



# Dane County

## Area Agency on Aging Plan

### 2016-2018



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## Section 1—Verification of Intent

This Plan represents intent of the Area Agency on Aging of Dane County to ensure older people have the opportunity to realize their full potential and to participate in all areas of community life.

On behalf of the Area Agency on Aging of Dane County, we certify these organizations have reviewed the Plan and have authorized submittal of this Plan which outlines activities to be undertaken on behalf of older people during 2016-2018.

We assure the activities identified in this Plan will be carried out to the best of the ability of the Area Agency on Aging of Dane County.

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

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Bill Clausius, AAA Board Chair

Date

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Cheryl Batterman, AAA Manager

Date

DRAFT

## Section 2—Executive Summary

(to be added upon completion of plan)

DRAFT

## Section 3—AAA Organization & Structure

### A. AAA Mission Statement & Description

The mission of the AAA of Dane County is to advocate for older adults and to enable them to maintain their full potential and enhance their quality of life; to affirm the dignity and value of older adults by supporting their choices for living in and giving to our community; and to create and promote opportunities for communication among the entire community.

#### Contact Info

Area Agency on Aging of Dane County

2865 N Sherman Ave, Madison WI 53704

PH: (608) 261-9930 FAX: (608) 240-7402 TTY: Call WI Relay 711

www.aaa.dcdhs.com aaa@countyofdane.com

Hours of Operation: Business hours are 7:45 am-4:30 pm, Monday through Friday

Program/Service	2012	2013	2014
AODA Participants	418	412	735
Caregiver Newsletter Outreach	N/A	506	1,200
Caregiver Program Grants	149	189	150
Case Management Clients*	2,209	2,243	2,325
Case Management Service Hours	24,173	20,053	20,080
Congregate Meal Participants	3,887	3,794	3,528
Congregate Meals Served	101,867	98,461	84,319
Cultural Diversity Program Participants**	267	271	275
Driver Escort Rides/RSVP	14,235	15,243	16,829
Elder Benefit Specialist (EBS) Cases Opened	540	407	250
EBS Clients (unduplicated)	340	193	144
EBS Contacts (no case opened)	1,369	437	437
EBS Services Monetary Impact	\$1,179,026	\$602,100	\$437,557
Grandparents & Other Relatives Caregivers	N/A	N/A	476
Home-Delivered Meal Participants	1,469	1,327	1,200
Home-Delivered Meals Provided	138,495	137,516	127,659
<i>Living Well w/ Chronic Conditions</i> Attendees	90	79	111
Peer Support Clients & Volunteers	55	81	39
Seniors Receiving RSVP Rides	969	1,009	1,130
<i>Stepping On</i> Attendees	88	48	132
Volunteers/Independent Living	789	885	485
Volunteers/RSVP	1,074	1,099	1,087

#### \*Bilingual (Spanish speaking) Case Management Program

2012: 54 Spanish-speaking CM Clients

2013: 61 Spanish-speaking CM Clients

2014: 48 Spanish-speaking CM Clients

#### \*\*Cultural Diversity Program

2012: 147 African American & 120 Latino Senior Adults

2013: 166 African American & 105 Latino Senior Adults

2014: 150 African American & 126 Latino Senior Adults

### 2012 Highlights

- Opened Aging & Disability Resource Center of Dane County
- Developed AAA 2013-2015 Area Plan
- Awarded \$8,500 in Henry Norman Leck Grants to 6 local agencies and 1 \$503 Mally Fund for Aging Education Grant
- Updated all Senior Focal Point service boundaries
- Strengthened senior advocacy efforts through the Elderly Advocacy Network
- Collaborated with United Way of Dane County to conduct medication reviews at all Senior Focal Points
- Coordinated *Powerful Tools for Caregiver* classes at 3 Dane County sites
- Served 149 families through National Family Caregiver Support Program (NFCSP); awarded \$62,013 to family caregivers for respite care and supplemental services; and awarded \$3,800 in grants to 19 agencies for National Caregiver Month
- Issued competitive 5-year Requests for Proposals (RFPs) for Dietician Services, NFCSP (staffing) & Volunteer Services
- Administered and monitored 31 contracts holding 61 programs, totaling over \$3,799,913

### 2013 Highlights

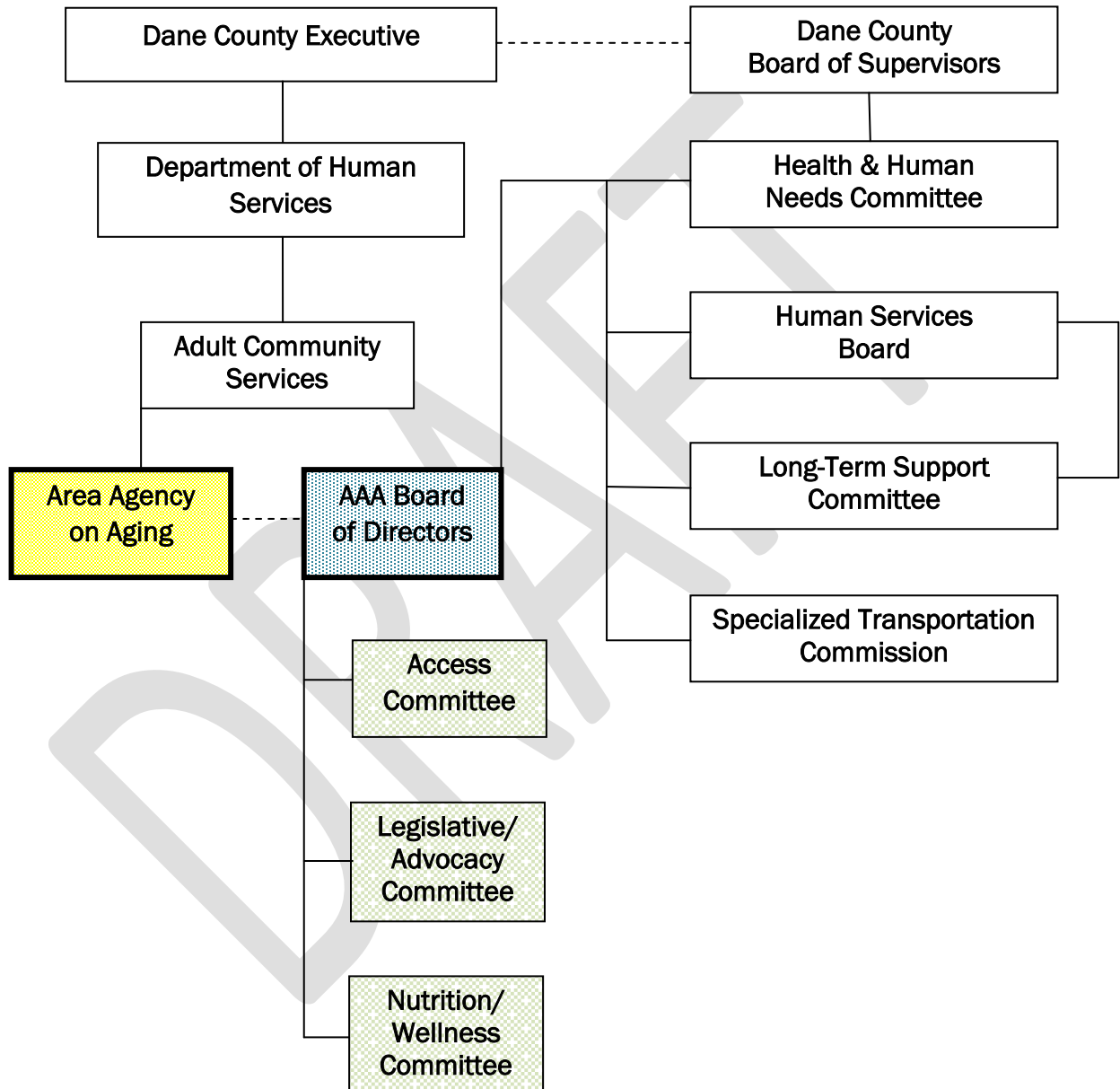
- Awarded \$8,596 in Henry Norman Leck Grants to five local agencies and one \$500 Mally Fund for Aging Education Grant
- Revised Senior Focal Point Case Management Formula funding using 2010 U.S. Census Data
- Updated Client-Centered Case Management Standards, Policy & Procedures, Logic Diagram, and Client Intake Forms
- Served 189 families through National Family Caregiver Support Program (NFCSP); awarded \$45,253 to family caregivers for respite care and supplemental services; awarded \$11,300 in grants to 15 agencies for National Caregiver Month; revamped grant process to reach more caregivers with decreased funding; and built stronger community partner relationships
- Caregiver Alliance reached 4,000 potential caregivers at Women's Expo; hosted Appreciation Luncheon for 42 caregivers; and aligned mission and annual goals
- Administered and monitored 25 contracts holding 47 programs, totaling over \$2,461,427
- Reduced food waste in the Senior Nutrition Program from 2.17% to 1.02%, saving \$10,052 in food costs
- Increased average donations in the Senior Nutrition Program from \$1,778 per day to \$2,285 per day at year end

### 2014 Highlights

- Awarded \$8,295.55 in Henry Norman Leck Grants to two local agencies and one \$500 Mally Fund for Aging Education Grant
- Served 150 families through National Family Caregiver Support Program (NFCSP); awarded \$58,505 to family caregivers for respite care and supplemental services; Caregiver Alliance reached 3,000 potential caregivers at Women's Expo; hosted appreciation luncheon for 22 caregivers; partnerships established with W. Middleton Veterans Hospital, City of Madison & Dane County Library Systems; and created master support group listing

- Administered and monitored 25 contracts holding 47 programs, totaling over \$2,582,922
- Opened a new Senior Dining Site at a popular local restaurant that promotes choice, flexibility, and independence
- Secured funding to add a third Elder Benefit Specialist staff position to reduce wait-list time in this critical legal services program
- Increased funding for Cultural Diversity and Case Management Programs

**B. AAA Organizational Chart**



**NOTES**

- The ADRC of Dane County also reports to the Adult Community Services Division and the ADRC Governing Board also reports to the Health & Human Needs Committee.
- AAA is co-located within the ADRC.
- AAA receives Federal funds through the Older Americans Act for specifically authorized programs.

- The AAA Board has voting representation on the County’s Health & Human Needs Committee, Human Services Board, Long-Term Support Committee, and Specialized Transportation Commission.

**C. Statutory Requirements for Structure of 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.	✓
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.	✓
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>

**D. Board of Directors & Committees Membership**

The following are members of the Area Agency on Aging’s Board of Directors:

Name	Age 60+	Elected Official	Year First Term Began
Rita Cairns, Community Rep/State of Wisconsin (retired)	Yes	No	2014
Bill Clausius, <i>Chair</i> , Dane County Supervisor	Yes	Yes	2012
Patrick Downing, Dane County Supervisor	Yes	Yes	2010
Myra Josephson, <i>Secretary</i> , Community Rep	Yes	No	2013
Dorothy Krause, <i>Vice Chair</i> , Dane County Supervisor	No	Yes	2014
Carole Kretschman, Dane County (retired)	Yes	No	2014
Paul H. Kusuda, Community Rep/State of Wisconsin (retired)	Yes	No	2012
Dianne Leigh, Community Rep/Dane County (retired)	Yes	No	2014
Barbara McKinney, Community Rep	Yes	No	2009
Diane Walder, Community Rep	Yes	No	2010
OPEN, Community Rep			



The following are members of the AAA Board's Access Committee:

Name	Age 60+	Elected Official	Year First Term Began
Alyssa Bordeleau, Lead Case Manager, NESCO	No	No	2015
Rita Cairns, AAA Board Member	Yes	No	2014
Gerald Derr, Community Rep	Yes	No	2008
Elaine DeSmidt, Community Rep	Yes	No	2010
Jon Hochkammer, <i>Chair</i> , Community Rep	Yes	No	2009
Chris Johnson, Community Rep	Yes	No	2014
Myra Josephson, AAA Board Member	Yes	No	2013
Paul H. Kusuda, AAA Board Member	Yes	No	2001
OPEN, Community Rep			

*The Access Committee establishes procedures and guidelines on issues of access such as elder abuse and neglect, case management, transportation, elder benefits counseling, and caregiver issues. Recommendations and position statements of the Access Committee are submitted to the AAA Board for further action.*

The following are members of the AAA Board's Legislative/Advocacy Committee:

Name	Age 60+	Elected Official	Year First Term Began
Kari Davis, Case Manager, South Madison Coalition of the Elderly	No	No	2015
Tom Frazier, Community Rep	Yes	No	2010
Rob Gundermann, Lobbyist, Alzheimer's & Dementia Alliance of WI	No	No	2014
Myra Josephson, AAA Board Member	Yes	No	2013
Faisal Kaud, Community Rep	Yes	No	2010
Paul H. Kusuda, AAA Board Member	Yes	No	2005
Esther Olson, <i>Vice Chair</i> , Community Member	Yes	No	2008
Jill McHone, Director, Fitchburg Senior Center	No	No	2015
Mary Pike, Community Rep	Yes	No	2005
Paul Van Rooy, <i>Chair</i> , Community Rep	Yes	No	2009
Diane Walder, AAA Board Member	Yes	No	2012

*The Legislative/Advocacy Committee submits position statements to the AAA Board for approval. Those positions establish the basis for action on public policy issues. Positions taken by the Legislative/Advocacy Committee are congruent with the approved Dane County Legislative Agenda. The Legislative/Advocacy Committee makes recommendations to the AAA Board on evolving senior issues.*

The following are members of the AAA Board's Nutrition/Wellness Committee:

Name	Age 60+	Elected Official	Year First Term Began
Elaine DeSmidt, <i>Chair</i> , Community Rep	Yes	No	2007
Patrick Downing, AAA Board Member	Yes	Yes	2010
Caryl Farrell, Community Rep	Yes	No	2004
Mary Hill, Community Rep	Yes	No	2013
Carole Kretschman, AAA Board Member	Yes	No	2014
Dianne Leigh, AAA Board Member	Yes	No	2014
Vera Riley, <i>Vice Chair</i> , Community Rep	Yes	No	2006
Pat Saltz, Community Rep	Yes	No	2009
Tracy Smith, WNEP/Cooperative Extension	No	No	2009

*The Nutrition/Wellness Committee advises the Senior Nutrition Program on all matters relating to the delivery of nutrition and nutrition supportive services. An emphasis on Prevention and Prevention Programs is included in the philosophy and activities of the Nutrition/Wellness Committee. Positions taken by the Nutrition/Wellness Committee reflect the approved Dane County Legislative Agenda and follow the state policies. The Nutrition/Wellness Committee makes recommendations to the AAA Board on evolving senior issues.*

#### **E. Area Plan Advisory Council Membership**

The following are members of the Area Plan Advisory Council (created for the 2016-2018 Area Plan):

Name & Affiliation	Age 60+	Elected Official	Year Term Began
Betsy Abramson, <i>WIHA Executive Director</i>	Yes	No	2015
Rita Cairns, <i>AAA Board</i>	Yes	No	2015
Nikole Chapman, <i>East Madison/Monona Coalition Lead Case Mgr</i>	No	No	2015
Bill Clausius, <i>AAA Board Chair</i>	Yes	Yes	2015
Pat Downing, <i>AAA Board</i>	Yes	Yes	2015
Rob Gundermann, <i>Alzheimer's &amp; Dementia Alliance of WI</i>	No	No	2015
Mary Hill, <i>AAA Nutrition/Wellness Committee</i>	Yes	No	2015
Ashley Hillman, <i>Safe Communities Health Promotion</i>	No	No	2015
Myra Josephson, <i>AAA Board</i>	Yes	No	2015
Katie Kluesner, <i>West Madison Senior Center Director</i>	No	No	2015
Dorothy Krause, <i>AAA Board</i>	No	Yes	2015
Carole Kretschman, <i>AAA Board</i>	Yes	No	2015
Paul Kusuda, <i>AAA Board</i>	Yes	No	2015
Dianne Leigh, <i>AAA Board</i>	Yes	No	2015
Mary Maly, <i>Unpaid Family Caregiver</i>	Yes	No	2015
Barb McKinney, <i>AAA Board</i>	Yes	No	2015
Bonnie Nutt, <i>Alzheimer's Association</i>	No	No	2015
Mary Pike, <i>AAA Legislative/Advocacy Committee</i>	Yes	No	2015
Paul Van Rooy, <i>AAA Legislative/Advocacy Committee</i>	Yes	No	2015
Diane Walder, <i>AAA Board</i>	Yes	No	2015

## F. AAA Staff

The following are staff members of the Area Agency on Aging:

**Cheryl Batterman**, Manager, (608) 261-9789, batterman.cheryl@countyofdane.com

### Duties:

- Responsible for agency management, budget, reports, and personnel; review of proposals, and monitoring, evaluating, and managing purchase of service contracts.
- Provides general information and assistance to the public and disseminates information regarding social, economic and demographic trends of a society that is aging.
- Provides technical assistance to planners, service providers, county, and local units of government.
- Contract manager for Case Management; reviews reports/data and coordinates training for senior focal point case managers.
- Contract manager for Alcohol & Other Drug Addiction, Cultural Diversity, and Caregiver Programs.
- Prepares competitive Requests for Proposals and coordinates proposal review efforts.
- Provides staff support to the AAA Board and Committees. In conjunction with the AAA Board, represents interests of older people in planning, developing, and maintaining human service policy, assessing needs, analyzing service gaps, recommending program redesign, and encourages legislative advocacy.
- Establishes and maintains communication among agencies in the aging network and facilitates the network function in a coordinated, cooperative, and mutually-supportive manner.

**Mary Browning**, Registered Dietetic Technician, (608) 261-5678, browning.mary@countyofdane.com  
(contracted position)

### Duties:

- Provides staff support to the Nutrition Committee.
- Provides staff support at site manager meetings and coordinates trainings.
- Develops/reviews menus for Elderly Nutrition Program caterers.
- Analyzes menus for Elderly Nutrition Program.
- Plans menus for special events for Nutrition Program.
- Compiles site manager and customer satisfaction comments.
- Meets with caterers to review comments, menus, and surveys.
- Monitors and evaluates safety and sanitation at meal sites.
- Monitors meal sites for compliance with Elderly Nutrition Program Standards.
- Distributes and tracks Senior Farmers Market Vouchers.

**Jane De Broux**, Caregiver Coordinator, (608) 261-5679, debroux.jane@countyofdane.com  
(contracted position with Alzheimer's & Dementia Alliance of WI)

### Duties:

- Administers the National Family Caregiver Support Program (NFCSP) funds.
- Coordinates the Dane County Caregiver Alliance.
- Develops marketing plan for NFCSP.
- Pursues information dissemination, such as writing monthly caregiver newsletter.
- Provides public information about the Caregiver Program.
- Provides community education and public speaking.
- Provides guidance for caregiver support group facilitators.

**Lynnan Osawa**, Elder Benefit Specialist, (608) 240-7449, osawa.lynnan@countyofdane.com

**Therese Scherrer**, Elder Benefit Specialist, (608) 240-7458, scherrer.therese@countyofdane.com

**Tiffany Scully**, Elder Benefit Specialist, (608) 240-7450, scully.tiffany@countyofdane.com

Duties:

- Provides information and assistance to ADRC I&A Specialists, Focal Point Case Managers, Long-Term Support Unit Staff, and others regarding public and private benefit programs (eligibility, application procedures, program rules, problem-solving complications, etc.) and other legal issues.
- Develops and updates educational materials and benefit-related trainings for Focal Point Case Managers, Community Members, ADRC I&A Specialists and others (per Medicare Improvements for Patients & Providers Act grant provisions) - Welcome to Medicare, Medicare Part D Updates, Medicare Refresher, EBS Q&A, and other; networks with other agencies.
- Completes benefit checks with clients to determine eligibility for public and private benefit programs and assesses needs; provides individual counseling on benefit program eligibility rules and application procedures and assists with applications as necessary.
- Provides general counseling and education to clients related to public and private benefit programs and legal issues; provides referral information for community agencies.
- Provides specialized counseling and assists clients to resolve public and private benefit-related complications (research, contacting involved entities, drafting correspondence, advocacy, etc.).
- Assists clients with appeals of adverse decisions as to public and private benefit programs (research, contacting involved entities, drafting correspondence, advocacy, etc.).
- Provides advocacy and specialized counseling to clients with regard to eviction and other housing-related issues (research, contacting involved entities, drafting correspondence, advocacy, etc.).
- Consults with supervising attorney regarding client issues and concerns, program-related rules and procedures as necessary.
- Reviews materials and updates and attends trainings related to public and private benefits and legal issues affecting clients to maintain current knowledge of changes in legislation, policies, and procedures.
- Maintains accurate client records in Social Assistance Management Software (SAMS) database; completes 100% time reporting; completes federal State Health Insurance Assistance Program (SHIP) reporting; participates in quality assurance projects/activities (per MIPPA grant).

**Howard Thomas**, Clerk Typist I-II, (608) 261-9930, thomas.howard@countyofdane.com

*(assigned to DCDHS/Adult Community Services Division)*

Duties:

- Supports staff for Area Agency on Aging including Board and Committees.
- Processes monthly Caregiver Program Grant payment requests.
- Backs up front desk receptionist.
- Answers phones, distributes mail, processes and mails letters and large mailings.
- Maintains various program spreadsheets.
- Performs data entry of Evidence-Based Health Promotion participant information and attendance into SAMS database and SHIP client contacts into SHIP database.

**Angela Velasquez**, Aging Program Specialist, (608) 261-9700, velasquez.angela@countyofdane.com

**Duties:**

- Contract manager for Elderly Nutrition Program (site management, home-delivered and caterers), Volunteer Services, MIPPA, and Evidence-based Health Promotion Programs.
- Develops annual budget, writes contract documents, and completes grant proposals.
- Oversight of reporting systems through the SAMS and SHIP databases, assuring training availability.
- Reviews reports and discusses progress toward identified goals and barriers to achieving goals with contract agencies.
- Provides staff support to Nutrition Committee and AAA Board.
- Acts as the primary contact for assigned programs and agencies.
- Reviews proposals submitted by assigned agencies and makes recommendations regarding fiscal allocations, program expectations, and performance indicators.
- Responds to complaints from consumers and other interested parties regarding assigned programs.
- Prepares competitive Requests for Proposals and coordinates proposal review efforts.
- Prepares data, reports, and presentations regarding assigned programs.
- Identifies broad-based needs and develops training programs to address them.
- Monitors quality compliance and improvement and coordinates implementation of changes in programs as required by federal, state, county, or departmental authorities.
- Participates in State-wide Revitalization Taskforce and Wisconsin Association of Nutrition Directors (WAND) regarding the Elderly Nutrition Program.

**G. Statement of Commitment of Affirmative Action and Equal Employment**

By submission of this plan the Area Agency on Aging signifies its commitment to employment practices based solely on work-related abilities and qualifications of employees and job applicants. Staff are assigned and promoted without regard to race, color, religion, sex, age, handicap, or national origin. In addition, the Area Agency on Aging is committed to taking affirmative action in the hiring and upgrading of minority, female, disabled, and older people.

Policies	Yes	No
Does the AAA Board annually review and update the affirmative action plan? (Although the County Board does.)		✓
Does the AAA Board annually review employment practices to eliminate discriminatory elements? (Although the County Board does.)		✓
Are written procedures for handling discrimination complaints developed, posted, and in use?	✓	
Has the affirmative action plan been explained or discussed with all staff?	✓	
Is the affirmative action plan posted and available for review by members of the public?	✓	
Person Responsible for the Affirmative Action Plan Isadore Knox, Director, Office of Equal Opportunity, Dane County (608) 266-4192 knox@countyofdane.com		

**Analysis of Current Staff**

Isadore Knox, Director, Dane County Office of Equal Opportunity  
Wesley Sparkman, Contract Compliance Officer  
Colleen Clark Bernhardt, Equity & Criminal Justice Council Coordinator

**Analysis of Recent Efforts**

The Office of Equal Opportunity (located in the County Executive's office) has county-wide lead responsibility for affirmative action and civil rights compliance. The EEO prepares a plan every 3 years and updates that plan annually. The plan is publicly posted on the county's web site (<https://exec-oeo.countyofdane.com/default.aspx>) or at department offices. The EEO has a written complaint process and investigates complaints that are filed. Within DCDHS, equal opportunity is discussed at new employee orientation and other trainings as requested.

