



Dane County

Aging Plan

2019-2021

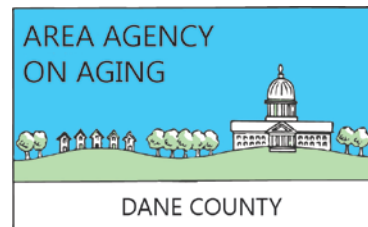


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Section 1—Verification of Intent

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 2019-2021.

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.

12/17/18

Carole Kretschman, AAA Board Chair Date

12/17/18

Cheryl Batterman, AAA Manager Date

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Section 2—Executive Summary

Every day, 10,000 boomers turn age 65, or nearly 10 million in the next three years. By 2030, 73 million—or one in five—people in America will be age 65 or older (*n4a's 2018 Policy Priorities, page 1*). By 2035, all communities must be prepared to address these demographic realities when—for the first time in the nation's history—the population of adults age 60+ will outnumber children under 20 (*Preparing for an Aging Nation, n4a Annual Report 2016-2017*).

Government leaders and advocates at all levels [must] understand the massive demographic shift currently underway, as it will affect every aspect of our collective national experience (*n4a's 2018 Policy Priorities, page 1*). The AAA of Dane County and its many partners are addressing these trends through data-driven decision making by older adults and the professionals who serve them.

The Dane County 2019-2021 Area Agency on Aging Plan provides context, goals, priority areas, special projects, and the rationale for continued emphasis on accountability, measurable outcomes, and provision of priority services for older adults in Dane County. Each of the goal areas was examined through a racial equity lens to ensure access to services for all seniors in Dane County is achieved.

In summary, highlights include:

Advocacy. Encourage a minimum of 30 seniors from throughout Dane County to actively participate in advocacy days at the State Capitol and empower 15-20 senior adults through intensive Senior 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.

Elder Justice. Identify and train at least six Persons of Color as volunteers to work with racially diverse senior adults to make their health care decisions known prior to crisis situations through the completion of Health Care Power of Attorney documents; increase awareness about how to report and repair finances for victims of financial scams; and increase training provided to law enforcement and emergency responders in order to identify and report cases of elder abuse.

Elder Nutrition. Increase the number of People of Color participating in the nutrition program as diners, staff and volunteers by 5% over three years; reduce the number of aluminum and Styrofoam packaging going into our landfills each year (70,000+) through the implementation of Oliver packaging in the home-delivered meal program; and, advocate for a 5% annual funding increase for catering and site management in order to keep pace with the number of seniors needing meals.

Healthy Aging. Reduce falls, ER visits and hospitalizations by increasing the number and completion rates of evidence-based health promotion programs by older adults and targeted Persons of Color throughout Dane County; research best practices for reducing isolation and loneliness in homebound senior adults living alone; improve the environmental and emotional well-being of seniors through education and resources for de-cluttering personal living spaces prior to endangering both physical and mental health.

Services in Support of Caregivers: Increase caregivers ability to provide care and meet caregiving responsibilities in at least 75 new caregivers through assessment, care planning and intensive case management; develop a Caregiver Succession Planning Tool Kit to allow for less trauma during transitions of care; and improve access to caregiver grants by POC by 5% each year.

Services to People with Dementia: Promote and encourage participation in dementia prevention and awareness education and early diagnosis reaching 1,000 people annually; create marketing of early memory screens with the intent of normalizing memory screening to conduct 10% more screens each year; recruit champions in individual communities each year to make at least two new dementia friendly communities each year.

Additionally, Dane County continues to meet the needs of seniors through our priority areas and special projects, specifically designed to assist seniors to remain in their homes, aging in place for as long as they can possibly do so safely. These include long-term Case Management, Bilingual Case Management, Cultural Diversity Health Prevention and Socialization Programs, Medicare Improvements for Patients and Providers Act (MIPPA), Volunteer Services, and Volunteer Guardianship.

While our goals and pursuant programs are ambitious, they are achievable. Together with our partners, we seek to ensure seniors of Dane County are supported and engaged, their individual right of self-determination is respected, and that equal access to and participation in the development of quality programs and services becomes the cornerstone of services moving forward.

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) 283-2995 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	2015	2016	2017
AODA Participants	734	Program ended	
Caregiver Chronicles Subscribers	750	1,000	1,200
Caregiver Program Grants	159	156	121
Case Management Clients*	2,695	2,927	3,412
Case Management Service Hours*	19,666	22,631	24,085
Congregate Meal Participants	3,663	4,451	4,658
Congregate Meals Served	86,375	101,110	104,140
Cultural Diversity Program Participants**	277	294	131
Driver Escort Riders/RSVP	1,148	1,144	1,100
Driver Escort Rides/RSVP	16,915	16,709	16,427
EBS Clients (unduplicated)	155	122	118
EBS Legal Services Hours	2,902	2,235	2,162
Grandparents & Other Relatives Caregivers	33	27	19
Home-Delivered Meal Participants	1,169	1,329	1,393
Home-Delivered Meals Provided	123,288	122,277	144,137
Living Well w/ Chronic Conditions Attendees	30	32	24
Peer Support Clients & Volunteers	40	Program Ended	
Stepping On Attendees	113	122	158
Volunteers/Independent Living	86	91	69
Volunteers/RSVP	1,404	1,471	1,300

*Bilingual (Spanish speaking) Case Management Program

2015: 45 Spanish-speaking CM Clients & 681 Service Hours

2016: 57 Spanish-speaking CM Clients & 975 Service Hours

2017: 65 Spanish-speaking CM Clients & 1,075 Service Hours

**Cultural Diversity Program

2015: 155 African American & 122 Latinx Senior Adults

2016: 192 African American & 102 Latinx Senior Adults

2017: 59 African American & 73 Latinx Senior Adults

The Year in Review: 2015

The first half of the year included writing another State Nutrition Revitalization grant. AAA was awarded \$30,000 to open a third restaurant-model dining site (DeForest Family Restaurant), open a new dining site in a underserved, food desert (Meadowood Community Center), and offer a choice of entrees one day per week at an existing dining site (Stoughton Area Senior Center). The remainder of the year was split between addressing a critical unmet need and writing the next three-year Dane County Aging Plan. Using funding from the Leck & Mally Grants and Special Projects Fund, a pilot program was initiated to provide licensed Mental Health Consultation services to Senior Focal Point Case Managers working with seniors experiencing complex mental health challenges. In an effort to increase public input in the 2016-2018 Dane County Aging Plan, an online survey was offered—more than 200 stakeholders providing critical feedback on the draft plan which was incorporated into the final draft prior to approval by the AAA Board and submission to BADR.

Specific highlights for the year included:

- Served 159 families through National Family Caregiver Support Program (NFCSP); awarded \$46,336 to family caregivers for respite care and supplemental services
- Administered and monitored 26 contracts involving 46 programs in \$2,602,262 public funds
- Opened two new Senior Dining Sites at popular local restaurants that promote choice, flexibility, and independence
- Increased funding for Case Management and Nutrition Site Management Programs
- Reversed a steady decline in congregate meal service over many years—served an increase of 135 senior participants and 2,056 meals over the previous year
- Helped plan two County conferences: *Connecting Aging Veterans with Their Benefits* and *Domestic Violence in Later Life*
- Offered two “Welcome to Medicare” classes presented by EBS staff for community members turning age 65
- Conducted County-wide satisfaction surveys targeting Case Management Services and Nutrition Programs
 - Respondents indicated their situations were better because of their case managers’ help (95%), and the case management services helped them continue to live where they chose (93%)
 - Respondents rated Senior Dining Center meals favorably (92%); home-delivered meals were also rated favorably (90%)

The Year in Review: 2016

The year started with increased funding for two vital programs (Case Management and Nutrition Site Management) due to strong advocacy and the support of the Dane County Executive and Board of Supervisors. A second Senior Advocacy Training Series was held with 18 community senior adults attending. Standardized Nutrition Site Management budgets were adopted to better discern costs and create more equitable funding. Aging Program Specialist Angela Velasquez was awarded the 2016 ElderACE Best Practice Award by the Wisconsin Aging & Advocacy Network for her efforts designing, establishing, and promoting the restaurant model which resulted in increased meal participation and donations. A fourth restaurant-model dining site opened in Oregon (Ziggy’s BBQ Smoke House) in the fall.

Specific highlights for the year included:

- Served 156 caregivers through National Family Caregiver Support Program (NFCSP); awarded \$44,221 to caregivers for respite care and supplemental services

- Administered and monitored 25 contracts involving 46 programs in \$2,726,362 public funds
- Opened a new Senior Dining Site at a local restaurant—bringing the total to four *My Meal—My Way* restaurant models
- Increased 2017 funding for Caregiver Support, Case Management, Cultural Diversity, Nutrition Site Management, RSVP Driver Services, and Volunteer Guardianship Programs due to strong advocacy of community senior adults
- Served an increase of 359 participants and 10,920 meals over the previous year
- Offered two *Welcome to Medicare* classes presented by EBS staff for community members turning age 65
- Conducted two satisfaction surveys: County-wide Case Management Services and State-wide Nutrition Programs
 - Respondents indicated their situations were better because of their case managers' help (92%); were involved in planning their services (91%); and understood the services available to them (95%).
 - Respondents indicated Senior Dining Center meals improved their quality of life (83%); seniors receiving home-delivered meals rated this even higher (91%).

The Year in Review: 2017

Advocacy remains a deep commitment for AAA staff and volunteers. A budget process timeline was finalized to identify opportunities for seniors and aging network professionals to contact elected officials when budget discussions are occurring. Active participation in the Wisconsin Aging Advocacy Network, promoting Wisconsin Aging Advocacy Day at the Capitol, and writing advocacy letters to County, State, and Federal elected officials are other examples of this commitment. In collaboration with Focal Point Case Managers, an online resource database was created using the County's ShareFile Program. This provides up-to-date information for the 40+ case managers throughout the County. A Dementia Crisis Innovation Grant was awarded to AAA by the State to increase the level of dementia expertise and capacity in the crisis response system at the law enforcement and community stabilization levels outside of Madison. A crisis planning tool was developed in late 2017 as part of the grant.

Specific highlights for the year included:

- Served 121 caregivers through National Family Caregiver Support Program (NFCSP); awarded \$52,102 to caregivers for respite care and supplemental services
- Offered second Mindfulness Meditation for Caregiver Class; 15 caregivers learned coping techniques to handle stress
- Piloted program in department to pay caregiver invoices through purchase orders rather than special needs payroll
- Administered and monitored 25 contracts involving 47 programs in \$2,511,567 public funds
- Increased 2018 funding for Case Management, Cultural Diversity, Nutrition Catered Meals & Site Management, Specialized Transportation, and Volunteer Guardianship Programs due to strong advocacy of community senior adults
- Served an increase of 187 participants and 9,219 meals over the previous year
- Offered two *Welcome to Medicare* classes presented by EBS staff for community members turning age 65
- Satisfaction surveys reported:
 - Case managers helped senior adult clients get services they did not have before (87%), case management services helped clients continue to live where they chose

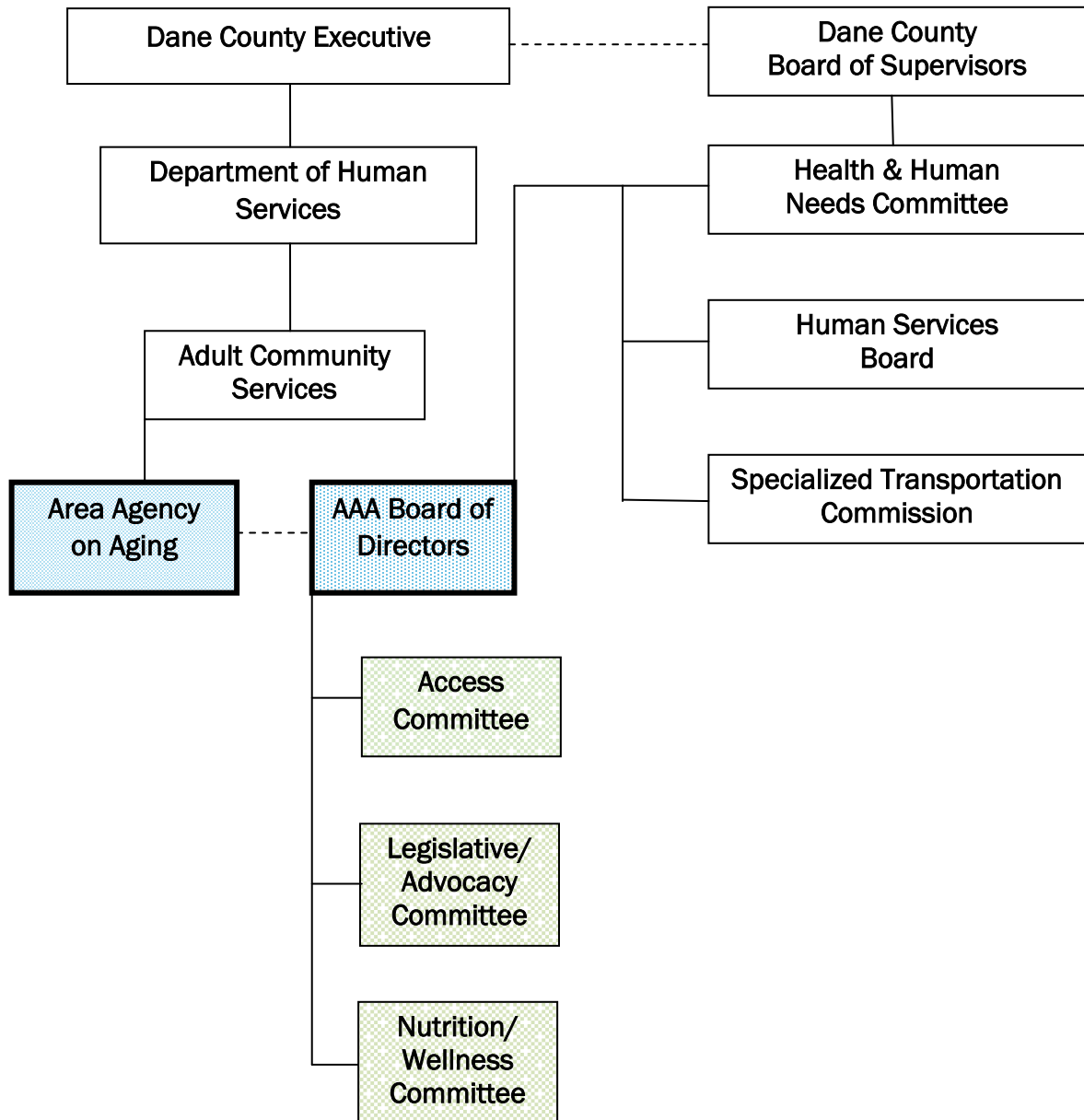
- (91%), and clients were satisfied with their services (97%)
- 57% of congregate meal participants and 68% of home-delivered meal participants indicated these meals account for more than half of all food they ate each day

The Year in Review: 2018

- Due to OAA Title IIIB increased funding, offered home chore/homemaker services to older adults for the first time
- Due to OAA Title IIIB increased funding, able to support shelf-stable emergency meals to home-delivered meal recipients for the first time in 7 years
- Due to OAA Title IIIB increased funding, awarded over \$80,000 in Caregiver Grants
- Increased 2019 funding for Case Management, Dementia Capable Crisis Worker, and Nutrition Catered Meals & Site Management due to strong advocacy of community senior adults

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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, 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.

Organization: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
1. An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	
2. A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	✓
3. A private nonprofit corporation, as defined in s. 181.0103 (17).	
Organization of the Commission on Aging: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
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.	
Full-Time Aging Director: The law requires that the aging unit have a full-time director as described below. Does the county have a full-time aging director as required by law?	Yes

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
Fran Barman-Paulson, Community Rep	Yes	No	2015
Ted Bunck, <i>Secretary</i> , Community Rep	Yes	No	2016
Pam Flad, Community Rep	Yes	No	2018
Nikole Jones, Dane County Supervisor	No	Yes	2018
Richard Kilmer, <i>Vice Chair</i> , Dane County Supervisor	Yes	Yes	2018
Carole Kretschman, <i>Chair</i> , Community Rep	Yes	No	2014
Dianne Leigh, Community Rep	Yes	No	2014
Peg Martin, Community Rep	Yes	No	2016
Sridevi Mohan, Community Rep	No	No	2018
Melissa Ratcliff, Dane County Supervisor	No	Yes	2018
Matt Veldran, Dane County Supervisor	No	Yes	2016

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

Name	Age 60+	Elected Official	Year First Term Began
Fran Barman-Paulson , Community Rep	Yes	No	2015
Gerald Derr , Community Rep	Yes	No	2008
Elaine DeSmidt , Community Rep	Yes	No	2010
Pam Flad , Community Rep	Yes	No	2018
Nora Hammer , NewBridge Case Manager	No	No	2018
Jon Hochkammer , <i>Chair</i> , Community Rep	Yes	No	2009
Chris Johnson , Community Rep	Yes	No	2014
Peg Martin , AAA Board Member	Yes	No	2016
Sridevi Mohan , <i>Vice Chair</i> , AAA Board Member	No	No	2016

The Access Committee establishes procedures and guidelines on issues of access such as elder abuse and neglect, case management, cultural diversity, transportation, elder benefits counseling, guardianship/rep payee, 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
Ted Bunck , AAA Board Member	Yes	No	2016
Kari Davis , New Bridge Case Manager	No	No	2015
Tom Frazier , Community Rep	Yes	No	2010
Myra Josephson , AAA Board Member	Yes	No	2013
Faisal Kaud , Community Rep	Yes	No	2010
Jill McHone , <i>Vice Chair</i> , Fitchburg Senior Center Director	No	No	2015
Peg Martin , AAA Board Member	Yes	No	2017
Esther Olson , <i>Chair</i> , Community Member	Yes	No	2008
Jim Schmidlkofer , Community Rep	Yes	No	2016

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
Fran Barman-Paulson , <i>Chair</i> , AAA Board Member	Yes	No	2016
Bill Clausius , <i>Vice Chair</i> , Community Rep	Yes	No	2016
Mary Hill , Community Rep	Yes	No	2013
Nikole Jones , AAA Board Member	No	Yes	2018
Carole Kretschman , AAA Board Member	Yes	No	2018
Dianne Leigh , AAA Board Member	Yes	No	2014
Nancy Stolla , Community Rep	Yes	No	2016
Glen Thommesen , NewBridge Case Manager	No	No	2018
Sharon Trimborn , Community Rep	Yes	No	2018

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. Dane County Aging Plan Advisory Council Membership

The following are members of the Dane County Aging Plan Advisory Council (created for the 2019-2021 Dane County Aging Plan):

Name & Affiliation	Age 60+	Focus Workgroup
Kay Altfeather, Community Member/McFarland	Yes	Elder Justice
Fran Barman-Paulson, AAA Board	Yes	Elder Nutrition
Janet Bollig, SSM Health At Home/Outreach Manager	No	Caregivers
Pam Bracey, Cultural Diversity Program Specialist/NewBridge	No	Caregivers
Rita Cairns, AAA Board	Yes	Elder Justice
Pam Crapp, Dane County Caregiver Alliance	Yes	Caregivers
Clarice Dewey, Community Member/Oregon	Yes	Healthy Aging
Cindy Edge, Community Member/DeForest	Yes	Caregivers
Margaret Flood, VA Caregiver Support Program Coordinator	No	Caregivers
Lynn Forshaug, SW Dane Senior Outreach Director	No	Caregivers
Rob Gundermann, Alzheimer's & Dementia Alliance of WI	No	Dementia
Penny Haugen, Community Member/Waunakee	Yes	Dementia
Mary Hill, AAA Nutrition/Wellness Committee	Yes	Healthy Aging
Ashley Hillman, Safe Communities Health Promotion	No	Healthy Aging
Myra Josephson, AAA Legislative/Advocacy Committee	Yes	Elder Justice
Faisal Kaud, AAA Legislative/Advocacy Committee	Yes	Healthy Aging
Carole Kretschman, AAA Board	Yes	Dementia
Jim Krueger, NewBridge Director	No	Elder Justice
Dianne Leigh, AAA Board	Yes	Elder Nutrition
Sonya Lindquist, NewBridge Director	No	Elder Nutrition
Amanda Meade, Sugar River Senior Center Director	No	Elder Nutrition
Stephanie Meadows, Community Member/Madison	Yes	Caregivers
Sridevi Mohan, AAA Board	No	Healthy Aging
Cindy Mosiman, Waunakee Senior Center Director	No	Elder Nutrition
Bonnie Nuttkinson, Alzheimer's Association	No	Dementia
Mary Pike, Community Member/Manager	Yes	Caregivers
Kate Shenker, NewBridge Case Manager	Yes	Caregivers
Nancy Stolla, AAA Nutrition/Wellness Committee	Yes	Elder Nutrition
Char Tortorice, Community Member/Madison	Yes	Dementia
Sheila Virtue, Community Member/Oregon	Yes	Elder Justice
Nicole Youngberg, UW-Madison/Workplace Wellness Coordinator	No	Caregivers
Betty Zimmerman, Community Member/Waunakee	Yes	Dementia

60% are age 60+; none are elected officials

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 MIPPA.
- Supervises Elder Benefit Specialist Staff.
- Coordinates three AAA grants: Henry Norman Leck Endowment Fund, Mally Fund for Aging Education, and Paul H. Kusuda Special Projects Fund.
- 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 with NewBridge)

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 NewBridge)

Duties:

- Administers the National Family Caregiver Support Program (NFCSP) funds.
- Provides case management and options counseling to Dane County caregivers.
- Writes and produces monthly newsletter, *Caregiver Chronicles*.
- Provides community education and public speaking.
- Coordinates the Dane County Caregiver Alliance.

- Provides public information about the Caregiver Program.
- Develops marketing plan for NFCSP.
- Provides guidance for caregiver support group facilitators.

