

**Waukesha County
County Aging Plan**

FY 2022–2024

Table of Contents	Page
Executive Summary	3-5
Context	6-15
Community Involvement in the Development of the Aging Plan	16
Public Hearing Requirements	16
Goals for the Plan Period	17-30
Coordination Between Title III and Title VI	31
Organization, Structure and Leadership of the Aging Unit	32-34
Primary Contact to Respond to Questions About the Aging Plan	35
Organization Chart of the Aging Unit	36
Staff of the Aging Unit	37-38
Aging Unit Coordination with ADRCs	39
Statutory Requirements for the Structure of the Aging Unit	39
Role of the Policy-Making Body	40
Membership of the Policy-Making Body	40
Role of the Advisory Committee	41
Membership of the Advisory Committee	41
Budget Summary	42
Verification of Intent	43
Compliance with Federal and State Laws and Regulations for 2022-2024	44
Assurances of Compliance with Federal and State Laws and Regulations	44-56
Appendices	57
Community Engagement – Public	58-59
Community Engagement – ADRC Advisory Board Interviews	60-86
Community Engagement – Staff	87-88
Public Hearing Report	89-90
Public Hearing Notice	90

Executive Summary

Waukesha County has developed the County Aging Plan for 2022-2024 in accordance with the State of Wisconsin Department of Health Services guidelines. This plan highlights the work of the ADRC of Waukesha County to provide older adults the opportunity to have their voices heard through advocacy about issues and concerns which impact their life.

The mission of the ADRC of Waukesha County is to provide older adults and people with physical or developmental/intellectual disabilities the resources needed to live with dignity and security and to achieve maximum independence and quality of life. The goal of the Aging and Disability Resource Center is to empower individuals to make informed choices and to streamline access to the right and appropriate services and supports.

The ADRC of Waukesha County administers programs and services funded through the federal Older Americans Act. Supportive Services include short term case coordination, home and community-based support services, some of which include homemaker services and personal care. Nutrition Services includes both Congregate Dining Centers and Home Delivered Meals. These provide donation-based, nutritious meals to older adults who may be frail, isolated, homebound, or disadvantaged. The meals help older adults to remain healthy, active, and independent in their own homes and communities. The National Family Caregiver Support Program, provides core services designed to reduce caregiver burden, enable caregivers to remain in the workforce, and prevent or delay the need for a higher level of care for the care receiver. Although a number of programs and services were suspended or revised during the pandemic, the ADRC has used this as an opportunity to evaluate programs and services as to the need and effectiveness in the community.

This plan was developed with input from a number of sources. An environmental scan of the community identified the diverse aspects of Waukesha County as it relates to population, income, housing, and racial and ethnic diversity. Waukesha County, the third largest county in Wisconsin with a population of over 400,000 has a significant population over the age of 60. Statistics show that 26.7% (108,000 individuals) of the population of Waukesha County are over the age of 60. This exceeds previous projection statistics which estimated that by 2030, 25% of the county will be over the age of 65. Waukesha County consisting of 37 municipalities is a very diverse population, from urban to rural, high income to poverty, and an increasing racially diverse culture.

Information obtained from ADRC data in regard to topics of consumers contacting the ADRC was utilized to identify unmet needs in our community. Feedback was obtained from various methods to include community members, staff, Advisory Board members and community stakeholders. A survey was distributed to the community at large to obtain general community input. Secondly, the ADRC Advisory Board conducted stakeholder interviews of various agencies and individuals in our community. This provided significant information related to needs and gaps in the community. Thirdly, a survey was conducted of ADRC staff to obtain valuable information as to what has been identified in their work with consumers in our community. The information gathered from these various sources provided the backbone for development of the goals. This plan provides for initiatives involving a variety of issues related to older adults and their caregivers and addresses social isolation by increasing social connectedness. In addition, efforts to enhance service to diverse populations in our community are highlighted.

The 2022-2024 Waukesha County Aging Plan will address needs in the community in the following areas:

Community Engagement/Caregiver Support

- Create opportunities for caregivers to feel supported and engaged in their unique situation; yet not alone or isolated as they provide this needed and valued service.

Nutrition Program

- In order to provide more consumer choice, the Waukesha County ADRC will open 1-3 restaurant senior dining centers; 1-2 of which will be in ethnic restaurants. (Latin/Mexican; Asian)

Health Promotion

- To better reach ethnically diverse county residents, the ADRC will develop strategies to recruit diverse volunteer leaders, work with community partners that serve different ethnic populations, and promote health promotion programs to different ethnic groups.

Racial Equality

- To expand service provision within the Hispanic Community in Waukesha County, the ADRC will seek to enhance service offerings and partnerships within this target population.

Nutrition – High Risk individuals

- In order to identify and provide additional support to community seniors who are at risk of food insecurity and malnutrition, the Waukesha County elder nutrition program will incorporate malnutrition screening into its HDM assessments and will provide increased and/or enhanced meal service and education and resources to those who are high nutrition risk and/or risk for malnutrition.

Social Isolation

- Reduce the health effects of social isolation and loneliness by identifying those older adults most vulnerable by connecting them to various intervention opportunities.

Advocacy

- To increase older adults' access to the training, opportunities, and resources needed.

Transportation

- Enhance choice for consumers by offering out of county rides for medical trip purposes.

The ADRC of Waukesha County has a long path vision of enhancing the services and support provided to diverse individuals in our community. The community connections made through knowledge of the ADRC, can provide resources and support to empower individuals to live their best life.

The ADRC of Waukesha County is a division in the Department of Health and Human Services. ADRC Advisory Board members are appointed by the County Executive and approved by the County Board of Supervisors. The ADRC Advisory Board also acts as the Commission on Aging. Majority of the ADRC Advisory Board members are over the age of 60 and includes one liaison from the Health

and Human Services Board and one elected County Board Supervisor. The leadership of the ADRC includes the ADRC Manager, ADRC Coordinator, and ADRC Supervisor (Aging Services), The ADRC of Waukesha County takes necessary steps to strive for excellent delivery of services. Our goals for the 2022-2024 plan show our commitment to the individuals we serve. The programs and services offered through the ADRC are continually being evaluated for effectiveness, efficiency, relevance, and resources. We have the benefit of a diverse leadership team, staff and ADRC Board that assisted in guiding this process

Context

Waukesha County has a population of 404,198 or 6.9% of the population of the state of Wisconsin. 26.7% of the population (108,000 individuals) of Waukesha County are over the age of 60, Per 2021 County Health Rankings, Waukesha County is the third healthiest county in Wisconsin. 50.9% of the population is female and 9.9% of the population live in rural settings (www.countyhealthrankings.org). These numbers have remained consistent over the past few years.

Below is an overview of the Aging population in Waukesha County:

- General 60+ Population
 - o 108,000 residents age 60+
 - o 26.7% of total population is 60+
 - o In SE Wisconsin, only Ozaukee County (27.9%) has a higher percentage of 60+ population
 - o In SE Wisconsin, only Milwaukee County (188,000) has a higher total number of people 60+
- Waukesha County city/town profiles
 - o 42.7% of Waukesha County households have at least one member who is 60+
 - o 31.6% of Waukesha County households have at least one member who is 65+
 - o Women over 65 are more likely to be living alone than men over 65; 16.2% vs 34.3%
 - o 27.5% of residents 65+ identify as having a disability
 - o 95.6% of residents 65+ identify as Caucasian only
 - 0.7% Black
 - 0.1% Native American
 - 1.8% Asian
 - 1.5% Hispanic/Latino
 - o 60.9% of those 65+ have education higher than high school
 - o Median household income for householders age 65+ is \$52,399
 - o Poverty by sex 65+; males 3.7% vs females 6.3%
 - o Overall, 5.1% of 65+ population in Waukesha County is in poverty
 - 150% of poverty level or less – 10.5%
 - 185% of poverty level or less – 16.8%
 - 200% of poverty level or less – 19.5%
 - 300% of poverty level or less – 35.8%
 - o 17.6% of residents 65+ are still employed
 - o 22.1% of people over 65 live in rental units
 - o 66.1% of those who are renting pay more than 30% of their income towards rental costs
 - o 27.1% of 65+ homeowners pay more than 30% of their income towards housing costs

Waukesha County Population Projections Through 2040 age 60 and over

	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	% Ages 60 and Older	% Ages 60 and Older
	2010	2015	2020	2025	2030	2035	2040	2010	2040
	79,624	93,830	112,120	128,280	138,110	141,040	141,630	20.4%	31.1%

Source: Wisconsin Department of Administration Updated Population Projections for Counties by Age: 2010 - 2040; Vintage 2013

The population of age 60 and older in Waukesha County is expected to increase to 31.1% by 2040. This growth in population will continue to impact the services and resources available to individuals utilizing ADRC aging services.

- AARP Livability Score (<https://livabilityindex.aarp.org/search#Waukesha+County+WI+USA>)
 - o Waukesha County gets a 57 overall, on a scale of 1-100
 - o Our lowest score is housing (35)
 - Reasons for the low housing score include; low number of accessible units, higher than average monthly housing cost and percentage of income spent on housing
- Health Indicators (WISH Query System: <https://www.dhs.wisconsin.gov/wish/index.htm>)
 - o In 2019, 21.1% of Wisconsin adults 65 and older reported being in fair or poor health, compared with 18.6% of adults 45-64 years of age and 10.7% of adults aged 18-44.
 - o Between 2017-2019, almost 87% of injury related deaths for those 65+ were related to a fall.
 - o In 2019, there were 3,210 incidents where someone age 65+ was seen in the emergency department for a fall related injury.
- General Census Data (<https://www.census.gov/quickfacts/fact/table/waukeshacountywisconsin,WI/PST045219>)
 - o 7.1% of Waukesha County households have a language spoken at home other than English
 - o 93.5% of households have a computer
 - o 5.7% of people under 65 have a disability
 - o Median Household income is \$87,277

Waukesha County has thirty-seven municipalities with a very diverse population in each of these municipalities. The county is made up of urban, suburban, and rural communities. The table below indicates some key characteristics by municipality. Key areas include a median household income of over 65 residents which ranges from \$180,000 in Oconomowoc Lake Village to \$21,106 in Butler, with an all-county average of \$52,399. The percent of 65 and over population below 100% of the poverty level ranges from 10.8% in Butler to 0% in several communities with an overall county level of 5.1%. The percent of 65 and over population of individuals below 185% of the poverty level (the amount used for above or below poverty level for Older American Act programs) ranges from 46.4% in Butler to 3.6% in Lac La Belle, with an overall county level of 16.8%. These key characteristics assist the ADRC in targeting programs and services to older adults in our county with the greatest need.

Waukesha County Key Characteristics

Municipality	Total Population all ages	Population ages 60 and older	Population ages 65 and older	Median Household Income over 65	% Population age 65 and older below 100 % poverty level	% Population over 65 under 185% of poverty level	Number of units that are rentals	% Rental costs <30% of income
All County	400,475	102,211	72,414	\$52,399	5.1%	16.8%	10,047	29.2%
Big Bend village	1,348	352	223	\$46,250	8.1%	9.9%	10	0.0%
Brookfield city	38,358	11,521	8,448	\$66,270	4.6%	12.2%	616	29.7%
Brookfield town	6,248	2,450	1,924	\$42,148	5.5%	19.3%	707	28.6%
Butler village	1,821	540	371	\$21,106	10.8%	46.4%	209	36.8%
Chenequa village	560	239	199	\$156,250	0.0%	8.0%	6	33.3%
Delafield city	7,457	2,388	1,728	\$60,134	6.3%	22.2%	378	28.8%
Delafield town	8,713	2,455	1,682	\$84,583	2.8%	9.4%	20	100.0%
Dousman village	2,368	726	587	\$32,449	12.7%	26.2%	245	15.1%
Eagle village	2,063	328	190	\$47,500	0.0%	18.9%	16	81.3%
Eagle town	3,556	874	535	\$72,679	0.0%	20.4%	10	0.0%
Elm Grove village	6,153	1,989	1,540	\$85,417	6.9%	23.6%	39	66.7%
Genesee town	7,315	2,100	1,322	\$63,578	2.3%	14.8%	64	0.0%
Hartland village	9,268	1,957	1,320	\$59,732	3.3%	16.1%	232	25.4%
Lac La Belle village	294	100	55	\$116,250	0.0%	3.6%	0	--
Lannon village	1,213	251	182	\$51,875	0.0%	17.6%	4	0.0%
Lisbon town	10,540	3,155	2,045	\$55,417	5.7%	17.0%	6	0.0%
Menomonee Falls village	37,160	9,796	7,220	\$43,502	4.3%	20.8%	1,622	23.7%
Merton village	3,672	403	264	\$49,167	0.0%	10.2%	11	54.5%
Merton town	8,556	2,294	1,422	\$65,778	2.7%	10.4%	29	34.5%
Mukwonago village	7,807	1,662	1,228	\$46,208	5.5%	14.3%	282	27.7%

Municipality	Total Population all ages	Population ages 60 and older	Population ages 65 and older	Median Household Income over 65	% Population age 65 and older below 100 % poverty level	% Population over 65 under 185% of poverty level	Number of units that are rentals	% Rental costs <30% of income
Mukwonago town	8,112	1,983	1,223	\$59,310	4.3%	18.9%	11	100.0%
Muskego city	24,946	5,952	4,098	\$51,909	2.5%	15.6%	569	30.1%
Nashotah village	1,219	315	195	\$45,833	4.1%	11.8%	13	0.0%
New Berlin city	39,718	11,972	8,609	\$49,838	5.7%	15.2%	1,089	27.9%
North Prairie village	2,352	503	342	\$63,750	2.9%	9.6%	19	31.6%
Oconomowoc city	16,698	3,539	2,692	\$49,485	4.3%	16.7%	639	39.0%
Oconomowoc town	8,652	2,205	1,586	\$67,104	4.5%	14.8%	25	20.0%
Oconomowoc Lake village	583	165	112	\$180,000	0.0%	6.3%	2	100.0%
Ottawa town	3,904	1,266	813	\$52,917	5.3%	12.9%	0	--
Pewaukee city	14,431	3,948	2,828	\$57,458	4.5%	13.1%	98	25.5%
Pewaukee village	8,164	2,197	1,686	\$39,353	7.7%	23.8%	529	37.1%
Summit village	4,917	1,521	1,087	\$72,778	5.2%	12.8%	52	19.2%
Sussex village	10,833	1,880	1,224	\$47,653	9.5%	21.9%	229	30.6%
Vernon town	7,654	2,141	1,542	\$64,671	3.1%	8.0%	29	0.0%
Wales village	2,581	622	425	\$86,023	3.3%	12.5%	25	0.0%
Waukesha city	72,412	13,908	9,840	\$43,305	7.6%	20.9%	2,077	32.3%
Waukesha town	8,829	2,514	1,627	\$56,339	4.9%	16.0%	135	5.9%

Data source:

U.S. Census, American Community Survey, 2015-2019; U.S. Census Population estimates program, June 2020

Compiled by Eric Grosso, Demographer, Office on Aging, Wisconsin Department of Health Services

Race and Ethnicity

Waukesha County has increased in racial diversity during the recent past, however remains primarily a white/Caucasian community. 1.8% of individuals 65 or age or older identify their race as Asian, alone, while 1.5% of the community identifies as Hispanic ethnicity. The chart below shows current data related to Race and ethnicity.

