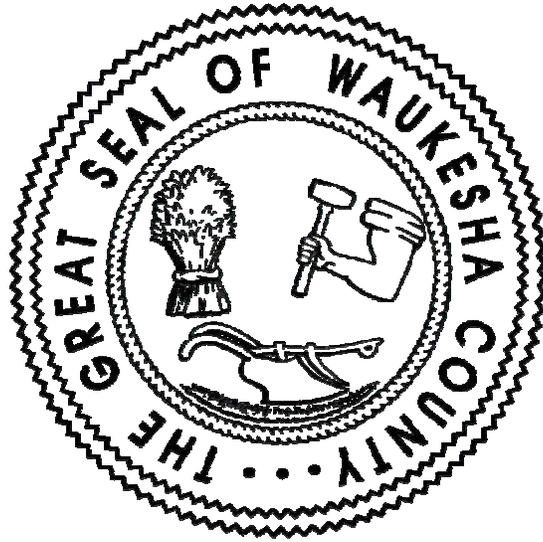


Waukesha County



Aging and Disability Resource Center of Waukesha County Executive Summary Strategic Plan 2008 – 2010

(revised 6/09)

Waukesha County Mission Statement:

“The mission of Waukesha County government is to promote the health, safety and quality of life of citizens while fostering an economically vibrant community. We are committed to delivering effective, high quality programs and services in a courteous and fiscally prudent manner.”

Department Statement of Purpose:

Waukesha County is committed to serving adults and their families with issues of aging and disability. The Aging and Disability Resource Center (ADRC) will provide information, assistance, and education to promote independence and improve quality of life, while offering choices to the consumer. Our goal is to affirm the rights, dignity, and value of individuals served while limiting risk to those most vulnerable.

Department Critical Issues

1. Resolve issues of funding, staffing, process flow, service provision and communication associated with establishing and maintaining an Aging and Disabilities Resource Center (ADRC).
2. Enhance communication, cooperation, and interaction, adapting to change and fostering respect, understanding, and quality customer service.
3. Include older adults and adults with disabilities in planning services to meet changing needs.
4. 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.
5. Expand and retain an effective level of volunteers.
6. Develop and maintain community partnerships that help meet the needs of older adults and caregivers.
7. Promote effective individual and system advocacy.

Environmental Scan or Analysis

A. Stakeholder Expectations

Stakeholder expectations and program requirements generally support Waukesha County outcomes, particularly:

- A county that assists at-risk citizens
- A county that provides customers with quality programs and services
- A county that provides cost-effective services delivered with competence and skill

The following stakeholder expectations had a major impact on the 2008 – 2010 Strategic Plan.

1. Wisconsin Bureau of Aging and Long Term Care Resources.
 - Long-term care redesign and the advent of Aging and Disability Resource Centers (ADRC) will have a major impact on the structure and services provided by the Department of Senior Services.
 - 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 and federally funded programs include an emphasis on health promotion and wellness.
2. Community Agencies and Service Providers
 - With upcoming changes associated with long term care redesign, there is a need for timely, accurate, ongoing information.
 - Partnerships and collaboration are necessary to provide effective services to at-risk older adults.
3. Caregivers
 - Many caregivers are members of the workforce. There is a need for readily accessible information in various media.
 - Caregivers experience burnout. Respite opportunities need to be structured to meet caregiver needs.
4. Consumers
 - There is an increased incidence of consumers with mental health and substance abuse issues.
 - Hoarding was recognized as an obsessive-compulsive disorder needing community education and consumer intervention. Left untreated hoarding can lead to instances of elder self-neglect.
5. Staff
 - Timely internal communication is essential to effectively implement changes in long-term care redesign.
 - Structured training opportunities will help to foster team-building and quality customer service.

B. Environmental Trends

Population

Based on the 2000 Census, 12.0% of Waukesha County's population is age 65 and older, similar to the state of Wisconsin's proportion of 13.1%. However, the rate of growth since 1990 has been much faster than in the whole state, with a growth rate of 45.1% experienced in Waukesha County, versus 7.9% in the state. Based on the US Census Bureau 2005-2007 American Community Survey 3-Year Estimates, 7.5% of Waukesha County population age 16-64 reported a disability versus 10.8% in the state of Wisconsin; and 29.2% of Waukesha County population age 65+ reported a disability versus 35.7% in the state of Wisconsin.

