

**Aging and Disability Resource Center
of St. Croix County Aging Plan
2025–2027**

DRAFT

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Executive Summary

The Aging and Disability Resource Center (ADRC) of St. Croix County is in the heart of St. Croix County in New Richmond, Wisconsin. The ADRC is a friendly, welcoming place where you can go for information about aging or living with a disability. The ADRC provides information on a broad range of programs and services. The ADRC of St. Croix County has the Aging Unit and ADRC staff integrated and co-located in one location. St. Croix continues to be one of the fastest growing counties in Wisconsin. It is important that the ADRC makes St. Croix County a vital community for older adults.

The Aging Unit has a primary purpose to administer programs to older adults within the county including a Nutrition Program, Home-Delivered Meals, Caregiver Support Services, Dementia Care Services, Prevention and Health Aging Programs, Transportation and Elder Benefit Services. The Aging Unit works to ensure that all older individuals have access to information, services, and opportunities to live meaningful and rewarding lives.

Mission

To provide older adults and people with physical disabilities or intellectual disabilities the resources needed to live with dignity and security and achieve maximum independence and quality of life. The goal of the ADRC is to empower individuals to make informed choices and to streamline access to the right and appropriate services and supports.

Vision

In fulfilling the mission of the ADRC of St. Croix County, the vision remains to provide a visible and assessable point of contact for all older adults. The ADRC is widely recognized for being the initial contact and promoting easy access to innovative ADRC services.

Values

Our values mirror those of St. Croix County Health and Human Services:

- Responsible: We will make effective use of tax dollars, time, county and natural resources.
- Respect: We will respect those we have been entrusted to serve, co-workers and leadership.
- Honesty: We will communicate openly and honestly.
- Accountability: We will hold each other accountable through our culture and our practices.
- Integrity: We will build trust.
- Transparent: We will share information with stakeholders to increase engagement and awareness.
- Cooperation: We will work together for the common benefit of the whole county and its citizens.

- Innovative: We will take a prudent and creative approach to problem solving.

In development of the three-year Aging Plan for 2025-2027, the Aging Unit team recognized the continued need to involve the community to gather insight and input to assure that it is a collaboration of those affected or interested in aging services. Valuable insight has been received, emphasizing concerns related to such issues as transportation, affordable housing, social isolation and loneliness, as well as scams and fraud impacting older adults.

Due to the growth in numbers of older adults in St. Croix County, the challenge ahead will be to meet the needs of the increasing numbers of older adults and to provide an opportunity for them to direct the programs and services which keep them active and living independently in their communities.

The vision into the future for the Aging Unit is to stay relevant to the current needs and services for older adults and families in St. Croix County.

The Aging and Disability Resource Center has one full-time Administrator who oversees both the ADRC and the Aging Units. In 2023, a full-time Aging Supervisor position was created. The Aging Supervisor leads the Aging Unit while also acting as the Nutrition and Transportation Director for the division. Additionally, there is a Nutrition Program Supervisor and a Caregiver Support Coordinator who assist in managing the nutrition and caregiver support programming, respectively.

The Council on Aging and Disabilities has both an appointed Chair and Vice-Chair. The Chair sets the agenda and facilitates the Council meetings which are held the 2nd Friday of every month with the exception of February and July.

The Nutrition Advisory Council as both an appointed Chair and Vice-Chair. The Chair facilitates the meetings which are held on a quarterly basis.

Context

What are the age trends for older adults in St. Croix County?

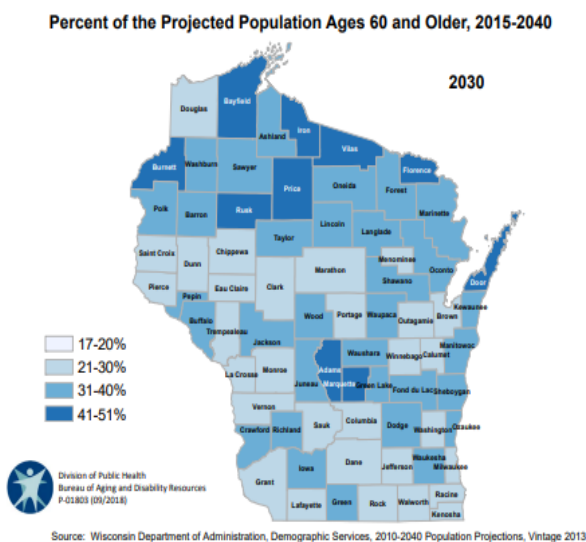
St. Croix County is located in west central Wisconsin and is separated from Minnesota by the St. Croix River on the west. Polk, Pierce, and Dunn counties border the north, south, and east of St. Croix County, respectively. The county is 722.33 square miles in size, and is comprised of four cities, nine villages, and twenty-one townships. Four major hospitals are found in the county including Western Wisconsin Health, Hudson Hospital and Clinics, River Falls Area Hospital, and Westfields Hospital and Clinic.

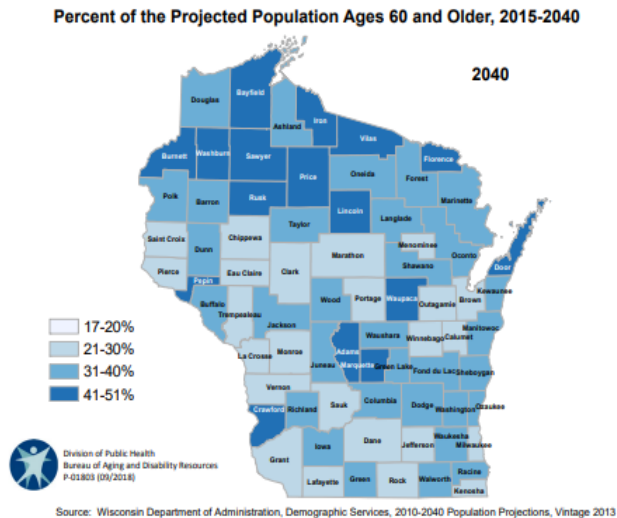
According to County Health Rankings and Roadmaps, St. Croix County's total population was estimated to be 95,044 in 2023. According to the U.S. Census' Population Estimates Program, as of June 2023, 22,351 or 23.3% of St. Croix County's residents are surveyed to be over the age of 60. St. Croix County's percentage of

individuals aged 60 or older is less than the estimated numbers for Wisconsin as a whole, as it is estimated that 24.6% of Wisconsinites are age 60 or older.

Additionally, the U.S. Census' American Community Survey, 2018-2022 report indicates that there are 720 more females aged 65 and over than males (7,351 to 6,631) in St. Croix County. It is also noteworthy that 23.1% of St. Croix County residents aged 65 and older live alone, which is less than the total Wisconsin percentage of 29.3%. It is also important to note that 36.8% of households in St. Croix County are comprised over at least one person aged 60 and older which also falls a little lower than the Wisconsin total of 40.9%. Furthermore, St. Croix County is home to 809 individuals, or 6.0%, aged 65 or older living below poverty, which is also less than the Wisconsin percentage of 8.1%.

According to Wisconsin Department of Health Services, St. Croix County has experienced steady population growth, of notable significance in the number of older adults. Population projections for individuals aged 60 and older indicate a continued rising trend. Data sources for the Division of Public Health, while not updated since 2018, demonstrate an estimate of 21-30% of the total population in St. Croix County to be comprised of older adults (60+) as we near 2030 and 2040.





Furthermore, the Wisconsin Department of Health Services projects the number of Saint Croix County residents aged 60 and older to grow to 25,380 by 2030 and 30,260 by 2040. This growth demonstrates a total percentage of 25.4% of Saint Croix County residents being aged 60 or older by 2040. Individuals aged 85 and older will more than double in total population across the state of Wisconsin and in Saint Croix County as well. Data from the Wisconsin's Future Population: Projections for the State 2010-2040 indicates that Saint Croix County is projected to be the fastest-growing county, in terms of percentage change, through 2040, by 41%.

