

## ADRC Annual Update 2015

ADRC Name: \_\_\_\_\_Jefferson County\_\_\_\_\_ Submission Date: \_\_\_\_\_

Please submit the following documentation:

1. Contact Information

\_\_\_\_\_X\_\_\_\_\_ Appendix A

2. Governing Board

\_\_\_\_\_X\_\_\_\_\_ Appendix B

3. Organizational Documentation

\_\_\_\_\_X\_\_\_\_\_ Personnel Worksheet (Appendix C)

\_\_\_\_\_X\_\_\_\_\_ ADRC Organization Chart (Please attach; include position titles)

4. Budget Information and Subcontract Information

\_\_\_\_\_X\_\_\_\_\_ Appendix D

\_\_\_\_\_N/A\_\_\_\_\_ Appendix E

5. ADRC Success Story

\_\_\_\_\_X\_\_\_\_\_ Appendix F

6. Performance Improvement Project for 2014

\_\_\_\_\_X\_\_\_\_\_ Please attach a completed Change Project Report or Change Project Summary for your 2014 Performance Improvement Project.

7. Regional ADRC Management Plan (for regional ADRCs)

\_\_\_\_\_N/A\_\_\_\_\_ Please attach Regional ADRC Management Plan

**Note:** The format is in Microsoft Word. When you go to enter information into either Appendix D or E, simply double click into the table. This will open up like a spreadsheet in Excel, yet you are still in your original Word document. When you have entered in the information, please scroll back up to the top of the table and click outside of the table. It will then let you move up and down in the original document. You can still do everything you would normally do in Excel in this format.

Please attach all documentation to one email message and send to your Regional Quality Specialist with a cc to [DHSRCTeam@wisconsin.gov](mailto:DHSRCTeam@wisconsin.gov) by **December 10, 2014**. For RQS contact information please go to: <http://www.dhs.wisconsin.gov/ltcare/adrc/professionals/whoswho/ADRCQualityTeamContact.docx>

## Appendix A - Contact Information 2015

ADRC Contact Information (Please designate one lead staff for the identified program area within the ADRC)

	Name	Office Telephone	Email Address
ADRC Director	Susan Torum	920-674-8136	suet@jeffersoncountywi.gov
Secondary Contact	Sharon Olson	920-674-8139	sharono@jeffersoncountywi.gov
Financial Contact	Joan Daniel	920-674-8147	joand@jeffersoncountywi.gov
Functional Screen Liaison	Karen Tyne	920-674-8731	karent@jeffersoncountywi.gov
DBS Supervisor Contact	Sharon Olson	920-674-8139	sharono@jeffersoncountywi.gov

The contact for each of the areas listed above will receive information from the Department, respond to requests for information and share relevant information within the ADRC.

### Outreach Locations

For single county ADRCs, indicate if your ADRC has any satellite/outreach locations other than your main office building.

Please indicate whether you would like DHS to add this location in the statewide ADRC directory that is available online.

<b>Location:</b>	N/A
<b>Days Open:</b>	
<b>Hours:</b>	
<b>Include in Directory? (yes/no):</b>	

ADRC Data Sheet for:

ADRC Jefferson County

Resource Center Information		Governing Board Chair*	
Mailing Address:	1541 Annex Road	Name:	Earlene Ronk
Street Address:	1541 Annex Road	Mailing Address:	551 Fairway Circle
City, State, Zip:	Jefferson, WI 53549	City, State, Zip:	Jefferson, WI 53549
General Phone:	920-674-8734	Contact Phone:	920-674- 265- 6308
Fax:	920-674-7603	Email:	earlener@gmail.com
Toll Free Phone:	1-866-740-2372		
Email Address:	adrc@jeffersoncountywi.gov		
Web Address:	www.jeffersoncountywi.gov		
TTY/TDD/Relay:	TTY 1-800-947-3529 TTD 920-674-5011		
Office Hours:	8:00 a.m. - 5:30 p.m. M-F		

\*This information is for use by ORCD staff only and will not be shared without permission.

