

**County Plan for Older People  
2013-2015  
[DRAFT]**

## **Table of Contents**

- **Signature Page**
- **Executive Summary**
- **Section 1 - Organization and Structure of the Aging Unit**
- **Section 2 - Context**
- **Section 3 - Planning Process**
- **Section 4 - Statewide Focus Areas**
- **Section 5 - Local Focus Areas**
- **Section 6 - Coordination Between Titles III and VI**
- **Section 7 - Budgets**
- **Compliance with Federal and State Laws and Regulations**
- **Assurances**

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| <b>Approval of the County Plan for Older People 2013-2015</b> |
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This plan represents the intent of the county to assure that older people have the opportunity to realize their full potential and to participate in all areas of community life.

On behalf of county, we certify that these organizations have reviewed the plan, and have authorized us to submit this plan which outlines activities to be undertaken on behalf of older people during 2013-2015.

We assure that the activities identified in this plan will be carried out to the best of the ability of the county.

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

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| Signature, and Title of the Chairperson of the Commission on Aging<br>William Graham, ADRC Advisory Board Chair | Date |
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| Signature, and Title of the Authorized County Board Representative<br>Gilbert W. Yerke, Health and Human Services Committee Chair | Date |
|---|------|

## Executive Summary

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 and mental health concerns. In January 2010, the ADRC became a division of the Department of Health and Human Services and the Adult Protective Service (APS) Unit became part of the ADRC. This merger also included Veteran's Services, which is currently located down the hall from the ADRC. Existing services were enhanced by the expansion of information and assistance services, elderly counseling, emergency referrals, case management, health promotion, prevention, and early intervention program; and through start-up of long-term care options counseling, financial and functional eligibility screening, and disability counseling. If an individual is eligible for managed long-term care and chooses to enroll in Family Care, the ADRC will enroll the person in one of two Managed Care Organization serving Waukesha County residents. The ADRC continues to partner with community health care organizations to explore health care transition programs within the community.

In 2013 the ADRC will be moving into the new Health and Human Services Building, which is scheduled to be completed in Fall, 2013. This new building will necessitate revisions to our processes and will create a new environment for our staff and consumers.

Advocacy is at the core of ADRC operations, and is continually encouraged in individual client contacts, community presentations, and community partnerships. An ADRC Resource Guide, including information on organizational advocacy contacts, is available to aid individuals in self-advocacy. The ADRC will continue to work with the Greater Wisconsin Agency on Aging Resources (GWAAR) to provide appropriate advocacy training opportunities for board and council members, and for older adults. Advocacy is a focus for our ADRC Advisory Board as well as volunteers and agencies that we partner with. We are strong advocates in all areas of issues affecting the aging population, as well as adults with disabilities.

Waukesha County continues to experience increases in its older adult population. 2010 Census Summary data indicates that 20.4% of Waukesha County's population was age 60 or older in 2010. This percentage is expected to increase to 22.3% by 2015. Based on the US Census Bureau 2008-2010 American Community Survey 3-Year Estimates, 5.9% of Waukesha County population age 18-64 reported a disability versus 8.7% in the state of Wisconsin; and 29.6% of Waukesha County population age 65+ reported a disability versus 32.9% in the state of Wisconsin. According to the National Alzheimer's Association, there are 110,000 people in the State of Wisconsin over the age of 65 with Alzheimer's Disease. Alzheimer's disease is one of many medical conditions necessitating caregiver help. According to the Administration on Aging, almost one-

third of caregivers are balancing employment and caregiving responsibilities. The role grandparents have as caregivers is becoming more recognized. Based on the 2010 Census data, there are 1,238 grandparents responsible for the care of grandchildren living in Waukesha County. Of this number, 479 are 60 years old or above.

Program funding has not kept pace with population growth and current economic conditions are not encouraging for increases in client donations. Federal and state funding are based on census numbers; it is paramount to work closely with the state to assure allocation formulas are adjusted with population growth. Availability of program services will be dependent on funding and staffing as well as community resources and partnerships. Volunteers will continue to play a vital role in the delivery of services to older adults. 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. 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 provide input to program planning through needs assessments, case management contacts, customer surveys, and participation in meetings and focus groups. The ADRC maintains an active County Strategic Plan which 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 develop 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.

Waukesha County provides programs and services funded by the Older American Act. Title IIIC Senior Dining includes both Senior Dining Centers and Home Delivered Meals. The program provides low cost, nutritious meals to older adults who may be frail, isolated, homebound, or disadvantaged. The senior dining program helps older adults remain healthy, active, and independent in their own homes and communities. Title IIIB Supportive Services include information and assistance, case management and community support services, which include homemaker services, personal care and medical screening. As we move into the new Health and Human Service Center, the ADRC will revise processes to assure continuity of service in these programs. The ADRC will review and evaluate programs as potential policy changes occur with the new Administration for Community Living.

Alzheimer's Disease is a progressive, irreversible disease that results in the gradual deterioration of memory, behavior and ability, and is eventually fatal. According to the National Alzheimer's Association, Alzheimer's is the fifth leading cause of death in adults age 65+. Most people diagnosed with Alzheimer's are older than 65, however the disease can occur in individuals as young as 40. The ADRC of Waukesha County houses a satellite office of the Alzheimer's Association and has a strong partnership with this agency. The ADRC has developed a new collaboration with ProHealth Care and is distributing medication machines to more consumers with mild Alzheimer's

Disease. Our staff is being trained on administering the mild cognitive impairment screen and will be screening clients upon home visits to promote early intervention.

Waukesha County has worked with the community to establish emergency preparedness plans and procedures. The ADRC is a member of the Waukesha Emergency Operations Center Team and works closely with county agencies and community partners in the event of an emergency situation, including pandemic flu and flood planning. All ADRC staff is NIMS ICS trained, and some staff have been trained in Special Needs emergency preparedness. Over the next several years, the ADRC will continue to work with community partners to distribute home emergency plans and provide emergency kits for at-risk older adults.

The ADRC of Waukesha County has developed many community partnerships to address the needs of community individuals. Ongoing collaborations with local health care agencies such as Aurora, ProHealth Care, Community Memorial Hospital, Elmbrook Hospital, Waukesha County Technical College, Froedtert Health and the VA Medical Center provide strong programming opportunities for ADRC clients and families. The ADRC of Waukesha County will be providing CDSMP, Stepping On and Eat Better Move More in collaboration with community partners. We will be exploring additional evidence based programs to make available at our senior dining centers.

The ADRC will continue to provide information, access assistance, counseling, respite care, and supplemental services to caregivers under the Older Americans Act Title III E Family Caregiver Support Program. As part of The United Way in Waukesha County's community initiative for caregiver support, The Caregiver Connection was created to help caregivers identify themselves as caregivers, and to promote awareness of available resources and support. The ADRC will continue to be a lead agency in The Caregiver Connection, serving as the first step for caregivers to receive assistance. The ADRC will also increase the availability for supportive counseling for grandparents and other older adult relative caregivers through collaborative planning and group activity with other Health and Human Services Divisions and community organizations serving similar populations. We will explore additional technologies available to assist our caregivers in making their caregiving role less stressful.

Waukesha County has been selected as one of three counties (with Milwaukee and Richland County) to be involved in a research project in collaboration with the State of Wisconsin and the University of Wisconsin Madison Engineering Department. This is a 5 year research project that will include a number of different projects. These projects include development, testing and dissemination of low cost technology to address reasons identified as to why seniors cannot live safely in their homes. This is an exciting project for the ADRC and will provide additional opportunities for our county consumers to be involved in the development of technology to assist in keeping them safe in their home of choice.

Availability of affordable transportation is a key element in meeting the needs of vulnerable older adults. The ADRC coordinates and provides specialized transportation

services with local tax levy funding and Wisconsin State Department of Transportation s.85.21 grant funds. The ADRC is a member and facilitator of the Specialized Transportation Provider Network and is involved in collaborative transportation efforts with local and regional community agencies and transportation providers. The ADRC continues to work with community resources to update the Transportation Resource Guide and collaborate on transportation needs in the community. The ADRC works closely with the county Mobility Manager and has staff dedicated to transportation issues.

The ADRC's mission statement provides, in part, that the ADRC "will provide information, assistance, and education to promote independence and improve quality of life, while offering choices to the consumer." As the nation and local community struggle with economic uncertainties, the ADRC will continue to work closely with governmental and community resources and partners to better serve the needs of our consumers.

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| <p style="text-align: center;"><b>Section 1 - Organization and Structure of the Aging Unit</b><br/><b>Section I-A Overview of the Aging Unit</b></p> |
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**Mission Statement**

Waukesha County is committed to serving adults and their families with issues of aging and/or disability. We will provide information, assistance, and education to promote independence and improve quality of life, while offering choices to the consumer. Our goal is to advocate for and affirm the rights, dignity, and value of individuals served while limiting risk to those most vulnerable.

**Descriptive Information**

Location:

Aging and Disability Resource Center of Waukesha County  
500 Riverview Avenue  
Waukesha, WI 53188

Hours of operation:

8:00 am – 4:30 pm Monday through Friday

Telephone: Local (262) 548-7848

Toll Free: 1-866 677-ADRC or 1-866-677-2372

Fax: (262) 896-8273

For information outside of regular business hours please call 211/First Call for Help. To contact 211/First Call for Help simply dial: 211 or 262-547-3388.

E-Mail: [adrc@waukeshacounty.gov](mailto:adrc@waukeshacounty.gov)

Questions or comments concerning the Waukesha County Plan on Aging should be addressed to:

Cathy Bellovary, Manager

Telephone: (262) 548-7831

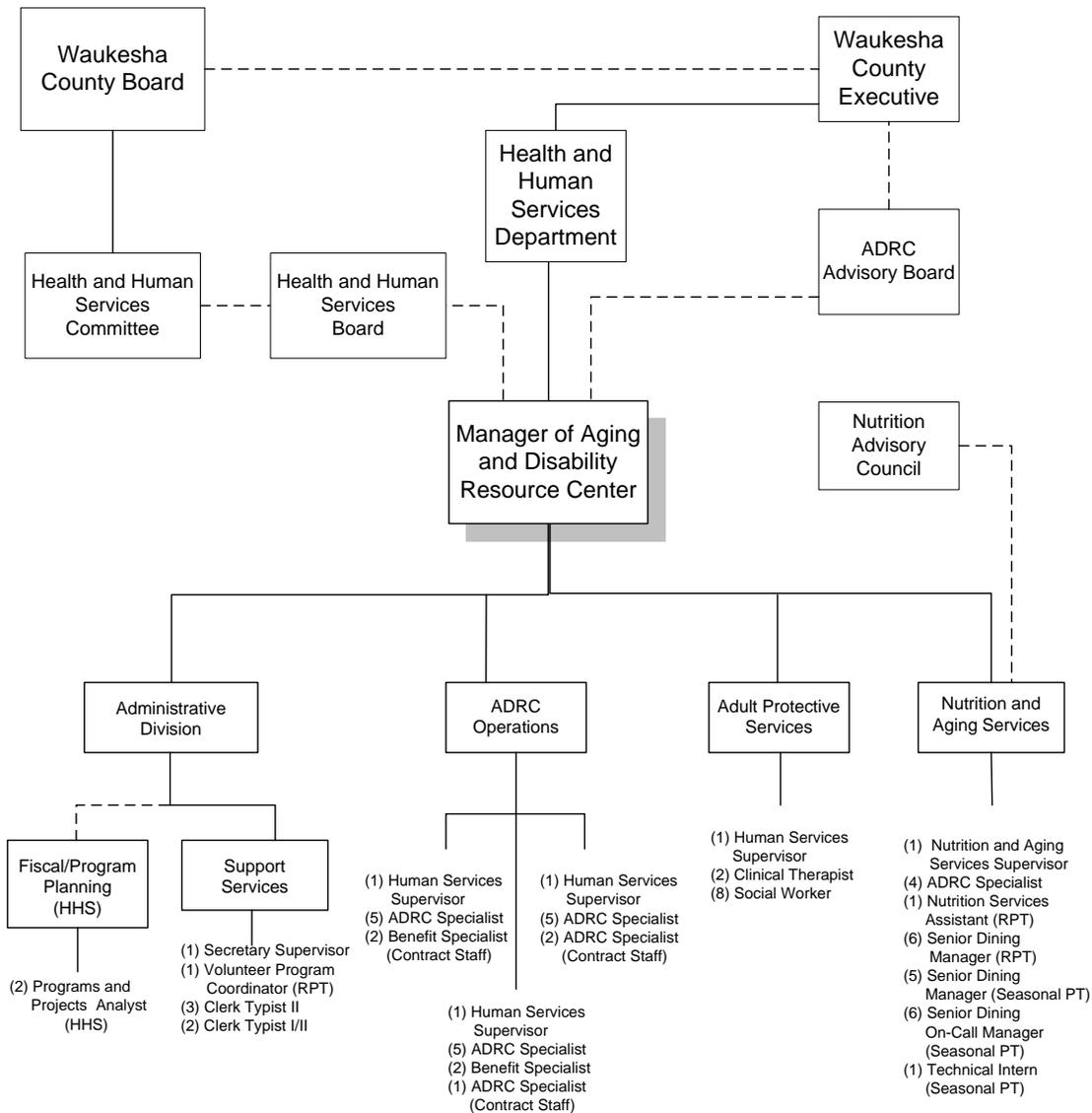
Mary Check Smith, Nutrition and Aging Services Supervisor

