

**Monroe County Aging Plan
FY 2025–2027**

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Executive summary

Aging Unit's Efforts:

During the planning cycle of 2025-2027 the ADRC of Monroe County, which houses the Aging Unit, worked diligently to engage our community to learn from our customers and gain their input into developing this plan. Surveys were available online, in our newsletter, and at our office. Survey links were emailed to community partners and Monroe County Staff and were advertised on our Facebook page. Surveys were distributed to dining sites, home-delivered meal customers, transportation riders, and individual customers and caregivers. This survey blast collected 241 (more than double from the previous plan cycle) surveys. In addition to gathering surveys the Manager of the ADRC also went to our four larger dining sites and met individually with 32 diners to hear their concerns and seek their input.

Needs Expressed by Older Adults and Their Caregivers:

While the majority of our survey respondents (84%) were residents of Monroe County, the presence of non-resident respondents can be attributed to professionals who work in Monroe County but reside in other areas as 19.5% of respondents were health care professionals and 23% were employees or volunteers who serve older adults. 65% of respondents were 60 years or older, 19% were persons living with a disability and 32% were caregivers. 6 respondents were elected officials, 6 were a person of color and 4 were members of the LGBTQ+ community.

Through our efforts survey respondents identified that the 'Top 3 Needs Facing Monroe County Older Adults today' are In-home care (101 votes), Caregiving (79 votes), and Brain Health/Dementia (70 votes) while the 'Top 3 Health Concerns Monroe County Residents have as they Age' are Brain Health/Dementia (96), getting enough Exercise (79) and Arthritis (76).

Caregiver respondents identified the 'Top 3 Resources that are Most Important when Caring for someone' as in-home care (146 votes), assistive equipment (108 votes), and financial assistance (77 votes).

A wide range of topics were brought up during visits with individuals at the 4 meal sites. Diners felt Monroe County lacks enough for them to do, lacks enough medical resources, and that the cost of living is too high. On a positive note diners feel the meals at the meal sites are very good, the local libraries provide a variety of activities that are very good and free, and smaller communities seem to be more supportive of each other, filling in the service gaps where needed.

Additional topics of concern were affordable transportation, availability of in-home resources, and digital literacy. One diner stated "Many times I feel like I'm a dinosaur because I don't know anything about technology. I don't think I couldn't learn but I have no one to teach me."

The Mission of the ADRC of Monroe County:

The Mission of the ADRC of Monroe County is to be the first place for our older populations to go for accurate, unbiased information on aspects of life-related to aging. We are a friendly, welcoming place where anyone - individuals, concerned family or friends, or professionals working with topics related to aging - can come for information tailored to their situation. In addition, it is the mission of the Monroe County Aging Unit, as part of the ADRC of Monroe County, to plan, develop, and manage programs and services that promote the dignity, independence, and preferences of the older persons we serve. We assist our consumers with identifying and accessing appropriate community services as well as supporting caregivers. Further, the Aging Unit provides advocacy for quality-of-life issues and represents the views, needs, and concerns of the older persons of Monroe County.

The Vision of the ADRC of Monroe County:

The Vision of the ADRC of Monroe County is to continue to grow as an organization to meet the future needs of our customers. Growth does not just occur in staff and positions but growth also occurs in the development of programs, education, professional development, community involvement, planned focus, and knowledge of what the future holds.

The Values of the ADRC of Monroe County:

The ADRC of Monroe County primarily values our customers, their goals and desires for their future, and how we can best assist them in meeting their goals. We realize each individual is unique and every situation needs to be approached in that matter. We value working with our customers to determine their plan for how to reach their goals and meet their needs.

The Aging Unit's Long-term Vision for the Evolution of Aging and Disability Programs and Services on Behalf of Older Adults and their Caregivers in the Community:

Over the past six-plus years the Aging and Disability Resource Center has significantly expanded our support for the community despite limited resources and funding. Notably, we gained a full-time Dementia Care Specialist; our Nutrition Program Coordinator role increased from a .8 to a 1.0 position; we added a full-time Community Health Worker; our Disability Benefit Specialist grew from a .5 to a 1.0 position; we hired a .5 Mini Bus Driver, complementing our current full-time Mini Bus Driver and we are in the process of adding a .5 Administrative Assistant to our current 1.0 Administrative Assistant.

Additionally, through experience, we've identified that our county does not currently require a full-time Dementia Care Specialist (DCS). We are pursuing the transition of that role into a halftime DCS and a halftime Caregiver Coordinator to better serve the needs of our caregivers. In addition to the benefit of meeting the needs of our

caregivers, this transition will also provide relief to our three Options Counselors by shifting some of their caregiver duties to the Caregiver Coordinator role.

All of this growth provides our customers with the support and resources they need to live successfully in their homes. However, our population is expected to continue to increase significantly by 2040 (see further growth details in the Context Section below) therefore, given this projected growth, the Aging Unit's long-term vision for the evolution of Aging and Disability programs and services is to continue expanding our services to meet the needs of older adults and their caregivers in the community.