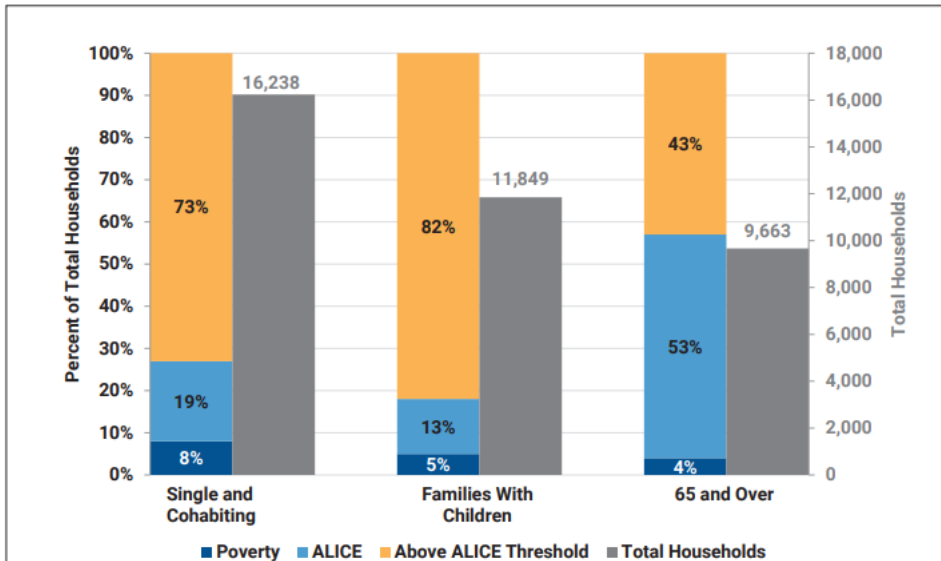
How do needs differ across race and ethnic groups, rural and urban, income levels and generations?

St. Croix County exhibits limited racial and ethnic diversity. Per the previously mentioned U.S. Census' American Community Survey, July 2022, data indicates that 97.7% of St. Croix County's population of individuals aged 65 and older is Caucasian, 0.8% Hispanic/Latino, 0.5% Asian, 0.5% Black/African American, 0.3% Native American/Alaska Native, 0.1% Hawaiian/Pacific Islander, and 0.3% two or more races noted. These numbers are consistent with data from the Wellsky reporting system related to the race of individuals served by the nutrition, transportation, and caregiver programs of St. Croix County.

The 2024 ALICE (Asset Limited, Income Constrained & Employed) Report for Saint Croix County outlines financial hardship data across Saint Croix County, specifically for households that earn more than the Federal Poverty Level but less than the basic cost of living for the county. This indicator is known as the "ALICE Threshold." Individuals and households that fall into the ALICE category and those living in poverty are unable to afford the basic essentials. According to the 2022 Point-in-Time Data for the 2024 Saint Croix County ALICE Report, 57% of individuals aged 65 and older fall into one of these two categories. More specifically, 5,477 households in Saint Croix County either

live in Poverty or under the ALICE threshold.

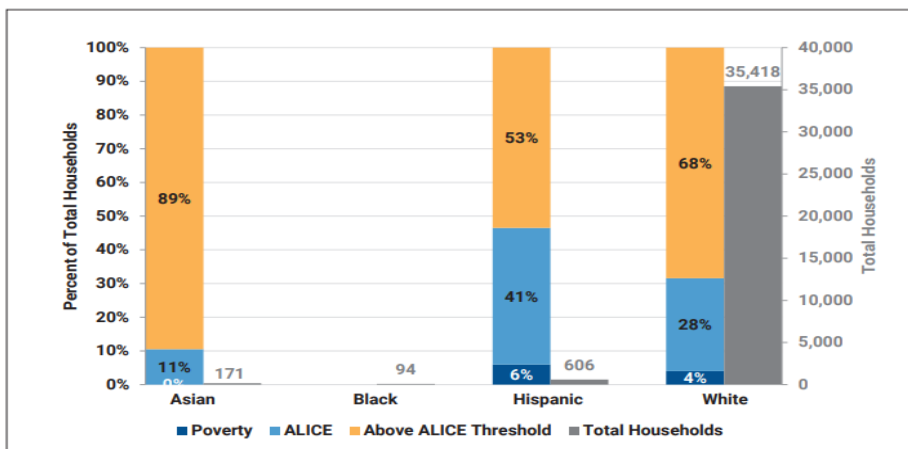
Household Financial Status by Household Type, St. Croix County, 2022



Sources: ALICE Threshold, 2022; American Community Survey, 2022

Additionally, 47% of total Hispanic households meet either the ALICE or the poverty thresholds while 11% of total Asian households meet the ALICE threshold. Saint Croix County households who identify as white have 32% of the total households living in either ALICE or poverty conditions. A parallel can be drawn to the households aged 60 and over as well.

Household Financial Status by Race/Ethnicity, St. Croix County, 2022



Note: Asian, Black, and White racial categories are for one race alone. Race and Hispanic ethnicity are overlapping categories. The Asian and Black groups may include Hispanic households; the White group includes only White, non-Hispanic households. The Hispanic ethnic group may include households of any race.

Source: ALICE Threshold, 2022; American Community Survey, 2022

It is also important to note that townships and villages, according to the ALICE Point in Time Report in 2022, individuals who are more isolated and in Saint Croix County's smaller, more rural communities display higher percentages of individuals living in poverty or under the ALICE threshold.

In reviewing the 2023 County Health Rankings and Roadmaps, Saint Croix County is ranked amongst the healthiest counties in Wisconsin, more specifically, it is ranked third in health outcomes and fifth in health factors.

Development of the Aging Plan

The ADRC of St. Croix County demonstrated commitment to the engagement of the community in gathering input in the development of the Aging Plan. A cornerstone of the Older Americans Act (OAA) is that older adults have full participation in the planning and operation of community-based services. People in the community must be afforded opportunities to be part of the planning, express their ideas and concerns about current supports and services, and state their needs for the future.

Multiple methods were completed in gathering information including a survey, in-person focus groups at the nine St. Croix County Senior Centers, a listening session for the advisory board, along with information shared in local publications. Through the community engagement activities, key areas and considerations were identified in formulation of the Aging Plan goals. See attached Community Engagement Reports for full details, summary provided below:

1. Council members of the Council on Aging and Disabilities.
*Presentation done in 5-10-2024 explaining the Aging Unit Plan, encouraged completion and distribution of survey.
2. Senior Center Boards/ Focus Groups
*Completed in April and May 2024, 69 people in 8 different communities.
3. Surveys (Paper and Online formats)
*261 survey responses collected, representing 11 separate communities. A broad range of community members were represented in the survey including individuals over 60, caregivers, elected officials, healthcare professionals, member of the LGBTQ community, person of color, and persons with disabilities.

Key takeaways in the Community Engagement process include:

- Having multiple ways to complete the survey was more successful than previous plan cycle.
- Upon review of responses and community engagement activities, it is identified that many of the services needed or identified do exist within the county, but individuals may not be aware of available options. Increased marketing of existing programs and ADRC and Aging programs in general needs to be

addressed. Continued assessment of how to get information to older adults in the community.

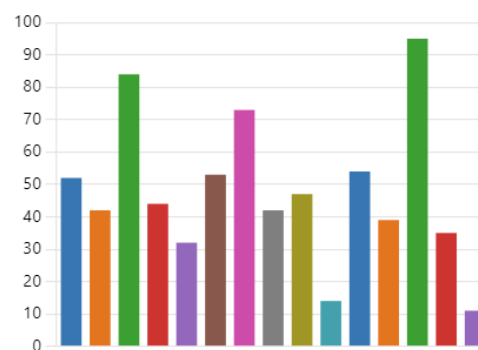
- It is very important to involve the Council members in the hands-on process in the Aging plan to be advocates for the programs of St. Croix County and provided a better knowledge base and understanding of program development and funding sources.