Waukesha County age 65 and older Race and Ethnicity, July 2019

Ages 65 and older: White/Caucasian alone, not Hispanic	74,176
% of ages 65 and older that is White/Caucasian alone	95.6%
% Ages 65 and older that is Black/African American alone	0.7%
% Ages 65 and older that is Native American/Alaska Native alone	0.1%
% Ages 65 and older that is Asian alone	1.8%
% Ages 65 and older that is Hawaiian/Pacific Islander alone	0.0%
% Ages 65 and older that is Two or More Races	0.2%
% Ages 65 and older with Hispanic/Latino Ethnicity (may be any race)	1.5%

Data source:

U.S. Census, American Community Survey, 2015-2019; U.S. Census Population estimates program, June 2020

Compiled by Eric Grosso, Demographer, Office on Aging, Wisconsin Department of Health Services

Data collected by the ADRC of Waukesha County for services in 2019 indicate the following participation by people of color in various Older American Act funded programs: (Population data indicates 4.7% or 5106 older adults in Waukesha County identify as a person of color)

- 4% of Congregate meal participants (55 total)
- 4% of Home Delivered Meal participants (42 total)
- 11% of Evidence Based Health Promotion (36 total)
- 5.1% of National Family Caregiver Support Program participants (8 total)
- 6.6% Elder Benefit Specialist participants

Data collected by the ADRC of Waukesha County for services in 2019 indicate the following participation by Hispanic or Latino individuals in the various Older American Act funded programs: (Population data indicates that 1.7% or 1800 older adults in Waukesha County identify as Hispanic or Latino ethnicity)

- 1.2% of Congregate Participants (16 total)
- 2.3% of HDM participants (24 total)
- 8.6% of Evidence Based Health Promotion (28 total)
- 3.2% of National Family Caregiver Support Program participants (5 total)
- 3.5% of Elder Benefit Specialist participants (32 total)

Data Source: Aging Program Data Dashboard provided by State of Wisconsin Department of Health Services

Disability

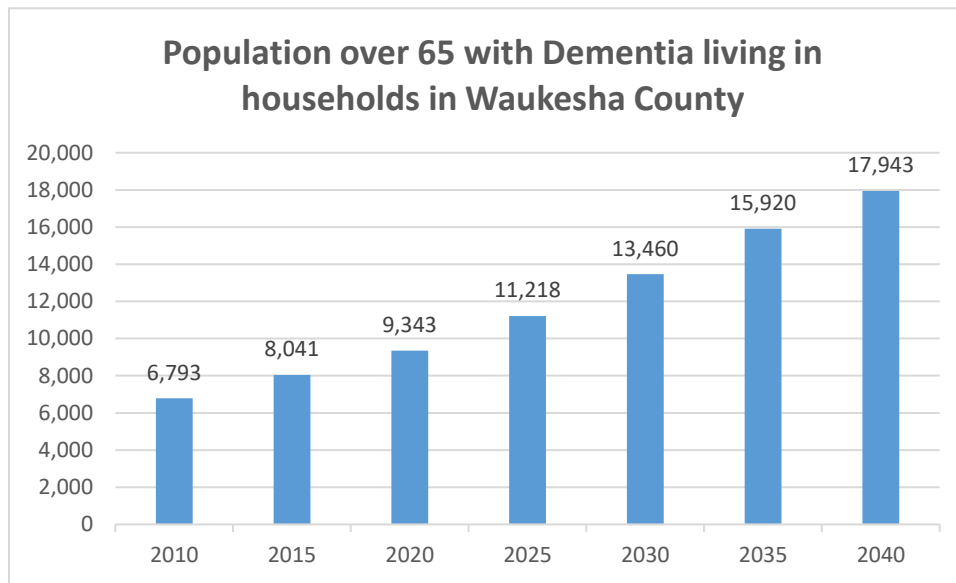
Waukesha County has nearly 20,000 individuals over the age of 65 who report a disability. This includes 16.5% with an ambulatory difficulty, 12% with a hearing difficulty and 10.7% with an independent living difficulty. The chart below provides additional information regarding individuals with disabilities.

Waukesha County over 65 with a disability

Any Disability Number	19,550
Any Disability, Percent of Population	27.5%
Hearing Difficulty Number	8,577
Hearing Difficulty, Percent of Population	12.1%
Cognitive Difficulty Number	3,959
Cognitive Difficulty, Percent of Population	5.6%
Vision Difficulty Number	2,627
Vision Difficulty, Percent of Population	3.7%
Ambulatory Difficulty Number	11,730
Ambulatory Difficulty, Percent of Population	16.5%
Self-care Difficulty Number	4,032
Self-care Difficulty, Percent of Population	5.7%
Independent Living Difficulty Number	7,639
Independent Living Difficulty, Percent of Population	10.7%

Dementia Care

As people live longer, the number of individuals with dementia increases. Results of the 2018 Waukesha County Public Health Community Health Improvement Plan and Process (CHIPP) indicate that Alzheimer's Disease is the fifth leading cause of death in Waukesha County, an increase from the eighth leading cause of death in the year 2000. The chart below indicates the statistics related to the number of individuals living in the community with a dementia diagnosis as 9,343 in 2020 to a projection of 17,943 by the year 2040. Calls to the ADRC for dementia care support have increased and dementia care is currently the fifth most common category that individuals contact the ADRC for assistance. The ADRC has recently added an additional part time Dementia Care Specialist to address this increased need in our community. (1.5 FTE Dementia Care Specialists on staff) There is a continuous need for outreach, education, and care coordination for the individual and their caregiver. The long-term care workforce crisis creates a challenge to the aging unit.



Waukesha County administers programs and services funded by the Older Americans Act. Supportive Services include short term case coordination, and home and community-based support services, some of which include homemaker services and personal care. Nutrition Services includes both Congregate Dining Centers and Home Delivered Meals. Both provide donation-based, nutritious meals to older adults who may be frail, isolated, homebound, or disadvantaged. The meals help older adults to remain healthy, active, and independent in their own homes and communities. The National Family Caregiver Support Program, provides core services designed to reduce caregiver burden, enable caregivers to remain in the workforce, and prevent or delay the need for a higher level of care for the care receiver. Although a number of programs and services were suspended or revised during the pandemic, the ADRC has used this as an opportunity to evaluate programs and services as to the need and effectiveness in the community.

What needs have been identified.

The Aging and Disability Resource Center staff gather information when taking calls from consumers when unmet needs are identified.

During 2020-2021 the following unmet needs were identified:

- Housing
- Transportation
- Mental Health Services and Case Management
- Prescription Drug Assistance
- Dental Care
- Utility Assistance

Each spring, the ADRC Advisory Board presents unmet community needs to the Waukesha County Health and Human Services Board. The needs identified for the 2021 presentation were:

- Accessible and Affordable Housing –
 - Most seniors desire to “Age in Place”.

- Most adults with a disability desire to remain independent within their own home.
- More individuals request assistance in “navigating” the various housing options to make it possible to remain living independent in the community.
- Respite Care
 - Caregivers in need of respite as the care receiver needs a higher level of care.
 - Concerns regarding caregiver neglect reported to Adult Protective Services.
 - Limited respite opportunities available in the county.
- Transportation options
 - The two most transit-dependent groups in the community are adults aged 75 and older, and individuals with a disability.
 - Requests for out of county rides to medical appointments continues to increase.
- Combating social isolation
 - One of the biggest challenges facing the community’s aging and disabled populations is the prevention of social isolation, which has escalated as the pandemic continues.
 - Physical and mental health has been impacted by the increased social isolation.

Additional areas impacted by the pandemic:

- Reduced availability of food due to dining centers closure during pandemic.
- Care providers have limited staff.
- Individuals not wanting providers in the home due to risk of COVID.
- Adult Day Centers close.

Information gathered from the community engagement identified needs in the following areas:

- Caregiver support
 - Earlier identification
 - Enhanced care planning
 - Reduced services available
 - Caregivers feeling isolated as they lost their support network during the pandemic
- Social Isolation
 - Increased isolation due to pandemic
 - Increased mental health issues
 - Limited knowledge of technology – need new ways to connect with technology
 - People need to be connected to resources
 - Provide additional friendly visit opportunities
- Need for in home supports
 - Workforce capacity limit ability to meet demand
 - Increased costs for services
- Transportation
 - Additional service providers to meet current and future demand
 - Medical access

- Nutritional access
 - Personal or social access
 - Encourage and support community initiatives to supplement existing services.
- Housing
 - Need for affordable, and accessible housing
 - Request for housing “navigator” to assist consumers in the process
 - Healthy Food
 - Reduced options to obtain food
 - Congregate sites closed,
 - Decrease food choices at food pantries
 - Less options for transportation to obtain food
 - Dementia Care
 - Need for awareness
 - Isolation leads to less access to services
 - Stigma around dementia
 - Wait lists for dementia evaluations.
 - Lack of facilities to admit individuals who may experience challenging behavior

The ADRC of Waukesha County has developed many community partnerships to address the needs of individuals living in the community. Ongoing collaborations with local health care agencies provide strong referral and programming opportunities for ADRC clients and families. Numerous collective impact initiatives are ongoing in the community of which the ADRC is involved. These include Caregiver Support, Dementia Challenging Behavior Initiative, Financial Abuse Specialist Team to name a few. ADRC of Waukesha County provides numerous Evidence Based Prevention Programming, including Chronic Disease Self-Management Program (CDSMP), Diabetes Management, Pain Management, Stepping On Fall Prevention, A Matter of Balance, Powerful Tools for Caregivers, and Boost your Brain in collaboration with community partners.

The 2022-2024 Waukesha County Aging Plan will address needs identified through the information gathered from the community in the following areas:

Community Engagement/Caregiver Support

- Create opportunities for caregivers to feel supported and engaged in their unique situation; yet not alone or isolated as they provide this needed and valued service.
 - Expand distribution of caregiver newsletter
 - Evaluate a peer-to-peer caregiver support program
 - Reengage the Caregiver Coalition.

Nutrition Program

- In order to provide more consumer choice, the Waukesha County ADRC will open 1-3 restaurant senior dining centers; 1-2 of which will be in ethnic restaurants. (Latin/Mexican; Asian)
 - Locate and visit potential locations
 - Coordinate proposal with restaurant owners

- Communicate change to consumers
- Implement new model

Health Promotion

- To better reach ethnically diverse county residents, the ADRC will develop strategies to recruit diverse volunteer leaders, work with community partners that serve different ethnic populations, and promote health promotion programs to different ethnic groups.
 - Recruit diverse leaders and partner organizations
 - Determine host sites and provide community awareness
 - Increase support to agencies serving diverse populations

Racial Equality

- To expand service provision within the Hispanic Community in Waukesha County, the ADRC will seek to enhance service offerings and partnerships within this target population.
 - Conduct targeted awareness campaign
 - Improve accessibility and ability to serve the Hispanic Community

Nutrition – High Risk individuals

- In order to identify and provide additional support to community seniors who are at risk of food insecurity and malnutrition, the Waukesha County elder nutrition program will incorporate malnutrition screening into its HDM assessments and will provide increased and/or enhanced meal service and education and resources to those who are high nutrition risk and/or risk for malnutrition.
 - Coordinate new program with contracted caterer
 - Screen HDM consumers at high nutrition risk
 - Communicate initiative with stakeholders
 - Implement/monitor change

Social Isolation

- Reduce the health effects of social isolation and loneliness by identifying those older adults most vulnerable by connecting them to various intervention opportunities.
 - Raise public awareness/share strategies
 - Identify loneliness/lack of social connections in older adults
 - Provide connection to relevant resources
 - Explore technology access

Advocacy

- To increase older adults' access to the training, opportunities, and resources needed.
 - Provide education and training to ADRC Advisory Board on advocacy
 - Provide awareness of opportunities for seniors to participate in advocacy efforts
 - Increase advocacy awareness through agency newsletter

Transportation

- In an effort to provide Waukesha County Specialized Transportation consumers with enhanced choice for medical providers and appointments, beginning January 2022, the Waukesha County ADRC will allow out-of-county rides for medical trip purposes.
 - Coordinate with providers

- Communicate change to consumers and community
- Implement medical out-of-county rides

Community Engagement

The development of the plan included three methods of obtaining input from the community. A survey was distributed to the community at large through the ADRC newsletter and home delivered meal participants to obtain general community input. Secondly, the ADRC Advisory Board conducted stakeholder interviews of various agencies and individuals in our community. The ADRC Advisory Board was very engaged in this method and expressed significant satisfaction in the involvement in obtaining input for the plan. This method provided significant information related to what is working well, what are barriers/challenges, options needed to address the concerns and identified agencies the ADRC can partner with to address these needs. Thirdly, a survey was conducted of ADRC staff to obtain valuable information as to what they have identified in their work with consumers in our community. This information provided the backbone for development of the goals.

A community Engagement Report for each method to receive input is available in the Appendix.

Public Hearing Requirements

Please provide a brief summary of the hearings and input from community members.

The Public Hearing for the Waukesha County Aging Plan was held on October 8, 2021 at 10:00 AM at the Waukesha County Human Services Center. Mary Smith, ADRC Manager welcomed attendees and provided an overview of the County Aging Plan. Four individuals and two staff members were in attendance. Attendees were provided the Executive Summary. The goals for the aging unit for the plan cycle were reviewed. Comments received included:

- Positive comments on the redesign of the Senior Dining Program.
- Appreciation for the ADRCs involvement in the Heroin Task Force and addressing the impact of substance use in the older adult.
- Comments regarding the potential difficulty in increasing services to diverse populations.
- Comment about the small number of individuals attending the public hearing and the need for an increase in advocacy by older adults.

The Public Hearing was adjourned at 10:30 AM.

No plan changes were made as a result of the public hearing.

The Public Hearing detailed report is included in the Appendices on pages 89-90

Goals for the Plan Period

Focus area: Community Engagement/Caregiver Support	Due Date
Goal statement: Create opportunities for caregivers to feel supported and engaged in their unique situation; yet not alone or isolated as they provide this needed and valued service.	
Plan for measuring overall goal success – <i>Will utilize the following two data points:</i> <ol style="list-style-type: none"> 1) Survey of Caregivers connected to the ADRC in some way (NL recipient, IIIIE consumer; etc.); <i>‘Do you feel supported in your role as a caregiver by the ADRC or ADRC funded services?’</i> Results will increase over 2021 baseline survey 2) Caregiver coalition will be active. 	