Leilani Amundson, Elder Benefit Specialist, (608) 240-7458, amundson.leilani@countyofdane.com
Lynnan Osawa, Elder Benefit Specialist, (608) 240-7449, osawa.lynnan@countyofdane.com
Tiffany Scully, Elder Benefit Specialist, (608) 240-7450, scully.tiffany@countyofdane.com

Duties:

- Provides information and assistance to ADRC I&A Specialists and Elder Benefit Specialist Program clients regarding public and private benefit programs (eligibility, application procedures, program rules, problem-solving complications, etc.) and other legal issues.
- Provides current educational materials and benefit-related trainings for Focal Point Case Managers and residents of Dane County over age 60.
- Networks with other agencies in Dane County who serve older adults.
- Completes benefit checks with clients of the Program to determine eligibility for public benefit programs; assesses client needs; provides individual counseling on benefit program eligibility rules and application procedures; assists with applications.
- Provides referral information for other community agencies, when appropriate.
- Provides specialized counseling, assistance, and advocacy to clients to resolve public and private benefit-related complications (research, contacting involved entities, drafting correspondence, advocacy, etc.).
- Assists clients with appeals of adverse decisions after establishing merit (research, contacting involved entities, drafting correspondence, advocacy, etc.).
- Provides advocacy and specialized counseling to clients with regard to eviction and other housing-related legal 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 regular trainings related to public and private benefit programs and legal issues affecting Elder Benefit Specialist Program 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 III, (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.
- Monitors grant spending activities and provides data entry on service provided.
- 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.
- Writes meeting minutes for Board and Committee meetings.

Duties:

- Contract manager for Cultural Diversity, Caregiver Program, Elderly Nutrition Program (site management, home-delivered and caterers), Volunteer Services, 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 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?		(This is reviewed through the DCDHS plan revision process.)
Does the AAA Board annually review employment practices to eliminate discriminatory elements?		(This is reviewed through the DCDHS plan revision process.)
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: Wesley Sparkman, Director, Dane County Office for Equity and Inclusion (608) 266-5623 sparkman@countyofdane.com		

Analysis of Current Staff

Wesley Sparkman, Director, Dane County Office for Equity and Inclusion
Theola Carter, Manager of Policy and Program Improvement
Joe Oby, Contract Compliance Specialist

Analysis of Recent Efforts

The Tamara D. Grigsby Office for Equity and Inclusion (OEI) has county-wide lead responsibility for affirmative action and civil rights compliance. The OEI prepares a plan every three 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 OEI 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 Tamara D. Grigsby Office for Equity and Inclusion combines multiple related equal opportunity functions from separate County departments:

- Affirmative Action
- Minority Affairs
- Contract Compliance
- Racial Equity and Social Justice

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 Tamara D. Grigsby Office for Equity and Inclusion is:

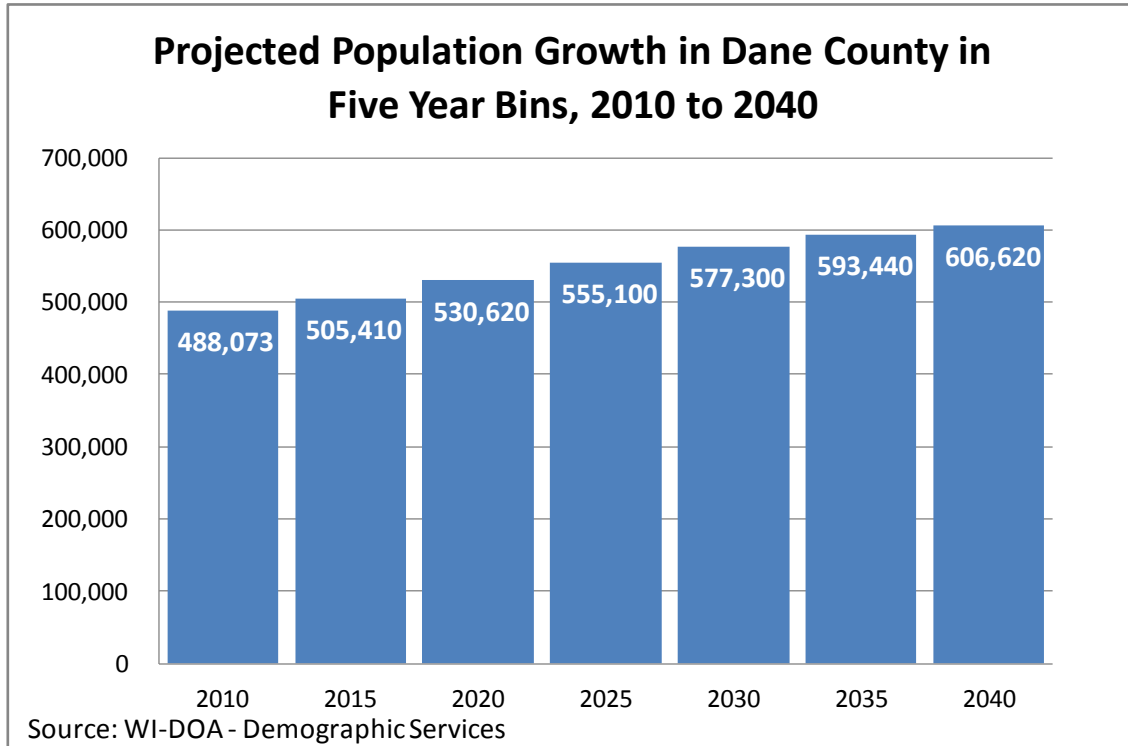
- **To Promote** Equal Opportunity (EO) throughout Dane County through compliance with federal EO laws, state statutes and Affirmative Action related county ordinances.
- **To Strive** to increase workforce diversity of Dane County government and maintain a diverse workforce, at all levels of the organization.
- **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 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>

Section 4—Context

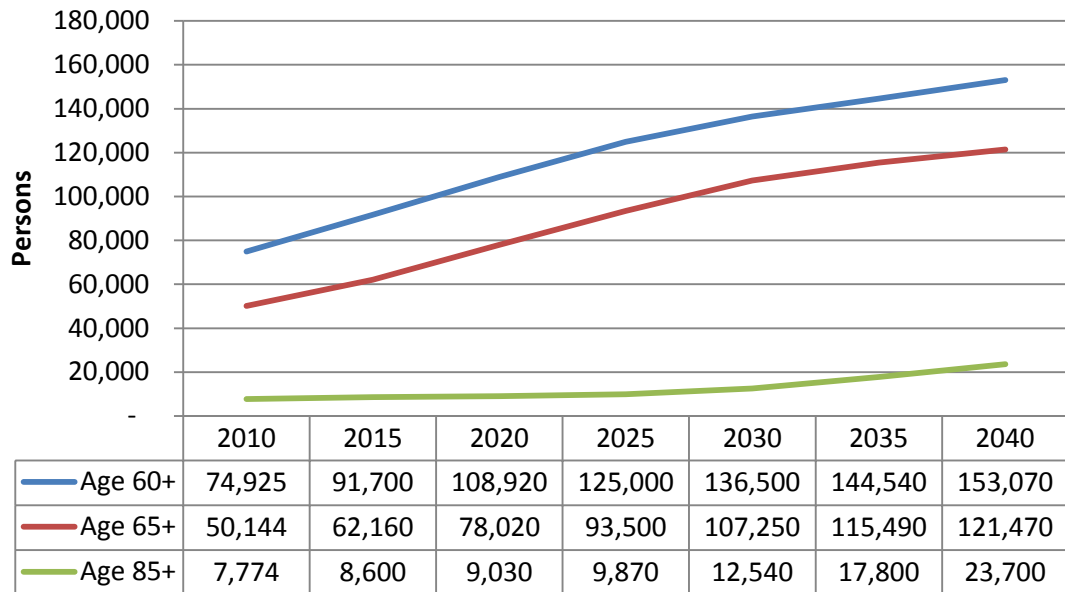
A. Environmental Scan Data—General Population

As depicted in the chart below, Dane County is projected to grow nearly 25% or 100,000+ over a 30 year time span.

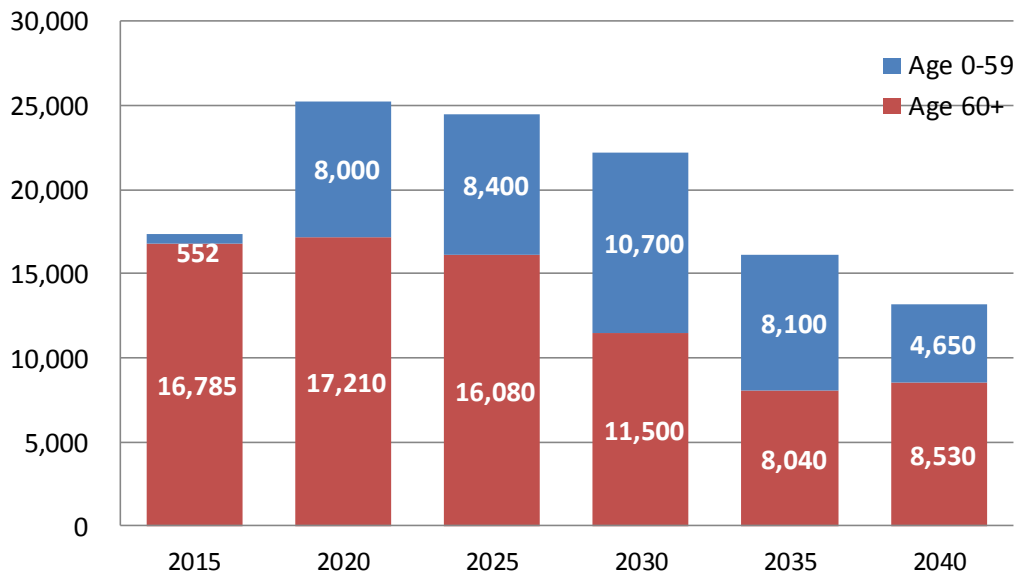


Much like the rest of the nation, our older population is growing and is projected to grow rapidly over three decades as “Baby Boomers” accelerate this growth. Accordingly, Dane County’s future 65+ population is also expected to continue to increase in each age category as depicted in the following three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

Dane County Population Projections for Persons Age 60 and Older by Age Group and Year

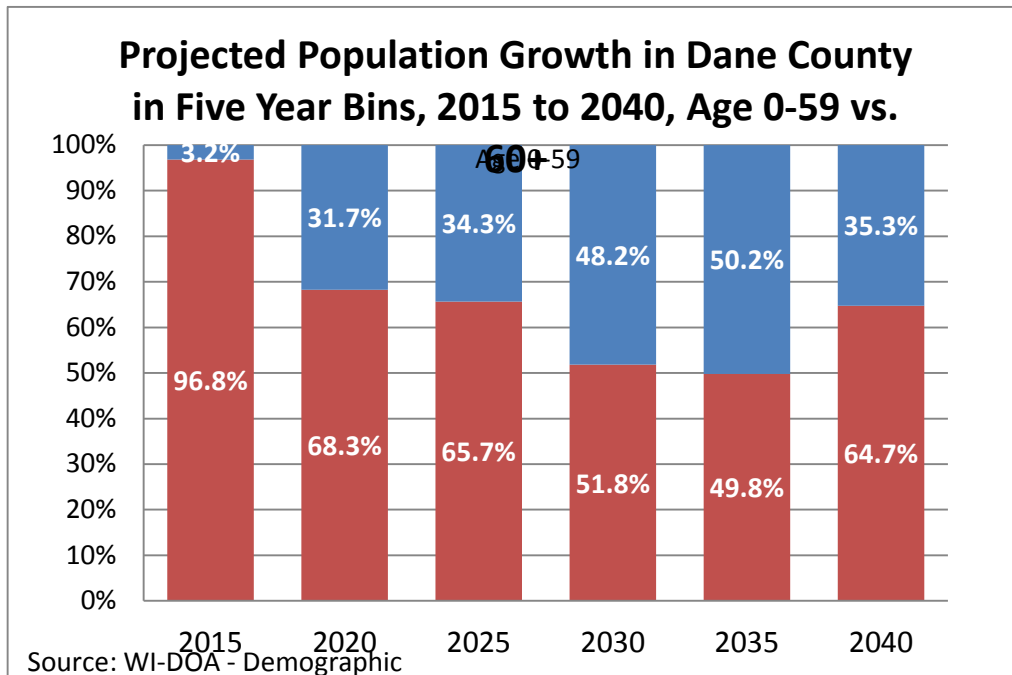


Projected Population Growth in Dane County in Five Year Bins, 2015 to 2040, Age 0-59 vs. 60+



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.



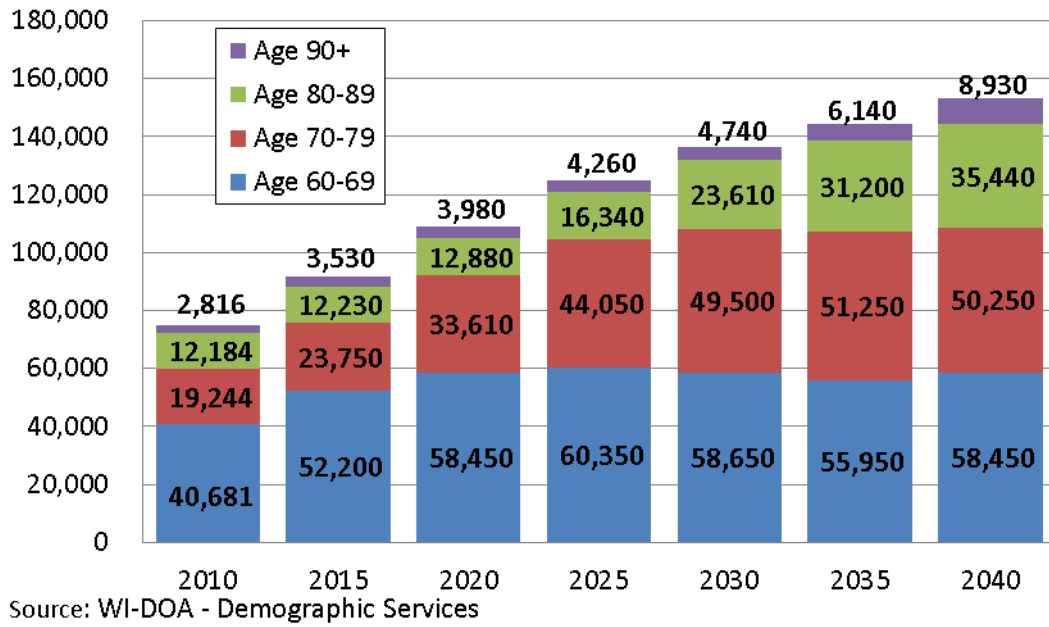
As projected, over a 25 year span, on average, 66.2% of the growth in population to Dane County will be those age 60+.

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 overall 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. Local funding, additional funding streams, and targeting of services will be necessary to meet the needs of the most vulnerable older adults.

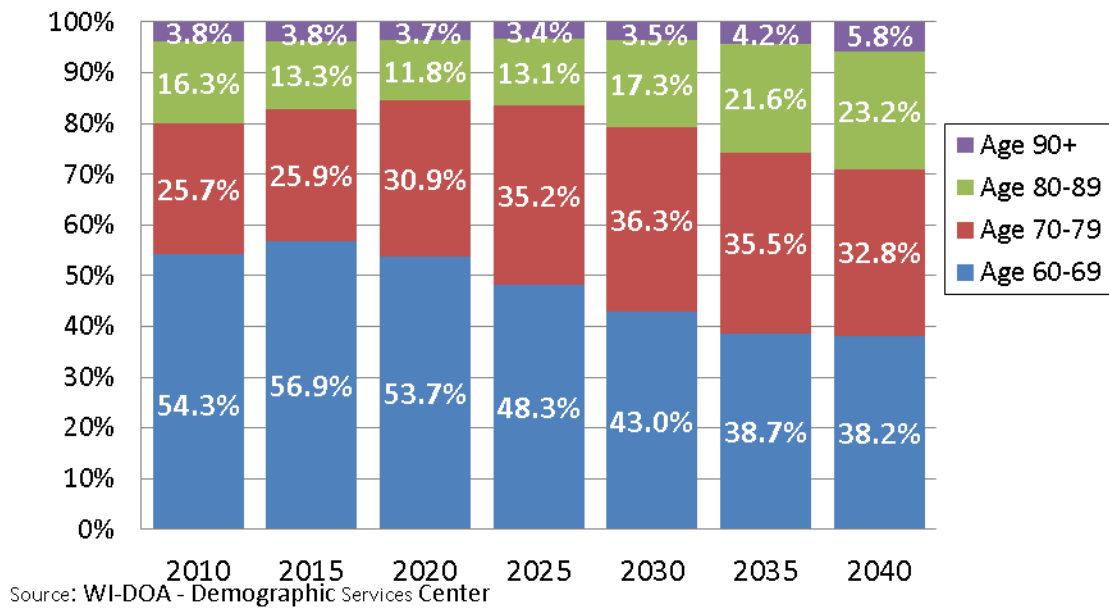
The following data charts plot more specifically where seniors live in Dane County, their race, ethnicity, poverty, rural, and disability status and the prevalence of abuse in our elder population by type and perpetrator.

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.

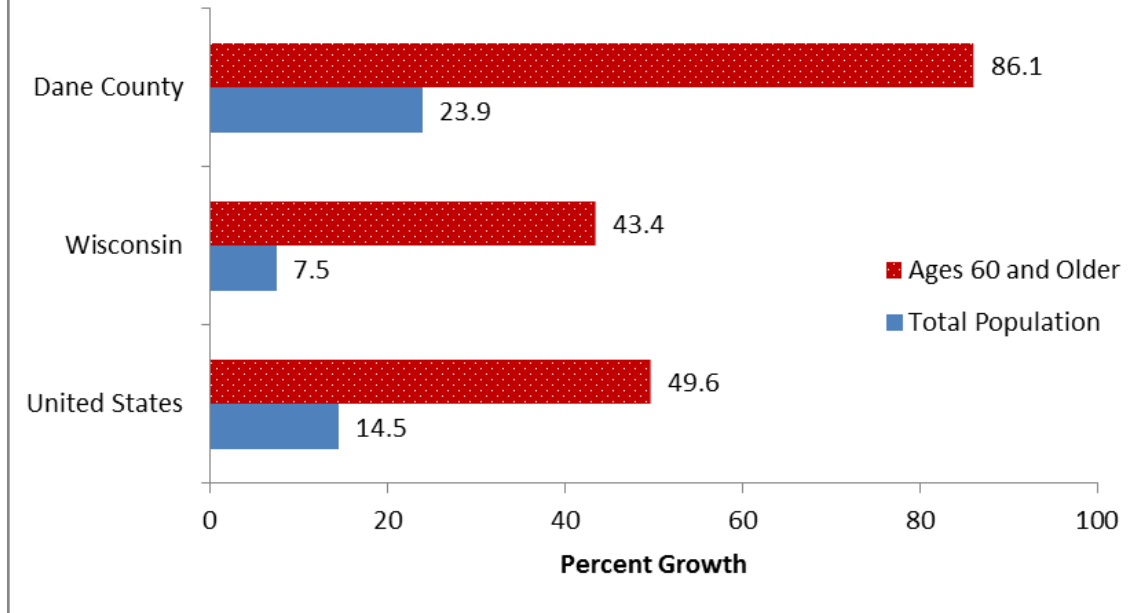
Projected Population Growth in Dane County Age 60+ by Age Group, 2015 to 2040



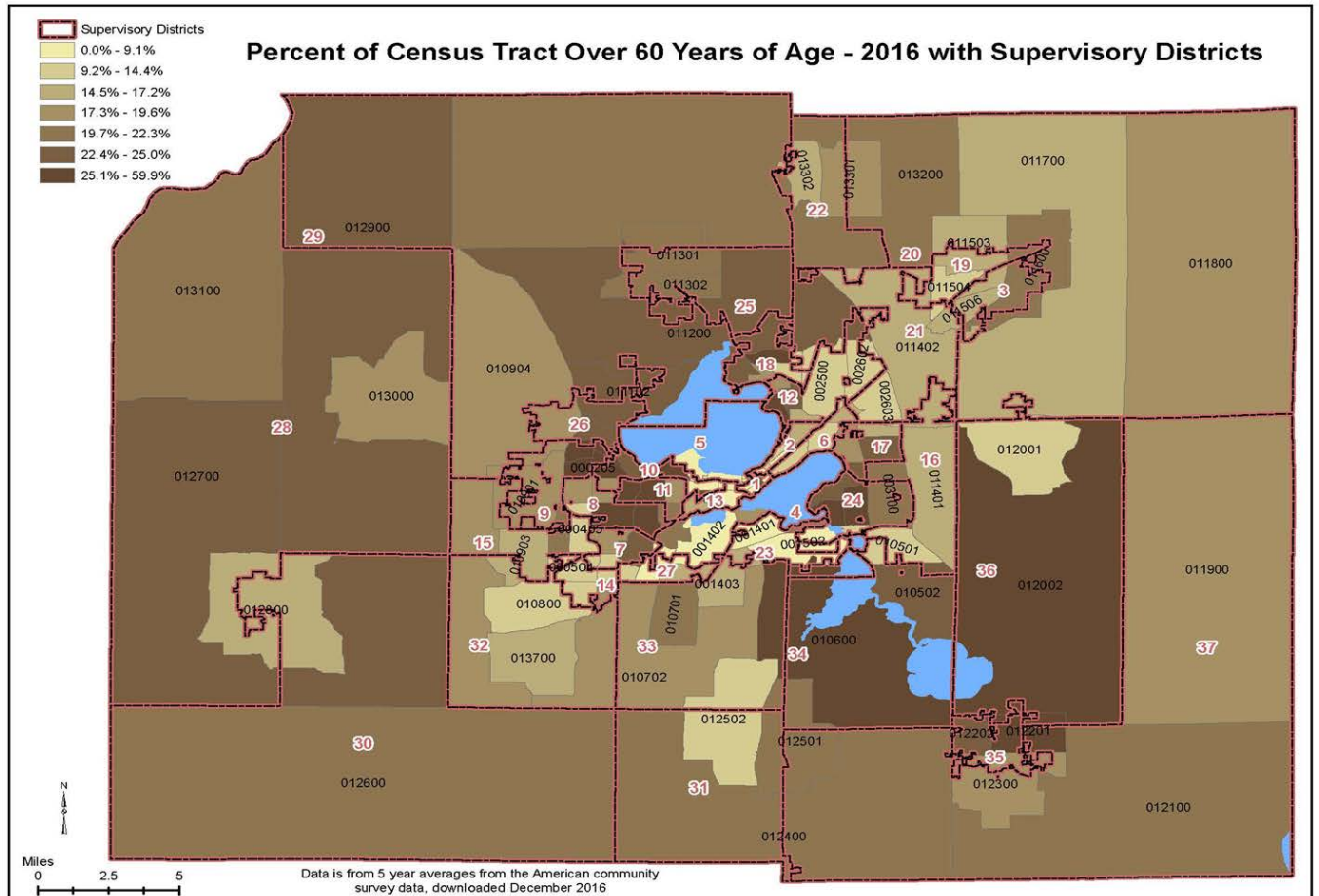
Projected Population Growth in Dane County in Five Year Bins, 2015 to 2040, Age 60+