Some of the top identified areas include transportation, affordable housing, social isolation and loneliness, scams and fraud, and healthcare concerns.

1. What do you think are the top 3 things that need to improve to help adults in our community as they age? (Please check 3)

[More Details](#)

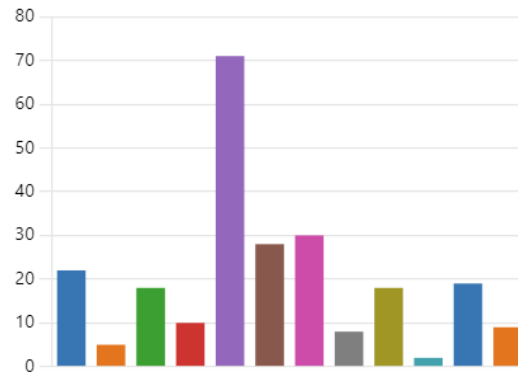
Access for People with Disabilities	52
Access to Healthy Food	42
Affordable Housing Options	84
Brain Health & Dementia Suppo...	44
Food Options / Having Enough ...	32
Healthcare	53
Help with Social Isolation & Lon...	73
Help Understanding Medicare ...	42
Help with Home Repairs & Upk...	47
Lack of WIFI/Technology Resour...	14
Scams/Fraud	54
Support for Family Caregivers	39
Transportation	95
Ways to Keep Fit & Healthy	35
Other	11



7. **Where do you live? (if you select other, please type in your location)**

[More Details](#)

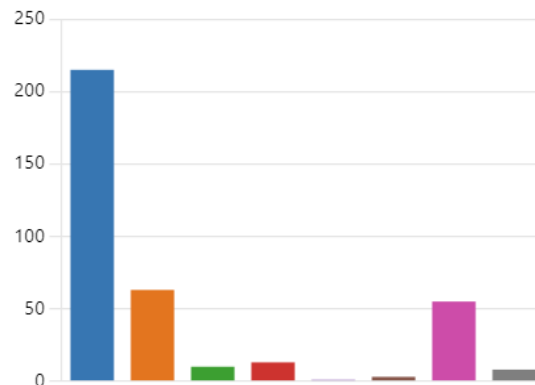
Baldwin	22
Deer Park	5
Glenwood City	18
Hammond	10
Hudson	71
New Richmond	28
River Falls	30
Roberts	8
Somerset	18
Star Prairie	2
Woodville	19
Other	9



8. **Your responses below will help us determine if we are capturing feedback from a broad range of community members. (Please check all that apply)**

[More Details](#)

60 Years or Older	215
Caregiver of a Family Member o...	63
Elected Official	10
Healthcare Professional	13
Member of the LGBTQ+ Comm...	1
Person of Color	3
Person with a Disability	55
None of the Above	8



Public Hearing Requirement

The ADRC of St. Croix County held one Public Hearings on September 25, 2024 at 1:00 PM in New Richmond at the St. Croix County Services Center. The hearings was held at a handicap accessible location. A virtual platform was included to be involved in the public hearing session through a Microsoft Teams link. Information provided to submit written comments was also provided to consumers. A notice was sent to the designated county newspaper, The Star Observer. Additionally, it was printed in the Baldwin Bulletin. Both were printed two weeks prior to the hearings. Flyers were

created and distributed at each of the nine Senior Nutrition Sites. This flyer was also printed in the September edition of the ADRC Newsletter which is distributed to the county libraries.

ADD INFO ABOUT THE SUCCESS OF MEETING 9-25-24

Summarize the aging unit's public hearing process. Include comments from community members and indicate changes made to the draft version of the plan because of input collected during the public hearing.

Goals and Strategies

The Three-Year Aging Plan follows the plan instructions provided by the Federal and State network that include specific focus areas for the plan. The developed goals for 2025-2027 will address local needs as defined by the community, program participants and stakeholder groups that will result in quality program improvements. In addition, the Aging Team was tasked to address required goals for each of the four funded Older American Act Title III programs and goals to advance values in the aging network as followed. We are committed to creating a plan that addresses the needs of all the people we serve.

Goals to Enhance OAA Program Areas:

1. Title III-B Supportive Services
2. Title III-C1 and/or C2 Nutrition Program
3. Title III-D Evidence-Based Health Promotion
4. Title III-E Caregiver Support

Aging Network Values:

1. Person-Centeredness
2. Equity
3. Advocacy

The following Goals have been developed by the Aging Team of St. Croix County in the required areas:

Title III-B Supportive Services, Aging Plan for 2025–2027

1. Why are we choosing this thing to focus our efforts on?
Efforts related to social isolation and loneliness and transportation are ranking as survey top concerns and of essential importance in Supportive Services in St. Croix County.
2. Why do we believe this particular effort will make things better?
*Post Covid, the increased desires and awareness of concerns related to social isolation and loneliness have become more prevalent in the community.
Collaborations with Senior Centers to provide social opportunities including*

transportation and nutrition will provide positive social interactions and improved health. Additionally, providing increased opportunities to attend evidenced-based programs can provide overall improved health status.

3. How do we think this leads to people being better off?
By promoting social programs and social isolation and loneliness initiatives we hope to foster meaningful connections to enhance both the physical and mental health outcomes for older adults, ultimately fostering a healthier and more vibrant community.
4. How will we know when we're done with this effort?
Events held and increased attendance evident. High interest in social opportunities expressed and evident by full attendance and requests for additional transportation to outings.
5. How will we know whether anyone is better off because of this effort?
*Positive response and verbalization of feedback of annual events, return participants.
Evidence collected on evidence-based evaluations.*

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

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

Aging Network value (Select a value if applicable.)

- ☐ Person centeredness
- ☐ Equity
- ☐ Advocacy

Goal statement:

To provide equitable access to social opportunities and a sense of belonging, mitigating the negative effects from social isolation and loneliness. Through comprehensive initiatives, the Aging Unit of St. Croix County aims to create a community where older adults feel connected, supported, and empowered to prioritize their well-being. By partnering with the Senior Center Boards and Center Board Coalition to promote programs and social isolation and loneliness initiatives we hope to foster meaningful connections to enhance both the physical and mental health outcomes for older adults, ultimately fostering a healthier and more vibrant community.

Plan or strategy:

- *Assess St. Croix County's community social connection assets.
- *Participate in the Wisconsin Coalition For Social Connection's Awareness Week in November annually.
- *Implement evidence-based programming and add social isolation and loneliness questions to the Peer Place registration form to measure impact.
- *Utilize 85.21 sponsored transportation services to assist with participants in having transportation services to social events.
- *Collaborate with community partners including the Center Board Coalition to host two free annual community Senior events.

Documenting efforts and tools:

Documenting **how much** has been done:

- Increase number of evidence-based health promotion offerings.
- Number of participant evaluations (with social isolation and loneliness questions added to the general registration form) from evidence-based health promotion programs.
- Document number of social rides provided, and number of individuals served.
- Awareness information shared in ADRC News in November related to Social Connection Awareness Week.

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

- Increased attendance to annual countywide social events.
- Assess recruitment efforts and attendance to evidence-based health promotion programs in St. Croix County.
- Increased transportation provided with community partnerships to social events.

Assessing whether anyone is **better off**:

- Analyze evaluation data from evidence-based health promotion programs.
- Follow up with community partners such as Senior Center boards related to qualitative narrative of participants taking part in programs of social connection.

Title III-C1 and/or III-C2 Nutrition Program & Person Centeredness, Aging Plan for 2025–2027

1. Why are we choosing this thing to focus our efforts on?

Growing concerns related to the expenses related to the Elder Nutrition Program while assuring the needs of the most at risk are being met. To avoid a waiting list for Nutrition Services, St. Croix County will continue to work towards program efficiencies that provide continued services while promoting person-centered opportunities. We must act now to figure out how we can positively influence the nutrition, socialization, and overall health of everyone 60+ while operating within our capacity and avoiding waitlists.