Based on data from the Demographic Service Center, Wisconsin Department of Administration, January 2004, by 2010 the leading edge of the Baby Boomers will turn age 65, and 19.5% of Waukesha County's population will consist of individuals age 60 and above. While a greater percentage of the population in Waukesha County is joining the "older adult" group, older adults themselves are aging. With 2000 as a base year, the greatest percentage increases over the next several years are projected in the 85+ age range.

	2000 Actual	2005 Estimate*	2007 Estimate*	2010 Projection	% Increase From 2000
Age 60-64	14,420	19,200	21,574	21,811	51.3%
Age 65-74	23,454	25,620	27,226	27,360	16.7%
Age 75-84	14,533	16,272	17,361	17,946	23.5%
Age 85-99*	5,391	6,272	6,596	8,169	51.5%
Age 100+	<u>56</u>	<u>Incl above</u>	<u>Incl above</u>	<u>115</u>	<u>105.5%</u>
Total	57,854	68,012	72,757	75,286	30.1%

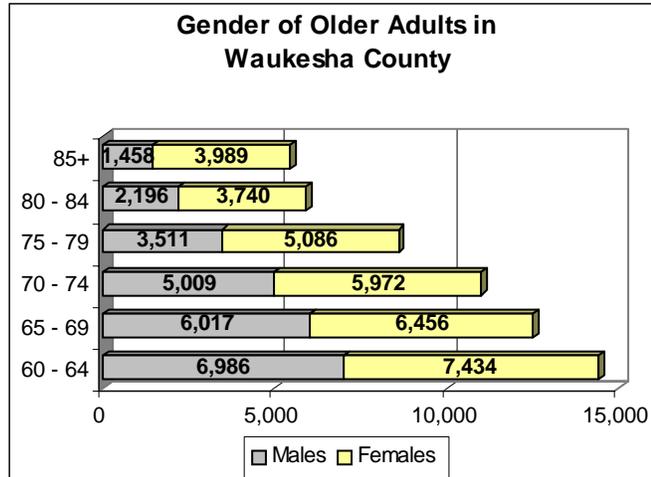
*2005 data from US Census Bureau County Population Estimates, July 1, 2005. 2007 data from US Census Bureau County Population Estimates, August 7, 2008. Data not broken out for ages above 85. For 2005 and 2007 estimates, age 85 – 99 includes 100 + population.

	Population Age 16-64		Population Age 65++	
	2007 Estimate*	% of Population*	2007 Estimate*	% of Population*
Disability Type				
Any disability	18,637	7.5%	13,857	29.2%
Sensory	3,929	1.6%	5,063	10.6%
Physical	9,710	3.9%	10,124	21.2%
Mental	7,296	2.9%	3,200	6.7%
Self-care	3,253	1.3%	2,999	6.3%
Go-outside home	4,263	1.7%	5,608	11.7%

*Data from US Census Bureau 2005-2007 American Community Survey 3-Year Estimates, prepared by Bureau of Aging and Disability Resources, 2/2009.

Gender of Older Adults

A majority of older adults in Waukesha County are women. Data from the Wisconsin Demographic Services Center and the 2000 Census indicate that 56.6% of adults age 60 and above are women. The proportion of women increases as the population ages, with 63.0% of the 80 - 84 age range being women, and 73.2% of the 85+ population being women.



Geographic Distribution of Older Adults

In Waukesha County, the largest number of adults age 60 and above is found in the city of Waukesha (15.2%), the city of Brookfield (15.1%), the village of Menomonee Falls (11.5%) and the city of New Berlin (11.4%).

Older Adult Minority Populations

Based on the 2005 US Census Bureau County Population Estimates, 1.6% of older adults (age 60+) in Waukesha County are members of minority populations.