Percent Population Growth 2000-2016: Total Population Compared with Persons Age 60 and Older



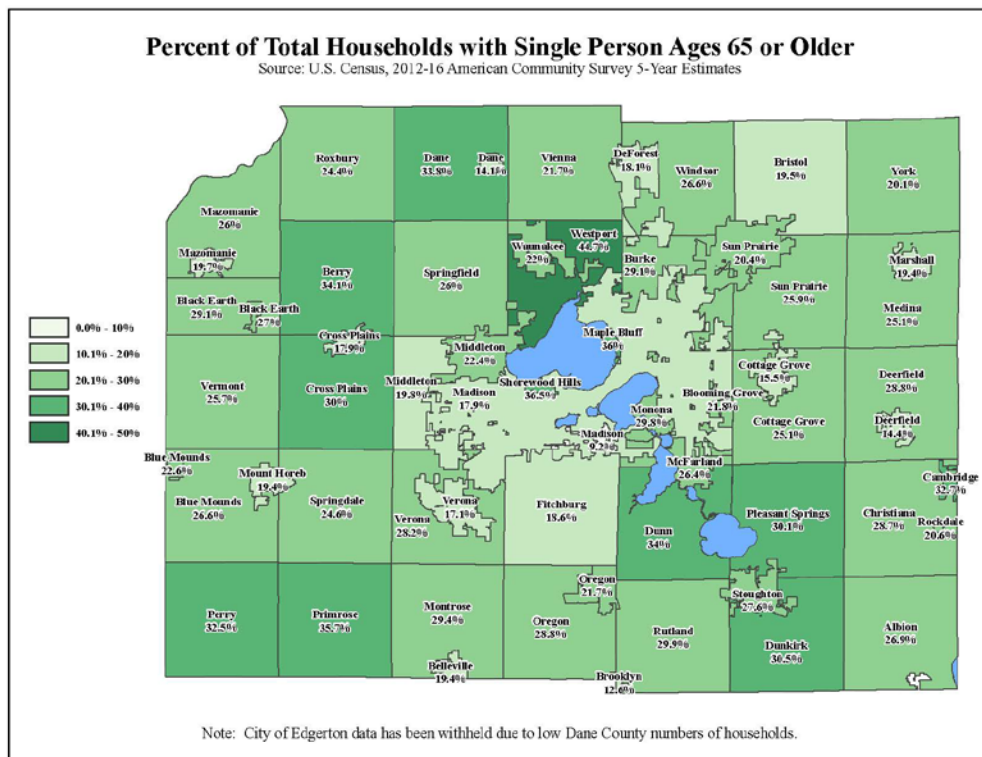
Source: Administration for Community Living, Aging Integrated Database, Custom Tables, Population Estimates Data, available on-line, accessed 8.29.2018.



As we are beginning to see in our 2017 FFY data, we are serving more seniors in the rural areas (up 3.31% over FFY 2016 numbers). AAA of Dane County provides funding to Senior Focal Points that are geographically located throughout Dane County (see Appendices 23 & 24). The demographics of the 2019 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	%	#	%
Colonial Club	7,633	11.7	1,645	9.8	708	8.1	1,801	9.9	379	9.5	45.9	22.8	271	6.6
DeForest	2,446	3.7	629	3.7	473	5.4	671	3.7	85	2.1	78.5	4.7	73	1.8
Fitchburg	3,396	5.2	686	4.1	251	2.9	642	3.5	181	4.6	145.8	0.0	305	7.5
McFarland	3,904	6.0	876	5.2	305	3.5	741	4.1	113	2.8	52.1	10.2	92	2.2
Middleton	3,914	6.0	839	5.0	354	4.1	936	5.2	135	3.4	312.2	0.0	164	4.0
NewBridge	29,414	44.9	7,749	46.0	4,764	54.5	9,558	52.6	2,529	63.6	N/A	N/A	2,885	70.7
NW Dane	2,447	3.7	628	3.7	176	2.0	422	2.3	62	1.6	18.0	18.9	27	0.7
Oregon	2,231	3.4	613	3.6	211	2.4	559	3.1	60	1.5	56.3	5.7	31	0.8
Stoughton	2,330	3.6	927	5.5	424	4.9	750	4.1	197	5.0	51.0	7.5	51	1.3
Sugar River	2,465	3.8	548	3.2	212	2.4	663	3.7	80	2.0	55.5	6.1	74	1.8
SW Dane	1,496	2.3	444	2.6	313	3.6	513	2.8	70	1.8	17.8	13.2	18	0.4
Waunakee	3,784	5.8	1,277	7.6	545	6.2	905	5.0	85	2.1	54.1	10.8	91	2.2
Total	65,457	100	16,862	100	8,736	100	18,162	100	3,976	100		100	4,082	100

One area looked at more closely in Dane County continues to be seniors living alone. The number and percent of population living alone is an indicator of the need for services and supports.

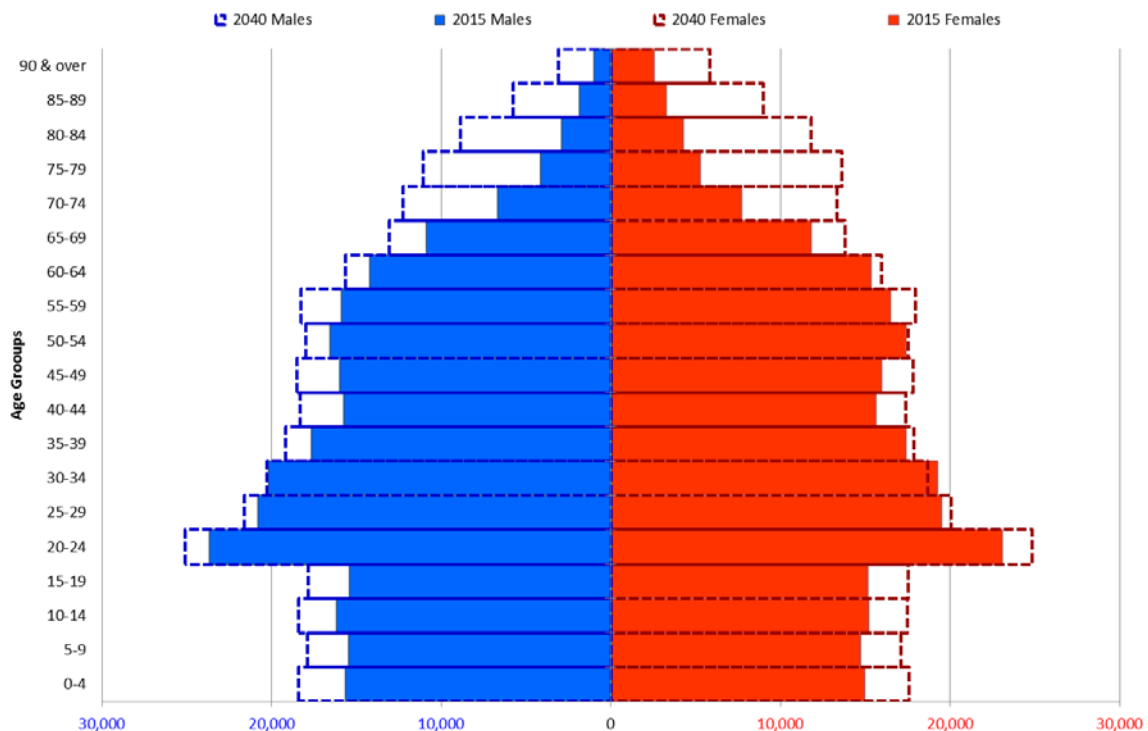


Many circumstances put seniors at risk of social isolation. Physical and geographical isolation are among top risk factors. While Dane County is the site of the State Capitol, much of the area outside Madison City limits is rural. Other indicators of social isolation include being a caregiver, not being 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.

Of particular attention in our new aging plan is the idea of reducing loneliness, a factor far more detrimental to older adults than simply addressing isolation. Preliminary literature reviews of studies looking at isolation, but more importantly loneliness, indicate limited success in current aging programs across the globe having a significant impact on older adult loneliness. One such area of promise in this review is older adults and pets. Continued research into best-practice strategies and programs to address loneliness will be a focus in our plan moving forward because we know that socially-isolated, lonely 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.

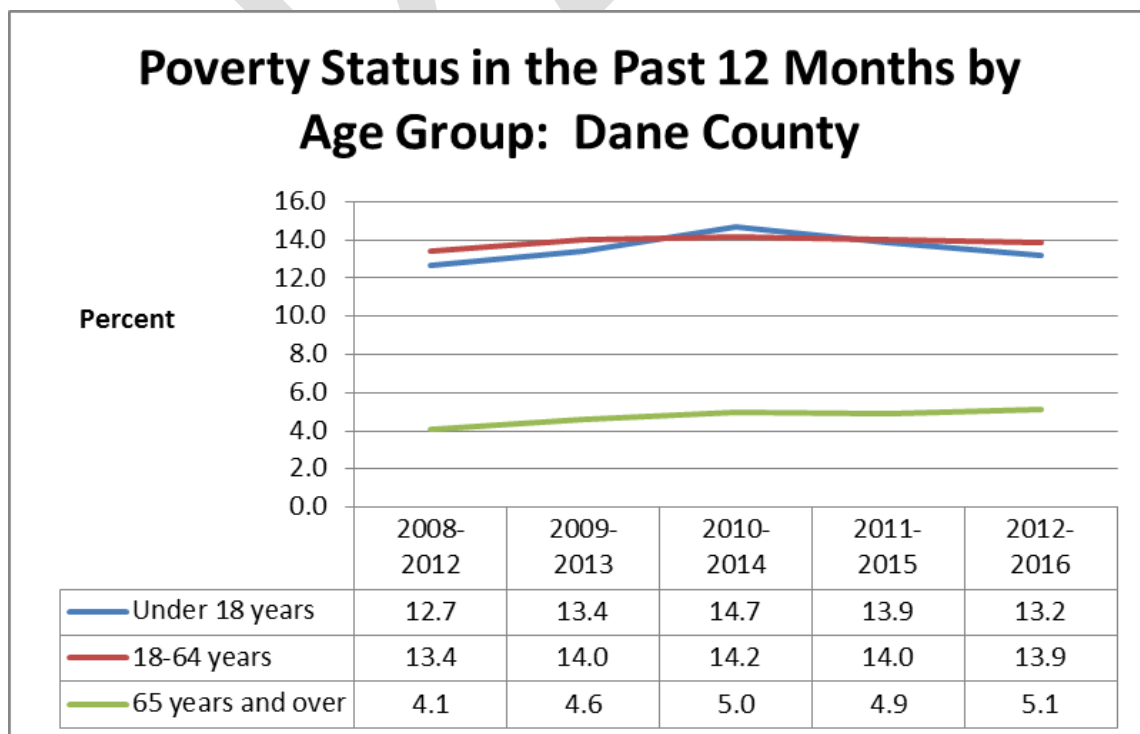
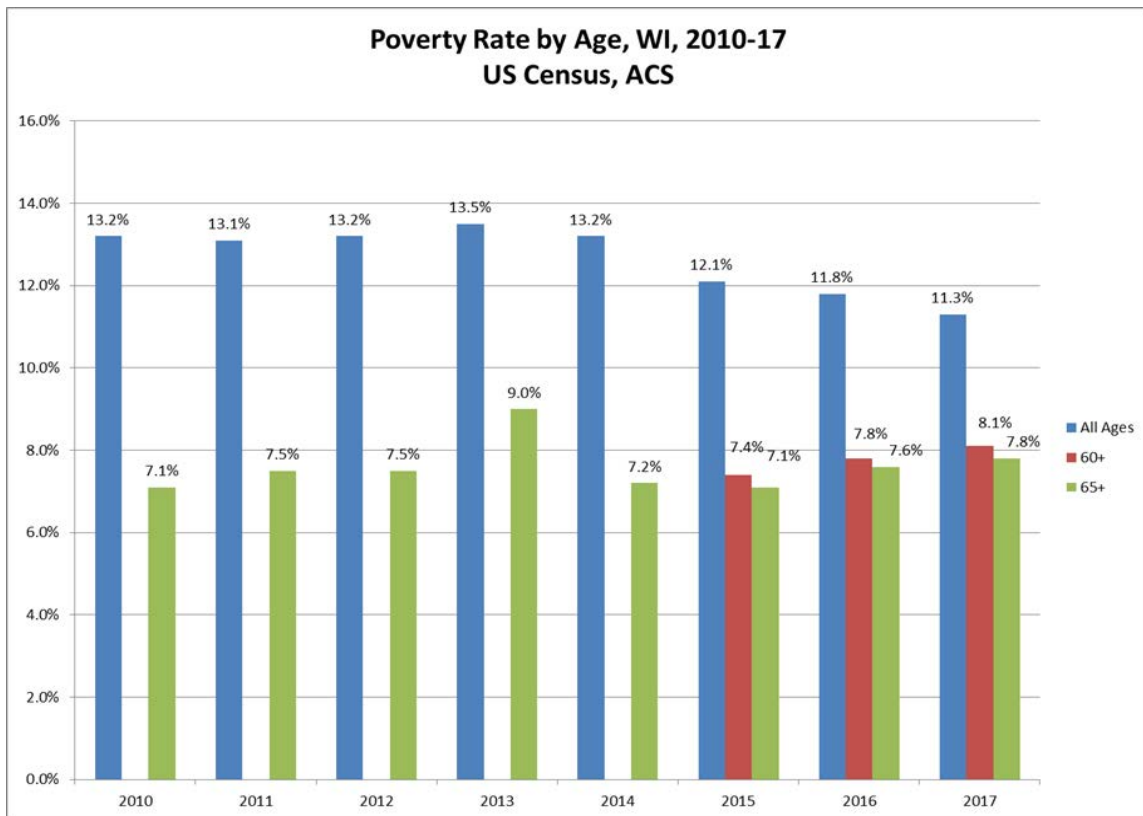
Older adult growth with respect to gender will remain somewhat equal to our current ratio of males versus females; however, over the next 35 years, we will see males increase. Supports and services that target the needs of men, particularly those in caregiver roles, living alone or in poverty, will increase. 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**



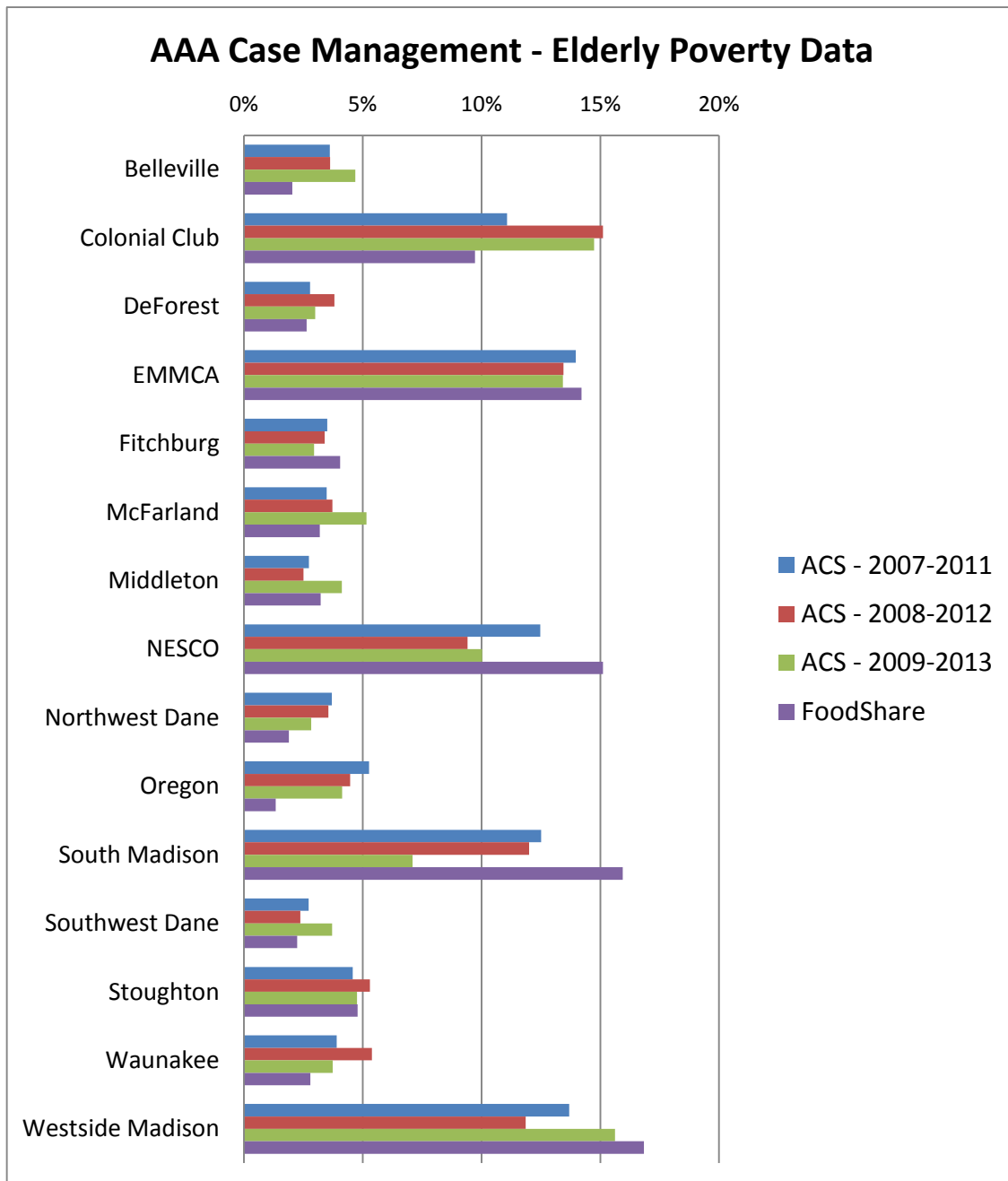
Poverty

“In 2016, half of all people with Medicare coverage lived on incomes of less than \$26,200 per year—which is just over 200 percent of the federal poverty level, and one quarter of Medicare beneficiaries had annual incomes at or below \$15,250” (*n4a Annual Report, 2017-2018, page 16*).



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1701 Poverty Status in the Past 12 Months

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 fewer assets, thus without 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. Over the past three years we have seen a steady increase in those age 65+ in poverty in Dane County.



Race

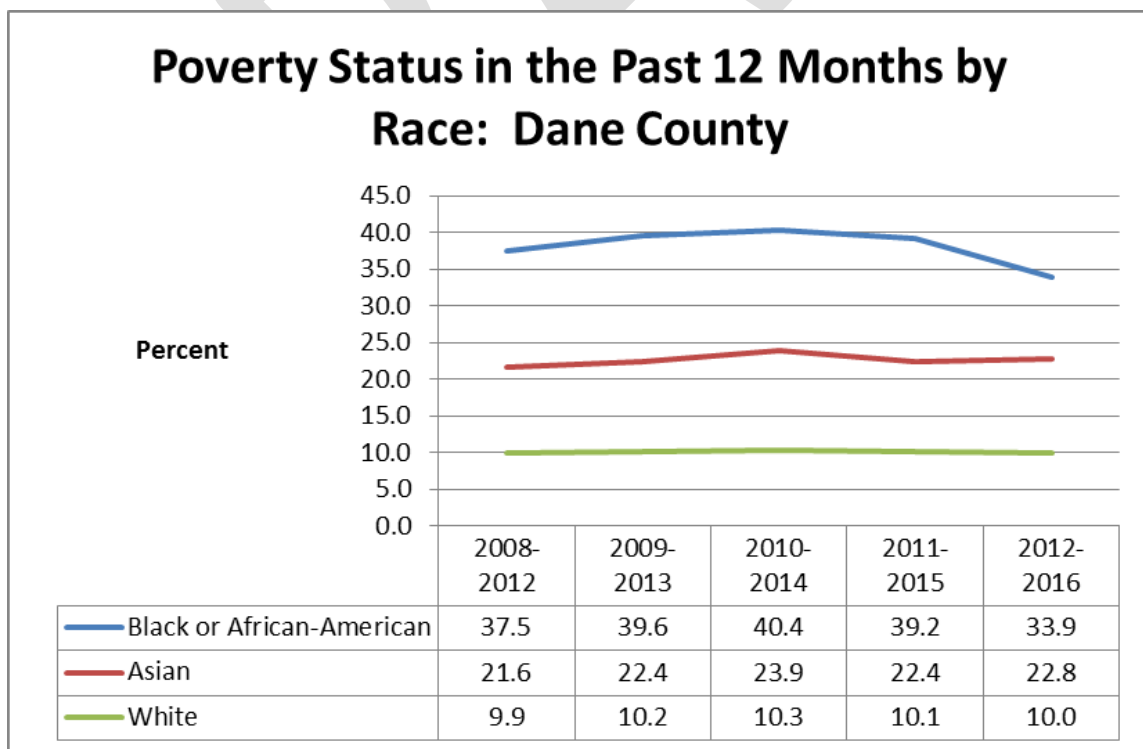
Dane County’s examination and work toward racial equity is well documented in the Racial Equity Analysis & Recommendations Report (<http://wisprd.org/attachments/article/101/Dane%20County%20Racial%20Equity%20Analysis%20-%20FINAL.pdf>). As a direct result of attention to racial disparity in Dane County, 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.