By 2040 we hope to:

1. Transition the .5 DCS/.5 Caregiver Coordinator role to a 1.0 DCS and 1.0 Caregiver Coordinator.
2. Add 1.5-2 Options Counselors.
3. Add an Aging Supervisor.
4. Transition the 1.5 Administrative Assistants to 2 Full-time Administrative Assistants.
5. Increase our benefited Mini Bus Drivers.
6. Expand our Meal Program.
7. Add a .5 Evidence-based Based Program Coordinator.

Context

The ADRC of Monroe County provides information on a broad range of programs and services, helps people understand the various long-term care options available to them, helps people apply for programs and benefits, and serves as the access point for publicly funded long-term care.

The ADRC of Monroe County has housed the Aging Unit since the merger of the two departments in 2017. The Aging Unit provides many additional services including a very robust medical transportation program, a substantial nutrition program providing both home-delivered and congregate meals, and a noteworthy elder benefit specialist program as well as many caregiver supports.

The ADRC of Monroe County partners with numerous agencies including, but not limited to, national organizations such as the Alzheimers Association and the Salvation Army and local organizations, like Coulee Cap, Family Promise, and Families First. Our Meal Sites are held in local service organization buildings such as a senior center, two low-income housing units, a boys and girls club, and a community center.

Monroe County is largely a rural community with two cities, Sparta and Tomah, comprising the more "urban" area of the county. According to 2023 information from [Monroe, Wisconsin | County Health Rankings & Roadmaps](#) "Monroe County, Wisconsin is Rural (outside of urban cores of 10,000 or more population). In Monroe County, 57.7% of the population lives in a low population density area (500 or fewer people per

square mile and less than 2,500 people)”. The following is additional demographic data from the website for Monroe County as compared to the whole state of Wisconsin:

	County	Wisconsin
Population	46,193	5,895,908
% Below 18 Years of Age	25.2%	21.6%
% 65 and Older	17.8%	17.9%
% Non-Hispanic Black	1.7%	6.4%
% American Indian or Alaska Native	1.5%	1.2%
% Asian	1.0%	3.2%
% Native Hawaiian or Other Pacific Islander	0.1%	0.1%
% Hispanic	5.3%	7.5%
% Non-Hispanic White	89.4%	80.2%
% Not Proficient in English**	1%	1%
% Female	48.8%	49.9%
% Rural	57.7%	29.8%

** Data should not be compared with prior years

This data reflects that while Wisconsin, as a whole, is 29.8% rural, Monroe County is 57.7% rural.

Additionally, in 2023 Monroe County consisted of 46,193 individuals with more than normal, as compared to the rest of the state, being Non-Hispanic White and all other races being lower than normal, again as compared to the rest of the state. This information reflects that Monroe County is restricted in its racial diversity.

According to <https://www.dhs.wisconsin.gov/aging/demographics.htm> 8,002 or approximately 17% of Monroe County residents are ages 65 and older and of those 8,002 residents 48% are male and 52% are female. In addition, 31.4% of households have a member 65 or older living in the residence with 28.5% of those folks living alone. 30.8% of males over 65 live with a disability while a whopping 35.2% of females over 65 live with a disability. In addition, 9.4% of people over the age of 65 live in poverty. In comparison, only 8.1% of Wisconsinites live in poverty.

As evidenced by the above data Monroe County's challenges are related to the higher-than-average poverty level and being a primarily rural county. This data indicates our seniors, over the age of 65, lag financially as compared to others over 65 in the State of Wisconsin. Poverty entails more than the lack of income and productive resources to ensure a manageable life. It also results in hunger and malnutrition, limited access to basic services, social discrimination and exclusion as well as a lack of participation in decision-making. In rural areas, there is little anonymity with social stigma and privacy concerns being more likely to act as barriers to seeking assistance. Those factors alone can cause people's needs to be unmet but when you add in geographic isolation, lack of

public transportation, and lack of specialty care, getting the help you need becomes overwhelming. Poverty and rural barriers together create a unique set of circumstances that can be difficult to overcome.

The ADRC of Monroe recognizes that addressing the ruralness and level of poverty in our region is a significant challenge and beyond our scope however, to serve our community better, we are committed to expanding our efforts to reach and support those most impacted by these factors. Our initiatives will include:

1. Mobile Outreach Programs: Bringing services directly to rural areas through mobile units to ensure accessibility for those who cannot easily travel
2. Partnerships with Local Organizations: Collaborating with community groups, nonprofits, and local governments to identify and address the unique needs of our residents
3. Community Education and Awareness Campaigns: Raising awareness about available resources and programs through targeted outreach efforts.

Our goal is to ensure that all residents, regardless of location or economic status, have access to the necessary resources and assistance.

These factors and goals will need to be prioritized over time, especially given the population projections for ages 60 and older. As shown in the chart* below, the population in this age group is expected to grow significantly between 2020 (most recent data) and 2030 (22.32% increase), and then stabilize from 2030 to 2040 (5.64% increase). To put it another way, by 2030 more than a quarter (28.46%) of Monroe County’s population will be 60 or older, and by 2040, nearly a third (29.26%) will fall into this category.