	<u>Percentage</u> <u>2000</u>	<u>Percentage</u> <u>2005 Est.</u>	<u>Estimate</u> <u>2005</u>
White alone	98.6%	98.4%	66,943
Black or African American alone	0.2%	0.3%	186
Asian alone	0.6%	0.9%	630
Pacific Islander alone	0.01%	0.02%	16
American Indian/Alaskan Native alone	0.09%	0.1%	88
Two or more races	0.3%	0.2%	149
Hispanic or Latino (persons of Hispanic origin may be of any race)	0.8%	1.0%	711

Poverty Status

Based on the 2000 Census and data from the Wisconsin Department of Health and Family Services:

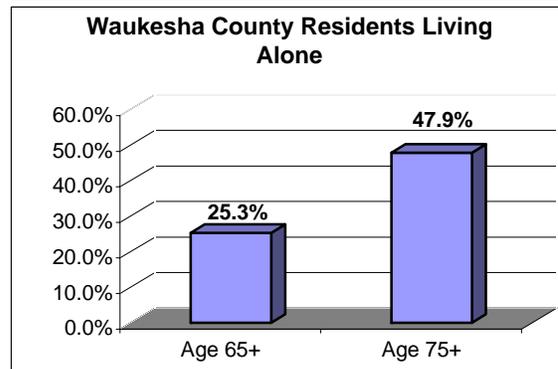
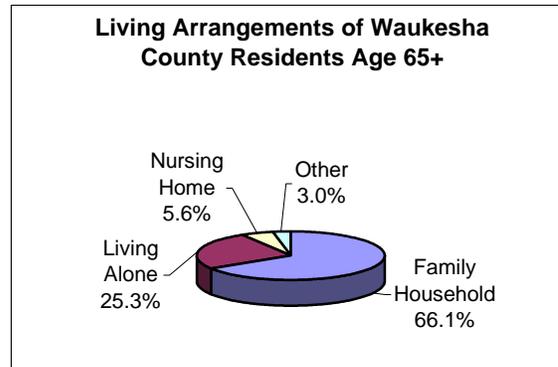
- 3.6% of older adults age 60+ in Waukesha County have incomes below the poverty level; and
- 8.8% have incomes below 150% of the poverty level.

Based on the US Census, 2005-2007 American Community Survey 3-Year Estimates and information prepared by the Wisconsin Bureau of Aging and Disability Resources for Waukesha County:

- 14.3% of persons age 16 – 20 with any disability are below poverty level, compared to 5.6% without a disability in poverty;
- 13.2% of persons age 21-64 with any disability are below poverty level, compared to 2.7% without a disability in poverty; and
- 5.2% of persons age 65+ with any disability are below poverty level (compared to 3.2% without a disability in poverty).

Older Adult Living Arrangements

The projected increase in the “older old” (age 85 and above) population highlights the needs of an aging and sometimes isolated population. Based on information from the Wisconsin Department of Health and Family Services (DHFS) Bureau of Aging and Long Term Care Resources and 2000 Census, 22.9% of Waukesha County residents age 60 and above live alone. This percentage increases to 25.3% for residents age 65 and above, and to 47.9% for the 75 and above population. Many elderly persons 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. A majority of older adults living alone are women. According to the U.S. Department of Health and Human Services, 48% of women age 75 and above lived alone in 2006.



Chronic Conditions

According to the Wisconsin Bureau of Health Information and Policy and the Wisconsin Demographic Services Center, the number of persons age 18+ with a chronic condition is expected to increase by 5.0% from 2000 to 2010. Chronic conditions covered by the state survey included cancer, diabetes, hypertension, coronary heart disease, heart attack, stroke, asthma, arthritis. Persons age 18-64 with a chronic condition are expected to increase by 5.0%; persons age 65+ with a chronic condition are expected to increase by 17.0%.

Physical Activity

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. According to the Centers for Disease Control and Prevention (CDC), only 20% of women and 25% of men age 65 and older participated in regular physical activity in 2004-2005.¹

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 Disease is the fourth leading cause of death in adults, after heart disease, cancer and stroke. 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 eight years from the onset of the disease, this time can range from three to 20 years. Eventually, they become totally incapable of caring for themselves.

¹ U.S. Department of Health and Human Services Centers for Disease Control and Prevention, Aging Trends No.7, March 2007.

The National Alzheimer's Association estimates that 10% of persons over age 65 have Alzheimer's Disease. The incidence increases to almost 50% for individuals over age 85. In Waukesha County this equated to 4,343 cases of Alzheimer's Disease in seniors over the age of 65 in the year 2000, 4,881 in 2005, and 5,347 projected for 2010. More than 7 out of 10 people with Alzheimer's disease live at home, where family and friends provide almost 75 percent of their care.