## Appendix B- Governing Board 2015

Please complete the requested information in the space provided.

Name of Board Member	Representative of: (e.g. elders, PD, DD, county board, or other representation)	Term of Appointment (Date from & to)
1. Carol Battenberg	Elder	7/1/13-6/30/17- 2 <sup>nd</sup>
2. Dan Krause	PD	7/1/13-6/30/17- 2 <sup>nd</sup>
3. Earlene Ronk	Elder	7/1/12-6/30/15 - 1 <sup>st</sup>
4. Jim Mode	Elder	7/1/12-6/30/15 - 2 <sup>nd</sup>
5. Georganne Mortensen	Elder	7/1/12-6/30/15 - 1 <sup>st</sup>
6. Ellen Haines	DD	7/1/13-6/30/15 - 1 <sup>st</sup>
7. Darlene Schaefer	Elder	7/1/13-6/30/16 - 1 <sup>st</sup>
8. Connie Stengel	Elder	7/1/13-6/30/16 - 1 <sup>st</sup>
9. Carolyn Niebler	Elder	7/1/13-6/30/16 - 1 <sup>st</sup>

Please remember that County Board members cannot represent a target group.

1. Is the ADRC governing board combined with the Committee/Commission on Aging? Yes ☐ No ☐

2. Is this a governing board or an advisory committee? Governing Board ☐ Advisory committee

3. If this is an advisory committee, please indicate who has decision making authority over ADRC activities?

County Board ☐ Human Services Board Other ☐ \_\_\_\_\_

4. How often does the board meet? Monthly Quarterly ☐ Other ☐ \_\_\_\_\_

5. To what entity does the board report? (Please check all that apply)

County Board Human Services Board ☐ Other ☐ \_\_\_\_\_

6. How frequently does the board report to its larger governing body?

Monthly Quarterly ☐ Other ☐ \_\_\_\_\_

7. What are the term limits for board members? 2 consecutive, 3 year terms

8. If you are a regional ADRC, what is your governance structure?

LTC District ☐ 66.0301 Agreement ☐ Subcontract ☐ MOUs ☐

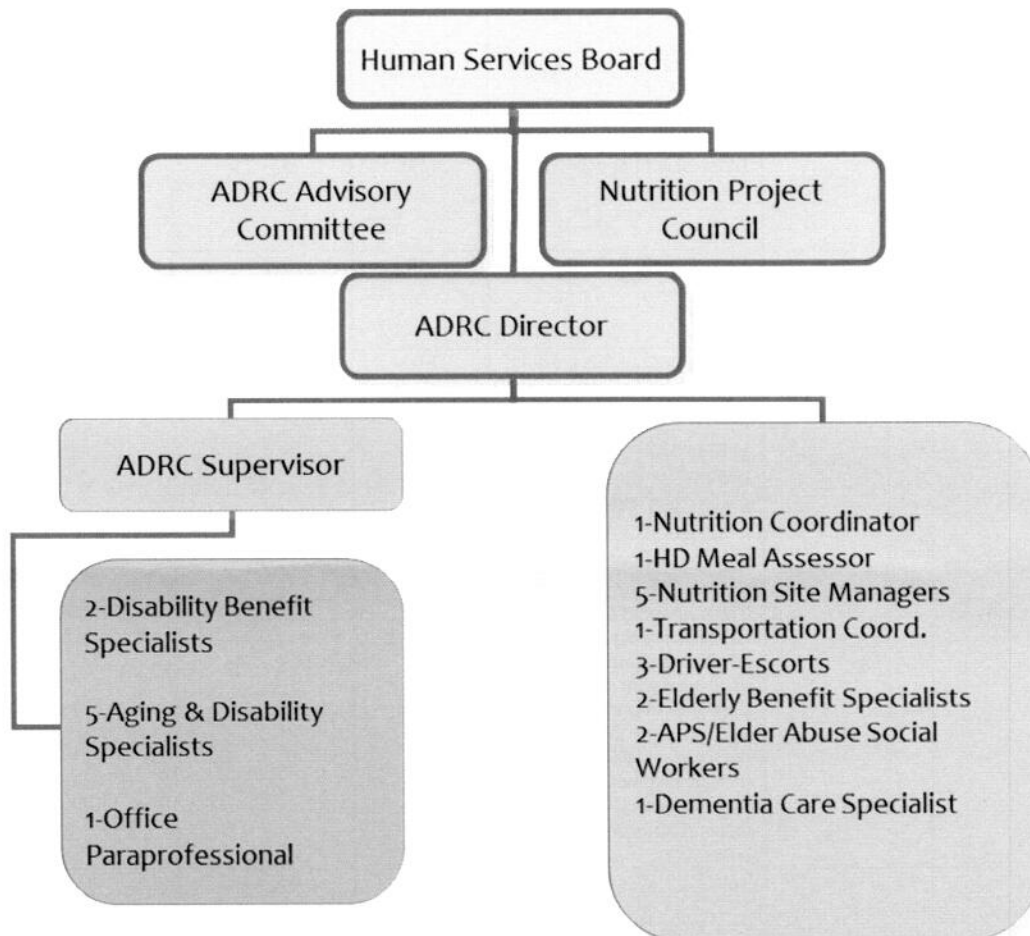
## Appendix C- Personnel Worksheet 2015

Please include all ADRC staff, whether lead agency or satellite employee. If staff are subcontracted with a non-government agency, please report those staff on Appendix E only.

Position title (Please indicate if LTE)	Staff name (first name and last initial)	✓ if AIRS Certified	All functions* (ADRC and other) performed by this individual (See example below) If non-ADRC, please include % of time	Total FTE for this person	Annual salary per person (not fringe)	% FTE funded by ADRC dollars** (all funds see note)	% FTE funded by other source (list source)