Specific strategies and steps to meet your goal:	Measure	Due Date
Strategy 1: Enhance and expand the distribution of the Caregiver and RAPP Newsletter		
Action step: Conduct and review results of an annual input survey of those receiving the NL related to content and delivery method. Update as needed.	Number of surveys sent/received/reviewed. Changes made.	12/31/2022
Action step: Increase readership by increasing awareness of these newsletters to a wider audience; work with partners on this effort.	Number receiving the Caregiver and RAPP newsletter will increase	12/2024
Strategy 2: Research and initiate a Peer to Peer Caregiver Support Program		
Action step: Research/Reach out to existing peer to peer programs	Conversations and meetings related to existing P:P Support Programs will be documented	6/30/2023
Action step: Determine fiscal and logistical viability	Conversations and meetings related to fiscal and logistical viability will be documented	8/2023
Action step: Pilot Peer to Peer Caregiver Support Program	Action Plan will be developed indicating steps/responsible parties/timeline; Action Plan progress will be tracked	12/31/2023

Specific strategies and steps to meet your goal:	Measure	Due Date
Strategy 3 – Reengage Caregiver Coalition, identify new members and structure		
Action step: ADRC Aging Staff to obtain assistance from GWAAR to assist in identifying how to reengage caregiver coalition	Information received from GWAAR	6/2022
Action step: Explore opportunities provided by surrounding counties as to structure of caregiver coalition	Information received from six counties	9/2022
Action step: Identify and develop structure of Caregiver Coalition	Project plan developed for Caregiver Coalition	10/31/2022
Hold Caregiver Coalition meeting	Initial meeting held	1/2023
Annual progress notes		

Focus area: Nutrition – Address person-centered services, maximizing consumer control and choice AND address a barrier to racial equity within one or more program area	Due Date
Goal statement: In order to provide more consumer choice, the Waukesha County ADRC will open 1-3 restaurant senior dining centers; 1-2 of which will be in ethnic restaurants (Latin/Mexican; Asian)	Summer 2024
Plan for measuring overall goal success – Congregate diner participation will increase by 10% per community after the first year each restaurant site is opened.	

Specific strategies and steps to meet your goal:	Measure	Due Date
Strategy 1: Locate and visit potential restaurant sites		
Action step: Evaluate availability of restaurant options in preferred communities	Restaurants identified as potential sites	3/31/2022
Action step: Evaluate for parking, accessibility, etc.	Restaurants identified as potential sites	3/31/2022
Action step: Evaluate menu, cleanliness, etc. Coordinate with Department of Environmental Health	Restaurants identified as potential sites	3/31/2022
Strategy 2: Communicate / coordinate proposal with restaurant owner(s) / manager(s)		
Action step: Discuss and agree upon days of service, menu, cost, start date, hours, etc.	Reach agreement with restaurant	6/30/2022
Action step: Develop agreement and approval from leadership, COA, AAA, etc.	Approved agreement	7/31/2022
Action step: Recruit / reassign senior dining manager(s) to cover site(s)	Staff identified and trained for various restaurant locations.	8/31/2022
Strategy 3: Communicate change to consumers and community		
Action step: Advertise in ADRC outlets: newsletter; website; Facebook page; note in donation statement; half sheets with meals	Marketing materials developed and published.	7/31/2022
Action step: Communicate change to community partners (Senior living centers, current host sites, Nutrition coalition, etc.)	Partner agencies will share information to their audience	8/31/2022
Strategy 4: Implementation		
Action step: Open restaurant site	Restaurant site operating	10/1/2022

Specific strategies and steps to meet your goal:	Measure	Due Date
Action step: Measure for participation	Measure community attendance to restaurant site	Through 2022
Action step: Open ethnic restaurant site	If first restaurant is not an ethnic-focused restaurant, open ethnic restaurant or second restaurant	6/1/2023
Action step: Measure for participation	Measure community attendance to restaurant site	EOY 2023
Action step: Open third restaurant site if restaurant model is found to be successful	Opening of third site	6/1/2024
Action step: Measure for participation	Measure community attendance to restaurant site	EOY 2024
Annual progress notes		

Focus area: Health Promotion – address person-centered services, maximizing consumer control and choice AND address a barrier to racial equity within one or more program area	Due Date
Goal statement: In an effort to better reach ethnically diverse county residents, the ADRC will develop strategies to recruit diverse volunteer leaders, work with community partners that serve different ethnic populations, and promote health promotion programs to different ethnic groups.	
Plan for measuring overall goal success –Increase culturally diverse program participation by 10% by end of year 2023, using SAMS race and ethnicity data as guide.	

Specific strategies and steps to meet your goal:	Measure	Due Date
Strategy 1: Recruit ethnically diverse leaders and partner organizations who reflect the demographic population of Waukesha County		
Action step: Communicate with community partners to identify what ethnically diverse HP programs are in existence and how they recruit	Database or “library” of diversity in HP programs in the area	5/31/2022
Action step: Through work with partner agencies, identify potential volunteer leaders.	Recruitment of diverse leaders	10/1/2022
Action step: Identify and train new leaders as training opportunities are available.	Training of new leaders	EOY 2022
Strategy 2: Target participants and host sites that reflect demographic population of Waukesha County for increased diversity in health promotion programs		
Action step: Identify partner agencies who are participating in EBPP for their consumers/clients.	Database or “library” of diversity in HP programs in the area	5/31/2022
Action step: Identify locations where the diverse populations congregate or live.	Schedule EBPP at locations where the diverse populations congregate or live.	Spring 2023
Action step: Market and advertise for the various EBPP	Community awareness and participation	Spring 2023
Action step: Evaluate effectiveness of various locations	Measure participation against baseline	Spring / summer 22

Specific strategies and steps to meet your goal:	Measure	Due Date
Strategy 3: Identify ways to increase support to Waukesha County agencies who serve ethnic populations in order to better support the community they serve.		
Action step: Connect with agencies who serve various populations. La Casa de Esperanza, Hispanic Resource Center, Butler Hampton Regency, Waukesha Free Clinic	Partnerships established or a coalition joined or developed	July 2022
Action step: Provide education and awareness of the ADRC to agencies and agency education to ADRC staff	Survey of staff indicating they have a greater awareness of the agency	EOY 2022
Action step: Identify ways to support the efforts of the various agencies through marketing, material purchase, recruiting, partnering	Participate in partner opportunities a minimum of 5 times by EOY 2024	EOY 2024
Annual progress notes		

Focus area: Address racial equity	Due Date
Goal statement: In an effort to expand service provision within the Hispanic Community in Waukesha County, the ADRC will seek to enhance service offerings and partnerships within this target population.	
Plan for measuring overall goal success – Increase by 5% the Hispanic population accessing OAA programs each year.	

Specific strategies and steps to meet your goal:	Measure	Due Date
Strategy 1: Conduct a targeted awareness campaign to enhance awareness of Older Americans Act services with the Hispanic Community in Waukesha County		
Action step: Identify community leaders within the Hispanic Community in Waukesha County	Four community leaders will be identified	6/30/2022
Action step: Hold listening session(s)/meetings to understand Older Adult needs in this targeted population and where the OAA programs might fit.	One listening session will be held	10/31/2022
Action step: Develop and implement collaborative outreach efforts targeted at the needs identified in Action Step 2	One outreach effort to be conducted annually	12/31/2024
Strategy 2: Improve accessibility/ensure staff, volunteer and contracted provider knowledge and/or ability to serve/engage with Hispanic individuals within IIIB/IIIC/IIID/IIIE service offerings		
Action step: Enhance ADRC capacity to better engage with Hispanic consumers/callers (training, language, etc.)	One training provided to ADRC staff per year	12/31/2024
Action step: Enhance service providers capacity to better engage with Hispanic consumers (training, language, etc.)	Offer one training per year to provider staff	12/31/2024
Action steps: Investigate contracting with a provider to hire a caregiver chosen by the consumer		
Annual progress notes		

Focus area: Nutrition – address person-centered services, maximizing consumer control and choice	Due Date
Goal statement: In order to identify and provide additional support to community seniors who are at risk of food insecurity and malnutrition, the Waukesha County elder nutrition program will incorporate malnutrition screening into its HDM assessments and will provide increased and/or enhanced meal service and education and resources to those who are high nutrition risk and/or risk for malnutrition.	
Plan for measuring overall goal success Percentage/number of high nutrition risk and/or risk for malnutrition will decrease by 5% by end of year 2023	

Specific strategies and steps to meet your goal:	Measure	Due Date
Strategy 1: Coordinate potential change with caterer		
Action step: Discuss additional meals / grab-n-go foods, costs, etc.	Conversation / agreement with Taher, Inc. (contracted caterer)	3/1/2022
Action step: Amend contract	Purchasing Department to complete amended contract	5/1/2022
Strategy 2: Screen HDM consumers for high nutrition risk / malnutrition risk		
Action step: Continue with / update Malnutrition Screen questions on HDM assessment	Work with BADR and GWAAR Malnutrition Workgroup to confirm appropriate screen questions	TBD
Action step: Develop standards for identifying who is at risk	Use of screen questions / red flags; educate ADRC staff and volunteers of initiative and their role	Summer 2022
Action step: Develop standards for who will receive additional meals / food, and education and resources	Standards developed and approved	Summer 2022
Action step: Pre-change data gathering	Measure the number / % of consumers who are at risk for malnutrition and/or are coding as high nutrition risk	Summer 2022
Strategy 3: Communicate initiative with Leadership, ADRC staff and pertinent community partners		
Action step: Achieve approval from leadership	Approval to move forward with initiative	Summer 2022
Action step: Notify ADRC staff / private providers to notify consumers and families of new option for additional food	Community notified of change	Summer 2022

Specific strategies and steps to meet your goal:	Measure	Due Date
Strategy 4: Implement / Monitor Change		
Action step: Implement enhanced meal program	Provide additional nutrition to reduce high nutrition risk / malnutrition	Summer 2022
Action step: Begin nutrition education / outreach / resource distribution	Provide nutrition outreach and education / resources to reduce high nutrition risk / malnutrition	Summer 2022
Action step: Monitor for initiative success	Regular surveying of clients to assess acceptance of program	2023
Action step: Compare # of high nutrition risk / malnutrition risk clients to pre-initiative	Measure number of clients scoring high nutrition risk and risk for malnutrition versus pre-change	5/1/2024
Action step: Adopt, adapt, or abandon initiative based on measures and funding	Continue, enhance, or discontinue project based on effectiveness	10/1/2024
Annual progress notes		

Focus area: IIB Community Services Social Isolation	Due Date
Goal statement: Reduce the health effects of social isolation and loneliness by identifying those older adults most vulnerable, implementing interventions and evaluate outcomes.	
Plan for measuring overall goal success – partnerships developed, number of workshops implemented – number of participants, number of new facilitators trained	

Specific strategies and steps to meet your goal:	Measure	Due Date
Strategy 1: Raise public awareness of loneliness as a public health issue and share strategies to improve connections and create a feeling of purpose.		
Action step: Utilize customizable awareness materials developed by WIHA, ACL, NCOA, etc. and conduct a social isolation and loneliness campaign using social media, as well as print and radio local media.	Number of articles in local newspapers, number of social media posts, etc.	6/30/2022
Action step: Target more vulnerable groups such as, immigrant, LGBTQ, minorities & victims of elder abuse in awareness campaign	List of agencies/organizations within those populations who received awareness campaign materials	9/30/2022
Strategy 2: Identify loneliness in older adults in our community and provide access to meaningful and culturally relevant resources and services.		
Action step: Research evidence-based tools that are used to identify older adults who are at-risk to suffer the health effects of social isolation and loneliness.	Identify method of determining at risk older adults	6/30/2023
Action step: Identify tool and pilot tool use	Number of completed assessments	12/31/2023
Strategy 3: Implement interventions to improve meaningful connections in older adults in our community.		

Specific strategies and steps to meet your goal:	Measure	Due Date
Action step: Enhance/Expand contracted phone companion program to improve meaningful connections for older adults identified as at-risk.	SAMS client data – see an increase over a 3-year period.	12/31/2024
Action step: With New Berlin senior dining center manager, develop and pilot engagement activities that can be done by clients in/from their homes.	Pilot at least two client-engagement activities. Possible ideas include: <ul style="list-style-type: none"> • Virtual group engagement • Virtual nutrition ed classes • Online trainings and education • Easy activities such as crosswords, puzzles, word searches, etc. • Activities of the month • Favorite family recipe • Favorite vacation or trip • Favorite holiday 	May 1, 2022
Action step: Explore developing a technology access program (i.e. loan tablets) so older adults can participate in virtual programming.	Determination made on feasibility of technology access program	
Action step: Provide information to partner agencies to disseminate to their clients regarding ways to engage older adults in the community.	At least twice each year information will be provided to three agencies to share with their consumers.	
Annual progress notes		

Focus area: Advocacy	Due Date
Goal statement: To increase older adults' access to the training, opportunities, and resources needed to become effective advocates.	
Plan for measuring overall goal success –Older adults will indicate an increased awareness of advocacy as evidenced by survey results and increased attendance of seniors at public hearings.	

Specific strategies and steps to meet your goal:	Measure	Due Date
Strategy 1: Provide education and training to ADRC Advisory Board on advocacy		
Action step: Connect with Legislative Aide from County Board office to provide advocacy education for Board members	Pre and post survey conducted of ADRC Advisory Board members	6/30/2022
Action step: Provide education and training to ADRC Nutrition Advisory Council	Pre and post survey conducted of Nutrition Advisory Council members	9/30/2022
Action step:		
Strategy 2: Provide awareness of opportunities for seniors to participate in advocacy efforts		
Action step: Notify board members, advisory council members and other individuals of opportunities for engagement	Increased attendance of seniors at annual HHS public hearing, budget hearing, transportation hearing	12/31/2023
Action step: Provide information to Advisory Board on network advocacy events	At least one ADRC Advisory Board member and ADRC staff person will attend a state advocacy day event	12/2023
Action step:		
Strategy 3: Increase advocacy awareness through agency newsletter		
Action step: Monthly article related to advocacy provided in ADRC monthly newsletter	ADRC newsletter will contain a monthly advocacy section	12/2023

Specific strategies and steps to meet your goal:	Measure	Due Date
Action step: Advocacy alerts from GWAAR, WAAN or other partners will be shared with the, board members, community agencies and general public	A method of sharing this information will be identified and implemented	
	.	
Annual progress notes		

Focus area: Transportation - address progress within one or more program area toward person-centered services, maximizing consumer control and choice.	Due Date
Goal statement: In an effort to provide Waukesha County Specialized Transportation consumers with enhanced choice for medical providers and appointments, beginning January 2022, the Waukesha County ADRC will allow out-of-county rides for medical trip purposes.	1/1/2022
Plan for measuring overall goal success –The ADRC will incorporate a special tracking measure to determine how many out-of-county medical rides are provided in addition to rides completed to the automatically approved out-of-county providers.	

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Coordinate with providers		
Action step: Communicate with Rideline provider	Communication made with Meda-Care Vans	January 2022
Action step: Communicate with taxi providers	Communication made with taxi companies	January 2022
Action step: Rideline contract amendment	Purchasing to have completed signed contract amendment	4/1/2022
Strategy 2: Communicate change to consumers and community		
Action step: Advertise in ADRC outlets: newsletter; website; Facebook page; note in donation statement; half sheets with meals	Community notified	February 2022
Action step: Communicate change to community partners (Eras; health systems; etc.)	Partners notified	February 2022
Action step: Measure / baseline out-of-county ride data	Baselines measured and recorded	February 2022
Strategy 3: Implement medical out-of-county rides		
Action step: Medical out of county rides begin	Medical out of county rides begin	4/1/2022
Strategy 4: Study / Act		
Action step: Investigate usage and expenditures to evaluate cost and sustainability	Evaluate ridership numbers and cost to continue	April 2022 – Oct 2023
Action step: Investigate feasibility of expanding beyond medical rides	Evaluate ridership numbers and cost to continue	2024
Annual progress notes		

Coordination Between Title III and Title VI

Waukesha County does not have any designated tribal lands in the county. Individuals who identify as Native American living in Waukesha County accounts for 0.1% of the overall population. Per 2019 Census data there are 959 individuals in Waukesha County that self-identify as either American Indian or Alaska Native of which 63 are age 65 or older. Aging Program Data provided by the State of Wisconsin indicates that two individuals identifying as Native American have participated in the Congregate dining program and two individuals in Evidence Based Disease Prevention programs.