2. Why do we believe this particular effort will make things better?

This effort will assure that the ADRC is being as efficient as possible with allocated OAA and local funding in every effort to provide nutrition for those most at need. The prioritization system provides a uniform data-driven framework that will allow us to maximize our resources and fulfill the intent of the OAA. We will identify upstream risk factors that could lead to hospitalization and worsening health outcomes and offer person-centered interventions that meet the person where they are to enhance their quality of life.

3. How do we think this leads to people being better off?

Continued nutrition services provide essential health benefits for older adults as well as the opportunity for socialization at congregate settings. With continued improvements made to program efficiencies, services are maintained for all. We will be able to determine what meal options best align with the person's needs and to connect them with other programs and services to further enhance their lives and level of independence.

4. How will we know when we're done with this effort?

Outcomes will be established and monitored annually over the next 3 years. This is a shift to person-centered services within our program, the goal is to continue these efforts long-term.

5. How will we know whether anyone is better off because of this effort?

The Meal Prioritization Process is intended to improve efficiencies, build partnerships, and promote awareness and advocacy to ensure our programs are cost-effective and serve the greatest number of individuals. We will measure these components and continue to educate the community of the value of the Elder Nutrition Program.

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

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

Aging Network value (Select a value if applicable.)

- ☒ Person centeredness
- ☐ Equity
- ☐ Advocacy

Goal statement:

St. Croix County ADRC will promote person-centered nutrition planning by implementing select components of the GWAAR Person-Centered Meal Prioritization Process over the next 3 years. This will ensure that we can positively influence the nutrition, socialization, and overall health of everyone 60+ while operating within our capacity and avoiding waitlists.

Plan or strategy:

St. Croix County plans to optimize the delivery of meals and related services within the OAA Nutrition Program. This will ensure that individuals with the highest nutritional needs are being served within the means of program resources while also offering person-centered services to those with moderate to low needs that meet the person where they are to optimize their nutrition status and enhance their quality of life.

*Anticipated discontinuation of “Grab and Go” meals in 2025, allowing extreme exceptions (essential use) of this option.

*Evaluation of Home-delivered meal intake process with use of components of the Person-Centered Meal Prioritization Process, establishment of improved practices within the HDM program.

*Implement internal Teams Nutrition Data Entry program to streamline meal counts and ordered food to enhance efficiencies, minimize excess cost within the Nutrition program and improve collaboration with external vendors.

*Enhanced use of Peer Place to enter participant data and evaluate outcomes.

*Continued ongoing evaluation of the nine St. Croix County Nutrition Sites as potential needs and opportunities for change occur. (Ex. Additional restaurant model, consideration of voucher program, location changes, partner locations changes, etc.).

*Partner with local Senior Center boards to offer opportunities for socialization while at the Nutrition Sites for increased person-centered opportunities in overall enhanced quality of life.

Documenting efforts and tools:

Documenting **how much** has been done:

The change in the intake process will be started in 2025 with new participants onto the home-delivered meal program as well as reassessment process.

Program data entered daily into Teams Site to assure accuracy of meals ordered and counted.

Eliminated use of “Grab and Go” meals with the exception of essential use participants only.

Use of Peer Place to create reports and evaluate program outcomes.

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

Outcomes will be determined, data entered into Peer Place, and evaluated at least quarterly. Continued data of meals served in both congregate and home-delivered programs shared with Nutrition Advisory Council.

Increased efficiencies with program support staff having access to data digitally versus handling all paperwork (hard copies) at the end of the month.

Increased number of congregate diners when a social event is held at the Nutrition Site in collaboration with Senior Center Board events.

Assessing whether anyone is **better off**:

Processes will be established and implemented to ensure participants at each level of need are being monitored and reassessed to prevent decline. In addition, surveys to participants will measure their level of satisfaction related to the program and person-centered opportunities.

Title III-D Evidence-Based Health Promotion, Aging Plan for 2025–2027

1. Why are we choosing this thing to focus our efforts on?

The focus would be to continue to build community partnerships in offering continued opportunities and expand available evidence-based programming throughout the county.

2. Why do we believe this particular effort will make things better?

The ADRC alone is not staffed or available to lead all evidenced-based programs within the county. By partnering with entities such as local hospitals, clinics and UW-Extension, we can offer more opportunities for individuals in St. Croix County.

3. How do we think this leads to people being better off?

Increased opportunities available for important information to get to older adults in the community. Additionally, providing increased opportunities to attend evidenced-based programs can provide overall improved health status.

4. How will we know when we're done with this effort?

Classes held, additional facilitators trained.

5. How will we know whether anyone is better off because of this effort?

Positive feedback related to knowledge gained in the class.

Older Americans Act program area (Select a program area if applicable.)
<input type="checkbox"/> Title III-B Supportive Services
<input type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program
<input checked="" type="checkbox"/> Title III-D Evidence-Based Health Promotion
<input type="checkbox"/> Title III-E Caregiver Supports
Aging Network value (Select a value if applicable.)
<input type="checkbox"/> Person centeredness
<input type="checkbox"/> Equity
<input type="checkbox"/> Advocacy
Goal statement:

Older Adults will have increased access to training and educational opportunities to assist with maintenance of health and wellness through evidence-based programming in St. Croix County.

Plan or strategy:

- *Continue existing partnerships with local clinics/ hospitals/UW-Extension to facilitate evidence- based classes within St. Croix County (Stepping On and Strong Bodies.)
- *Assist with marketing of programs and registration of programs along with obtaining and funding necessary supplies and equipment.
- *Continue partnership with St. Croix County Dementia Care Specialist to offer Powerful Tools for Caregivers at alternate locations in the county.
- *Assess the attendance of held classes and evaluate financial resources and opportunities to hold additional classes and opportunities for alternate locations.
- *Create and distribute flyers and marketing materials for events held. Advertise in ADRC Newsletter with continued marketing of the value of evidence-based programming.
- *Offer opportunities for available transportation to attend classes. Identify obstacles in attendance of events, promote options for transportation to attend programming.
- *Additional promotion of opportunities will be shared to enhance the continued options to attend online programming and other classes not available specifically in St. Croix County.
- *Assess availability to offer a virtual component/programming to assist with access in rural parts of the county.

Documenting efforts and tools:

Documenting **how much** has been done:

- *Gather baseline data, where and when events and programs currently held. Assess if a waiting list exists and frequency of class being held.
- *Document agency partnerships and opportunities for reoccurring courses.
- *Assist partners with training of facilitators to lead evidence-based classes.
- *Marketing materials shared in the community and in newsletter.

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

- *Post course survey completed and positive results.
- *Maintenance of trained facilitators to continue to offer classes.

Assessing whether anyone is **better off**:

- *Compare the number of classes held throughout the Aging Plan Cycle.
- *Compare annual funding and opportunities to assist with providing evidence-based classes. With increased knowledge and education of wellness topics, a focus on health maintenance in older adults exists.

Title III-E Caregiver Supports & Equity, Aging Plan for 2025–2027

1. Why are we choosing this thing to focus our efforts on?

The improvement that we hope to see in our program is to see expansion in services, offering more opportunities for our more rural areas of the county. We hope to improve the equity and availability of services throughout the county.

2. Why do we believe this particular effort will make things better?

More options allow caregivers the opportunity to attend and become more familiar with Caregiver support services in St. Croix County. Much of the focus has been within the two largest communities and where county buildings are present.

3. How do we think this leads to people being better off?

The more people understand the available services and opportunities, the more knowledgeable they can become for their own families as well as within the communities that they live and work.

4. How will we know when we're done with this effort?

When Caregiver events are held and Caregivers will attend events that are sponsored and held by the ADRC. A variety of differing locations and partnerships are developed within multiple communities.

5. How will we know whether anyone is better off because of this effort?

The number of those in attendance of participants attending an event with a survey conducted related to their gaining of information by attending the event.