Directors and supervisors section							
Director	Susan T.		Plans, directs, implements and monitors the operations of the ADRC which encompasses the OAA Programs, S85.21 Transportation Services & Adult Protective Services.	1.00	85,810	31%	Title III = 29% DOT = 22% APS = 9% Elder Abuse = 9%
Supervisor	Sharon O.	X	Oversees the day-to-day operations of the ADRC, supervises Aging &	1.00	65,365	100%	

			Disability Specialists & DBS, and oversees 100% time reporting. Maintains training calendar.				
Other Staff section							
Aging & Disability Resource Specialist	Dominic W.	X	Each Aging & Disability Specialist is expected to perform all of the 16 activities that the ADRC is required to report on. Aging & Disability Specialists salaries and benefits are 100% funded via the ADRC contract.	1.00	54,389	100%	
Aging & Disability Resource Specialist	Karen T.	X		1.00	57,279	100%	
Aging & Disability Resource Specialist	Nancy T.	X		1.00	55,059	100%	
Aging & Disability Resource Specialist	Sara Z.	X		1.00	47,532	100%	
Aging & Disability Resource Specialist	Paul G.			.48	20,244	100%	
DBS	Sandy F.		Disability Benefit Specialist	1.00	54,573	100%	
DBS	Nicole		Disability Benefit Specialist	.48	20,244	100%	
EBS	Denise G.		Elder Benefit Specialist	1.00	53,478	62%	2% Tax Levy 5% SPAP 8% SHIP 23% State EBS
EBS	Doug C.		Elder Benefit Specialist	.48	20,970	62%	2% Tax Levy 5% SPAP 8% SHIP 23% State EBS
Paraprofessional	Deb M.	X	The purpose of this position is to provide the ADRC with general clerical support and to respond to customer requests for general information about community resources and public benefit programs.	1.00	37,573	100%	
Dementia Care Specialist	Cathy K.		The purpose of this position is to provide support to families and individuals diagnosed with dementia; train and support ADRC staff to ensure that it is dementia capable and provide community outreach and education to create a dementia friendly community.	1.00	45,152	100%	
Totals:				11.0 FTE	475,430		

## ADRC of Jefferson County - Organization Chart 2015



## Appendix D - Annual Budget 2015

\*PLEASE SEE INSTRUCTIONS ON COVER SHEET TO PROCEED\*

Line Item Budget: Include the following information. For regional ADRCs, please provide information for the entire entity.