Waukesha County ADRC is committed to providing service to older adults and adults with disabilities regardless of race or ethnicity. Title III programs may support American Indians, Alaska Natives and Native Americans in the areas of nutrition, supportive services for older adults, and caregiver services. The Title III services provided to all older adults in Waukesha County are offered with the intent to help individuals live independent in their communities.

Outreach and marketing efforts in Waukesha County will target all populations to provide a message that Title III services are available to all populations. A focus of the ADRC is to increase awareness of resources and services to a diverse community.

Organization, Structure and Leadership of the Aging Unit

In April of 2008, the Waukesha County Department of Senior Services merged with the Long-Term Care Division of the Waukesha County Department of Health and Human Services to form the Aging and Disability Resource Center of Waukesha County (ADRC). As an ADRC, the customer base expanded to include adults with disabilities. In January 2010, the ADRC became a division of the Department of Health and Human Services and Adult Protective Service (APS) became a unit within the ADRC. The Department of Health and Human Services merger also included Veterans Services, which is located down the hall from the ADRC. Existing services were enhanced by the expansion of information and assistance services, expanded benefits counseling, emergency referrals, case management, health promotion, prevention, and early intervention program, long-term care options counseling, financial and functional eligibility screening, and enrollment counseling. If an individual is eligible for a publicly funded long-term care program and chooses to enroll in Family Care, IRIS, Pace or Partnership, the ADRC will enroll the person in one of these programs. The ADRC continues to partner with community organizations to provide services and information to the citizens of Waukesha County.

In October 2013 the ADRC relocated to a newly constructed Human Services Center which created a warmer and more welcoming environment for our staff and consumers. The ADRC of Waukesha County has a separate lobby and reception area where walk in customers can be served in a warm and welcoming environment.

Advocacy is at the core of ADRC operations. The ADRC's mission includes provision of "information, assistance, and education to promote independence and improve quality of life." Case managers, information and assistance staff, and support staff provide issue-related advocacy information to clients. The ADRC Resource Guide aids individuals in self-advocacy and includes a section on organizational advocacy contacts as well as contact information for legislators and representatives. The ADRC includes advocacy information on exhibit display boards, and in all general presentations about available services. The ADRC Manager is a member of the Aging and Disability Professional Association of Wisconsin's Advocacy Committee and shares pertinent advocacy issues with appropriate individuals or agencies. The ADRC Manager regularly coordinates advocacy concerns and issues with the Waukesha County Legislative Policy Advisor, the ADRC Advisory Board, Health and Human Services Board and Committee and other agencies.

The ADRC receives advocacy alerts and information from the Administration on Community Living (ACL), other federal and state agencies and disseminates this information to consumers.

The ADRC is an active partner in the Waukesha County Nutrition Coalition, which works to prevent hunger and food insecurity. Staff also participates in many committees in the community, the Public Health Advisory Committee, which works to promote health and wellness, and prevent crises. The ADRC leaders represent the aging population on numerous community committees including caregiver support, transportation initiatives, fall prevention, Interdisciplinary Team, (I Team), Dementia Friendly Community Coalitions, Financial Abuse Specialist Team and others.

The ADRC manager participates in the Aging and Disability Professionals Association of Wisconsin (ADPAW), and the Nutrition and Transportation Supervisor is a member of the Wisconsin Association of Nutrition Directors (WAND), both of which provide advocacy opportunities to better serve our clients.

The Health and Human Services Board and Committee, the ADRC Advisory Board, and Nutrition Advisory Council members review and participate in advocacy opportunities to improve the quality of life for older persons and persons with disabilities in Waukesha County. The ADRC will continue to provide appropriate advocacy training opportunities for board and council members, and for older adults.

The ADRC also works with the state Ombudsman, Wisconsin Counties Association, Wisconsin Counties Human Services Association, and Disability Rights Wisconsin to help ensure a better quality of life for older adults and adults with disabilities.

The ADRC of Waukesha County is a division of the Waukesha County Department of Health and Human Services. Waukesha County, an integrated agency, includes Aging Services, ADRC Resource Center, Adult Protective Services (APS) and Specialized Transportation services.

The aging unit for Waukesha County is the Aging and Disability Resource Center of Waukesha County.

The ADRC:

- Provides a welcoming, accessible place where older adults and adults with disabilities can go for any information, advice, and help in accessing services.
- Provides one central source of reliable and objective information about a broad range of community resources for elderly individuals and individuals with disabilities.
- Helps individuals understand the various long-term care options available to them.
- Enables individuals to make informed, cost-effective decisions about long-term care.
- Helps individuals conserve their personal resources, health, and independence.
- Reduces the demand for public funding for long-term care by delaying or preventing the need for potentially expensive long-term care.
- Helps individuals apply for eligible programs and benefits and use their community's resources.
- Serves as a single access point for publicly funded long-term care.

As the single point of access for publicly funded long-term care services in Waukesha County, the ADRC works with Moraine Lakes Consortium (a five county Income Maintenance consortium) to determine eligibility for managed long-term care services and provides options counseling to help individuals make cost effective decisions about their long-term care. If an individual is eligible for a long-term care program, ADRC staff enroll the consumer in the consumer's program of choice: Family Care, PACE, Partnership, or IRIS.

The ADRC has a history of strong community partnerships and expects those partnerships to continue and be even more important over the next several years as the aging population grows within Waukesha County. These partnerships are an integral part of many of the services coordinated or provided by the ADRC. Partnerships also contribute to program planning through community needs assessments and community network meetings. Consumers also provide input to program planning through needs assessments, case management contacts, customer surveys, and participation in meetings and focus groups.

The County Strategic Plan regularly reviews community and client expectations, critical issues, environmental trends, collaborations with county, government and agency partnerships, and strategic

goals. The Strategic Plan, which is completed every three years, helps to determine program and funding decisions. The ADRC receives strong support from the Department of Health and Human Services, the ADRC Advisory Board, the County Board, and the County Executive.

The ADRC of Waukesha County is the single point of entry for information, assistance and services. Calls from consumers are answered by one of four Information and Assistance Workers who triage calls. Walk in customers are greeted by reception staff and a staff person assigned to “walk in” duty meets with the individual. The staff determine the needs of the consumer and will either assist the individual or make a referral to one of the specialty areas in the ADRC. These specialty areas include Aging Services, Elder Benefit Specialist, Disability Benefit Specialist or Dementia Care Specialist. Consumers are offered a home visit and if the consumer accepts, an appointment is made. The staff will provide options counseling, either on the phone or in person and assist the consumer with developing a care coordination plan. Depending on the needs of the consumer, services are offered to enable the consumer to remain safe in their residence as a first priority. These services may include home delivered meals, in-home personal care, homemaker, caregiver support or assistance for an individual with dementia. Aging Services staff are knowledgeable about the Aging Services program and assist with setting up services that are appropriate for the consumer’s needs. Caregiver support includes the assessment of the care unit and creation of an action plan. All ADRC Specialists, Social Workers, and Dementia Care Specialists are trained to conduct memory screens. If a consumer has a positive result, the individual is recommended to visit their personal physician. Our dementia care specialists work closely with the staff and community members to provide additional support to individuals.

Primary Contact to Respond to Questions About the Aging Plan Template

Name: ___Mary Check Smith_____

Title: _____ADRC Manager/Aging Unit Director_____

County: ___Waukesha_____

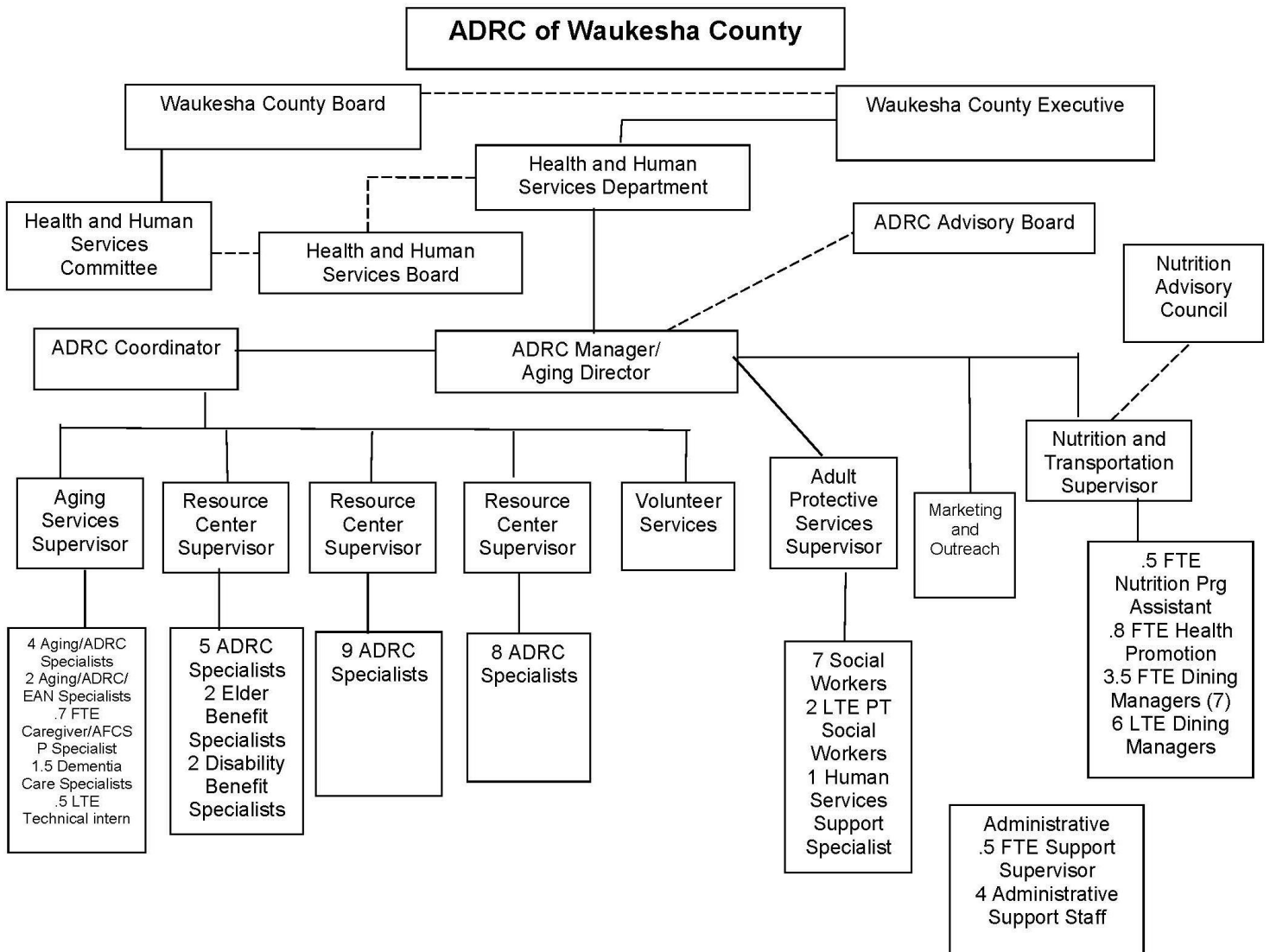
Organizational Name: ___ADRC of Waukesha County_____

Address: ___514 Riverview Avenue_____

City: ___Waukesha_____ State: ___WI_____ Zip Code: ___53188_____

Email Address: ___mcsmith@waukeshacounty.gov_____ Phone # ___262-548-7834_____

Organizational Chart of the Aging Unit



Staff of the Aging Unit

<p>Name: Mary Smith – Full Time Job Title: ADRC Manager/Aging Unit Director Telephone Number/Email Address: 262-548-7834/mcsmith@waukeshacounty.gov</p>
<p>Brief Description of Duties: Directs the Aging and Disability Resource Center. Responsible for the development, administration and direction of programs, services and activities addressing the needs of clients. Directs the management of contracted and/or grant funded services; and performs other duties as required.</p>
<p>Name: Lisa Bittman – Full time Job Title: ADRC Coordinator Telephone Number/Email Address: 262-548-7831/lbittman@waukeshacounty.gov</p>
<p>Brief Description of Duties: Assists the ADRC manager in supervising and managing the day-to-day provisions for the ADRC and Aging Services programs. Assists in integrating and managing purchased services of the ADRC.</p>
<p>Name: Shirley Peterson – Full Time (partial funded under OOA funding) Job Title: ADRC Supervisor Telephone Number/Email Address: 262-548-7701/speterson@waukeshacounty.gov</p>
<p>Brief Description of Duties: Direct supervision of ADRC specialists, including the 6 staff funded by Aging Services programs who complete assessments and service delivery. Approves services funded under Aging Services.</p>
<p>Name: Michael Glasgow, RD, CD – Full Time Job Title: Nutrition and Transportation Services Supervisor Telephone Number/Email Address: 262-896-8214/mglasgow@waukeshacounty.gov</p>
<p>Brief Description of Duties: Manages the senior dining, home delivered meal and Health Promotion programs. Directs supervision of senior dining staff, prepares menus, and assures compliance with state/federal policies. Oversees the 85.21 Wisconsin Department of Transportation Specialized Transportation program.</p>
<p>Name: Dawn Hendrix/Jackie Smith – Full Time Job Title: Benefits Specialist Telephone Number/Email Address: 262-970-4748/dhendrix@waukeshacounty.gov 262-548-7968/jjsmith@waukeshacounty.gov</p>
<p>Brief Description of Duties: Provides information, advocacy, and representation to County residents sixty years of age and older to ensure receipt of benefits, entitlements, and legal rights; and to perform other duties as required.</p>
<p>Name: Christa Glover – Full Time Job Title: Senior ADRC Specialist Telephone Number/Email Address: 262-896-8573/cglover@waukeshacounty.gov</p>
<p>Brief Description of Duties: Information and Assistance, home visits, client/family assessments, care coordination, caregiver assistance and programming.</p>

<p>Name: Jennifer Harders – Full Time Job Title: Dementia Care Specialist Telephone Number/Email Address: 262-548-7650/jharders@waukeshacounty.gov</p>
<p>Brief Description of Duties: Provide support and consultation to staff and consumers related to dementia care.</p>
<p>Name: Chloe Hernandez – Full Time Job Title: Senior ADRC Specialist Telephone Number/Email Address: 262-548-7224/chernandez@waukeshacounty.gov</p>
<p>Brief Description of Duties: Information and Assistance, home visits, client/family assessments, care coordination, caregiver assistance and programming.</p>
<p>Name: Allison Mroczkowski – Part Time Job Title: Technical Intern Telephone Number/Email Address: 262-548-7883/amroczkowski@waukeshacounty.gov</p>
<p>Brief Description of Duties: Caregiver support.</p>
<p>Name: Ellen Poplawski – Full Time Job Title: Senior ADRC Specialist Telephone Number/Email Address: 262-548-7702/epoplawski@waukeshacounty.gov</p>
<p>Brief Description of Duties: Information and Assistance, home visits, client/family assessments, care coordination, lead for Grandparent Parenting Grandchildren Group.</p>
<p>Name: Jennifer Rath – Full Time Job Title: Senior ADRC Specialist Telephone Number/Email Address: 262-896-8539/jrath@waukeshacounty.gov</p>
<p>Brief Description of Duties: Information and Assistance, home visits, client/family assessments, care coordination, member of Waukesha County Hoarding Committee.</p>
<p>Name: Amy Rockhill – Full Time Job Title: Senior ADRC Specialist Telephone Number/Email Address: 262-548-7683/rockhill@waukeshacounty.gov</p>
<p>Brief Description of Duties: Information and Assistance, home visits, client/family assessments, care coordination, caregiver assistance and programming.</p>
<p>Name: Yer Lee Yang – Full Time Job Title: Senior ADRC Specialist Telephone Number/Email Address: 262-548-7941/ylyang@waukeshacounty.gov</p>
<p>Brief Description of Duties: Information and Assistance, home visits, client/family assessments, care coordination.</p>
<p>Name: Kristin Schmitt – Part Time Job Title: Dementia Care Specialist Telephone Number/Email Address: 262-548-7354/kschmitt@waukeshacounty.gov</p>
<p>Brief Description of Duties: Provide support and consultation to staff and consumers related to dementia care.</p>

Aging Unit Coordination with ADRCs

The ADRC of Waukesha County is a division of the Waukesha County Department of Health and Human Services. Waukesha County, an integrated agency, includes Aging Services, ADRC Resource Center, Adult Protective Services (APS) and Specialized Transportation services. The ADRC Manager oversees all administration of the ADRC to include the Resource Center, Aging Services, Adult Protective Services, Nutrition and Transportation. Supervisors and staff are well versed in Older American Act programs and services and work collaboratively to meet the needs of consumers.