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

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

Aging Network value (Select a value if applicable.)

- ☐ Person centeredness
- ☒ Equity
- ☐ Advocacy

Goal statement:

Development of increased outreach of Caregiver and Dementia Care Services to expand throughout St. Croix County providing more equitable services and education throughout all areas of St. Croix County.

Plan or strategy:

*Assess current outreach efforts in Caregiver and DCS programming with identification of communities lived in and specific locations held.

*Develop strategic plan of expansion to more rural areas of the county, consider alternate locations and partnerships (such as Deer Park, Glenwood City, Woodville, and Somerset). *Develop “pop-up” education events covering a variety of specific topics related to Caregiving and Dementia Care Services as well as an overview of the ADRC services. This may allow a Caregiver to attend with ease a one-time event versus a series or full course.

*Identify obstacles in attendance of events, promote options for transportation to attend events and support opportunities. Ex. Rides to Support groups or pop-up events.

*Additional promotion of opportunities will be shared to allow Caregivers the continued options to attend online programs as well as throughout a variety of communities in St. Croix County.

*These improvements will allow for the more equitable opportunity for individuals to attend programs outside of New Richmond and Hudson. Additionally, will increase the number of referrals to the Caregiver Support Coordinator and Dementia Care Specialist for information and services.

Documenting efforts and tools:

Documenting **how much** has been done:

*Gather baseline data, where and when events and programs currently held. Identify where those attending reside.

*Count and document number of pop-up events held, number of people in attendance and communities held in.

*Document partnerships identified and opportunities for reoccurring events.

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

*Create and implement a short survey at the end of the pop-up event to evaluate benefits of receiving information and opportunity for further follow up.

Assessing whether anyone is **better off**:

*Compare the number of events held throughout the Aging Plan Cycle and diversity of locations held.

Advocacy, Aging Plans for 2025–2027

1. Why are we choosing this thing to focus our efforts on?

This effort will address growing concerns related to the rising aging population while balancing limited funding streams and increased costs for programming and services. It is important to bring advocacy efforts to the forefront in many areas so that the public is aware of how programs and services are funded, in addition to the need for more support around funding limitations. Fraud prevention and scams also is a topic area of growing concern, as evidenced by the results of our aging plan survey in the community.

2. Why do we believe this particular effort will make things better?
This effort will assist in ensuring ongoing advocacy efforts on available and utilized from a wide array of community members. Ongoing advocacy is vital to the continued success of programming efforts for our aging community members.
3. How do we think this leads to people being better off?
Continued Older Americans Act programming and overall aging service efforts support the health, wellness, and independence of our aging population. Overall wellness leads to longer independence and resource preservation as it prevents or delays costly long-term care needs.
4. How will we know when we're done with this effort?
Outcomes will be established and monitored on a continual basis over the next 3 years with the goal being to support these efforts long-term.
5. How will we know whether anyone is better off because of this effort?
All Older Americans Act programming efforts will continue to be monitored and evaluated, and individuals having access to these much-needed aging resources will support their overall wellness and independence. Empowering older adults to find their voice and advocate for programs and services will be measured through the attendance in educational opportunities, advocacy initiatives and opportunities, connections with local legislators, completing evaluations upon completion of advocacy activities, etc.

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

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

Aging Network value (Select a value if applicable.)

- ☐ Person centeredness

☐Equity

☒Advocacy

Goal statement:

Older adults in our community will have access to training and educational opportunities to assist in growing their advocacy skills in topics pertaining to aging.

Plan or strategy:

*Provide advocacy training and education to members of the Council on Aging and Disabilities

*Provide advocacy training and education to community members, their families, and caregivers in order to build advocacy efforts countywide

*Partner with local law enforcement agencies and/or banking institutions to provide older adult fraud prevention presentations in multiple communities throughout St. Croix County.

*Partner with the local League of Women Voters to create awareness about public policy, voting, and nonpartisan efforts

*Offer local or State opportunities for individuals to utilize their advocacy skills (e.g. Wisconsin Aging Advocacy Day, in-district legislative events)

*Partner with local legislators in more organized manner in order to educate them on aging initiatives and needs of the population (e.g. invite to Council meetings, hold in-district event, communicate regularly with updates, invite to receive our ADRC News in electronic version, etc.)

*Build advocacy educational materials into ADRC library of resources including the ADRC newsletter, the ADRC website, and possible social media opportunities.

Documenting efforts and tools:

Documenting **how much** has been done:

Advocacy outreach and educational events will be documented, and data will be captured in relation to number of events held, number of participants, community members reached, etc. Online metrics will also be captured by how often the information is accessed and/or shared. Attendance by community members, staff, and/or Council members in any legislative event will also be captured and tracked.

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

Pre and post-evaluation surveys will be completed at any educational advocacy event to measure the value of the information presented.

Assessing whether anyone is **better off**:

Outcomes will be measured following training events. Any advocacy information shared is considered helpful, however, community members attending legislative events and/or participating in advocacy issues demonstrates that training and education offered has been effective in easing comfort levels in this focus area.

Program Advancement

Community engagement and Public Input

The ADRC of St. Croix County demonstrates a commitment to the engagement of the community in gathering input in the development of the Aging Plan. The Aging Unit will continue to be active with an ongoing effort to improve interactions with increased input during programs and services whether through surveys, written and verbal input. Community outreach will continue to be a focus of the ADRC and Aging Unit to enhance knowledge of aging programs and services countywide.

Title III and Title VI Coordination

The coordination of services between St. Croix County and tribal members is essential to maximize efforts toward health equity within our aging programs. St. Croix County does not have tribal lands located within the county, but potentially tribal members do reside within St. Croix County. Best efforts will be made to provide outreach regarding Aging programs and services and inform the tribal community that tribal elders may qualify for tribal aging program services even if they do not reside within the tribal boundaries. Saint Croix County Aging and ADRC services will ensure that all marketing materials are inclusive to all older adults.

Aging Unit integration and collaboration with the local Aging and Disability Resource Center

The ADRC of St. Croix County has the Aging Unit and ADRC staff co-located in New Richmond, WI and organizationally integrated. The Aging Unit and ADRC staff collaboratively partner to carry out the goals of the Aging Unit Plan and to serve the Older Adults of St. Croix County.

Emergency preparedness

The ADRC of Saint Croix County was able to quickly pivot programs and processes at the time of the COVID-19 public health emergency due to the already existing remote workstyle that St. Croix County had in place. This included the computer equipment necessary for staff to work remotely. Our community partners continued to be committed to the work of our Aging Unit and we were able to continue to provide the Senior Nutrition Program without missing a day of service. The availability of programming via online avenues became more essential and have been maintained. An alert program (RAVE) is utilized to be able to reach out to participants to alert them of emergencies, closures, and essential information.

The Aging Unit of St. Croix County recognizes the importance of Emergency Preparedness and works closely with St. Croix County Public Health and Emergency Support Services under the St. Croix County Emergency Operations Plan which addresses all hazards that affect the citizens and visitors of St. Croix County plan of St. Croix County.