**Affirmative Action and Equal Opportunity Goals**

The Dane County Office of Equal Opportunity was formed in December 1999 by combining four related equal opportunity functions from three separate County departments:

- Affirmative Action from The Office of the County Executive
- Minority Affairs from The Office of the County Executive
- Contract Compliance from the Department of Administration
- Equal Opportunity from the Department of Human Services

The reorganization consolidated services and increased opportunities for people who have been historically excluded from the full range of opportunities in Dane County. The mission of the Dane County Office of Equal Opportunity is:

- **To Promote** Equal Opportunity (EO) throughout Dane County through compliance with federal EO laws, state statutes and Affirmative Action related county ordinances.
- **To Strive** to increase workforce diversity of Dane County government and maintain a diverse workforce, at all levels of the organization.
- **To Increase** contracting with disadvantaged, minority, women-owned, and emerging small-business enterprises in Dane County and promote implementation of civil rights and contract compliance with applicable EEO/AA laws, regulations, statutes, and ordinances.
- **To Provide** staff support and expertise to the County Executive, the County Board, the Equal Opportunity Commission, Dane County staff, and the citizens of Dane County in the area of equal opportunity.

With an annual budget exceeding \$4.7 million from the Older Americans Act, State & County taxes, grants, and nutrition donations, AAA administers and monitors 25+ contracts holding 45+ programs each year. Purchase of Service agencies receiving more than \$20,000 in annual funding are required to submit an Affirmative Action Plan to the County. A model of this plan may be found here: [https://exec-oeo.countyofdane.com/pdf/20031222\\_model\\_aa\\_plan.pdf](https://exec-oeo.countyofdane.com/pdf/20031222_model_aa_plan.pdf)  
Dane County also requires those agencies to submit a Civil Rights Compliance Assurance Addendum of Agreement each year. A copy of this form can be found here: <https://exec-oeo.countyofdane.com/pdf/POSAddendum.pdf>

**Planned Activities for 2013-2015 on Affirmative Action and Equal Opportunity**

In June 2013, Dane County received one of four national two-year grants from the American Bar Association (ABA) to aid the County's work in reducing racial disparities in the criminal justice system. A Racial Disparities Subcommittee of the Criminal Justice Council was formed and addressed the following initiatives: Community Court, Madison Police Department's Peacemaking Neighborhoods, Racial Justice Improvement Project, and

additional timely projects.

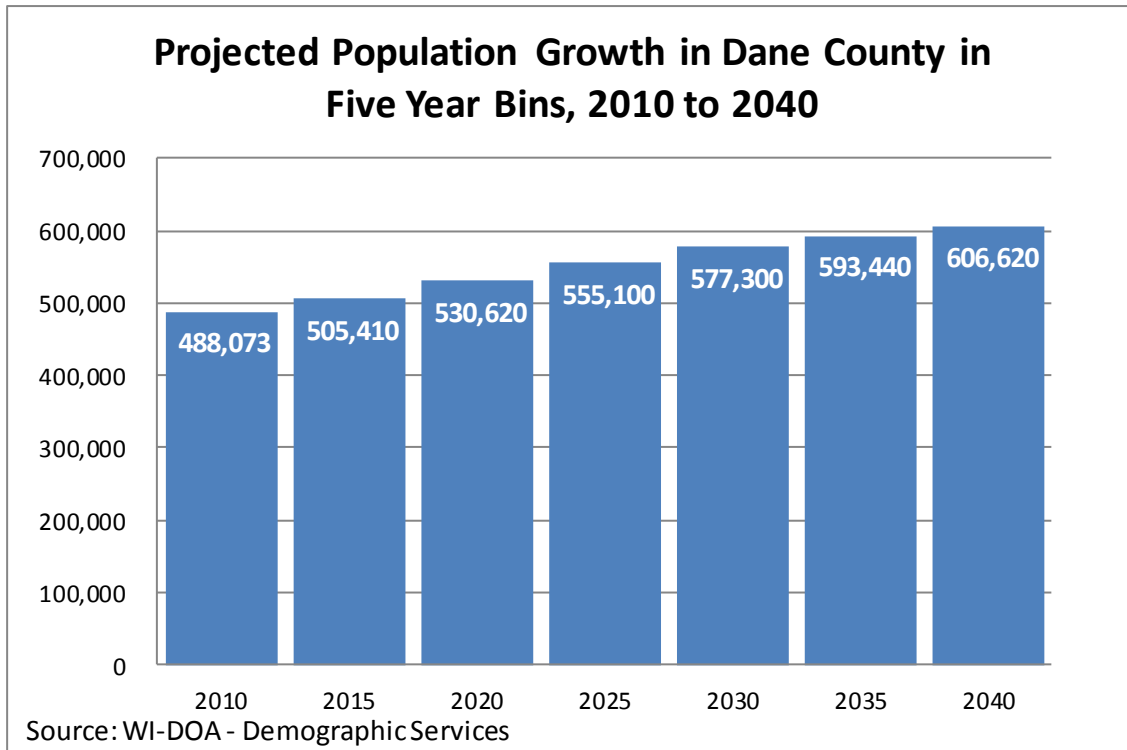
Department directors and senior management officials from throughout Dane County government attended a full day training in May 2015 titled “Creating Equitable Organizations” which focused on systematic, sustainable development of multicultural organizations. The six members of the Dane County Department of Human Services’ management team participated. Several next steps are envisioned, including the creation of a department wide Racial Equity work group in fall 2015.

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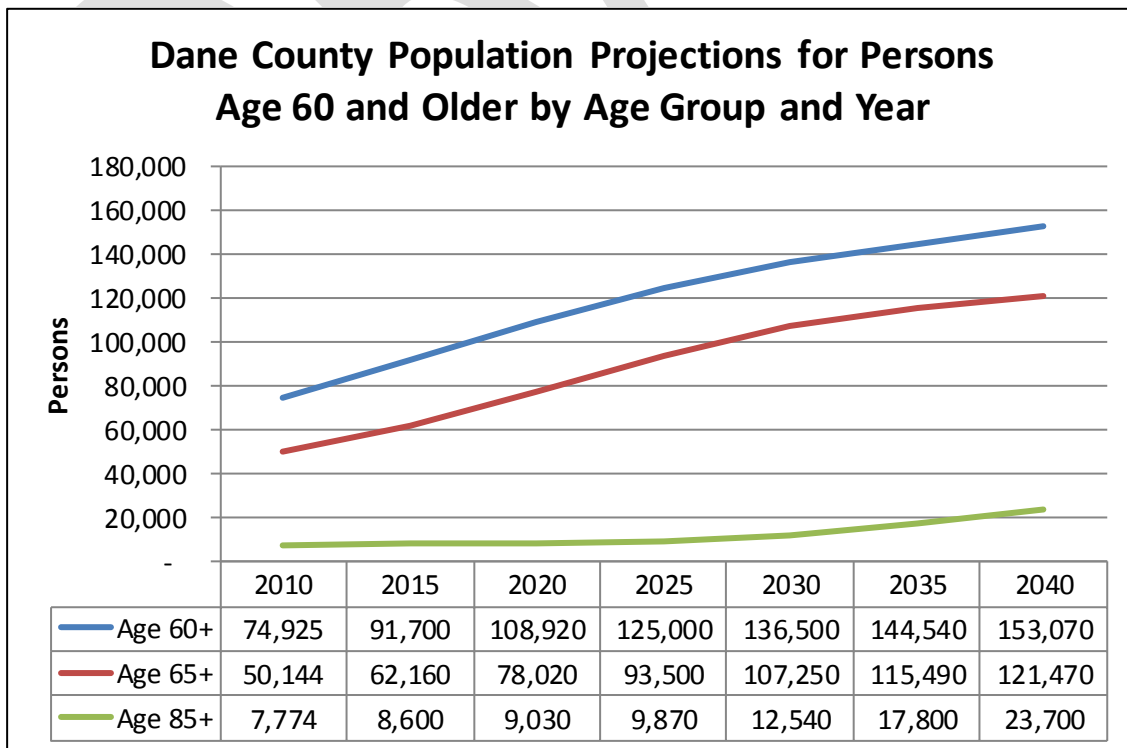
## Section 4—Context

### A. Environmental Scan Data—General Population

As depicted in the chart below, Dane County is projected to grow nearly 25% or 100,000+ over the next 30 years.

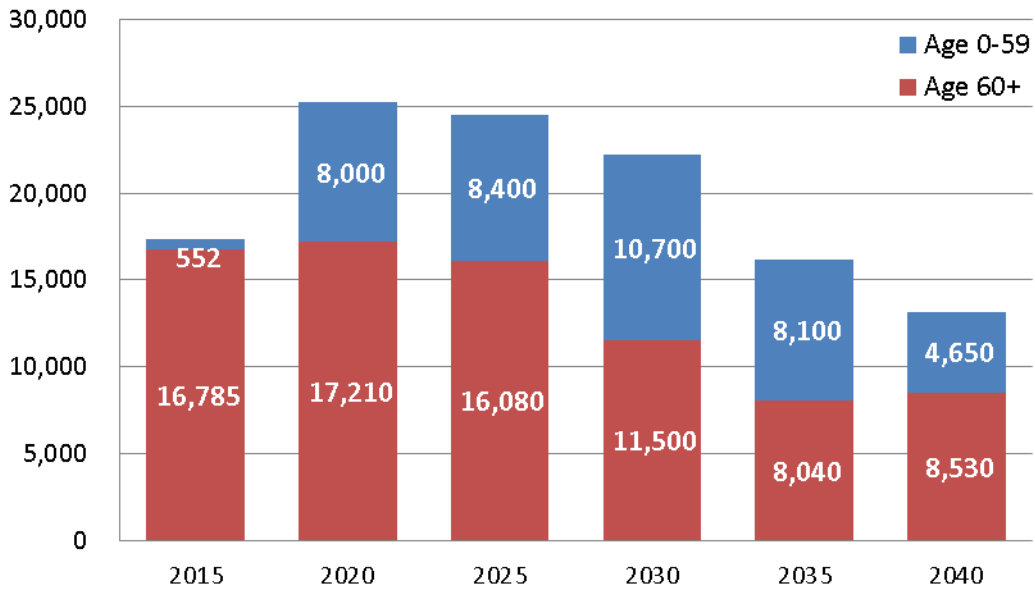


Much like the rest of the nation, our older population is growing and is projected to grow rapidly over the next two decades as “Baby Boomers” accelerate this growth. Accordingly, Dane County’s future 65+ population is also expected to continue to increase in each age category as depicted in the following three charts.





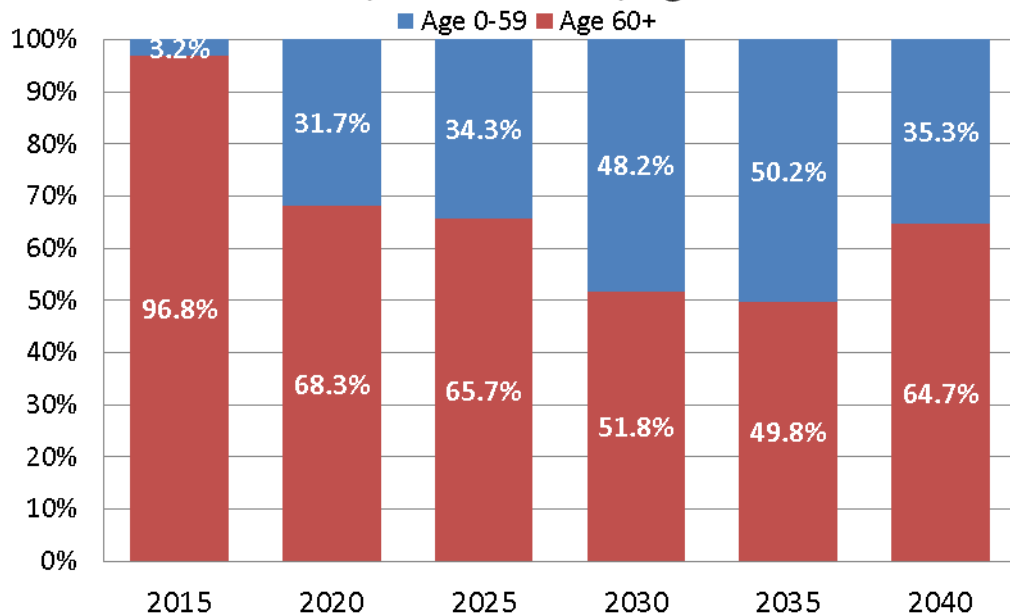
### Projected Population Growth in Dane County in Five Year Bins, 2015 to 2040, Age 0-59 vs. 60+



Source: WI-DOA - Demographic Services

Source: Wisconsin Department of Administration Updated Population Projections for Counties by Age: 2010-2014; Vintage 2013. Prepared by Eric Grosso, Bureau of Aging and Disability Resources 8/2015.

### Projected Population Growth in Dane County in Five Year Bins, 2015 to 2040, Age 0-59 vs. 60+



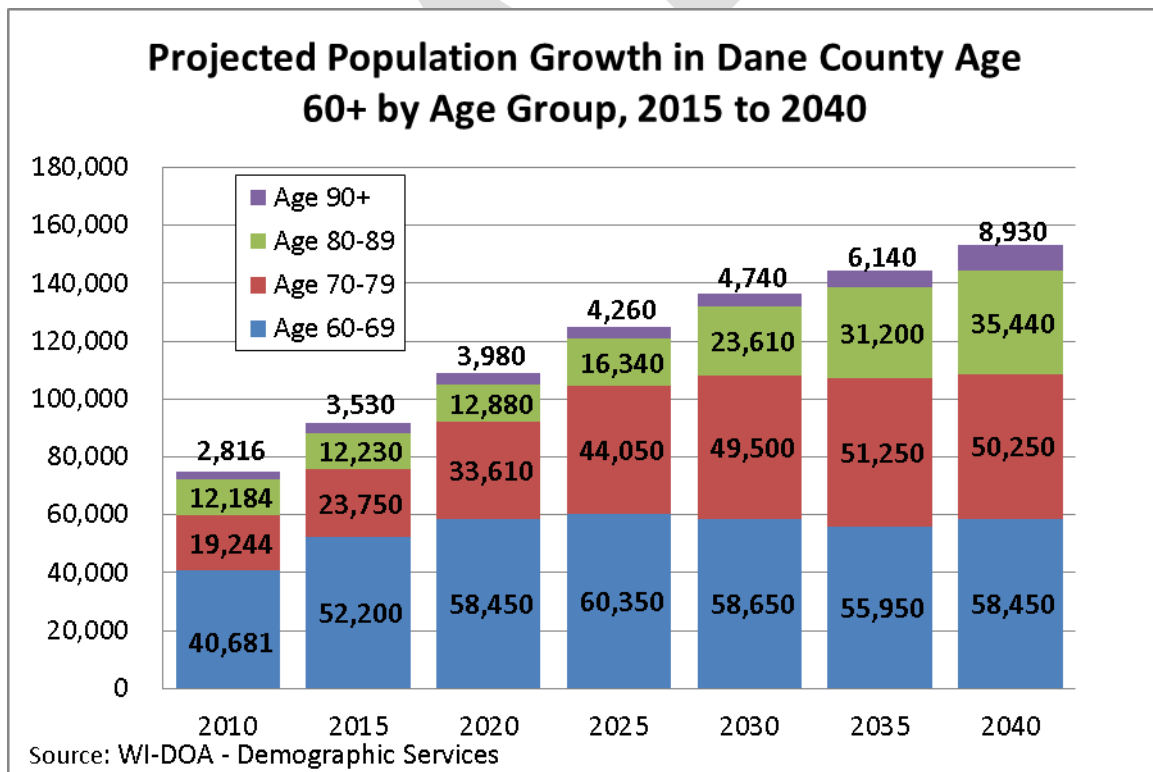
Source: WI-DOA - Demographic Services

As projected, over the next 25 years, on average, 66.2% of the growth in population to Dane County will be those age 60+.

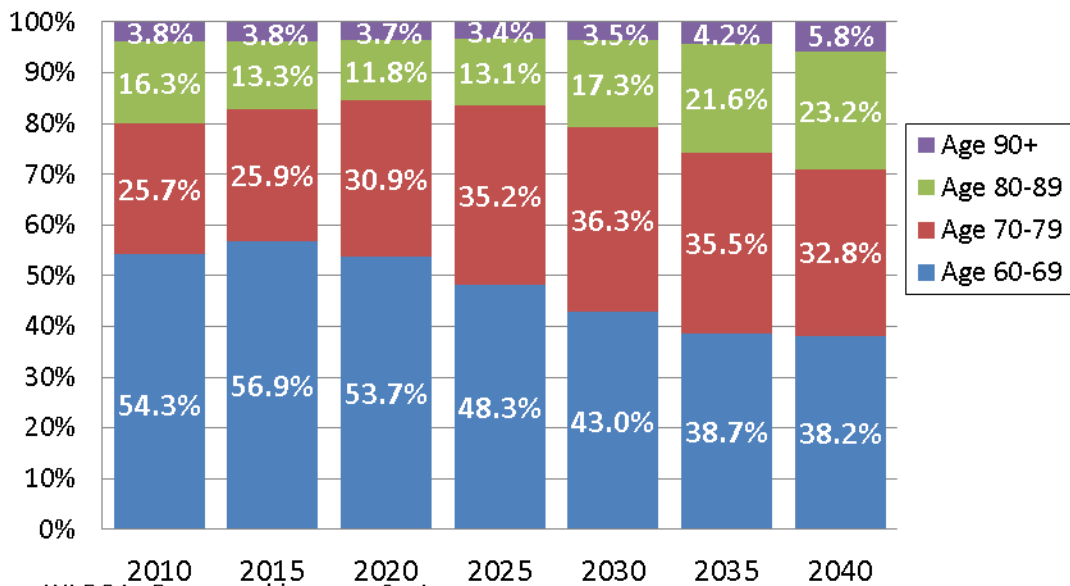
Dane County, along with the rest of the country, is entering one of the most dramatic demographic shifts experienced in the past century. The impact that will be seen in Dane County is attributed in large part to the over-all size of the Boomer generation, in addition to continued medical advances that extend life expectancy. The sheer volume of older adults will force confrontation with challenges this trend will bring in health, social, and financial support; transportation; and other infrastructure services and programs to meet the needs of older adults. There will have to be increased reliance on agencies that serve older adults. In fact, the projected number of older adults who will be eligible for services through our AAA is staggering. The projected 60-plus population will far surpass the AAA's ability to fund the level of services currently offered, especially with diminishing Federal Title III funds.

The following data charts plot more specifically where seniors live in Dane County, their race, ethnicity, poverty, rural, and disability status and the prevalence of abuse in our elder population by type and perpetrator.

While the greatest growth will be in persons in the 60-69 age bracket over the next five years which this Plan begins to address, growth rate will diminish in that group and balloon in the age 70-79 group, increasing more slowly in other age categories as the boomers reach later years of life.



### Projected Population Growth in Dane County in Five Year Bins, 2015 to 2040, Age 60+



Source: WI-DOA - Demographic Services Center

The AAA of Dane County provides funding to Senior Focal Points that are geographically located throughout Dane County (see Appendix \_\_\_ for a map of the Focal Point service areas). The demographics of the 2015 senior population by Focal Point are as follows:

Focal Point	Age 60-74		Age 75-84		Age 85+		Age 65 + Living Alone		HH Age 65+ Below Poverty		Rural Factor - Elderly (Age 60+) Density		Minorities Age 60+	
	#	%	#	%	#	%	#	%	#	%	Density	%	#	%
Belleville	1,914	3.4%	673	4.1%	361	4.6%	731	4.5%	88	2.0%	50.8	6.1%	74	1.8%
Colonial Club	6,359	11.4%	1,409	8.7%	751	9.6%	1,635	10.1%	421	9.7%	39.1	22.8%	271	6.6%
DeForest	2,007	3.6%	657	4.0%	253	3.2%	466	2.9%	114	2.6%	64.6	4.7%	73	1.8%
EMMCA	6,674	12.0%	2,560	15.7%	1,117	14.3%	2,339	14.5%	615	14.2%	316.8	0.0%	583	14.3%
Fitchburg	2,870	5.2%	530	3.3%	194	2.5%	558	3.5%	175	4.0%	121.0	0.0%	305	7.5%
McFarland	3,437	6.2%	861	5.3%	340	4.4%	761	4.7%	138	3.2%	42.7	11.4%	95	2.3%
Middleton	3,204	5.8%	854	5.2%	311	4.0%	780	4.8%	140	3.2%	267.0	0.0%	164	4.0%
NESCO	4,775	8.6%	1,481	9.1%	500	6.4%	1,635	10.1%	654	15.1%	395.6	0.0%	499	12.2%
Northwest Dane	1,964	3.5%	544	3.3%	23	3.0%	367	2.3%	82	1.9%	15.1	18.9%	27	0.7%
Oregon	1,507	2.7%	336	2.1%	251	3.2%	440	2.7%	58	1.3%	48.5	4.5%	27	0.7%
South Madison	2,357	4.2%	484	3.0%	371	4.8%	778	4.8%	690	15.9%	398.1	0.0%	634	15.5%
Southwest Dane	1,545	2.8%	542	3.3%	236	3.0%	415	2.6%	97	2.2%	18.4	13.2%	18	0.4%
Stoughton	2,075	3.7%	796	4.9%	379	4.9%	745	4.6%	207	4.8%	45.0	7.5%	51	1.3%
Waunakee	3,232	5.8%	1,067	6.6%	328	4.2%	744	4.6%	121	2.8%	44.6	10.8%	91	2.2%
West Madison	11,632	20.9%	3,482	21.4%	2,170	27.8%	3,790	23.4%	729	16.8%	608.8	0.0%	1,170	28.7%
Total	55,553		16,279		7,795		16,184		4,329				4,082	

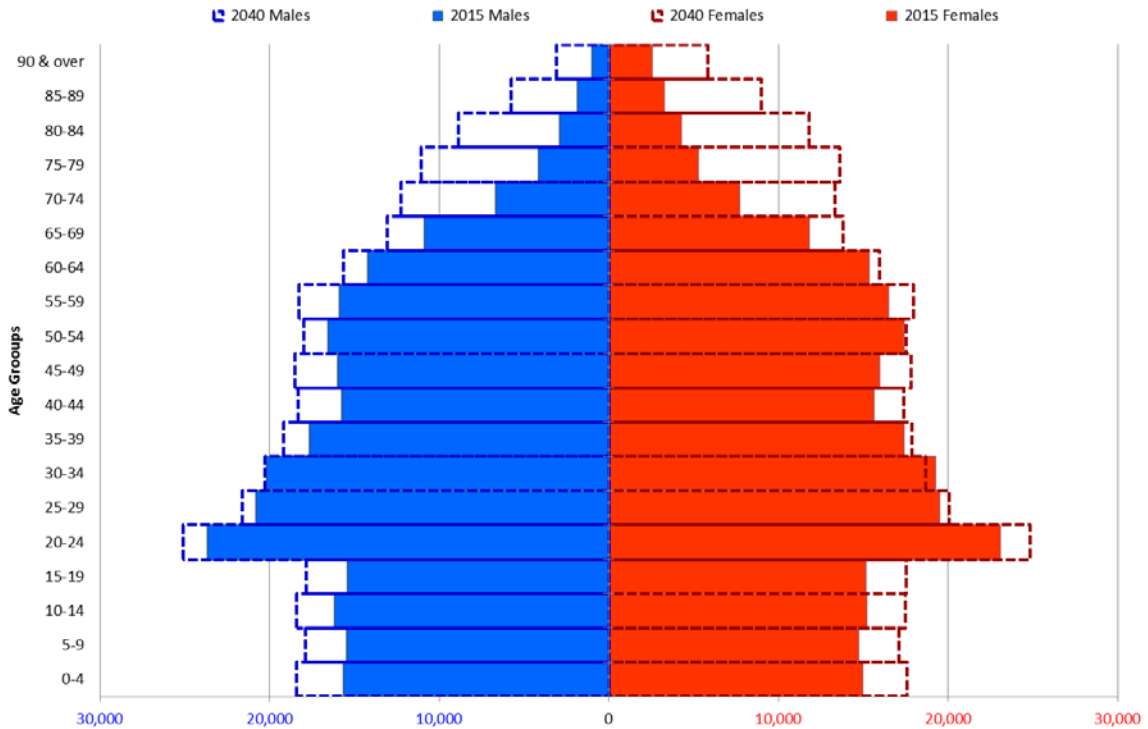
One area looked at more closely in Dane County was that of seniors living alone. The number and percent of population living alone is an indicator for need for services and supports. Many circumstances put seniors at risk of social isolation. Physical and geographical isolation are among top risk factors. While Dane County is the site of the State Capitol, much of the area outside Madison City limits is rural. Other indicators of social isolation include being a caregiver, not being able to drive, lack of other good transportation options, identifying as LGBT, having a language barrier, having a disability, and surviving death of a spouse or partner. The National Council on Aging estimates that one in six seniors face such risks and that older women are at a higher risk, representing 64% of the participants of nutrition programs.