	Ages 60 and older	Ages 60 and older	Ages 60 and older
County	2020	2030	2040
Monroe	12,320	15,070	15,920

*chart data from [Aging: Demographics in Wisconsin | Wisconsin Department of Health Services](#)

Development of the aging plan

As outlined in the executive summary the ADRC of Monroe County, which houses the Aging Unit, worked diligently to engage the public to learn from our customers and gain their input into developing this plan. To offer full participation in the planning and operation of our community-based services surveys were available online, in our newsletter, and at our office. Multiple strategies were employed to provide full distribution of the surveys to reach as many people as possible. Survey links were emailed to community partners and Monroe County Staff and were advertised on our Facebook page. Surveys were distributed to dining sites, home-delivered meal customers, transportation riders, and individual customers and caregivers.

Finally, a public hearing was held on 11/05/2024.

These efforts afforded people in the community the opportunity to be part of the planning, to express their ideas and concerns about current supports and services, and to state their needs for the future.

Community engagement

The aforementioned survey initiative yielded 241 surveys (more than double the previous plan cycle). Additionally, the Manager of the ADRC also visited four dining sites in urban locations in Sparta and Tomah, and two rural locations in Cashton and Kendall. During these visits, the manager met individually with diners to hear their concerns and seek their input.

Completing both surveys and interviews provided targeted outreach to our 60+ community, their caregivers, and the professionals and volunteers who care for them and provide direct support and services.

Through our efforts survey respondents identified that the 'Top 3 Needs Facing Monroe County Older Adults today' are In-home care (101 votes), Caregiving (79 votes), and Brain Health/Dementia (70 votes) while the 'Top 3 Health Concerns Monroe County Residents have as they Age' are Brain Health/Dementia (96), getting enough Exercise (79) and Arthritis (76).

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For further information please refer to the community engagement reports submitted as appendixes 2 and 3 of this aging plan.

Partners and resources

The ADRC of Monroe County values the many partners and resources that are active within our community. Our involvement with various coalitions has fostered numerous relationships with area stakeholders, far too many to list comprehensively here. Notably, some of our key partners at the state level include GWaar, ACL, DHS, BADR, ORCD, and WIHA. Additionally, we collaborate with the Alzheimer's Association, the DOT, and the DMV. Locally, we work closely with area hospitals, nursing homes, assisted living facilities, the county health department, veteran's services, home care agencies, long-term care programs, non-profit organizations, the Ho-Chunk Nation, the Monroe County Health and Human Services Board, and our Commission on Aging. This is a robust list, but it is not exhaustive, and we hope to continue expanding our partnerships and resources.

These partners have played an integral role in developing this plan by participating in our survey, offering input during plan presentations, and providing guidance and parameters throughout the planning process.

The ADRC and its partners collaborate closely to meet the needs of older adults by engaging in regular communication, coordinated planning, and resource sharing.

Interaction and Coordination:

- **Regular Meetings:** The ADRC holds regular meetings with its partners to discuss emerging needs, share updates, and strategize on service delivery.
- **Joint Planning:** Partners work together in the development and execution of programs and services tailored to older adults. This includes collaborative efforts in creating plans, organizing events, and conducting community outreach.
- **Coalition Involvement:** The ADRC actively participates in local coalitions, where we exchange information, align goals, and advocate for the needs of older adults at the community and policy levels.

Resource Sharing:

- **Shared Expertise:** Partners contribute their specialized knowledge and expertise, ensuring a comprehensive approach to addressing the needs of older adults. For instance, healthcare providers may offer medical insights, while nonprofit organizations might focus on social services.
- **Pooling Resources:** The ADRC and its partners often pool material resources to enhance service delivery. This might involve shared use of facilities or the distribution of informational materials across various networks.

- Referral Networks: A well-established referral system allows the ADRC to connect older adults with the appropriate services offered by different partners, ensuring that individuals receive timely and relevant support.

Through these collaborative efforts, the ADRC and its partners ensure the needs of older adults are met effectively and comprehensively through the development of this plan.

Public hearing

Our Public Hearing occurred on November 5th. Members of the public were invited via personal mailed invitations, public notice, newsletter advertisement, press release, website posting, Facebook ad, and meal site and senior center postings. Despite our efforts no members of the public participated in the public hearing.

Goals and strategies

Title III-C1 and III-C2 Nutrition Program
Aging Plan Goal for 2025–2027

<p>Older Americans Act program area (Select a program area if applicable.)</p> <p><input checked="" type="checkbox"/> Title III-B Supportive Services</p> <p><input checked="" type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program</p> <p><input type="checkbox"/> Title III-D Evidence-Based Health Promotion</p> <p><input type="checkbox"/> Title III-E Caregiver Supports</p>
<p>Aging Network value (Select a value if applicable.)</p> <p><input type="checkbox"/> Person centeredness</p> <p><input type="checkbox"/> Equity</p> <p><input type="checkbox"/> Advocacy</p>
<p>Goal statement:</p> <p>The ADRC of Monroe County Meal Program will implement an emergency plan for the meal sites of Monroe County as a critical step to ensuring the safety and well-being of our customers.</p>
<p>Plan or strategy:</p>

Year 1 (2025):

1. Risk Assessment: Identify potential emergencies (i.e. natural disasters, power outages, health pandemics).
2. Emergency Operations Procedures: Draft specific procedures for different types of emergencies (i.e. evacuation plans, shelter-in-place protocols). Ensure staff and volunteers are trained on these procedures through regular drills. Designate roles and responsibilities during an emergency.