Statutory Requirements for the Structure of the Aging Unit

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

Organization: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
(1) An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	X
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	
Organization of the Commission on Aging: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
For an aging unit that is described in (1) or (2) above, organized as a committee of the county board of supervisors/tribal council, composed of supervisors and, advised by an advisory committee, appointed by the county board/tribal council. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.	
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.	X
For an aging unit that is described in (3) above, the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	
Full-Time Aging Director: The law requires that the aging unit have a full-time director as described below. Does the county have a full-time aging director as required by law?	Circle One Yes No

Role of the Policy-Making Body

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

Membership of the Policy-Making Body

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

Membership of the Policy-Making Body Template

Members of a county/tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one-third of the members shall expire each year, and no member may serve more than 2 consecutive 3-year terms. In the case of county board/tribal council members, the requirement is 3 consecutive 2-year terms.

Official Name of the County Aging Unit's Policy-Making Body:

Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson:			

Role of the Advisory Committee

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

Membership of the Advisory Committee

An aging advisory committee is required if the commission (policy-making body) does not follow the Elders Act requirements for elected officials, older adults, and terms, or if the commission is a committee of the county board (46.82 (4) (b) (1)). If the aging unit has an advisory committee, list the membership of the advisory committee using the template provided below and include in the body of the aging plan. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee. There are no term limit requirements on advisory committees.

Membership of the Advisory Committee Template

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

Name	Age 60 and Older	Elected Official	Start of Service
Chairperson: Phyllis Wesolowski	X		2018
Carla Friedrich			2016
Sandra Heberling	X		2016
Betty Koepsel	X		2019
Marj Kozlowski	X		2021
Sandy Wolff	X		2019
Joel Gaughan		X	2021
Judith Tharman	X		2021
Mary Baer	X		2021

Budget Summary

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

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

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

Verification of Intent

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

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

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

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

Signature and Title of the Authorized County Board Representative Date

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

On behalf of the county, we certify

ADRC of Waukesha County

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

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

Signature and Title of the Authorized County Board Representative	Date
---	------

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

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

2. Outreach, Training, Coordination & Public Information

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

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

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

4. Advisory Role to Service Providers of Older Persons

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

5. Contributions for Services

- The applicant shall assure that agencies providing services supported with Older Americans Act and state aging funds shall give older adults a free and voluntary opportunity to contribute to the costs of services consistent with the Older Americans Act regulations.
- Each older recipient shall determine what he/she is able to contribute toward the cost of the service. No older adult shall be denied a service because he/she will not or cannot contribute to the cost of such service.

- The applicant shall provide that the methods of receiving contributions from individuals by the agencies providing services under the county/tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.
- The applicant must assure that each service provider establishes appropriate procedures to safeguard and account for all contributions.
- The applicant must assure that each service provider considers and reports the contributions made by older people as program income. All program income must be used to expand the size or scope of the funded program that generated the income. Nutrition service providers must use all contributions to expand the nutrition services. Program income must be spent within the contract period that it is generated.

6. Confidentiality

- The applicant shall ensure that no information about, or obtained from an individual and in possession of an agency providing services to such individual under the county/tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.
- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.
- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the State Agency, the Area Agency, the county or tribal aging agency, and any other agency, organization, or individual providing services under the State, area, county, or tribal plan, shall be safeguarded by specific policies.
- Each participant from whom personal information is obtained shall be made aware of his or her rights to:
 - (a) Have full access to any information about one's self which is being kept on file;
 - (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,
 - (c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.
- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately necessary for determining an individual's need and/or eligibility for services and other benefits.
- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:
 - (a) By court order; or,
 - (b) When securing client-requested services, benefits, or rights.
- The lists of older persons receiving services under any programs funded through the State Agency shall be used solely for the purpose of providing said services, and can only be released with the informed consent of each individual on the list.
- All paid and volunteer staff members providing services or conducting other activities under the area plan shall be informed of and agree to:

(a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,

(b) All policies and procedures adopted by the State and Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.

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

7. Records and Reports

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

8. Licensure and Standards Requirements

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

9. Civil Rights

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

- All recipients of funds through the county/tribal or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

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

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

11. Political Activity of Employees

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

12. Fair Labor Standards Act

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

13. Private Gain

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

14. Assessment and Examination of Records

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

15. Maintenance of Non-Federal Funding

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

16. Regulations of Grantor Agency

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

17. Older Americans Act

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

Reference: 45 CFR Part 1321 – Grants to State and Community Programs on Aging.

Sec. 306. (a)

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(4)(C) Each area agency on agency shall provide assurance that the Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Area Agency on Aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations.

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

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

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

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

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency on Aging will pursue

activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

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

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

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

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

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

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

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

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

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response

agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

Wisconsin Elders Act

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

Wisconsin Statutes Chapter 46.82 Aging unit.

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

- (1) An agency of county or tribal government with the primary purpose of administering programs of services for older individuals of the county or tribe.
- (2) A unit, within a county department under s. 46.215, 46.22
- (3) or 46.23, with the primary purpose of administering programs of
- (4) services for older individuals of the county.
- (5) A private corporation that is organized under ch. 181 and
- (6) that is a nonprofit corporation, as defined in s. 181.0103 (17).

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

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

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

1. Work to ensure that all older individuals, regardless of income, have access to information, services and opportunities available through the county or tribal aging unit and have the opportunity to contribute to the cost of services and that the services and resources of the county or tribal aging unit are designed to reach those in greatest social and economic need.
2. Plan for, receive and administer federal, state and county, city, town or village funds allocated under the state and area plan on aging to the county or tribal aging unit and any gifts, grants or payments received by the county or tribal aging unit, for the purposes for which allocated or made.

3. Provide a visible and accessible point of contact for individuals to obtain accurate and comprehensive information about public and private resources available in the community which can meet the needs of older individuals.
4. As specified under s. 46.81, provide older individuals with services of benefit specialists or appropriate referrals for assistance.
5. Organize and administer congregate programs, which shall include a nutrition program and may include one or more senior centers or adult day care or respite care programs, that enable older individuals and their families to secure a variety of services, including nutrition, daytime care, educational or volunteer opportunities, job skills preparation and information on health promotion, consumer affairs and civic participation.
6. Work to secure a countywide or tribal transportation system that makes community programs and opportunities accessible to, and meets the basic needs of, older individuals.
7. Work to ensure that programs and services for older individuals are available to homebound, disabled and non-English speaking persons, and to racial, ethnic and religious minorities.
8. Identify and publicize gaps in services needed by older individuals and provide leadership in developing services and programs, including recruitment and training of volunteers, that address those needs.
9. Work cooperatively with other organizations to enable their services to function effectively for older individuals.
10. Actively incorporate and promote the participation of older individuals in the preparation of a county or tribal comprehensive plan for aging resources that identifies needs, goals, activities and county or tribal resources for older individuals.
11. Provide information to the public about the aging experience and about resources for and within the aging population.
12. Assist in representing needs, views and concerns of older individuals in local decision making and assist older individuals in expressing their views to elected officials and providers of services.
13. If designated under s. 46.27 (3) (b) 6., administer the long-term support community options program.
14. If the department is so requested by the county board of supervisors, administer the pilot projects for home and community –based long-term support services under s. 46.271.
15. If designated under s. 46.90 (2), administer the elder abuse reporting system under s. 46.90.
16. If designated under s. 46.87 (3) (c), administer the Alzheimer’s disease family and caregiver support program under s. 46.87.
17. If designated by the county or in accordance with a contract with the department, operate the specialized transportation assistance program for a county under s. 85.21.
18. Advocate on behalf of older individuals to assist in enabling them to meet their basic needs.
19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.
20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.284 (1) (a) 1., apply to the department to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

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

(4) Commission on Aging.

(a) Appointment.

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

(b) Composition.

A commission on aging, appointed under par. (a) shall be one of the following:

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

(c) Terms.

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

(c) Powers and duties.

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

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

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

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

Appendices

Community Involvement in the Development of the Aging Plan

Community Engagement Report

Your County or Tribe: Waukesha County	Date/s of Event or Effort: 3/1/2021 – 4/15/2021
Target audience(s): Older adults living in Waukesha County	Number of Participants/ Respondents: 28 (23 online and 5 mail in)
Describe the method used including partners and outreach done to solicit responses: We created a survey that could be completed online or by mailing back a printed copy. The full survey, as well as a link to the online survey, were included in the March 2021 edition of our newsletter. We distributed 1,275 printed copies of the newsletter to the public, and it was sent to more than 200 people on our e-newsletter mailing list. In addition, the link to the online survey was shared on our Facebook page on March 17 th and the post reached 130 people. A copy of the survey is included in the appendix.	
Describe how the information collected was used to develop the plan: Although the response to this general public survey was low, the information obtained was consistent with results of other community engagement obtained. The areas identified have been utilized in the development of goals for the plan.	
What were the key takeaways/findings from the outreach? The top three identified areas of concern were (in order): <ol style="list-style-type: none">1. In-Home Supports2. Social Isolation3. Affordable Housing4. Transportation5. Healthy Food Some additional comments that were provided by respondents include: <ul style="list-style-type: none">• “I would like to be able to exchange ideas, places where singles would be included in activities, suggestions for life situations.”• “Need medical transport beyond local areas.”	

- “I have a friend who lives out of state and the department of aging in their community developed a system in which they have listed seniors who live in the community and are along within a two to three block area of where you live. They connect you with someone and you can check on each other and have someone to visit with.”
- “Would like resources for getting yardwork, snow removal and repairs done at minimal cost.”
- Some sort of meet up for like-minded people interest wise play cards/board games in set locations movies bowling etc.
- Some sort of a recreational/social center; more recreational opportunities; Lessons on nutrition
- I think your agency is going good work. I hope you can get more funding in the future to expand services.
- I have lived and worked in Waukesha all my life and plan to stay here. To develop living areas for seniors that would be safe. Perhaps gated would allow seniors to spend more time together.

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: Waukesha County	Date/s of Event or Effort: 4/1/2021 – 5/1/2021
Target audience(s): Representatives of local agencies and key decision makers that have an interest in the welfare of older adults in Waukesha County.	Number of Participants/ Respondents: 28
Describe the method used including partners and outreach done to solicit responses: The ADRC Advisory Board identified a need to collect input from stakeholders in the community that represent variety of community organizations and target audiences. Examples include leaders of local nonprofits, elected officials, in-home care agencies, representatives from long-term care organizations, and transportation providers. The Board, in cooperation with ADRC leadership identified the stakeholders and developed the questions for the survey. Most importantly, each respondent was asked to identify three areas of concern and provide information on how those concerns may be addressed. Each member of the Advisory Board then selected a group of stakeholders to interview, and they conducted the interviews over the phone or via email. A copy of the survey tool is included in the appendix. The information gathered is included in this document.	
Describe how the information collected was used to develop the plan: This method produced a wealth of information, which is extremely useful to not only the ADRC of Waukesha County, but the Department of Health and Human Services and community agencies as well. We will be sharing this information with partner agencies. The top priority areas were all considered in the development of various goals in this aging plan.	