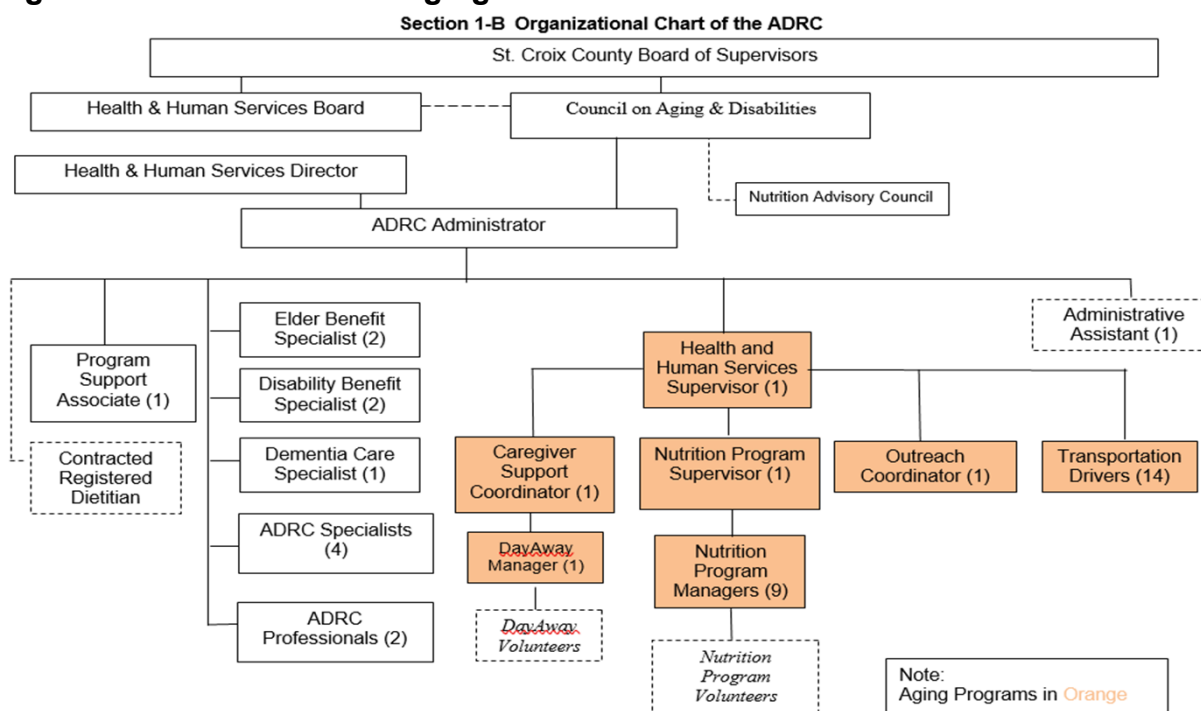
The Senior Nutrition Program does have a specific document named: Emergency Plan-Senior Nutrition Program Staff Guidelines and Plans for the Unexpected that was created in May 2024. Copies are available at all of the Nutrition Sites for staff to reference.

Organizational structure and leadership of the Aging Unit

Primary Contact to Respond to Questions about the Aging Plan

Kristin Newton
 Aging and Disability Resource Center Administrator
 St. Croix County
 ADRC of St. Croix County
 1752 Dorset Lane
 New Richmond, WI 54017
 kristin.newton@sccwi.gov
 715-381-4365

Organizational chart of the Aging Unit



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.

State law does not permit a waiver of the requirements in this section. If a real or potential violation of the requirements of Chapter 46.82 exists, contact GWAAR for assistance in arranging a corrective action plan. Failure to do so could result in non-approval of the plan and suspension of funding. Organizational structure: Choose the option that represents the organizational structure of the aging unit.	Check one
(1) An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	<input checked="" type="checkbox"/>
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	<input type="checkbox"/>
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	<input type="checkbox"/>
Composition of the policy-making body: Choose the option that represents the composition of the policy-making body.	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.	<input checked="" type="checkbox"/>
For an aging unit that is described in (1) or (2) above, composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	<input type="checkbox"/>
For an aging unit that is described in (3) above, the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	<input type="checkbox"/>
Full-time aging director: The law requires that the aging unit have a full-time aging director.	Check one
The aging unit has a full-time aging director as required by law.	<input checked="" type="checkbox"/>
The aging unit does not have a full-time aging director as required by law.	<input type="checkbox"/>

Policy-Making Body

The policy-making body, also called the commission on aging, must approve the aging unit's aging plan. Evidence of review and approval of the draft and final version of the aging plan must be included as part of the plan. Attach evidence of this required involvement as an appendix to the aging plan. This may include descriptions of events, activities, or notes from meetings that provide evidence of involvement.

The commission is the policy making entity for aging services (46.82 (4) (a) (1)) and an aging advisory committee is not the commission. There are term limits for the membership of the policy-making body.

List the official name of the policy-making body and chairperson in this section of the aging plan.

Official name of the policy-making body: **Council on Aging and Disabilities**

Chairperson of the policy-making body: **Dave Ostness**

Advisory Committee

An advisory committee, sometimes referred to as the advisory council, is required if the policy-making body does not follow the Wisconsin Elders Act requirements for elected officials, older adults, and terms, or if the policy-making body is a committee of the county board (46.82 (4) (b) (1)).

When an aging unit has both an advisory committee and a policy-making body, a key role of the advisory committee is to advise the policy-making body in the development of the aging plan and to advocate for older adults. Attach evidence of this involvement as an appendix to the aging plan. This may include descriptions of events, activities, or notes from meetings that provide evidence of involvement.

Chapter 46.82 (4) (b) (1) of the Wisconsin Statutes requires that the membership of the aging advisory committee (where applicable) must consist of at least 50% older people, and individuals who are elected to office may not constitute 50% or more of the membership. There are no term limit requirements for the membership of advisory committees.

Some aging units have combined their aging advisory committees and ADRC boards. This is acceptable if the county follows the membership requirements of the advisory committee 46.82 (4) (b) (1) and the ADRC scope of services. Seek additional guidance from GWAAR regarding combined ADRC boards and advisory committees if desired.

The nutrition advisory council, which is a requirement of the OAA for the Elder Nutrition Program, is a separate body from the advisory committee required by Chapter 46.82.

List the official name of the advisory committee and chairperson in this section of the aging plan.

Official name of the advisory committee: N/A

Chairperson of the advisory committee: N/A

Budget summary

Aging units are required to submit an annual budget to GWAAR using a budget worksheet approved by the Bureau of Aging and Disability Resources. Final budgets for CY 2025 are to be submitted with the aging plan on November 8, 2024. Due dates for annual aging unit budgets for CY 2026 and 2027 will be determined in cooperation with GWAAR and BADR and communicated with aging units when the dates are set.

The budget worksheet is separate from the budget summary section of the aging plan. Aging units are required to copy the budget summary table from the budget worksheet and insert it into the aging plan. The budget summary must be clearly posted on a public webpage for review following final approval by the aging unit governing body.

In addition to the budget summary table, aging units may choose to add pie charts or graphs to highlight how funds are spent for services and supports for older adults and caregivers. This is an opportunity to show the public how Title III funds are spent including the proportions of local, state, and federal dollars.

***WILL BE ADDED TO FINAL PLAN**

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.

Signed Verification of Intent

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

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

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

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

Aging units must include the following appendices with their aging plan: assurance of compliance with federal and state laws and regulations, community engagement reports, and public hearing reports. Additional appendices are welcome that support the aging unit plan.

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

Assurances of Compliance with Federal and State Laws and Regulations

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

The structure of AAAs in Wisconsin are as follows:

1. An agency designated as the AAA must subcontract with counties, tribal nations, or providers to carry out Older Americans Act programs. The AAA, in a binding contract with the state, and counties and tribal nations, in a binding contract with the AAA, must support and comply with requirements under the Older Americans Act (Public Law 89-73) [As Amended Through P.L. 116-131, Enacted March 25, 2020] Reference: 45 CFR Part 1321 – Grants to State and Community Programs on Aging as updated in March 2024.
2. A county designated as the AAA must designate a department of local government as the aging unit. The AAA and the county aging unit are bound by a binding contract with the state and must support and comply with requirements under the Older Americans Act (Public Law 89-73) [As Amended Through P.L. 116-131, Enacted March 25, 2020] Reference: 45 CFR Part 1321 – Grants to State and Community Programs on Aging as updated in March 2024.

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

A signed copy of this statement must accompany the plan. The plan must be signed by the person with the designated authority to enter into a legally binding contract. Most often this is the county board chairperson or tribal governing board chairperson. The assurances agreed to by this signature page must accompany the plan when submitted to the AAA or Bureau of Aging and Disability Resources.