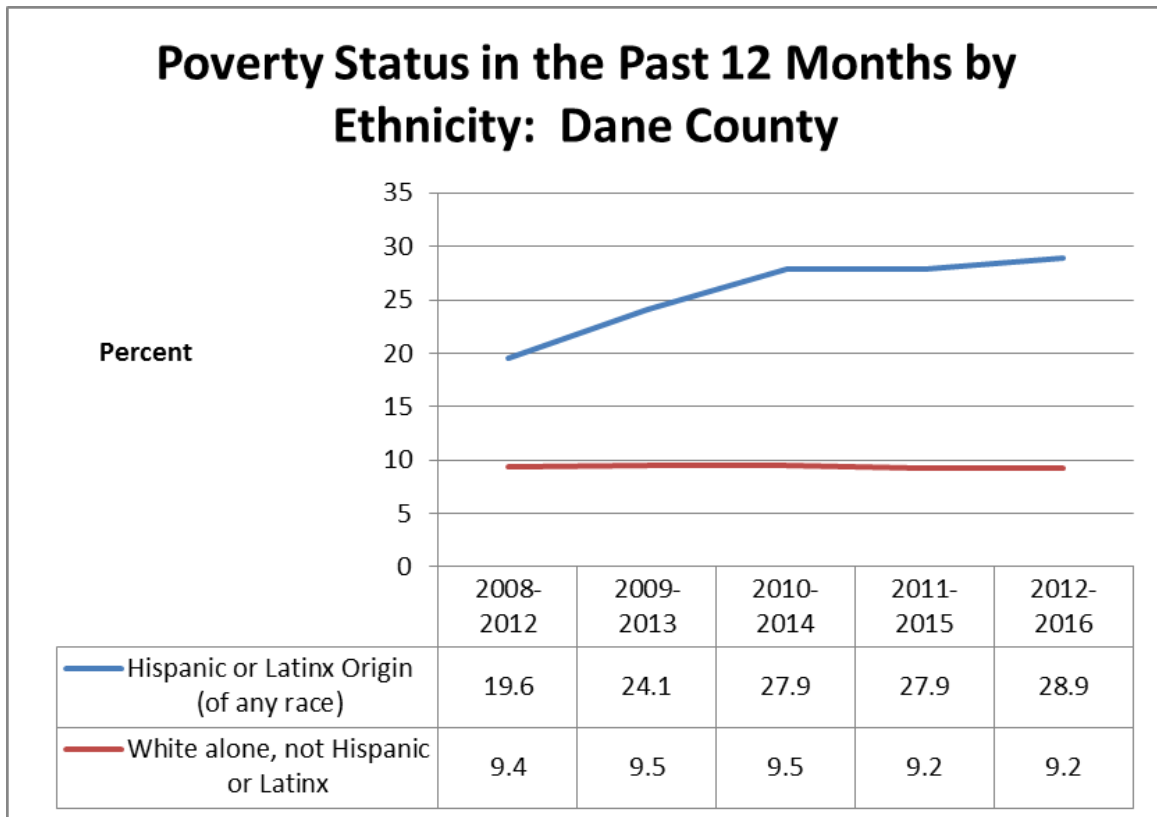
As depicted in the table below, Dane County population of elderly (age 60+) People of Color (PoC) increased 9.16%, from 4,082 in 2010 to an estimated 4,456 according to the ACS 2009-2013 Estimate. During this same period, White non-Hispanic population grew 6.11%, from 70,843 to 75,171. In short, Dane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

White vs. People of Color Growth	2010 Decennial Census	2009-2013 ACS Estimate	Growth #	Growth %
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%		



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1701 Poverty Status in the Past 12 Months

The percentage of African Americans 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 Latinx, the poverty status has shown a more rapid increase over their White counterparts.



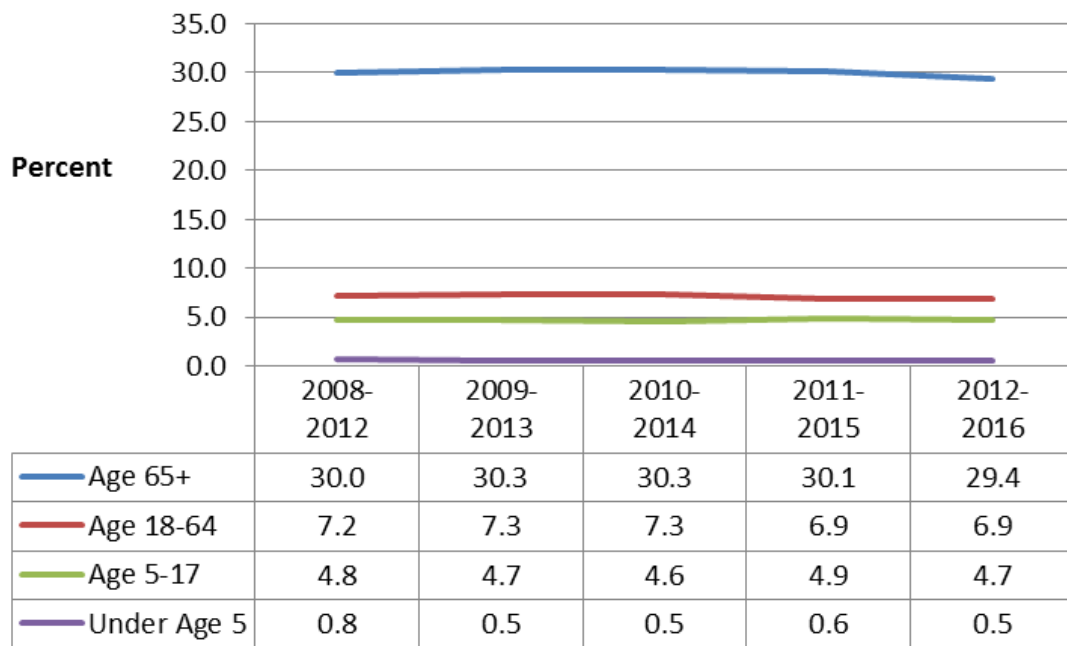
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1701 Poverty Status in the Past 12 Months

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 Persons of Color experiencing poverty over the next three years.

Disability

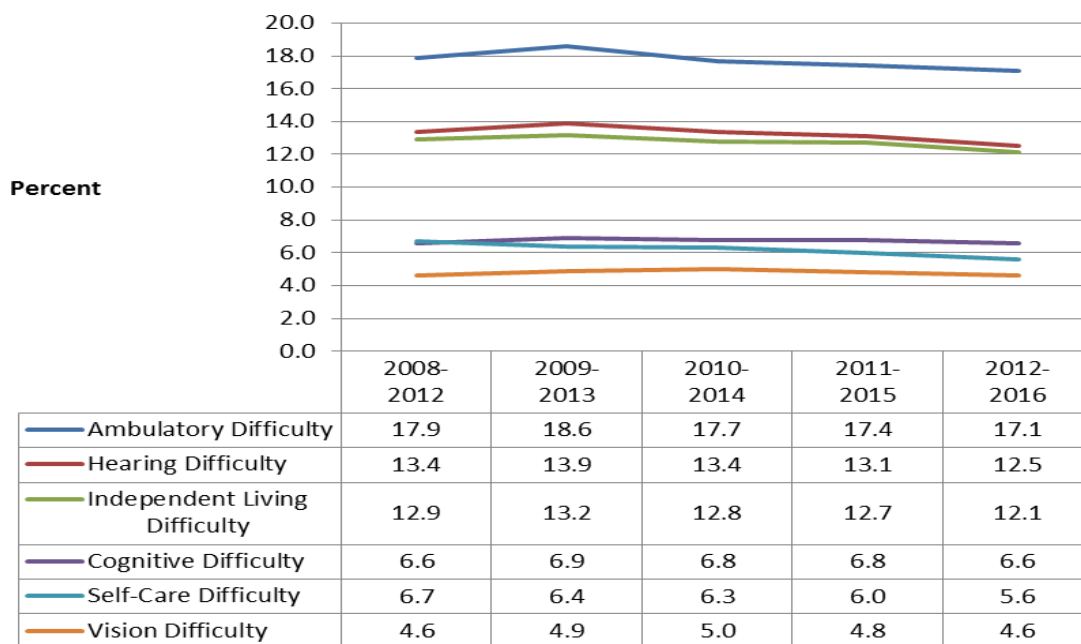
As a result of medical advances, persons are living longer with multiple chronic conditions and increasing disabilities. Ensuring that older adults are provided with a robust community-based continuum of services to meet increased needs, while respecting individual choice and involvement in community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

Percent of Population with a Disability by Age Group: Dane County



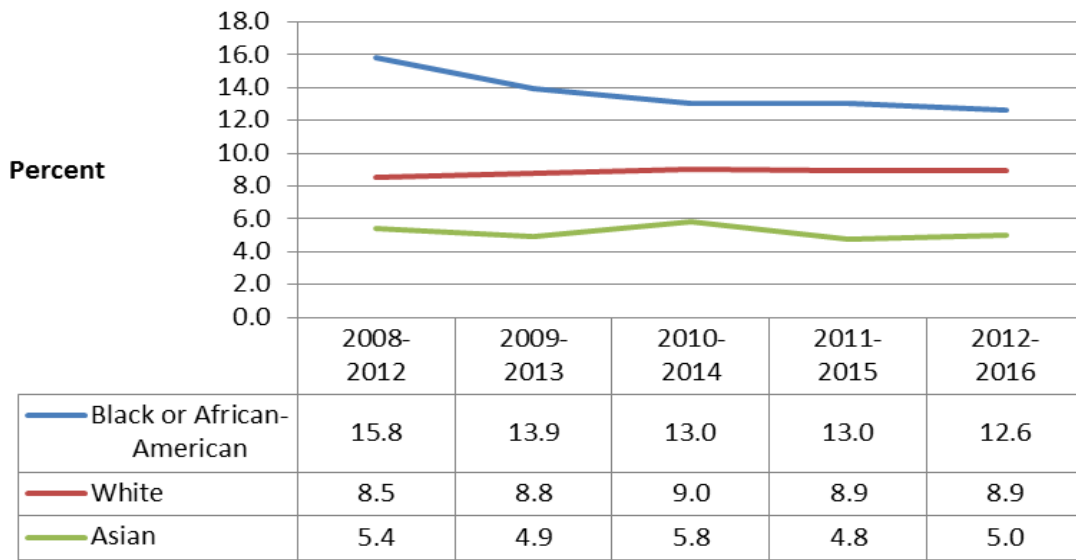
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1810 Disability Characteristics

Percent of Persons Age 65 and Over with a Disability by Type: Dane County



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1810 Disability Characteristics

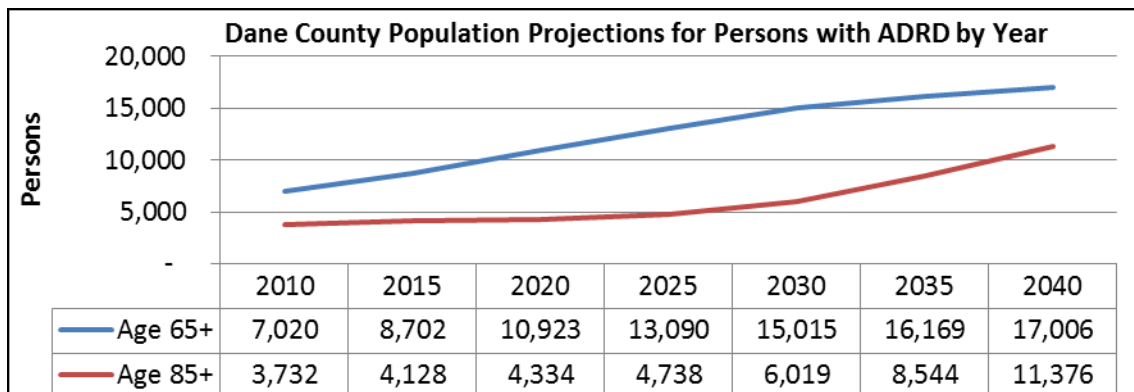
Percent of Population with a Disability by Race: Dane County



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1810 Disability Characteristics

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 promotion efforts on African American older adults.

Dane County projections for persons with Alzheimer’s Disease and Related Dementias (ADRDs) follow. ¹



Further, our population has increased in diversity, thus higher rates of Alzheimer’s and other dementias are expected. More importantly, the percentage of our older adults living alone is 19.8% based upon data from the following table. Of particular concern is medication nonadherence in this population and the resultant costs from a health care perspective.

¹ Source: Wisconsin Department of Administration Updated Population Projections for Counties by Age: 2010-2014; and 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. Prepared by Eric Grosso, Bureau of Aging and Disability Resources 8/2015

2019 Dane Pop. 60+	Age 60-74	Age 75-84	Age 85+	Age 65 + Living Alone	FoodShare Participant Age 60+	Minorities Age 60+
91,055	65,457	16,862	8,736	18,162	3,976	4,082

Source: 2012-2016 ACS Interpolation Method, prepared by Ariel Barak (DCDHS), 2018

The prevalence of ADRDs in the U.S. is one in 10 people age 65 and older has Alzheimer’s dementia, and, the percentage of people with Alzheimer’s dementia increases with age; three percent of people age 65-74, 17 percent of people age 75-84, and 32 percent of people age 85 and older.² Furthermore, approximately 15-20 percent of people age 65 or older have mild cognitive impairment (MCI).³ An average of 32 percent of individuals with MCI developed Alzheimer’s dementia in 5 years.⁴ Another meta-analysis of 41 studies found that among individuals with MCI 38 percent developed dementia over 5 years.⁵ As of 2017, if using research-informed estimates of 15-20 percent, more than 13,091 of our population ≥60 may have mild cognitive impairment with nearly 4,189 more of these persons developing Alzheimer’s disease or other related dementia in the next five years.

Utilization and expenditures among older people with dementia have generally been found to be significantly higher as a result of their more complicated medical and long-term care needs.⁶ However, current understanding of expenditure patterns associated with hospital and emergency detention use by people with dementia relative to those without dementia—particularly with potentially avoidable use—remains limited.⁷

According to the Alzheimer’s and Dementia report provided by MetaStar for Dane County, rate of unique readmissions within 30 days of discharge for dementia patients for Q1-2015 –Q4-2017 was 13.4 percent with hypertension, diabetes, congestive heart failure and mood disorders as top four comorbidities. Among eligible discharges, majority were discharged to skilled nursing facility and home. The average payment per unique admission/beneficiary was \$12,158.57 and the rate of emergency department visit within 30 days of discharge was four times the rate of non-dementia patients. About 5 percent of the dementia patients were dual eligible. Similar trends are seen with Alzheimer’s patients.⁸ Early diagnosis and the means for identifying those most vulnerable for dementia-related placement into extremely restricted environments is our new imperative, especially those with low income, living alone with little or no formal supports in public housing. To this end, Dane County has committed to hiring a full-time Dementia Crisis Specialist in the 2019 Budget.

Estimated & Projected Household Population Ages 65+ with Dementia--Dane County

2010	2015	2020	2025	2030	2035	2040
6,084	6,813	8,012	9,978	12,498	14,984	17,143

Source: Eric Grosso, Demographer, Wisconsin Department of Health Services, Office on Aging, 6/2015

² Hebert LE, Weuve J, Scherr PA, Evans DA. Alzheimer disease in the United States (2010-2050 estimated using the 2010 Census. *Neurology* 2013; 80:1778-83.

³ Roberts R, Knopman DS. Classification and epidemiology of MCI. *Clin Geriatr Med* 2013; 29:753-72.

⁴ Ward A, Tardiff S, Dye C, Arrighi HM. Rate of version from prodromal Alzheimer’s disease to Alzheimer’s dementia: A systemic review of the literature. *Dement Geriatr Cogn Dis Extra* 2013;3L320-32.

⁵ Mitchell AJ, Shiri-Feshki M. Rate of progression of mild cognitive impairment to dementia: Meta-analysis of 41 robust inception cohort studies. *Acta Psychiatr Scand* 2009;119:252-65.

⁶ Kaiser Commission on Medicaid and the Uninsured. Chronic disease and co-morbidity among dual eligibles: implications for patterns of Medicaid and Medicare Service use and spending. <http://www.kff.org/medicaid/upload/8081.pdf>. Published 2010. Accessed June22, 2018

⁷ Bynum JP, Rabins PV, Weller W, Niefeld M, Anderson GF, Wu AW. The relationship between a dementia diagnosis, chronic illness, Medicare expenditures, and hospital use. *J Am Geriatr Soc.* 2004;52(2):187-194. [PubMed]

⁸ Alzheimer’s Report for Dane county, WI (Q4 2015 through Q4 2017), Metastar, Inc Unpublished data, June 2018

Nursing home admission by age 80 is expected for 75 percent of people with Alzheimer's compared with only four percent of the general population. One in three seniors dies with Alzheimer's or another dementia. Since 2000, deaths from heart disease have decreased by 14%, while deaths from Alzheimer's disease have increased by 89% (*Alzheimer's Association, 2017 Facts and Figures*).

With or without a dementia diagnosis, we know that nearly 90% of people over age 65 want to stay in their home for as long as possible. 80% believe their current residence is where they will always live (*Living Well With Dementia in the Community, ElderCare Locator, 2018*). 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.

Every year nearly 40 million unpaid caregivers provide over \$470 billion worth of support to friends and families (*n4a's 2018 Policy Priorities, page 7*). Family caregivers, primarily women, provide over 75% of caregiving support in the United States.

(*AARP's Public Policy Institute, Spotlight—Millennials: The Emerging Generation of Family Caregivers, May 2018*) reports the following:

- About one in four family caregivers is a Millennial (born between 1981-1996, with current age span of 22-37 years old)
- More than half of Millennial family caregivers are African American, Latinx, or Asian American/Pacific Islanders
- Millennials provide an average of 21 hours per week in care—equivalent of a part-time job
- One in three Millennial family caregivers support someone with a mental health or emotional problem
- Almost three in four are employed
- One in three employed Millennial family caregivers earns less than \$30K/year
- Three in four people whom Millennial caregivers support are age 50+ and most care for a parent or grandparent
- More than half of Millennial family caregivers (51%) are the sole caregiver and are alone in their caregiving duties

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 annually. Absenteeism among women caregivers due to caregiving responsibilities costs businesses almost \$270 million annually. 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 annually. Caregiving-related workday interruptions add another \$3.8 billion to the burden borne by businesses.

Further, according to the Administration for Community Living's 2017 Profile of Older Americans, April 2018:

- The need for caregiving increases with age. In January-June 2017, the percentage of older adults age 85 and over needing help with personal care (22%) was more than twice the percentage for adults ages 75-84 (9%), and more than six times the percentage for adults ages 65-74 (3%).
- Racial and ethnic minority populations have increased from 6.9 million in 2006 (19% of the older adult population) to 11.1 million in 2016 (23% of older adults) and are projected to increase to 21.1 million in 2030 (28% of older adults).

- Persons reaching age 65 have an average life expectancy of an additional 19.4 years (20.6 years for females and 18 years for males).

Star Tribune writer Jackie Crosby, in her 6/5/18, *Aging Parents, Stressed Families* article, summarized it well. “In 2030, the first wave of the baby boom generation will turn 85, an age when people are twice as likely as those even a decade younger to need help getting through the day. Family sizes have been shrinking for decades, which means there will be fewer adults to care for older relatives in the years ahead. By 2030, the ratio of informal caregivers to those in most need of care will be at 4 to 1, down from a peak of 7 to 1 in 2010. Already, hospitals, nursing homes and home-care agencies face a worker shortage. Three times more families need elder care services than the workforce can support. The responsibility will continue to fall heavily on friends and family. Family caregivers have been described as America’s other Social Security. The nation’s health system would go broke if it had to pay for their work. Public health officials see hazards ahead. Nearly 60 percent of today’s family members do work once done by nurses, such as giving shots, providing wound care and operating special medical equipment. They spend an average of \$7,000 a year of their own money. Women, who make up 60 percent of caregivers, take on a disproportionate share of hands-on work and are more likely to jeopardize their own health and financial future. Unlike mothers sharing tips on the playground, those caring for older parents are isolated, often juggling their own lives and families as their loved ones become sicker and more dependent. They become awash in a sea of disjointed support services, hard-to-reach technocrats and health insurance policies that don’t pay for nearly as much as they thought. Social trends and medical progress are working against each other. Half of the 35 million family caregivers who now assist older adults have full-time jobs. Families are more geographically dispersed. Adult children are squeezed between raising their own families and managing a dizzying array of housing needs, health care, insurance, finances and supportive services for their elders.”