Concern: Advocacy

<p>What is working well in our community to address this area?</p>	<ul style="list-style-type: none"> • Don't know
<p>What are the barriers/challenges to addressing this concern?</p>	<ul style="list-style-type: none"> • Communication skills from those that need it to those that give it • Lack of people providing advocacy
<p>What services/options are needed to address this concern?</p>	<ul style="list-style-type: none"> • Communication skills from those that need it to those that give it • Enough people providing advocacy
<p>What agency or organization could be best suited to partner with to address this focus area?</p>	<ul style="list-style-type: none"> • Churches • Free clinics • Senior Centers

Concern: Nutrition

<p>What is working well in our community to address this area?</p>	<ul style="list-style-type: none"> • Food pantries (but have to pick up) • Food Pantry • Senior Meal Sites • Meals on Wheels • Senior Dining meal sites • Families are bringing food to shut ins
--	--

<p>What are the barriers/challenges to addressing this concern?</p>	<ul style="list-style-type: none"> • COVID • Reduction in food choices in food pantries • Less social interaction with others and professionals sharing information in food pantry lines • Less frequent Meals on Wheels with the potential for food waste • Transportation to food shopping • Food Access • Emphasizing the need for good nutrition to everyone, families, shut ins. Poor nutrition can affect quality of life, health, mental concerns.
<p>What services/options are needed to address this concern?</p>	<ul style="list-style-type: none"> • Increasing vaccinations • Returning to sharing information in food pantry lines (eg. 211, health care, transportation, ADRC services, etc. • Transportation options for food access or delivery • A plan to make sure folks are eating. For example, making phone calls to people receiving meals on wheels, families to monitor if shut ins are eating. When home visits occur, checking the refrigerator and pantry.
<p>What agency or organization could be best suited to partner with to address this focus area?</p>	<ul style="list-style-type: none"> • United Way, social service agencies • Food Pantries • Senior Centers • Hospitals & Clinics • Farmer Markets (opportunity to gain access to leftover food, voucher systems for discounts, in addition to being a nice outing for seniors) • ADRC • Senior dining centers

Concern: Dementia Services

<p>What is working well in our community to address this area?</p>	<ul style="list-style-type: none"> • Dementia Friendly initiatives in Menomonee Falls • Purple Tube Project • County and community provide dementia care services • County has excellent dementia care services and partnerships • Community and State efforts • Dementia Capable WI • Waukesha County dementia summit • ADRC • Health care organizations offering assessments/evaluations • Dementia Care Specialist for Waukesha County • ADRC I-Team • ADRC resource guide is available physically and electronically • Collaboration with the ADRC • Dementia summits
--	---

<p>What are the barriers/challenges to addressing this concern?</p>	<ul style="list-style-type: none"> • Awareness • Caretakers feeling isolated or limited in what they can do • As families have become isolated, they access fewer dementia care services • There is still a lot of stigma around dementia • Senior are easy targets for exploitation • Wait lists for dementia evaluations • Caregivers waiting too long before they seek help • Not enough LTC facilities • Resident behaviors and how they impact residents and other staff • Burden on facilities • Lack of plan for behavioral crisis intervention • Unless someone in your family has dementia, it is out of sight, out of mind. • Insurance companies need reform to help address the issue • The barriers are the stigma, the pandemic has temporarily or permanently closed services, resources are not available in other languages and lack of money in order to pay for some services • Education to staff, general public and caregivers • Awareness or lack of understanding of the disease • Safety- ability to safely protect an individual in the community
<p>What services/options are needed to address this concern?</p>	<ul style="list-style-type: none"> • Support and care for individual and caregivers. • Home care support / respite • Access to respite and adult day care • Continued dementia friendly services and community training • Care giver support • Train restaurant staff to identify those with dementia and understand, also train pharmacies and churches, interdenominational training for young people, volunteering with older adults • More training • Safety nets • Crisis stabilization – facility based • Training and support staff on behavioral and environmental management • Provide and train nurses and CNAs with more education; possibly a dementia capable certification • System in place for professionals with training to have the capacity to de-escalate and manage a crisis until it returns to normal. Folks are reluctant to deal with this because it will be their entire responsibility. • Should be an educational component in the schools • The services should be available in Spanish and other languages. • The services should be charged at a sliding fee or financial assistance should be available to those who do not have insurance coverage. • Create awareness campaigns • More education to the general public and employees of businesses

	<ul style="list-style-type: none"> • More dementia friendly agencies
What agency or organization could be best suited to partner with to address this focus area?	<ul style="list-style-type: none"> • Hospitals / Health Centers • Libraries • Police Department / Fire / EMT • Health care organizations • Crisis • Public Health • Public/community partnerships • Partner with ADRC, police, and hospital • ADRC advocates impact legislation, make recommendation to work with insurance companies • Local free clinics (Waukesha Free Clinic, Lake Area Free Clinic, Sixteenth Street Community Clinic, etc.) • ProHealth Care Hispanic Health Resource Center

Concern: Chronic Disease

What is working well in our community to address this area?	<ul style="list-style-type: none"> • Don't know • Many resources in our community to help individuals manage chronic disease • CHIPP priority of physical activity and nutrition addresses some of the root causes of chronic disease. • Physicians using telehealth and performing virtual care. • After the pandemic, it would be good to measure how well telehealth actually worked. • Some health care systems have programs specific to chronic disease. (Kirk - <i>While working at ProHealth we would identify those with 2 or more chronic diseases and look at management of those diseases</i>) • Chronic disease programs through CMS • Health care providers have a lot of resources available once you've been diagnosed with chronic disease
What are the barriers/challenges to addressing this concern?	<ul style="list-style-type: none"> • If individual is progressing in their disease, they might like to know if there is something that can help or improve • The sheer growing number of chronic diseases is challenging • While many chronic diseases can be managed, it would be better to get upstream to try to stop them • Increasing chronic diseases will increase healthcare costs and needs for additional services. • Technology knowledge with older adults

	<ul style="list-style-type: none"> • People have not been taking care of themselves during the pandemic • Identifying people with chronic disease • People accepting assistance or support • Avoiding hospitalizations • Better understanding of palliative care (heroic measures vs quality/quantity of life) • Health care providers- look at ways to prevent chronic disease before it happens
<p>What services/ options are needed to address this concern?</p>	<ul style="list-style-type: none"> • Know where to turn to help • More screening to identify chronic diseases earlier • More prevention activities to decrease the development of chronic diseases • Convince people to come to the hospital and use/visit doctors again • Not enough public awareness • Assistance with referrals • More programs on chronic disease • Health care providers should address chronic disease as a part of a person's health care plan • More prevention
<p>What agency or organization could be best suited to partner with to address this focus area?</p>	<ul style="list-style-type: none"> • Don't know • Public Health • Healthcare systems • Community based agencies • ADRC • UW Waukesha Extension- they have wonderful programming • Food banks- Elmbrook Hospital is donating produce from their community garden • Public health • CMS • Non-profits • Care coordination for chronic disease management • YMCA • ADRC • Health care providers • Primary care physicians

Concern: Lack of Technology

<p>What is working well in our community to address this area?</p>	<ul style="list-style-type: none"> • Researching with the goal of improvement, such as this questionnaire.
<p>What are the barriers/challenges to addressing this concern?</p>	<ul style="list-style-type: none"> • Many aging adults do not use computers or devices, many needs that can be met via wifi and devices during the pandemic, many aging adults do not have the opportunities to receive virtual care • Cost. The lowest income aging adults cannot afford the technology needed to meet their needs during the pandemic.
<p>What services/options are needed to address this concern?</p>	<ul style="list-style-type: none"> • Access to the technology needed to have the opportunities that are able to be provided online such as online virtual therapy. I see patients who have been so isolated, it is only once they end up in the hospital that you are aware they are drinking every day or suicidal.
<p>What agency or organization could be best suited to partner with to address this focus area?</p>	<ul style="list-style-type: none"> • Mental health organizations

Concern: Transportation

<p>What is working well in our community to address this area?</p>	<ul style="list-style-type: none"> • Some access through Eras, senior taxis, buses • Jack feels that wheelchair transportation is working well for the providers that exist in the area. But he is concerned. • This has always been an issue for aging adults • Information is provided • One stop shop for information, such as the ADRC • Waukesha Co. has lots of transportation providers and providers who specialize in different types of transports such as wheelchair, Medicaid, etc. • For over a decade have seen more energy and focus put towards transportation • Nonprofits are addressing transportation as a systemic process
--	---

	<ul style="list-style-type: none"> • ADRC works well with providers • ERA is providing a broader scope towards transportation concerns • ADRC paying half of silver streak
<p>What are the barriers/challenges to addressing this concern?</p>	<ul style="list-style-type: none"> • Limited access to transportation Current lack of older volunteers, who are most vulnerable to COVID Costs to get groceries (food share) • He feels that the real issue is there are not enough wheelchair transportation providers in general. He feels that it's not the difficult to provide this type of transportation, and more providers should provide the service. • He is also concerned about whether some of the newer start-ups are adhering to common ADA standards and FTC rules. It's not clear that they are being held to industry standards. • Loss of driving ability • Sometimes people needing services are "not nice" • Availability • Only aging people who have money or family members who have money to pay for many hours of caregiving are able to get groceries with the help of a caregiver or get to appointments, etc. • Many who still can't afford. • Many need help getting in and out of transportation and home, which is not included • Limited bus service, limited cab service in that no service to Milwaukee. More affordable transportation for seniors, cabs are too expensive. • Access to obtaining information on transportation • Different ways to get the information out into the public • Cost of affordable transportation service • Attendants (or caregivers) may have to pay an additional fee to escort member • Waukesha County has a fragmented transportation service (providers are geographically set; unwilling to go beyond certain boundaries) • Vulnerable populations are challenged as to how to use the transportation system (what do I qualify for, where am I able to go) • Barriers – not everyone can get everywhere (i.e. unable to access regional medical centers from some locations within the county) • Transportation between communities to enable attendance at various activities as senior's lose ability to drive and get around Waukesha Co. • How to get from point a to b

<p>What services/ options are needed to address this concern?</p>	<ul style="list-style-type: none"> • Matching vaccinated seniors with vaccinated volunteers and staff. Buddy system of vaccinated volunteers to provide transportation to vaccinated seniors to Drs appointments, grocery shopping, vaccinations, etc., including providing pick up of ordered food from Metro Market, Meijers, etc. • Jack feels that his organization could provide a service similar to the Find-A-Ride service that was attempted by Eras for a reasonable fee. (Almost “free”.) • He suggested when ADRC visits senior meal sites to discuss the services ADRC provides, that the local senior taxi provider should also be present to speak about the services the taxi’s provide. • Transportation services • Providing skills to drivers regarding behavior issues • Communication of services available to everyone over 55 • More funding to provide more transportation to low income adults again • More access to services such as putting in wheelchair ramps and more funding • More affordable transportation in Waukesha County and transportation between counties. • Access to obtaining information and access to wi-fi in rural areas of Waukesha Co. • Robust bus line such as Milwaukee County has • Rideline is good but income dependent and can be quite expensive compared to peer counties • Contribute to move towards a unified system so transportation can be user friendly (i.e. consolidate service, uniform branding, central call in center, consistent quality of service) • Communication about services
<p>What agency or organization could be best suited to partner with to address this focus area?</p>	<ul style="list-style-type: none"> • Eras, senior taxis, Hispanic coalition and others, to provide a collective impact on rides and deliveries • Silver Streak and more available cars and drivers • ADRC • Not sure • State of Wisconsin • Wisconsin Association of Mobility Managers • Wisconsin Urban and Rural Transit Association • ADRC • SEWRPC • Collection of agencies and providers (provider, for and non-profit, Eras, organizational leaders • ADRC – could lead and help agencies, providers, government entities and funding sources with a process to unify the transportation system • Senior centers • Churches • Libraries

	<ul style="list-style-type: none"> • AARP
--	--

Concern: Housing

<p>What is working well in our community to address this area?</p>	<ul style="list-style-type: none"> • Nothing! Politicians a problem. • Not a lot. • Community living residential facilities. Members must have a need to qualify. • La Casa program in Waukesha—grants and helps with housing and necessary repairs • We Energies—test to reduce heating costs and provide free renovation • Increased affordability of housing options • More aging in place communities being built • Increased retrofitting of homes (ramps, etc.) so person can age in place
<p>What are the barriers/challenges to addressing this concern?</p>	<ul style="list-style-type: none"> • People don't know where to look for help. How to find those who need more help. • Lack of providers for people with challenging behaviors. Sometimes housing must be found outside of Waukesha County. • Not enough • Shortage of land and housing needed for housing for Habitat for Humanity • Not enough housing options to meet the expected increase in senior population • Disparity of income to housing cost (affordability) • Caregivers who want to be near their loved ones may not have housing options available to them.
<p>What services/options are needed to address this concern?</p>	<ul style="list-style-type: none"> • More reporting (media coverage of what is available) • Education • More providers for low-income adults • More working together with ADRC resources and hospitals • More housing, land, and volunteers • Emphasis of enough funding from the county, municipalities, philanthropists to age in place.

<p>What agency or organization could be best suited to partner with to address this focus area?</p>	<ul style="list-style-type: none"> • Senior planning group is but only for those who can afford it • Housing Authority at the County level • La Casa • Habitat for Humanity • County funding
---	---

Concern: Mental Health

<p>What is working well in our community to address this area?</p>	<ul style="list-style-type: none"> • Don't know • While CHIPP addresses this area, it has not really focused on the 60+ age group. A lot of strong work in this arena that could be extended to this age group. • Nancy was not sure what was working well. • Psychiatrists, therapists and social workers who flipped to using telehealth to treat clients. • Training in QPR methods was begun by NAMI before the pandemic, and it was helping. This needs to be re-started. • Nothing • Qualified resources (medical doctors, psychiatrists first responders) are available 24/7 when help is needed • Working diligently with people already in the system with mental health issues • Good mental health system in Waukesha County. Waukesha County Mental Health Center has a great, caring staff. • Nothing. Where do we go to and what do we do with someone who has mental health issues or specific mental health issues? • Not able to answer, don't know enough about mental health • Parks and Recreation, churches, ADRC, and family doctors
<p>What are the barriers/challenges to addressing this concern?</p>	<ul style="list-style-type: none"> • During pandemic mental health is a big deal since many individuals with disabilities are stuck at home. Programs virtually to interact with others in the same situation, socializing, how to get the word out to those who need it. • Growing area, as many things could be lumped into mental health category, such as impact of social isolation • People have not been seeing their doctors. • Overall, incidences have increased due to the pandemic. • Adults with mental issues don't know how to navigate the system • Budget concerns; high cost of medications especially when incarcerated • Out sourcing- consolidating resources with other counties • Cut backs could result in life and death situation • Family or caregiver challenges; financial, emotional • Educating the older population on the signs of mental illness

	<ul style="list-style-type: none"> • Identifying someone with mental illness • In-patient facilities are at capacity, limited staffing • Lack of plan for behavioral crisis intervention. • Lack of services and service providers • Affordable services • BrightStar has a contract with CLTS and works with children with autism. Providing education to healthcare workers so they understand autism and autism spectrum. • Affordable resources to support seniors. Make services less confusing, like obtaining transportation
<p>What services/ options are needed to address this concern?</p>	<ul style="list-style-type: none"> • Technology, like Zoom. Maybe form a club. • Need innovative programs to address in the older populations. Again a lot going on with youth and younger adults and I have not seen as much emphasis on older adults. • More mental health professionals overall are needed. • Programs have been created to reduce the stigma associated with mental health, but more still needs to be done to focus on this issue. • Evaluations provided for younger seniors • An advocate to address the high cost of drugs • Enhanced education for identifying mental illness • Support for families and person with mental illness • Method for reducing number of patients in facilities • Need for appropriate housing and provide support • More education for teams and professionals • More therapists • Options of how to help when there are red flags • Options needed now to cover from time of episode until time of appointment which can sometimes be 3 months out • More education regarding mental health, dementia, and autism • Help people with dementia, depression stay active • Have outreach programs to educate people on smart home features, home health care services, etc.
<p>What agency or organization could be best suited to partner with to address this focus area?</p>	<ul style="list-style-type: none"> • Park and Rec department, more virtual activities, games, etc. • HHS Clinical Services • NAMI • CHIPP • NAMI • Not sure • Health and Human Services (ADRC, Veteran services) • NAMI • ADRC • Hebron House of Hospitality, ADRC, and local hospitals • Libraries • Churches • Parks and Rec

	<ul style="list-style-type: none"> • ADRC • Occupational therapist • Mental Health nurses • Family doctors
--	--