Year 2 (2026)

1. Continuity of Operations: Plan for continuity of meal services, such as home delivery options or alternative meal sites. Identify transportation resources for distributing meals during an emergency. Develop partnerships with local agencies to support service continuity.
2. Health and Safety Protocols: implement sanitation and hygiene measures to prevent the spread of disease. Ensure that first aid supplies and equipment are readily available. Provide training on health and safety practices to all staff and volunteers.

Year 3 (2027)

1. Community Collaboration: work with local emergency management agencies to align plans and resources. Engage community organizations, churches, and schools to create a network of support.
2. Evaluation and improvement: regularly review and update the emergency plan based on feedback and changes in the community. Conduct after-action reviews following drills or actual emergencies to identify areas for improvement. Keep records of all incidents and responses to refine future emergency plans.

Documenting efforts and tools:

Documenting **how much** has been done: The process will be started by implementing steps 1 and 2 of each identified year by the following dates: Steps 1 will be completed

by June 30th of each respective year and steps 2 will be completed by December 31st of each respective year.

Documenting **how well** it has been done: By completion of each step by the designated dates.

Assessing whether anyone is **better off**. Emergency plans ensure that meal services can continue or resume quickly after a disruption, preventing hunger and malnutrition. Detailed emergency plans help safeguard the physical safety of meal site participants, staff/ and volunteers by providing clear guidelines on how to respond to various emergencies. We will assess these areas by completing drills and identifying if all plans were followed and that 100% of participants, staff, and volunteers are identified as "safe" if the drill had been a true emergency.

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

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

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

Aging Network value (Select a value if applicable.)

- Person centeredness
- Equity
- Advocacy

Goal statement: OAA Title III-D Social Isolation and Loneliness

To provide equitable access to evidence-based programs, fostering a sense of belonging, and mitigating the negative effects of social isolation and loneliness in our Latinx community. The ADRC of Monroe County aims to create a community where older adults feel connected, supported, and empowered to prioritize their well-being. By implementing evidence-based health promotion programs and social isolation and loneliness initiatives in our Latinx communities we hope to foster meaningful

connections to enhance both the physical and mental health outcomes for older Latinx adults, ultimately reaching out to a community that we've struggled to connect with, in hopes this will improve trust and connection to those in the Latinx community who may need other ADRC supports.

Plan or strategy:

The ADRC (Aging and Disability Resource Center) of Monroe County aims to collaborate with local interpreters to find a dedicated Spanish-speaking community advocate. The goal for the advocate will be to engage the Latinx community effectively by becoming a bilingual leader of an evidence-based Based Health Promotions program in Spanish.

Documenting efforts and tools:

Documenting **how much** has been done:

- Reach out to area Spanish-speaking interpreters to secure a willing leader for an Evidenced Based Health Promotions program in Spanish.
- Identify area leaders in the Spanish-speaking communities of Monroe County to assist in reaching the Latinx community to determine which of the 3 programs in Spanish they would be most interested in attending.
- Distribute a survey in Spanish to Spanish-speaking residents to identify programs of interest and the preferred meeting dates and times.
- Train a leader in the program of choice.
- Schedule the program.
- Complete participant evaluations.

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

- Increase attendance in programming from year 1 to year 2 and year 3.
- Evaluate facilitators after evidence-based programming to assess overall satisfaction.

Assessing whether anyone is **better off**:

- Follow-up surveys (email, mail, or phone call) will be conducted with participants to see if their participation in the program had an impact on their health and well-being.
- Identify if program participants accessed other ADRC services.

Title III-B Supportive Services and Title III-E Caregiver Supports Aging Plan Goal for 2025–2027

<p>Older Americans Act program area (Select a program area if applicable.)</p> <p><input checked="" type="checkbox"/> Title III-B Supportive Services</p> <p><input type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program</p> <p><input type="checkbox"/> Title III-D Evidence-Based Health Promotion</p> <p><input checked="" type="checkbox"/> Title III-E Caregiver Supports</p>
<p>Aging Network value (Select a value if applicable.)</p> <p><input checked="" type="checkbox"/> Person centeredness</p> <p><input type="checkbox"/> Equity</p> <p><input type="checkbox"/> Advocacy</p>
<p>Goal statement: The ADRC of Monroe County will provide information and assistance for 60+ community members living in three of our most rural communities as part of our supportive services pilot project during the next 3 years. It is our goal to address several concerns voiced by community members including in-home care, caregiving, healthcare, and equitable access to in-home services.</p>
<p>Plan or strategy: The ADRC of Monroe County Options Counselors and/or Caregiver Coordinator will attend Dining Sites in our 3 most rural locations of Cashton, Kendall, and Norwalk to present on our resource guides, grant funding for caregiver support and resources available to caregivers and those needing additional support in their homes. The presentations will address several concerns voiced by community members including in-home care, caregiving, healthcare, and equitable access to in-home services.</p> <p>The supportive services pilot will be provided over 3 years and continue if evaluation tools show that it is successful (see below).</p>
<p>Documenting efforts and tools:</p> <p>Documenting how much has been done:</p> <p>Options Counselors and/or our caregiver coordinator will document the names of attendees from each community and will document the number of attendees in each community that were served with additional contacts and connection to resources including utilizing the National Family Caregiver Support Program grant.</p> <p>Documenting how well it has been done:</p> <p>Attendees will be encouraged to fill out an anonymous survey at each presentation. These will assess their general understanding of the information presented and their</p>

willingness to reach out to the ADRC if needed. The surveys will be given to the ADRC Manager at the aging unit and tallied for a yearly report. As needed the information will be shared with Aging Unit staff, and board members. General quality improvement suggestions will be investigated for implementation.