Grand “parenting,” while not new, is experiencing rapid growth due to the opioid crisis. In Wisconsin:

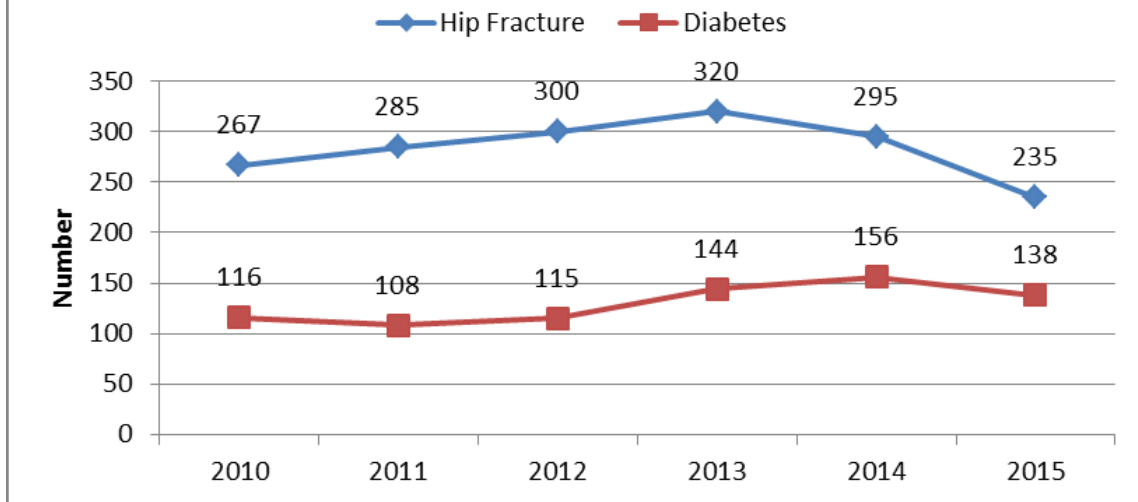
- 26,802 grandparents are the householders and are responsible for their grandchildren living with them; of these: 64% of the grandparents are White and not Hispanic, 21% are Black/African American, 3% are American Indian and Alaska Native, 2% are Asian, and 8% are Hispanic/Latinx, and may be of any race
- 38% have no parents of the children present in the home
- 73% are under age 60
- 17% live in poverty**
- 25,617 children live in homes with grandparent householders where grandparents are responsible for them*
- Of these children, 10,055 have no parents present in the home*

* Comparable data are not currently available for homes where other relatives are the householders

** 100% of poverty level

(See the complete *GrandFacts Wisconsin state fact sheet for grandparents and other relatives raising children* here: <https://www.aarp.org/content/dam/aarp/relationships/friends-family/grandfacts/grandfacts-wisconsin.pdf>)

Select Hospitalization for Persons Age 65 and Older in Dane County



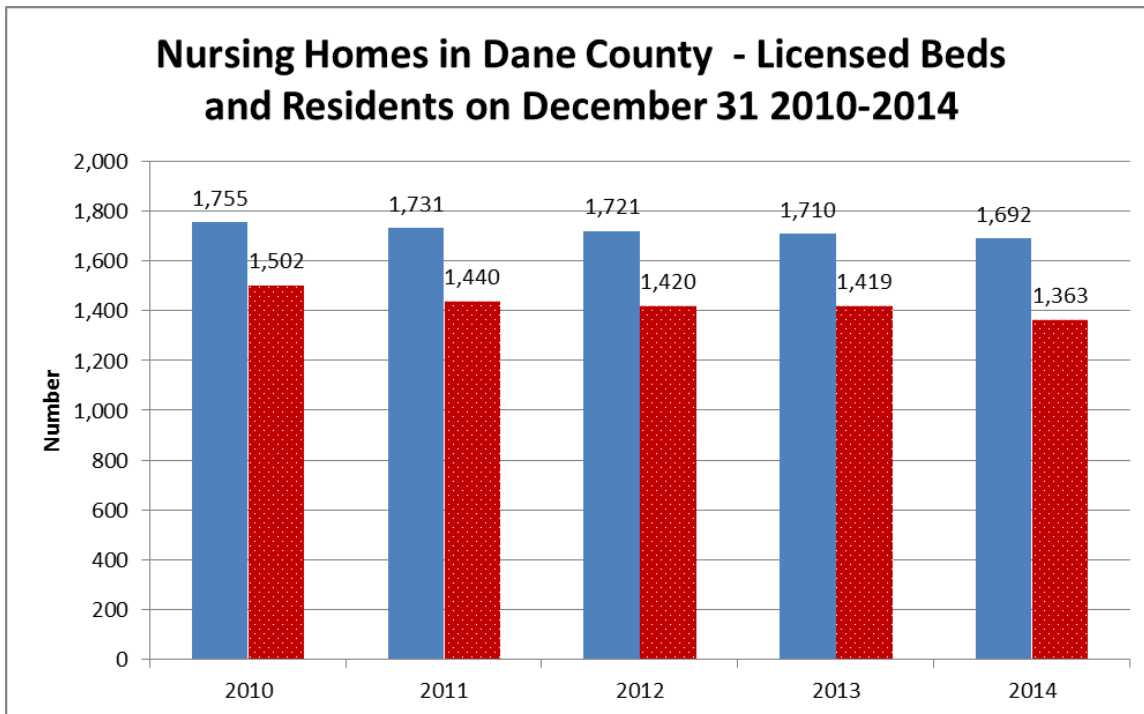
Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Health Analytics Section, *Public Health Profiles*, Wisconsin web.

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. The nation is spending over \$34 billion annually on direct medical costs resulting from elder falls, which is projected to increase to nearly \$70 billion annually by 2020 (*n4a's 2018 Policy Priorities*, page 12).

Older Americans are disproportionately affected by chronic diseases, which account for more than three-quarters of all health expenditures and 95 percent of health care costs for older adults (*n4a's 2018 Policy Priorities*, page 12). While longer lifespans bring great opportunities, older adults face an increased risk of developing a chronic condition or cognitive disorder (*Living Well With Dementia in the Community*, *ElderCare Locator*, 2018).

Dane County ranked #14 of all counties in Wisconsin (Milwaukee County is #71) in the 2018 Annual Health County Health Ranking & Roadmaps program, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Wisconsin ranked #12 by American Health Rankings. "There is growing evidence showing that the majority of health care costs are driven by factors outside of the clinical environment, often called the social determinants of health, and states with a higher ratio of social services to health spending showed better health outcomes on measures such as the number of days with activity limitations and mortality rates for type 2 diabetes, lung cancer, and heart attacks" (*n4a Annual Report, 2017-2018*, page 6).

For these reasons, Dane County has invested in hiring a part-time Healthy Aging Coordinator in 2019 and beyond to increase the availability of evidence-based workshops for seniors addressing chronic conditions and falls prevention.



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

“An estimated 90% of the nation’s 48 million adults older than age 65 want to age well in their own homes and communities, and not in institutions such as nursing homes” (*n4a Annual Report, 2017-2018, page 10*).

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 12 Senior Focal Points provide services also make significant investments in this program (the total funding for this program in 2018 was \$2,213,824). 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 2018: (40% total)

Colonial Club	72%	Middleton	46%	Southwest Dane	37%
DeForest	21%	NESCO	40%	Stoughton	31%
EMMCA	40%	Northwest Dane	64%	Sugar River*	63%
Fitchburg	29%	Oregon	20%	Waunakee	32%
McFarland	22%	South Madison	36%	West Madison	72%

* Sugar River includes Verona (City and Town)

The following chart reflects the total number of seniors receiving case management services between 2008 and 2017:

Focal Point	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Colonial Club	97	73	143	186	194	233	236	275	263	272
DeForest	90	60	68	71	82	83	73	78	85	102
EMMCA	119	111	112	170	200	191	235	265	299	339
Fitchburg	102	126	132	102	106	113	112	121	141	164
McFarland	63	63	59	52	42	43	48	89	114	130
Middleton	82	100	93	100	102	100	94	149	160	140
NESCO	229	224	246	236	195	182	233	245	272	307
NW Dane	82	86	92	100	97	91	125	110	101	124
Oregon	69	53	46	46	59	83	128	163	173	173
South Madison	323	338	381	320	310	303	254	231	286	299
Stoughton	176	152	148	144	153	151	160	220	215	236
SW Dane	105	96	81	77	79	73	69	69	96	113
Sugar River	N/A	N/A	37	53	53	53	70	58	61	83
Waunakee	187	178	164	164	179	177	195	332	371	351
West Madison	390	319	402	355	358	367	293	290	290	264
TOTAL	2,114	1,979	2,204	2,176	2,209	2,243	2,325	2,695	2,927	3,099

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 121,378 contacts of consumers age 60+ covering November 2012 through October 2018.

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

Case Management	Information & Assistance
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.

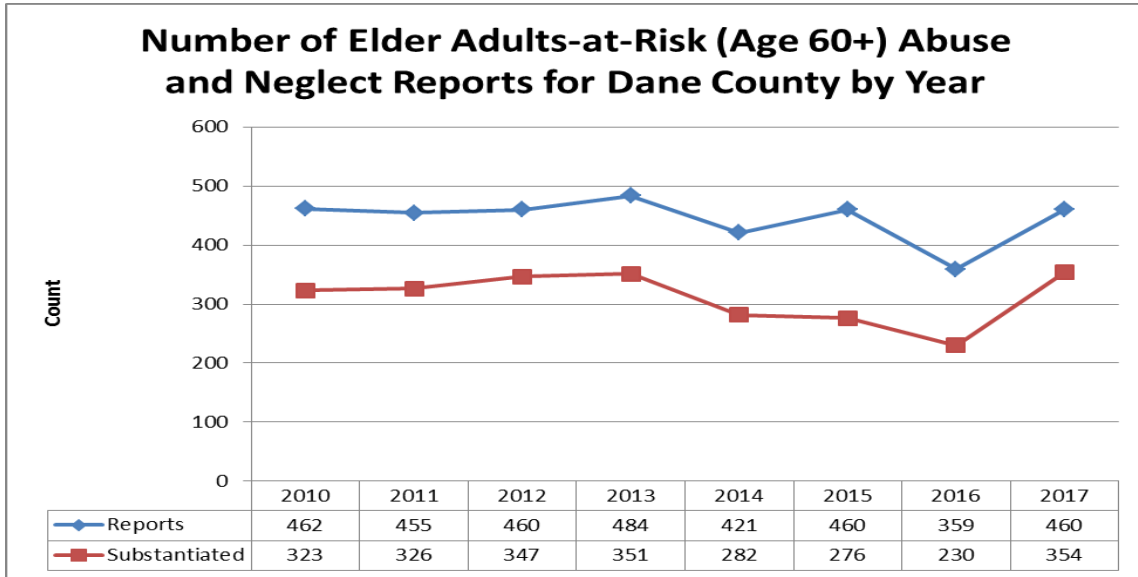
Simply put, seniors experiencing abuse, even modest abuse, had a 300% higher risk of death as compared with those who had not been abused (Elder self-neglect and abuse mortality risk in a community dwelling population, *Journal of the American Medical Association* 2009). That report noted victims of 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% from 2008 according to a MetLife study. In Dane County, the leading substantiated form of abuse was self-neglect at 45.8%, with financial abuse second at 23.8%.

The following letter was submitted to the DCDHS Adult Protective Services Unit attesting to the success of the program:

Spotlight

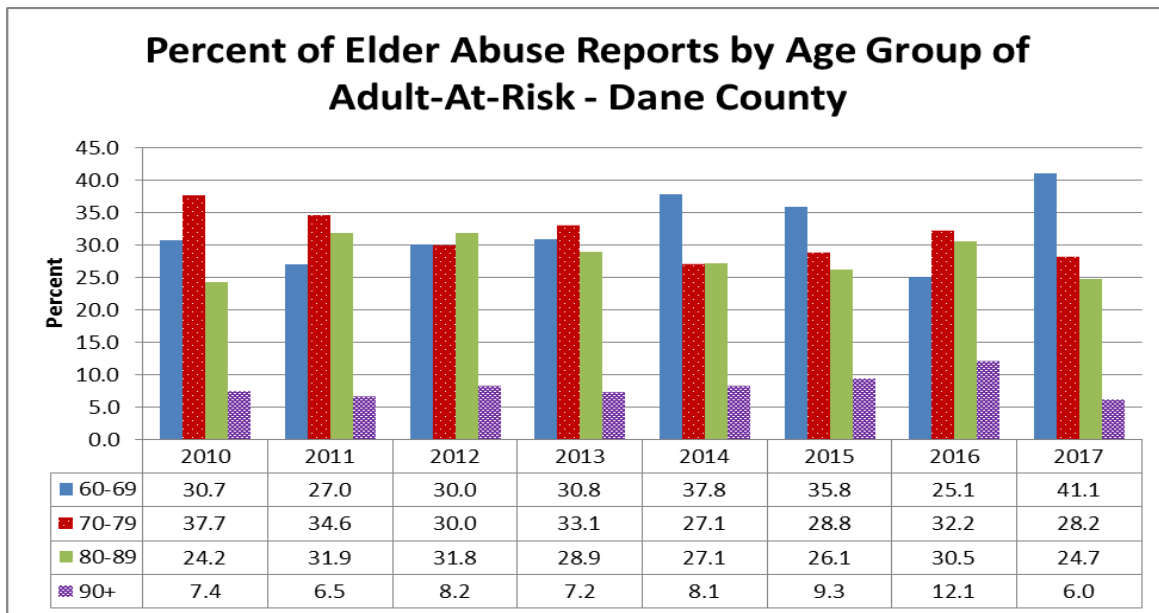
I first contacted [APS] in December 2017 on behalf of my brother who was experiencing declining dementia. I was contacted by [an Elder Abuse and Neglect Investigator] and she proceeded to meet with my brother and his daughter. I found [the investigator] to be a consummate professional on many levels. She was an excellent choice for not only connecting relationally with my brother but also including his daughter in the assessment and the follow-up on his case. [The investigator] was sensitive but firm, insightful but fair, a woman of action and a peacemaker. My step-brother who had recently retired from the Madison Police force stated that in all of his years of experience on the force, he had not met anyone of [the investigator's] skill, insight, and professionalism. She was tough when she needed to be, persuasive when it was required and set clear boundaries that needed to be acknowledged, without disparaging good intentions, although sometimes misguided. She could confront with care and without a threat in her tone or wording. When there were discrepancies in the fact gathering period, she was willing and able to draw her own conclusions and provide a plan of action. I am aware this is a thankless profession. I was afraid to reach out for

help and questioned my own decision to do so many times. The potential for alienation from some members of our family was very real but I had to rest on [the investigator's] wisdom, understanding, and management of details and process from miles away. I had the peace of doing the right thing but also the trust in [the investigator] to also do it. She enabled that trust and confidence that good things would come. My brother is now in an assisted living center and his monies are secured and managed for him by a court appointed lawyer. Although this still is a very sad situation for him, physically, there have been glimmers of hope and security for him in the journey. (Dane County APS Client)



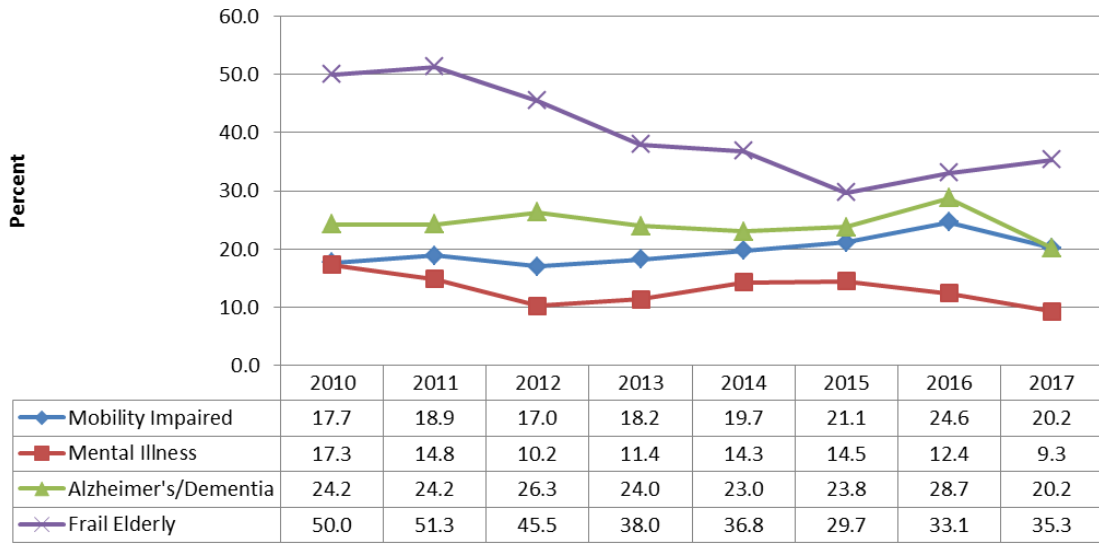
Source: WITS Statistical Summary Report for Elder Adults-at-Risk Age 60+ Dane County.

Reports of abuse and substantiated cases of abuse increased dramatically between 2016 and 2017. While additional training has been provided to law enforcement in this area by our APS unit, and thereby more awareness to report, the opioid crisis and sheer volume of seniors may account for the increase. Family members with addiction problems are increasing as well as unemployment tied to this addiction. The likelihood of pursuant financial abuse of elders in the family is high.



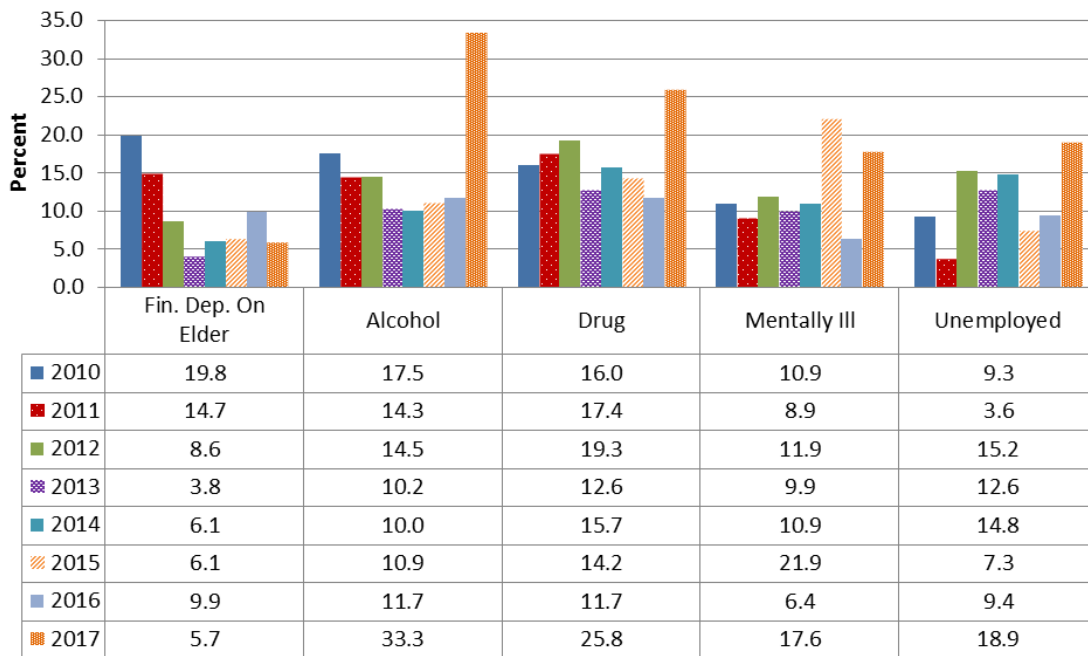
Source: WITS Statistical Summary Report for Elder Adults-at-Risk Age 60+ Dane County.

Percent of Elder Abuse Reports by Select Characteristics of Adult-At-Risk - Dane County



Source: WITS Statistical Summary Report for Elder Adults-at-Risk Age 60+ Dane County.

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



Source: WITS Statistical Summary Report for Elder Adults-at-Risk Age 60+ Dane County.

To combat the increase in reporting of abuse, the Adult Protective Services Unit increased staffing in 2018 from three to five Elder Abuse & Neglect/Adults at Risk workers, while maintaining three Adult Guardianship Services social workers, and one Victims of Crime Advocate social worker.

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 affecting consumers, including older adults.

B. Perceptual Analysis

The two largest-funded aging programs in Dane County—Case Management and Elderly Nutrition—underwent extensive evaluation since the previous Dane County Aging Plan. Findings of the two evaluations helped to inform Workgroups and provided significant information regarding seniors’ perception of services through both programs.

- 2017 Case Management Services Evaluation (see Appendix 26)
- 2017 Nutrition Program Evaluations (see Appendix 18)

C. Targeting and Prioritizing Services

As a result of the study process, Dane County continues the targeting of services by narrowing service criteria. Funding formulas channel financial resources to meet targeted needs. Without increased funding, AAA will probably have to serve fewer and fewer adults who do not meet targeting criteria, when County funding is the payer of last resort. Beyond the scope of this current three-year plan, the future of aging services in Dane County may need to be prioritized in favor of more-frail individuals with 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, goals of this Plan were developed in the five focus areas to meet State requirements and interest of 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 are more fully described next as the mechanism for achieving the Aging Plan Goals over the next three years.

D. County Aging Network and Long-term Care System

At the ADPAW Spring Meeting on 6/8/17, Wisconsin Department of Health Services/Bureau of Aging and Disability Resources Director Carrie Molke stated the common identity for the Aging Network includes:

- Individual & Organizational Advocacy
- Seniors Really in Charge
- Core Services Provided Statewide
- Statewide Expertise in Aging Services & Systems
- Consistent Quality Services
- A Focus on Community Collaboration
- Convenient Service Areas
- Volunteers Are Key to Service Delivery

On a national level, the National Association of Area Agencies on Aging (n4a) maintains, “AAAs foster the development and coordination of critical home and community-based services to older adults and their caregivers, then work with local providers and vendors to deliver them (*n4a’s 2018 Policy Priorities, page 3*). However, it was also noted, “For more than a decade, funding for OAA and other discretionary aging programs has lagged behind the growing population, need, and costs for these services and supports (*n4a’s 2018 Policy Priorities, page 4*).

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

- Administer and monitor 26 annual contracts holding 49 programs (2 full-time county staff members)
- Elder Benefit Specialist Program (3 full-time county staff members)
- Registered Dietetic Technician (0.5 part-time contracted position)
- Caregiver Coordinator (1 full-time contracted position)
- MIPPA Coordinator (0.2 part-time 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 fortunate to have 12 senior centers (referred to as Senior Focal Points) that serve as Purchase of Service agencies. Through those community-based centers, services are developed and provided with a great variety of leisure, educational, and recreational services. The agencies also provide nutrition program services (both congregate and home-delivered) and case management services (including assistance with benefit specialist services, assistance in making connections to transportation, and provision of social services 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: Falls Prevention, Cultural Diversity Programs, Grandparents & Other Relatives as Parents Caregiver Program, Senior Advocacy Training, and Volunteer Programs.