ADRC Program Personnel:	ADRC Grant Funding	MA Match Funding	Other Funding (Identify below)	Other Funding (Identify below)	Grand Total
Salary	270,542	189,887	45,600	21,700	527,729
Fringe	115,840	77,311	19,152	6,500	218,803
<b>Subtotal</b>	<b>386,382</b>	<b>267,198</b>	<b>64,752</b>	<b>28,200</b>	<b>746,532</b>

Direct Expenses:					
Travel	3,314	2,914	2,590	300	9,118
Training	1,700	1,734	3,300	300	7,034
Printing					0
Postage					0
Office Supplies					0
Telephone					0
Computer & Related	1,330	1,120	800	200	3,450
Rent/Lease					0
Equipment					0
Equipment Maintenance					0
Certifications/Professional Dues					0
Translation Services					0
Outreach/Marketing	1,134	938	1,000		3,072
Other Direct Expenses					0
					0
					0
<b>Subtotal</b>	<b>7,478</b>	<b>6,706</b>	<b>7,690</b>	<b>800</b>	<b>22,674</b>

Indirect Expenses:					
Administration/AMSO	105,896	64,740	7,558	1,000	179,194
Management, Overhead, Utilities					0
IT, No Rent					0
<b>Subtotal</b>	<b>105,896</b>	<b>64,740</b>	<b>7,558</b>	<b>1,000</b>	<b>179,194</b>

**Subcontracts: Include contracts for staff or activities.**

					0
					0
					0
					0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>TOTAL EXPENSES:</b>	<b>499,756</b>	<b>338,644</b>	<b>80,000</b>	<b>30,000</b>	<b>948,400</b>
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948,400

Other Funding: DCS

Other Funding: MFP

NOTE: Subcontract section should equal amount shown on Appendix E

NOTE: You must list what is included in the Administration/AMSO line. Example: Rent, Phone, Corp Counsel, etc. You do not have to itemize costs by what is included, just identify the areas included. If the ADRC does not pay rent, please specify under Administration/AMSO.

NOTE: The ADRC Grant Funding column MUST equal the ADRC contract amount. If you also receive Dementia Care Specialist funding or NH Relocation funding, that must be put in one of the Other Funding columns. MA Match Funding can be added together and reported in the same column.

## Appendix E - Subcontract Worksheet 2015

**\*PLEASE SEE INSTRUCTIONS ON COVER SHEET TO PROCEED\***

Complete worksheet when appropriate.

[illegible]

\*If the subcontract is for ADRC staff, please complete all columns (see example below). However, if you contract with an agency (such as a marketing firm or the Public Health Department) for a specified service, you only need to complete the Contractor Name, Contracted Work and Cost column.

Contractor Name	Contracted Work	Staff Name*	FTE	Annual Salary	Cost
Employment Resources	I&A Staff	Julie	1	38,500.00	
	I&A Staff	Chris	1	38,500.00	
	DBS Staff	Kathy	1	38,500.00	
	Admin, Fringe, & other costs for contract	n/a	n/a	35,000.00	
					150,500.00

The total cost of \$150,500 would equal the amount shown on Appendix D Subcontract Section for Employment Resources. Please insert additional lines as needed.



## Appendix F- ADRC Success Story from 2014

Use the space provided below.

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- 1) Please provide a success story about a customer with dementia who was assisted by the ADRC. (Do not share name or other identifying information.)**

“Dan” was referred to the Adult Protective Services Unit at Jefferson County Human Services by a local hospital. At the time he was living in a motel, and the manager called the police asking for a welfare check because he was not ambulating very well and was losing weight. According to the motel manager, he wasn’t able to even leave his room without assistance. Upon seeing the situation, the police called an ambulance and Dan was sent to taken to the emergency room, where it was determined that he did not meet criteria for admission. The ER nurse called APS because she also had concerns about his ability to care for himself. She relayed that they provided him with a walker and sent him home in a cab but he was returned after providing the driver with the wrong address. At this point, the nurse helped connect him to a friend, due to health & safety concerns. APS assessed Dan’s situation the next day and the worker determined that he needed to return to the ER because the decline in his overall condition was so dramatic, he had tingling in his hands and feet which interfered with his adl’s and iadl’s and he exhibited moderate memory loss, suspected to be a related to alcoholism. The APS worker administered a memory screen as well.