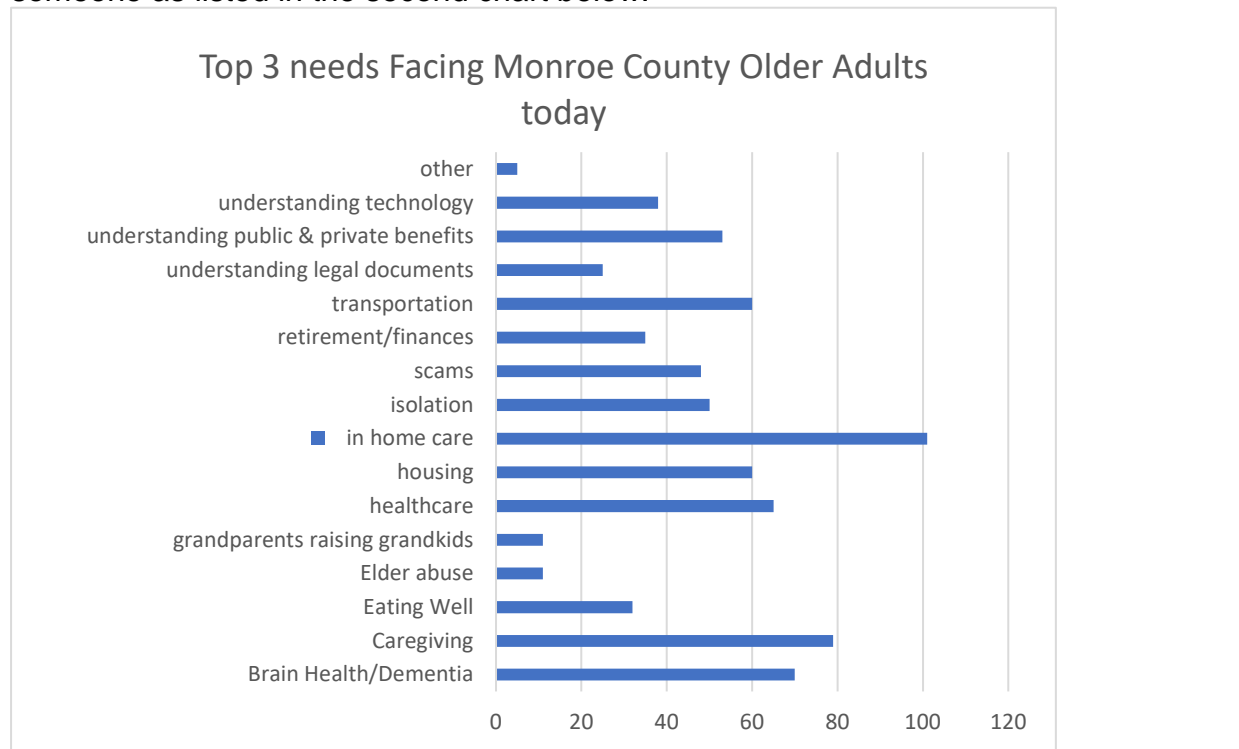
Assessing whether anyone is **better off**:

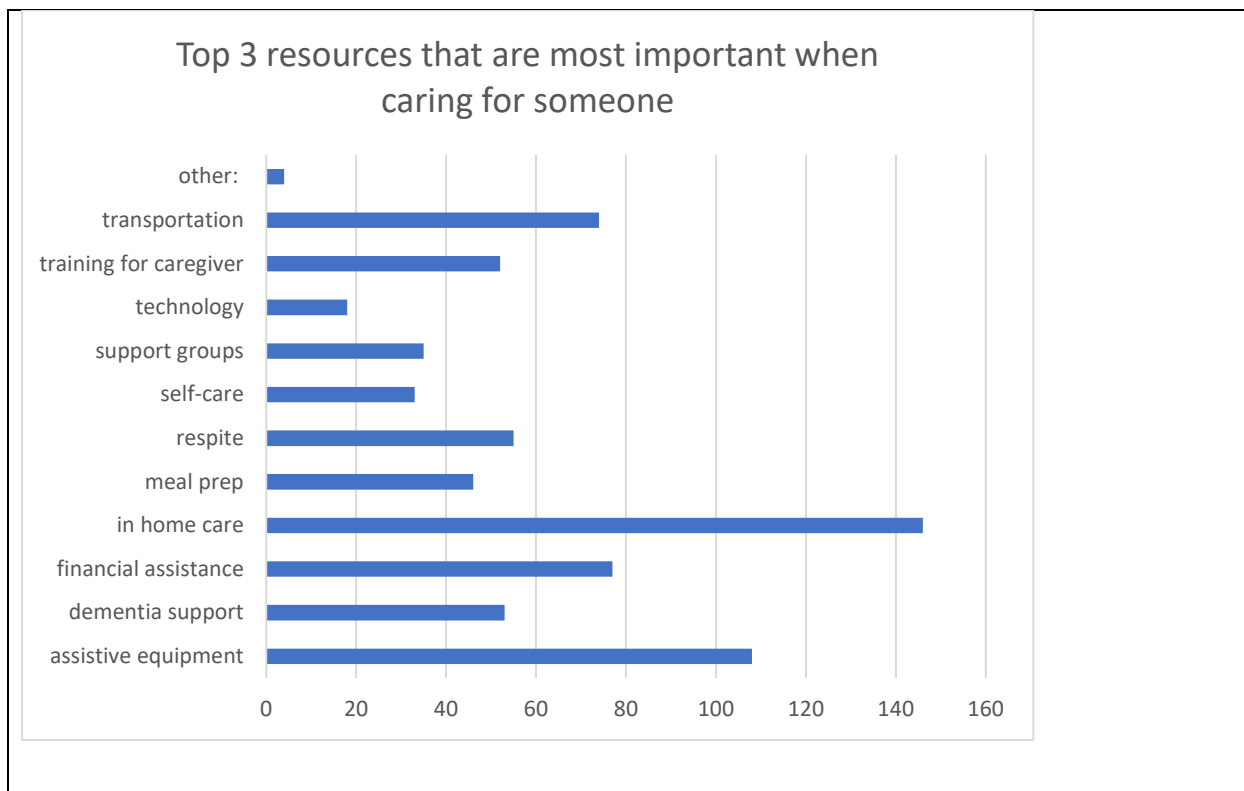
The ADRC of Monroe County will implement surveys of those who attended the presentations and subsequently reached out for services. They will measure the following:

- Does the ADRC contact and information help to address the need for in-home support?
- If implemented did the in-home service/caregiver support grant (if applicable) meet the needs for supportive in-home services?

OPTIONAL: Notes on considerations for framing goals

We chose this goal to address the top 3 needs facing Monroe County Adults today as identified in our 3-year aging plan survey completed in 2024 and listed in the first chart below and to address the top 3 resources that are needed when caring for someone as listed in the second chart below.





Program advancement

Community engagement and public input

The ADRC's approach to enhancing community engagement and public input into the aging plan and program development focuses on fostering meaningful, ongoing interactions with community members. This approach includes several key strategies:

1. **Community Outreach and Education:** The ADRC regularly attends community outreach and education programs centering on aging services, where community members can learn about available resources and provide feedback on current and future initiatives
2. **Public Forums and Town Halls:** a Town Hall was recently held in conjunction with other surrounding ADRCs to gather input from residents. This provided a platform for older adults, caregivers, and other stakeholders to voice their needs, concerns, and suggestions.
3. **Community Surveys:** The ADRC conducted a comprehensive survey to gather input from a broad cross-section of the community. The survey was designed to assess the community's needs and identify areas for improvement.
4. **Collaboration with Community Groups:** The ADRC partners with local organizations, such as senior centers, nonprofits, and other groups, to reach a diverse audience and gather input from various segments of the population.

5. Engagement through Coalitions: By participating in local coalitions and networks, the ADRC ensures that input from a wide range of stakeholders is incorporated into program development.
6. Use of digital platforms: The ADRC utilizes social media platforms to engage with a larger audience, particularly those who may not attend in-person events. Social Media allows for continuous input and dialogue with the community.
7. Virtual Options: To increase accessibility, the ADRC offered a virtual option for the public hearing, making it easier for community members to participate in discussions about the plan, aging services, and programs.
8. Regular Review and Adaptation: The ADRC regularly reviews any input received and adapts programs and plans accordingly if allowable. By keeping the community informed about how their feedback is being used, the ADRC fosters a sense of ownership and trust.
9. Advisory Committees: The ADRC has several Advisory Committees that include community members, ensuring ongoing dialogue and continuous improvement of aging services.

Through these comprehensive strategies, the ADRC aims to increase both the amount and quality of community engagement, ensuring that the needs and preferences of older adults are at the center of the aging plan and program development.

Title III and Title VI coordination

The ADRC of Monroe County values its partnership with the Ho-Chunk Nation, the primary tribal agency represented in the county. Collaborating with the Ho-Chunk Nation focuses on improving access to services and support for tribal members, particularly in areas such as aging and disability services, and community well-being. There are several meaningful ways for the ADRC and the Ho-Chunk Nation to work together to address the unique needs of our community.

1. Cultural Sensitivity and Training: the ADRC of Monroe County will collaborate with the Ho-Chunk nation to provide training to our staff on tribal culture and traditions, ensuring culturally sensitive services. The tribe can offer insights into their practices, which can enhance service delivery and promote trust within the community.
2. Service Coordination: Both entities will continue to work together to streamline services related to aging, disability and long-term care, ensuring that tribal members receive comprehensive and coordinated support. This will involve co-managing referrals, assessments, and service plans as requested by tribal members.
3. Community Outreach and Education: the ADRC of Monroe County and the Ho-Chunk tribe will collaborate on outreach efforts. Currently we do this through our Dementia Care Specialist working alongside the Ho-Chunk Nation on their Walk to End Alzheimer's Committee. The Committee focuses on broadening Ho-Chunk Nation's engagement in the event through history and education tents and/or presentations, possibly having the Chief attend and speak, having tribal

members participate as flower representatives in the promise garden and having traditional tribal activities as part of event.