Socially-isolated people are twice as likely to die prematurely than people with many strong social relationships. Social isolation is a powerful predictor of cardiovascular disease, cognitive decline, institutionalization, stroke, re-hospitalization, depression, and increased risk of suicide. Couple isolation, and Men age 65 and older have the highest suicide rate in America. A snapshot of our meal participant data in March of 2015 rated living alone as the largest predictor of self-reported high nutrition risk. Additionally, White participants were 21% less likely to rate themselves as high nutrition risk when compared to those self-identifying as non-White.

<b>Dane County SAMS Data: March 2015</b> (1,515 Non-duplicated Congregate & HDM participants)	<b>Self-Reported in Poverty</b>	<b>Rural</b>	<b>Self-Reported Living Alone</b>	<b>Age 75+</b>	<b>Self-Identified Minority</b>
Self-Reported <b>High</b> Nutrition Risk	43.5%	54.9%	70.2%	47.5%	48.1%
Self-Reported <b>Not</b> High Nutrition Risk	56.5%	45.1%	29.8%	52.4%	51.8%

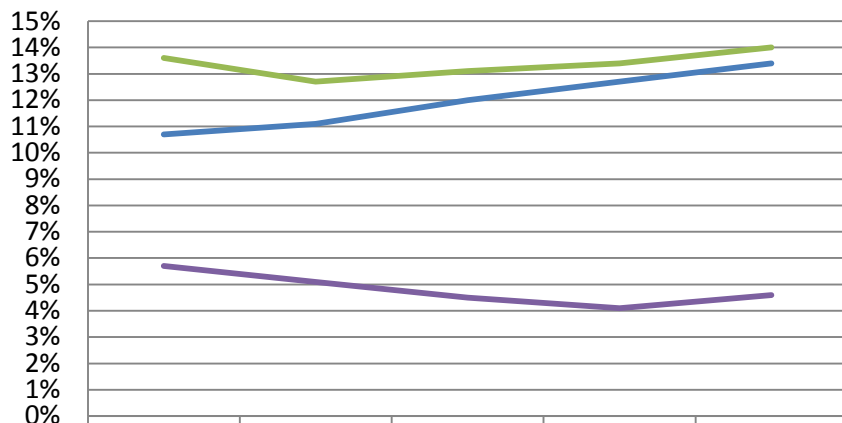
Older adult growth with respect to gender will remain somewhat equal to our current ratio of males versus females; however, over the next 35 years, we will see males increase. Supports and services that target the needs of men, particularly those living alone or in poverty, will increase. Increased proportions of the aged population (top part of the following pyramid) with comparatively lesser increases in younger groups with mean decline in the population pool for caregivers.

### Dane County Age-Sex Pyramid, 2015 and 2040 Population Projections



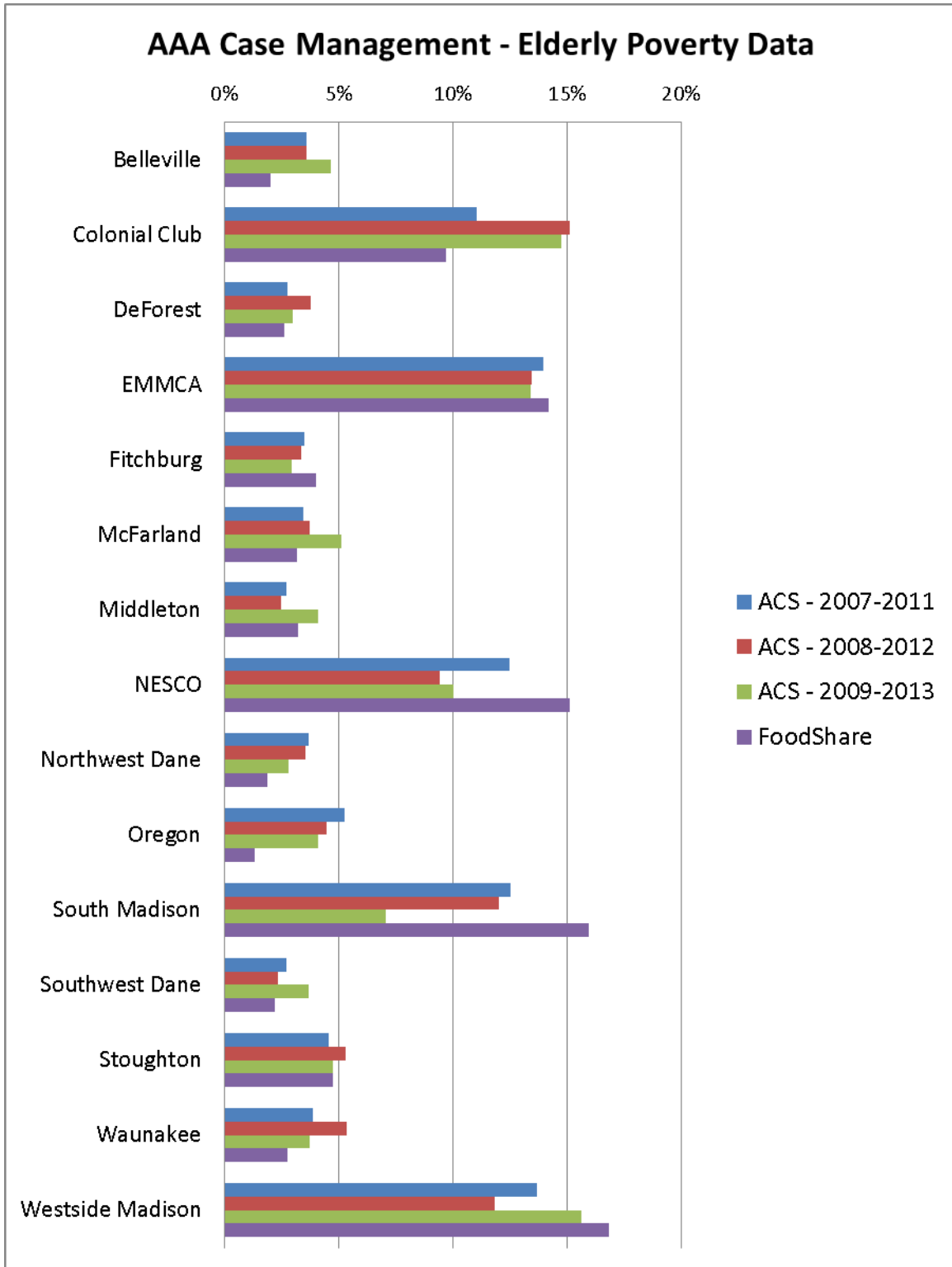
### Poverty

#### S1701 - Poverty Status in the past 12 Months by Age Group



	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013
Under 18 years	10.7%	11.1%	12.0%	12.7%	13.4%
18 to 64 years	13.6%	12.7%	13.1%	13.4%	14.0%
65 years and over	5.7%	5.1%	4.5%	4.1%	4.6%

The economic recession experienced in 2008 had a direct financial impact on persons age 65+ in Dane County. Concerns are that this trend will continue as more and more Baby Boomers retire with less assets, thus with financial stability for retirement years. Interestingly, we were using American Community Survey (ACS) data trends to examine poverty until 2015 when an unexpected, large shift in data was noted. As a result, we used actual Food Share data to examine poverty in older adults with significantly different results.



## **Race**

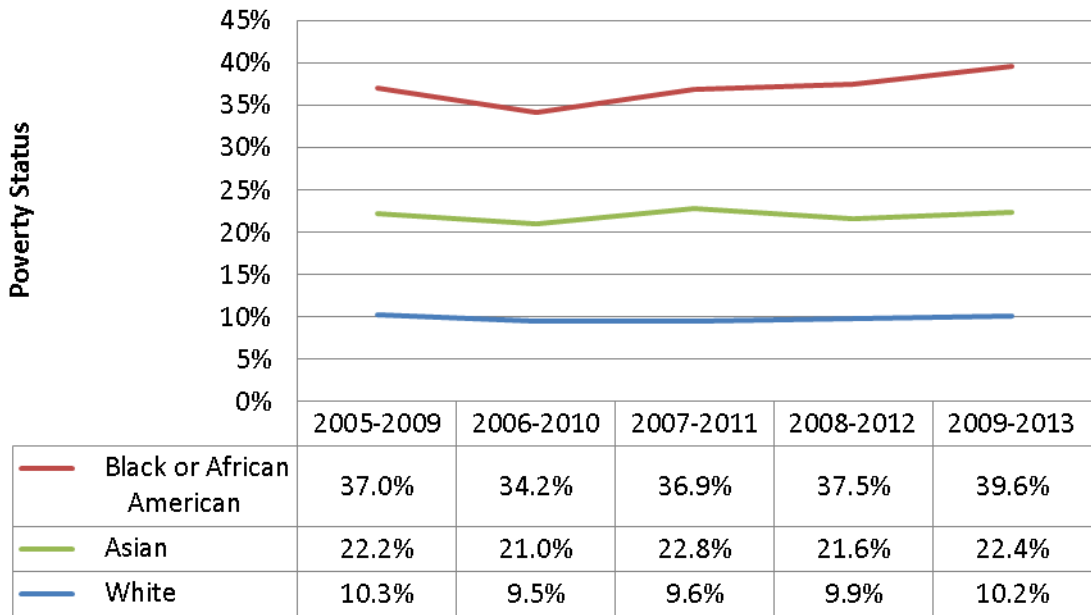
Dane County's examination and work toward racial equity is well documented in the newly released Racial Equity Analysis & Recommendations Report (see Appendix \_\_\_\_). As a direct result of attention to racial disparity in Dane County, AAA is particularly focused on the growth in older persons of color and in the relationship between race and poverty. The planning process involved examining growth and the difference between race and ethnicity with respect to the impact of poverty on older adults.

According to the Administration for Community Living and Administration on Aging, Hispanic older population in the United States is projected to grow from 3.6 million in 2014 to 21.5 million by 2060. Further, non-Hispanic African American older population will grow from 4 million to 12 million and Asian population from 1.9 million to 8.5 million over the same time period.

As depicted in the table below, Dane County population of elderly (age 60+) People of Color (PoC) increased 9.16%, from 4,082 in 2010 to an estimated 4,456 according to the ACS 2009-2013 Estimate. During this same period, White non-Hispanic population grew 6.11%, from 70,843 to 75,171. In short, Dane County's demographics are changing, and response to this change must ensure targeted programs will meet needs of all older adults.

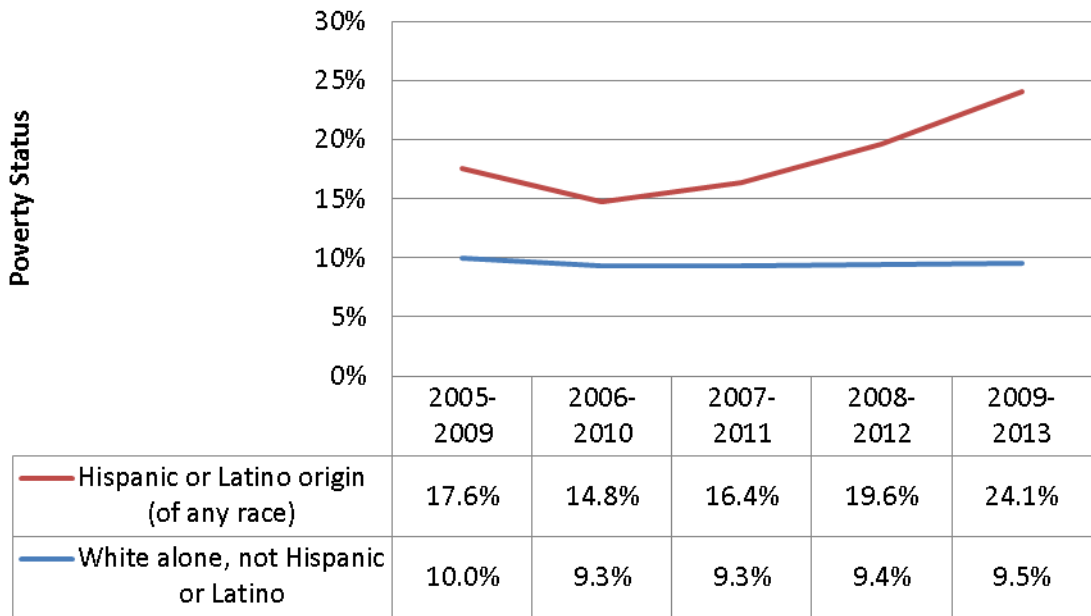
<b>White vs. People of Color Growth</b>	<b>2010 Decennial Census</b>	<b>2009-2013 ACS Estimate</b>	<b>Growth #</b>	<b>Growth %</b>
Age 60+ People of Color	4,082	4,456	374	9.16%
Age 60 + White Non-Hispanic	70,843	75,171	4,328	6.11%
Age 60+ Total	74,925	79,627	4,702	6.28%
Age 60+ People of Color - % of Total	5.4%	5.6%		
Age 60 + White Non-Hispanic, % of Total	94.6%	94.4%		

### S1701 - Poverty Status in the past 12 Months by Race



Clearly, the percentage of Blacks and Asians in poverty is at least two to three times the rate of Whites in Dane County. Among those reporting an ethnicity of Hispanic or Latino, the poverty status has shown a more rapid increase over their White counterparts.

### S1701 - Poverty Status in the past 12 Months by Ethnicity

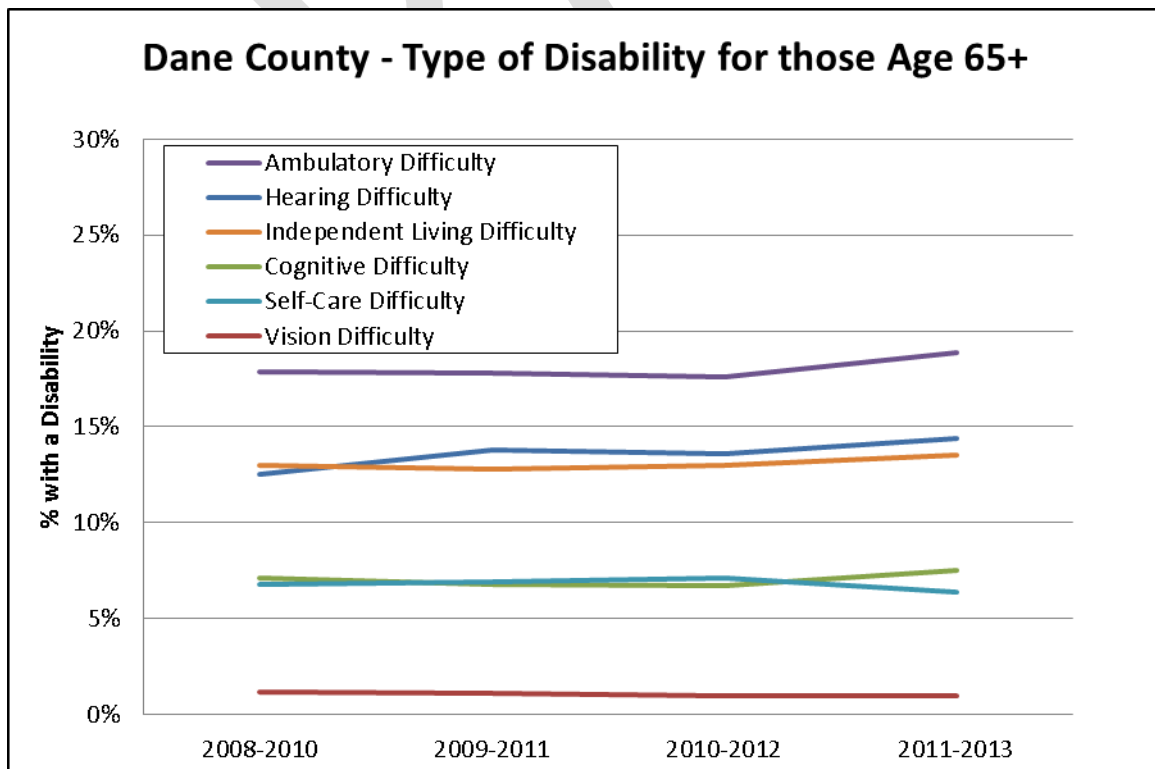
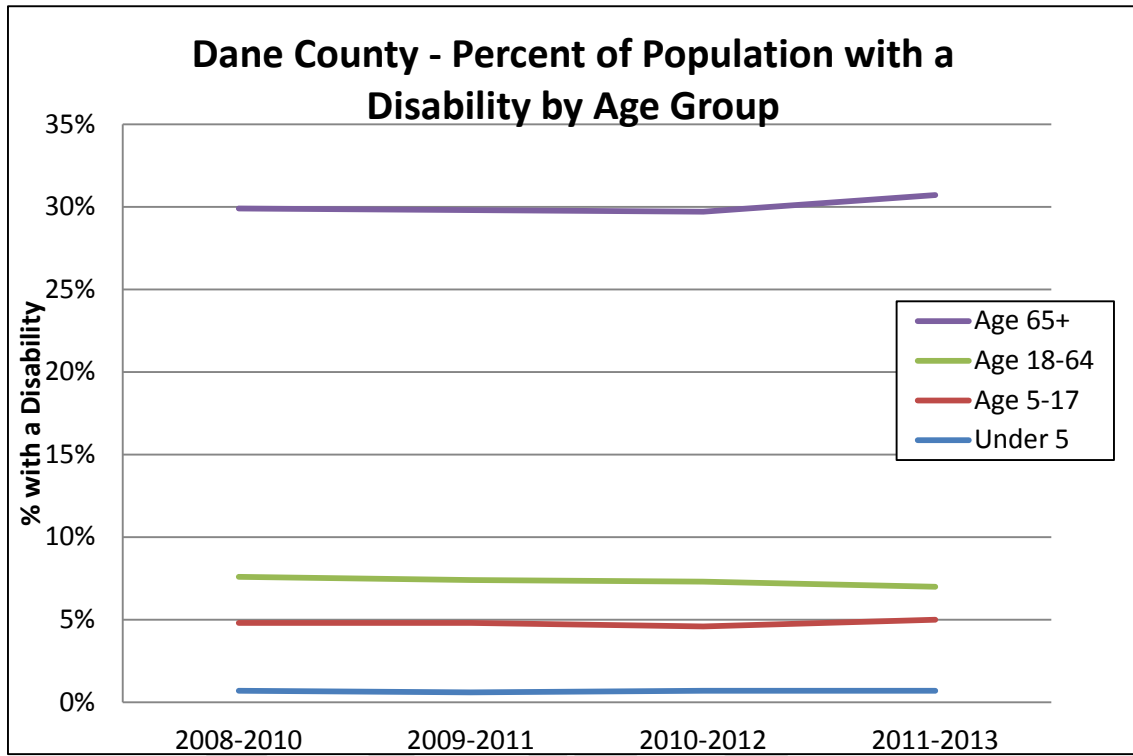


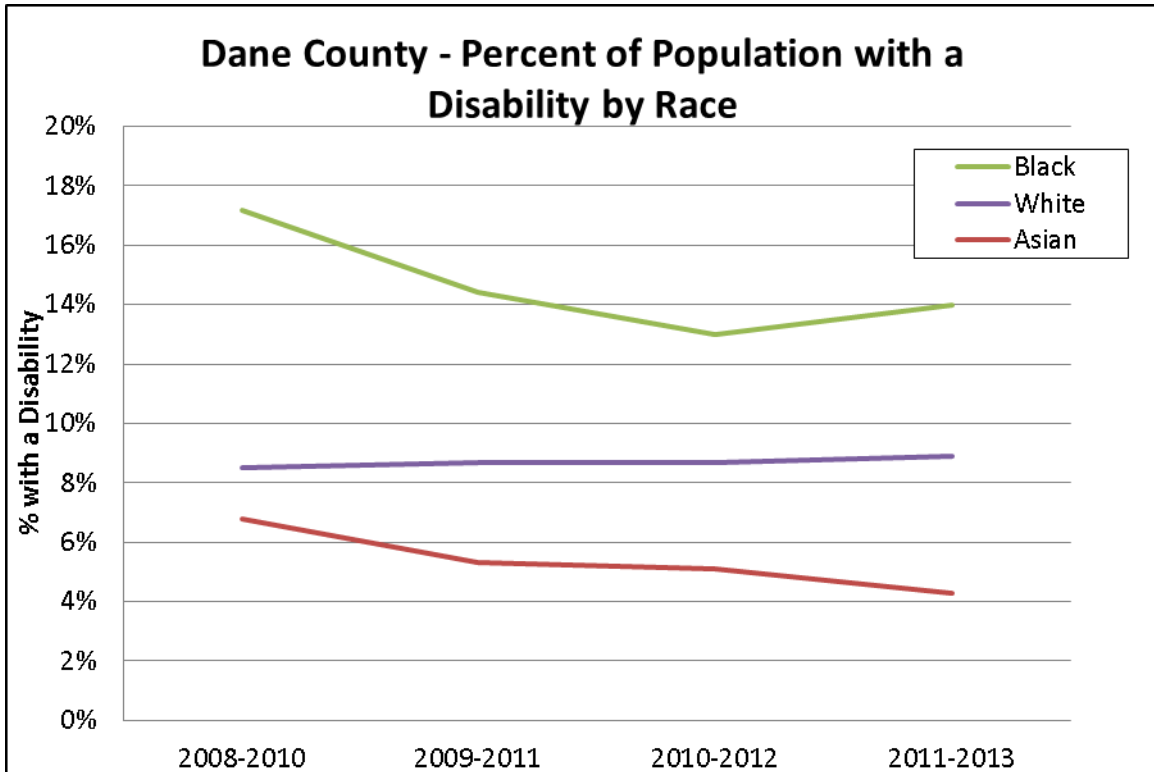
In short, Dane County is growing older and more diverse. Based upon this information, across all goal areas, there must be heightened attention to meeting the needs of people of color experiencing poverty over the next three years.