Upon reassessment, the ER again determined that they had no criteria to admit him, so Dan was returned to his motel room. At that time, APS began preparing a guardianship petition and referred Dan to the ADRC for assistance; his case was assigned to the ADRC RN. The RN visited Dan at the motel and helped him apply for Badger Care since he was uninsured. She also noted that Dan’s memory was moderately impaired. She noted that he repeatedly stated that he was still working but later found out that he hadn’t been employed in quite some time. She also noticed an open wound on the back of his neck that needed medical attention. The ADRC RN contacted the Rock River Free Clinic and Dan was scheduled to see a physician the next day. The RN attended the appointment with Dan and the physician reviewed the memory screening done by the APS worker. The RN relayed that Dan most likely needed a legal guardianship processed and was able to persuade the physician to sign the needed paperwork to start the process of guardianship.

As a result, the APS worker was then able to proceed with the guardianship and emergency protective placement of Dan in a group home with 24 hour care. Dan has done very well at the group home, and is now on publicly funded long term care. Dan was very grateful to everyone for helping him.

- 2) Describe efforts to improve dementia services in your service area.**

Jefferson County now has a full-time Dementia Care Specialist. During the first half of 2014, when there was a part-time Dementia care Specialist, efforts were focused on creating a dementia capable community. This included the work of nine task committees that had been working since August of 2013 on issues of importance to people living with dementia in Jefferson County. There was a Dementia Community Summit held in May to review the work of these task committees. Work is continuing in several of the areas. The areas are:

1. County Sheriff Registry – having a registry with the Sheriff’s office to easily identify people with dementia at risk for wandering so that they can be found quickly. In addition, there is an emergency tracking device system that the department can provide which can help them find an individual who may be lost.

2. Emergency Placement Facility – work continues at the State level to identify and establish a procedure for housing individuals who are in need of emergency placement in an appropriate setting. Some providers of long term care in Jefferson County have expressed an interest in becoming EP facilities.
3. Public Awareness of Dementia – Community events and trainings have been held through the partnership with the Alzheimer's Association, and to rotaries and chambers of commerce. There is now a newly established Dementia Care Network of community partners who will be conducting many initiatives to help people with dementia and their caregivers, and to reduce the stigma of dementia by educating and involving the general community in events.
4. Education on Person-Centered Care; creating environment to reduce challenging behaviors – Three long term care providers got a grant from the Extendicare Foundation to create The Person Centered Dementia Care Mentors Alliance. This is an organization of long term care providers who work together to train mentors with organizations an support each other across organizations to work with difficulty behavior through the person centered care approach.
5. Dementia Friendly Businesses - promotion of dementia friendly communities was initially started in Fort Atkinson by training businesses to learn about how to support customers with dementia and caregivers. There is a project developing for 2015 to partner with other communities including the Watertown Dementia Coalition.
6. Promoting Early Detection – The ADRC staff has all been trained on conducting screens for identifying possible dementia issues. The dementia care specialist held free screening appointments for national memory screening day in November, and provides information on health brain activities and diagnostic clinics to people with memory concerns.

The full-time Dementia Care Specialist has added depth to many of the ADRC services by providing family support and training for caregivers, mediation services, and now is trained in facilitating discussion on end of life planning with Respecting Choices program. In addition, offering the class Powerful Tools for Caregivers has been a significant support to family caregivers who are caring for loved ones with dementia at home. The Dementia Care Specialist also is conducting ongoing training on dementia related issues to all ADRC staff and works closely with Adult Protective Services.