Telephone: (262)-548-7834

**Section 1 - Organization and Structure of the Aging Unit  
Section 1-B Organizational Chart of the Aging Unit**

2012

**AGING AND DISABILITY RESOURCE CENTER  
OF WAUKESHA COUNTY**



Revised  
10-24-11

**Section 1 - Organization and Structure of the Aging Unit**  
**Section 1-C Statutory Requirements for Aging Units**

Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units.

|  |                  |
|--|------------------|
| <b>Organization</b> -The law permits one of three options. Which of the following permissible options has the county chosen?   | <b>Check One</b> |
| 1. An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.   |                  |
| 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).  |                  |
| <b>Organization of the Commission on Aging</b> -The law permits one of three options. Which of the following permissible options has the county chosen?  | <b>Check One</b> |
| 1. 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. |                  |
| 2. 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                |
| 3. 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.   |                  |
| <b>Full-Time Aging Director</b> -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?  | <b>Yes</b>       |

**Section 1 - Organization and Structure of the Aging Unit  
Section 1-D Membership of the Policy-Making Body**

Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units.

“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.

| <b>Official Name of the Aging Unit’s Policy-Making Body-</b> |                                  |                         |   |
|--|----------------------------------|-------------------------|---|
| <b>Name</b>  | <b>Age 60 and Older</b>          | <b>Elected Official</b> | <b>Year First Term Began</b>  |
| <b>Dennis Farrell</b>  | X                                |                         | Initial appointment 8/08.<br>Term expires 8/10.<br>Reappointed 8/10. Term expires 8/13.   |
| <b>Jennifer Goetz</b>  |                                  |                         | Initial appointment 8/08.<br>Term expires 8/10.<br>Reappointed 8/10. Term expires 8/13.   |
| <b>Bill Graham</b>   | Advisory Board<br>Chair<br><br>X |                         | Initial appointment 8/08.<br>Term expires 8/11.<br>Vice chair 8/08-8/09<br>Chairman 9/09-8/10<br>Chairman 9/10-8/11<br>Chairman 9/11-8/12<br>Reappointed 6/11. Term expires 8/14. |
| <b>Patricia Hansen</b>                                       | X                                |                         | Initial appointment 8/08.<br>Term expires 8/09.<br>Reappointed 8/09. Term expires 8/12.   |
| <b>Glenn Lee</b>   | X                                |                         | Initial appointment 8/08.<br>Term expires 8/10.<br>Reappointed 8/10. Term expires 8/13.   |
| <b>Lorraine Lee</b>  |                                  |                         | Initial appointment 8/08.<br>Term expires 8/10.<br>Reappointed 8/10. Term expires 8/13.   |
| <b>Nancy Pagels</b>  | X                                |                         | Initial appointment 8/08.<br>Term expires 8/09.<br>Reappointed 8/09. Term expires 8/12.   |

|                           |   |   |  |
|---------------------------|---|---|--|
| <b>John Ruf</b>           |   |   | Initial appointment 9/11.<br>Term expires 9/14   |
| <b>Carolyn Spitz</b>      | X |   | Initial appointment 6/11.<br>Term expires 8/14.  |
| <b>Julie Turkoske</b>     |   |   | Initial appointment 8/08.<br>Term expires 8/11.<br>Secretary 8/08-8/09.<br>Secretary 8/09-8/10.<br>Secretary 9/11-9/12<br>Reappointed 6/11. Term expires 8/14.   |
| <b>Larry Weidmann</b>     | X |   | Initial appointment 8/08.<br>Term expires 8/09.<br>Reappointed 8/09. Term expires 8/12.  |
| <b>Sandy Wolff</b>        | X |   | Initial appointment 8/08.<br>Term expires 8/09.<br>Chairman 8/08-8/09.<br>Reappointed 8/09. Term expires 8/12.<br>Reappointed 8/12. Term expires 8/15.<br>Vice Chair 9/09-8/10<br>Vice Chair 9/10-8/11<br>Vice Chair 9/11-8/12 |
| <b>William Zaborowski</b> | X | X | Initial appointment 8/08.<br>Term expires 8/11.<br>Reappointed 6/11. Term expires 8/14.  |



**Section 1 - Organization and Structure of the Aging Unit  
Section 1-F Staff of the Aging Unit**

Listed below are the people employed by the aging unit as the aging unit director, nutrition director, lead information and assistance specialist, benefit specialist, transportation coordinator, and caregiver coordinator. Job titles are given as of 1/1/2012.

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| <p>Name: Cathy Bellovary<br/>Job Title: Manager<br/>Telephone Number/email Address: (262) 548-7848 cbellovary@waukeshacounty.gov</p>   |
| <p>Brief Description of Duties:<br/>Directs the Aging and Disability Resource Center. Responsible for the development, administration and direction of programs, services and activities addressing the needs of clients. Direct the management of contracted and/or grant funded services; and performs other duties as required.</p>   |
| <p>Name: Mary C. Smith<br/>Job Title: Nutrition and Aging Services Supervisor (Nutrition Director, Lead Information and Assistance Specialist, Caregiver Coordinator)<br/>Telephone Number/email Address: (262) 548-7848 mcsmith@waukeshacounty.gov</p>  |
| <p>Brief Description of Duties:<br/>Coordinates plans and administers Older Americans Act programs for senior clients and their families/caregivers. Administers the congregate and home delivered meal programs. Directs the provision of information and assistance services under the Older Americans Act. Performs other duties as required.</p>   |
| <p>Name: Sharon Gold-Johnson/Angela Simmons<br/>Job Title: Benefits Specialist<br/>Telephone Number/email Address: (262) 548-7848 sgjohnson@waukeshacounty.gov<br/>asimmons@waukeshacounty.gov</p>   |
| <p>Brief Description of Duties:<br/>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: Charlene Norberg<br/>Job Title: ADRC Specialist (Transportation Coordinator)<br/>Telephone Number/email Address: (262) 548-7848 cnorberg@waukeshacounty.gov</p>   |
| <p>Brief Description of Duties<br/>Provides intake, case management, and specialized transportation assistance to individuals and families in need of information and referral services; monitors, coordinates, and reviews various specialized transportation contracts; and performs other duties as required. Duties include Older Americans Act programming, specialized transportation, information and assistance, options counseling, outreach, long-term care access, functional screens, eligibility preparation assistance, etc.</p> |

Listed below are the people employed by the aging unit. Attach additional pages as needed.

|   |
|---|
| Name: Judie Berthelsen<br>Job Title: ADRC Specialist<br>Telephone Number/email Address: (262) 548-7848 jberthelsen@waukeshacounty.gov   |
| Brief Description of Duties:<br>Information and Assistance; home visits; client/family assessments; care coordination;<br>co leads I Team; lead for Grandparent parenting Grandchildren Group |
| Name: Aimee Henry<br>Job Title: ADRC Specialist<br>Telephone Number/email Address: (262) 548-7835 ahenry@waukeshacounty.gov   |
| Brief Description of Duties:<br>Information and Assistance; home visits; client/family assessments; care coordination;<br>Caregiver assistance and programming                                |
| Name: Jennifer Rath<br>Job Title: ADRC Specialist<br>Telephone Number/email Address: (262) 548-7848 jrath@waukeshacounty.gov  |
| Brief Description of Duties:<br>Information and Assistance; home visits; client/family assessments; care coordination;<br>Coordinates AFCSP program   |

**Section 2 - Context**

**CURRENT AND FUTURE OLDER PERSONS TRENDS, NEEDS AND ENVIRONMENTAL SCAN**

Based on information from the Wisconsin Department of Administration's Demographic Services Center and the US Census Bureau 2010 Census Summary data, 20.4% of Waukesha County's population was age 60 or older in 2010. This percentage is expected to increase to 22.3% by 2015. Based on the US Census Bureau 2008-2010 American Community Survey 3-Year Estimates, 5.9% of Waukesha County population age 18-64 reported a disability versus 8.7% in the state of Wisconsin; and 29.6% of Waukesha County population age 65+ reported a disability versus 32.9% in the state of Wisconsin.

| <b>Waukesha County Older Adult Population</b> |                        |                             |                             |                             |
|---|------------------------|-----------------------------|-----------------------------|-----------------------------|
|   | <b>2010<br/>Census</b> | <b>2015<br/>Projection*</b> | <b>2020<br/>Projection*</b> | <b>2025<br/>Projection*</b> |
| <b>Total All Ages</b>                         | 389,891                | 407,003                     | 421,489                     | 434,657                     |
| <b>Age 60-64</b>                              | 23,936                 | 24,931                      | 27,921                      | 27,615                      |
| <b>Age 65-69</b>                              | 16,485                 | 20,223                      | 22,785                      | 25,507                      |
| <b>Age 70-74</b>                              | 12,269                 | 14,699                      | 18,494                      | 20,863                      |
| <b>Age 75-79</b>                              | 10,463                 | 10,808                      | 13,346                      | 16,850                      |
| <b>Age 80-84</b>                              | 8,562                  | 8,853                       | 9,356                       | 11,558                      |
| <b>Age 85-99*</b>                             | 7,843                  | 10,867                      | 11,927                      | 12,808                      |
| <b>Age 100+*</b>                              | <u>66</u>              | <u>274</u>                  | <u>382</u>                  | <u>519</u>                  |
| <b>Total 60+</b>                              | 79,624                 | 90,655                      | 104,211                     | 115,720                     |
| <b>60+ as % of All<br/>Ages</b>               | 20.4%                  | 22.3%                       | 24.7%                       | 26.6%                       |

\*Note: Available population projections are based on estimates and projections prior to completion of the 2010 Census. Actual 2010 Census data for ages 85+ was 8% - 64% lower than previously projected for 2010. It is anticipated that the above projections will be revised in the near future.

| <b>Waukesha County Disability Characteristics</b> |   |                                  |  |                                  |
|---|---|----------------------------------|--|----------------------------------|
|   | <b>Estimated Population<br/>Age 18-64 with Disability</b> |                                  | <b>Estimated Population<br/>Age 65+ with Disability+</b> |                                  |
|   | <b>2010<br/>Estimate*</b>                                 | <b>2010 % of<br/>Population*</b> | <b>2010<br/>Estimate*</b>                                | <b>2010 % of<br/>Population*</b> |
| <b>Disability Type</b>                            |   |                                  |  |                                  |
| <b>Any disability</b>                             | 14,060  | 5.9%                             | 15,436   | 29.6%                            |
| <b>Hearing</b>                                    | 3,457   | 1.4%                             | 6,179  | 11.9%                            |
| <b>Vision</b>                                     | 1,576   | 0.7%                             | 2,382  | 4.6%                             |
| <b>Cognitive</b>                                  | 4,832   | 2.0%                             | 3,452  | 6.6%                             |
| <b>Ambulatory</b>                                 | 6,716   | 2.8%                             | 9,061  | 17.4%                            |
| <b>Self-care</b>                                  | 2,130   | 0.9%                             | 3,114  | 6.0%                             |
| <b>Independent Living</b>                         | 4,373   | 1.8%                             | 6,431  | 12.3%                            |

Data from US Census Bureau 2008-2010 American Community Survey 3-Year Estimates.