Other units within the Dane County Department of Human Services contract for additional senior adult programs such as Adult Day Care, Driver Escort Program, Medical Assistance Case Management, National Alzheimer's Family and Caregiver Support Program, and Transportation.

E. Critical Issues and Unmet Needs

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

1. Elder Justice

- Increased incidence of financial abuse cases and crimes against senior adults
- Increased financial exploitation of seniors
- Low number of law enforcement and emergency responder referrals to adult Protective Services
- Less likelihood of People of Color (PoC) to have Health Care Power of Attorney documents on file
- Need for resources for victims of financial scams

2. Elderly Nutrition

- Funding for nutrition site management continues to lag behind need for meals
- People of Color are underrepresented among those served by, volunteering in, or staffed the Elderly Nutrition Program
- Use of aluminum and Styrofoam materials in home-delivered packaging materials is environmentally unsound and unfriendly to reheating by older adults

- Geographic Information System (GIS) Mapping data are needed to assure that nutrition sites are located to serve the greatest number of seniors and to relocate underutilized sites

3. Healthy Aging

- Loneliness and isolation are detrimentally impacting older adults
- Increased number of workshops is needed to reverse the incidents of hospitalization resulting from falls
- People of Color are underrepresented in Healthy Aging Programs in Dane County
- Lack of coordinated efforts around evidence-based programs is limiting the availability of workshops for older adults across Dane County

4. Services in Support of Caregivers

- Caregiver support is needed (e.g., respite and grandparents raising grandchildren)
- Succession planning for caregivers is lacking, resulting in crisis situations when the caregiver is unable to provide care
- Persons of Color are not accessing caregiving financial resources for respite and other stress reducing activities

5. Services to People with Dementia

- Memory screening, early detection and diagnosis education and resources are available but underutilized
- Dementia related crisis planning is needed to prevent escalation of behaviors and pursuant trauma experienced during periods of crisis
- 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 continue to be effective in ensuring Dane County is meeting the needs of older adults, with more efforts needed to bring all communities within Dane County to the table

6. Local Priorities

- The increasing number of senior adults with mental health issues and complex needs adds to concerns about senior adults with Alzheimer's/Dementia
- The number of non-English proficient seniors continues to increase need for Bilingual Case Management and Cultural Diversity Services
- While ADRC services have reduced Focal Point Case Managers provision of information and assistance, the need for long-term case management services continues to grow
- Many elders with mental health needs are not adequately treated or untreated because of lack of services in the mental health system

7. Special Projects

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

F. Future Implications

As expected with the opening of ADRC in late 2012, Dane County experienced an increase in consumer requests for information and assistance for senior adults, adults with disabilities, and their families. The forecasted population explosion due to Baby Boomers will increase work loads of the Senior Focal Point case management system. Dane County is fortunate to have Senior Focal Points to provide 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
2015	2,695	20,729
2016	2,927	27,054
2017	3,412	26,275 (transition to Family Care)

This data indicate that despite having both programs available to seniors, the number of case management clients still increased (2,136 average clients during 2008-2012). This was also true with respect to increased number of service hours for the case management program (17,963 average service hours during 2008-2012 compared with 20,053 total hours in 2013, 20,081 total hours in 2014, 19,666 total hours in 2015, 22,631 total hours in 2016, and 24,085 total hours in 2017). With the increasing number of Baby Boomers projected for the next ten years and the increasing complexity of the needs of seniors, Dane County will continue to be challenged to obtain requisite funding for contract case management services.

G. Resources & Partnerships

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

Caregiver Alliance
 Community Coordinated Response–Elder Abuse
 Community Coalition (Care Transitions)
 Continuity of Care
 Dane County Benefits Collaborative
 Dane County Financial Abuse Specialist Team
 Dementia Friendly Communities
 Dementia Network
 Elderly Advocacy Network (EAN)
 Elderly Services Network (ESN)
 Falls Prevention Taskforce

Focal Point Directors Meetings
 Health Watch Wisconsin
 Homeless Consortium
 Nutrition Site Managers Contact Group
 Social Security Administration-local office
 Wisconsin Aging Advocacy Network (WAAN)
 Wisconsin Area Agencies on Aging Association (w4a)
 Wisconsin Association of Benefit Specialists (WABS)
 Wisconsin Association of Nutrition Directors (WAND)
 Wisconsin Association of Senior Centers (WASC)
 WIHA State-wide Coordinating Committee

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

Colonial Club Senior Activity Center	RSVP of Dane County
Consolidated Food Services	Safe Communities
DeForest Area Community & Senior Center	South Madison Coalition of the Elderly
East Madison/Monona Coalition on Aging	SSM Health At Home
Fitchburg Senior Center	Stoughton Area Senior Center
Goodman Catering	Sugar River Senior Center (aka Belleville)
McFarland Senior Outreach Services	Southwest Dane Senior Outreach
Middleton Senior Center	The Rainbow Project
North/Eastside Senior Coalition	Waunakee Senior Center
Northwest Dane Senior Services	Waunakee Schools
Oregon Area Senior Center	West Madison Senior Coalition

H. 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.”).

After several years of lapsed membership, AAA Manager Cheryl Batterman renewed efforts to solicit funding to secure active membership with the National Association of Area Agencies on Aging. This connection enables AAA to be aware of national advocacy efforts that affect Dane County senior adults at a federal level—and in turn, widely distributes this information as appropriate.

In a year where Federal officials continue calls for cuts to programs that assist people in or near poverty, Census data released in September 2018 shows why this would be the wrong course of action. Reported by Justice in Aging, the overall poverty level for 2017 was down slightly to 12.3%. For older adults, the poverty rate was statistically unchanged from the previous year at 9.2%. People of Color continue to have much higher rates of poverty than their white counterparts. African American people, for example, have a poverty rate of 21.2%, compared to 10.7% for white people. On health care, the *Current Population Report on Health Insurance Coverage* reported the uninsured rate also held steady from 2016 to 2017 at 8.8%, but increased slightly to 12.2% in states that have not expanded Medicaid under the Affordable Care Act. Nationwide, there are over 28 million Americans without health insurance.

Another important Census measure—the *Supplemental Poverty Measure (SPM)*—reveals the results of our efforts to combat poverty. The SPM gives a more complete picture of poverty and the effects of programs aimed at reducing it by taking into account a variety of expenses and benefits, such as housing and health care costs, taxes, and government programs that affect income.

According to the 2017 SPM, poverty overall was 13.9%, and for older adults it was 14.1% (neither rate is a statistically significant change from 2016). Critical programs such as Social Security, the Supplemental Nutrition Assistance Program (SNAP, also known as food stamps) and Supplemental Security Income (SSI) kept 36 million people out of poverty last year. For people age 65 and older, Social Security is by far the biggest anti-poverty program, lifting more than 17.7 million older adults out of poverty (a little over 500,000 more people than the prior year). However, other programs can’t be discounted—SSI, SNAP, and housing subsidies lifted another 1.6 million older adults out of poverty as well.

The SPM reveals how important it is for us to continue to fund programs to support people in our communities, including older adults, who are working hard to stay afloat. These programs assist our family, friends, and neighbors who work more than one job to make ends meet, who live on a fixed income that seems less adequate every year, who act as primary caregivers for children or aging relatives, or who experience significant disabilities that prevent them from holding steady employment. Without these federal programs, we, and the people we know and care about, would be left to struggle unnecessarily.

Knowing we are on the right track (but not yet at our destination), we must continue to defend basic needs programs from cuts proposed by the White House and Congress, and call on our government to continue to support and expand them so that even more people are lifted out of poverty in the future.

On a state level, AAA is a voting member of the Wisconsin Aging Advocacy Network, “a collaborative group of individuals and associations working with and for Wisconsin's older adults to shape public policy that improves the quality of life of older people throughout the state. WAAN educates both supporters and opponents, mobilizes allies on priority issues, and advocates positions utilizing the shared experience, knowledge, and constituencies of member organizations.” (<https://gwaar.org/wisconsin-aging-advocacy-network>). Several AAA staff attend the monthly four-hour meetings: Cheryl Batterman (representing w4a), Tiffany Scully/Leilani Amundson (representing WABS), and Angela Velasquez (representing WAND). In addition, three members of the AAA Legislative/Advocacy Committee attend and are active participants: Tom Frazier, Esther Olson, and Jim Schmidkofer.

The AAA Board strongly advocates for legislative issues affecting senior adults living in Dane County. Copies of advocacy letters written to elected officials are posted on the AAA website (<https://aaa.dcdhs.com/advocacy.aspx>) and include recent topics concerning:

- AAA Board's response to the final Fiscal Year 2018 Federal Funding Bill that passed Congress in March
- AAA Board opposes proposed President's Fiscal Year 2019 Budget
- AAA Board opposes AB 432 & SB 341 (re: CNA training)
- AAA Board opposes proposed funding elimination of the Corporation for National & Community Service (affecting RSVP, Foster Grandparent Program, and Senior Companion Program)
- AAA Board opposes Medicaid block grants and reducing Older Americans Act funding

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 to advocate on issues of interest to the aging population in Dane County. Membership, now exceeding 280, 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 issues and steps they may take to help the advocacy process. AAA's goal is for EAN members to see this as an important community service and a way 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 which in many cases publish it in their monthly newsletters disseminated to senior adults, family members, and caregivers residing in their service areas.

AAA staff meet bi-monthly with 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 coordinate, plan, arrange for speakers, and attend Case Management trainings eight mornings per year. Case Managers provide services to senior adults in their respective service areas. Information pertinent to clients is shared at the meetings. AAA staff also meet 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 legislative and budget processes, ability to communicate issues, and knowledge of available resources; and (2) to learn citizen advocacy leadership skills to enable them to assume roles on 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 identify key decision-makers at each level in the decision making process
3. Understanding best-practice strategies used to perform effective citizen advocacy
4. Understanding issues affecting seniors in Dane County requiring citizen advocacy support
5. Using new skills to practice citizen advocacy to influence change on issues important to seniors in Dane County during current and future County and State Budget processes

- **Provider Responsibilities**

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

- **Target Population of Participants**

This is an intensive advocacy training program targeting adults age 60 and over 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 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



2018 Senior Advocacy Training with Wisconsin State Assembly Representative Sondy Pope

(ADRC) of Dane County, Area Agency on Aging (AAA) of Dane County, Senior Focal Points, aging network, and senior adults and their family members.

The advocacy efforts resulted in the following tangible outcomes through the Dane County budget process over the past four years:

- Approval of a third full-time Elder Benefit Specialist staff position in 2014 (at a cost of \$68,000 in county funds and federal/state Medicaid reimbursement through 100% time reporting)
- Increased funding for Bilingual Case Management in 2015 (\$10,000)
- 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) for a 2.5% total increase, \$18,331 in 2016, \$25,146 in 2017, and \$40,000 in 2018
- Increased Nutrition Site Management funding of \$12,911 in 2015, \$16,859 in 2016, \$14,585 in 2017, and \$2,028 in 2018 for a 17.3% total increase
- Increased RSVP Driver Services funding in 2017 (\$21,500)
- Increased Cultural Diversity Program funding in 2017 (\$30,057) and in 2018 (\$10,000) for a 42% total increase
- Increased Caregiver Program Support funding in 2017 (\$21,418)
- Provide funding for the Volunteer Guardianship and Representative Payee Program in 2018 (\$25,000)
- Increased Specialized Transportation funding in 2018 (\$20,800)
- First time funding for a full-time Dementia Crisis Specialist in 2019 (\$81,000)
- Increased Case Management funding by \$75,000 in 2019
- Increased Nutrition program funding by \$15,752 in 2019 to implement Oliver meal packaging system for home-delivered meals

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

Section 5—Public Input in Plan Development

Planning Process

In developing the 2019-2021 Dane County Aging 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, Services in Support of Caregivers, Services to People with Dementia, Healthy Aging, and Elder Justice)
- Review the 2016-2018 AAA Dane County Aging Plan and annual progress reports (AAA Board, Advisory Council, and Focus Workgroups)
- Obtain input from the following Dane County/Contracted staff members:
 - Ariel Barak, Human Services Program Analyst
 - Lori Bastean, Human Services Senior Program Analyst Manager
 - Cheryl Batterman, Area Agency on Aging Manager
 - Jane Betzig, Human Services Transportation Coordinator
 - Mary Browning, AAA Dietician (contracted)
 - Todd Campbell, Adult Community Services Division Administrator
 - Kari Clemens, DCDHS IT Systems Coordinator
 - Jane De Broux, AAA Caregiver Coordinator (contracted)
 - Jennifer Fischer, ADRC Manager
 - Beth Freeman, Adult Protective Services Manager
 - Sheri Gray-Dorn, Adult Guardianship Program Supervisor
 - LeeAnn Grimm, Elder Abuse & Adults at Risk Program Supervisor
 - Sridevi Mohan, Public Health Epidemiologist
 - Lynn Riley, ADRC I&A Supervisor
 - Wesley Sparkman, The Tamara D. Grigsby Office for Equity & Inclusion Director
 - Angela Velasquez, AAA Aging Program Specialist
- Draft goals for required focus areas by appropriate workgroups; present to AAA Board prior to public release and submit to State for review
- 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 the State Bureau of Aging and Disabilities Resources (BADR)

The AAA Board solicited feedback from many stakeholders in preparing for this current Dane County Aging Plan. In early 2018, internal discussions began among the AAA Board and Committees, Purchase of Services agencies, and AAA staff to organize the Dane County Aging Plan process. Upon receipt of the plan's template from BADR in February, 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 was age 60+ and not elected officials. The 32-member Advisory Council represented:

- AAA Board and Committees (Access, Legislative/Advocacy, and Nutrition/Wellness)
- Caregiver Alliance (UW-Madison, VA Hospital, and volunteer)
- Community Senior Adult Volunteers (from DeForest, Madison, McFarland, Oregon, and Waunakee)

- Senior Focal Point Staff (East Madison/Monona Coalition of the Aging, North/Eastside Senior Coalition, Sugar River Senior Center, SW Dane Senior Outreach, and Waunakee Senior Center)
- Purchase of Services Agencies (Alzheimer’s & Dementia Alliance of Wisconsin, Alzheimer’s Association, Safe Communities, and SSM Health at Home)

At the first Advisory Council meeting on 2/28/18 (see Appendix 4), a timeline was developed to ensure all required steps were followed to submit an approved plan by the 12/31/18 deadline (see Appendix 15). After dividing into workgroups to address the five required focus areas (see Appendix 28), Department of Human Services staff were appointed to provide guidance for each workgroup (AAA Manager, AAA Program Specialist, AAA Caregiver Coordinator, AAA Dietician, ADRC Information & Assistance Supervisor, ADRC Manager, Adult Protective Services Manager, Adult Guardianship Program Supervisor, and Elder Abuse & Adults-at-Risk Supervisor). The winter and spring months were busy with workgroups meeting multiple times to draft goals for their areas. Guided by the Dane County Aging Plan Instructions provided by BADR, AAA staff created instructions for each workgroup (see Appendix 27) and guided them through the process of reviewing the 2016-2018 Dane County Aging Plan focus area goals (see Appendix 1) to determine whether they had been successfully completed or needed to be continued in the 2019-2021 plan. After each workgroup brainstormed ideas that were then evaluated and edited, AAA staff helped the process of turning ideas into SMART goals (Specific, Measurable, Achievable, Results-focused, and Time-bound). By May, draft goals were presented to the Advisory Council (see Appendices 5 & 9) and approved by the AAA Board on 6/4/18.

These draft goals were submitted to BADR for review. An email was sent on 8/6/18 by Neal Minogue (Older Americans Act Program Supervisor, State of Wisconsin/Bureau of Aging & Disability Resources) stating, “Overall some very good goals for the Dane County Aging Plan 2019-2021” and suggested some “minor edits” (see Appendix 25). The AAA staff created a document to track these suggestions (see Appendix 10). The Advisory Council reviewed and discussed these edits on 9/21/18 (see Appendix 6) and forwarded a final draft to be distributed for public input (see Appendix 11).

All through this timeframe, AAA staff drafted remaining narrative sections of the Plan and posted it on the AAA website on 11/16/18.

Several key events occurred during October:

- The Advisory Council’s revised draft goals were presented to all three Board Committees (Access, Legislative/Advocacy, and Nutrition/Wellness) and Senior Focal Points for review and comments (see Appendix 3).
- Human Services staff finalized questions for an online survey addressing the draft goals. The survey was publicized throughout Dane County and disseminated to seniors throughout the aging network. This was the second 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 14).

This strategy allowed an increased number of community members to be reached and surveyed than was possible for previous Plans.

The two input sessions were held at the following locations:

Date	Time	Site	Number of Participants
Tuesday, 9 October 2018	12:30 pm	Holy Mother of Consolation Church	77
Monday, 15 October 2018	10:30 am	Warner Park Community Rec Center	10

In addition to these sessions, AAA staff was invited to present the draft goals at a Dane County SOS Senior Council general membership meeting on 10/12/18; 15 people were in attendance and paper copies of the survey were distributed.

Public Hearings, Comments, and Changes

Following approval by the AAA Board and a review by BADR, the draft goals were revised by the Advisory Council and shared with the public. Comments and suggestions were solicited at two public hearings in October.

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

- Posted notice on the AAA website
- Flyers delivered to all Dane County Senior Focal Points and Senior Centers for posting (see Appendix 19)
- 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 20)

Public hearings at Holy Mother of Consolation Church (Oregon) and Warner Park Community Recreation Center (Madison) enabled participants to provide valuable suggestions for incorporation into the Plan.

Participants were informed that public hearings were an opportunity to provide feedback on the established goals initially written to reflect the needs and desires of older adults and their representatives who participated in various input activities during October and November 2018. State mandated and local goals were presented and read one-by-one to public hearing participants. Staff clarified the content, and the audience was offered an opportunity to ask questions and obtain answers after each goal was read.

AAA staff took written notes at each session (see Appendices 21 & 22 for meeting minutes). Throughout the planning process (workgroup sessions, surveys, and public hearings) participants were requested to send written and verbal feedback to the AAA via phone, e-mail, and snail mail.

The sessions were 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 responses provided at public hearings, it appeared that 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 and 146 online surveys. (A complete summary of all online survey findings can be found in Appendix 12.) Seventy-one (49%) of the survey responders were age 60+, 51 (35%) indicated they were under the age of 60, and 24 (16%) declined to provide their age. Nine (6%) respondents indicated they were a Person of Color and

22 (15%) left the item blank. The survey was a convenience survey. Respondents do not appear to reflect the demographics of seniors in Dane County.

The overall priority, based on the percentage of respondents who indicated the item was “Very Important,” was “Increase funding for the Elder Nutrition Program to meet the increasing number of seniors in Dane County through a minimum 5% annual increase for Catering and a COLA (cost of living) annual increase for site management.” This was the top priority for persons age 60 and older. Among Persons of Color, this item tied with:

- “Advocate to the City of Madison by the Madison Senior Coalitions for inclusion of a minimum of \$30,000 over the next three years in new money directed toward the Elder Nutrition Program for Madison seniors to keep pace with contributions by most other Dane County communities” and
- “Improve caregivers ability to provide care and meet caregiving responsibilities with particular attention to diversity of caregivers served (Persons of Color, LBGTQ), through the use of comprehensive assessment, pre-post caregiver status evaluation, intensive case management, and caregiver grants for respite and supplemental needs.”

The survey results were shared with the Advisory Council, AAA Board, and AAA Committees (see Appendix 13). Analysis of each goal revealed the following:

Elder Justice

- **Percent of Respondents by Survey Item:** Among the three goals listed in the Elder Justice section, a slightly larger percentage (62%) felt it was “Very Important” to “Increase awareness about how to report and repair finances for victims of financial scams by offering a “train the trainer” workshop annually for the 40+ Senior Focal Point case managers and student interns.”
- **Percent of Respondents Indicating Item was “Very Important” by Age Group:** There were differences on the Elder Justice items based on the age of the respondent.
 - Respondents who were age 60+ were significantly more likely (63%) than those under the age of 60 (53%) to feel it was “Very Important” to “Work with community resources, identify and train six (6) Persons of Color volunteers per year to work with racially-diverse senior adults to take charge of their health care decisions prior to crisis situations by providing information and completing Health Care Power of Attorney (HC-POA) documents.”
 - A higher percentage of respondents age 60+ (67%), compared with those under the age of 60 (55%), indicated it was “Very Important” to “Increase awareness about how to report and repair finances for victims of financial scams by offering a “train the trainer” workshop annually for the 40+ Senior Focal Point case managers and student interns;” this was not a statistically significant difference.

Comments made in this area of the survey included suggestions to partner with Honoring Choices Wisconsin as they focus on communities of color and are already working with leaders in those communities and could help reduce the barrier of trust that exists, making information and resources available to promote completion of health care and financial legal documents. Further, one comment from a health care system indicated the need for more support if APS is not going to become involved in order to better address the concerns of risk/vulnerability that may remain.

Elder Nutrition

- **Percent of Respondents by Survey Item:** The Elder Nutrition area had two of the items that overall had the largest percentage of respondents indicating they were “Very Important:”
 - Increase funding for the Elder Nutrition Program to meet the increasing number of seniors in Dane County through a minimum 5% annual increase for catering and a COLA (cost of living) annual increase for site management.
 - Advocate to the State of Wisconsin by the AAA Board, staff, and Senior Focal Points for a more equitable statewide nutrition funding formula which would result in a funding increase for Dane County.

Besides advocating for increased funding, 66% of overall respondents indicated it was “Very Important” to “Institute the Oliver paper meal tray and bowl system for home-delivered meals at sites currently using aluminum containers and Styrofoam bowls with plastic lids for these meals. (By switching to meal trays, which are biodegradable and made from recycled materials, approximately 70,000 fewer aluminum trays and Styrofoam containers would go into landfills each year.)”

- **Percent of Respondents Indicating Item was “Very Important” by Whether Respondent Indicated Being a Person of Color** were more likely than Whites to indicate that it was “Very Important” to:
 - Advocate to the City of Madison by the Madison Senior Coalitions for inclusion of a minimum of \$30,000 over the next three years in new money directed toward the Elder Nutrition Program for Madison seniors to keep pace with contributions by most other Dane County municipalities.
 - Make sites more inclusive through ethnic food offerings at least once per month at all site locations.
 - Explore the feasibility of opening at least one culturally specific restaurant or meal site location.