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

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

Compliance with Federal and State Laws and Regulations for 2025–2027

On behalf of the county or tribal nation, we certify

(Give the full name of the county or tribal aging unit)

has reviewed the appendix to the county or tribal aging plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2025–2027. We assure that the activities identified in this plan will be carried out to the best of the ability of the county or tribal nation in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2025–2027.

Signature and Title of the Chairperson of the Commission on Aging	Date
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Signature and Title of the Authorized County or Tribal Board Representative	Date
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The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

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

2. Outreach, Training, Coordination & Public Information

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

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

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

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

4. Advisory Role to Service Providers of Older Persons

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

5. Contributions for Services

- Agencies providing services supported with Older Americans Act and state aging funds shall give older adults the opportunity to voluntarily contribute to the costs of services consistent with the Older Americans Act regulations.
- Each older recipient shall determine what he/she is able to contribute toward the cost of the service. No older adult shall be denied a service because he/she will not or cannot contribute to the cost of such service.
- The methods of receiving contributions from individuals by the agencies providing services under the county or tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.
- Each service provider establishes appropriate procedures to safeguard and account for all contributions.
- Each service provider considers and reports the contributions made by older people as program income. All program income must be used to expand the size or scope of the funded program that generated the income. Nutrition service providers must use all contributions to expand the nutrition services. Program income must be spent within the contract period that it is generated.

6. Confidentiality

- No information about or obtained from an individual and in possession of an agency providing services to such individual under the county, tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.
- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.
- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the state agency, the AAA, the county or tribal aging unit, and any other agency, organization, or individual providing services under the state, area, county, or tribal plan, shall be safeguarded by specific policies.
- Each participant from whom personal information is obtained shall be made aware of his or her rights to:
 - (a) Have full access to any information about one's self which is being kept on file;
 - (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,
 - (c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.
- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately necessary for determining an individual's need and/or eligibility for services and other benefits.
- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:
 - (a) By court order; or,
 - (b) When securing client-requested services, benefits, or rights.
 - The lists of older persons receiving services under any programs funded through the state agency shall be used solely for the purpose of providing said services and can only be released with the informed consent of each individual on the list.
 - All paid and volunteer staff members providing services or conducting other activities under the area plan and aging unit shall be informed of and agree to:
 - (a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,

- (b) All policies and procedures adopted by the state and AAA to safeguard confidentiality of participant information, including those delineated in these rules.
- Appropriate precautions shall be taken to protect the safety of all files and records in any format or location which contain sensitive information on individuals receiving services under the state, area plan, and aging unit. This includes but is not limited to assuring registration forms containing personal information are stored in a secure, locked drawer when not in use.

7. Records and Reports

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

8. Licensure and Standards Requirements

- The applicant shall assure that where state or local public jurisdiction requires licensure for the provision of services, agencies providing services under the county, tribal, or area plan shall be licensed or shall meet the requirements for licensure.
- The applicant is cognizant of and must agree to operate the program fully in conformance with all applicable state and local standards, including the fire, health, safety and sanitation standards, prescribed in law or regulation.

9. Civil Rights

- The applicant shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that act, no person shall on the basis of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity under this plan.
- All grants, sub-grants, contracts or other agents receiving funds under this plan are subject to compliance with the regulation stated in 9 above.
- The applicant shall develop and continue to maintain written procedures which specify how the agency will conduct the activities under its plan to assure compliance with Title VI of the Civil Rights Act.

- The applicant shall comply with Title VI of the Civil Rights Act (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the service funded by the grant.
- All recipients of funds through the county, tribal, or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

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

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

11. Political Activity of Employees

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

12. Fair Labor Standards Act

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

13. Private Gain

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

14. Assessment and Examination of Records

- The applicant shall give the federal agencies, state agencies, and the Bureau of Aging and Disability Resources' authorized AAAs access to and the right to examine all records, books, papers or documents related to the grant.

- The applicant must agree to cooperate and assist in any efforts undertaken by the grantor agency, or the Administration on Aging, to evaluate the effectiveness, feasibility, and costs of the project.
- The applicant must agree to conduct regular on-site assessments of each service provider receiving funds through a contract with the applicant under the county or tribal plan.

15. Maintenance of Non-Federal Funding

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

16. Regulations of Grantor Agency

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

17. Older Americans Act

Aging units, through binding agreement/contract with an AAA must support and comply with following requirements under the Older Americans Act (Public Law 89-73) [As Amended Through P.L. 116-131, Enacted March 25, 2020]

Reference: 45 CFR Part 1321 – Grants to State and Community Programs on Aging as updated in March 2024.

Sec. 306. (a)

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

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

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the Area Agency on Aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

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

(4)(A)(i)(I) provide assurances that the Area Agency on Aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the Area Agency on Aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the Area Agency on Aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each Area Agency on Aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the Area Agency on Aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(4)(C) Each area agency on aging 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

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

(2) 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-

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

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

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

Wisconsin Elders Act

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



Community Engagement Report

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

Your County or Tribe: St. Croix County	Date/s of Event or Effort: May 10, 2024
Target audience(s): Council members of the Council on Aging and Disabilities	Number of Participants/ Respondents: 16
Describe the method used including partners and outreach done to solicit responses: <p>Presentation done by Amy Roemhild, ADRC Aging Team Supervisor on Friday, May 10, 2024 explaining the Aging Unit Plan process, current survey in progress, methods of community engagement as well as required goal areas. Discussion followed.</p> <p>After understanding of process, Council members provided with copies of paper survey, asked to complete, and distribute to others they know from their home communities or of target service group.</p>	

Describe how the information collected was used to develop the plan:

Input from Council members included in brainstorming process and development of goals specific to areas of advocacy. Council members verbalized knowledge and importance of understanding the process in their oversight and involvement.

Unable to determine direct numbers of returned surveys as a result of Council members distribution.

What were the key takeaways/findings from the outreach?

A key takeaway is the importance of involving the Council members in the hands-on process in the Aging Plan to be advocates for the Aging programs in St. Croix County. A better knowledge base and understanding on program development and connection to funding resources.



Community Engagement Report

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

Your County or Tribe: St. Croix County	Date/s of Event or Effort: April and May Senior Center Board Meetings
Target audience(s): Senior Center Board Members/ 9 centers	Number of Participants/ Respondents: 69
Describe the method used including partners and outreach done to solicit responses: <p>Face to Face focused group conversation and discussion with Senior Center Board members, senior leaders within their communities, 69 people involved with focus group in 8 different communities throughout St. Croix County.</p> <p>Eight Senior Center Boards of the nine Senior Centers were informed in person/educated on the Aging Plan development and handed out a copy of the paper survey at the 2024 April/May board meetings to each member in attendance. Also encouraged Board members to encourage others to complete surveys at their senior centers and in their communities.</p> <p>Discussion included these topics:</p> <ul style="list-style-type: none"> *Social Isolation and Re-engagement of Seniors *Continued meal service, increasing the number of in person dining at the Senior Centers, how to get individuals back engaged. *Social Outings, providing rides and trips, recognizing the importance of this as equally important for physical and mental health and wellbeing. *Different concerns related to the community one lives in. 	

Describe how the information collected was used to develop the plan:

Survey results were directly used to focus goal areas and identification of areas of highest concern and priority for the plan.

Conversations and feedback from board members also guide the development and revitalization of the county Senior Centers and Congregate dining programs.

Also identified was the need for continued promotion of events in ADRC Newsletter to inform and reengage seniors of community events and social opportunities.

What were the key takeaways/findings from the outreach?

Across the entire county, concerns related to Seniors experiencing social isolation and how to get Seniors re-engaged in the senior centers and community activity are mentioned post pandemic.

Continued need identified to continue to market ADRC and Aging Service programs as many exist that individuals are unaware of and indicate as an unmet need. Opportunities and programs do exist in some areas of concern but may not be promoted enough to keep individuals informed in the community.