4. **Shared Resources:** the ADRC of Monroe County and the Ho-Chunk nation can share resources such as transportation, meals services, wellness programs or caregiver support services, leveraging each organization's strengths to meet the needs of the community more effectively
5. **Joint Advocacy Efforts:** We can work together to advocate for policy changes that address the unique needs of tribal members, especially around access to healthcare, housing, and services. This would strengthen our collective voice when addressing state and federal policymakers.
6. **Health and Wellness Initiatives:** We can collaborate on health and wellness programs, such as those promoting physical activity, mental health, and chronic disease management. Programs may be able to be adapted to reflect the traditions and values of the tribe, ensuring more engagement.

These partnerships would help bridge gaps, respect cultural values, and ensure that tribal members have equitable access to resources.

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

In Monroe County the ADRC and the Aging Unit are fully integrated into a single entity, sharing a physical location, phone number, and identity. This integration fosters seamless collaboration and enhances service delivery. Our department holds monthly staff meetings where we share program updates, discuss cross-program work, and explore opportunities for further collaboration. Additionally, we work together on ADRC events, outreach efforts, and public activities, ensuring that our services are well-coordinated and responsive to the needs of our community.

Emergency Preparedness

During the COVID-19 public health emergency, the ADRC of Monroe County demonstrated remarkable resilience and adaptability. We quickly acclimated to the constantly evolving landscape of service provision, understanding the critical value of our partnerships. By following guidance from state oversight agencies, we developed alternative work arrangements including rotating staff schedules and alternative work locations, to maintain essential services while implementing stringent safety protocols and standards.

We strengthened collaborations with other human services departments, and our local public health department and even partnered with area nursing homes to use their kitchens as a backup for our caterer. Our team went beyond the scope of regular duties, stepping in wherever needed, to ensure that essential services continued without interruption.

Further, we learned that emergency preparedness plans are crucial for ensuring the continuity of aging program operations and essential services during crisis circumstances. Our plan includes the following components:

1. Risk Assessment and Identification of Essential Services
 - a. Risk Assessment: potential hazards (natural disasters, pandemics, cyberattacks) that could disrupt operations are identified
 - b. Essential Services: Services that must continue during a crisis, if at all possible, are medical transportation, meal delivery, support for safety, and support to prevent isolation.
2. Development of Continuity Plans
 - a. ADRC Continuity Plan: the continuity plan outlines procedures for maintaining operations during and after a crisis. Including alternative methods for service delivery if standard methods are disrupted. Staff can work remotely or from alternative locations if needed.
 - b. ADRC Emergency Operations Plan: Emergency plans are in place that detail immediate response actions to protect staff and clients, such as evacuation, sheltering, or lockdown procedures.
3. Staff Training and Communication
 - a. Training: staff are regularly trained on emergency procedures, including the use of emergency equipment and communication protocols.
 - b. Communication Plan: a communication plan is in place to ensure that staff, customers, and their caregivers receive timely and accurate information.
4. Resource Management
 - a. Inventory management: an updated inventory of critical supplies and resources, such as PPE, food, water, and emergency kits is available.
 - b. Partnerships: community partnerships with local agencies, non-profits, and community organizations are identified to ensure resource sharing and support during crises.
5. Customer and Caregiver support
 - a. Emergency contact information: up-to-date emergency contact information for all customers and caregivers is maintained in our customer database with current lists available in print form.
 - b. Continuity of care: Community Partnerships will be utilized.
6. Testing and Updating Plans
 - a. Drills and simulations: regular drills and simulations are conducted to test the effectiveness of the emergency plans
 - b. Plan Review: plans are reviewed periodically and updated to reflect changes in risks, resources, or operational capabilities.
7. Recovery and Restoration
 - a. Recovery Plan: after the crisis, a recovery plan for restoring normal operations, including steps for assessing damage, repairing facilities, and resuming services will need to be developed. This is crisis dependent.
 - b. Mental Health Support: inform staff and customers affected by the crisis of counseling services and stress management resources.

By implementing these components, aging programs can better ensure that essential services continue uninterrupted during a crisis, safeguarding the well-being of older adults and supporting staff in their roles.