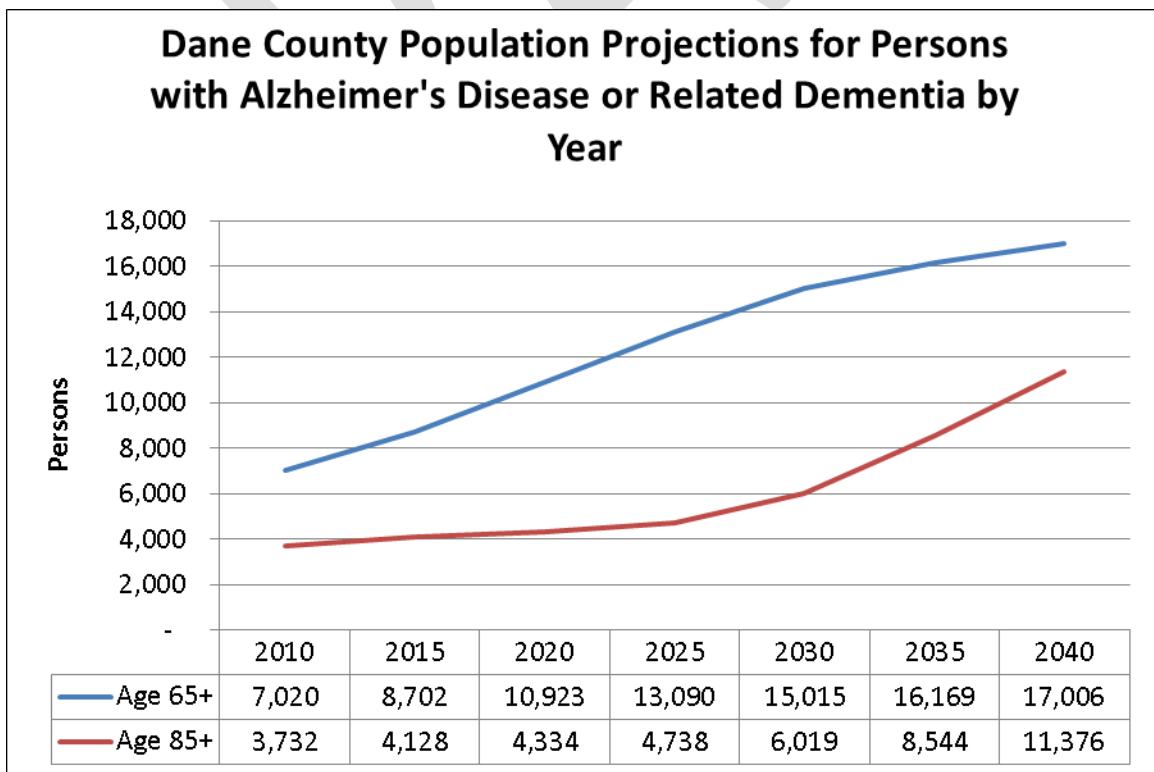
## Disability

As a result of medical advances, persons are living longer with multiple chronic conditions and increasing disabilities. Ensuring that older adults are provided with a robust community-based continuum of services to meet increased needs, while respecting individual choice and involvement in community activities, will be critical over the next several decades.





With age 65+ having the highest percentage of disability in Dane County, and with data about African American older adults being higher than their counterparts (and beginning to rise), it will be important to focus evidence-based health prevention efforts on African American older adults. Further, given that the incidence of Alzheimer’s disease is twice that for Whites and with a projected growth of persons with dementia, efforts to support increased education, knowledge, and support for caregivers and recipients in this community of color warrant a high priority for planning and action.



**Sources:**

- Wisconsin Department of Administration Updated Population Projections for Counties by Age: 2010-2014; Vintage 2013. Prepared by Eric Grosso, Bureau of Aging and Disability Resources 8/2015; and Dane County AAA Plan 2016-2018

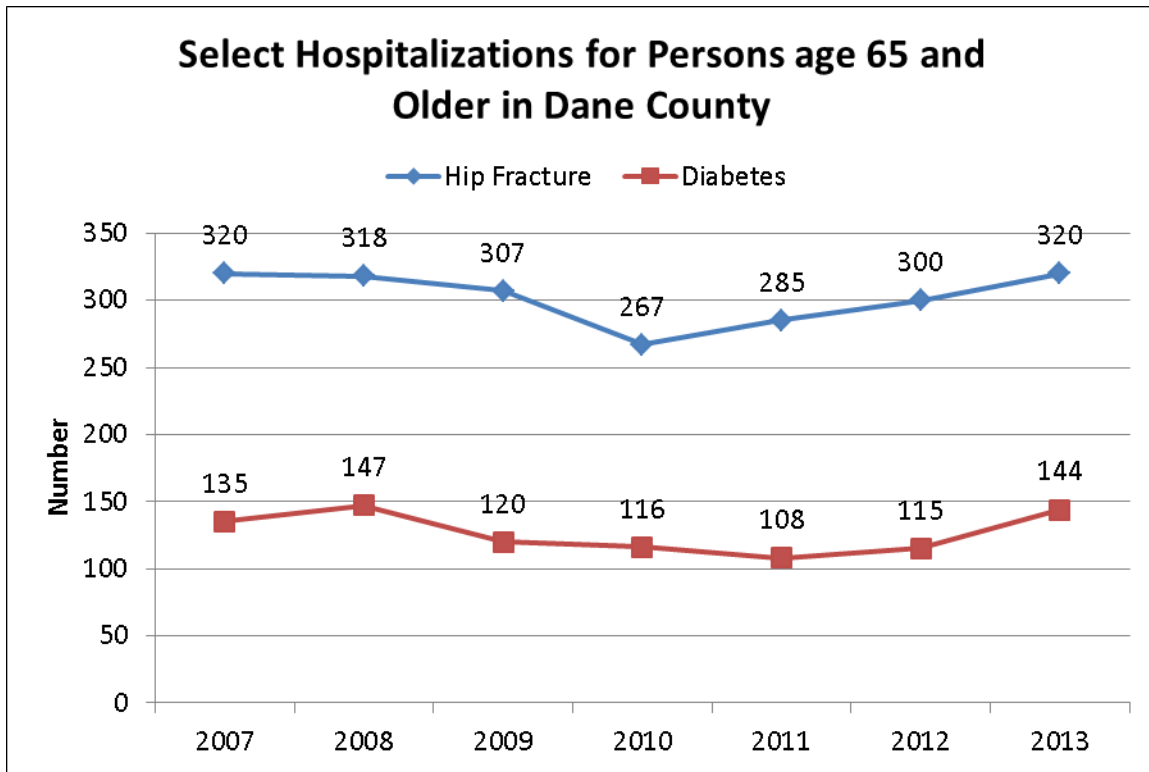
- Alzheimer's Disease and Related Dementia projections are based on dementia prevalence rates recommended by Denis A. Evans, M.D., et al. "Prevalence of Alzheimer's Disease in a Community Population of Older Persons," *Journal of the American Medical Association*, 262(19), 1989, as quoted in *Redesigning Wisconsin's Dementia Care System: A Stakeholder's Summit* October 1-2, 2013 sponsored by Wisconsin Department of Health Services and The Johnson Foundation at Wingspread. Note these rates may include individuals without a confirmed dementia diagnosis.

Increased longevity with disability and/or chronic conditions in older adults will add additional strain in ability to provide paid and unpaid caregiving to seniors as they age in place.

About 44 million Americans provide 37 billion hours of unpaid care each year for adult family members and friends with chronic illnesses or conditions that prevent them from handling daily activities. Family caregivers, primarily women, provide over 75% of caregiving support in the United States. In 2007, the estimated economic value of family caregivers' unpaid contributions was at least \$375 billion, the amount of cost to replace that care with paid services.

The "typical" U.S. caregiver is a 46-year-old woman who works outside the home and spends more than 20 hours per week providing unpaid care to her mother. The majority of caregivers is middle-aged (35-64 years old). Among caregivers 50-64 years old, an estimated 60% are working full- or part-time. Ethnic minority caregivers provide more care and report worse physical health than White caregivers. Of those caring for someone aged 65+, the average age of caregivers is 63 years, with one third in fair-to-poor health. Nearly half of caregivers provide fewer than eight hours of care per week, while nearly one in five provide more than 40 hours of care per week. Caregiving can last from less than a year to more than 40. Eighty-three percent of caregivers care for relatives, with 24% living with the care recipient, 61% living up to one hour away, and 15%—or about 7,000,000 caregivers—living a one- to two- hour drive or more away. Frankly, friends, neighbors, and families, provide, without pay, the vast majority of healthcare in this country.

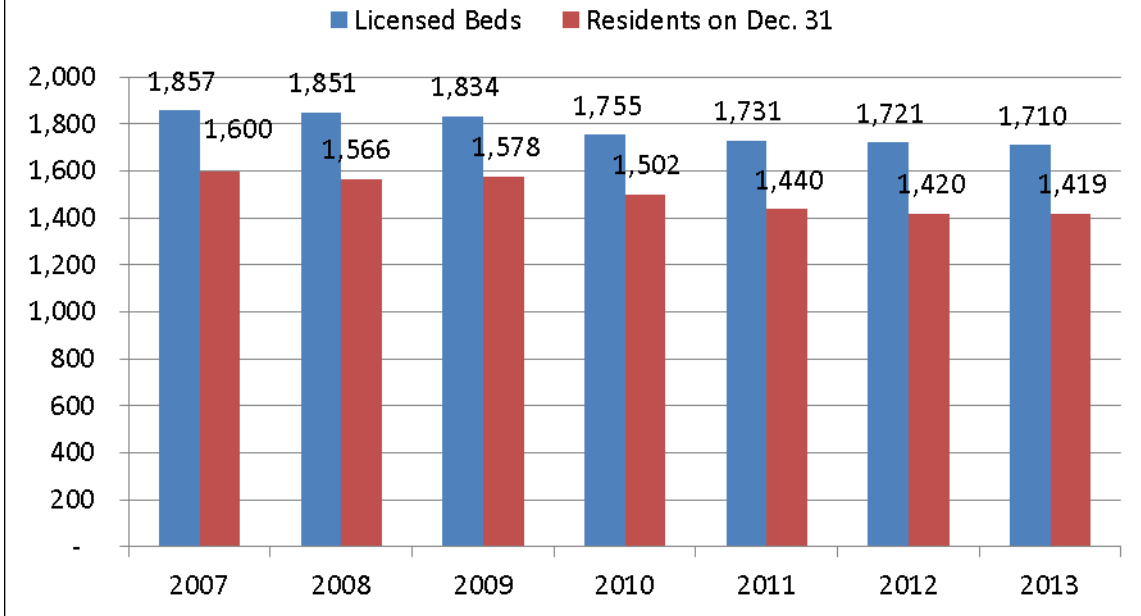
Lost productivity due to informal caregiving costs businesses \$17.1 billion annually. Cost to businesses to replace women caregivers who quit their jobs because of caregiving responsibilities has been estimated at \$3.3 billion. Absenteeism among women caregivers due to caregiving responsibilities costs businesses almost \$270 million. The cost to businesses because of partial absenteeism (e.g., extended lunch breaks, leaving work early, or arriving late) due to women's caregiving has been estimated at \$327 million. Caregiving-related workday interruptions add another \$3.8 billion to the burden borne by businesses.



Both trends depicted above indicate initial declines in hospitalizations resulting from hip fractures and diabetes. Unfortunately, the number of hospitalizations are increasing for both areas, probably as a result of the increase in number of older adults. The incidence of hip fractures resulting in hospitalization is at least two times higher than that for diabetes. Further, as part of the Business Acumen project in partnership with Wisconsin Institute of Healthy Aging (WIHA), the following Healthcare Effectiveness Data & Information Set (HEDIS) markers were learned, indicating falls continue to be an area of higher concern.

Organization	Type	County	# of insureds/ patients/ members	HEDIS: Diabetes	HEDIS: Falls
Dean Health Plan	Medicare Advantage Plan	Dane	10,117	4 out of 5	3 out of 5
Humana Insurance Co PPO	Medicare Advantage Plan	Dane	2,417	4 out of 5	2 out of 5
Care Wisconsin	Medicare Advantage Plan	Dane	993	4 out of 5	5 out of 5
Humana PFFS	Medicare Advantage Plan	Dane	685	4 out of 5	2 out of 5

## Nursing Homes - Licensed Beds and Residents on December 31 2007-2013



**Source:** Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Health Analytics Section, *Public Health Profiles, Wisconsin* web. 22 October 2015.

Unlike most counties in Wisconsin, Dane County has a long-standing financial commitment to provide long-term case management services for older adults, the goal being to assist seniors to remain living safely and independently in the community as long as possible. Through this program there has been reduction in need for licensed beds in addition to residents occupying nursing home beds.

Dane County is fortunate to have a vast network of aging services and resources, many being community-based interdependent public/private partnerships. The Client-Centered Case Management Program is a partnership between Dane County government and geographically-defined agencies. Dane County funds this program targeting senior adults with monthly incomes falling below 240% of the Federal Poverty Level. In addition, local municipalities and towns for which 15 Senior Focal Points provide services also make significant investments in this program. Contracting with the Focal Points presents a unique buying opportunity as Dane County cannot fully fund the program.

### Dane County's % funding of total budgets 2015: (41% total)

Belleville	85%	McFarland	26%	South Madison	40%
Colonial Club	70%	Middleton	49%	Southwest Dane	51%
DeForest	23%	NESCO	36%	Stoughton	22%
EMMCA	38%	Northwest Dane	72%	Waunakee	31%
Fitchburg	25%	Oregon	28%	West Madison	76%

Note: Belleville includes Verona (City and Town)

The following chart reflects the total number of seniors receiving case management services between 2008 and 2014:

<b>Focal Point</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Belleville	N/A	N/A	37	53	53	53	70
Colonial Club	97	73	143	186	194	233	236
DeForest	90	60	68	71	82	83	73
EMMCA	119	111	112	170	200	191	235
Fitchburg	102	126	132	102	106	113	112
McFarland	63	63	59	52	42	43	48
Middleton	82	100	93	100	102	100	94
NESCO	229	224	246	236	195	182	233
NW Dane	82	86	92	100	97	91	125
Oregon	69	53	46	46	59	83	128
South Madison	323	338	381	320	310	303	254
Stoughton	176	152	148	144	153	151	160
SW Dane	105	96	81	77	79	73	69
Waunakee	187	178	164	164	179	177	195
West Madison	390	319	402	355	358	367	293
<b>TOTAL</b>	<b>2,114</b>	<b>1,979</b>	<b>2,204</b>	<b>2,176</b>	<b>2,209</b>	<b>2,243</b>	<b>2,325</b>

In November 2012, Dane County opened an Aging & Disability Resource Center (ADRC) – which provides short-term Information & Referral services. AAA & ADRC work collaboratively to meet short- and long-term needs of seniors in Dane County. This partnership has proven to be extremely successful and timely, especially with the impact of the increasing Baby Boomer population. The ADRC reported 8,913 contacts of consumers age 60+ in 2013 and 13,707 in 2014.

This chart clarifies the roles of Information & Assistance and Case Management:

<b>Case Management</b>	<b>Information &amp; Assistance</b>
Face-to-face meeting with senior to review situation	Provide information & answer questions
Client Intake & Assessment Form completed	Make short term issue identification – limited to 60-90 days maximum
Determination of long-term case management needed (no time limit)	Help people understand long-term care services and choices available
Service Plan Goals developed	Provide entry point for publically-funded long-term care options
Refer, arrange, and coordinate services	Make available Disability & Elder Benefit Specialist services
Monitor progress of goals	Assist individuals with dementia and be a catalyst in creating dementia friendly communities

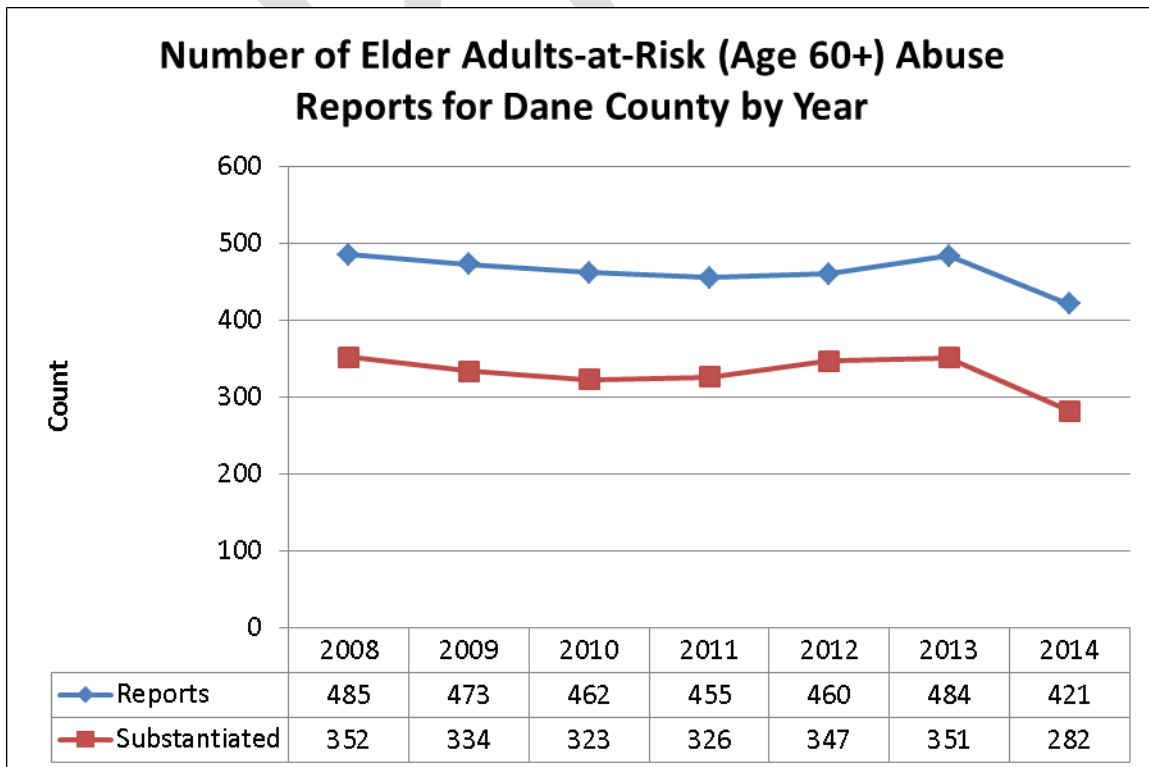
Dane County senior adults are extremely fortunate to have 32 ADRC I&A's and 40 Focal Point Case Managers guiding them through benefits, programs, and services.

## Elder Abuse

Unfortunately, information is not available as to the number of persons subjected to elder abuse and neglect. Based upon information from the National Center on Elder Abuse, it appears that female elders are abused at a higher rate than males and that the older person is the more likely one to be abused than the younger. Seniors may be reluctant to report abuse because of fear of retaliation, lack of physical and/or cognitive ability to report, or reluctance to get the abuser (90% of whom are family members) in trouble. A New York State Elder Abuse Prevalence Study concluded that for every case reported to Adult Protective Services, 24 were not. Further, major financial exploitation was self-reported at a rate of 41 per 1,000 surveyed, which was higher than self-reported rates of emotional, physical, sexual abuse, or neglect in this same study.

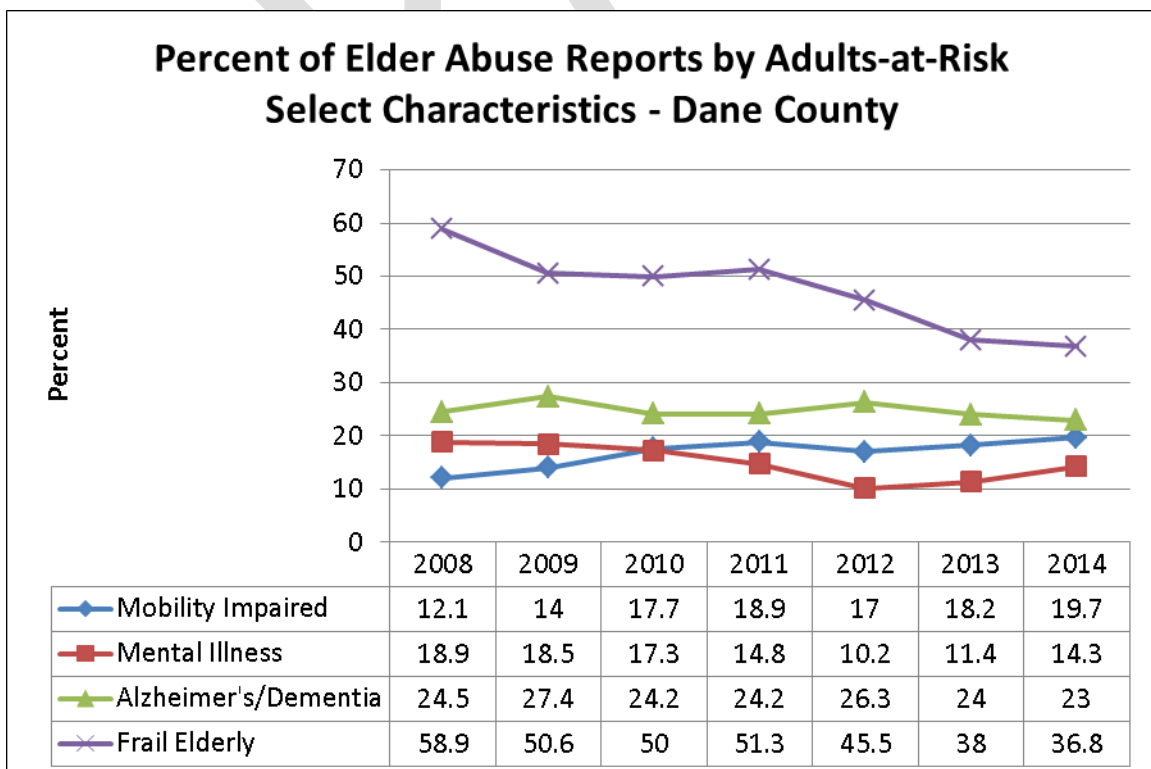
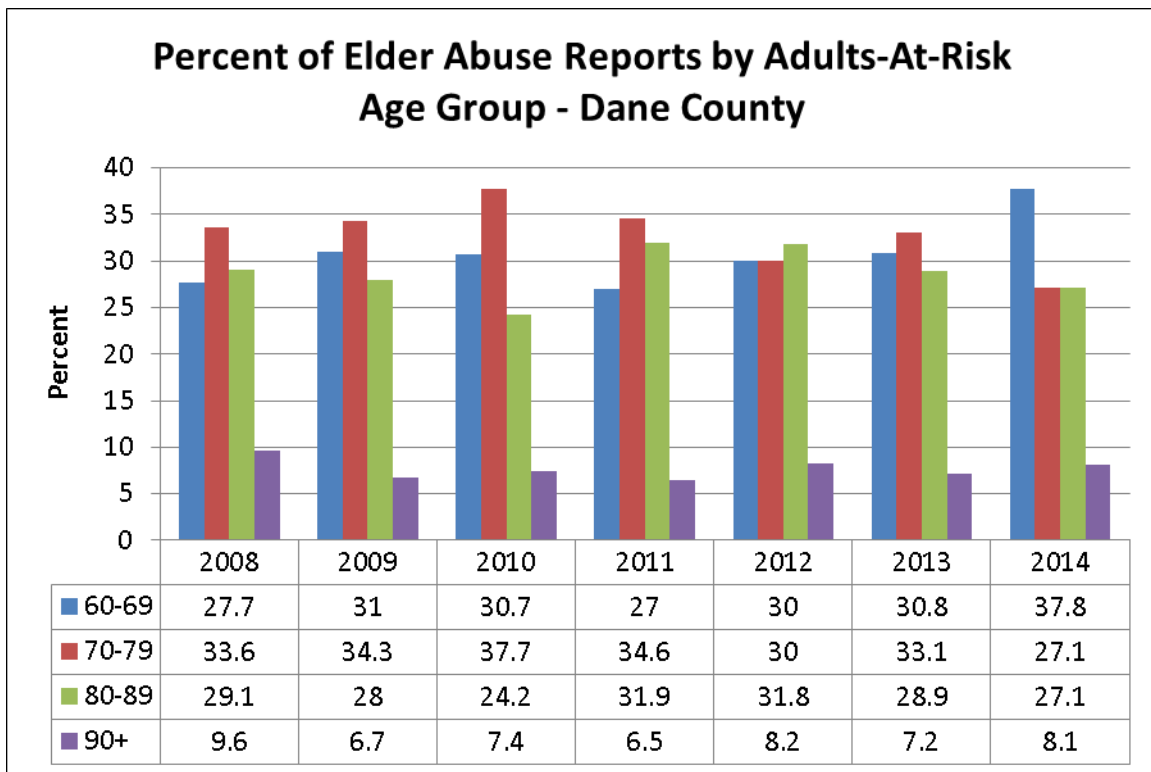
Family members who abuse alcohol or other drugs, who have a mental/emotional illness or feel burdened by caregiving responsibilities tend to abuse at a higher rate than those who do not, according to a study published in the *Journal of Elder Abuse and Neglect* 2009. Elders with dementia are thought to be at greater risk of abuse and neglect than those of the general elderly population. In fact, research from a 2010 study published by *The American Geriatrics Society* entitled, Screening for Abuse and Neglect in People with Dementia, indicated caregiver abuse and neglect of people with dementia was detected in 47.3% of surveyed caregivers, with 60% reporting verbal abuse, 10% physically abuse, and 14% neglect.

