of the draft and final version of the aging unit plan must be included as part of the plan. Attach the evidence of this required involvement as an appendix to the aging plan. See Appendix XXXX for minutes outlining approval

Membership of the Policy-Making Body

The commission is the policy making entity for aging services (46.82 (4) (a) (1)) and an aging advisory committee is not the commission. List the membership of the aging unit's policy-making body using the template provided below and include in the body of the aging plan. There are term limits for the membership of the policy-making body.

Official Name of the County Aging Unit's Policy-Making Body:
ADRC of Brown County Board of Directors

Board member	Phone/email	Board term	Term	Pop. Repres-entative	Committee
Randy Johnson - ***CHAIR*** 2906 Thunderbird Trail Green Bay, WI 54313	Phone: 920-336-3730 Cell: 920-609-7805 Jajrgj9@aol.com	1/1/2020 - 12/31/2022	2nd	60+	Executive & Finance Nominations & HR Committees
Bev Bartlett - *VICE CHAIR* 1112 Mt. Mary Dr Green Bay, WI 54311	Phone: 920-468-3399 beverlybartlett@sbcglobal.net	1/1/2019 - 12/31/2021	2nd	60+	Executive & Finance Nominations & HR Commitees
Deb Lundberg 1184 Echo Ln Green Bay, WI 54304	Phone:920-498-1382 Dlundberg1951@aol.com	1/1/2020 - 12/31/2022	2nd	60+	Nominations & HR Committee
Dennis Rader 3425 Shady Ln Green Bay, WI 54313	Phone: 920-434-1133 dwrader@yahoo.com	1/1/2019 - 12/31/2021	1st	60+	Nominations & HR Committee
Megan Borchardt 1146 9th Street Green Bay, WI 54304	Phone: 920-393-8842 Megan.Borchardt@ browncountywi.gov	1/1/2021 – 12/31/23	2nd	County Board	
Eileen Littig 721 S Quincy St Green Bay, WI, 54301	Phone: 920-432-6603 littige@uwgb.edu	1/1/2019 - 12/31/2021	1st	60+	Nominations & HR Committee
Michael Conley-Kuhagen 130 Badger La #110 Green Bay, WI 54303	Phone: 920-637-0803 Mconleykuhagen1@ yahoo.com	5/1/2021 - 4/30/2023	1st	Physical Disab.	
Amy Payne 812 Posey Ct. Green Bay, WI 54313	Cell: 920-217-9352 gmaamy123@gmail.com	6/1/2017-5/31/2022	1st	Mental Health	
Robert Johnson MS - *SECRETARY* 1320 Ridgeway Blvd. De Pere, WI 54115	Cell: 920-609-5959 robertj@solihten.org	1/1/2021 - 12/31/2023	1st	60+	Executive & Finance Nominations & HR Committees
Pat Lassila W1726 Poplar Ln Seymour, WI 54165	Cell: 920-833-7745 purtyverty@aol.com	1/1/2020 - 12/31/2022	1st	Oneida Tribe	
Amy Barhite 3595 Pine Forest Dr Suamico, WI 54313	Phone: 920-662-1635 amyjobarhite@gmail.com	5/1/2021 - 4/30/2023	1st	Develop-mental Disab.	

Role of the Advisory Committee

Where an aging unit has both an advisory committee (sometimes referred to as the advisory council) and a policy-making body, a key role of the advisory committee is to advise the policy-making body in the development of the plan and to advocate for older adults. Evidence of this involvement should be listed as an attachment in the appendices of the aging unit plan.

Membership of the Advisory Committee

An aging advisory committee is required if the commission (policy-making body) does not follow the Elders Act requirements for elected officials, older adults, and terms, or if the commission is a committee of the county board (46.82 (4) (b) (1)). If the aging unit has an advisory committee, list the membership of the advisory committee using the template provided below and include in the body of the aging plan. 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. There are no term limit requirements on advisory committees.

Membership of the Advisory Committee Template

Official Name of the County Aging Unit's Advisory Committee:

Name	Age 60 and Older	Elected Official	Start of Service
Chairperson: ***No Advisory Committee***			

BUDGET SUMMARY

Yet to be posted

The aging unit is required to submit an annual budget to the AAA using a budget worksheet approved by BADR. Final budgets are to be submitted with the aging plan on November 5th, 2021. Due dates for annual aging unit budgets for CY 2023 and 2024 will be determined in cooperation with the AAAs and BADR and communicated with aging units when the dates are set.

Budget summary information should be inserted into the document. It is also acceptable to provide a hyperlink to budget summary information. Aging units may choose to use pie charts or graphs to highlight how funds are spent for services and supports for older adults and caregivers.

In addition, the budget summary page must be clearly posted on a public webpage for review following final approval by the aging unit governing body.

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 include in the body of the aging plan.

Verification of Intent Template

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 AAA 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.

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

ASSURANCES OF COMPLIANCE WITH FEDERAL AND STATE LAWS AND REGULATIONS

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.

Use the template provided below and include in the body of the aging plan.

Compliance with Federal and State Laws and Regulations for 2022-2024

On behalf of the county, we certify

_____Aging and Disability Resource Center of Brown County_____
(Give the full name of the county aging unit)

has reviewed the appendix to the county plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2022-2024. We assure that the activities identified in this plan will be carried out to the best of the ability of the county in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2022-2024.

_____
Signature and Title of the Chairperson of the Commission on Aging Date

_____
Signature and Title of the Authorized County Board Representative Date

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

1. Attached Steph's Graphs of survey responses
2. Attach copies of comments received during public review of the plan
3. Attach 211/Crisis ADRC Report
4. Attach Minutes of Board Meeting Where Plan was approved
5. Attach Staff Roster with all employees
6. Attach Budget Finance 101 Power Point Slides