These differences, while notable, were not statistically significant.

Comments included support for switching to a more environmentally friendly packaging system for the meal program. Additionally, there was concern raised about advocacy for one program of importance over another, especially if the amount of overall funding remains flat. Finally, several comments were directed at ensuring any ethnic meal program is designed by and has the buy-in of the group it is designed to serve, how one culture may be chosen over another, and whether or not it is feasible given the money does not currently serve all those in need.

Healthy Aging

- **Percent of Respondents by Survey Item:** The goals of reducing isolation in homebound senior adults through researching best practices and reporting on the findings and feasibility of offering programs/services for this population at 77% and 68% respectively were rated as “Very Important” more frequently than any other goals.
- **Percent of Respondents Indicating Item was “Very Important” by Age Group:**
 - Persons age 60+ were more likely to indicate that it was “Very Important” to recruit and train Stepping On leaders and peer leaders from communities of color and to conduct Living Well with Chronic Conditions workshops than did respondents who were under the age of 60.

- While 54% of those under the age of 60 indicated it was “Very Important” to “Improve the environmental and emotional well-being of seniors by researching and providing information to Senior Focal Points of any existing low- or no-cost resources for healthy seniors to use when attempting to de-clutter their personal living spaces prior to the possibility of these life-long habits resulting in actual health endangering or hoarding issues,” the same was true for just 39% of those age 60+.

None of these differences were statistically significant.

Comments in this area included a desire to see falls prevention programs in addition to Stepping On, such as Tai Chi, Yoga, and others. Expanding partnerships and locations to include senior centers outside of the focal point system were also suggested.

Services in Support of Caregivers

- **Percent of Respondents by Survey Item:** 62% felt that improving the caregiver’s ability to provide care and meet caregiving responsibilities with particular attention to diversity of caregivers served (Persons of Color, LGBTQ), through the use of comprehensive assessment, pre-post caregiver status evaluation, intensive case management, and caregiver grants for respite and supplemental needs was “Very Important.”
- **Percent of Respondents Indicating Item was “Very Important” by Age Group:**
 - There was a significant difference among those who indicated they were age 60+ and those who were under age 60 on two of the Caregiver items.
 - Respondents who were age 60+ were significantly more likely (61%) to indicate that increasing succession planning by caregivers/families for when they are no longer able to provide caregiving was “Very Important” compared with 35% of those under the age of 60.
 - Improving caregiver’s ability to provide care and meet caregiving responsibilities with particular attention to diversity of caregivers served was “Very Important” to 78% of respondents under the age of 60 contrasted to 54% of those age 60+. This was a statistically significant difference.

Several comments were submitted about the importance of cultural competency when working with families of color, in the assessment phase though recommendations for supporting the caregiver. Continued focus on the LGBTQ community and their caregiving needs was also mentioned. Several suggestions were made for the program, to include a caregiver hotline and individual one-on-one caregiver consultations.

Services to People with Dementia

- **Percent of Respondents by Survey Item:** Among the three items related to dementia goals, the one with the greatest percentage (77%) of respondents indicating it was “Very Important” was “Reduce the likelihood of dementia related crisis trauma of persons with dementia through increased family crisis planning in conjunction with first responders (police, fire, EMS, Crisis) and decreased emergency detentions through the completion of the Dementia Crisis Planning Tool for First Responders.”
- **Percent of Respondents Indicating Item was “Very Important” by Age Group:**
 - While it appears that respondents age 60+ (72%) were more likely than those under the age of 60 (66%) to find the goal of, “Ensure Dane County is Dementia Friendly to persons with dementia by educating and recruiting champions in individual

- communities willing to lead the process for making individual communities dementia friendly” “Very Important,” this was not a statistically significant difference.
- There were no significant differences on any of these items based on whether the respondent considered him/herself to be a Person of Color.

Comments shared in this area stressed the need to diversify where and to whom we are providing education about dementia, particularly to more women, who are providing most of the care, to include: PTO’s, libraries and other locations women are likely to be found. Suggestions were made to start by training individual families about crisis planning but to extend that further into a crisis chain of command in the community as a whole to support families and persons with dementia.

The AAA Committees and Senior Focal Point Directors reviewed the final draft goals during October (see Appendix 17). The Advisory Council met on 11/16/18 to review the final draft plan—which included the narrative sections (see Appendix 7). Minor edits were made.

Based on public input via public hearings, surveys, committees, and the Advisory Council, the AAA Board made no changes to the 2019-2021 Dane County Aging Plan final draft. The final plan was approved on 12/17/18.

Section 6—Plan Period Goals

State Directed Priorities

Advocacy-Related Activities

History: Dane County, through the AAA Legislative Advocacy Committee of the AAA Board, has a strong history of ongoing engagement of local seniors in the planning and development of programs and policies impacting older adults. Continuing this history is important and the efforts to be made in 2019-2021 are summarized in our advocacy goals below.

Spotlight

“I appreciated hearing reframed many times to “get involved ... run for an office.” This empowers me to certainly become more involved locally and regionally, possibly statewide.” (Dane County 2016 Senior Advocacy Training Attendee)

“The best part of the training was that it presented intelligent information—directed participants in positive efforts to teach and care for others.” (Dane County 2018 Senior Advocacy Training Attendee)

2019

Continue to financially support and promote, as a core member of WAAN, State Aging Advocacy Day and encourage a minimum of 30 seniors from throughout Dane County to actively participate in advocacy day at the State Capitol in May 2019.

Empower 15-20 senior adults, through intensive Senior 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.

Ensure senior representation on the AAA Board and standing committees at a minimum of 50% of membership and actively recruit new committee members to better reflect the senior population with respect to geography and race.

Achieve a minimum 20% return rate on all satisfaction surveys of services for seniors in Dane County each year, to include at a minimum: Case Management, Nutrition, Elder Benefit Specialist, and Caregiver Support.

2020

Continue to financially support and promote, as a core member of WAAN, State Aging Advocacy Day and encourage a minimum of 40 seniors from throughout Dane County to actively participate in advocacy day at the State Capitol in May 2020.

Empower 15-20 senior adults, through intensive Senior 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.

Ensure senior representation on the AAA Board and standing committees at a minimum of 50% of membership and actively recruit new committee members to better reflect the senior population with respect to geography and race.

Achieve a minimum 20% return rate on all satisfaction surveys of services for seniors in Dane County each year, to include at a minimum: Case Management, Nutrition, Elder Benefit Specialist, and Caregiver Support.

2021

Continue to financially support and promote, as a core member of WAAN, State Aging Advocacy Day and encourage a minimum of 50 seniors from throughout Dane County to actively participate in advocacy day at the State Capitol in May 2021.

Empower 15-20 senior adults, through intensive Senior 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.

Ensure senior representation on the AAA Board and standing committees at a minimum of 50% of membership and actively recruit new committee members to better reflect the senior population with respect to geography and race.

Achieve a minimum 20% return rate on all satisfaction surveys of services for seniors in Dane County each year, to include at a minimum: Case Management, Nutrition, Elder Benefit Specialist, and Caregiver Support.

Elder Justice

History: Dane County investigated 459 elder abuse cases in 2017. Immediate family members represent the most-likely abuser of older adults, specifically daughters and sons. Self-neglect and financial exploitation remain the top categories of abuse, although in 2017 physical abuse cases jumped to 84 compared to 21 reported in 2016.

Spotlight

“Mary” receives assistance from APS, Elder Rights Project, and the Dane County Representative Payee Program regarding multiple scams and nearly being evicted. With this help, she is able to protect her money. (Dane County APS Investigator)

2019

Increase referrals to Adult Protective Services (baseline of 4% in 2017) from law enforcement by providing two training opportunities to county, city, and/or municipal law enforcement and emergency responders about the role and services provided by Adult Protective Services and following up annually to determine if additional training is needed. (This goal appears annually 2019-2021.)

Work with community resources, identify and train six (6) Persons of Color volunteers to work with racially-diverse senior adults to take charge of their health care decisions prior to crisis situations by providing information and completing Health Care Power of Attorney (HC-POA) documents. (This goal appears annually 2019-2021.)

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 for the 40+ Senior Focal Point case managers and student interns, as measured by: (1) Number of presentations made by case managers and seniors in attendance; and (2) Number of individual clients counseled regarding reporting and repairing finances after a scam. (This goal appears annually 2019-2021.)

2020

Increase referrals to Adult Protective Services (baseline of 4% in 2017) from law enforcement by providing two training opportunities to county, city, and/or municipal law enforcement and emergency responders about the role and services provided by Adult Protective Services and following up annually to determine if additional training is needed. (This goal appears annually 2019-2021.)

Work with community resources, identify and train six (6) Persons of Color volunteers to work with racially-diverse senior adults to take charge of their health care decisions prior to crisis situations by providing information and completing Health Care Power of Attorney (HC-POA) documents. (This goal appears annually 2019-2021.)

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2021

Increase referrals to Adult Protective Services (baseline of 4% in 2017) from law enforcement by providing two training opportunities to county, city, and/or municipal law enforcement and emergency responders about the role and services provided by Adult Protective Services and following up annually to determine if additional training is needed. (This goal appears annually 2019-2021.)

Work with community resources, identify and train six (6) Persons of Color volunteers to work with racially-diverse senior adults to take charge of their health care decisions prior to crisis situations by providing information and completing Health Care Power of Attorney (HC-POA) documents. (This goal appears annually 2019-2021.)

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 for the 40+ Senior Focal Point case managers and student interns, as measured by: (1) Number of presentations made by case managers and seniors in attendance; and (2) Number of individual clients counseled regarding reporting and repairing finances after a scam. (This goal appears annually 2019-2021.)

Elder Nutrition Programs

History: Dane County hosts 28 senior nutrition sites and uses five licensed food caterers. Twelve Senior Focal Points manage the sites where 4,383 senior adults ate 103,855 meals in 2018. During this year, 1,334 senior adults ate 139,394 home-delivered meals.

Spotlight

A key component that allows people to remain in their own homes is access to healthy nutrition. "Sharon" has been part of our nutrition program since 2013 and has been enjoying the hot nutritious meals at the congregate site just about every day. Shortly after she started eating meals with us, she became a "bread packer" for the home-delivered meal program. *"The food is made in a way that is tasteful, full of flavor, and with a good variety of foods. This is my main meal of the day. It has made it easier for me at home--I just have a salad at night time. I have enjoyed the socialization; they are a very social group and I enjoy talking with them. I have been recommending the meals to others to come and enjoy."* (Dane County Focal Point)

2019

Institute the Oliver paper meal tray and bowl system for home-delivered meals at 10 sites currently using aluminum containers and Styrofoam bowls with plastic lids for these meals. (By switching to meal trays, which are biodegradable and made from recycled materials, approximately 70,000 fewer aluminum trays and Styrofoam containers would go into landfills in 2019 and each year beyond.)

Increase funding for the Elder Nutrition Program to meet the increasing number of seniors in Dane County through a minimum 5% annual increase for catering and a COLA annual increase for site management. (This goal appears annually 2019-2021.)

Increase the number of People of Color participating in the Elderly Nutrition Program as diners, staff, and volunteers by 5% over three years. (This goal appears annually 2019-2021.)

2020

Increase funding for the Elder Nutrition Program to meet the increasing number of seniors in Dane County through a minimum 5% annual increase for catering and a COLA annual increase for site management. (This goal appears annually 2019-2021.)

Increase the number of People of Color participating in the Elderly Nutrition Program as diners, staff, and volunteers by 5% over three years. (This goal appears annually 2019-2021.)

2021

Increase funding for the Elder Nutrition Program to meet the increasing number of seniors in Dane County through a minimum 5% annual increase for catering and a COLA annual increase for site management. (This goal appears annually 2019-2021.)

Increase the number of People of Color participating in the Elderly Nutrition Program as diners, staff, and volunteers by 5% over three years. (This goal appears annually 2019-2021.)

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. 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 lead these activities through 2021.

Spotlight

I recently spoke with a woman who had taken Stepping On, Ballroom Basics for Balance, and Tai Chi, all with leaders who are part of our Dane County Falls Prevention Task Force. This individual is a crossing guard on the west side of Madison and this past winter, she realized while walking across the street that she was headed for a fall. She told me that you think you wouldn't have time to actually THINK about what was happening as you're about to fall, but she DID and she incorporated tips from her falls prevention and balance classes and was able to prevent the fall. She credits these classes for keeping her upright. This individual is now so invested in these programs, she's going to be trained as a Stepping On peer leader for the program so that she can co-lead Stepping On. (Safe Communities Staff Member)

2019

Offer evidence-based health promotion programs and increase completion rates of participants to reduce falls and improve chronic disease self-management in order to reduce falls, fear of falling, and ER visits and hospital admissions. (This goal appears annually 2019-2021.)

Research best practices for reducing isolation in homebound senior adults, with special emphasis on seniors living alone.

Improve the environmental and emotional well-being of seniors by researching and providing information to Senior Focal Points of any existing low- or no-cost resources for healthy seniors to use when attempting to de-clutter their personal living spaces prior to the possibility of these life-long habits resulting in actual health endangering or hoarding issues.

2020

Offer evidence-based health promotion programs and increase completion rates of participants to reduce falls and improve chronic disease self-management in order to reduce falls, fear of falling, and ER visits and hospital admissions. (This goal appears annually 2019-2021.)

Report on the findings and feasibility of offering programs/services that reduce isolation in homebound senior adults, with special emphasis on seniors living alone, to the AAA Nutrition & Wellness Committee to recommend a budget priority to the AAA Board.

Encourage Dane County seniors to focus on individual energy conservation (as part of the environmental area of wellness in the seven dimensions of wellness) by providing 15 Senior Focal Points with Focus on Energy resources by June to educate and link seniors to free or low-cost energy conserving materials that they can access and deploy in their homes and communities.

2021

Offer evidence-based health promotion programs and increase completion rates of participants to reduce falls and improve chronic disease self-management in order to reduce falls, fear of falling, and ER visits and hospital admissions. (This goal appears annually 2019-2021.)

Report on the findings and feasibility of offering programs/services that reduce isolation in homebound senior adults, with special emphasis on seniors living alone, to be advocated for by the AAA Legislative/Advocacy Committee for new County funding.

Services in Support of Caregivers

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

Spotlight

“Beverly” has Parkinson’s and is not able to walk without assistance, and her husband “Bob,” being elderly himself, is not able to safely provide this assistance himself. We were able to connect “Bob” with the Caring for the Caregiver Grant which provided funding for a specialized walker so that he could assist “Beverly” with walking. The two of them are now going for short walks a few times a week and have said that it is going well so far! (Dane County Caregiver Grant Recipient)

2019

Improve caregiver’s ability to provide care and meet caregiving responsibilities in at least 75 new caregivers, with particular attention to diversity of caregivers served (Persons of Color, LGBTQ), through the use of comprehensive assessment, pre-post caregiver status evaluation, intensive case management, and caregiver grants for respite and supplemental needs, as measured by the number of caregivers receiving case management/caregiver grants and the percent of caregivers indicating an improved caregiving situation upon post-evaluation. (This goal appears annually 2019-2021.)

Develop a Caregiver Succession Planning Tool Kit and implementation plan (modeled after the Dementia Crisis Planning Tool) with the Dane County Caregiver Alliance.

Improve access to caregiver grants by caregivers of color by increasing the number of grants provided to caregivers of color each year by 5% from the baseline determined at year end 2018.

2020

Improve caregiver’s ability to provide care and meet caregiving responsibilities in at least 75 new caregivers, with particular attention to diversity of caregivers served (Persons of Color, LGBTQ), through the use of comprehensive assessment, pre-post caregiver status evaluation, intensive case management, and caregiver grants for respite and supplemental needs, as measured by the number of caregivers receiving case management/caregiver grants and the percent of caregivers indicating an improved caregiving situation upon post-evaluation. (This goal appears annually 2019-2021.)

Increase succession planning as demonstrated by at least 100 new caregivers/families completing Caregiver Succession Plans and pursuant documents for when they are no longer able to provide caregiving for a care recipient. (This goal appears annually 2020-2021.)

Improve access to caregiver grants by caregivers of color by increasing the number of grants provided to caregivers of color each year by 5% from the baseline determined at year end 2019.

2021

Improve caregiver’s ability to provide care and meet caregiving responsibilities in at least 75 new caregivers, with particular attention to diversity of caregivers served (Persons of Color, LGBTQ), through the use of comprehensive assessment, pre-post caregiver status evaluation,

intensive case management, and caregiver grants for respite and supplemental needs, as measured by the number of caregivers receiving case management/caregiver grants and the percent of caregivers indicating an improved caregiving situation upon post-evaluation. (This goal appears annually 2019-2021.)

Increase succession planning as demonstrated by at least 100 new caregivers/families completing Caregiver Succession Plans and pursuant documents for when they are no longer able to provide caregiving for a care recipient. (This goal appears annually 2020-2021.)

Improve access to caregiver grants by caregivers of color by increasing the number of grants provided to caregivers of color each year by 5% from the baseline determined at year end 2020.

Services to People with Dementia

History: A Dementia Care Specialist has been working in the County since 2014. Dane County has two community partners who provide primary support: Alzheimer's Association and Alzheimer's & Dementia Alliance of Wisconsin. In 2019, Dane County will add a full-time Dementia Crisis Specialist to the Adult Protective Services unit to work with families and individuals needing more intensive support with challenging behaviors in order to reduce the likelihood of crisis related trauma and removal from their current residential location.

Spotlight

[A local grocery store] had a concern about one of their customers who has been more confused lately. He's been coming to the store before it opens and there was concern about him walking in the street and almost being hit by a car. The staff has been great helping him by greeting him warmly, being patient, helping him find what he is looking for and helping him handle the transaction at the checkout. They were able to get a little information by talking more to him, but his communication skills are limited.

They called me yesterday while he was in and I sat down and visited with him. He seemed very trusting and vulnerable. He was unable to tell me much other than his address and the name of his brother. He showed me his wallet which had very little information in it. He handed everything over to me. I asked him if he knew he could get a free lunch at the community center. He was up for this so we walked over to a senior dining site and had lunch at the senior center and I introduced him to the Case Managers. He polished off the meal. He's a very tall man and he was hungry. I checked all our systems and no one has had record of him.

After lunch we walked back to the ADRC and I was concerned about leaving him to go without knowing more about him. I contacted one of our Mental Health Officers and she came to the ADRC and also had similar concerns after talking with him for a little while. She was able to provide him a ride home and I followed. Once we got to the house we saw that his door was unlocked, he didn't have keys. The house was relatively clean and we were able to find phone numbers for his family. He had very little food in the refrigerator but he was kempt and didn't appear to be under fed.

The officer connected with his family and we are following up with them. They realize he needs more help now. They've been trying to help him maintain his independence at home and are interested in the services that might be available. They were so appreciative of [the grocery store's] involvement and concern and they emailed the manager their appreciation. While he is still living in his home, the [grocery store] is still his primary activity. They feel better knowing that he has family and that others are looking out for

him. They know now that when they moved the bagels that it confused him. Their staff will mark the bar code of the items he pays for so he doesn't re-purchase them, as this had been a problem previously. He was there again today and they were able to more confidently advise their staff and feel that they are doing the right thing.

We are now working with the family to improve his safety, but it's good to know we have caring, kind, dementia friendly businesses that are willing to go the extra mile. (Dane County Dementia Care Specialist)

2019

Promote and encourage participation in dementia prevention & awareness education and early diagnosis by (1) dementia partners offering awareness and prevention education/activities in differing geographic locations, targeting smaller community/civic groups (such as Rotary, Lions, Kiwanis, church groups in more rural areas) and businesses throughout Dane County, reaching a minimum of 1,000; and (2) normalizing memory screening by ADRC trained screeners by marketing and conducting it as routine screening (like blood pressure and hearing) at health/wellness or community fairs throughout Dane County resulting in an increase of 10% more screens over 3 years. (Baseline of 219 screens in 2017) (This goal appears annually 2019-2021.)

Reduce the likelihood of dementia related crisis trauma of persons with dementia through increased family crisis planning in conjunction with first responders (police, fire, EMS, Crisis) and decreased emergency detentions through the completion of the Dementia Crisis Planning Tool for First Responders by a minimum of 200 families.

Ensure Dane County is Dementia Friendly to persons with dementia by educating and recruiting champions in individual communities willing to lead the process for making individual communities dementia friendly, as measured by adding two new Dementia Friendly Communities. (This goal appears annually 2019-2021.)

2020

Promote and encourage participation in dementia prevention & awareness education and early diagnosis by (1) dementia partners offering awareness and prevention education/activities in differing geographic locations, targeting smaller community/civic groups (such as Rotary, Lions, Kiwanis, church groups in more rural areas) and businesses throughout Dane County, reaching a minimum of 1,000; and (2) normalizing memory screening by ADRC trained screeners by marketing and conducting it as routine screening (like blood pressure and hearing) at health/wellness or community fairs throughout Dane County resulting in an increase of 10% more screens over 3 years. (Baseline of 219 screens in 2017) (This goal appears annually 2019-2021.)

Reduce the likelihood of dementia related crisis trauma of persons with dementia through increased family crisis planning in conjunction with first responders (police, fire, EMS, Crisis) through the completion of the Dementia Crisis Planning Tool for First Responders by a minimum of 200 families, resulting in persons being subject to the least restrictive environment during a crisis.

Ensure Dane County is Dementia Friendly to persons with dementia by educating and recruiting champions in individual communities willing to lead the process for making individual communities dementia friendly, as measured by adding two new Dementia Friendly Communities. (This goal appears annually 2019-2021.)

2021

Promote and encourage participation in dementia prevention & awareness education and early diagnosis by (1) dementia partners offering awareness and prevention education/activities in differing geographic locations, targeting smaller community/civic groups (such as Rotary, Lions, Kiwanis, church groups in more rural areas) and businesses throughout Dane County, reaching a minimum of 1,000; and (2) normalizing memory screening by ADRC trained screeners by marketing and conducting it as routine screening (like blood pressure and hearing) at health/wellness or community fairs throughout Dane County resulting in an increase of 10% more screens over 3 years. (Baseline of 219 screens in 2017) (This goal appears annually 2019-2021.)