Simply put, seniors experiencing abuse, even modest abuse, had a 300% higher risk of death as compared with those who had not been abused (Elder self-neglect and abuse mortality risk in a community dwelling population, *Journal of the American Medical Association* 2009). That reported noted that victims of elder abuse had significantly-higher levels of psychological distress and lower perceived self-efficacy than older adults who had not been victimized. Given the rise in financial abuse and exploitation nationwide, the annual financial loss by victims of elder financial exploitation was estimated to be \$2.9 billion in 2009, an increase of more than 12% in 2008 according to a MetLife study. In Dane County, the leading substantiated form of abuse was self-neglect at 45.8%, with financial abuse coming in second at 23.8%.



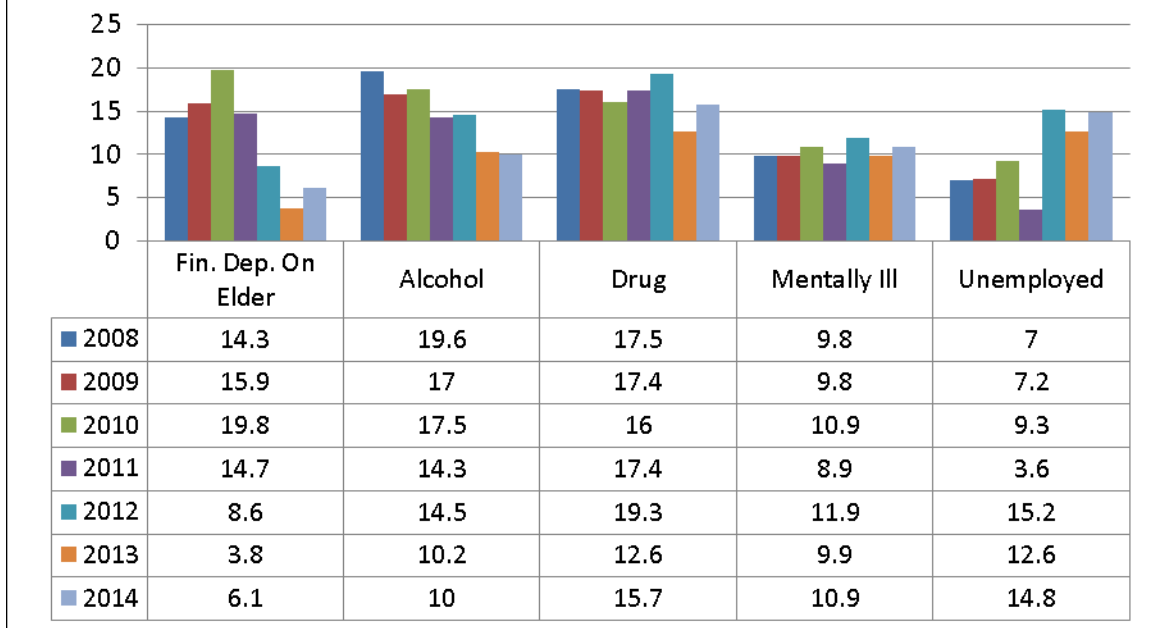
**Source:** WITS Statistical Summary Report for Elder Adults-at-Risk Age 60+ Dane County. Reports pulled by Shari Gray-Dorn, DCDHS Adult Protective Services Supervisor.

While reported abuse and substantiated finding of abuse in elders have decreased in Dane County, there is great concern that abuse is under-reported in view of the fact that only 6% of referrals to the Adult Protective Services (APS) unit were made by law enforcement in 2014. Encouraging domestic abuse reporting is needed, particularly in elders of PoCs and other cultures. Case managers are mandated reporters.





## Percent of Elder Abuse Reports by Select Characteristics of Alleged Abusers - Dane County



In Dane County, the current Adult Protective Services Unit consists of three Adult Guardianship Services social workers, three Elder Abuse social workers two part-time Adults at Risks workers, and one Victims of Crime Advocate social worker.

Adult Guardianship and Protective Placement social workers assess petitions from Probate Court and referrals from the community on individuals who are alleged to be incompetent and in need of protective services. They prepare petitions and court reports, provide court testimony, and monitor appropriateness of court orders and placements.

Elder Abuse social workers investigate reports of individuals age 60+ who are alleged to be subjects of physical, sexual or emotional abuse, financial exploitation, unreasonable confinement, or are self neglectful, and offer supported services.

The Victims of Crime Advocate social worker primarily receives referrals from the District Attorney's office of adults 60+ who have been victims of crime. She offers voluntary supportive services, which include assisting with the victim impact statement, explanation of rights, and keeping the victim informed of court activity and outcome.

Dane County is not exempt from the mental health, alcohol, and other drugs crisis in America. The issues are complex and time consuming, creating significant challenges that affect consumers—including older adults.

Dane County Executive Joe Parisi's 2016 Budget Proposal states, "The effects of mental illness are far reaching, affecting classrooms, families, and workplaces. We all have personal accounts of its impact and the barriers it presents to learning in school and professional development at work, not to mention the challenges it presents to maintaining safe and healthy homes. We all have a role to play in confronting this global epidemic that when left unchecked contributes to other challenges county government plays a direct role at mitigating; unemployment, substance abuse, domestic violence, and fractured families." His budget creates "new Community Crisis

Teams to assist local law enforcement and providers with around the clock mental health emergency support.”

“Working with Journey Mental Health, this 24/7 resource will connect those in crisis with more in person visits from trained mental health professionals. Too frequently these episodes now result in calls for law enforcement intervention. Sometimes that results in situations unnecessarily escalating, placing police officers in difficult positions to defuse severe health problems. Getting help to these individuals directly is not only a more effective means of treating their situations, but also a better use of our community's precious resources. This will help people with critical mental health challenges, their families, and law enforcement officials often now called in to respond.”

This year, Dane County began offering Comprehensive Community Services (CCS) to ensure those who need medical attention for mental health services can receive it. “In short, it’s a Medicaid benefit that offers an array of rehabilitation services for individuals with mental health and/or substance abuse needs. This community-based effort will connect those who want assistance with providers, with state and federal resources covering the expenses of services delivered.”

His budget also creates “a new Behavioral Health Resource Specialist position in the Department of Human Services. This social worker will serve to identify individuals who could benefit from available services like what’s offered through CCS and help facilitate enrollment. Since the onset of the Affordable Care Act, more people have insurance coverage and access to behavioral health services, often through managed care providers. However, people are not always aware of what services their insurance plan covers or they may have difficulty navigating the process. This new position will help direct people to appropriate systems of care through their healthcare provider or publicly funded system. As the first stop for Adult Mental Health and Substance Abuse services, the Behavioral Health Resource Specialist will determine one’s insurance status, assess if more than information and referral is needed, and collaborate across systems of care on behalf of the individual. This position will work closely with the Aging and Disability Resource Center and other providers to broker the service system.”

On the AAA level, alcohol abuse and mental health issues are exacerbating the complexity of case management services. As a result, AAA continues to fund a high-level evidenced-based program, *Prevention & Management of Alcohol Problems in Older Adults* with Title IIID funding. In addition, AAA created a pilot program in 2015 to contract for a licensed Mental Health Consultant to provide mental health strategies, resources, and opportunities to Senior Focal Point Case Managers working with senior adult clients (age 60+) experiencing mental health challenges. Funding for the pilot came from grants and a special project fund (County GPR).

## **B. Program Specific Studies**

In addition to considering population data, the AAA convened workgroups over the past three years to study specific programs for improvement as follows.

### **Case Management Program Studies**

A Case Management Workgroup began meeting in July 2013 to review and update several documents concerning the Case Management Program. This group consisted of two Focal Point Directors (Rural & Urban), three Case Managers (one Urban & two Rural), one ADRC I&A Specialist (and former Lead Case Manager), and two AAA staff. In three short months, the workgroup was able to accomplish a large amount of work which included AAA Client-Centered Case Management Standards, Client-Centered Case Management Policy & Procedures, Client-

Centered Case Management Logic Diagram, Dane County Client-Centered Case Management Program, Client Intake Form, Functional Assessment Form, and Client-Centered Case Management Service Plan.

The workgroup took on one more issue concerning the Case Management Program. Dane County funds the Case Management Program using 100% General Purpose Revenue (taxes). Focal Points are contracted by AAA to provide this service to Dane County adults age 60+ for free. For the past several years, a “fee for service” idea was discussed to create additional revenue to help stabilize the funding of this program. The Focal Point Directors and Case Managers were not in favor of a “fee for service” idea as they felt low-income seniors won’t access this vital service if payment is required. On the other hand, the directors and case managers realize relying totally on GPR funding makes this program “up for grabs” in challenging budget years. As a result, the AAA Board added this 2013 goal to the 2013-2015 AAA Area Plan:

- We will work with contracted community agencies to develop fee collection procedures for case management services for senior adult clients (who have an ability to pay) in order to secure the financial future of this vital service. (*Section 5—Local Focus Areas, B. Cost Effective Aging Services*)

An idea was presented for the workgroup to consider: Dane County would fund the Case Management Program for low income adults age 60+ living in Dane County. This would allow flexibility for each Focal Point to determine if they could provide case management services to seniors with an income level above the threshold (e.g., other funding sources, donations, private pay/fee for service, etc.). The workgroup evaluated the income eligible programs that currently exist (e.g., SeniorCare, Food Share, Medicare Part D, Long-Term Care Options, etc.) and recommended using 240% of the Federal Poverty Level as the threshold for receiving Dane County funded Case Management Services.

At their 11/12/13 meeting, the AAA Access Committee discussed, edited, and forwarded the documents to the AAA Board for final approval. This was done at the subsequent AAA Board meeting. This is one example of how Dane County is beginning to target services by limiting, in this case income, criteria for receiving services in order to continue service without increasing funding.

The Access Committee also studies the Case Management Funding Formula each year before forwarding a recommendation to the AAA Board for final approval. The formula was created in 2003 and includes identifying factors and assigning funding percentages according to unmet needs of senior adults. The 2016 formula is as follows:

Factor	Formula
Base	15%
Rural (Elderly Density - age 60+)	15%
Population (age 60-74)	10%
Population (age 75-84)	12%
Population (age 85+)	5%
Living Alone (age 65+)	20%
Household Poverty (age 65+)	20%
Minority Population (age 60+)	3%
<b>Total</b>	<b>100%</b>

## **Elderly Nutrition Program Study**

As recorded in the October 2014 AAA Nutrition/Wellness Committee Meeting minutes, a motion was approved *“to establish a workgroup, appointed by the Chair of the Nutrition/Wellness Committee of interested volunteers and stakeholders, for the purpose of interpreting data and shaping or recommending improvements for the future of the Senior Nutrition Program of Dane County; this workgroup shall provide their recommendations to the Nutrition/Wellness Committee by 1 May 2015.”*

The following information was provided to the Workgroup of stakeholders in order to proceed with any future planning for the Elderly Nutrition Program:

- Congregate & Home-Delivered Meal History
- Congregate & Home-Delivered Meal Current Operations
- Congregate Meal Site Locations - List & Geographic Information System (GIS) Map of site locations
- Home-Delivered Meal Site Preparation/Delivery
- Caterers (List of Caterers by Meal Site)
- Request for Proposal Bids/Contracts vs. Waiver of Bids
- Nutrition Program Budget/Costs to Dane County (Expense/Revenue Pie Charts)

A significant amount of data and other information was reviewed and studied by the workgroup. This included:

- Number of Dane County Meal Sites as Compared to Like Counties, 2015
- Congregate Meal Trend Data, 2012-present
- 2015 Meal Cost Analysis by Site
- 2014 Average Daily Congregate Meal Site Attendance
- Site Participant Demographics by Poverty, Nutrition Risk, and Race
- Donation Trend Data

After careful review of the data and information, workgroup members were then tasked with determining and prioritizing positive outcomes directed at improving the Senior Nutrition Program in Dane County over the course of the next three program years. These outcomes, in order of priority, were:

1. Equitable funding of Site Management across dining sites. (This should also consider cost effective policies and practices regarding minimum attendance and maximum labor costs associated with congregate and home delivered meals separately.)
2. Adequate funding of Site Management costs. (This should also consider cost effective policies and practices regarding minimum attendance and maximum labor costs associated with congregate and home delivered meals separately.)
3. Communities are aware of meal programs available to persons age 60 and over, to include seniors, professionals, family and/or caregivers. This should consider rebranding to remove stigma.
4. Participation in the senior nutrition program mirrors the aging population in Dane County with respect to race, ethnicity, income and nutrition risk.
5. Partnership with other community organizations and agencies that serve older adults to increase utilization and decrease duplication of effort.

6. Meals sites are accessible to the greatest number of seniors and consider distance, access by the general public, transportation, and ADA standards.

Once the desired outcomes were determined, a decision tree method was used by the workgroup to determine the best course of action to achieve desired outcomes. Several solutions were considered, with the best solution documented in the attached decision tree document for each outcome area (see Appendix \_\_).

These desired outcomes and strategies were approved by the AAA Board in May 2015. A funding formula was considered that more equitably distributed scarce funding to sites based upon the area's prevalence of poverty, living alone, rural, and minority status of older adults.

Factor	Formula
% all meals served	50%
Food Share Poverty (age 65+)	12.5%
Living Alone (age 65+)	12.5%
Rural Factor - Elderly (age 60+)	12.5%
Minorities (age 60+)	12.5%
<b>TOTAL</b>	<b>100%</b>

This funding formula was adopted and will take effect in the 2016 contracts with site management agencies. The remaining strategies and pursuant outcomes became the foundation for planning by the Area Plan workgroup for Nutrition for the next three years and are mirrored in the Plan Goals.

### C. Perceptual Analysis

The two largest funded aging programs in Dane County, Case Management and Elderly Nutrition, underwent extensive evaluation since the last Area Plan. The findings of these two evaluations help inform workgroups and provided significant information regarding seniors' perception of services through these two programs.

- Case Management Services Evaluation (see Appendix \_\_)
- Nutrition Program Evaluation (see Appendix \_\_)

### D. Targeting and Prioritizing Services

In some cases, as a result of the study process, Dane County began the process of targeting service by narrowing service criteria. Funding formulas were then adopted to target financial resources to meet targeted needs. Without increased funding, it is likely the AAA will serve fewer and fewer adults that do not meet targeting criteria, where the County funding has now become the payer of last resort. In other areas, as a result of limited funding, priority was considered in the number of programs offered based upon indicators of need. Beyond the scope of this three year plan, the future of aging services in Dane County may need to be prioritized to those more frail individuals who have few, if any, financial, social and community supports and/or who live in more rural areas of Dane County.

Based upon population and demographic data analysis, workgroup studies, and program evaluations, the goals of the plan were developed in the five focus areas required by the State in addition to local focus areas and special projects. The role of the Aging Unit in Long Term

Care and the organization of the Aging Network and Long Term Care is more fully described next as the mechanism for achieving the AAA Plan Goals over the next three years.

### **E. County Aging Network and Long-term Care System**

With an annual budget exceeding \$4.7 million from the Older Americans Act (Federal funding), County taxes (State & County), grants, and nutrition donations, AAA is minimally staffed to accomplish the following programs:

- Administer & monitor 25 annual contracts holding 47 programs (2 full-time County staff members)
- Elder Benefit Specialist Program (3 full-time County staff members)
- Registered Dietetic Technician (.5 FTE contracted position)
- Caregiver Coordinator (.8 FTE contracted position)
- MIPPA Coordinator (.2 FTE contracted grant position)

By contracting with numerous community-based Aging Network agencies, additional senior adult programs and services are offered throughout Dane County.

Dane County is very fortunate to have 15 senior centers (referred to as Senior Focal Points) that serve as purchase of service agencies for the County. Through these community-based centers, services are developed and provided with a great variety of leisure, educational, and recreational services. These agencies also provide nutrition program services (both congregate and home-delivered) and case management services (to include assistance with benefit specialist services, assistance in making connections to transportation, and serve as the service providers in their geographic location). Whenever possible, the Senior Focal Points work to expand and develop partnerships with local communities, non-profit agencies, and the private sector.

AAA also contracts with numerous community agencies to provide the following services: Alcohol & Other Drug Services for Older Adults, Falls Prevention, Cultural Diversity Programs, Grandparents & Other Relatives as Parents Caregiver Program, Senior Advocacy Training, and Volunteer Programs.

Other units within Dane County Department of Human Services contracts for additional senior adult programs that include Adult Day Care, Driver Escort Program, Long-term Care Programs, Medical Assistance Case Management, National Alzheimer's Caregiver Support Program, and Transportation.

### **F. Critical Issues and Unmet Needs**

The following critical issues and unmet needs were identified during the planning process after considering population data, existing resources, perceptual analysis, program studies, and evaluations. Individual workgroups identified the following issues and unmet needs:

#### **Elder Justice**

- Increasing incidence of financial abuse cases and crimes against senior adults
- Financial exploitation of seniors is rising
- Law enforcement and emergency responder referrals to adult Protective Services is low
- Persons of Color (PoC) are less likely to have a health care power of attorney document on file
- Resources for victims of financial scams are needed

## **Elderly Nutrition**

- Funding for nutrition site management continues to remain flat or decline
- Elderly nutrition sites are not considering costs equally
- Seniors are unaware of the elderly Nutrition Program
- PoC are under represented in those served by the Elderly Nutrition Program
- Geographic Information System (GIS) Mapping data is needed to ensure nutrition sites are located to serve the greatest number of seniors and relocate underutilized sites

## **Healthy Aging**

- Participation in Healthy Aging programs is reliant upon direct referrals from Health Care Providers
- Increased workshops are needed to reverse the incidents of hospitalization due to falls
- PoC are underrepresented in Healthy Aging Programs in Dane County

## **Services in Support of Caregivers**

- Seeking caregiver support (e.g., respite and grandparents raising grandchildren)
- Individual caregivers and community businesses are unaware of available resources for support
- Respite is the most pressing need for caregivers

## **Services to People with Dementia**

- Aging Network needs additional training and technical assistance about individuals and families facing dementia
- Dementia related resource agencies are widespread but lack collaborative efforts
- Evidenced-based programs for persons with dementia are needed
- The incidence of dementia in African Americans is twice that of Whites
- Dementia Friendly Communities and Memory Cafes lack standards and best practice criteria
- Dementia awareness and Silver Alert Program are widely unknown by Dane County residents

## **Local Priorities**

- Increasing number of senior adults with mental health issues and complex needs more senior adults with Alzheimer's/Dementia
- Number of non-English proficient speaking seniors continue to increase necessitating the need for Bilingual Case Management and Cultural Diversity Services
- While ADRC services have reduced the need for Focal Point Case Managers to provide I&A assistance, the need for long-term case management services continues to grow
- Many elders with mental health needs are not well treated or untreated due to a lack of services in the mental health system

## **Special Projects**

- Increasing number of senior adults seeking benefits (e.g., Food Share, Energy Assistance, SeniorCare, MAPP, Homestead Tax Credit, Medicare/Medicaid, etc.)
- Growing population of senior adults planning for retirement
- Needing financial management and budgeting help
- The need for future services will exceed our ability to fund services, increasing the need for volunteers in all aspects of aging programs

## G. Future Implications

As expected with the opening of the ADRC in late 2012, Dane County experienced an increase in consumer requests for information and assistance for both senior adults and adults with disabilities and their families. Couple this with the forecasted population explosion due to the Baby Boomers, and we continue to be thankful of the Senior Focal Point case management system offered in the County. We are fortunate to be able to refer these senior adults to the Senior Focal Points for long-term case management—a program unique to Dane County.

Year	Case Management Clients (unduplicated/age 60+)	ADRC I & A Consumer Contacts (duplicated/age 60+)
2008	2,114	N/A
2009	1,979	N/A
2010	2,204	N/A
2011	2,176	N/A
2012	2,209	(opened 11/28/12)
2013	2,243	8,913
2014	2,325	13,707

This data indicates that despite having both programs available to seniors, the number of case management clients still increased (2,136 average clients during 2008-2012). This is also true when analyzing the increased number of service hours for the case management program (17,963 average service hours during 2008-2012 compared to 20,053 in 2013 and 20,081 in 2014). With the increasing number of Baby Boomers projected in the next ten years and the increasing complexity of the needs of seniors, Dane County will continue to be challenged in securing funding to contract case management services.

## H. Resources & Partnerships

AAA and/or ADRC are represented and share common goals with the following community partners:

Caregiver Alliance	Focal Point Directors Meetings
Community Coordinated Response--Elder Abuse	Health Watch Wisconsin
Community Coalition (Care Transitions)	Homeless Consortium
Continuity of Care	Nutrition Site Managers Contact Group
Dane County Benefits Collaborative	Social Security Administration-local office
Dane County Financial Abuse Specialist Team (FAST)	Wisconsin Aging Advocacy Network (WAAN)
Dementia Friendly Communities	Wisconsin Area Agencies on Aging Association (w4a)
Dementia Network	Wisconsin Association of Benefit Specialists (WABS)
Elderly Advocacy Network (EAN)	Wisconsin Association of Nutrition Directors (WAND)
Elderly Services Network (ESN)	Wisconsin Association of Senior Centers (WASC)
Falls Prevention Taskforce	WIHA State-wide Coordinating Committee



AAA currently contracts with the following community-based agencies for the direct provision of services:

Alzheimer's & Dementia Alliance of WI  
Colonial Club Senior Activity Center  
Consolidated Food Services  
DeForest Area Community & Senior Center  
East Madison/Monona Coalition on Aging  
Family Service Madison  
Fitchburg Senior Center  
Gaylord Catering  
HealthyMinds  
Home Health United  
Independent Living  
McFarland Senior Outreach Services  
Middleton Senior Center

North/Eastside Senior Coalition  
Northwest Dane Senior Services  
Oregon Area Senior Center  
RSVP  
Safe Communities  
South Madison Coalition of the Elderly  
Stoughton Area Senior Center  
Sugar River Senior Center (aka Belleville)  
Southwest Dane Senior Outreach  
The Rainbow Project  
Waunakee Senior Center  
Waunakee Schools  
West Madison Senior Coalition

## **I. Advocacy Efforts**

The Older Americans Act (OAA) requires States receiving funds to establish visible, effective advocacy services on behalf of the elderly.

The Dane County AAA mission statement includes an advocacy role ("Advocate for older adults and enable them to maintain their full potential and enhance their quality of life.")