Caregivers

According to the Administration on Aging, almost one-third of all caregivers are balancing employment and caregiving responsibilities, and since caregiving is emotionally draining, caregivers have a high rate of depression compared to the general population. Caregiving also has a major impact on employers, with an annual cost to employers of \$2,110 per full-time employed caregiver.²

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.

Based on the National Alzheimer's Association estimates, in 2004 there were an estimated 3,728 individuals with Alzheimer's disease being cared for at home in Waukesha County. Alzheimer's disease is one of many medical conditions needing assistance from a caregiver. Other incapacitating conditions also exist, e.g. stroke, Parkinson's disease, cancer, traumatic brain injury, and AIDS.

According to the Family Alliance of Caregivers, nationally the average caregiver is age 46, female, married and working outside the home.

The role many grandparents have as caregivers to their grandchildren has become more recognized over the last several years. Coordination of available services with support groups will help grandparents deal with the issues of caregiving. Based on 2000 Census data, there are 842 grandparents responsible for the care of grandchildren living in Waukesha County. The Family Resource Coalition Report³ identified information/educational needs, supportive needs (including respite, counseling, and support groups), financial and legal needs and public policy needs as areas in which to focus assistance.

² MetLife Caregiving Cost Study: Productivity Losses to U.S. Business, 2006, U.S. MetLife Mature Market Institute.

³ Turner, L. (1995). Grandparent-caregivers: Why parenting is different the second time around. Family Resource Coalition Report, 14, (spring/summer), 6-7.

Waukesha County Strategic Outcomes

Strategic Outcome - A county that assists at-risk citizens.

Goal/Critical Issue: Assist older adults who are at risk due to mental health issues, substance abuse, isolation, hunger, nutrition concerns, physical inactivity, or inability to access services.

Objective: Improve the health and wellness of older adults through health/fitness programs, education, and socialization opportunities.

Objective Owner: Health & Nutrition Supervisor

Action Steps To Complete This Objective:

1. In collaboration with Carroll University and Mt. Mary College, implement health and fitness programs at Senior Dining Centers.

Individuals Involved:
Health & Nutrition Supervisor

Target Date To Complete:
3/31/2009

2. In collaboration with community partners, customize and present one (1) Chronic Disease Self Management program.

Health & Nutrition Supervisor

4/1/2009

3. Coordinate with City of Waukesha Dept. of Parks Recreation and Forestry to implement a grant from the Centers for Disease Control and Prevention (CDC) with Kenosha County for "Stepping On", a fall prevention program.

Health & Nutrition Supervisor
ADRC Director

12/31/2010

4. Provide socialization opportunities at the Senior Dining Centers to reduce isolation.

Health & Nutrition Supervisor
Senior Dining Center Managers

12/31/2008
12/31/2009
12/31/2010

Evidence of Success:

Increase in fitness levels of older adults. Flexibility, balance, and regular exercise impact health and independence. Improvement of 10% based on pre and post program testing at Senior Dining Centers shows improvement in health and wellness and is an indication of assisting at-risk citizens.

Based on pre and post evaluations, the Chronic Disease Self Management program will increase the ability of caregivers to manage symptoms of chronic conditions, which is an indication of improved health/wellness and meeting the needs of at-risk citizens.

Percent of positive responses to customer survey regarding socialization opportunities. Meeting socialization needs of older adults reduces isolation and is an indication of assisting at-risk citizens.

	2006	2007	2008	2009	2010
Performance Measure	Actual	Actual	Actual	Estimate	Target
Percent increase in pre and post fitness program evaluations at Senior Dining Centers	NA	NA	NA	10.0%	10.0%
Percent of participants increasing ability to manage chronic disease symptoms	NA	NA	NA	50.0%	50.0%
Positive response to customer survey regarding socialization	85.2%	84.7%	97.3%	85.0%	85.0%

Strategic Outcome - A county that assists at-risk citizens.

Goal/Critical Issue: Assist older adults who are at risk due to mental health issues, substance abuse, isolation, hunger, nutrition concerns, physical inactivity, or inability to access services.

Objective: Reduce the health risk of home delivered meal recipients through nutrition intervention.