**Geographic Distribution of Older Adults Age 60+**

Based on the 2010 Census, the largest numbers of Waukesha County adults age 60 and above are located in:

|                            | <u>Age 60+</u> | <u>% 60+</u> |
|----------------------------|----------------|--------------|
| City of Waukesha           | 11,063         | 15.6%        |
| City of Brookfield         | 9,999          | 26.4%        |
| City of New Berlin         | 9,276          | 23.4%        |
| Village of Menomonee Falls | 8,281          | 23.2%        |

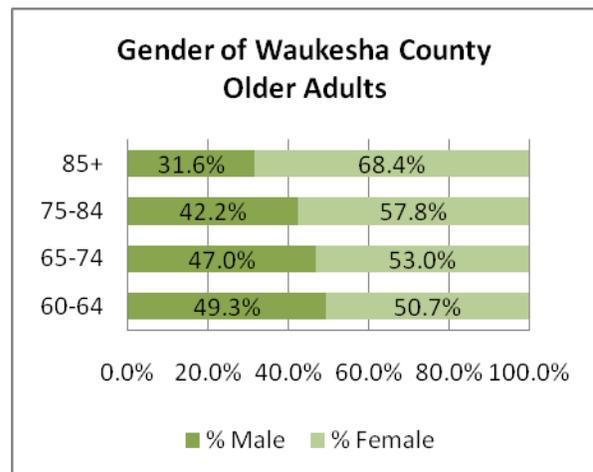
Based on the 2010 Census the greatest percentage concentration (per total population of the locality) of adults age 60+ is found in:

|                            | <u>Age 60+</u> | <u>% 60+</u> |
|----------------------------|----------------|--------------|
| Town of Brookfield         | 2,105          | 34.4%        |
| Village of Oconomowoc Lake | 199            | 33.4%        |
| Village of Chenequa        | 194            | 32.9%        |
| Village of Lac La Belle    | 91             | 31.5%        |
| Village of Elm Grove       | 1,779          | 29.8%        |

**Gender of Older Adults and Adults with Disabilities**

A majority of older adults age 60+ in Waukesha County are women. Data from the 2010 Census indicates that 55.0% of adults age 60+ are women, compared to 56.6% in the 2000 Census. The proportion of women increases as the population ages, with 68.4% of the 85+ population being women.

A majority of adults with disabilities in Waukesha County are women. Data from the US Census 2008-2010 American Community Survey 3-Year Estimates indicates that 54.4% of adults age 18+ with disabilities are women, 45.6% men.



### **Race and Ethnicity of Older Adults Age 65+**

Based on the 2010 US Census Bureau County Population Estimates, 1.6% of adults age 65+ in Waukesha County are members of minority populations.

|  | <u>2010 Percent<br/>of 65+ Population</u> |
|--|---|
| White/Caucasian, Non-Hispanic  | 97.2%                                     |
| Black/African American   | 0.4%                                      |
| Asian  | 1.1%                                      |
| Hawaiian/Pacific Islander  | 0.0%                                      |
| Native American/Alaska Native  | 0.1%                                      |
| Two or more races  | 0.2%                                      |
| Ethnicity: Hispanic or Latino<br>(persons of Hispanic/Latino ethnicity may be of any race) | 1.1%                                      |

### **Language Spoken at Home Older Adults Age 65+**

Based on the US Census 2008-2010 American Community Survey 3-Year Estimates:

- 1.0% of adults age 65+ in Waukesha County speak Spanish or Spanish Creole. Of these, 26.6% speak English less than “very well”.
- 4.8% of adults age 65+ in Waukesha County speak other Indo-European languages. Of these, 22.5% speak English less than “very well”.
- 0.4% of adults age 65+ in Waukesha County speak Asian and Pacific Island languages. Of these, 57.8% speak English less than “very well”.

### **Poverty Status Older Adults and Adults with Disabilities**

Based on the US Census 2008-2010 American Community Survey 3-Year Estimates for Waukesha County:

- 4.0% of adults age 65+ in Waukesha County have incomes below the poverty level;
- 16.9% of persons age 18-34 with any disability are below poverty level, compared to 7.6% without a disability in poverty;
- 14.0% of persons age 35-64 with any disability are below poverty level, compared to 2.6% without a disability in poverty; and
- 4.8% of persons age 65-74 with any disability are below poverty level (compared to 2.3% without a disability in poverty).
- 6.6% of persons age 75+ with any disability are below poverty level (compared to 4.5% without a disability in poverty).

### **Living Arrangements Older Adults Age 65+**

Based on information from the 2010 Census, 27.6% of Waukesha County residents age 65+ live alone. A majority, 56.8%, of older adults age 65+ living alone are women. Many older adults desire to be independent, and choose to live alone if their health and finances permit, however as their age advances the loss of a spouse contributes more greatly to the reason for living alone.

### **Grandparents Living with Grandchildren**

Based on the US Census 2008-2010 American Community Survey 3-Year Estimates, 1,238 adults in Waukesha County live with their own grandchildren under 18 years of age. Of these grandparents, 479 or 38.7% are age 60+.

|                      | <u>All Grandparents</u> | <u>60+ Grandparents</u> |
|----------------------|-------------------------|-------------------------|
| Estimated Total      | 1,238                   | 479                     |
| Female               | 52.2%                   | 54.9%                   |
| In Labor Force       | 71.0%                   | 59.7%                   |
| Income below poverty | 0.5%                    | 1.3%                    |
| No parent present    | 31.7%                   | 52.0%                   |

## **Issues & Trends**

### **Adults at-Risk**

With the continuing increase in both the general population and the population age 65+ in Waukesha County, the need for Adult Protective Services will continue to grow.

The 2010 state report for elder adults at risk (ages 60+) and adults at risk (age 18-59) indicates that a total of 7,628 calls were reported statewide. The primary reason for the calls were self –neglect 48.2%, financial exploitation 15.6%, neglect by others 11.8%, physical abuse 7.1%, emotional abuse 6.6%, sexual abuse 1.9%, unreasonable confinement 0.8%, treatment without consent 0.1%, and information only 8.4%. The living arrangement for those reported adults at-risk and elder adults at-risk is most likely their own home or apartment. More specifically in the age group of 18-59, 29.2% lived in their own home or apartment alone and 36.3% lived in their own home or apartment with others. In the age group 60+, 29.2% lived in their own home or apartment alone and 33.1% lived in their own home or apartment with others. The majority of referrals on adults at-risk or elder adults at-risk came from a relative, 19.3% and from the medical profession 16.3%. The location of where the incident occurred was most likely the elder at-risk or adult at-risk place of residence. The gender of the adult at-risk or elder at-risk is more often female at 58.6%.

The primary characteristics of the reported adults at risk include developmental disability 36.2%, mental illness 31.5%, and physically disabilities 21.9%. The

characteristics of the reported elder adults at risk age 60+ includes those who are frail and elderly 52.5%, dementia 27.1%, and disorientation and confusion 16.1%.

### **Alzheimer's Disease**

Alzheimer's Disease is a progressive, irreversible disease that results in the gradual deterioration of memory, behavior and ability, and is eventually fatal. According to the National Alzheimer's Association, Alzheimer's is the fifth leading cause of death in adults age 65+. Most people diagnosed with Alzheimer's are older than 65, however the disease can occur in individuals as young as 40. While individuals live for an average of four to eight years from the onset of the disease, this time can range to 20 years.

The National Alzheimer's Association estimates that 13% of persons over age 65 have Alzheimer's. The incidence increases to 43% for individuals over age 85. In Waukesha County, this equates to 7,239 cases of Alzheimer's in seniors over the age of 65 in the year 2010.

### **Assistive Technology**

Assistive technology can help older individuals and individuals with disabilities live more independently. It can also help caregivers provide long distance care for their loved ones. The availability of assistive technology has grown tremendously, including areas such as:

- Independent living aids
- Personal care products
- Medication aids
- Incontinence and toileting aids
- Mobility improvement
- Communication
- Home modifications
- Monitoring potential crises
- Memory aids
- Mobility monitors

A study of family caregivers by the National Alliance for Caregiving and United HealthCare in late 2010 found that 77% of respondents believed technology would save them time, 76% believed it would make their lives easier and 75% thought it would make their love one feel safer. Applications are now available for mobile health monitoring, including video phones, webcams, medication reminders, and GPS to that can track physical movements of loved ones with dementia. Caregivers surveyed were most receptive to technologies that would help deliver, monitor, track, or coordinate the care of their love one.

## **Caregivers**

According to the Family Caregiver Alliance, nationally the average caregiver is age 48. Many caregivers are themselves older, with caregivers who care for someone age 65+ being an average age of 63. An estimated 66% of family caregivers are female. Most caregivers are married and working outside the home.

Caregivers of people with Alzheimer's and other dementias provide care for long periods of time, with 43% providing care for 1-4 years, and 32% providing care for five or more years. According to the Alzheimer's Association, more than 60% of Alzheimer's and dementia caregivers rate the emotional stress of caregiving as high or very high, with one-third reporting symptoms of depression.

Families are the primary caregivers for adults with developmental disabilities. According to the Family Caregiver Alliance, approximately 76% of individuals with developmental disabilities live at home and in 25% of these homes, the family caregiver was over age 60. The average age of the individual with a developmental disability in these homes was 38.

According to the National Alliance for Caregiving and AARP, the top topics of concern to caregivers are: keeping their loved one safe; managing their own stress; easy activities to do with their loved ones; and finding time for themselves.

Caregivers need to deal with the concerns and needs of other family members. Respite care can alleviate anxiety and stress, and protect the health of the caregiver. It provides a break in the routine, time to run errands and time to attend to personal or family business. Respite may also delay or prevent institutional placement and preserve the family's financial resources.

## **Falls Prevention**

In September of 2010, the Wisconsin Department of Health Services published "Fall Prevention Among Older Adults: An Action Plan for Wisconsin 2010 – 2015", and cited falling as the leading cause of accidental death among Wisconsinites 65 or older. Nearly one in three older adults falls each year, resulting in loss of independence and decreases in quality of life. Many falls are preventable. Prevention requires an individualized approach that addresses age, health and functional status, and fall risk. Evidence-based programs to improve balance and prevent falls are growing in Wisconsin.

## **Physical Activity/Chronic Conditions**

According to the Centers for Disease Control and Prevention (CDC) the loss of strength and stamina attributed to aging is in part caused by reduced physical activity. Inactivity increases with age. By age 75, about one in three men and one in two women engage in no physical activity. Among adults aged 65 years and older, walking and gardening or yard work are, by far, the most popular physical activities. Social support from family and friends has been consistently and positively related to regular physical activity.

Based on data from the Wisconsin Family Health Survey, top reported chronic conditions in Waukesha County by persons age 65+ included hypertension (41%); arthritis (37%); cancer (15%); and coronary heart disease (15%).

Participation in moderate physical activity for at least 30 minutes, five times per week, can reduce the risk of chronic diseases such as hypertension, diabetes, and heart disease. These conditions affect a person's quality of life, and need to be managed by a variety of prescription drugs, or medical monitoring and surgery.

## Critical Issues

Critical issues related to older adults identified through the ADRC's strategic planning process/needs assessments/surveys include:

1. Include older adults and adults with disabilities in planning services to meet changing needs.
2. Assist older adults and adults with disabilities who are at risk due to mental health issues, substance abuse, isolation, hunger, nutrition concerns, physical inactivity, or inability to access services.
3. Develop and maintain community partnerships that help meet the needs of older adults and caregivers.
4. Examine system enhancements to improve social isolation
5. Promote effective individual and system advocacy.
6. Expand and retain an effective level of volunteers.