AAA's Legislative/Advocacy Committee created the Elderly Advocacy Network in 2012 to advocate on behalf of senior adults in Dane County. EAN's mission is to build a strong and cohesive group to contact public officials and advocate on issues of interest to the aging population in Dane County. Membership is now approaching 250 and includes community leaders, volunteers, and senior adults from Senior Focal Points/Senior Centers and other community organizations serving seniors. The network will continue to expand; aging program/service providers are also forwarding Action Alerts to their email networks. Advocacy Alerts are either emailed or mailed to EAN members when issues need action; members are provided information about the issue and steps they may take to help with the advocacy process. Our goal is for EAN members to see this as an important community service and a way in which senior adults may make a difference in their own and many other lives.

AAA provides information about aging issues to its Board and Committee members (Access, Legislative/Advocacy, and Nutrition/Wellness). Information is also provided to the AAA's many Purchase of Service agencies who in many cases publish the information in their monthly newsletters that go out to senior adults, family members, and caregivers residing in their service areas. AAA staff meets bi-monthly with the Focal Point Directors (15) whose service areas cover the entire county, for the purpose of sharing pertinent information and discussing topics of interest.

AAA staff coordinates, plans, arranges for speakers, and attends Case Manager trainings approximately eight mornings per year. Case Managers serve senior adults in their respective service areas which cover the entire county. Information pertinent to their clients is shared at these meetings. AAA staff also meets with Nutrition Purchase of Service staff quarterly to share information. A nutrition newsletter written by AAA staff is distributed for nutrition participants four times per year.

AAA hosts Senior Advocacy Training (SAT) each summer. With a theme of “How to Win Friends and Influence Elected Officials,” details of this program include:

- **Program Goal**

To empower 15-20 senior adults, through intensive advocacy training, (1) to be effective advocates for the Dane County Senior population through an understanding of the legislative and budget processes, ability to communicate issues, and knowledge of available resources; and (2) to learn citizen advocacy leadership skills and empower them to assume roles on COUNTY, local government, and Purchase of Service agency commissions, committees, advisory boards, and/or organized senior advocacy networks.

- **Program Objectives for Training Participants**

1. Understanding the role of citizen advocates;
2. Understanding how decisions are made in Dane County and the State of Wisconsin and who the key decision makers are at each level in the decision making process;
3. Understanding best practice strategies used to perform effective citizen advocacy;
4. Understanding issues impacting seniors in Dane County requiring citizen advocacy support; and,
5. Use these new skills to practice citizen advocacy to effect change on issues important to seniors in Dane County during the subsequent and future County and State Budget processes.

- **Provider Responsibilities**

With the help of the AAA Staff, volunteers Tom Frazier and Esther Olson coordinate, plan, and implement the SAT program to include: marketing, scheduling of presenters and special guest speakers, arranging for the facilities and the appropriate technology needs of the presenters, registering participants, arranging refreshments for the participants, and copying and distributing materials.

- **Target Population of Participants**

This is an intensive advocacy training program targeting adults age 60 and over who are interested in learning ways to influence public policy and to serve on board committees and commissions. Additional interested participants are included if room is available. Participants are expected to attend and complete all four (4) workshop sessions.

- **Referral Process**

Referrals for this intensive advocacy training program come from throughout the community, including but not limited to RSVP of Dane County, Aging and Disability Resource Center (ADRC) of Dane County, Area Agency on Aging (AAA) of Dane County, Senior Focal Points, aging network-to include the Elderly Advocacy Network (EAN), and senior adults and their family members.

The result of the above mentioned advocacy efforts resulted in the following tangible outcomes through the Dane County budget process over the past three years:

- Approval of a third full-time Elder Benefit Specialist staff position in 2014 (at a cost of \$68,000 GPR and Medicaid reimbursement through 100% time reporting).
- Increased funding for Bilingual Case Management in 2015 (\$10,000 GPR).
- Creation of a Special Projects Fund in 2014 to address unmet needs in the Case Management Program (\$13,800)
- Increased Case Management Program funding in 2015 (\$18,331 GPR) for a 2.5% total increase
- Increased Nutrition Site Management funding in 2015 (\$12,911 GPR) for a 3.1% total increase

In addition, strong advocacy of Dane County seniors enhanced state-wide budget efforts in maintaining local oversight and operation of the ADRC and maintain SeniorCare in its current form.

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## Section 5—Public Involvement in the Plan Development

### Planning Process

In developing the 2016-2018 Area Plan, AAA was guided by the following work plan:

- Form Advisory Council with representation from AAA Board and Committees, contracted agencies, aging network, and seniors with Dane County staff facilitating meetings
- Divide Advisory Council into five Focus Workgroups: Elder Nutrition Program, Services in Support of Caregivers, Services to People with Dementia, Healthy Aging, and Elder Justice)
- Review the 2013-2015 AAA Area Plan and annual progress reports (AAA Board, Advisory Council, and Focus Workgroups)
- Obtain input from the following Dane County staff members:
  - Ariel Barak, Human Services Program Analyst
  - Lori Basteau, Human Services Senior Program Analyst Manager
  - Norah Cashin, Human Services Transportation Coordinator
  - Kari Clemens, DCDHS IT Systems Coordinator
  - Jennifer Fischer, ADRC Manager
  - Beth Freeman, Community Services Manager
  - Fran Genter, Adult Community Services Division Administrator
  - Sheri Gray-Dorn, Adult Protective Services Supervisor
  - Sridevi Mohan, Public Health Epidemiologist
  - Lynn Riley, ADRC I&A Supervisor
  - Deb Solis, ADRC Program Specialist
  - Wesley Sparkman, Contract Compliance Officer
- Draft goals for required focus areas by appropriate workgroups and present to AAA Board prior to public release
- Create online survey and disseminate to seniors, caregivers, and providers
- Host two public hearings—one in a rural location and the other in an urban location
- Target feedback from seniors receiving Dane County services and seniors who do not receive Dane County services
- Use feedback from survey and public hearings to fine-tune goals
- Recommend final approval of revised goals by AAA Board and submit to BADR

The AAA Board solicited feedback from many stakeholders in preparing for this current area plan. In early 2015, internal discussions began among the AAA Board and Committees, Purchase of Services agencies, and AAA staff to organize the area plan process. Upon receipt of the plan's template from BADR in June, AAA staff aggressively solicited volunteers to serve on an Advisory Council. Interested community members responded and AAA staff ensured the majority of the final group were age 60+ and not elected officials. The 20 member Advisory Council represented the AAA Board (all 10 members) and Committees (Access, Legislative/Advocacy, and Nutrition/Wellness), Senior Focal Point staff (East Madison/Monona Coalition of the Aging Lead Case Manager and West Madison Senior Coalition Director), Purchase of Services Agencies (Alzheimer's & Dementia Alliance of Wisconsin, Alzheimer's Association, and Wisconsin Institute on Healthy Aging, Safe Communities), and an unpaid Community Caregiver.

At the first Advisory Council meeting on 6/25/15 (see Appendix \_\_\_\_), a timeline was developed to ensure all required steps were followed to submit an approved plan by the 12/31/15 deadline (see Appendix \_\_\_\_). After dividing into workgroups to address the five required focus areas (see Appendix \_\_\_\_), Human Services staff were appointed to provide guidance for each

workgroup (AAA Manager, AAA Program Specialist, ADRC Information & Assistance Supervisor, ADRC Manager, ADRC Program Specialist, Adult Protective Services Supervisor, and Caregiver Program Coordinator). The summer months were busy with workgroups meeting multiple times to draft goals for their areas. Guided by the Area Plan Instructions provided by BADR, AAA staff created instructions for each workgroup (see Appendix \_\_\_) and guided them through the process of reviewing the 2013-2015 Area Plan focus area goals (see Appendix \_\_\_) to determine if they had been successfully completed or needed to be continued in the 2016-2018 plan. Once the workgroup brainstormed ideas, which were then evaluated and edited, AAA staff helped by navigating the process of turning ideas into SMART goals. At summer's end, draft goals were ready to be presented the Advisory Council on 9/30/15 and AAA Board on 10/5/15. All through this timeframe, AAA staff drafted the remaining narrative sections of the plan and posted it on the AAA website on 10/6/15.

Several key events occurred during October:

- The AAA Board approved draft plan was presented to all three Board Committees (Access, Legislative/Advocacy, and Nutrition/Wellness) and the Senior Focal Points to review and provide comments.
- Human Services staff finalized questions for an online survey addressing the draft goals. The survey was publicized throughout the County and disseminated to seniors throughout the aging network. This was the first time an online survey was offered to solicit public input.
- AAA staff created a PowerPoint presentation to be used at the two public input sessions (see Appendix \_\_\_).

This strategy allowed an increased number of community members to be reached and surveyed compared to previous area plans.

The two input sessions were held from 6 October through 6 November at the following locations:

Date	Time	Site	Number of Participants
Tuesday, 13 October 2015	10:30 am	Meadowridge Library	20
Monday, 19 October 2015	12:30 pm	Mt Horeb Senior Center	35

### Public Hearings, Comments, and Changes

Once a draft area plan was developed by the Advisory Council and approved by the AAA Board, AAA staff shared the plan with the public and solicited comments and suggestions at two public hearings in October.

The public was notified about the hearings through the following outlets:

- AARP emailed an announcement to their Dane County age 60+ members (4,779 total) (see Appendix \_\_\_)
- Posted notice on the AAA website
- Flyers delivered to all Dane County Senior Focal Points and Senior Centers for posting (see Appendix \_\_\_)
- Notices sent to all Elderly Advocacy Network members—via email or snail mail

- Notices sent to Senior Focal Points to include in their October newsletters (see Appendix \_\_\_\_)
- News release submitted to 80 media contacts (see Appendix \_\_\_\_)

Public hearings were held on Tuesday, 13 October 2015 at Meadowridge Library from 10:30 to 11:45 am and on Monday, 19 October 2015 at Mt. Horeb Senior Center from 12:30 to 1:45 pm. A total of 55 individuals, 20 from Meadowridge Library and 35 from Mt Horeb Senior Center, attended the hearings and provided valuable suggestions as to how the plan could be improved.

Participants were informed that public hearings were an opportunity to provide feedback on the established goals that were initially written to reflect the needs and desires of older adults and their representatives that participated in various input activities during October and November 2015. State mandated and local goals were presented and read one-by-one to public hearing participants. Staff elaborated to clarify content and the audience was offered the opportunity to ask questions and obtain answers after each goal was read.

Participants were registered and AAA staff took written notes at each session. (See Appendix \_\_\_\_ for meeting minutes.) Throughout the planning process (workgroup sessions, surveys, and public hearings) participants were offered the opportunity to send written and verbal feedback to the AAA via phone, e-mail, and snail mail.

The sessions were extremely well attended. There were members from the Area Agency on Aging of Dane County's Board and its Advisory Council at each session. All public input during these sessions was documented and collected by AAA staff. Based on response provided at the public hearings, older adults were satisfied with the established goals as the information reflected what seniors said they needed and wanted during input sessions.

AAA staff analyzed all input session responses, one written comment (see Appendix \_\_\_\_), and 214 online surveys. A complete summary of all online survey findings can be found in Appendix \_\_\_\_\_. 62% of the survey responders were age 60+ and 92.26% reported "White" as their racial or ethnic heritage. Although 7.74% of our responders indicated "non-White" as their racial or ethnic heritage—which aligns with the broader Dane County population—this is an area we can improve upon when seeking public input for our 2019-2021 Area Plan.

Preliminary findings were shared with the Advisory Council and AAA Board at their November meetings. Comments, questions, and ratings shared at the sessions or through the survey revealed the following:

#### **Elder Justice**

- 96% of survey responders rated these goals as "Very Important" or "Somewhat Important"
- We received several questions about costs and available resources for advance directive documents.

#### **Elder Nutrition**

- With the exception of one goal, 86% of survey responders rated these goals as "Very Important" or "Somewhat Important"—41% rated the *Relocate meal sites serving fewer than 15 congregate meals and/or 20 home-delivered meals* goal as "Not Very Important" or "Don't Know"

- Several questions were received concerning the costs of meals, what would happen to homebound or rural seniors if meal sites are relocated, food quality, and dietary education.

### **Healthy Aging**

- 76% of survey responders rated these goals as “Very Important” or “Somewhat Important”
- Many older adults are not aware of evidence-based Healthy Aging programs offered throughout Dane County and expressed a desire for them to be located more broadly throughout the community, at no or very low cost, and greater participation by persons of color in the community.

### **Services in Support of Caregivers**

- 86% of survey responders rated these goals as “Very Important” or “Somewhat Important”
- Several comments were made regarding the need to make information available to a broad spectrum of people in the community assisting caregivers and the need for this information to remain current, yet meet the needs of those not familiar with using computers.

### **Services to People with Dementia**

- 92% of survey responders rated these goals as “Very Important” or “Somewhat Important”
- Caution was made to not duplicate existing dementia services, the need for dementia programs to be offered in rural communities and for socially isolated seniors (living alone), and suggestions were offered for additional resources and tools to aid caregivers of dementia affected individuals.

Based on public input via public hearings and surveys, the AAA Board made the following changes to its area plan: **insert**

## Section 6—Plan Period Goals

### Elder Justice

**History:** Dane County investigated 421 elder abuse cases in 2014. Family members represent the most likely abuser of older adults. 64% are female victims. Self-neglect followed by financial exploitation remain the top categories of abuse.

#### 2016

Increase referrals to Adult Protective Services (baseline of 6% in 2014) from Law Enforcement and Emergency Responders by providing 2 training opportunities to County, City, and/or Municipal law enforcement and emergency responders about the role and services provided by APS by 31 December 2016.

- This goal appears annually 2016-2018.

Encourage 60 racially diverse seniors (20 each year) to take charge of their health care decisions prior to crisis situations by educating, through one APS led workshop in the community, and then linking and assisting African American, Latino, and Asian seniors to complete and file Health Care Power of Attorney Documents as measured by the number of diverse seniors self-reporting the completion of a HC POA within three months of the workshop by 31 December 2016.

- This goal appears annually 2016-2018.

#### 2017

Increase referrals to Adult Protective Services (baseline of 6% in 2014) from Law Enforcement and Emergency Responders by providing 2 training opportunities to County, City, and/or Municipal law enforcement and emergency responders about the role and services provided by APS by 31 December 2017.

- This goal appears annually 2016-2018.

Encourage 60 racially diverse seniors (20 each year) to take charge of their health care decisions prior to crisis situations by educating, through one APS led workshop in the community, and then linking and assisting African American, Latino, and Asian seniors to complete and file Health Care Power of Attorney Documents as measured by the number of diverse seniors self-reporting the completion of a HC POA within three months of the workshop by 31 December 2017.

- This goal appears annually 2016-2018.

Increase awareness about how to report and repair finances for victims of financial scams by APS and Consumer Protection agencies by offering a “train the trainer” workshop by 3/31/2017 for the 40+ Senior Focal Point Case Managers and Student Interns, as measured by: (1) Number of presentations made by Case Managers and seniors attending; (2) Number of Consumer Protection Repair Kits distributed to seniors; and, (3) Number of individual clients counseled regarding reporting and repairing finances after a scam by 31 March 2017.

- This goal appears in 2017 & 2018.



## **2018**

Increase referrals to Adult Protective Services (baseline of 6% in 2014) from Law Enforcement and Emergency Responders by providing 2 training opportunities to County, City, and/or Municipal law enforcement and emergency responders about the role and services provided by APS by 31 December 2018.

- This goal appears annually 2016-2018.

Encourage 60 racially diverse seniors (20 each year) to take charge of their health care decisions prior to crisis situations by educating, through one APS led workshop in the community, and then linking and assisting African American, Latino, and Asian seniors to complete and file Health Care Power of Attorney Documents as measured by the number of diverse seniors self-reporting the completion of a HC POA within three months of the workshop by 31 December 2018.

- This goal appears annually 2016-2018.

Increase awareness how to report and repair finances for victims of financial scams by continuing to collaborate with Senior Focal Point Case Managers and Student Interns to offer workshops, as measured by: (1) Number of presentations made by Case Managers and seniors attending; (2) Number of Consumer Protection Repair Kits distributed to seniors; and, (3) Number of individual clients counseled regarding reporting and repairing finances after a scam by 31 December 2018.

- This goal appears in 2017 & 2018.

## **Elder Nutrition Programs**

**History:** Dane County hosts 25 senior nutrition sites and uses 5 licensed food caterers. 15 Senior Focal Points manage the sites. 3,528 senior adults ate 84,319 meals at sites in 2014. 1,200 senior adults ate 127,659 home-delivered meals in 2014.

## **2016**

Adequately fund Nutrition Site Management by introducing, training, and implementing a newly required standardized budgeting tool across all contracted sites by 1 May to (1) discern the actual cost of a meal for advocacy purposes in the 2017 budget, and (2) better cost setting of full meal reimbursement from Managed Care Organizations by 1 October 2016.

Ensure Dane County communities are aware of congregate meal programs available to persons age 60+ to include seniors, professionals, family and/or caregivers—to be measured at the conclusion of a planned, launched, and evaluated GO 60! public media campaign, resulting in an anticipated 20% increase in congregate meal participation by seniors (by comparing December 2016 to December 2015) by 31 December 2016.

## **2017**

Ensure participation in the senior nutrition program mirrors the aging population in Dane County with respect to race, ethnicity, income, living alone, and rural status by including performance measures for serving targeted seniors in all 2018 Elder Nutrition Program contracts by 15 October 2017.

Manage meal sites more cost effectively by issuing Request for Proposals for strategically relocating existing sites serving fewer than 15 congregate meals and/or 20 home-delivered meals on average through revitalized dining sites with existing or new partners, to include

businesses and/or additional agencies that serve older adults to increase utilization by 1 April 2017.

## **2018**

Relocate meal sites based on Geographic Information System (GIS) mapping data, to ensure meals sites are easily accessible to the greatest number of seniors living alone or in poverty while considering distance, physical or psychological access, transportation, and ADA standards by 31 December 2018.

Manage meal sites more cost effectively by issuing Request for Proposals for strategically relocating existing sites serving fewer than 15 congregate meals and/or 20 home-delivered meals on average through revitalized dining sites with existing or new partners, to include businesses and/or additional agencies that serve older adults to increase utilization by 1 April 2018.

## **Healthy Aging**

**History:** AAA works with the Wisconsin Institute on Healthy Aging, as grant funding permits, to coordinate and provide evidenced-based health and wellness programs through a contract with Safe Communities. AAA further contracts with Family Services Madison to coordinate and provide an AODA evidence-based program for older adults across Dane County. Several of the following goals are contingent on either additional funding for coordination of *Living Well* and *Healthy Living with Diabetes* evidence-based programs or soliciting volunteers to coordinate these activities through 2018.

## **2016**

Establish a direct referral protocol and relationship between ADRC, Healthy Aging Coordinator, and UW Northeast Clinic and/or another targeted health clinic (Dean East) to fill three Healthy Living with Diabetes (HLWD) class cycles by 31 December 2016.

Establish and integrate the use of warm referral techniques into evidence-based Health Promotion programs by internal resources at the ADRC and AAA, to include: Information and Assistance Specialists, Disability Benefit Specialists, Elder Benefit Specialists, and Senior Focal Point Case Managers to be measured by the number of warm referrals received from these sources for evidence-based classes by 31 December 2016.

Increase *Stepping On* workshops in Dane County by 25% (to 15 class cycles) by 31 December 2016.

- This goal appears annually 2016-2018.

Strategically coordinate at least five *Stepping On* workshops that are in geographically diverse areas (including urban, rural, and underserved) throughout Dane County at a variety of host sites that include senior centers, senior housing complexes, clinics, hospitals, churches, community centers, etc. to increase access for individuals to participate by 31 December 2016.

- This goal appears annually 2016-2018.

## **2017**

Identify and target two areas within Dane County where *Stepping On* classes are not currently being offered and recruit at least two new leaders and two new peer leaders in these areas by working with existing health care providers, churches, community centers, etc. by 31 December 2017.

Increase the diversity of participants in *Stepping On* workshops from 1% to 10% by connecting and collaborating with at least two local entities serving and advocating for communities of color by 31 December 2017.

Develop a direct referral protocol and relationship with the Wisconsin Pharmacy Quality Collaborative for the referral of participants into *Stepping On*, *HLWD*, and *Living with Chronic Conditions* (LWCC) classes by 31 December 2017.

Increase *Stepping On* workshops in Dane County by 25% (to 19 class cycles) by 31 December 2017.

- This goal appears annually 2016-2018.

Strategically coordinate at least five *Stepping On* workshops that are in geographically diverse areas (including urban, rural, and under-served) throughout Dane County at a variety of host sites that include senior centers, senior housing complexes, clinics, hospitals, churches, community centers, etc. to increase access for individuals to participate by 31 December 2017.

- This goal appears annually 2016-2018.

## **2018**

Recruit and train at least two leaders and two peer leaders in *Stepping On* from communities of color by 31 December 2018.

Deepen the collaboration with at least two local entities serving and advocating for communities of color by developing a referral system that will fill at least two *Stepping On* classes by 31 December 2018.

Increase *Stepping On* workshops in Dane County by 25% (to 24 class cycles) by 31 December 2018.

- This goal appears annually 2016-2018.

Strategically coordinate at least five *Stepping On* workshops that are in geographically diverse areas (including urban, rural, and under-served) throughout Dane County at a variety of host sites that include senior centers, senior housing complexes, clinics, hospitals, churches, community centers, etc. to increase access for individuals to participate by 31 December 2018.

- This goal appears annually 2016-2018.

## **Services in Support of Caregivers**

**History:** Also referred to as the Caring for the Caregiver Program, AAA contracts with a local agency to staff a part-time program coordinator who works in the AAA office. The program recognizes the critical role of families in providing care to older family members, friends, and neighbors. Services include referrals to support groups, financial assistance and supplemental services to aid caregiving, and a monthly newsletter. Additional outreach efforts are made through the Caregiver Alliance, a network of community-based agencies who support caregivers.

## **2016**

Enhance resources within the caregiver community by creating a comprehensive user-friendly toolkit to be made available through support services for seniors by 31 December 2016.

The toolkit will be:

- Updated on a regular basis.
- Distributed via the AAA website and social media (paper copies provided on request).
- Included in the monthly Caregiver Assistance Newsletter where appropriate.

Establish a comprehensive, locally-focused clearinghouse for caregiver resources available in Dane County libraries by 31 December 2016.

The collection will include:

- Books and printed materials.
- Digital sources of information such as webinars, websites, and notices of area-specific resources such as support groups, speaker events, and local education opportunities.
- *Powerful Tools for Caregivers* classes

## **2017**

Assist four private or public Human Resource Offices in Dane County in developing policies and procedures or initiating programs to enable current and future caregivers to provide services to individuals by 31 December 2017.

- Programs will increase public awareness; help caregivers self-identify; educate caregivers on symptoms of stroke, heart attack, dementia, and epilepsy; and identify resources for use by caregivers.
- Mechanisms to convey information will include presentations and educational programs tailored to train volunteer trainers; inform the general public, including present and future caregivers; educate caregivers on best-practice methods; alert caregivers to risks to their own well-being; and provide information about local contact resources.
- A PSA to be shared on social media and via broadcast media will define caregiving and identify resources and how to locate them.

## **2018**

Collaborate with community partners to solicit 25 volunteers to form 5 respite teams, who will be trained to provide companionship and assistance to care receivers, which will allow caregivers much greater flexibility and more time for themselves by 31 December 2018. Collaborate with AARP to expand the state's caregiver call-in support program by educating Dane County caregivers of this program that reduces caregiver stress and isolation by 31 December 2018.