Objective Owner: Health & Nutrition Supervisor

Action Steps To Complete This Objective:	Individuals Involved:	Target Date To Complete:
1. Annually assess nutrition risk of home delivered meal recipients.	Health & Nutrition Supervisor	12/31/2008 12/31/2009 12/31/2010
2. Plan and implement intervention services for individuals identified to be at high nutrition risk.	Health & Nutrition Supervisor	12/31/2008 12/31/2009 12/31/2010
3. Based on grant availability, coordinate Healthy Wisconsin program services with nutrition intervention for both caregivers and care recipients receiving home delivered meals. Implement intervention services. Completed – grant not available.	Health & Nutrition Supervisor	12/31/2008

Evidence of Success:

Annual percent reduction in average nutrition risk score of high risk home delivered meal recipients. High nutrition risk impacts health, safety, and independence. Reduction of nutrition risk shows improvement in health and wellness and is an indication of assisting at-risk citizens. Reduction of 20% is department target.

	2005	2006	2007	2008	2009	2010
Performance Measure	Actual	Actual	Actual	Actual	Target	Target
Percent reduction in nutrition risk score of high-risk recipients	27.4%	17.2%	16.8%	14.3%	20.0%	20.0%

Strategic Outcome - A county that assists at-risk citizens.

Goal/Critical Issue: Assist older adults who are at risk due to mental health issues, substance abuse, isolation, hunger, nutrition concerns, physical inactivity, or inability to access services.

Objective: Maintain independence and reduce risk of older adults and individuals with disabilities by providing effective service and advocacy options.

Objective Owner: Management Team

Action Steps To Complete This Objective:	Individuals Involved:	Target Date To Complete:
1. With community collaboration, provide access to in-service opportunities that enhance individuals' abilities to advocate for themselves and for system changes.	Mgmt Team Com. on Aging ADRC Adv Board Nutr. Adv. Council	12/15/2008 12/31/2009 12/31/2010
2. Work with local, state, and federal organizations and offices to promote advocacy.	Mgmt Team Greater Wisconsin Agency on Aging Resources	12/31/2008 12/31/2009 12/31/2010
3. Coordinate useful services that promote independence/ability to remain living safely in home of choice.	Health & Nutrition Supervisor ADRC Specialists	12/31/2008 12/31/2009 12/31/2010

Evidence of Success:

Improved ability to utilize advocacy resources, based on information provided at in-service opportunities. Providing individuals with the means for self-advocacy and system change is an indication of assisting at-risk citizens. At least three opportunities will be provided per year.

Percent of positive responses to customer surveys regarding usefulness and maintaining independence is an indication of assisting at-risk citizens. A department standard of 95% positive response is an indicator of success.

Performance Measure	2006 Actual	2007 Estimate	2008 Actual	2009 Target	2010 Target
Number of Advocacy in-service opportunities	NA	NA	3	3	3%
Positive response to customer survey regarding usefulness/independence	96.9%	96.6%	94.8%	95.0%	95.0%

Strategic Outcome - A county that provides customers with quality programs and services.

Goal/Critical Issue: Enhance communication, cooperation, and interaction, adapting to change and fostering respect, understanding, and quality customer service.

Objective: Provide timely and accessible program information and services that meet customer needs and help caregivers provide care for their loved ones.

Objective Owner: Management Team

Action Steps To Complete This Objective:	Individuals Involved:	Target Date To Complete:
1. Complete testing of caregiver web page, including Caregiver Resource Library Demonstration Items and customer feedback. Completed. Separate feedback page not used – general ADRC feedback page available.	Programs/Projects Analyst Nursing & Senior Services Spvr.	3/31/2008
2. Explore partnership with Federated Library System to incorporate Caregiver Resource Library material into the library system. Completed. Not feasible, however the Federated Library System will make users aware of the Caregiver Resource Library.	ADRC Director	12/30/2008
3. Update Caregiver Resource Library to include additional resources on Assistive Technology and make "Try Before You Buy" assistive items more readily available.	ADRC Director Health & Nutrition Supervisor	12/31/2010
4. Respond to requests for information and services with options that meet customers' needs.	Health & Nutrition Supervisor ADRC Specialists	12/31/2008 12/31/2009 12/31/2010

Evidence of Success:

Increase in the estimated number of caregivers using resource library material. Increase in use is an indication of increased accessibility and utilization, and of quality service. An increase of 50%, with maintenance of that level thereafter, is an indicator of success.

Percent of positive feedback from customers, including caregivers, regarding met need is an indication of successfully providing access to information services and of quality service. A department standard of 95% positive response is an indicator of success.