Concern: Caregiver Support

<p>What is working well in our community to address this area?</p>	<ul style="list-style-type: none"> • Caregiving support programs (UW Waukesha Extension and ADRC classes) • Unsure- new to my role • Honestly, I don't know. Often caregiver support is only family. Most clients let their caregivers go since Covid. Families need options or brainstorming for support. • There is an abundance of referrals • Families giving caregiver support • Good awareness of caregiver crisis in Waukesha County • Great start in Waukesha, work to enhance funding; we should be able to be more efficient • There are multiple educational classes and support groups offered by the ADRC • Not qualified to answer this question • Strategic partnerships and collaboration with other agencies. • While some agencies don't partner, BrightStar partners with other agencies and share clients. For example, one agency will provide service for the daytime shift and another agency will provide service for the nighttime shift.
<p>What are the barriers/challenges to addressing this concern?</p>	<ul style="list-style-type: none"> • Time and confidence to take advantage of support programs. • Caregivers do not always acknowledge they need assistance. • Knowing how to take a person with dementia into public is a challenge. • Fewer seniors are entering into skilled nursing facilities • Additional pressure have been placed on care givers to provide supports • Many care givers cannot provide the level of care needed • Few services are available or accessible to seniors due to health risks • Families are disconnected from their loved ones • Many care givers lost their support network and are themselves isolated and overwhelmed as well as guilt for needing help or not being enough. • Families don't know where to go for help • Can't find employees, reimbursements don't pay enough. • Lack of funding and resources at the county level. Limited

	<ul style="list-style-type: none"> opportunities for caregivers to get a break. • How to contact to let them know there are resources to assist. Caregivers think they can do it all and not admit they need assistance. • Not a one stop shop. Best practice would be to not have to call several numbers. • The educational classes and support groups are offered virtually and in English mostly. • The caregiver has the feeling that they failed in their caregiving duties when they ask for assistance/support. • Lack of funding in-home caregivers • Shortage of staff resources for assisted living and respite providers • Shortage of caregiver and/or limited pool of caregivers • An agency might have enough caregivers but their caregivers don't have the proper training or skills • State changed its protocol for its certified nurse aide registry. BrightStar is not listed as an agency for CNA renewals even though they have a DON who can sign off on licensing requirements.
<p>What services/ options are needed to address this concern?</p>	<ul style="list-style-type: none"> • Wrap-around support from multiple touch-points. Caregivers need support from places other than the doctor's offices. • Increased access to care givers • Increase pay for care givers • More support to care givers • More formal and informal supports including respite • Don't know • "Stop giving free money to stay home." • Respite care. • More options to go to during the day (adult care centers) so caregivers can have a break while the loved one is getting socialization outside of the home. • Advocate to help person understand what resources are available and help someone walk through the process • Collaboration with ADRC and marketing to populations about services available. Connect people to services. • Phone support groups as well as support groups in other languages. • More education that it is ok to ask for help and support when a caregiver • More funding for in-home caregivers • More funding for respite care • CNA school • Change State Wisconsin Nurse Aide Registry • People who want to be career CNAs

<p>What agency or organization could be best suited to partner with to address this focus area?</p>	<ul style="list-style-type: none"> • UW Extension Waukesha County • Library • Hospitals & Clinics • Congregations • Don't know, especially since everyone has different insurance coverage. Expenses to pay caregivers can be a big issue. • People who run unemployment office ----politicians • Easter Seals • Alzheimer's Association • Eras • ADRC • Alzheimer's Association • Primary care doctor • Financial institutions • Doctors' offices • ProHealth Care Hispanic Health Resource Center • Not qualified to answer this question • Colleges and university • High Schools • Invest more on health care side – for example higher reimbursement rates with contracted MCOs and IRIS
---	--

Concern: Substance Use and Misuse

<p>What is working well in our community to address this area?</p>	<ul style="list-style-type: none"> • Both CHIPP and Heroin Taskforce have put a priority on substance use in older adults as an emphasis. • Nancy did not feel anything was working well. She felt that there is not enough recognition of the problem. • Your Choice To Live, Inc. provides drug and alcohol prevention education, intervention, and support programs to students, parents, teachers, and community members. • Drug Take Back Days at pharmacies and police stations • Police departments offer training to the community and schools • Waukesha County's Plan to fight the opioid crisis • Drug free communities • Nothing
<p>What are the barriers/challenges to addressing this concern?</p>	<ul style="list-style-type: none"> • Growing issue that is not easy to address • People do not admit they have a problem. • There is too much self-medication going on. • People in general don't think that alcohol is a problem, and it is a HUGE problem. • People also don't want to admit they are depressed. • How to overcome self-medicating • Change the mindset - The entire person must be treated not just mental issues

	<ul style="list-style-type: none"> • Learn to control pain management using other than pills • Creating a plan to achieve a “can do” attitude • Method for people with substance abuse and misuse to return to the work force • Lack of services and service providers and affordable services
<p>What services/ options are needed to address this concern?</p>	<ul style="list-style-type: none"> • Better education and prevention efforts • NAMI programs are a good example of what could work • Awareness training to create a positive attitude • Better method of analyzing data to justify dollar investment for mental health • More education for teams and professionals • More therapists and programming • Specific resource to be able to consult with a specialist
<p>What agency or organization could be best suited to partner with to address this focus area?</p>	<ul style="list-style-type: none"> • Public Health • HHS Clinical Services • Heroin Taskforce • CHIPP • Healthcare systems • Pharmacies • Heroin task force of Waukesha County • Not certain what organizations could help with alcohol. • Waukesha County Business Alliance • Workforce Development • Waukesha County Health and Human Services • Not sure

Concern: Social Isolation

<p>What is working well in our community to address this area?</p>	<ul style="list-style-type: none"> • Eras friendly calls • Not aware of services • Vaccine clinic provided opportunity for people to be out of their home and able to see others • Public libraries offering various activities and programs. • Church attendance • Housing for seniors to provide activities • Transportation for people that do not drive • Meals on Wheels; this may be the only person that visits • Senior centers when they are open • Senior Center • La Casa • Community and senior groups • Senior focused services
--	---

	<ul style="list-style-type: none"> • Social events • Volunteering centers, education groups, access clubs, special events, pen pal club churches reaching out, Eras help with seniors and YMCAs. • Senior centers—volunteers brought a safe place for seniors to go during COVID • For tech savvy seniors, access to online education, doctors and families via Zoom
<p>What are the barriers/challenges to addressing this concern?</p>	<ul style="list-style-type: none"> • COVID—understanding vaccination gives them more freedom • How to help others understand the importance of human interactions in maintaining mental health and prevention of Alzheimer’s symptoms. • Closed meal sites (Salvation Army, Hope?, ADRC) • Living alone, changing mental status, deafness, basic solution to issues assuming common knowledge • Financial security does not address everything, especially as mental/physical abilities change • We have seen the number of seniors in isolation skyrocket in 2020 due to the pandemic. This has resulted in increased mental health issues. Additionally those who had family members in nursing facilities went a year without seeing loved ones. This create social isolation for the care giver/ spouse as well as the resident. Many elders died from Covid and when this happened our “silent generation” remained silent and did not seek out additional support. • Overwhelming negative news coverage hard to overcome • Getting the word out for activities • Funding to put programs together and transportation to attend; at the county level, churches • Technology. People have limited knowledge of computers and cell phones or in some instances do not have those devices due to funds • People don’t have skills to make friends, isolated at home • Don’t know what services are available • Connecting people to resources. How do we get people out and to resources they need? • Affordable transportation • Lack of good marketing of programs, Getting people to attend events. It is hard to get the person to attend the first time alone. • Communication and collaboration • Lack of transportation • Challenges with health care system
<p>What services/options are needed to address this concern?</p>	<ul style="list-style-type: none"> • Respite Care for caregivers • Alzheimer’s Cafes • Senior Daycare • Continued friendly calls • Human contact; knowledge of available services • ADRC newsletter to all Waukesha County residents/households over 55 • Outreach

	<ul style="list-style-type: none"> • Loss support networks • Create new ways to connect with technology (with guidance to connect and the technology resources to connect). • 70% of general practitioners treat mental health issues • Encourage people to reach out to others • Older adult day care programs • Develop simple training classes for seniors on the operation of these devices • Counselors at Waukesha County • Visits or phone contact and trying to match people with similar backgrounds • Informal service options at the YMCA, not just fitness activities • Locations where people can attend a meal to socialize • Safe environments • Senior summit, funding for technology support for transportation, WIFI currently very overwhelming and too expensive for seniors. More outreach friendly visits. Encourage seniors to become more knowledgeable regarding programs when they first become eligible instead of when needed later. • An advocate for the senior patient to get through healthcare system in partnership with healthcare system
<p>What agency or organization could be best suited to partner with to address this focus area?</p>	<ul style="list-style-type: none"> • Eras, Goodwill • Educational services to senior housing apartments/condos to provide services or provides a network within this community that support loneliness, changes in mental /physical status maintaining purpose and dignity • Face to face contact through Meals on Wheels program • ADRC • Libraries • ADRC • Senior Centers • Volunteers • YMCA- has a large senior population for fitness programs. Informal programming where older adults can play cards, have coffee, socialize. Many older adults believe the YMCA is only for fitness. • Parks and Recreation, ADRC, Senior housing, Waukesha Metro, WCTC, Carroll College, UW Waukesha, Eras YMCA and on the Tech side Sprint, T-mobile and Horizon. • Healthcare systems

Concern: Healthy Aging

<p>What is working well in our community to address this area?</p>	<ul style="list-style-type: none"> • UW Waukesha Extension (Mastering Aging and Exercise Program) • Other programs were put on hold, so nothing else to list • County parks and trails • Older adult population have a number of ways they can access healthy aging opportunities. • Classes and workshops provided by ADRC and health care systems on healthy diet, reducing stress, moderation. (Midwest states are known for their high obesity rates, high alcohol consumption, poor diet) • Exercise - Programs for seniors to take advantage of staying healthy and active; Silver Sneakers at the Y, local senior centers offering exercise programs, Eras programs. • Nutrition – home delivered meals so people do not have to go to the grocery store or depend on family and friends. • Transportation – senior taxi service to appointments, social functions, shopping. • Sociability – senior centers offer programs, libraries offering book clubs • More education is out there. ADRC, Senior centers educating the importance of exercise and nutrition • Not qualified to answer this question • Waukesha County has a ton of health care service providers for aging population • Park and Recreation • YMCA • ADRC benefit specialist • Eras • Vaccinations with all communities and agencies working together without political agenda
<p>What are the barriers/challenges to addressing this concern?</p>	<ul style="list-style-type: none"> • Assumption that moving into an apartment/condo easier, but not necessarily so • (Issues with mail, deliveries, unexpected expenses, etc.) • Entry into a locked home, apartment, condo with a 911 call • Deafness, including installation of batteries in hearing aids and acknowledgement of hearing issues; cost of hearing aids • Maintenance of dignity and purpose with aging • Financial security does not address everything, especially with mental/physical changes • The pandemic got in the way of reaching out to people, in particular education them about available programming • People are too stressed and are not taking good care of themselves. • Fear of virus- afraid to get out • Identify individuals who are not focused on healthy aging • Ways to get older adults motivated and ability to sustain healthy aging

	<p>efforts</p> <ul style="list-style-type: none"> • Reaching out to people to make them aware of services in the community when wi-fi is not accessible. • Education - what is a healthy life style and how to implement it. • Mobility of seniors and individuals with disabilities to access these services. • Who to contact regarding questions for these services? • How to educate folks to use computers, cell phones so they can stay in touch instead of being isolated? • Seniors not wanting to educate themselves; in denial about their needs • Access to obtaining information on healthy aging • Health care service providers- do not do enough on prevention • Looking at quality of life vs quantity of life • Access to healthy foods. • Funding for home safety improvements • Awareness to remain in home • Prevention across the board • Just because you are old does not limit you for activities • Learning how to be healthy within wellness and illness • Seniors understanding they can correct health with coaching, advocacy, and coordination • Happier when we feel good, we do healthy things, and therefore live longer in a better state
<p>What services/ options are needed to address this concern?</p>	<ul style="list-style-type: none"> • Working with apartment management and condo associations in senior housing to develop processes to assist in healthy aging • Have a centralized site/location for people to find services. It needs to be condensed down so that it's easy for people to use it and locate the services to help them. • Walking groups to enjoy our parks • Ability to catch older adults who are at risk earlier • Screening and referral tools (Asberg depression rating scale) • Foster the idea of connecting people to eliminate lack of socialization because people may be reluctant to join activities. • Utilize volunteers to educate and assist people with technology. • Make wi-fi more accessible and affordable • More Adult Day Centers • A better digital infrastructure for seniors, develop an information portal • A lot going on. Coordination for fall safety • Access to obtaining information and access to Wi-Fi especially in rural areas of Waukesha Co. • Health care providers should address healthy aging as a part of a person's health care plan • More prevention • Ways to get information out to the public • More communication for services, information for safety in homes,

	<p>desirable meals (maybe partnering with cafes or kitchens so seniors could cook together)</p> <ul style="list-style-type: none"> • Additional funding for dementia • Healthcare systems • Hands on learning
<p>What agency or organization could be best suited to partner with to address this focus area?</p>	<ul style="list-style-type: none"> • Educational support of apartment management and condo associations • Auditory specialists • Insurance companies and knowledge of where financial support is available for low income people • Local police/fire departments regarding a lock box or discussions about 911 entries into locked living facilities • ADRC • UW Waukesha Extension • Faith Community • Waukesha Co. Parks Department • Health care agencies • Health and fitness centers • Restaurants • Grocery stores • MATC • ADRC, Eras, Non-profit organizations; Rotary, Service Clubs, School Clubs – Honor Society, Key Club. (Students need service hours to stay in the organizations.) We need to reach out to these organizations to make them aware of the need. Folks are willing to help but sometimes need to know there is a need. • Parks and Rec • ADRC • Eras • Work with stakeholders such as health care providers and insurance companies • YMCA- is very interested in partnering more with ADRC on prevention activities • Health care providers • Primary care physicians • Libraries • Other educational resources • WCTC • Carroll College • UW Waukesha • Good Harvest- cooking demonstration with hands-on learning • WI Association of Senior Centers/Senior centers • Churches • AARP WI Association of Senior Centers

Concern: Safety in the Home

<p>What is working well in our community to address this area?</p>	<ul style="list-style-type: none"> • ADRC Falls prevention programming • ADRC Dementia Care Specialist • Newer technology
<p>What are the barriers/challenges to addressing this concern?</p>	<ul style="list-style-type: none"> • Not enough preventative information early enough • Aging in place is difficult. Educate seniors to recognize when they need help and to accept it.
<p>What services/options are needed to address this concern?</p>	<ul style="list-style-type: none"> • Providing information regarding aging in place and scam alert info • Seniors need to know where to go to see what's available (on computer or through their families)
<p>What agency or organization could be best suited to partner with to address this focus area?</p>	<ul style="list-style-type: none"> • Senior networking group • ADRC • Senior Centers • Nonprofits helping seniors

Concern: Access to Health Services

<p>What is working well in our community to address this area?</p>	<ul style="list-style-type: none"> • More senior driven education going on • Information is being shared between organizations and being distributed to the community to raise awareness of available health services • For over a decade have seen more energy and focus put towards transportation and access to health services • Ties in with answers to Concern #1 - Transportation
<p>What are the barriers/challenges to addressing this concern?</p>	<ul style="list-style-type: none"> • Not always able to get to appointments. • Sometimes healthcare system itself • Transportation • Isolation/depression • This information is not available in other languages, such as Spanish. • The community may be reluctant because a lack of health insurance and financial resources. Some health services are only available to legal US citizens/residents. • High touch service – how do we work with the more vulnerable populations and access to health services. An example would be a person on dialysis who may be weakened after dialysis. Getting them out of the clinic and back into their home may require additional service needs. • Navigating within a medical complex. Vulnerable populations may need extra assistance for them to get to and from the right location within a large complex.
<p>What services/options are needed to address this concern?</p>	<ul style="list-style-type: none"> • Ride share helps. • ADRC could help seniors reach their doctors. • Have health services available in other languages/interpreter service • Integration between a medical facility and transportation provider. Different ways may include coordination as to what time the patient should arrive, medical facility to provide an aide or attendant to escort patient to/from location within facility, coordination of pick-up time, etc.) • If transportation providers are required to fulfill this role emphasis could be place on more volunteers to serve as escorts.