Reduce the likelihood of dementia related crisis trauma of persons with dementia through increased family crisis planning in conjunction with first responders (police, fire, EMS, Crisis) through the completion of the Dementia Crisis Planning Tool for First Responders by a minimum of 200 families, resulting in persons being subject to the least restrictive environment during a crisis.

Ensure Dane County is Dementia Friendly to persons with dementia by educating and recruiting champions in individual communities willing to lead the process for making individual communities dementia friendly, as measured by adding two new Dementia Friendly Communities. (This goal appears annually 2019-2021.)

Local Priorities

The AAA Board established the following three agency/local priorities: Bilingual Client-Centered Case Management, Client-Centered Case Management, and Cultural Diversity Program.

Bilingual Client-Centered Case Management Program

History: This program funds client-centered case management services for low-income, non-English speaking adult clients age 60+ who live in Dane County. Low-income is determined as falling below 240% of the Federal Poverty Level. This program assesses needs of non-English speaking clients and clients’ families, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for multiple services to meet specific complex needs and preferences. One Focal Point (North/Eastside Senior Coalition) has been contracted for County-wide service since 1994, but not funded until 2013 for this service. In 2013, \$10,000 from the overall 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 among the 15 Focal Points. In 2015, \$10,000 in funding was taken from another budget item for restoration of overall 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 chart reflects the success of the program:

Bilingual Case Management	2014	2015	2016	2017
Clients	48	45	57	65
Service Hours	691	681	975	1,075

This program is in line with the Dane County Racial Equity and Social Justice vision by enabling Latinx senior adults to remain living in their own homes (“affordable and safe housing”) through the efforts of Spanish-speaking case managers.

Spotlight

“Mario” is from Nicaragua and moved here with his wife about 15 years ago. During this time, a Senior Focal Point Bilingual Case Manager assisted in his acquiring immigration status beginning with a Legal Permanent Residence (Green Card) eight years ago. His wife died five years ago and he found himself with half the income and grieving a major loss. The Bilingual Case Manager assisted him with a CDA application for subsidized housing and he was granted an apartment six months later. This moved him from Stoughton to Madison where he had more opportunities for socialization, attend English classes, and the ability to join the Dane County Cultural Diversity Program for Latinx seniors. For health insurance, “Mario” was assisted with applying for Medicaid through the MAP program where one works for an in-kind donation. Fortunately he is able to fulfill his work requirement at a senior dining site as well as earn a little extra money working four days a week. He has developed some good friendships with the other volunteers in the senior dining site and they use a translation site on their smart phones to communicate with him. He also received approval for Paratransit which enables him to get back and forth to work, go shopping, and attend social trips. “Mario” has been very stable while living independently since his wife died and after more assistance from the Bilingual Case Manager and his immigration attorney, “Mario” became a citizen of the United States on November 15, 2018. (Dane County Senior Focal Point)

2019

To ensure retention of qualified and experienced Bilingual Case Managers by increasing funding five percent.

2020

To ensure retention of qualified and experienced Bilingual Case Managers by increasing funding five percent.

Ensure quality Bilingual Client-Centered Case Management Program services are provided each year as measured by the Performance Outcomes Measures Project Case Management Satisfaction Survey administered bi-annually.

2021

To ensure retention of qualified and experienced Bilingual Case Managers by increasing funding five percent.

Client-Centered Case Management Program

History: This program funds client-centered case management services for low-income adult clients, age 60+ who live in Dane County. Low-income is determined as falling below 240% of the Federal Poverty Level. This program assesses needs of clients and the clients' families, 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 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 a 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. All 15 Senior Focal Points are contracted annually to provide case management services for seniors living in their service areas. Using only County Levy funds (\$809,701 in 2017), Dane County Department of Human Services has a long history of investing in and supporting the Senior Focal Point network, thus enabling 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 joint partnerships. In addition, local municipalities and towns in Senior Focal Point areas also make significant investments in the program. Contracting with the 15 Senior Focal Points presents a unique buying opportunity as Dane County does not fund the full service. In fact, Dane County covered only 39% of the total 2017 case management funding costs.

Spotlight

When I came to [this town] I didn't know the [Focal Point] existed. I met my Case Manager and she helped me find transportation to medical appointments and rides to [the Focal Point] for lunch. When I was recovering from surgery, she had meals delivered to my home. We [older adults] need a place to just go sit and talk with other people. I love the [Focal Point].” (Dane County senior adult)

I signed the client up for Crisis Assistance funds through the Wisconsin Home Energy Assistance Program. The client said, “Not only are you a miracle worker, but you are a fast miracle worker. I got notice in the mail the \$300 was put into my [electric company's] account. Thank you. That means a lot to me. I appreciate you telling me about that and getting me signed up for it.” (Dane County Focal Point)

2019

Ensure retention of qualified and experienced Case Managers by increasing funding five percent.

2020

Ensure retention of qualified and experienced Case Managers by increasing funding five percent.

Ensure provision of quality Client-Centered Case Management Program services each year as measured by the POMP Case Management Satisfaction Survey administered bi-annually.

2021

Ensure retention of qualified and experienced Case Managers by increasing funding five percent.

Cultural Diversity Program

History: This contracted program purchases staff hours to provide support and assistance to African American and Latinx senior adults living in Dane County. Provides a minimum of two (2) events each month for Latinx seniors (offered in Spanish) and African American seniors. One event focuses on a culturally-appropriate educational topic and the other focuses on a culturally-appropriate wellness topic. Other activities offered throughout the year include health fairs, classes, and social outings to help reduce feelings of isolation from the larger community. The programs provide a broad range of group and individual activities and services that respond to needs and interests of African American and Latinx senior adults and their families. The groups and activities offered address the following areas:

- Avoiding Disease and Disability
- Engagement with Life
- Maintaining High Cognitive and Physical Functioning

Spotlight

“Cecelia” is an 88-year-old, very-young-at-heart Latina woman from Colombia. She had many struggles in her life but maintains a smile and always has kind words for anyone. She has a great sense of adventure but speaks very little English. She lives with her daughter and would be very isolated and inactive if it weren’t for the Cultural Diversity Program. “Cecelia” participated in Yoga Suave, an evidence-based yoga and mindfulness class (offered in Spanish) to help improve her balance. She has also participated in an Artful Aging Program. Despite having no previous art experience, she jumped right in and took on the challenge. Working with an interpreter, she flourished in the art class. Her work has shown great improvement throughout the course and she loves to create new works of art. During this class, staff discovered “Cecelia” speaks fluent Italian and she overcame the language barrier and made a new friend because they could communicate with each other in Italian. “Cecelia” was amazed at the quality of her artwork and didn’t recognize her own pieces after they were framed and displayed at an art show. She was introduced to a senior dining site in her neighborhood and was taught how to ride the bus. She now attends to lunch at the site twice a week and is able to independently ride the bus. She also attends Cultural Diversity programming twice a month in the evenings. No matter the challenge or activity, “Cecelia” is the first to give it a try. She recently turned to staff and said in Spanish, “Invent something new for us!” She has an amazing spirit and thirst for life. (Dane County Cultural Diversity Program Staff)

2019

Provide a minimum of 50 events and 100 hours of programming to 275 unduplicated senior adults annually.

2020

Provide a minimum of 50 events and 100 hours of programming to 275 unduplicated senior adults annually.

2021

Provide a minimum of 50 events and 100 hours of programming to 275 unduplicated senior adults annually.

DRAFT

Section 7—Special Projects

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

Project Name	Medicare Improvements Patient & Provider Act (MIPPA)
Standard Service Title	Outreach
Standard Service #	SPC 601
Agency Providing Service	NewBridge Madison (Contracted Employee)
Contact Information	Gabi Anzalone, (608) 261-9746, anzalone.gabi@countyofdane.com
Rationale for the Project	<p>Through the MIPPA grant, Dane County contracts with a local vendor to employ a ten hours 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 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 county-wide outreach activities aimed at Medicare prevention and wellness benefits.</p> <p>Includes activities that better enable persons to locate and apply for MIPPA benefits and resources appropriate to their needs. Includes initial outreach efforts directed at motivating persons to obtain needed services. Includes systematic attempts by partnering agencies to involve 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 enhancing the reach of Older American Act-funded programs of priority.</p> <p>This program will be funded using a State-funded grant from BADR.</p>

Project Name	Volunteer Guardianship & Representative Payee
Standard Service Title	Outreach
Standard Service #	SPC 601
Agency Providing Service	NewBridge Madison (Contracted Employee)
Contact Information	Katie Brietzman, (608) 251-8405, katieb@newbridgemadison.org
Rationale for the Project	<p>Older adults in our community may be affected by dementia and other cognitive issues and be without family supports. They often make decisions that may create difficult, sometimes dangerous situations. They may be unable to handle their finances and be vulnerable to exploitation and abuse and/or face legal issues. This population of older adults needs trained volunteer advocates to support their decision-making about housing, health care, finances, and other aspects of daily life to remain in the community with a high quality of life.</p> <p>The Volunteer Guardian Program addresses the shortage of qualified guardians for senior adults who were deemed “incompetent” (unable to make safe, ethical life decisions for themselves) through legal proceedings in the court system. It is modeled after similar programs from other parts of the country and is the first and largest program of its kind in Wisconsin. By recruiting vetted community adult volunteers and providing training, on-going support, and consulting services by an experienced staff member, seniors in need of support in our community are kept safe, their quality of life is improved, and elder abuse and financial exploitation of our most vulnerable citizens are avoided.</p> <p>The Representative Payee Program addresses problems associated with seniors no longer able to manage their finances, specifically their Social Security income (which most low-income seniors receive as their only source of income) putting them at risk for losing their housing, not having adequate money to purchase basic needs like food, medications and clothing, and needing to access more costly community support networks.</p> <p>This program is funded by Federal OAA Title III-B.</p>

Project Name	Volunteer Services
Standard Service Title	Outreach
Standard Service #	SPC 601
Agency Providing Service	RSVP of Dane County
Contact Information	Margie Zutter, (608) 663-7536, mzutter@rsvpdane.org
Rationale for the Project	<p>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.</p> <p>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 in addition to volunteers who assist in serving meals at 25 congregate meal sites throughout Dane County. Without this service, the elderly nutrition program would not be able to function.</p> <p>This program will be funded by Federal OAA Title III-B monies.</p>

Section 8—Direct Service Waiver: EBS Services

“BADR determined that provision of Elder Benefit Specialist services by the AAA of Dane County is warranted. This decision extends for the duration of the upcoming AAA plan period from January 1, 2019 through December 31, 2021.” *Carrie Molke, Director, Bureau of Aging & Disability Resources, dated 3/15/18* [see Appendix 16]

Section 9—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. Dane County’s transition to Family Care started in February 2018 and will be at entitlement by February 2021. 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 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
- ADRC and AAA staff serve on the Coordinated Community Response to Elder Abuse Task Force
- ADRC and AAA staff help coordinate the annual Domestic Violence in Later Life Conference

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* 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
- ADRC Supervisor participates in the Falls Prevention Taskforce
- ADRC co-leads the transitions of care coalition for Dane County

Services in Support of Caregivers

- ADRC is a *Share the Care* Station
- ADRC staff refer caregivers to the Dane County Caregiver Program
- The library for AAA caregiving resources is located in the ADRC lobby

Services to People with Dementia

- AAA-contracted agencies' case managers collaborate with the ADRC Dementia Care Specialist to avoid duplicating 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
- ADRC runs the *Brain and Body Fitness* Program for people with early stage Dementia
- ADRC I&A Specialists provide Memory Screens
- Dementia Care Specialist is Virtual Dementia Tour Certified
- ADRC coordinates the *Healthy Brain Series* offered by MSCR

Other

- Joint speakers are offered at AAA & ADRC staff trainings
- AAA Committee members serve on ADRC Governing Board (Tom Frazier, Myra Josephson, and Esther Olson)

Section 10– Titles III & VI Coordination

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

Section 11–Targeted Populations

Introduction: Dane County continues to experience an increase in racial-minority population (over 13% according to the 2010 Census Data, www.2010.census.gov). The three leading minorities age 65+ represented in Dane County continue to be Latinx, Asian/Hmong, and African American. Census data show the three groups' populations have grown in Dane County for the past ten years: African American 61.39% increase, Asian 104.83% increase, and Latinx 138.17%. The growth includes the effect of immigration.

Census data (using a 2011-2015 American Community Survey Interpolation Method) and enrollment data reflect the following about low-income racial-minority older individuals living in Dane County:

Total number of adults age 60+	87,274
Total number of racial-minority adults (age 60+)	4,082
Total number of adults (age 65+) enrolled in FoodShare Program	3,976

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

Focal Point	Household (age 65+) FoodShare Participants		Racial-Minority (age 60+)	
	#	%	#	%
Colonial Club	379	9.5	271	6.6
DeForest	85	2.1	73	1.8
East Madison/Monona	580	14.6	583	14.3
Fitchburg	181	4.6	305	7.5
McFarland	114	2.9	95	2.3
Middleton	135	3.4	164	4.0
North/Eastside Madison	666	16.8	499	12.2
Northwest Dane	62	1.6	27	0.7
Oregon	59	1.5	27	0.7
South Madison	654	16.4	634	15.5
Southwest Dane	70	1.8	18	0.4
Stoughton	197	5.0	51	1.3
Sugar River	80	2.0	74	1.8
Waunakee	85	2.1	91	2.2
West Madison	629	15.8	1,170	28.7
Total	3,976	100	4,082	100

A. Serving Low-Income Racial-Minority Older Individuals

Poverty and racial-minority factors are included in the Case Management Funding Formula each year. After review, the AAA Access Committee recommends to the AAA Board a formula to be used in funding Client-Centered Case Management Services. The current 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
Racial-Minority Population (age 60+)	3%	2010 Census
Total	100%	

*ACS=American Community Study

Poverty and racial-minority factors are also included in the Nutrition Site Management Funding Formula:

Factor	Formula	Data Source
% of 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
Racial-Minority (age 60+)	12.5%	2010 Census
TOTAL	100%	

In drafting and approving goals for the 2019-2021 Dane County Aging Plan, the AAA Board ensured that services and programs for low-income and racial-minority seniors were included. For example:

Elder Justice: Work with community resources, identify and train six (6) Persons of Color volunteers to work with racially-diverse senior adults to take charge of their health care decisions prior to crisis situations by providing information and completing Health Care Power of Attorney (HC-POA) documents. (This goal appears annually 2019-2021.)

Elder Nutrition: Increase the number of People of Color participating in the Elderly Nutrition Program as diners, staff, and volunteers by 5% over three years. (This goal appears annually 2019-2021.)

Healthy Aging: Offer evidence-based health promotion programs and increase completion rates of participants to reduce falls and improve chronic disease self-management in order to reduce falls, fear of falling, and ER visits and hospital admissions. (This goal appears annually 2019-2021.)

Services to People with Dementia: Promote and encourage participation in dementia prevention & awareness education and early diagnosis by (1) dementia partners offering awareness and prevention education/activities in differing geographic locations, targeting smaller community/civic groups (such as Rotary, Lions, Kiwanis, church groups in more rural areas) and businesses throughout Dane County, reaching a minimum of 1,000; and (2) normalizing memory screening by ADRC trained screeners by marketing and conducting it as routine screening (like blood pressure and hearing) at health/wellness or community fairs throughout Dane County resulting in an increase of 10% more screens over three years. (Baseline of 219 screens in 2017) (This goal appears annually 2019-2021.)

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

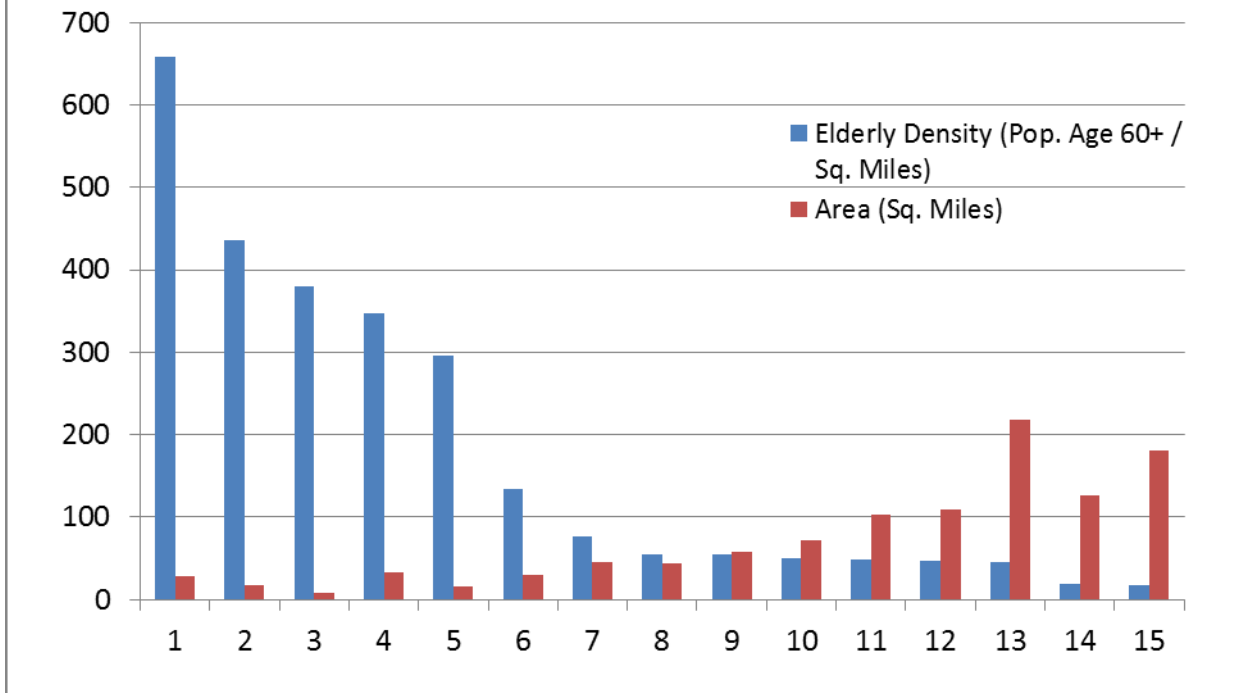
B. Serving Older Individuals in Rural Areas

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

#	Focal Point	Population (age 60+)	Area - Square Miles	Elderly Density (age 60+)
1	West Madison	18,672	28.4	657.7
2	NESCO	7,450	17.1	436.3
3	South Madison	3,066	8.1	379.8
4	EMMCA	11,368	32.7	347.9
5	Middleton	4,853	16.4	296.6
6	Fitchburg	4,000	29.7	134.6
7	DeForest	3,479	45.2	77.0
8	Oregon	2,377	43.2	55.0
9	Sugar River	3,156	58.1	54.3
10	Stoughton	3,621	72.2	50.2
11	Waunakee	4,973	103.7	48.0
12	McFarland	5,121	108.7	47.1
13	Colonial Club	9,720	217.7	44.6
14	Southwest Dane	2,323	126.4	18.4
15	Northwest Dane	3,094	181.1	17.1
Total		87,274	1,089.0	80.2

NOTE: Senior Focal Points are counted as Rural if they had an Elderly Density of under 100 per square mile and an area greater than 35 square miles.

What's Rural? Density vs. Area



Defining rural is important because it is factored into the Case Management Funding Formula each year. After analysis, the AAA Access Committee recommends to the AAA Board a formula to be used in funding Client-Centered Case Management Services. The current 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
Racial-Minority Population (age 60+)	3%	2010 Census
Total	100%	

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
Racial-Minority (age 60+)	12.5%	2010 Census
TOTAL	100%	

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

Section 12–Budget

The Area Agency on Aging of Dane County’s 2019 budget appear as Appendix 2.

Section 13–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 Dane County Aging Plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2019-2021. 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 federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2019-2021.

12/17/18

Carole Kretschman, AAA Board Chair Date

12/17/18

Cheryl Batterman, AAA Manager Date

Section 14—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 Dane County Aging 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 Dane County Aging 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 Dane County Aging 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 Dane County Aging 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 Dane County Aging 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 Dane County Aging 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), DANE COUNTY AGING 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 sub clause (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 Dane County Aging 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 Dane County Aging 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.

(d) 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.

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 15—Appendices

1. 2016-2018 AAA Area Plan Goals
2. 2019 AAA Budget
3. AAA Access Committee Mtg Minutes 10/8/18 (see highlighted section)
4. AAA Advisory Council Mtg Minutes 2/28/18
5. AAA Advisory Council Mtg Minutes 5/11/18
6. AAA Advisory Council Mtg Minutes 9/21/18
7. AAA Advisory Council Mtg Minutes 11/16/18
8. AAA Board Mtg Minutes 6/4/18 (see highlighted section)
9. Dane County Aging Plan DRAFT Goals approved by Advisory Council (5/11/18)
10. Dane County Aging Plan DRAFT Goals revised/recommended by AAA staff
11. Dane County Aging Plan DRAFT Goals approved by Advisory Council (9/21/18)
12. Dane County Aging Plan Goals Online Survey Results
13. Dane County Aging Plan Goals Online Survey Results/Email (11/6/18)
14. Dane County Aging Plan Goals PowerPoint
15. Dane County Aging Plan Timeline
16. Direct Service Waiver: EBS Program (3/15/18)
17. Focal Point Directors Meeting (10/11/18)
18. Nutrition Program Evaluations (2017)
19. Public Hearings Flyers
20. Public Hearings/Survey Notices: Newsletters October 2018
21. Public Hearing Minutes 10/9/18
22. Public Hearing Minutes 10/15/18
23. Senior Focal Points Listing
24. Senior Focal Points Service Areas (map)
25. State Office on Aging Review of DRAFT Goals (8/6/18)
26. Survey of Case Management Services for Older Adults in Dane County (2017)
27. Workgroup Instructions
28. Workgroup Members