## Aging & Disability Resource Center of Jefferson County

### Aiming for Excellence :

#### PROJECT TITLE: Oh where, oh where did my phone call go.....

1. What will the Change Project Address:

- Big A = Reduce Customer wait time
- Small A=Decrease confusion for consumer trying to get back to call center when transferred to a staff's voice mail system

2. Start Date: June 14, 2014 Completion date June 24, 2014.

Describe the walk through experience and the customers you are trying to help: One day while I was out of the office marketing, I tried to contact an ADRC staff person. I have the direct numbers to dial staff, so when I called the first staff person, Karen – her voice mail direction was for me to dial 8734 to be connected to the call center. When I dialed 8734, I was disconnected. I tried calling Sara, and her voice mail told me to hang up and dial 920-674-8734.

3. What service are you trying to improve? Customer Service thru our phone system

4. Executive Sponsor: Sharon Olson – ADRC Supervisor

5. Change Leader: Sharon Olson – ADRC Specialist

6. Change Leader Members: Sharon Olson, Scott Kjornes

7. How will you collect data to measure the impact of the change and who will be responsible for the data collection? When I returned to the office, I tried all the ADRC staff, including DBS ,EBS and APS What I found is some staff directed consumer to dial "0" for operator, those calls did not direct user anywhere, the line went dead. Some staff who stated to dial 8734 actually went thru to call center, but not all the staff who directed as such, including my voicemail system. How frustrating for callers that must be.

8. Team Communication Strategy: Discussed concern with Scott from MIS, I explained that 10 years ago or so the direct was for staff to provide callers with a 4 digit extension when the phone service changed in the county and everyone's phone number changed including the operator. He asked me to check staff numbers and we found only 4 voice mail systems out of the 12 staff phones would actually function to transfer a number to the ADRC call center.

9. What is the anticipated programmatic and/or financial impact of this change project? Discussed that the request to speak to a representative directly needed to be easier on consumer calling, that remembering even four numbers may be difficult for some consumers and asking a caller to hang up and call back is not acceptable practice. Scott was able to create a hot key, that anytime during the call, the caller may dial/push 8 to be redirected to the call center staff person. As each phone trunk needed to be configured and input settings to reset to allow this function.

## **Dementia Agencies and Aging Network Collaboration Meeting**

November 3, 2014

1:00 p.m.

### **Minutes**

**Purpose:** This meeting includes the various agencies that provide support services to people with Alzheimer's or other dementia and their caregivers. The goal is to gain a mutual understanding of each other's roles and how they relates to the Alzheimer's Family Caregiver Support Program (AFCSP) in order to improve the coordination of Dementia care services provided across the state

- 1. Introductions** - GWAAR and State Aging Office introduced themselves, everyone else introduced themselves during their portion of the agenda.
- 2. Alzheimer's/dementia agency representatives give a brief description of services.**

#### Alzheimer's Association – Greater WI (Joan Litwitz)

##### a. Core Services:

- I. The 24/7 Hotline is best way for people to access the Association. A live person answers the phone, I&A specialist at first, then could be referred on to a Care Consultant specialist (Social Worker or LPN) after working through concern/immediate issue. Helpline can be used by staff, too.
- II. Support groups – there are 78 in Greater WI Chapter
- III. Education – often partner with others to do community education (i.e. DCS in Barron). Also online services such as ALZconnected and Alzheimer's navigator.

#### Alzheimer's Association – Southeastern Chapter (Tom Hlavacek & Krista Scheel)

- a. They partner with ADRC in various ways: care consultations – help develop action plan/diagnosis, discuss driving issues, placement options and timing. Association staff comes to the ADRC 1x/month for 2-3 hour window to meet with families OR ADRC staff to discuss issues at hand.
- b. Safety services – MedicAlert/Safe Return and Safety Center on website
- c. Early stage outreach (new core service) – support groups, educational classes, social engagement (memory cafés) – collaborate with ADRC to provide these services
- d. Education programs held at ADRC – share marketing, offer respite during educational program and ADRC puts articles in Association newsletter.
- e. Working with Milwaukee County to be able to offer respite without having to get an entire AFCSP grant
- f. Volunteer Support group facilitators often come from the ADRC.
- g. They have a contract with Milwaukee County using AFCSP funds to provide multi-cultural education and outreach. They had an AoA grant with the VA and 4 ADRCs to better connect and reduce caregiver burden for veterans.