Performance Measure	2006 Actual	2007 Actual	2008 Actual	2009 Target	2010 Target
Estimated number of caregivers using resource library material	1,243	907	667	1,001	1,001
Percent increase from prior year	NA	NA	NA	50.0%	0.0%
Positive responses to customer survey regarding met need	95.6%	96.6%	97.1%	95.0%	95.0%

Strategic Outcome - A county that provides customers with quality programs and services.

Goal/Critical Issue: Include older adults, adults with disabilities, and caregivers in planning services to meet changing needs.

Objective: Provide opportunities for program participation and program planning that include the needs and expectation of the various demographic and cultural groups in Waukesha County.

Objective Owner: Department Director

Action Steps To Complete This Objective:	Individuals Involved:	Target Date To Complete:
1. Work with Aging and Disability Resource Center (ADRC) consortium members to establish a regional marketing program.	Dept. Director ADRC Committee Marketing/Outreach Specialist Consortium Marketing Committee	12/31/2009
2. Collaborate with United Way and 13 community agencies as a caregiver access point for the Caregiver Connection with planning feedback to the Caregiver Council.	ADRC Director Health & Nutrition Supervisor	7/1/2009
3. Identify outreach methods for target groups in Waukesha County not currently providing program planning input.	ADRC Director Mgmt Team	12/31/2009
4. Obtain input from at least two groups not previously targeted for program input.	ADRC Director Mgmt Team ADRC Advisory Brd	05/31/2010

Evidence of Success:

Obtaining planning input from representative groups of citizens is an indication of providing quality programs and services. Identifying and meeting with local citizen groups an average of two sessions per month is an indication of success.

	2006	2007	2008	2009	2010
Performance Measure	Actual	Estimate	Target	Target	Target
Identify demographic/cultural groups	NA	NA	NA	Yes	Yes
Number of targeted group sessions	NA	NA	NA	NA	24

Strategic Outcome - A well planned county.

Goal/Critical Issue: Resolve issues of funding, staffing, process flow, service provision and communication associated with establishing and maintaining an Aging and Disabilities Resource Center (ADRC).

Objective: Implement an Aging and Disability Resource Center (ADRC) in Waukesha County by 3/31/08 through collaboration with county and community partners to provide a coordinated entry point for information and services for older adults and individuals with disabilities.

Objective Owners: Senior Services/ADRC Director, HHS-Long Term Care Division Manager

Action Steps To Complete This Objective:	Individuals Involved	Target Date To Complete:
1. Meet with HHS, Senior Services, Budget, IT and H.R. management to review the status and plan for the State's Long-Term Care redesign program requirements. Completed.	Work Group HHS, Sr Services, & DOA Dept. Staff	By 6/15/07
2. Develop an operations transition plan. Completed.	Work Group	(From 6/1/07) by 6/29/07
3. Develop Financial model(s) to identify what resources will be provided by the State and County. Completed.	Work Group	(From 6/1/07) by 7/1/07
4. Identify the computer system requirements. Local/ State. Completed.	Work Group	(From 6/1/07) by 2/29/08
5. Review plans for implementation with County Executive and upon approval present to other stakeholders and appropriate Boards and Committees for action. Completed.	Work Group	By 8/17/07
6. Submit required application for state approval. Completed	Senior Services & HHS	By 9/1/07
7. Develop and present HHS and Senior Services 2008 Budget. Completed.	Work Group	(From 6/30/07) by 11/20/07
8. Sign Contract with the state and implement the ADRC. Completed.	Senior Services	3/31/08
9. Post implementation review and refinements for future years budgeting and lessons learned.	Work Group	By 6/30/09

Evidence of Success:

1. Opening the Aging and Disability Resource Center (ADRC).
2. Meet the required timeframes for completion of service referrals at a 90% rate in the first year.
3. Meet customer needs based on an 80% positive response to customer satisfaction survey results.

Performance Measure	2007 Target	2007 Estimate	2008 Target	2009 Target
Completion of service referrals	N/A	N/A	90.0%	95.0%
Positive response to customer surveys	N/A	N/A	N/A	80.0%

Strategic Outcome - A well planned county.

Goal/Critical Issue: Resolve issues of funding, staffing, process flow, service provision and communication associated with establishing and maintaining an Aging and Disabilities Resource Center (ADRC).