<p>What agency or organization could be best suited to partner with to address this focus area?</p>	<ul style="list-style-type: none"> • ADRC • Eras • Local free clinics • Medical facilities – it appears medical providers have an abundance of staff who could assist in role described above • Eras – more volunteers
---	---

Concern: Other

<p>What is working well in our community to address this area?</p>	<ul style="list-style-type: none"> • If an older adult is able to afford a caregiver or has the ability to find help, apply for help, and receive help as a low income older adult, they have a caregiver monitoring the client to make sure the right meds are taken and in the right dose and not mixed with the wrong substances such as alcohol. • Attorney general passed legislative components strengthening law against elder financial abuse • Working with ADRC for needs of patients
<p>What are the barriers/challenges to addressing this concern?</p>	<ul style="list-style-type: none"> • Many times older adults get confused and take the wrong med at the wrong time in the wrong amount. The barrier is there is no one there to monitor for their safety with meds and the client doesn't understand their medications. Shortage of caregivers; agencies do not pay their employees enough, many do not offer insurance; this needs to be a job that pays well to attract more people to the field • Outreach to help them recognize they are a victim of financial abuse and need help • Need is greater than resource
<p>What services/options are needed to address this concern?</p>	<ul style="list-style-type: none"> • More education for the aging adult about their meds, a better method for taking meds that reduces risk of error such as timers and keeping morning meds in a separate location than evening meds so the meds do not get confused. More funding for lower income clients for more time with caregivers. • Get more advocacy
<p>What agency or organization could be best suited to partner with to address this focus area?</p>	<ul style="list-style-type: none"> • Any agency that certifies people to pass meds • Financial institutions • Long term care facilities • Doctors

Have you identified any community needs or service gaps that have developed due to the coronavirus pandemic?

- Food delivery, such as Meals on Wheels, has diminished. No longer having meals offered at various locations, providing social interaction. Transportation to Drs. Appointments, food shopping and vaccinations limited.
- Isolation/Loneliness
- Food access
- Care taking gaps to keep people in home
- Medication compliance and access
- Jack suggested there should be a program for seniors to teach them how technology can assist them to live through the pandemic and stay in their homes. He wants them to be able to use the technology so that they can stay in their homes. An example – if they knew how to use Alexa to make a shopping list, and then have the shopping list passed to the online ordering process of their local grocery store, and then have the grocery order delivered to their home.
- More seniors are isolated
- Two adult day centers have closed
- Services have been delayed
- Technology is used more frequently but remains less likely to be used by older seniors
- Home delivered meals and congregate meals have been significantly altered and have resulted in reduced access and social contact for seniors.
- Many problems with isolation for those who do not have family members or supportive family members, technology/devices to connect to health services online, mental health services
- Don't know
- Access to care – people have not been coming to the hospital for care. Telehealth helped, but Nancy feels there is significant undiagnosed disease.
- Caregiver support – they are stressed out and isolated. Partly this is because ADRC couldn't carry on with normal programming
- Socialization, especially seniors
- Socialization and affordable transportation
- Socialization in homes and care facilities
- Clinical services for the general community, adults, and older adults- seen increase in isolation; fear of dying
- Exacerbation of community need
- Initially, safety precautions did not allow to easily monitor members due to no visitation had to accept someone's input via the telephone.
- Lack of socialization. People are not able to see family, friends, no activities such as senior center programs or meal sites. In some instances, limited or lack of technology; ie: computers. This also contributes to mental health issues.
- Transportation
- Individuals with disabilities and seniors have limited transportation to get to food pantries, see friends, etc.
- Transportation not always available due to staffing of providers

- Technology; limited or no access to general internet use
- Lack of socialization; cannot leave their home, visit with family face-to-face, attend social functions with friends
- Limited socialization
- Isolation and depression
- Lack of access to health services and health information due to a lack of access to technology and the ability to read and understand health information
- Ability to transport people affected or exposed to Covid-19 safely
- Day programming – lack of providers and shut downs due to Covid
- Transportation – while Waukesha County has a plethora of transportation providers it has been difficult to get Covid positive members/patients to appointments such as dialysis
- Social isolation – this need is across the board and involves members of all ages
- Home delivered meals – some home delivered providers have shut down because of Covid and it has been difficult to find alternatives which are cost effective
- The business (BrightStar) had doubled before Covid and then doubled again because of Covid clients. The service gap that resulted because of the increase was a shortage of qualified healthcare workers.
- Transporting vulnerable populations to COVID vaccination sites
- High touch transports – how do we provide transportation services safely and provide assistance to those exposed to or impacted by COVID
- Social isolation within the aging population. The national YMCA organization indicated social isolation became a large concern during the pandemic and began to look at ways to involve older adults through informal programming (coffee hours, other non-fitness programming). The coronavirus pandemic also limited older adults' access to food and to health care providers due to lack of transportation or safety concerns.
- Technology challenges. Seniors have no access to training. They are uncomfortable with health concerns and isolating themselves because they are scared.
- To come out of homes—challenges in isolation and food
- Transportation
- Challenges and complexity of healthcare system

How can the ADRC support the community during this pandemic?

- Once pandemic is over, having vaccinated volunteers and staff in face to face interactions with vaccinated individuals, including respite care
- Education on power of attorney document and importance of document
- Education on estate planning/family care/community care
- Rides to provider and treatment appointments
- Rides for food access
- Technology education and hook up/set up for elderly
- Education to elderly on scams which I saw an uptick during pandemic
- I live in Waukesha County and just realized how little I know
- Increased care giver supports
- Increase outreach and in home services to be closer to pre-pandemic levels.
- Create additional socialization and access points for seniors.
- Mental health needs: In home counseling or therapy, technology to receive telehealth services, welfare checkups, socialization via electronic devices, computers, and internet access

- Don't know
- Nancy indicated that ADRC is doing everything that they can do. Please just continue reaching out to caregivers.
- Community awareness of ADRC services. Initiate a phone system/people contacting people.
- ADRC already is
- ADRC not there to help adults with average finances
- Support screening for depression and anxiety using either of the following: 1) standard tool-consumer/patient can self-administer; PHQ-9 to screen for depression and GAD-7 to screen for anxiety. If not already using, ADRC staff can be trained to utilize these tools.
- No comment
- Technology training of computers and cell phones. ADRC partner with libraries senior center.
- Paul continues to hear from his constituents how pleased they are with the services of the ADRC. Continue to engage people to meet their needs and caregiver needs through virtual visits, telephone calls.
- Return to work in the office instead of remote
- Reach out to seniors and make sure they are safe in their homes and have a good support system
- Keep doing what you're doing. Let people know they won't lose their independence if they ask for more resources.
- Provide health information that is easy to understand and support other community organizations which are currently assisting the community.
- Access to resources for those persons exposed to Covid
- Information on how to get vaccines
- More communication. Make agencies aware of what resources are available including new resources due to the pandemic. Where do we go to get updated information? Is there a central source?
- Meals on Wheels
- More dementia training to both healthcare workers and adult caregivers
- Education to agencies and family caregivers on what Medicare will cover.
- Keep eye towards the most vulnerable populations
- Provide additional resources for providers to be able to transport people to COVID vaccination sites
- Find continued ways to address social isolation issues
- Connecting the aging population with services needed.
- Assist people with grocery shopping.
- Provide social supports to those socially isolation. For example, if there are visitor restrictions determine a way for older adults to meet in a safe environment.
- Have more marketing of events (example: meals, transportation)
- Have senior summits, more idea sharing
- More funding to support initiatives to brainstorm and inform the public
- Get ADRC back to senior centers—Medicare specialist in person back—complexity of healthcare not understood well
- Seniors don't like phones and technology

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: Waukesha County	Date/s of Event or Effort: 5/26/2021 – 6/7/2021
Target audience(s): ADRC Staff	Number of Participants/ Respondents: 58
<p>Describe the method used including partners and outreach done to solicit responses:</p> <p>Based on community surveys, a list of areas of concern was created and written out on large poster boards. The lists were attached to a wall in the office and each staff member was given three sticky dots to place next to the areas of concern that they deemed the most important. They could put all three dots next to one topic or they could spread them out. They were also permitted to add topics to the list if they identified a need that wasn't already listed. Two open ended questions were written on additional poster boards and staff members used sticky notes to provide their responses to these questions. The two questions were, "What are the barriers to addressing these concerns?" and "What agencies/community organizations could we collaborate with to address these concerns?". Photos of the survey method and responses are included in the appendix.</p>	
<p>Describe how the information collected was used to develop the plan:</p> <p>As is noted below, staff have identified very similar priority areas as other reported in the general public and stakeholder surveys. The information has been incorporated into the goals for the aging plan.</p>	
<p>What were the key takeaways/findings from the outreach?</p> <p>The top three identified areas of concern were (in order):</p> <ol style="list-style-type: none"> 1. Dementia Support 2. Family Caregiver Support 3. In-Home Supports 	

4. Mental Health
5. Social Isolation

Some additional comments that were provided by respondents include:

- **What are the barriers to addressing these concerns?**
 - Money
 - Provider staff (in-home care providers)
 - Lack of training to use technology, no money, lack of access to tech, systems are difficult to navigate
 - Knowledge of systems and how they work or do not work together – lack of understanding
 - No public access to computers to complete online applications for services like Medicare, SSA and AccessWI.gov
 - Not understanding that insurance/the government do not pay for many services
 - Need to improve state certification qualifications for in home care workers
 - Increase pay for in-home care workers

- **What agencies/community organizations could we collaborate with to address these concerns?**
 - Legislation to obtain and maintain personal care workers employment
 - Places of worship
 - Local colleges and universities
 - Local schools – intergenerational
 - Big corporations to fund grants – GE Medical, Generac
 - Orgs with online applications need to improve their accessibility

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: 10/8/2021	County or Tribe: Waukesha County
Location of Hearing: Human Services Center – Waukesha County	Accessibility of Hearing: <input checked="" type="checkbox"/> Location was convenient, accessible & large enough <input checked="" type="checkbox"/> Provisions were made for hearing/visual impairments <input type="checkbox"/> Provisions were made for those who do not speak English <input type="checkbox"/> Hearings were held in several locations (at least one in each county your agency serves) <input checked="" type="checkbox"/> Hearing was not held with board/committee meetings
Address of Hearing: 514 Riverview Avenue Waukesha, Wisconsin	
Number of Attendees: 6	
Public Notice: <input checked="" type="checkbox"/> Official public notification began at least 2 weeks prior? Date: _____ 9/24/2021 _____ <input checked="" type="checkbox"/> Notice must be posted in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue <input checked="" type="checkbox"/> *Print/online newspaper ___ Waukesha Freeman _____ <input checked="" type="checkbox"/> *Nutrition sites <input checked="" type="checkbox"/> *Senior centers <input checked="" type="checkbox"/> Newsletter, radio, TV, social media <input checked="" type="checkbox"/> Sent to partner agencies/individuals <input checked="" type="checkbox"/> Other: Transportation Providers <input checked="" type="checkbox"/> Notifications include <input checked="" type="checkbox"/> Date <input checked="" type="checkbox"/> Time <input checked="" type="checkbox"/> Location <input checked="" type="checkbox"/> Subject of hearing <input checked="" type="checkbox"/> Location and hours that the plan is available for examination <input type="checkbox"/> Where appropriate, notice was made available in languages other than English	

A copy of the notice is included with this report

Summary of Comments:

The public hearing began at 10:00 am on Friday, October 8, 2021. Mary Smith, ADRC Manager welcomed everyone and provided an overview of the County Aging Plan as a requirement for the administration of Older American Act funds.

A handout with the Executive Summary was provided to all attendees.

Mary Smith reviewed the process for the plan, to include community engagement, an environmental scan of our community, development of goals and the timeline for completion.

The purpose of the public hearing was explained as a means to obtain public input on the plan and following the public hearing, any recommendations would be considered for inclusion in the plan.

Final approval from Waukesha County Health and Human Services Committee of the County Board will occur on October 26, 2021. The approved plan will then be submitted to the Greater Wisconsin Agency on Aging Resources.

The goals were presented in each of the focus areas.

Public Comments/Questions:

- An attendee commented on the positive direction in the redesign of the congregate dining program with the incorporation of a restaurant model, and consumer choice.
- A comment was received on the involvement of the ADRC in the Heroin Task Force and the initiative for substance use in the elderly. The increased needs in our community related to this initiative and the impact that social isolation has had on mental health and the incidence of substance use by older adults was shared.
- A comment was made on the increased emphasis on racial equity in services and programs provided by the ADRC and the focus to increase the participation in programs by racial and ethnic communities. The difficulty in achieving this goal was identified as the minority population in Waukesha County, although growing, remains a small percentage of the population.
- A comment was made regarding the small number of attendees at this public hearing. The individual identified that this is very common at various public hearings and budget meetings. The discussion led to the advocacy goal and the action steps that will be utilized to expand advocacy awareness and involvement during the three-year plan.

The public hearing was adjourned by Mary Smith, ADRC Manager at 10:30 AM.

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

No changes to plan were made as a result of the public hearing.

per tree. All interested parties will be given an opportunity to be heard.

Gina Kozlik City

Clerk/Treasurer

Publish: 9/24, 10/1

WNAXLP

NOTICE OF PUBLIC HEARING

Notice is hereby given that the Aging & Disability Resource Center of Waukesha County, a division of the Waukesha County Department of Health & Human Services, will hold a public hearing on Oct 8, 2021 at 10:00a.m. in Room 114 of the Waukesha County Department of Health & Human Services Building, 514 Riverview Ave, Waukesha, WI, 53188.

The purpose of the public hearing is to provide an opportunity to comment on the Waukesha County 2022-2024 Aging Unit Plan. Draft copies of Plan

will be available for review at the Aging & Disability Resource Center of Waukesha County office, 514 Riverview Ave, Waukesha, WI, as well as the **ADRC** website www.waukeshacounty.gov/ADRC.

All interested parties are invited to attend & offer their views. Those persons unable to attend the hearing & wishing to submit comments in advance may do so by mailing their comments to:

Mary Smith, Manager
Aging & Disability Resource Center of Waukesha County
514 Riverview Ave,
Waukesha, WI 53188

Persons with disabilities who require special transportation accommodations & wish to attend the public hearing should contact Stephanie Masch at 262-548-7848 prior Oct 1, 2021.

Publish: 9/24, 10/1