## Challenges/Expectations

Some of the major expectations and challenges impacting services provided by the ADRC include:

1. State of Wisconsin
  - With the implementation of long-term care redesign consistent guidance is needed from the state, since many programs use common terminology, but do not always have consistent definitions. The state needs to maintain internal communication between programs so that aging units receive consistent guidance on program definitions. Currently some of the program definitions differ for the same function, making program delivery burdensome. At times, the state seems to be unaware of these differences. Aging Units within ADRCs at times receive duplicate or information that is not consistent with information received from State leaders in the ADRC.

- State restrictions on use of grant funding can be prohibitive to providing effective services (e.g. ability to use Title III E funding for meals; ability to use Elder Abuse/Neglect Direct Services funding for locally defined preventive services. Funding for some state grants provided at 25% of contracted amount for first 6 months of year making it difficult to provide needed services). Funding should be flexible to allow for various needs in a community. Needs of the aging population vary around the state, and more flexible funding would allow the local programs to accommodate those needs.
- The principles of the Common Identity for the Aging Network include an emphasis on individual and organizational advocacy, inclusion of the older adult population in planning process, and involvement of volunteers.
- State budget changes will affect local programs. State and federal programs also include an emphasis on unfunded or underfunded health promotion and wellness initiatives.

## 2. Community Agencies and Service Providers

- There is an ongoing need for timely, accurate, ongoing information between the ADRC and the community.
- Service coordination and close attention to billing is required for clients transitioning to Family Care. The county cannot assist the clients financially once they transition to Family Care.
- Partnerships and collaboration are necessary to provide effective services to at-risk older adults.
- Transportation services vary by community and at times is difficult to access in rural areas. Providers need to look at regional needs and review what works in other areas of the country.
- It can be challenging to serve the best interests of clients and comply with all confidentiality and HIPAA requirements.

## 3. Caregivers

- Many caregivers are members of the workforce. There is a need for readily accessible information in various media and available 24/7.
- Many caregivers wait for a crisis to occur before seeking help. Caregivers need to be able to identify themselves as caregivers and seek assistance before a crisis occurs.
- Caregivers experience burnout. Respite opportunities need to be structured to meet caregiver needs.
- A growing number of grandparent caregivers have special counseling and respite needs. Services and programs need to be flexible to meet varying grandparent situations and needs.

#### 4. Consumers

- The number of older adults is growing.
- Access to services in some areas of the county may be difficult with the growing population. Transportation needs to be affordable.
- There is an increase in the number of older parents coming to the ADRC with issues related to older children/adults.
- There is an increased incidence of consumers with mental health and substance abuse issues.
- The ADRC is serving an increased number of individuals with disabilities, including grandparents, or other relatives, caring for adult children with disabilities. Appropriate programs need to be identified to meet the needs of these consumers.
- The ADRC is serving more consumers with dental, medical and insurance issues. This is a major concern for our citizens.

#### 5. Other

- The economy is in a depressed state. Consumers have less income and community organizations have less funding, affecting their financial stability and ability to help meet the needs of clients, families and the community. Funding decreases are expected.
- Advances in technology impact record keeping, concurrent use of different computer systems, concurrent use of different definitions for the same or similar program elements, differing reporting requirements.
- Restrictions on expenditure of grant funds within specified Federal titles can hinder program effectiveness.

## Resources

Collaboration and partnership will be necessary to meet the needs of the growing number of older adults. ADRC resources include:

- Federal and state grants.
- Limited local funding.
- Community partners.
- Non-profit and for-profit organizations.
- Faith based organizations.
- Other county departments.
- Support of the County Executive and County Board of Supervisors.
- Volunteers.
- Staff – provide an excellent knowledge base, as well as diverse experiences.

## **Role of Aging Unit in Long –Term Care and Advocacy**

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 of interest to elderly individuals and individuals with disabilities.
- Helps individuals to 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 eligibility for programs and benefits, and use their community's resource.
- 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 managed long-term care and chooses to enroll in Family Care, the ADRC will enroll the person in a Managed Care Organization (MCO) serving Waukesha County residents.

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." Client contacts include self-advocacy information. 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, portable display boards, and in all general presentations about available services. Advocacy is continually encouraged in community presentations and meetings. The ADRC Manager regularly coordinates advocacy concerns and issues with the Waukesha County Legislative Policy Advisor, the ADRC Advisory Board, Health and Human Services committee and other agencies.

Through the United Way of America, the ADRC receives Advocacy Action Alerts from the National Community Tax Coalition. The alerts provide information on advocacy resources and opportunities to become involved in relevant advocacy activities. The

ADRC receives advocacy alerts and information from the Administration on Aging, 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 area Immunization and Emergency Preparedness committees, The Public Health Advisory Committee, which works to promote health and wellness, and prevent crises. ADRC staff also participates in the Waukesha County Staff Action Committee as well as the Equal Access Committee. As we prepare for the move to the new Health and Human Services Center in fall of 2013, staff is involved in numerous committees to ensure a smooth transition.

ADRC staff participates in the Aging and Disability Professionals Association of Wisconsin (ADPAW) and 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 work with GWAAR to provide appropriate advocacy training opportunities for board and council members, and for older adults.

The ADRC also works with the state Ombudsman, Coalition of Wisconsin Aging Groups (CWAG), 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.

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| <b>Section 3 – Planning Process</b><br><b>Section 3-A Planning Process Used in the Development of this Plan</b> |
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### **A. Planning Process**

Community needs are assessed, local priorities developed, and funding decisions made based on input from consumers, community agencies, collaborative committees, program staff, and local, state and federal government. Waukesha County maintains an active Strategic Planning process. Much of the demographic, needs assessment and priority information for the County Plan on Aging were developed concurrently with the ADRC's current Strategic Plan and Environmental Trends which was just completed. Program planning is ongoing, responding to current and changing needs.

Consumers provide input, comments, and suggestions through individual needs assessments, on-going case management contacts, annual customer surveys, open meetings, and participation in community planning. Agencies provide input on a regular basis.

Information was obtained from the ADRC Advisory Board Member representing Waukesha County on the State Aging Advisory Committee. Members were tasked with obtaining feedback on the three most important issues/needs facing seniors in the community. Information was also obtained from the Regional Long Term Care Committee meeting held in Waukesha, which was facilitated by the ADRC Chairperson.

The United Way in Waukesha County establishes impact areas based on local needs assessments. The ADRC participates in those assessments and resulting program recommendations help form the ADRC's priorities. The United Way's Caregiver Initiative, resulting in The Caregiver Connection changed the approach to designing caregiving programs, focusing on consumer input and collaborative programming.

As a community network of over 30 members, the Waukesha County Nutrition Coalition represents food pantries, congregations, community, and government agencies. The coalition works to educate the community about the extent of hunger, shows citizens where to find emergency food, and develops recommendations for nutrition programs and policies. The information sharing and resources available through monthly meetings helps prevent duplication in program planning and focus on programs needed to prevent hunger and food insecurity in Waukesha County.

The Waukesha County Public Health division is conducting a Community Health Improvement Plan, of which the manager and supervisor are members of this committee. This process has involved key community partners and consumers to determine keep areas of need in the community. The health status indicators are used to assist in planning health promotion and disease preventions activities.

Special task force groups have been formed to develop specific plans for the areas identified by the committee of priority issues in the community. The manager and supervisors of the ADRC are members of these task forces.

Waukesha County is a partner in the Active Aging Research Center. One area of this project is an Asset Based Community Development (ABCD) community assessment. This assessment was conducted in Fall, 2011 and Spring, 2012 and identified the assets and needs of the community. The assets and needs identified from this project are used in development of this plan

Waukesha County's Community Development Block Grant program funding priorities provide input for program budget decisions, particularly in the transportation area, as well as other human services needs.

Waukesha County Department of Health and Human Services (HHS) holds an annual public hearing. This year the hearing was held on March 29, 2012 for input on human service programs. The ADRC attends the HHS public hearing for input on programs related to older adults and individuals with disabilities including Mental Health, Alcohol and Other Drug Abuse, etc.

Decisions on funding are developed through the Strategic Planning process and through the Waukesha County budget process. Input is provided by the County Executive, Waukesha County Board of Supervisors, Health and Human Services Committee and Board, county departments, and social workers and case managers, who work directly with program participants. The ADRC participates in annual town hall meetings held by the County Executive to gather input for program prioritization and budgeting decisions.

Comments from the Greater Wisconsin Agency on Aging Resources provided as part of their programmatic assessment were also considered during the planning process.

In addition to 2010 Census data, demographic and health information was obtained from the US Census Bureau, the US Centers for Disease Control and Prevention, and the Wisconsin Department of Health Services.

The ADRC Advisory Board participated actively in discussion on needs, funding levels and priorities and goals. Discussions at each of the meetings provided planning input and discussion of needs and unmet needs. The full draft plan was reviewed by the ADRC Advisory Board at its August 2, 2012 meeting. Comments from the Public Hearing were reviewed by the ADRC Advisory Board at its September 6, 2012 meeting.

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| <b>Section 3 - Planning Process</b><br><b>Section 3-B Public Hearings, Comments, Changes</b> |
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**B. Public Hearings, Comments, Changes**

One public hearing was held for the 2013-2015 Waukesha County Plan on Aging.

Date and time: August 23, 2012, 1:30 pm

Location:

Number in Attendance:

An overview of the ADRC organization and services, as well as a brief review of the proposed 2013- 2015 Waukesha County Plan on Aging was presented by ADRC staff, followed by comments from attendees.

**Section 4 – Statewide Focus Areas**  
**Section 4-A Development of a System of Home and Community-Based Services**

In April, 2008 Waukesha County became an Aging and Disability Resource Center; Family Care started in July, 2008. The Aging and Disability Resource Center (ADRC) of Waukesha County became a division of Waukesha County Health and Human Services in January, 2010.

The Aging and Disability Resource Center (ADRC) of Waukesha County is a central source of reliable and objective information about a broad range of community resources of interest to elderly individuals, adults with physical or developmental disabilities, adults with mental health or substance abuse concerns, and caregivers. Personalized assistance is available at the resource center, over the telephone, or in visits to an individual's home. Core information and assistance services of the ADRC include:

- Information and assistance;
- Long-term care options counseling;
- Financial and functional eligibility determination for long-term care;
- Enrollment and disenrollment counseling;
- Emergency referrals; and
- Short-term case management.

ADRC Specialists are the primary point of contact for information and referral/assistance within the ADRC. Information Services vary, and include verbal information as well as written materials for individuals and the community. Brochures, current announcements, events, and informational materials are available in the ADRC lobby. All of the ADRC brochures are available in both English and Spanish. The ADRC utilizes interpreters and Language Line as needed for consumers.

When an individual contacts, or is referred to the Aging and Disability Resource Center (ADRC) and appears to be eligible for publicly funded programs or are interested in knowing about or receiving publicly funded programs/benefits, they are referred to the appropriate program or agency. Clients can be directly linked to the agencies via phone if so desired. The ADRC maintains accurate and complete regularly updated information of public benefits on their database. The ADRC web site includes links to access eligibility for services including applications (i.e., [benefitscheckup.org](http://benefitscheckup.org), [medicare.gov](http://medicare.gov), [access.wisconsin.gov](http://access.wisconsin.gov)). Options Counseling is available to all consumers contacting the ADRC. The ADRC Specialists provide all consumers with information to allow them the most opportunity to manage their living situation in a safe manner.

The ADRC Specialist has a general knowledge of all these benefits. Whenever possible, people will be referred to the Elder Benefit Specialists (two are available in the ADRC) or to the Disability Benefit Specialists (two contracted in ADRC). These Benefit Specialists are able to assist consumers in determining their eligibility for all publicly funded programs – county, state, federal. Both Elder Benefit Specialists have work

experience in the Income Maintenance area, which brings more knowledge and expertise to the ADRC. ADRC Specialists also assist customers with completing applications for publicly funded benefits, as well as work with the consortium in processing these applications. ADRC Specialists follow-up with customers to ensure that the application/enrollment process is completed.