Objective: Plan for the orderly transition of current county provided Long Term Care services to a managed care entity beginning in July of 2008 with minimal disruption to consumers. Eliminate the wait list by July 2010, or other date to be established by the state.

Objective Owners: HHS Management, Senior Services/ADRC Director,

Action Steps To Complete This Objective:	Individuals Involved	Target Date To Complete:
1. Meet with HHS, Senior Services, Budget, IT and H.R. management to review the status and plan for the State's Long-Term Care redesign program requirements. Completed.	Work Group HHS, Sr Services, & DOA Dept. Staff	By 6/15/07
2. Develop an operations transition plan. Completed.	Work Group, State selected MCO's, DHFS	(From 6/1/07) by 6/29/07
3. Develop Financial model(s) to identify what resources will be provided by the State and County. Completed.	Work Group	(From 6/1/07) by 7/1/07
4. Review plans for implementation with County Executive and upon approval present to other stakeholders and appropriate Boards and Committees for action. Completed.	Work Group	By 8/17/07
5. Develop and present HHS and Senior Services 2008 Budget. Completed	Work Group	(From 6/30/07) by 11/20/07
6. Sign Memorandum of Understanding with MCOs. Completed.	Work Group, Corp Counsel & Risk Management	By 12/1/07
7. Identify plan for subcontracting and negotiate contracts with Managed Care Organizations (MCO's) for case management. Completed.	Work Group, Corp Counsel & Risk Management	(From 1/1/08) by 6/30/08
8. Post implementation review and refinements for future years budgeting and lessons learned.	Work Group	By 6/30/09

Evidence of Success:

1. Current LTC clients are transitioned to MCO by 12/31/08 or six months after the implementation of start up of the MCO.
2. Wait list clients will be transitioned to MCO by July 2010 or 24 months after the implementation of start up of the MCO, or in accordance with other time frames to be established by the state.
3. Transition results provided at tax levy neutral or cost savings to Waukesha County.

Performance Measure	2007 Target	2008 Target	2009 Target	2010 Target
% of clients off wait list	N/A	N/A	75.0%	100.0%
% of Cost savings to the County	N/A	N/A	0%	12.5%*

* Assumes state legislature provides funding to pay back county community aids at WCA proposed levels.

Strategic Outcome - A well planned county.

Goal/Critical Issue: Resolve issues of funding, staffing, process flow, service provision and communication associated with establishing and maintaining an Aging and Disabilities Resource Center (ADRC).

Objective: The Aging and Disability Resource Center and Veterans' Services will merge into the Health and Human Services Department beginning January 1, 2010.

Objective Owners: HHS Director, ADRC Director, Veterans' Services Director

Action Steps To Complete This Objective:	Individuals Involved	Target Date To Complete:
1. Meet with ADRC, HHS, Veterans' Services, Budget, and Human Resources to review status and plan merger specifics.	Directors of HHS, ADRC, Veterans Services	By 7/15/09
2. Prepare Resolution regarding merger of ADRC and Veterans' Services into HHS for presentation to the County Board.	HHS Director HHS Deputy Dir.	By 7/31/09
3. Develop an operations transition plan.	Directors of HHS, ADRC, Veterans Services	By 8/1/09
4. Develop and present 2010 budget as part of the 2010 HHS budget.	Directors of HHS, ADRC, Veterans Services, Senior Financial Analysts	From 7/01/09 to 11/13/09
5. Post implementation review and refinements for future years budgeting and lessons learned.	HHS Director ADRC Manager Veterans Manager	12/31/2010

Evidence of Success:

1. Department merger completed by 1/1/2010.
2. Merger is seamless to consumers. Continue to meet ADRC customer needs based on an 80% positive response to customer survey.

Performance Measure	2007 Target	2008 Target	2009 Target	2010 Target
Merger operational	N/A	N/A	N/A	01/01/2010
Positive responses to customer survey	N/A	N/A	N/A	80.0%

Strategic Outcome - A county that provides cost-effective services delivered with competence and skill.

Goal/Critical Issue: Assist older adults who are at risk due to mental health issues, substance abuse, isolation, hunger, nutrition concerns, physical inactivity, or inability to access services.

Objective: Increase availability of cost effective transportation options that allow older adults to maintain their independence.