- h. They serve clients with all forms of dementia.
- i. All of the Chapters have been advocates for the AFCSP program to be budgeted by the State.

Alzheimer's Association – South Central Chapter (Kari Paterson & Bonnie Nutt)

- a. Physician education
- b. Professional development – computer based module for custom trainings related to Alzheimer's. Individual certifications can be given.

Alzheimer's & Dementia Alliance (Deanna Truedson & Pat Wilson)

- a. Theresa Sanders is the county contract Manager for AFCSP. Dane County contracts the money out to Alzheimer's & Dementia Alliance – Mary Kazi is the AFCSP Manager.
- b. Information and assistance provided by a local and toll free number as well as email support.
- c. Facilitate family meetings
- d. Staff person has office at one of the ADRC's
- e. Provide articles for newsletters
- f. Resource guides provided for 9 counties in SW WI
- g. Early stage support/education
  - I. Crossing Bridges discussion group for MCI – care partner is invited to attend and they split into two groups later on. There is a support group they can join after they complete Crossing Bridges.
  - II. Meeting of Minds – early stage – cognitive stimulation and modified Tai-Chi
  - III. Memory Cafés – 7 across 9 counties
  - IV. Friends Program – WI Alzheimer's Institute students are matched with "mentors" (persons with dementia). The goal is to educate the students about what it is like to have dementia and what it's like to go through the doctor visits, etc.
  - V. Support Groups – facilitators have to go through a 3 hour training and they are supported with articles/topics/handouts for the groups.
  - VI. Family Education Programs – behavior, safety, when is it time for a facility, etc.
  - VII. Legal and Financial Planning Seminars
- h. Community Education
  - I. Maintain brain health – partner with ADRC for some locations (i.e. at dining sites)
  - II. Employer outreach
  - III. State-wide advocacy

**3. ADRC/Aging Unit representatives give a brief description of services**

Dane AAA/ADRC (Kira Stewart, AAA & Jennifer Fischer, ADRC)



- I. When working with NFCSP it is not dementia specific. Outreach is to community agencies and general public and often leads to dementia topic, Kira teaches Dementia Specialist Training.
- II. ADRC and AAA are co-located. There are 31 I&A staff and all are trained to do cognitive screenings. They also have a DCS (Lynn). Refer to doctor/clinic if screen shows problem. They do a lot of outreach and use a resource binder with a follow-up letter template. Alzheimer's Association and Alzheimer's and Dementia Alliance have done trainings to AAA/ADRC staff explaining what they do and how to make referrals. NFCSP referrals are sent to Kira and AFCSP referrals are sent to the Alzheimer's and Dementia Alliance.

Milwaukee Dept. County on Aging/Interfaith (Pat Bruce)

- I. Pat has been the NFCSP lead since the program began; she's been doing the respite portion since 2009 and AFCSP since 2010.
- II. NFCSP funds – make referrals to any groups offering services – support groups, etc.
- III. AFCSP referrals go through Milwaukee County Department on Aging (MCDA) for approval
- IV. All staff has gone through dementia specialist training and they try to partner as much as possible with care consultations.
- V. Annual caregiver event planned with many community partners
- VI. Pat serves on the Action Network Committee
- VII. Pat mentioned that she is only one portion of what is going on at MCDA.