Community Engagement Report

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

Your County or Tribe: St. Croix County	Date/s of Event or Effort: March-May 2024
Target audience(s): The Public/ADRC Newsletter Readers, Senior Centers and Home Delivered Meal participants	Number of Participants/ Respondents: 261
<p>Describe the method used including partners and outreach done to solicit responses: An 8-question survey was developed by the Aging Unit Team and conducted with a paper or online option. Questions are as followed:</p> <ol style="list-style-type: none"> 1. Identification of the top three things that need to improve to help adults in our community age. 2. Services received from the ADRC. 3. Services or events in other communities that would be helpful or enjoyable to older people in the County. 4. Identify unmet needs. 5. How to make ADRC services more inclusive and accessible. 6. Town of Residence. 7. Demographic category of individual completing survey. 8. How they heard about the ADRC and services. <p><u>Distribution locations:</u></p> <ul style="list-style-type: none"> • *Posted survey and article soliciting input on St. Croix County Facebook page on March 21: 4 likes and 3 shares and May 8: 9 likes, 7 shares. • *Mailed out 183 surveys to HDM participants on April 15. • *Surveys distributed at the nine Senior Center/Nutrition Sites (200 total). • *Surveys distributed at the ADRC Volunteer Banquet on May 3rd. • *Surveys delivered to all 10 libraries within the County (30 to each location). • *Included in the April and May issues of the ADRC News for individuals to complete and mail back or use the QR code to take online. ADRC Newsletters are distributed at all libraries, Senior Centers and County buildings, approximately 1200 distributed monthly. Average mailed subscriptions were 867. • Available at the front reception area at the ADRC when individuals walked in. • Copies distributed to all Day Away participant/caregivers (15). • Article ran in the Baldwin Bulletin 3-22-24, local newspaper in their Senior Living Section with article on why input is important and how to access the link to complete the survey. 	

261 Total Responses to survey received.
215 responses identified to be of individuals over age 60.
63 identified as a Caregiver.
55 identified that they were a person with a disability.

Describe how the information collected was used to develop the plan:

The results were reviewed and assessed as if this is a new area of concern, one of previous concern and potential programs and interventions addressing this issue in conjunction with goal areas. Information was considered and incorporated the in development of goals.

Top 5 identified areas needing improvement include:

1. Transportation
2. Affordable Housing Options
3. Help with Social Isolation and Loneliness
4. Scams and Fraud
5. Healthcare

Additionally, all suggestions and comments were reviewed and will be considered to make existing programs better and offering sustainability of services. Trends in responses were consistent with above areas including suggestions for social outings and desired events as well as suggestions related to transportation needs.

What were the key takeaways/findings from the outreach?

Upon review of responses, it is identified that many of the services needed or identified do exist within the county, but individuals may not be aware of available options. Increased marketing of existing programs and ADRC and Aging programs in general needs to be addressed. Continued assessment of how to get information to older adults in the community.

Did get responses from 11 separate communities and additional areas in the county. This is significant in assuring that needs are identified, and plans developed to meet needs of entire county and varying communities. Resources, geographic nature and populations vary vastly in St. Croix County.

Additionally, a broad range of community members were represented in the survey including individuals over 60, caregivers, elected officials, healthcare professionals, member of the LGBTQ community, person of color, and persons with disabilities. This is important to bring broader representation to the table.

Identified that having various methods to complete the survey was successful. Many meal program participants preferred and completed paper copies of the survey, however, evident success in having people complete the survey online as well. Some identified as being current users of ADRC services.

Having specific survey results will also be beneficial in partnering with other entities such as community partners (Senior Centers, libraries, community education, public health, etc.) to address questions, concerns and needs of the community at large.

**Notice of Public Hearing for
Aging and Disability Resource Center of St. Croix County's
Plan on Aging 2025-2027**

September 5, 2024

NOTICE OF PUBLIC HEARING

The Aging and Disability Resource Center of St. Croix County (ADRC) will hold a public hearing to present the 2025-2027 ADRC of St. Croix County Aging Plan. These hearings are open for public comment and will be held at the following time and location.

- **Wednesday, September 25 at 1:00 p.m.**
 - St. Croix County Services Center, Rooms 171 & 172
 - 1752 Dorset Lane, New Richmond, WI
 - Call the ADRC at 715-381-4360 for directions to join remotely.

Public hearings give residents of St. Croix County an opportunity to provide input on the Aging Plan draft. A draft of the plan is available to view on or after September 16, 2024 at the ADRC of St. Croix County Aging Unit, 1752 Dorset Lane in New Richmond, WI from 8 a.m. to 4:30 p.m. Monday through Friday, or online at www.sccwi.gov/adrc. Copies of the plan will also be available for viewing one hour before the start of the hearing.

Written comments may be sent to the ADRC of St. Croix County, 1752 Dorset Lane, New Richmond, WI 54017, Attn: Public Comment through September 25, 2024, or email at adrcinfo@sccwi.gov.

Please mail comments to:

ADRC – Aging Plan Public Comment
1752 Dorset Lane
New Richmond, WI 54017

The input we receive will be considered in the development of the final draft of this plan. The final draft will be presented for approval at the Council on Aging and Disabilities meeting scheduled for 8:30 a.m. Friday, October 11, 2024 at the St. Croix County Services Center in New Richmond.

For more information, contact Kristin Newton, Aging and Disability Resource Center of St. Croix County Administrator at (715) 381-4360.

*If you are planning to attend one of the above meetings and will require accommodations (signer, interpreter, etc.) to participate, please call the Aging and Disability Resource Center of St. Croix County at least 48 hours prior to the meeting date and time.

- Phone: (715) 381-4360
- Toll Free: (800) 372-2333



You're invited to attend a
Public Hearing on the

2025-2027

St. Croix County AGING UNIT PLAN

Wednesday, Sept. 25, 2024 at 1:00 p.m.

St. Croix County Services Center • Room 171 & 172
1752 Dorset Lane
New Richmond, WI 54017

Contact the ADRC @ 715-381-4360 if interested in
joining the meeting remotely.

Aging programs and services play a major role in the health of our community. The Aging & Disability Resource Center of St. Croix County is undergoing a planning process to determine how best to provide the services that keep older people healthy and independent.

But we need your input!

We invite you to hear more about our goals and 2025-2027 Aging Plan and look forward to your feedback. To find a copy of the plan, stop by the ADRC at the St. Croix County Services Center September 16, 2024 or after or go online at www.sccwi.gov/adrc. Written comments will be accepted until September 25, 2024.

Please mail comments to:

ADRC – Aging Plan Public Comment
1752 Dorset Lane
New Richmond, WI 54017

or email to: adrcinfo@sccwi.gov



Public Hearing Report

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

Date of Hearing: 9-25-2024	County or Tribe: St. Croix County
Location of Hearing: St. Croix County Services Center	Accessibility of Hearing: <ul style="list-style-type: none"> ✓ Location was convenient, accessible & large enough ✓ Provisions were made for hearing/visual impairments ✓ Provisions were made for those who do not speak English ✓ Hearings were held in several locations (at least one in each county your agency serves) ✓ Hearing was not held with board/committee meetings
Address of Hearing: 1752 Dorset Lane New Richmond, WI 54002	
Number of Attendees:	
Public Notice: <ul style="list-style-type: none"> ✓ Official public notification began at least 2 weeks prior? Date: 09/11/2024 <p>Notice must be posted in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue</p> <ul style="list-style-type: none"> ✓ *Print/online newspaper: Star Observer and Baldwin Bulletin ✓ *Nutrition sites ✓ *Senior centers ✓ Newsletter, radio, TV, social media ✓ Sent to partner agencies/individuals ✓ Other: St. Croix County Facebook Post <p><input type="checkbox"/> Notifications include:</p> <ul style="list-style-type: none"> ✓ Date ✓ Time ✓ Location ✓ Subject of hearing ✓ Location and hours that the plan is available for examination ✓ Where appropriate, notice was made available in languages other than English ✓ A copy of the notice is included with this report 	

Summary of Comments:

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