## **Services to People with Dementia**

**History:** Dane County Department of Human Services was awarded two grants to fund a Dementia Care Specialist (through June 2016) and Dementia Caregiver Support Specialist (through August 2017). Several of the following goals are contingent on these two staff positions continuing through 2018. The Dementia Care Specialist has been working in the County since 2014. When hired, the Dementia Care Support Specialist will address the high percentage of dementia reported within the African American community. Dane County has two community partners that provide support: Alzheimer's Association and Alzheimer's & Dementia Alliance of Wisconsin.

## **2016**

Provide consultation, collaboration, and technical assistance to ADRC, AAA, and Adult Protective Services staff who interact with individuals and families facing dementia or undiagnosed early cognitive changes by 31 December 2016. (This goal is ongoing through 2018.)

Form an information sharing Dementia Network to expand community knowledge of Dementia-related programs and services with 20 active participants in order to better serve Dane County residents by 31 December 2016.

Provide support to people with identified or unidentified memory loss to help maintain their independence by implementing 4 sessions in 2 evidence-based programs for family caregivers (*Memory Care Connections* and *Powerful Tools for Caregivers*) and 5 individual connections with people in early stage dementia (*Language Enriched Exercise Plus Socialization or LEEPS*) by 31 December 2016. (This goal is ongoing through 2018.)

### **2017**

Provide support and empowerment of African American caregivers through United Family Caregivers 1 & 2 Programs by 31 December 2017.

Encourage retention of employees with dementia by promoting Young On-set Worker Retention Tool-kits, programs, and training through social media and other venues in order to retain seniors as active and engaged employees by December 31, 2017.

- Increase number of business providing support for employees through toolkit and programs
- Record # of businesses received toolkit and are “invested”

### **2018**

Develop a County-wide standard and best practices criteria to help define Dementia Friendly Communities and Memory Cafes in order to provide uniformity and ensure program stability and consistency by 31 December 2018.

Expand community awareness of dementia and/or the Silver Alert Program by creating 15 educational opportunities at community locations in order to promote livable communities in Dane County by 31 December 2018.

- Workshop(s)
- Electronic photo storage

## Section 7—Agency/Local Priorities

The AAA Board established the following three agency/local priorities: Bilingual Client-Centered Case Management, Client-Centered Case Management, and Mental Health Consultation.

Service Name	<b>Bilingual Client-Centered Case Management Program</b>
Standard Service Title	Case Management
Standard Service #	SPC 604
Agency Providing Service	North/Eastside Senior Coalition (NESCO)
Contact Information	Jim Krueger, (608) 243-5252, jkrueger@nescoinc.org
Hours of Operation	Monday-Fridays, 7:45 am-4:30 pm
Service Provided	<p>This program funds client-centered case management services for low-income non-English speaking adult clients, age 60+ that live in Dane County. Low-income is determined as falling below 240% of the Federal Poverty Level. This program assesses the needs of the non-English speaking client and the client's family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for multiple services to meet specific complex needs and preferences. Client-centered case management is based on the recognition that a trusting and empowering direct relationship between case manager and client is essential to facilitate a client's use of services along a continuum of care and to restore or maintain independent functioning to the fullest extent possible. It requires the case manager to develop and maintain a professional relationship with the client, which may include linking the client with systems that provide needed advocacy, services, resources, and opportunities. The focus of case management is client centered, recognizing the importance of each client's interests, worth, and right to self-determination and confidentiality. This program has no time limit for a client to receive services. Starting in 2004, 767 Latino seniors have been referred from Focal Points outside of NESCO's service area to receive Bilingual Case Management Services (average of 70/year). In 2012, NESCO's two Bilingual Case Managers provided 1,321 hours of case management services for 54 Latino seniors. In 2014, they provided 1,186 hours of case management services for 69 Latino seniors. This was despite having only one Bilingual Case Manager due to limited staff funding.</p>
How does this service relate to AAA priorities?	<p>One Focal Point (North/Eastside Senior Coalition) has been contracted for County-wide service since 1994, but not funded until 2013 for this service. NESCO has served Latino seniors living in Sun Prairie, Fitchburg, Marshall, Mazomanie, McFarland, Middleton, Monona, Oregon, and Madison. In 2013, \$10,000 from the Total Case Management funding allocation was awarded to NESCO specifically for non-English proficient case management services. This resulted in a decrease of Case Management funding—which was spread equally amongst the 15 Focal Points. In 2015, \$10,000 in funding was taken from another GPR line—and \$10,000 was restored to the Total Case Management funding. Also in 2015, an additional \$5,000 was awarded to this program to help recruit and retain Spanish-speaking Case Management staff. This program aligns with the Dane County Racial Equity and Social Justice vision by enabling</p>

	Latino senior adults to remain living in their own homes (“affordable and safe housing”) through the efforts of Spanish-speaking case managers. (see Client-Centered Case Management Program for additional information).
How does AAA monitor this service for quality and financial integrity?	NESCO is contracted annually to provide Bilingual Client-Centered Case Management Program services for non-English speaking Latino senior adults living in Dane County. (see Client-Centered Case Management Program for additional information).  Funding for this program comes from County GPR.
Goals	<ul style="list-style-type: none"> <li>• Maintain current Bilingual Client-Centered Case Management Program funding and service levels to meet the needs of seniors not proficient in English by 31 December 2016.</li> <li>• To ensure retention of qualified and experienced Bilingual Case Managers by increasing funding 5% annually in 2017 &amp; 2018.</li> <li>• Ensure quality Bilingual Client-Centered Case Management Program services are provided each year as measured by the POMP Case Management Satisfaction Survey by 31 December 2016, 2017 &amp; 2018.</li> </ul>

Service Name	<b>Client-Centered Case Management Program</b>
Standard Service Title	Case Management
Standard Service #	SPC 604
Agency Providing Service	15 Senior Focal Points in Dane County (see Appendix ____)
Contact Information	Cheryl Batterman, (608) 261-9789, batterman.cheryl@danecounty.com
Hours of Operation	Monday-Fridays, 7:45 am-4:30 pm
Service Provided	This program funds client-centered case management services for low-income adult clients, age 60+ that live in Dane County. Low-income is determined as falling below 240% of the Federal Poverty Level. This program assesses the needs of the client and the client’s family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for multiple services to meet specific complex needs and preferences. Client-centered case management is based on the recognition that a trusting and empowering direct relationship between case manager and client is essential to facilitate a client’s use of services along a continuum of care and to restore or maintain independent functioning to the fullest extent possible. It requires the case manager to develop and maintain a professional relationship with the client, which may include linking the client with systems that provide needed advocacy, services, resources, and opportunities. The focus of case management is client centered, recognizing the importance of each client’s interests, worth, and right to self-determination and confidentiality. This program has no time limit for a client to receive services.

<p>How does this service relate to AAA priorities?</p>	<p>The goal of the client-centered case management program is to provide senior adults in Dane County the support they need to achieve and maintain optimum independence in their community through the assessment of need and the coordination and monitoring of community-based services. Client-centered case management optimizes client functioning by a thorough assessment of needs. Using this assessment, the case manager, with the client's input, develops a plan that provides services in the most efficient and effective manner. Client-centered case management rests on a foundation of professional training, values, knowledge, theory, and skills used in the service of attaining goals that are established in conjunction with the client and the client's family and/or significant individuals, when appropriate. Client-centered case management is ongoing, and includes the following specific goals:</p> <ol style="list-style-type: none"> <li>a. To promote and enhance, when possible, the skills of the client in accessing and utilizing supports and services</li> <li>b. To develop the capacities of social networks and relevant human services providers to promote the functioning and well-being of the client to enable their independence</li> <li>c. To promote service effectiveness while providing services and supports in the most efficient manner possible</li> <li>d. To link, create, and promote formal and informal systems to provide the client with resources, services, and opportunities</li> </ol>
<p>How does AAA monitor this service for quality and financial integrity?</p>	<p>All 15 Senior Focal Points are contracted annually to provide case management services for the seniors living in their service areas. Contracts list the following PROVIDER responsibilities:</p> <ol style="list-style-type: none"> <li>a. Require case management staff to adhere to the National Association of Social Worker's Code of Ethics, Dane County Client-Centered Management Standards, and Dane County Client-Centered Case Management Policy &amp; Procedures;</li> <li>b. Require at least one case manager in attendance at each COUNTY coordinated case management training;</li> <li>c. Require PROVIDER director (or designated staff member) to attend COUNTY coordinated Focal Point Director meetings;</li> <li>d. Report specific, identifiable services for each client/consumer on the Dane County Monthly Client Service Report (610 Form). All reportable activities shall also be documented in case notes and shall include the amount of time spent on the activity to the nearest quarter of an hour. The hours reported on the monthly 610 form for each client/consumer shall match/equal the hours of service documented in case notes;</li> <li>e. Require case management staff to include the standard confidentiality statement in all electronic documents sent by email;</li> <li>f. Require case management staff to offer their clients an opportunity to receive an injury prevention/home safety check and assistance in eliminating home safety dangers;</li> <li>g. Require case management staff to provide their clients a directory that includes the telephone numbers for the Aging and Disability Resource Center of Dane County, Dane County Emergency Management's Disaster Preparedness Registry, Elder Abuse Helpline, and Senior Focal Points;</li> </ol>



	<p>h. Require case management staff to conduct home-delivered meal eligibility assessments within four (4) weeks of start of service. Reassessments will be completed annually for ongoing participants and more frequently as necessary to determine continued eligibility;</p> <p>i. Collaborate with DCDHS staff to distribute a satisfaction survey annually for Client-Centered Case Management clients to complete;</p> <p>j. Require case management staff to refer MA eligible clients whenever he/she appears to meet the criteria for MA Case Management;</p> <p>k. Require case management staff to submit a Quarterly Client-Centered Case Management Report to AAA; and</p> <p>l. Require Quarterly Expense Reports and Annual Audit.</p> <p>Using only GPR funding (\$728,992/2015), Dane County Department of Human Services has a long history of investing in and supporting the Senior Focal Point network—which offers a unique opportunity to provide community-based programs and services for senior adults living in Dane County. Case management is a vital component of the available service mix. A limited number of community agencies provide this vital service—which would not be the same without the joint partnerships. In addition, local municipalities and towns of the 15 Senior Focal Points also make significant investments in this program. Contracting with the 15 Senior Focal Points presents a unique buying opportunity as Dane County doesn't fund the full service. In fact, Dane County covered only 41% of the total 2015 case management funding.</p>
Goals	<ul style="list-style-type: none"> <li>• Maintain current Client-Centered Case Management Program funding and service levels to meet the needs of seniors by 31 December 2016.</li> <li>• To ensure retention of qualified and experienced Case Managers by increasing funding 5% annually in 2017 &amp; 2018.</li> <li>• Ensure quality Client-Centered Case Management Program services are provided each year as measured by the POMP Case Management Satisfaction Survey by 31 December 2016, 2017 &amp; 2018.</li> </ul>

Service Name	<b>Mental Health Consultant Program</b>
Standard Service Title	Agency Systems Management
Standard Service #	SPC 702
Agency Providing Service	HealthyMinds, LLC
Contact Information	Cheryl Batterman, (608) 261-9789, batterman.cheryl@danecounty.com
Hours of Operation	Monday-Fridays, 7:45 am-4:30 pm
Service Provided	Fifteen Senior Focal Point agencies under contract with Dane County employ over 40 case managers. These case managers serve over 2,500 senior adults (age 60+) annually, many of whom have mental health needs that are not well treated or untreated. These mental health needs are barriers to the senior adults' functioning and quality of life. This contracted pilot program provides Mental Health consultative expertise to assist Senior Focal Point Case Managers in serving senior adults (age 60+) with mental health needs. The contract runs 1 July 2015 through 31 December 2016. There is no time limit for Senior Focal Point case managers to receive consultation services.

<p>How does this service relate to AAA priorities?</p>	<p>The goal of the Mental Health Consultant Program is to provide mental health strategies, resources, and opportunities to Senior Focal Point Case Managers working with senior adult clients (age 60+) experiencing mental health challenges. Senior Focal Point Case Managers provide senior adults in Dane County the support they need to achieve and maintain optimum independence in their community through the assessment of need and the coordination and monitoring of community-based services. Client-centered case management optimizes client functioning by a thorough assessment of needs. Using this assessment, the case manager, with the client's input, develops a plan that provides services in the most efficient and effective manner. Client-centered case management rests on a foundation of professional training, values, knowledge, theory, and skills used in the service of attaining goals that are established in conjunction with the client and the client's family and/or significant individuals, when appropriate. Client-centered case management is ongoing.</p>
<p>How does AAA monitor this service for quality and financial integrity?</p>	<p>The contract lists the following PROVIDER responsibilities:</p> <ol style="list-style-type: none"> <li>a. Provide consulting services and training to COUNTY's staff and Senior Focal Point Case Managers with senior adult clients (age 60+) experiencing mental health challenges;</li> <li>b. Hire staff at PROVIDER's discretion to perform this work. PROVIDER's staff providing direct services under this Agreement must be a Master's level mental health clinician and at least three (3) years mental health experience;</li> <li>c. Monitor COUNTY's policies and practices to ensure compliance with Client-Centered Case Management Policies and Procedures;</li> <li>d. Meet with COUNTY program manager to discuss substantive issues relating to contracting agencies' services and identified needs; and</li> <li>e. Provide Quarterly Expense Reports and Annual Audit.</li> </ol> <p>Funding for this pilot program comes from grants and County GPR.</p>
<p>Goals</p>	<ul style="list-style-type: none"> <li>• Maintain funding and service levels to meet the needs of Senior Focal Point Case Managers in 2017 &amp; 2018.</li> </ul>

## Section 8—Special Projects

AAA provides the following special projects that involve OAA and grant funds from the Bureau of Aging and Disability Resources.

Service Name	<b>Cultural Diversity Project</b>
Standard Service Title	Outreach
Standard Service #	SPC 601
Agency Providing Service	North/Eastside Senior Coalition
Contact Information	Jim Krueger, (608) 243-5252, jkrueger@nescoinc.org
Hours of Operation	Monday-Friday, 8 am-4:30 pm. Educational programs on health and wellness are offered at various times.
Service Provided	This contracted program purchases staff hours to provide support and assistance to African American and Latino senior adults living in Dane County.
How does this service relate to AAA priorities?	<p>Provides a minimal of two (2) events each month for Latino seniors (offered in Spanish) and African American seniors. One event focuses on a culturally appropriate educational topic and the other event focuses on a culturally appropriate wellness topic. Other activities offered throughout the year include health fairs, classes, and social outings to help reduce the feeling of isolation from the larger community. The programs provide a broad range of group and individual activities and services that respond to the needs and interests of African American and Latino senior adults and their families. The groups and activities offered address the following areas:</p> <ul style="list-style-type: none"> <li>• Avoiding Disease and Disability</li> <li>• Engagement with Life</li> <li>• Maintaining High Cognitive and Physical Functioning</li> </ul>
How does AAA monitor this service for quality and financial integrity?	<p>The contract lists the following PROVIDER responsibilities:</p> <ol style="list-style-type: none"> <li>1. Provides a minimum of 50 events and 100 hours of programming to 275 unduplicated senior adults annually.</li> <li>2. Quarterly Service Report is completed and submitted to AAA.</li> <li>3. Attempts are made to serve low-income and minority senior adults at least in the same proportion as their incidence in the population of senior adults in Dane County.</li> <li>4. Special emphasis is placed on identifying, informing, and serving rural senior adults; senior adults with greatest economic or social need (with particular attention to low-income minority senior adults), and senior adults with severe disabilities.</li> </ol> <p>This program is funded by OAA Title III-B.</p>

Service Name	<b>Falls Prevention- <i>Stepping Up Stepping On</i></b>
Standard Service Title	Agency/Systems Management
Standard Service #	SPC 702
Agency Providing Service	Safe Communities, Inc.
Contact Information	Cheryl Wittke, (608) 256-6713, cwittke@safercommunity.net
Hours of Operation	16 hours per week, varies
Service Provided	<p>This contracted program supports a 16 hour per week, Healthy Aging Program Coordinator to provide services to accomplish the following requirements:</p> <ol style="list-style-type: none"> <li>1. Conduct outreach with health care providers, supportive service providers, parish nurses, disability groups, insurance companies and HMO's to inform them of and to increase referrals to the Falls Prevention Programs in Dane County;</li> <li>2. Work to increase participation by targeting outreach to independent apartments, faith communities, food pantries, libraries, donation stores, and other venues;</li> <li>3. Research and enlist cooperation with the media to include print, television, and radio; and</li> <li>4. Recruit additional people to be trained as volunteer leaders for this prevention program. In addition, funding is used to purchase supplies and promotional materials necessary to provide these services.</li> </ol>
How does this service relate to AAA priorities?	<p>This service is directly related to Healthy Aging goals of our 2016-2018 Area Plan. The contract for coordinator services will:</p> <ol style="list-style-type: none"> <li>1. Increase referrals to/from the medical, insurance, and aging and disability services networks.</li> <li>2. Increase participation in falls prevention programs by older adults at risk for falls.</li> <li>3. Recruit additional people to be trained as volunteer peer leaders for this program.</li> <li>4. Increase Stepping On workshops 25% each year for the next 3 years.</li> </ol> <p>Without a coordinator, these classes might continue as we have a strong Falls Prevention Task Force, but the number of classes would not grow and data would not be submitted to BADR.</p>
How does AAA monitor this service for quality and financial integrity?	<p>AAA monitors grant compliance and achievement of grant goals and objectives via reports to the granting agency.</p> <p>This program is funded through a Wisconsin Institute for Healthy Aging (WIHA) grant.</p>

Service Name	<b>Friendly Visitor</b>
Standard Service Title	Outreach
Standard Service #	SPC 601
Agency Providing Service	Independent Living, Inc.
Contact Information	Linda Lane, (608) 274-7900, llane@independentlivinginc.org
Hours of Operation	Monday-Friday, Coordination occurs 8 am-4 pm, volunteers work all hours of the week
Service Provided	This contracted program purchases staff hours for coordinating volunteer services for senior adults to enhance their quality of life. The program recruits, screens, interviews, and matches volunteers with senior adults. The services offered by the volunteers are: Telephone Reassurance, Friendly Visiting services, and Evening Meals on Wheels and free Holiday Meals delivery, as well as special projects such as snow shoveling and home chores in rural areas of Dane County.
How does this service relate to AAA priorities?	Goals of this program are over-arching goals of OAA and are to: <ol style="list-style-type: none"> <li>1. Reduce social isolation, increase self-reliance and independence, and help senior adults stay active and connected to their community.</li> <li>2. Continue to provide a back-up, on-call safety system to supplement regular Telephone Reassurance and evening meals for frail, older senior adults who do not respond to a call or delivery.</li> <li>3. Offer volunteer opportunities to senior adults to enhance their sense of purpose and self-worth and meet their own needs to stay active and connected.</li> <li>4. Increase minority participation as both clients and volunteers.</li> <li>5. Continue to retain and reward volunteers through appreciation and recognition of their efforts.</li> </ol>
How does AAA monitor this service for quality and financial integrity?	The contract lists the following PROVIDER responsibilities: <ol style="list-style-type: none"> <li>1. Complete and submit Monthly Service Reports to AAA reflecting the number of volunteers recruited and placed with senior adults.</li> <li>2. Serve low-income individuals and minority elders at least in the same proportion as their incidence in the population of senior adults in the County.</li> <li>3. Place special emphasis on identifying, informing, and serving rural senior adults; senior adults with greatest economic or social need (with particular attention to low-income minority senior adults), and senior adults with severe disabilities.</li> </ol> <p>This program is funded by OAA Title III-B and Community Aides.</p>

Service Name	<b>Grandparents &amp; Other Relatives as Parents (GORP) Caregiver Program</b>
Standard Service Title	Training/Development
Standard Service #	SPC 701
Agency Providing Service	The Rainbow Project
Contact Information	Sharyl Kato, (608) 255-7356, skato@therainbowproject.net
Hours of Operation	Monday-Friday, 9 am-5 pm and is extended to accommodate weekend or evening support groups
Service Provided	This contracted program is part of the National Family Caregiver Support Program and funded by the Older Americans Act. It provides for multifaceted systems of support services for grandparents or older individuals that are relative caregivers of children under 19 years of age or adult children with a disability who are between 19 and 59 years of age.
How does this service relate to AAA priorities?	The goals of this program are to strengthen the capacity of grandparents who have unique need and strengths, in order to support the mental health and special needs of their grandchildren and provide safety and stability to ensure a healthy future.
How does AAA monitor this service for quality and financial integrity?	<p>The contract lists the following PROVIDER responsibilities:</p> <ol style="list-style-type: none"> <li>a. Provide administrative staffing to successfully meet the goals and objectives of this contract.</li> <li>b. Conduct outreach with community agencies to inform them of and to increase referrals to the Grandparents and Other Relatives as Parents Program in Dane County.</li> <li>c. Provide information to caregivers about available services.</li> <li>d. Provide assistance to caregivers in gaining access to services.</li> <li>e. Provide individual counseling, organization, and facilitation of a monthly support group to assist in making decisions and solving problems relating to caregiver roles (annual performance indicators: serve a minimum of 35 unduplicated clients who attend an average of 4 monthly support groups).</li> <li>f. Publish and distribute a monthly newsletter (<i>Caring &amp; Kinship Connection</i>).</li> <li>g. Assess and submit Dane County Caregiver Grants to AAA.</li> <li>h. Collect and submit Client Registration/Client Services Reports to AAA.</li> <li>i. Complete and submit Quarterly Client Services Reports to AAA.</li> <li>j. Provide telephone warm-line coverage as a resource for caregivers (annual performance indicator: minimum of 120 hours).</li> </ol> <p>This program is funded by OAA Title III-E.</p>

Service Name	<b>Medicare Improvements Patient &amp; Provider Act (MIPPA)</b>
Standard Service Title	Outreach
Standard Service #	SPC 601
Agency Providing Service	Colonial Club Senior Activity Center (Contracted Employee)
Contact Information	Gail Brooks, (608) 261-9746, gbrooks@countyofdane.com
Hours of Operation	10 hours per week, varies
Service Provided	Through the MIPPA grant, Dane County contracts with a local vendor to employ a 10 hour per week MIPPA Outreach Specialist to work with the EBS's in Dane County. The Dane County MIPPA Outreach Program Specialist provides outreach and assistance activities to help beneficiaries who are likely to be eligible for the Medicare Part D Low Income Subsidy (LIS), Medicare Savings Program (MSP), SeniorCare Level 1 (SC1), or Medicare prescription drug coverage (Part D). The program further provides for education, outreach, and assistance to professionals providing services to beneficiaries in rural areas, and outreach activities county-wide aimed at Medicare prevention and wellness benefits.
How does this service relate to AAA priorities?	Includes activities that better enable persons to locate and apply for MIPPA benefits and resources, which are appropriate to their needs. Includes initial outreach efforts directed at motivating persons to obtain needed services. Includes systematic attempts by partnering agencies to secure increased numbers of clients from specific segments of the community or specifically defined groups (e.g., rural residents or low-income groups). Is consistent with meeting the needs of the most vulnerable population of seniors thus enhances the reach of Older American Act funded programs of priority.
How does AAA monitor this service for quality and financial integrity?	A written report about MIPPA outreach activities is provided monthly to BADR during this three year grant. Further, Public & Media (PAM's) are entered into the SHIP data system to record outreach. Through our trained SHIP counselors, data is entered monthly into the SHIP data-base regarding services provided to individuals. The AAA Program Specialist supervises the contracted employee, with respect to hours on project, and is the contract manager for the project, monitoring compliance with contract performance measures and approving all invoices for payment of funds.  This program is funded through a grant from BADR.