Complete information is available on the SAMS IR database for county mental health and substance abuse services. Mental health and substance abuse staff are available to the ADRC staff for questions. The ADRC Specialists have general knowledge of the mental health and substance abuse programs/services as well as eligibility. The ADRC Specialists frequently work with other Health and Human Services Staff.

The department has a strong relationship with the local Social Security office. They will continue to assist in benefits counseling and applications. Direct referrals are made for energy assistance, Food Share, MAPP, Badger Care, Senior Care, and others. However, the ADRC Specialists and Benefit Specialists assist consumers in any way possible to assure they are informed and have their needs met.

The ADRC is responsible for administering functional screens and determining functional and assisting with financial eligibility for Family Care, IRIS, Partnership, and PACE. The ADRC and Veteran's Services are divisions of Health and Human Services (HHS) and are conveniently located near to each other in the Human Services Center. Staff from all of the divisions work together diligently to assure that people are knowledgeable about publicly funded programs/services and that they receive all they are eligible for. The Alzheimer's Association has a satellite office located in the ADRC and provides for collaboration on consumer concerns, as well as direct referrals.

Older Americans Act Program referrals/requests initiate in the ADRC. Assessments for eligibility for these programs, including Home Delivered Meals initiate in the ADRC. Once a call is received, a referral to an Older American's Act staff person is made, the case is assigned and a follow up contact is made. The consumer/care giver is then assessed for needs and potential services.

Outside of hours of operation, 211/First Call for Help is available 24/7 to help consumers with questions. They have the publicly funded program web sites, as well as all other community resources on their database and basic eligibility information.

The ADRC does everything possible to assure that consumers receive accurate and complete information regarding access to county, state, and federally funded programs/services. The ADRC website includes various "news and issues" of interest to the general public, as well as links to prevention and intervention websites. A Community Bulletin Board and brochure racks are in the ADRC lobby with current information. Nutrition, health education, and wellness participation opportunities are available at the Senior Dining Centers. The ADRC connects consumers with programs and benefits they are entitled to and/or eligible for in a timely and efficient manner. The

goal is to help all consumers use their assets wisely and make good choices in the decisions they make.

## **Goals**

**Year 1: By December 31, 2013, Aging Unit Staff will be trained on the NIATXx model of change and one process improvement project will be completed.**

**Year 2: By December 31, 2014, A Health Care Transitions team will be formed comprised of ADRC and Aging Unit Staff to explore work with one hospital in the Waukesha County area to define procedures for Health Care Transitions.**

**Year 3: By December 2015, in collaboration with community partners provide financial/money management program to two groups targeting the older population to assure an understanding of basic budgeting. 100% of participants will meet with an Elder Benefit Specialist to determine if additional benefits are available to them.**

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| <p style="text-align: center;"><b>Section 4 - Statewide Focus Areas</b><br/><b>Section 4-B Older Americans Act Programs</b></p> |
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**Waukesha County provides programs and services funded by the Older American Act.** Title IIIC Senior Dining includes both Senior Dining Centers and Home Delivered Meals. The program provides low cost nutritious meals to older adults who may be frail, isolated, homebound, or disadvantaged. The senior dining program helps older adults remain healthy, active, and independent in their own homes and communities.

**IIIC-1 Congregate Meals: Senior Dining Center meals** are provided at 10 Senior Dining Centers throughout Waukesha County. In addition to a hot noon meal, the dining centers provide nutrition education, health information and screening, outreach, and support to older adults and their families. Nutrition and health education are provided through staff, volunteers and several community agencies. Each center is managed by a paid county employee working between 4-5 hours each day the senior dining center is open.

**Title IIIC-2: Home delivered meals** provide a hot noon meal delivered to frail and homebound older adults who are unable to prepare their own meals. A cold breakfast meal, in addition to the hot meal, is available on a limited basis for people who are unable to cook their own meals, and have no other support available. Hot, cold, and frozen meals are delivered in the Hartland, Muskego, Mukwonago, New Berlin and Sussex areas. Frozen meals allow for more efficient use of available transportation, while still providing a nutritious meal. Shelf stable emergency meals are provided to all home delivered meal participants for use on days when emergency conditions preclude the delivery of meals.

Home delivered meals for delivery outside of the city of Waukesha are packed by volunteers at each of the Senior Dining Centers. The Senior Dining Managers also coordinate volunteer drivers and set up routes for the most efficient delivery of home delivered meals. Volunteers who deliver the meals are not only an outside contact for the homebound individual but also a source of support. When delivering meals, volunteer drivers are able to assess potential problem situations and initiate assistance from the ADRC.

Waukesha County has ten locations where home delivered meals are assembled and delivered to home bound clients by volunteer drivers. Each day approximately 350 meals are delivered. Nine of the ten senior dining centers serve congregate as well as home delivered meals. In the city of Waukesha a home delivered meal distribution center is located at the Waukesha County Expo center. This location assembles and delivers approximately 100-125 meals per day. There are eight routes Monday – Friday that are delivered from this location.

Each home delivered meal client is assessed prior to receiving meals by an ADRC Specialist; a HDM assessment and nutrition screen is completed. Each assessment is

reviewed by the Nutrition and Aging Services Supervisor and eligibility is determined along with length of meal service (temporary or ongoing). Each client is reassessed on an annual basis by either staff or a trained Eldereach volunteer. These reassessments are reviewed and continued eligibility is determined by the Nutrition Support Staff, or the Nutrition and Aging Services Supervisor. Approximately 1000 clients are served each year.

For 2013, food service for the meal program will be contracted with Taher, Inc. Meals for both the Senior Dining Centers and Home Delivered Meals are delivered to designated dining centers by the food service vendor, then served or distributed by ADRC staff and volunteers, under the direction of the Senior Dining Manager. An RFP will be issued in Summer/Fall of 2013 for catering services for 2014-2016.

ADRC clients in the Pewaukee area are provided home delivered meals through a collaboration with River Hills West Health Care Center. ADRC clients in the Dousman area are provided home delivered meals through a collaboration with Masonic Homes. Meals are provided for clients who required modified consistency or specialized therapeutic diets through The Caring Place, Horizon Home Health, River Hills West, Shorehaven, and Wisconsin Masonic Homes.

In collaboration with Community Action Coalition for South Central Wisconsin, Inc. (CAC), the ADRC assists in distribution of the Senior Farmers' Market Program, Vouchers, \$25.00 per household, are available to financially eligible seniors to purchase fresh fruits and vegetables from approved farmers' markets and stands throughout the county.

Volunteers play a vital role in the Senior Dining Center and Home Delivered Meals programs. In addition to packing and delivering meals, volunteers help set-up and clean up the Senior Dining Centers. Several groups and organizations volunteer their time to provide special meal touches such as decorated placemats and bags. Some also provide drivers for the home delivered meals.

Senior Dining Menus provide nutrition and wellness information each month. A featured topic is presented each month on the back of the printed menu that goes out to approximately 2000 consumers. Presentations on various topics are presented at the dining centers and include speakers from various community resources including UWEX, hospitals, public health, health care organizations. Speakers include information on Alzheimer's, Cancer screening, Heart and Lung screenings to name a few. Flu shot clinics, Medicare presentations, and blood pressure screenings are also available at the dining centers.

In addition to providing a nutritious meal, the Senior Dining Centers provide an opportunity for socialization. Meeting old friends and making new ones is one of the most important reasons for attendance at the Senior Dining Centers. Based on 2011 annual survey results, 96.6% of attendees said the program helped them meet friends

and socialize more. Socialization was enhanced through special holiday meals, summer festivals and picnics, and ethnic meals.

Active Aging Week is celebrated annually with a goal of increasing activity levels and eating healthier foods. Special events at the dining centers emphasized exercise, fall prevention, and staying healthy.

### **ELDER BENEFIT COUNSELING SERVICES**

Benefit counseling services are available from trained benefit specialists to help individuals having a problem with their private or government benefits. The specialists provide accurate and current information about benefits and provide assistance in determining benefits and programs for which adults with disabilities and older adults are eligible. Benefit counseling services are confidential and provided at no cost to the client. The ADRC has two Disability Benefit Specialists (18-59 years of age) and two Elder Benefit Specialists (60+ years of age) available to provide information and assistance.

The Elder Benefit Specialist Program assists older adults age 60 and over with problems concerning Social Security, Supplemental Social Security, Medicare, Medicaid, and other benefit programs. The Elder Benefits Specialists also address consumer problems, including issues related to property taxes, landlord/tenant concerns, and private health insurance. Many older individuals are the target of unfair sales practices, fraud, and other scams or con games. The Elder Benefits Specialists will work with clients to help them identify these types of occurrences and, if someone has already been victimized, will assist in trying to obtain reimbursement. Advocacy services and assistance with legal matters are provided in areas such as benefit appeals for denial, reduction, and or loss of public and private benefits; landlord/tenant issues; and debt collection. Attorneys from SeniorLaw, a program of Legal Action of Wisconsin, provide support and supervision to the benefit specialist program.

In addition to the ADRC, the Elder Benefits Specialists assist older adults at community locations in Waukesha County. Appointments are scheduled in advance and the specialists are normally available at these sites one day per month. Community presentations provided information to people on programs and available benefits for older adults.

The elder benefits program developed a "Welcome to Medicare" informational presentation, which has become a monthly information session. The sessions, which are promoted in collaboration with the Social Security Office and provide information on Medicare coverage and insurance options are offered monthly. These have been a very popular program and provide very helpful and useful information for the consumer.

The specialists helped individuals during the Annual Medicare Part D Enrollment Period, to make changes to their Medicare Advantage and Medicare Part D coverage.

## **OLDER ADULT COMMUNITY SERVICES**

IIIB Supportive Services include information and assistance, case management, community support services including homemaker services, Personal care, medical screening

Community Services assist older adults with daily living activities to complement the support from family, friends or other caregivers. The services are intended to allow older adults to remain living safely in their own home and avoid or delay moving individuals to alternative care, such as a nursing home. Community services are provided through a combination of resources, including ADRC staff, contracted service providers, and community organizations.

**Adult Day Center** services include supervision, personal care, medication reminders, exercise, therapies, and peer socialization for older adults in a group setting. Leisure time activities may include outings to places of interest to the seniors. Services are provided for part of a day for adults who need assistance with daily living activities, supervision, protection, and/or an enriched social experience. Adult day centers provide a service option for older adults and help caregivers (such as spouses, children, or other relatives) maintain the individual in an independent or semi-independent living arrangement. In addition to providing services to the older adult, caregivers receive respite, support, information and referral, and assistance with care of the older adult as well as the time they need to continue their necessary pursuits, including employment.

Adult day center services are contracted through the following licensed facilities: The Caring Place in Waukesha, Catholic Charities Adult Day Center in New Berlin, Curative Senior Care Adult Day Center in Waukesha, Lutheran Social Services Greater Menomonee Falls Adult Day Center, and Lutheran Social Services Greater Waukesha Adult Day Center. In addition, there are other Adult Day Centers in the County, as well as Day Care provided through the VA Medical Center in Milwaukee.

**Chore, Household and Home Repair Services** provide assistance for snow shoveling, lawn maintenance, minor home repairs, errands, and grocery shopping. The homeowner is required to provide any equipment needed for completion of the chore or repair service. Individuals receiving services are encouraged to donate to the program to help defray its cost. Chore services are provided through Interfaith Senior Programs, who recruits and coordinates the efforts of volunteers to meet the chore service needs of older adults. The ADRC provides partial support for the program with Older Americans Act funding.