Organizational structure and leadership of the aging unit
Primary contact to respond to questions about the aging plan

Name: Pamela G. Weber, CSW

Title: Human Services Manager-ADRC

County: Monroe County

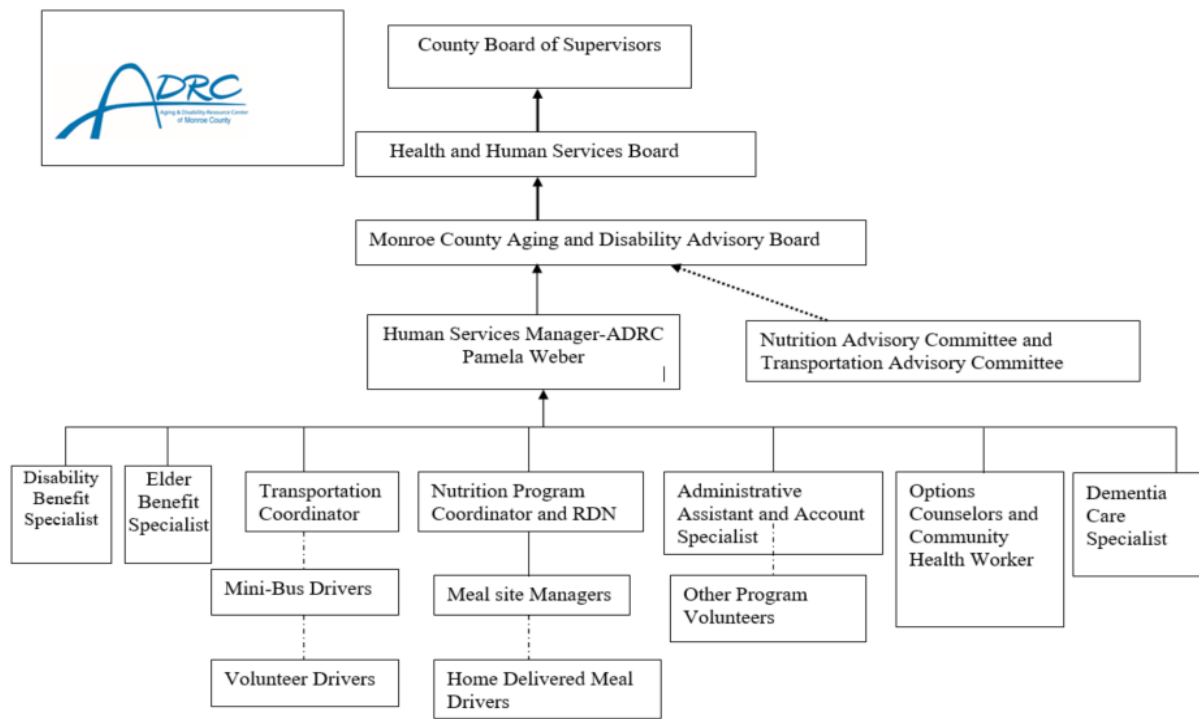
Organizational Name: ADRC of Monroe County

Address: 315 W. Oak Street, Suite A

City: Sparta State: WI Zip Code: 54656

Email Address: pam.weber@co.monroe.wi.us Phone: 608-269-8691

Organizational chart of the aging unit



Aging unit coordination with the ADRC

The aging unit and ADRC are organizationally integrated and co-located. We serve the single county of Monroe County Wisconsin.

Statutory requirements for the structure of the aging unit

The ADRC of Monroe County complies with Chapter 46.82 of the Wisconsin Statutes.

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 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 checked="" 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

Official name of the policy-making body: Health and Human Services Board

Chairperson of the policy-making body: Jason Jandt

Advisory Committee

The official name of the advisory committee: Monroe County Aging and Disability Advisory Board

Chairperson of the advisory committee: Dr. Emma Ledbetter

Budget summary

	Title III Federal Contract Expenses	Other Federal Contract Expenses	Cash Match Expenses	Other Federal Expenses	Other State Expenses	Other Local Expenses	Program Income Expenses	Total Cash Expenses	In-Kind Match Allocations	Grand Total
Supportive Services	\$ 42,553.00	\$ -	\$ 1,350.00	\$ -	\$ -	\$ -	\$ -	\$ 43,903.00	\$ 33,000.00	\$ 76,903.00
Congregate Nutrition Services	\$ 119,470.00	\$ 3,200.00	\$ 44,500.00	\$ -	\$ 1,735.00	\$ -	\$ 28,500.00	\$ 197,405.00	\$ 15,000.00	\$ 212,405.00
Home Delivered Nutrition Services	\$ 55,933.00	\$ 12,133.00	\$ 47,000.00	\$ -	\$ 5,600.00	\$ -	\$ 80,000.00	\$ 200,666.00	\$ 23,500.00	\$ 224,166.00
Health Promotion Services	\$ 3,758.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,758.00	\$ 4,000.00	\$ 7,758.00
Caregiver Services - 60+	\$ 24,644.00	\$ -	\$ 700.00	\$ -	\$ -	\$ -	\$ -	\$ 25,344.00	\$ -	\$ 25,344.00
Caregiver Services - Underage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,400.00	\$ 11,400.00
Legal Services (EBS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Alzheimer's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Elder Abuse	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total	\$ 246,358.00	\$ 15,333.00	\$ 93,550.00	\$ -	\$ 7,335.00	\$ -	\$ 108,500.00	\$ 471,076.00	\$ 86,900.00	\$ 557,976.00

Verification of intent

Signed verification of intent

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

Dr. Emma Ledbetter, Chairperson

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

Jason Jandt, Chairperson

Signature and Title of the Authorized County Board Representative Date

Appendices:

1. Assurances of Compliance with federal and state laws and regulations
2. Community Engagement Report 1
3. Community Engagement Report 2
4. Public Hearing Report