Service Name	<b>Older Adult AODA Prevention Program</b>
Standard Service Title	Community Prevention
Standard Service #	SPC 408
Agency Providing Service	Family Service Madison
Contact Information	Doug McLain, (608) 252-1320, dougm@fsmad.org
Hours of Operation	Monday-Friday, 8 am-5 pm and other hours by appointment
Service Provided	This contracted program purchases staff hours for coordinating services for senior adults with Alcohol and Other Drug Abuse (AODA) challenges.
How does this service relate to AAA priorities?	The goals of this program include: utilize evidence-based practices to reduce the incidence of AODA problems among senior adults; directly intervene when AODA issues are identified involving older persons; and develop skills of Dane County Aging Network providers in responding to the needs of senior adults with AODA problems. This program is based upon the evidence-based alcohol prevention/reduction program called <i>“Prevention and Management of Alcohol Problems in Older Adults.”</i> It is approved by the U.S. Administration of Aging and is designed specifically for a senior adult population to enhance their commitment to change AODA behavior.
How does AAA monitor this service for quality and financial integrity?	<p>The contract lists the following PROVIDER responsibilities:</p> <ol style="list-style-type: none"> <li>1. Collaborate with Dane County Aging Network agencies, health professionals, and Dane County staff to provide support to senior adults and to their unpaid caregivers around substance abuse issues.</li> <li>2. Train and consult with service providers on ways to build substance abuse resiliency and reduce risk and how to identify and intervene with alcohol, drug and medication abuse, or dependency.</li> <li>3. Work collaboratively with other health professionals such as pharmacies, physicians and clinics to educate senior adults and their families about alcohol/drugs, medication management, alcohol abuse, and dependency.</li> <li>4. Provide screening, information, and referrals for senior adults who abuse alcohol and drugs.</li> <li>5. Train senior adults through classes and/or support group in techniques for preventing alcohol and other drug abuse, including techniques such as pain or stress management, relaxation, assertiveness training and maintaining self-esteem, and managing losses and changes.</li> <li>6. Collaborate with Safe Communities (Drug Poisoning Prevention) and United Way (Medication Management) to reduce the number of overdoses for senior adults.</li> <li>7. Complete &amp; submit Quarterly Service Report to AAA.</li> </ol> <p>This program is funded by OAA Title III-D.</p>



Service Name	<b>Volunteer Program</b>
Standard Service Title	Outreach
Standard Service #	SPC 601
Agency Providing Service	RSVP of Dane County, Inc.
Contact Information	Margie Zutter, (608) 663-7536, mzutter@rsvpdane.org
Hours of Operation	Monday-Friday, 8:30 am-5 pm
Service Provided	This program purchases staff hours for coordinating volunteer services for senior adults to enhance their quality of life. The program recruits, screens, interviews, and matches volunteers with various job assignments. The volunteer assignments include but are not limited to: basic volunteer jobs located at community agencies across Dane County. All volunteers are provided with the Aging and Disability Resource Center of Dane County and Elder Abuse Helpline telephone numbers as part of their intake/training process.
How does this service relate to AAA priorities?	This service is essential as it recruits more than 500 home-delivered meal drivers each year for delivery of meals to frail, homebound older adults and the volunteers that assist in serving meals at 25 congregate meal sites across Dane County. Without this service, the elderly nutrition program would not be able to function.
How does AAA monitor this service for quality and financial integrity?	<p>The contract lists the following PROVIDER responsibilities:</p> <ol style="list-style-type: none"> <li>1. Complete and submit Monthly Service Reports to AAA reflecting the number and demographics of volunteers recruited and placed at community agencies.</li> <li>2. Attempts are made to serve low income individuals and minority elders at least in the same proportion as their incidence in the population of senior adults in the County.</li> <li>3. Special emphasis is placed on identifying, informing, and serving rural senior adults; senior adults with greatest economic or social need (with particular attention to low-income minority senior adults), and senior adults with severe disabilities.</li> </ol> <p>This program is funded by OAA Title III-B.</p>

## Section 9—Direct Services Waiver

Area Agency on Aging of Dane County is seeking a waiver to provide direct services on the following program.

Service Name	<b>Elder Benefit Specialist</b>
Service Description	<p>The Dane County Elder Benefit Specialist Program is administered by the Area Agency on Aging (AAA) of Dane County and is co-located and operated in partnership with the Dane County Aging and Disability Resource Center (ADRC). The EBS Program provides free advocacy and legal advice/representation for senior adults (age 60+) residing in Dane County that are faced with benefit, housing and other disputes or denials, complications, changes in benefits, claims not paid, and other similar issue groups that have an economic or socially isolating effect on the older adult. Potential EBS clients first contact the ADRC Information &amp; Assistance helpline. An I &amp; A Specialist discerns their particular issue, in many cases assists the consumer to resolve the issue, or escalate their issue to an EBS through an internal referral to the program if necessary. The EBS program houses the State Health Insurance Program (SHIP) reporting program as well and thus the AAA Supervisor of the EBS program is also the SHIP Director for the County. This Supervisor and EBS staff provide training to 10 Senior Focal Points and their respective Case Managers for the provision of SHIP counseling services and the recording of said activities into the SHIP data-base. Coordination of these efforts has resulted in tremendous increase in SHIP data to the benefit of the state..</p>
Justification for the Direct Provision of the Service by the Area Agency on Aging	<p><b>If contracted out, 100% time reporting would not be permitted and funding for a third EBS would not be available to meet the growing need for service.</b> Due to the volume of highly complex, priority cases received by the EBS program since 2013, a waitlist based upon priority was established in August 2013 and has remained in place since that time. EBS referrals are prioritized based on client need and applicable deadlines. High priority cases are handled as they are received and are not subject to the waitlist. In 2014, a third full-time EBS position was added and is funded through a combination of GPR (79%) and Medicaid Reimbursement (21%). As a result, EBS staff complete 100% Time Reporting of their work. This allows AAA to draw down additional state and federal dollars (up to 50% match) based upon 100% reporting of their time in 15 minute intervals. Over the past 12 months, EBS staff recorded an average of 25% Medicaid reimbursement match.</p> <p><b>Allows for the direct, non-duplicative provision of service through a highly coordinated legal services delivery system that focuses limited resources on priority legal issues that affect basic necessities and protects essential rights.</b> AAA, as advocate and area planning body, is better able to coordinate with other contracted resources in the aging network for ongoing client assistance, benefits enrollment to include SHIP counseling, information and assistance/referral, and the training provided through the EBS program to focal points of contact throughout Dane County in order to provide seamless service to older adults.</p>

## Section 10— AAA & ADRC Coordination

Dane County opened an Aging and Disability Resource Center in November 2012 to become a single entry point where senior adults and people with disabilities and their families can obtain information and advice about a wide range of resources available in their local communities. Dane County's ADRC is the single point of information, assistance, and options counseling and enrollment for long-term care services, both public and private. We are extremely fortunate to have both an ADRC and 15 Senior Focal Points—enabling continuity of care from short-term information & assistance to long-term case management.

When planning for the opening of an ADRC, Dane County Department of Human Services made a commitment to ensure a strong partnership occurred between AAA and ADRC. This was initially accomplished by dedicating office space for AAA staff in the new ADRC building. By being co-located, AAA and ADRC interact daily in providing a broad range of services to senior adults—thus reducing the occurrences of duplication of effort. The following collaboration activities highlight collaboration efforts to support the required focus areas of our aging unit plan:

### **Elder Justice**

- ADRC Information & Assistance staff refers potential cases to Elder Abuse & Neglect (EAN) investigators, conducts joint home visits (as appropriate), and provides trainings to EAN staff
- ADRC Information & Assistance staff conducts intake for the AAA Elder Benefit Specialist Program
- AAA EBS staff provide Medicare refresher training for ADRC staff and daily consultation concerning consumer issues

### **Elder Nutrition Programs**

- ADRC Information & Assistance staff refer senior adults to the AAA Elderly Nutrition Program (congregate and home-delivered meals)
- AAA contracted agencies provide outreach opportunities at sites and through Senior Focal Point newsletters for ADRC services and programs

### **Healthy Aging**

- ADRC hosts *Healthy Living With Diabetes* (held 2 workshops in 2014 and 1 in 2015) and has trained leaders working with AAA Healthy Aging Coordinator contracted to Safe Communities by AAA
- ADRC Supervisor working with AAA contracted agency to develop and implement direct referrals with health care providers to *Healthy Living With Diabetes* workshops

### **Services in Support of Caregivers**

- ADRC is a *Share the Care Station*
- ADRC Information & Assistance staff submits AAA caregiver grant applications for their consumers and serves on AAA's Caregiver Alliance
- Library for AAA caregiving resources is located off ADRC lobby

## Services to People with Dementia

- AAA contracted agencies' case managers collaborate with the ADRC Dementia Care Specialist to not duplicate services
- Dementia Friendly Communities are forming throughout Dane County with the help of AAA contracted agencies (Senior Focal Points), ADRC Dementia Care Specialist, and community agencies

## Other

- AAA, ADRC & Vets Office sponsor *Connecting Aging Veterans to their Benefits* Resource Fair
- AAA & ADRC host a joint Open House for OAA & ADRC month
- Joint speakers are offered at AAA & ADRC staff trainings
- AAA Committee members serve on ADRC Governing Board (Elaine DeSmidt, Tom Frazier & Mary Pike)

DRAFT

## Section 11– Titles III & VI Coordination

Dane County does not include part or all of a federally recognized tribe – Not Applicable

## Section 12–Targeted Populations

**Introduction:** Dane County continues to experience an increase in total minority population (over 13% according to the 2010 Census Data, [www.2010.census.gov](http://www.2010.census.gov)). The three leading minorities age 65+ represented in Dane County also continue to be Latino, Asian/Hmong, and African American. Census data reflects three groups' populations have also grown in Dane County for the past ten years: African American 61.39% increase, Asian 104.83% increase, and Latino 138.17%.

Using data from the 2009-2013 Interpolation Method, the number of low-income minority older individuals living in Dane County are:

Total number of adults age 60+	79,627
Total number of adults (age 65+) living in a household & below poverty	4,329
Total number of minority adults (age 60+)	4,456

Breaking this into the 15 Senior Focal Point areas covering Dane County reflects:

Focal Point	Household (age 65+) Below Poverty		Minorities (age 60+)	
	#	%	#	%
Colonial Club	282	14.0%	271	6.6%
DeForest	57	3.0%	73	1.8%
East Madison/Monona	257	13.0%	583	14.3%
Fitchburg	57	3.0%	305	7.5%
McFarland	99	5.2%	95	2.3%
Middleton	79	4.1%	164	4.0%
North/Eastside Madison	192	10.0%	499	12.2%
Northwest Dane	54	2.8%	27	0.7%
Oregon	79	4.1%	27	0.7%
South Madison	136	7.1%	634	15.5%
Southwest Dane	71	3.7%	18	0.4%
Stoughton	91	4.8%	51	1.3%
Sugar River	90	4.7%	74	1.8%
Waunakee	71	3.7%	91	2.2%
West Madison	299	15.6%	1,170	28.7%
<b>Total</b>	<b>1,912</b>	<b>100%</b>	<b>4,082</b>	<b>100%</b>

### A. Serving Low-Income Minority Older Individuals

Poverty and minority factors are included in the Case Management Funding Formula each year. After careful analysis, the AAA Access Committee recommends to the AAA Board a

formula to be used in funding Client-Centered Case Management Services. The 2016 formula is as follows:

Factor	Formula	Data Source
Base	15%	N/A
Rural (Elderly Density – age 60+)	15%	ACS
Population (age 60-74)	10%	ACS
Population (age 75-84)	12%	ACS
Population (age 85+)	5%	ACS
Living Alone (age 65+)	20%	ACS
Household Poverty (age 65+)	20%	FoodShare
Minority Population (age 60+)	3%	2010 Census
<b>Total</b>	<b>100%</b>	

Poverty and minority factors are also included in the recently approved Nutrition Site Management Funding Formula:

Factor	Formula	Data Source
% all meals served	50%	SAMS
Household Poverty (age 65+)	12.5%	FoodShare
Living Alone (age 65+)	12.5%	ACS
Rural (Elderly Density - 60+)	12.5%	ACS
Minorities (age 60+)	12.5%	2010 Census
<b>TOTAL</b>	<b>100%</b>	

When drafting and approving SMART goals for the 2016-2018 Area Plan, the AAA Board ensured services and programs for low-income and minority seniors were included. For example:

**Elder Justice:** Encourage a total of 60 racially- diverse seniors (20 each year) to take charge of their health care decisions prior to crisis situations by educating, through one APS led workshop in the community, and then linking and assisting **African American, Latino, and Asian seniors** to complete and file Health Care Power of Attorney Documents as measured by the number of diverse seniors self-reporting the completion of a HC POA within three months of the workshop by 31 December 2016. (This goal is ongoing through 2018.)

**Elder Nutrition:** Ensure that participation in the senior nutrition program mirrors the aging population in Dane County with respect to **race, ethnicity, income**, living alone, and rural status by including performance measures for serving targeted seniors in all 2018 Elder Nutrition Program contracts by 15 October 2017; and, Relocate meal sites based on Geographic Information System (GIS) mapping data, to ensure meals sites are easily accessible to the greatest number of seniors living alone or in **poverty** while considering distance, physical or psychological access, transportation, and ADA standards by 31 December 2018.

**Healthy Aging:** Increase the **diversity** of participants in *Stepping On* workshops from 1% to 10% by connecting and collaborating with at least two local entities serving and advocating for communities of color by 2017; and, Deepen the collaboration with at least two local entities serving and advocating for **communities of color** by developing a referral system that will fill at least two *Stepping On* classes by 2018.

**Services to People with Dementia:** Provide support and empowerment of **African American** caregivers through United Family Caregivers 1 & 2 Programs by 2017.

In addition, one Local Priority specifically focuses on low-income and minority seniors (**Bilingual Case Management**) and two Special Projects (**Cultural Diversity Program** and **MIPPA**).

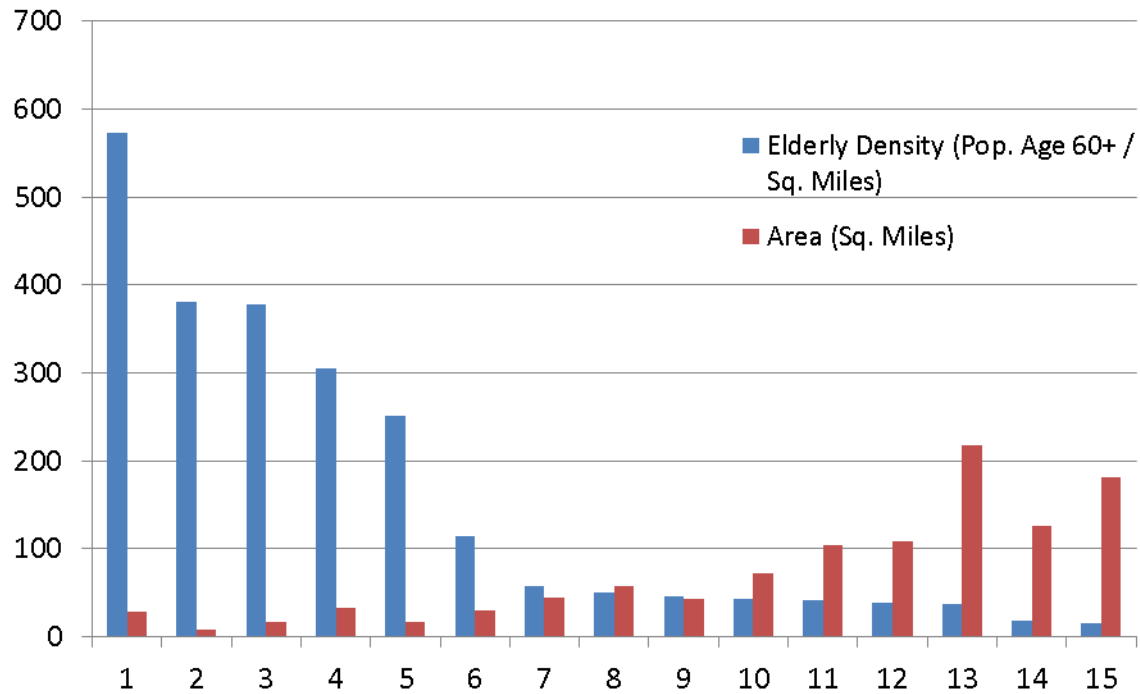
**B. Serving Older Individuals in Rural Areas**

AAA recognizes the challenges of providing services and programs to seniors living in rural areas. In fact, each year Human Services' Program Analysts run American Community Survey reports to determine which contracted Senior Focal Point serves seniors residing in rural areas. For example:

#	Focal Point	Population (age 60+)	Area - Square Miles	Elderly Density (age 60+)
1	West Madison	16,271	28.39	573.1
2	South Madison	3,077	8.07	381.2
3	NESCO	6,465	17.08	378.5
4	EMMCA	9,951	32.67	304.5
5	Middleton	4,122	16.36	251.9
6	Fitchburg	3,421	29.72	115.1
7	DeForest	2,637	45.18	58.4
8	Sugar River	2,938	58.09	50.6
9	Oregon	2,007	43.22	46.4
10	Stoughton	3,149	72.18	43.6
11	Waunakee	4,272	103.68	41.2
12	McFarland	4,253	108.65	39.1
13	Colonial Club	8,251	217.74	37.9
14	Southwest Dane	2,311	126.39	18.3
15	Northwest Dane	2,688	181.09	14.8
<b>Total</b>		<b>75,811</b>	<b>1,089.00</b>	<b>69.6</b>

NOTE: Senior Focal Points are counted as Rural if they had a Elderly Density of under 60 per square mile and an area of greater than 35 square miles.

## What's Rural? Density vs. Area - 2008-2012



Determining what is rural is important as it is factored into the Case Management Funding Formula each year. After careful analysis, the AAA Access Committee recommends to the AAA Board a formula to be used in funding Client-Centered Case Management Services. The 2016 formula is as follows:

Factor	Formula	Data Source
Base	15%	N/A
Rural (Elderly Density - age 60+)	15%	ACS
Population (age 60-74)	10%	ACS
Population (age 75-84)	12%	ACS
Population (age 85+)	5%	ACS
Living Alone (age 65+)	20%	ACS
Household Poverty (age 65+)	20%	FoodShare
Minority Population (age 60+)	3%	2010 Census
<b>Total</b>	<b>100%</b>	



And a rural factor is also included in the recently approved Nutrition Site Management Formula:

Factor	Formula	Data Source
% all meals served	50%	SAMS
Household Poverty (age 65+)	12.5%	FoodShare
Living Alone (age 65+)	12.5%	ACS
Rural (Elderly Density - 60+)	12.5%	ACS
Minorities (age 60+)	12.5%	2010 Census
<b>TOTAL</b>	<b>100%</b>	

When drafting and approving SMART goals for the 2016-2018 Area Plan, the AAA Board ensured services and programs for seniors living in rural areas were included. For example:

**Healthy Aging:** Strategically coordinate at least five *Stepping On* workshops that are in geographically diverse areas (including urban, **rural**, and under-served) throughout Dane County at a variety of host sites that include senior centers, senior housing complexes, clinics, hospitals, churches, community centers, etc. to increase access for individuals to participate by 2016. (This goal is ongoing through 2018.)

In addition, one Local Priority specifically focuses on seniors living in rural areas (**Client-Centered Case Management**) and one Special Project (**MIPPA**).

## Section 13—Budgets

The Area Agency on Aging of Dane County's budgets appear as Appendix     .

## Section 14—Federal/State Laws & Regulations Compliance

On behalf of the area agency on aging, we certify

### Area Agency on Aging of Dane County

has reviewed the appendix to the area plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2016-2018. We assure the activities identified in this plan will be carried out to the best of the ability of the Area Agency on Aging in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2016-2018.

\_\_\_\_\_  
Bill Clausius, AAA Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cheryl Batterman, AAA Manager

\_\_\_\_\_  
Date

## Section 15—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 Resource's designated Area Agency on Aging.
- The applicant must assure that each service provider trains and uses elderly persons and other volunteers and paid personnel as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that each service provider coordinates with other service providers, including senior centers and the nutrition program, in the planning and service area as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that public information activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.

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

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

### 4. Advisory Role to Service Providers of Older Persons

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

### 5. Contributions for Services

- The applicant shall assure that agencies providing services supported with Older Americans Act and state aging funds shall give older adults a free and voluntary opportunity to contribute to the costs of services consistent with the Older Americans Act regulations.
- Each older recipient shall determine what he/she is able to contribute toward the cost of the service. No older adult shall be denied a service because he/she will not or cannot contribute to the cost of such service.
- The applicant shall provide that the methods of receiving contributions from individuals by the agencies providing services under the county/tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.

- The applicant must assure that each service provider establishes appropriate procedures to safeguard and account for all contributions.
- The applicant must assure that each service provider considers and reports the contributions made by older people as program income. All program income must be used to expand the size or scope of the funded program that generated the income. Nutrition service providers must use all contributions to expand the nutrition services. Program income must be spent within the contract period that it is generated.

## 6. Confidentiality

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

- (a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,
- (b) All policies and procedures adopted by the State and Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.

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

## 7. Records and Reports

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

## 8. Licensure and Standards Requirements

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

## 9. Civil Rights

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

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

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

11. Political Activity of Employees

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

12. Fair Labor Standards Act

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

13. Private Gain

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

14. Assessment and Examination of Records

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

15. Maintenance of Non-Federal Funding

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

16. Regulations of Grantor Agency

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

17. Older Americans Act

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

Sec. 306(A), AREA PLANS

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);  
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);  
(IV) older individuals with severe disabilities;  
(V) older individuals with limited English proficiency;  
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and  
(VII) older individuals at risk for institutional placement; and  
(4)(C) Each area agency on agency shall provide assurance that the Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

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

(9) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging, in carrying out the State Long term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

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

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

(13)(A) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will disclose to the Assistant Secretary and the State agency--

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

(13)(C) Each Area Agency on Aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each Area Agency on Aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each Area Agency on Aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

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

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

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

## 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

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

Wisconsin Statutes Chapter 46.82 Aging unit.

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

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

## Section 16—Appendices

1. 2013-2015 AAA Area Plan—Statewide Focus Areas
- 2. 2016 AAA Budget**
3. AAA Access Committee Mtg Minutes 10/5/15 (see highlighted section, pg. 2)
4. AAA Advisory Council Mtg Minutes 6/25/15
5. AAA Advisory Council Mtg Minutes 9/30/15
6. AAA Advisory Council Mtg Minutes 11/16/15
7. AAA Board Mtg Minutes 6/1/15 (see highlighted section, pg. 4)
8. AAA Board Mtg Minutes 8/3/15 (see highlighted section, pg. 3)
9. AAA Board Mtg Minutes 10/5/15 (see highlighted section, pgs. 1-2)
- 10. AAA Board Mtg Minutes 11/30/15 (see highlighted section, pg. ?)**
11. AAA Legislative/Advocacy Committee Mtg Minutes 10/28/15 (see highlighted section, pg. 3)
12. AAA Nutrition/Wellness Committee Mtg Minutes 8/12/15 (see highlighted section, pg. 2)
13. AARP Advocacy Alert 10/8/15
14. Area Plan DRAFT Goals edited by Advisory Council (9/30/15)
15. Area Plan DRAFT Goals approved by AAA Board (10/5/15)
16. Area Plan Goals Feedback
17. Area Plan Goals PowerPoint
18. Area Plan Timeline
19. News Release
- 20. Nutrition Program Evaluation (December 2015)**
21. Nutrition Workgroup Decision Tree
22. Public Hearings Flyer
23. Public Hearings/Survey Notices: Fitchburg & Mt Horeb Senior Center Newsletters Oct 2015
24. Public Hearing Minutes 10/13/15
25. Public Hearing Minutes 10/19/15
26. Public Input: S. Michetti 10/19/15
27. Racial Equity Analysis & Recommendations
28. Senior Focal Points Listing
29. Senior Focal Points Service Areas
30. Survey of Case Management Services for Older Adults in Dane County (January 2015)
31. Workgroup Instructions (5)
32. Workgroup Members