**Health Cost Sharing** provides funds for prescriptions and medical/dental services for older adults who cannot afford to pay for them and have no other payment source such as private insurance, Medicare or Title 19. Assistance may be provided for prescriptions, dental work, and diagnostic and laboratory test fees. The service provider coordinates community resources, and volunteer nurses, doctors and dentists to make health services available to those in need at minimal or no cost. Individuals receiving services are encouraged to donate to the program to help defray its cost. These

services included nurse assessments, doctor exams, treatments, and referrals to primary care and specialty physicians. In addition to the service described here, dental assistance is provided through The Waukesha County Community Dental Clinic to help prevent potential incidences of elder abuse and neglect of health care through a state funded Elder Abuse Direct Services grant.

**Homemaker Services** provide light housekeeping for older adults in their homes. Services such as light cleaning, laundry, assistance with meal preparation, shopping, and errands may be provided under this program. Homemaker services are generally provided for two hours per month. Additional hours of service are available if the situation warranted. In addition to the services described here, homemaker services are provided through various community resources to help prevent potential incidences of elder abuse and neglect.

**Personal Care** includes the provision of bathing and personal hygiene care for an older adult in his or her home or at an adult day center. Individuals receiving services are encouraged to donate to the program to help defray its cost. In addition to the services described here, personal care is provided through various community resources to help prevent potential incidences of elder abuse and neglect, and for the caregiver support programs.

**Respite Care** is a short-term service that provides temporary relief and support for caregivers of dependent older adults. Depending on the needs of the client, respite may be provided in the home of the older adult or caregiver, at an adult day program, a certified adult day care center, a hospital, a nursing home, a group home (CBRF), or a Residential Care Apartment Complex (RCAC). Respite services reduce the stress of the caregiver and help maintain a strong caregiving family. The ADRC assists with the provision of respite care and encourages donations towards the costs of the service. In addition to the respite care described here, various community resources provided emergency respite care to help prevent potential incidences of elder abuse and neglect. Additional respite care is provided under the caregiver support programs.

The Waukesha County I Team is a very active and involved. I Team educational segments included police department social workers, mediation, mental health and elder abuse and a hoarding presentation. A SWOT analysis of the Mental Health Services available in Waukesha County was conducted; a Task Force was formed and a brochure was developed to provide additional information to individuals in crisis.

## **VOLUNTEER SERVICES**

The Volunteer Services Program includes recruitment, training, placement, and retention of volunteers. These volunteers are vital to the ADRC, helping to provide services needed by the older residents of Waukesha County. During 2010, 1,062 individuals and group members volunteered their time and talents in the programs coordinated by the ADRC. Programs include senior dining, benefit specialist services, elderreach, volunteer visitor, general office services, guardians, special projects, and greeters in the county courthouse. Volunteers are recruited through presentations at

churches, newspaper advertisements, service clubs, community organizations, outreach events, and by word-of-mouth. The county has a new volunteer website which is a central site for volunteer opportunities available in all county departments. All volunteers are background checked; the home delivered meal drivers all have a driver license check completed, and our direct in home and office volunteers are also HIPAA trained. All volunteers sign a confidentiality statement.

The ADRC holds an annual Volunteer Recognition Event during the spring of each year to recognize the efforts and impact of the volunteers in our community.

Older adults benefit from the time and friendship of volunteers in the friendly visitor and special needs friendship programs. The special needs friendship program, operated in collaboration with Elmbrook Church Senior Ministry, reaches out to isolated older adults who need special care and attention. The ADRC and Elmbrook Church provide training for these volunteers using video-based training.

County-based community groups continued to volunteer for ADRC programs during 2011. Group members contributed special projects. In addition to Elmbrook Church Senior Ministry Special Needs Friendship program, groups included the following organizations:

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| Children's Learning Center – Brookfield | St. Anthony on the Lake Church |
| Elmbrook Bible Study Group              | St. John's Anglican Church     |
| Girl Scout Troop 2177                   | Tamarack Place                 |

### **Goals for this Focus Area:**

**Year 1: By December 31, 2013 relocate HDM distribution center to the new kitchen provided in the new Health and Human Services Center. Work with staff and volunteers to revise processes to achieve an efficient operation to ensure that 100% meals are provided to homebound seniors between 11:00 AM and 1:00 PM.**

**Year 2: By December 31, 2014 develop informational checklist for clients/caregivers to assist in developing care coordination plan and provide information on costs for in-home services. Checklist will be provided to 100% of families requesting assistance in setting up in-home services.**

**Year 3: By December 31, 2015 review and evaluate programs provided through the OAA funding as a system change with potential policy revision as a result of the new Administration for Community Living.**

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| <p style="text-align: center;"><b>Section 4 - Statewide Focus Areas</b><br/><b>Section 4-C Alzheimer's Disease</b></p> |
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Alzheimer's Disease is a progressive, irreversible disease that results in the gradual deterioration of memory, behavior and ability, and is eventually fatal. According to the National Alzheimer's Association, Alzheimer's is the fifth leading cause of death in adults age 65+. Most people diagnosed with Alzheimer's are older than 65, however the disease can occur in individuals as young as 40. While individuals live for an average of four to eight years from the onset of the disease, this time can range to 20 years.

The National Alzheimer's Association estimates that 13% of persons over age 65 have Alzheimer's. The incidence increases to 43% for individuals over age 85. In Waukesha County, this equates to 7,239 cases of Alzheimer's in seniors over the age of 65 in the year 2010.

The ADRC of Waukesha County houses a satellite office of the Alzheimer's Association and has a strong partnership with this agency. Families have an opportunity to work with the Alzheimer's representative located here at the ADRC. We collaborate on many programs including the annual Alzheimer's Walk. The ADRC Staff have formed a team "The Forget Me Nots" and do many fundraising activities to support this effort.

The ADRC has been involved in the Alzheimer/VA grant "Dementia Caregiver Services for Veterans and Families: The Zablocki VAMC Model" is a two year system redesign project. Partners in this project are the Clement J. Zablocki Veterans Affairs Medical Center (VAMC), Alzheimer's Association – Southeastern Wisconsin Chapter, Greater Wisconsin Agency on Aging Resource (GWAAR) and the Aging and Disability Resource Centers of Milwaukee, Kenosha, Racine and Waukesha County. The goal of this project is to create an efficient referral process that reduces family caregiver burden and delays nursing home placement for veterans with dementia. Over the past two years, staff in the ADRCs have participated in trainings about dementia, caregiver needs and learned of the services provided by the Alzheimer's Association and VAMC. This has improved the referral process between all associated agencies and also has provided caregivers, staff from the ADRC's and Zablocki VA Medical Center, educational programs about dementia, caregiver needs and respite services.

**Year 1: By December 31, 2013 in collaboration with ProHealth Care, Inc. distribute medication Management machines to 75 mild to moderate newly diagnosed Alzheimer's Disease patients.**

**Year 2: By December 31, 2014 develop process and implement Mild Cognitive Impairment Screen as part of the Long Term Care Sustainability Plan on clients who receive home visits from ADRC Specialists, to provide early intervention to clients with memory impairment.**

**Year 3: By December 31, 2015 In collaboration with the Alzheimer's Association develop training materials to inform Senior Dining Managers on red flags and early detection as well as where to refer people.**

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| <p style="text-align: center;"><b>Section 4 - Statewide Focus Areas</b><br/><b>Section 4-D Emergency Preparedness</b></p> |
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**Focus Area - Emergency Preparedness Plans**

Waukesha County has well established emergency preparedness plans and procedures. As part of those procedures, the ADRC maintains a Business Continuity Plan, which includes a resource inventory with contact information for staff, vendors, volunteers, other critical persons, and Language Line Directory of Interpreters, as well as deaf and hearing impaired interpreters.

The County-Wide Business Continuity Plan includes provision for Departmental Teams and Team Managers. When the County Executive makes a determination of a community emergency, the Department Team Manager is responsible for activating the Departmental Recovery Plan, notifying all team members, and activating the telephone tree to notify departmental personnel not on the Departmental Recovery Team.

Working with the Waukesha County Emergency Management Coordinator, all department staff completed National Incident Management System (NIMS) training, including IS-00700 National Incident Management System an Introduction, and IS-00100 Introduction to the Incident Command System (ICS100). In addition, management staff also completed IS-00200 ICS for Single Resources and Initial Action Incidents. Some staff have taken Special Needs Shelter training, psychological first aid and other special classes for Emergency Preparedness.

The Manager of the ADRC as well as staff members serve on the State of Wisconsin Health and Human Services County Early Preparedness Committee, and is a member of the Waukesha Emergency Operations Center Team. She also serves on two Health and Human Services Committees for Emergency Preparedness. ADRC staff also has access to the state of Wisconsin Emergency Management website, is logged into E-Sponder and MyState and receives text messages and emergency alerts. Phone activations can be upgraded to MyState.

**Core Older Americans Act Services During an Emergency/Crisis**

If the Waukesha County Executive has determined the existence of a community emergency, core services funded by the Older Americans Act will be continued to the extent feasible based on the type and extent of the emergency. Contact point for all services is Mary Smith, Nutrition and Aging Services Supervisor, or Cathy Bellovary, Manager, ADRC of Waukesha County, 500 Riverview Avenue, Waukesha, WI 53188.

All Home Delivered Meal recipients are provided with at least two emergency meals annually. These meals are to be used when an emergency situation precludes the home delivery of meals. In the event of a community emergency, clients will be able to use these two days of emergency meals until regular HDM service has been resumed in the affected areas. Unless the declared emergency were county-wide, it is expected

that at least some of the congregate meal senior dining sites would continue to be available for meal service and for centralized distribution of home delivered meals. Alternate sites would be arranged as necessary.

Medication Management services would continue on an uninterrupted basis. Alternate providers would be found for set-up of medication machines in areas affected by the emergency. If immediate set-up is needed in the emergency area, an ADRC Registered Nurse (two employed by the ADRC) would be able to complete set-up of the medication machines.

Personal Care/Bathing services may be delayed one to two weeks depending on the severity of the emergency and availability of personal care workers.

### **Other ADRC Services During an Emergency/Crisis**

The ADRC is a member of an emergency preparedness committee that includes, among others, the Sheriff's Department, 211, Department of Health and Human Services, the Red Cross, the Salvation Army and Hebron House. The committee will determine transportation priorities. The county has agreement with transportation providers to provide transportation to shelters. The Red Cross would take the lead on determining appropriate shelter arrangements, including shelter areas for special needs populations and individuals needing the attendance of caregivers. The ADRC will be able to provide appropriate information to the lead agencies to identify seniors with special needs, individuals with disabilities, and caregivers to facilitate shelter determination and transportation. The ADRC works closely with Humane Animal Welfare Society (HAWS) and provides information and guidance to consumers on pets and emergency preparedness.

In the event of a declared emergency, Waukesha County would establish an Incident Management Team to coordinate the response. Communication/ Public Information will be provided through the Waukesha County Public Information Officer, with the Director of the Department of Health and Human Services serving as Incident Commander for pandemic emergencies.

### **Emergency Contact with Frail and Homebound Elderly**

The ADRC uses the Synergy Social Assistance Management System (SAMS) for case management and service tracking. SAMS client information includes several characteristics which would be of benefit in cases of emergency or disaster, including:

- Frail
- Homebound
- Cognitively Impaired
- Disabled
- Homeless

Various reports are available in SAMS to provide contact information filtered by specified individual or combined characteristics or by zip code. In addition, the SAMS Consumer Contact and Phone Listing Report allow us to print current periodic reports of

individuals who are frail or homebound, along with the name and telephone number of their caregiver or emergency contact. ADRC Specialists would initiate contact as appropriate. The ADRC Adult Protective Services Unit will also assist when necessary.

The ADRC is also working with a Waukesha County Parks and Land Use Geographic Information System (GIS) workgroup to explore utilization of a link between the county's GIS system and the state SAMS system that could identify and map frail elderly individuals to aid in emergency contact as well as look at transportation in emergency needs.

The ADRC works with the Department of Health and Human Services, Public Health, safety officers, police departments, fire departments, health care facilities, and other committee members for pandemic flu planning. The purpose of the Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness is "To strengthen the competence, capability, coordination, and readiness of the public health community, and to enhance coordination amongst health care and public safety agencies in preparing for, responding to, and managing bioterrorism, outbreaks of infectious disease and other public health emergencies affecting Milwaukee County and Waukesha County. The purpose of such coordination is to increase the capacity of Member Agencies to respond to emergencies."