Objective Owner: ADRC Director

Action Steps To Complete This Objective:	Individuals Involved:	Target Date To Complete:
1. Discuss shared-fare taxi set up and voucher system with Muskego. Completed.	Dept. Director Client Services Sp. City of Muskego	3/1/2008
2. Prepare contract for shared-fare taxi services with Muskego. Completed	Sr. Fin. Analyst Client Services Sp.	3/1/2008
3. Start shared-fare taxi services in Muskego. Completed. Shared-fare taxi service began in Muskego 4/1/2008.	ADRC Director ADRC Specialist	5/1/2008
4. Explore transportation utilization options in the Sussex area.	ADRC Director ADRC Specialist.	12/31/2009

Evidence of Success:

Shared-fare taxi and shuttle services are the most cost effective specialized transportation alternatives for the county. Provision of technical support and guidance for service start-up of at least one additional shared-fare taxi/shuttle service area will promote competent and skilled delivery of a cost effective service. During start-up year of 2008, potential annual cost savings based on comparison of shared-fare taxi use versus RideLine use in the new area will serve as an indicator of success.

<u>Performance Measure</u>	<u>2008 Target</u>	<u>2008 Estimate</u>
Annual potential cost savings	\$16,073	\$10,588

Strategic Outcome - A county that provides cost-effective services delivered with competence and skill.

Goal/Critical Issue: Expand and retain an effective level of volunteers.

Objective: Increase volunteer involvement through outreach targeted to the community and business retirees.

Objective Owner: Volunteer Program Specialist

Action Steps To Complete This Objective:	Individuals Involved:	Target Date To Complete:
1. Explore partnership with local educational institution(s) to include volunteerism and volunteer opportunities in a local seminar/class.	Volunteer Program Specialist	12/31/2009
2. Collaborate with local volunteer organizations to provide information to the public. Completed.	Volunteer Program Specialist	12/31/2008
3. Target information for Baby Boomer groups.	Volunteer Program Specialist	12/31/2009
4. Collaborate with WCTC, Carroll University, and UW-Waukesha to develop a marketing plan that will focus on attracting volunteers.	Volunteer Program Specialist	12/31/2009
5. With United Way and the Volunteer Center, work with business groups to educate on importance of volunteerism and to attract emerging leaders and recent retirees as volunteers.	Volunteer Program Specialist	12/31/2009

Evidence of Success:

Increase in number of volunteers and the valuation of volunteer time. Availability of volunteers is an indication of cost-effective services delivered with competence and skill. A 5% increase from the previous year's number of volunteers and a 3% increase in valuation is an indication of success.

	2006	2007	2008	2009	2010
Performance Measure	Actual	Actual	Actual	Estimate	Target
Number of volunteers	1,841	1,433	1,285	1,349	1,416
Percent increase	6.7%	-22.2%	-10.3%	5.0%	5.0%
Valuation of volunteer hours	\$330,978	\$340,253	\$349,620	\$360,109	\$370,912
Percent increase	4.8%	2.8%	2.8%	3.0%	3.0%

Strategic Outcome - A county that provides cost-effective services delivered with competence and skill.

Goal/Critical Issue: Enhance communication, cooperation, and interaction, adapting to change and fostering respect, understanding, and quality customer service.

Objective: Provide staff development opportunities that increase effective communication and responsiveness to customer needs.

Objective Owner: Management Team

Action Steps To Complete This Objective:	Individuals Involved:	Target Date To Complete:
1. Coordinate with Human Resources to determine available training mechanisms. Completed.	Secretary Supervisor	3/31/2008
2. Obtain input from staff regarding needed training.	Secretary Supervisor	4/30/2008 12/31/2009 12/31/2010
3. Provide at least two in-services annually.	Mgmt Team	12/31/2008 12/31/2009 12/31/2010
4. Implement process to obtain staff follow-up on usefulness of training/techniques implemented..	Mgmt Team	12/31/2010

Evidence of Success:

Number of staff trained and follow-up with staff on techniques implemented. Well-trained, responsive staff is an indication of cost-effective service delivered with competence and skill. Completion of training and positive follow-up rate of 90% is an indication of success. With implementation of ADRC and merger of staff in 2008, 100.0% of staff received at least one training session in 2008.

Performance Measure	2007 Actual	2008 Actual	2009 Estimate	2010 Target
Percentage of staff completing at least one annual training session	NA	100.0%	90.0%	90.0%
Positive follow-up on techniques implemented	NA	NA	NA	90.0%