The ADRC provides emergency preparedness booklets and Red Cross handouts on emergency preparedness to consumers and at our public events.

#### **Goal 1A:**

**Year 1: Expand emergency preparedness options by coordinating the availability of Emergency Kits for at-risk older adults by December 31, 2013, to improve quality of life and assist at-risk older adults. Distribute 100 kits by December 31, 2013; and an additional 100 kits by December 31, 2014.**

**Year 2: By December 31, 2014 in collaboration with community partners practice an emergency procedure at two of the senior dining centers. Work with building manager and plan with the local emergency government, fire department and law enforcement to develop this process.**

**Year 3: By December 31, 2015 in collaboration with the Wisconsin Medical Society, 75% of staff will have an active Power of Attorney for Health Care in place. The staff will be presented with the Power of Attorney forms at a staff meeting. A survey will be completed of staff to determine the percentage that has completed the document. Clients are provided with a copy of the Power of Attorney document upon home visit. Clients and families are encouraged to complete.**

**Section 4 - Statewide Focus Areas**  
**Section 4-E Evidence-Based Prevention Programming**

The ADRC of Waukesha County has developed many community partnerships to address the needs of community individuals.

Ongoing collaborations with local health care agencies such as Aurora, ProHealth Care, Community Memorial Hospital, Elmbrook Hospital, Waukesha County Technical College, Froedtert Health and the VA Medical Center to provide strong programming opportunities for ADRC clients and families. Existing partnerships with University of Wisconsin – Extension for nutrition and wellness programming continue. City of Waukesha Park and Recreation Department has collaborated with Waukesha County for many programs and activities and has brought the “Stepping On” program to Waukesha County. The ADRC staff will continue involvement in the Medical Examiner’s Falls Prevention program, which has identified needs and solutions to the high rate of falls for seniors in their home and facilities. The ADRC will work closely with the free medical and dental clinics in the county to provide free or low cost medical and dental services to needy clients. Community Outreach Nurses within the community, work closely with the department to refer clients for information and available services. The “16<sup>th</sup> Street Clinic” a federally funded health care center will be opening in the Fall of 2012 and the ADRC will have a strong presence there as a division of the Department of Health and Human Services.

Mental health needs are addressed through partnerships with the Waukesha County Mental Health Center, Rogers Memorial Hospital, NAMI, ProHealth Behavioral Health the Addiction Resource Council and the Mental Health Association. Lecture series and services provided by these agencies are promoted to the ADRC clients and families.

The Alzheimer’s Association has an office in the ADRC. We work closely with them. We collaborate on programs and the Alzheimer staff will meet at the ADRC with families. Waukesha County has a significant population with dementia or Alzheimer’s disease, and education and support is critical to our consumers.

The ADRC staff will continue to be involved in numerous committees addressing the nutrition and prevention needs of the community. They include the Waukesha County Health Council, the Waukesha County Nutrition Coalition, Public Health Committees, including immunization committee, ProHealth Care’s Diabetes Advisory Committee, and the Medical Examiner’s Review Committee. Disease Prevention and Health Promotion programs offered in collaboration with Carroll University Physical Therapy Department and Mt. Mary Dietetics program will continue. Collaboration with new partners, the Wisconsin Arthritis Program with Milwaukee AHEC, and Milwaukee County Department on Aging has brought Chronic Disease Self-Management workshops to Waukesha County. Ongoing Partnerships continue with the Parkinson’s Association to provide

support to those impacted by this disease. Our strong volunteer program will continue to recruit volunteers and play an active role in providing and promoting programs.

Blood pressure screenings are held monthly at each dining center and dental care is provided through collaboration with the Community Dental Clinic. Staff present at various health fairs; caregiver events in collaboration with the "Caregiver Connection". We work with the "Caregiver Connection" to provide education to work places on caregiver issues.

Our Resource Guide includes a significant section for "Active Adults" including camps for adults with disabilities, lifelong learning programs, information on local libraries, employment opportunities, numerous "leisure and recreation" opportunities for seniors and adults with disabilities, senior centers and opportunities for travel, local walking trails/malls as well as schools which allow indoor walking are also included. The ADRC assists community members to "link up" with these services. Fifteen thousand of these are distributed and the guide is also on our website and used by 211 as well.

The ADRC of Waukesha County works closely with the Adult Day Centers in the county and has developed successful partnerships with them. Activities for all clients (managed care as well) are supported, during ADC Week a "bowling tournament" is held. The ADRC has conducted "drumming circles" at the Adult Day Centers, and the Adult Day Centers use the drums as well for ongoing programs. These are great stress reducers, provide for brain stimulation, and promote brain health. The Adult Day Centers have special prevention and early interventions sessions that the ADRC helps to market. We have long time contracts with the centers.

The ADRC is involved in emergency preparedness groups and county emergency management committees. These take into account housing and special needs. We distribute preparedness booklets and brochures to consumers and work to assure our partner agencies and consumers have emergency plans.

The ADRC is the lead agency for adult at risk situations and the Interdisciplinary Team to address consumer at risk situations. Adult Protective Services is a unit with the ADRC. We have a strong I-Team that includes works on community issues such as hoarding and mental health.

The ADRC collaborates with County Veteran's office (located down the hall) to provide continuity of services for veterans. We work together on cases to assure veterans get their benefits and programming. We are involved in the Alzheimer-VA Grant through the State of Wisconsin identified a process for caregivers of veterans and has provided training on Alzheimer's Disease for all ADRC Specialists. The goal is also to provide more cross referrals.

The ADRC continues to be involved with the United Way and other agencies that address prevention/intervention.

### **Prevention Programming**

The ADRC of Waukesha County will be providing CDSMP, Stepping On and Eat Better Move More in collaboration with community partners. In addition, we refer consumers to dementia screening through local health care providers. We work closely with the Alzheimer's Association, who has a satellite office in the ADRC. Programs for Caregivers such as the Intergenerational Intermision Program for caregivers and care recipients developed by Waukesha County with Elmbrook Church have been very successful and will be continued. Powerful Tools for Caregivers has been offered on an as needed basis and will continue to be provided to the caregivers in our community. We have addressed the hoarding issue in many of our programs and have focused on hoarding as a significant community issue. We use some funding to provide counseling to consumers to address the disease and work with our community partners to improve conditions.

### **Goals for Evidence Based Prevention Programming**

**Year 1: By December 31, 2013, in collaboration with the Waukesha County Employee Wellness Committee offer one Chronic Disease Self Management Program to Waukesha County staff.**

**In collaboration with Carroll University, Mt. Mary University and community partners continue implementing evidence based health and fitness programs at Senior Dining Centers and senior community locations – ongoing**

**Year 2: By December 31, 2014 in collaboration with Mt Mary University evaluate one additional evidence based nutrition program, in particular, Healthy Eating for Successful Living as a new program to be provided at two Senior Dining Centers.**

**Year 3: By December 31, 2015 collaborate with community partners to provide and conduct leader training and provide 2 workshops for Stepping On, a falls prevention program, in Waukesha County.**

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| <p style="text-align: center;"><b>Section 4 - Statewide Focus Areas</b><br/><b>Section 4-F Family Caregiver Support</b></p> |
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**Focus Area - Family Caregiver Support Activities**

**Services**

The ADRC provides services to caregivers in the following Older Americans Act Title IIIIE Family Caregiver Support Program service areas:

- Information to caregivers about available services, including individual and group presentations, caregiver information on the ADRC website, distribution of caregiver newsletters, and a Caregiver Resource Library located at the ADRC and satellite sites. The Caregiver Resource Library includes books, videos, cassettes, audiotapes, pamphlets, magazines, and demonstration items to inform and educate caregivers and assist them in their caregiving roles. Caregivers may check out library items for a four-week period. In 2011, an estimated 113 caregivers used 359 library resources. Over 1,700 individual items were available through the library, which is located at the ADRC, and through partner satellite locations. The library includes assistive devices and demonstration “Try Before You Buy” items of essential equipment and supplies needed in the caregiving role. ADRC information, including current events and issues, as well as program information and community links, is accessible on the Internet.
- Assistance to caregivers in gaining access to services, including case management, care coordination, and serving as the entry point for The Caregiver Connection, The Caregiver Connection began as part of the United Way’s initiative for caregiver support. It was created to help caregivers identify themselves as caregivers, and to promote awareness of available resources and support. Complete information on The Caregiver Connection is available on [www.thecaregiverconnection.org](http://www.thecaregiverconnection.org). As part of The Caregiver Connection, the ADRC is the entry point for caregivers to receive information.
- Individual counseling, organization of support groups, and training to caregivers to assist in making decisions and solving problems relating to their caregiving roles, including an annual collaborative Caregiver Conference, collaborative conduct of *Taking Care of You...Powerful Tools for Caregivers* and *Intermission, The Journey Series*, and a grandparent support group. The grandparent support group offers peer support, educational information, and an opportunity for grandparents to discuss daily issues facing them as they take on the challenge of raising their grandchildren. In the words of one of the grandparents, the support group helps the grandparent deal with “having to be a parent when I just want to be a grandparent.”

Case managers discussed options with caregivers and their family members, answered questions and developed care plans to address the needs of the caregivers, and helped them access available programs.

The “Intermission” program was available through collaboration with Elmbrook Church Senior Adult Ministry and Children’s Ministry. “Intermission”, which is held in monthly three-hour sessions, is an intergenerational program that gives the family caregiver and their loved one an opportunity to share some meaningful time together. During 2011, 18 caregivers and their loved ones participated in the program.

Thirty-eight family caregivers participated in the 2012 Caregiver Seminar, This year's theme was "Caregiving: To the Future and Beyond." The seminar included a discussion on research being conducted to develop information technology services to help the elderly in their homes and improve the lives of caregivers. “Compass Points” were distributed to each attendee (locations in the community that are good venues that both caregiver and care receiver can experience together and help prevent isolation) .Other seminar activities include exhibitors, learning a creative story-telling program, “TimeSlips”, exploring the Galileo planetarium show and a guided tour on a handicapped accessible nature trail.

“The Journey”, a five session educational series for family caregivers, was presented through partnership between the ADRC, its contracted Adult Day Centers and the Alzheimer’s Association. In 2011, 44 caregivers attended one of more of the Journey presentations at Curative Care Network, Lutheran Social Services, Catholic Charities, The Caring Place, the Alzheimer’s Association, and the ADRC.

Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities, including in-home, facility, adult day center, hourly, overnight, personal care/bathing, homemaker support, bill management assistance, and grandparent respite options.

Supplemental services, on a limited basis, to complement the care provided by caregivers. Supplemental services may include but are not limited to, emergency response systems, home modifications, adaptive aids, assistive technologies, and professional visits by RNs.

### **Community Coordination**

The Southeastern Wisconsin Chapter of the Alzheimer’s Association maintains an office in the ADRC for its Regional Services Coordinator for Waukesha County. In addition to coordination of public information and educational programs, collaborative assessment and case management has provided additional resources for caregivers seeking assistance.

The ADRC is an active participant in The Caregiver Connection, an initiative of the United Way in Waukesha County. The Caregiver Connection was created to help caregivers identify themselves as caregivers, and to promote awareness of available resources and support. The program includes a Caregiver Consortium comprised of Waukesha County organizations, with a focus on assistance, awareness, and access. The primary members of the Caregiver Consortium include:

- ADRC
- Interfaith Senior Programs
- Waukesha Memorial Hospital Senior Health Center
- Alzheimer's Association of Southeast Wisconsin
- Lutheran Social Services
- Area service providers

Some of the projects planned by The Caregiver Connection include:

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- Support Group for Male Caregivers, coordinated by Lutheran Social Services.
- Social Club for Caregivers, coordinated by Lutheran Social Services
- Helping Caregivers in the Workplace, coordinated by the Alzheimer's Association of Southeastern Wisconsin.
- Prescription for Care, ongoing psycho-social caregiver support, coordinated by the Alzheimer's Association of Southeastern Wisconsin.
- Pet Care Caregivers, coordinated by Humane Animal Welfare Society
- Focus Groups to evaluate current caregiver needs

The Alzheimer's Family and Caregiver Support Program (AFCSP) was created by the Wisconsin legislature in 1985 in response to the stress and service needs of families caring at home for someone with irreversible dementia. To be eligible, a person must have a diagnosis of Alzheimer's disease or a related disorder, and be financially eligible. The ADRC began administering the AFCSP grant for Waukesha County in 2010. A limited amount of funding is available for each eligible person. Contribution to the cost of services may be required based on income and ability to pay. Individuals may receive services either under the NFCSP or under the AFCSP, not both programs.

Community presentations to 46 groups included discussion of information resources, service options and opportunities, early intervention, crisis prevention, caregiver concerns, benefits, Medicare, volunteerism, and healthy aging.

Staff and volunteers displayed information at 10 fairs/conferences including the ProHealth Health Fair, Waukesha Springs Health Fair, Waukesha Hispanic Family Health Fair, Senior Health Fair at YMCA, St. Williams Church Health Fair, All Saints Lutheran Church Health Fair, Parkinson's Conference, Waukesha County Employee Wellness Day, ADRC Caregiver Conference and the Journey Series.

The ADRC Resource Guide, a directory of useful information for older adults, adults with physical or developmental disabilities, and adults with mental health or substance use concerns, was updated and distributed to over 12,000 consumers, caregivers, community organizations and businesses. The ADRC Resource Guide was also available on the ADRC's web site.

Caregivers received 12 monthly issues of “Caregiver Assistance News ‘Caring for You ... Caring for Others’”, a newsletter that included Waukesha County Caregiver Support News.

Emergency Intervention was provided through coordination between the ADRC Specialists, the ADRC Adult Protective Services (APS) unit, and Waukesha County crisis workers. Preventive services were available through an Elder Abuse Direct Service grant funded by the Wisconsin Department of Health Services and administrated by the Greater Wisconsin Agency on Aging Resources.

Case Management and Follow-up Services include advocacy, monitoring of client needs, development and implementation of individual service plans, and helping caregivers access available services. In 2011, 1,126 registered clients received case management services. Additionally, ADRC Specialists reported 396 contacts related to short-term case management and service coordination.

#### **Goal 4 Family Caregiver Support Activities**

##### **4A: Information to caregivers about available services:**

###### **Goal 4A**

**Year 1: Expand the availability of caregiver information by developing and distributing a caregiver information packet and follow-up survey by July 1, 2013 that will receive positive responses from at least 80% of caregivers responding to the survey, to improve quality of life for older adults and their caregivers.**

**Year 2: By December 31, 2014 Formalize “The Journey” series with the Adult Day Services to provide a consistent format for each session. 90% of the attendees who respond to a survey will state they have increased their knowledge of caregiver information.**

**Year 3: In partnership with the county IT department explore additional technology available to provide information to caregivers in a social media context. By December, 2015 at least one social media will be used to provide information to caregivers.**

**4B: Assistance to caregivers in gaining access to services**

**Goal 4B**

**Year 1: By December 31, 2013 develop an in-service for ADRC Staff to target caregiver issues. 100% of staff will identify one new technique they have learned for providing assistance to caregivers through the ADRC.**

**Year 2: By December, 2014 in collaboration with Caregiver Connection, ensure that community caregiver events are listed on the Caregiver Connection website calendar.**

**Year 3: By December 31, 2015 provide access to caregiver services by serving as the main point of entry for The Caregiver Connection and continuing collaborative caregiver access through 2015, to improve quality of life for older adults and their caregivers.**

**4C: Individual counseling, organization of support groups, and training to caregivers to assist in making decisions and solving problems relating to their caregiver roles**

**Goal 4C**

**Year 1: By June, 30, 2013 in collaboration with community partners provide the caregiver seminar with an emphasis on wellness for the caregiver. 90% of attendees will indicate they have made an improvement in taking time for themselves as evidenced by results from a survey provided 6 months post seminar.**

**Year 2: Increase availability of supportive counseling for grandparent and other older adult relative caregivers by developing a coordinated multi-agency planning and support group that will improve the counseling and training offered to grandparents by December 31, 2014, to improve quality of life for older adults and those in their care.**

**Year 3: By December 31, 2015 explore a second location of the caregiver Intermission Program to provide a similar experience in one additional facility in the county.**

**4D: Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities**

**Goal 4D**

**Year 1: by December 31, 2013 evaluate current process for caregiver respite and determine appropriate respite options to caregivers in a cost effective manner.**

**By May 30, 2014, redesign the current caregiver respite survey from an annual to an ongoing survey that occurs 30 days following respite care.**

**Year 2: by December 31, 2014 in collaboration with county grandparent task force identify additional respite care options as well as education sessions for grandparents raising grandchildren.**

**Year 3: By December 31, 2015 the ADRC will explore the “Timebank” system of opportunities for caregivers to determine if this type of system would work in our community.**

**4E: Supplemental services, on a limited basis to complement the care provided by caregivers**

**Goal 4E**

**Year 1: By December 31, 2013 in collaboration with ProHealth Care, Inc. distribute medication Management machines to 75 mild to moderate newly diagnosed Alzheimer’s Disease patients.**

**Year 2: By December 31, 2014. Update Caregiver Resource library to include additional resources on Assistive Technology and make ‘Try Before you Buy’ assistive technology items more readily available.**

**Year 3: By December 31, 2015 identify the assistive technology developed through the Active Aging Resource Center project that may benefit caregivers and provide assistance in purchasing appropriate items.**

## Section 5 - Local Focus Areas

Waukesha County has been selected as one of three counties (with Milwaukee and Richland County) to be involved in a research project in collaboration with the State of Wisconsin and the University of Wisconsin Madison Engineering Department. This is a 5 year research project that will include a number of different projects. These projects include development, testing and dissemination of low cost technology to address reasons identified as to why seniors cannot live safely in their homes.

This project includes:

- A community needs assessment
- Development and testing of technology support for seniors
- Development of testing of programs designed to help elders drive safely
- Continued development and support of the Stepping On Fall prevention program
- A five-year, \$9.5 million grant has been awarded to a collaborative research program led by the Center for Health Enhancement Systems Studies at the University of Wisconsin–Madison. The purpose of the grant is to develop innovations that help older adults remain in their homes as long as possible. The grant comes from the federal Agency for Healthcare Research and Quality (AHRQ), whose mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.
- The grant has brought the Center’s research team together with engineers from two other research centers based in the UW–Madison Department of Industrial and Systems Engineering: the Driving Simulation Laboratory and the RFID Laboratory. Experts from the UW-Madison’s Mass Communication Research Center, geriatricians, specialists from Wisconsin’s State Bureau of Aging and Disability Resources, and community advocates from around the state will also participate in the collaborative. The Wisconsin Institute for Healthy Aging and some of the state’s Aging and Disability Resource Centers will be implementing and demonstrating new approaches. All will work together as an Active Aging Research Center to solve the problems that often cause older adults to leave their homes: falls, unreliable home care, difficulty managing a chronic disease, and declining driving skills.
- Principal investigator David H. Gustafson, professor of industrial engineering at UW-Madison, directs the project, titled "Bringing Communities and Technology Together for Healthy Aging."
- Says Gustafson, "This study holds great potential for helping older adults continue to live long and productive lives in their own homes. It’s also an exciting

opportunity for state and local governments to work together with the university to achieve this goal.”

- The study will aim to improve elders’ experiences living at home by making an online support system called CHESS (the Comprehensive Health Enhancement Support System) available to elders and their caregivers and families. CHESS consists of online information and communication tools tailored to chronic and terminal conditions. The system has been shown in clinical trials to improve health behavior, quality of life, and even survival in advanced cancer. This study will develop a new CHESS system called E-CHESS to support older adults and their informal caregivers.
- The research team plans to integrate E-CHESS with promising monitoring innovations such as GPS and radio-frequency identification, or RFID. E-CHESS features will be tailored to the user’s needs and preferences through mobile, tablet, laptop, desktop, and web-enabled TV devices. Various elements of the system will make driving easier and safer, monitor home health services, encourage older adults to take part in a falls prevention program, and help them communicate with healthcare providers and family members.
- The study will also use process improvement methods developed by Center to help service providers operate more efficiently and effectively. Thousands of health providers in communities nationwide have already adopted these practices to improve care for patients and families.
- Three Wisconsin counties will help develop and test the technology over five years. “Our goal is to eventually spread what we learn to the rest of the state and the nation,” says Gustafson.
- “Wisconsin values the ambitions of older people to live independently into advanced old age,” says Donna McDowell, Director of the Bureau of Aging and Disability Resources in the Department of Health Services. “The many benefits of the Active Aging Research Center will help our communities become better places to grow old.”
- The Center for Health Enhancement Systems Studies is a growing and dynamic mission-driven organization. Focused on improving health and quality of life through organizational and individual change projects and research, the Center consists of two primary initiatives, CHESS and NIATx. CHESS helps individuals with chronic or life-threatening illnesses improve their quality of life through Web-based support and other kinds of technology. NIATx (formerly the Network for the Improvement of Addiction Treatment) is dedicated to improving the quality of addiction and mental health services.

**Year 1: By December 31, 2013, partner with one middle or high school to hold one technology fair for older adults to provide training in multiple areas of social media and new technology projects.**

**Year 2: By December 31, 2014, the identified needs of the Asset Based Community Development assessment will be addressed. These include social isolation, transportation and “not knowing”. The ADRC will develop programs to coordinate connecting individuals in the community through this project.**

**Year 3: By December 31, 2015, in collaboration with UW Madison Engineering School, provide focus groups and clients interested in being involved as research subjects in the development of “Elder Tree”, the private chat room available through this grant.**

**Section 7 - Budgets**

|   |
|---|
| <b>Compliance with Federal and State Laws and Regulations</b> |
|---|

On behalf of the county, we certify

**Aging and Disability Resource Center of Waukesha County**

(Give the full name of the aging unit)

has reviewed the appendix to the county plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2013-2015. 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 2013-2015.

|   |               |
|---|---------------|
| _____<br>Signature, and Title of the Chairperson of the Commission on Aging<br>William Graham, Aging and Disability Board Chair | _____<br>Date |
|---|---------------|

|  |               |
|--|---------------|
| _____<br>Signature, and Title of the Authorized County Board Representative<br>Gilbert W. Yerke, Health and Human Services Committee Chair | _____<br>Date |
|--|---------------|

## Assurances

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 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 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 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 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 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. and apply for licensure.
- The applicant is cognizant of and must agree to operate the program fully in conformance with all applicable state and local standards, including the fire, health, safety and sanitation standards, prescribed in law or regulation.

## 9. Civil Rights

- The applicant shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that act, no person shall on the basis of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity under this plan.
- All grants, sub-grants, contracts or other agents receiving funds under this plan are subject to compliance with the regulation stated in 9 above.
- The applicant shall develop and continue to maintain written procedures which specify how the agency will conduct the activities under its plan to assure compliance with Title VI of the Civil Rights Act.
- The applicant shall comply with Title VI of the Civil Rights Act (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the service funded by the grant.
- All recipients of funds through the county/tribal or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

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

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

## 11. Political Activity of Employees

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

## 12. Fair Labor Standards Act

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

## 13. Private Gain

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

## 14. Assessment and Examination of Records

- The applicant shall give the Federal agencies, State agencies and the Bureau of Aging and Disability Resources authorized 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

- The applicant shall comply with all requirements of the Older Americans Act (PL 89-73).

## 18. Federal Regulations-

- The applicant shall comply with all federal regulations (45 CFR 1321) governing Older Americans Act funds and programs.

## 19. Wisconsin Elders Act

The aging unit must comply with the provisions of the Wisconsin Elders Act, Wisconsin Statutes 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.