ADRC of Central Wisconsin (Jennifer Cummings)

- I. Multi-county Aging and ADRC, they coordinate both AFCSP and NFCSP, doing outreach through newsletters and resource guide, etc.
- II. I&A make referrals directly to the two caregiver support staff
- III. Alzheimer's Association gave presentation to train direct-line staff on their services and how/when to refer
- IV. Facilitate support groups and give presentations to Boards
- V. They provide case management with caregiver support staff – provide families with educational materials from Alzheimer's Association and other places (DVD's, books, etc.) PTC leaders – partner with other agencies for this too.
- VI. Caregiving Coalition used to plan one big event, now they have a more local focus – more, smaller events

ADRC of Eagle Country – Juneau County (Heidi Randall)

- I. Aging/ADRC director – large resource area has articles, books, cd's, resources all under one roof. Two I&A staff, the EBS and the DBS make direct referrals to NFCSP and AFCSP programs. They also have a monthly support group.

- II. Memory Walk with Adams County (promoted through support group)
- III. PTC classes
- IV. Monthly newsletter with caregiver articles
- V. Regional ADRC collaboration to do memory screens - will be doing new training (Quality Improvement Project with I&A staff)
- VI. Outreach to churches, women's night out – women's health issues, reaches over 600
- VII. Alzheimer's Association educational classes given in the community (i.e. "How to Talk to Your Doctor")
- VIII. Through the Care Transitions Committee they educate about NFCSP
- IX. For Grandparents and Relative Caregivers they partner with family resource center and local homemaker groups

Oneida County Dept. on Aging (Sue Piazza)

- I. ADRC of the Northwoods is located in their office (Forest, Oneida, Vilas and Taylor counties)
- II. They get many referrals from the ADRC and hospitals. They have one referral intake sheet which simplifies things for all
- III. Sue coordinates both NFCSP and AFCSP
- IV. They have a Caregiver Coalition with Vilas County through which they receive requests for respite, equipment, nutritional supplements
- V. Monthly newsletters with caregiving information
- VI. The county did an in-service for all county employees educating them about the aging programs and found that many did not know about the aging services.
- VII. They plan to do more in-services on AFCSP and NFCSP

Jefferson County ADRC (Sue Torum)

- I. Have been working on Dementia Friendly Communities – how can we better improve the services we have and build stronger partnerships with other agencies who have the same mission. They work with the Alzheimer's Association with joint trainings, special projects, caregiver conference, etc.
- II. Dementia Care Specialist is training APS and other staff, helps with AFCSP applications and does lots of home visits. Will be facilitating "Honoring Choices" (advance care planning) and will be starting something for early stage people, training doctors and meeting with them.
- III. Working to improve ER experiences for those with dementia – working with ER Staff to improve these sometimes bad situations.
- IV. Home safety evaluations for those with dementia
- V. PTC classes – having an open house for national caregiver month
- VI. Grant from Extendicare to develop a person centered alliance, wrap-around team– 3 organizations doing this and 6 more to join
- VII. All staff can do memory screen – refer to DCS if problems noted.

#### **4. Discussion about how we are doing and how to improve.**

- Lynn Gall gave a brief description of the AFCSP Revitalization project, specifically the goal to streamline referrals. We need to make it easy so people don't get confused and frustrated. We need to put a protocol in place to make it simplified, a way to prevent giving too much info at one time and have an increased focus on reaching adult children
- Discussion about using a universal referral form (much like Oneida County) and question if there will be a problem with HIPPA violation when passing from agency to agency. There would need to be a release form signed by the client.
- Krista Scheel suggested in order avoid privacy issues we need to get permission for the agency to call the person instead of asking the person to call the agency. They often don't feel like calling or don't know what to ask.
- Jennifer from Dane – like referral form idea (would join a workgroup for this) As a way to not overwhelm the person, use a form with check boxes for key indicators on when to refer to ADRC
- Pat Bruce talked about how difficult it is for families to accept referrals to Alzheimer's and other health associations. Caregivers do not want to be referred to an "Association." Make sure resource centers understand that it might take a while to get someone connected (...it was mentioned that when a physician tells a person to contact the Alzheimer's Association, typically it takes 2 years before they make that call) We need talking points about encouraging that early connection.
- Jane mentioned possibly developing a way for counties to have smaller scale meetings (like this meeting) with their local chapters.

#### **5. Next steps to improve coordination.**

Talk to caregivers and find out how they feel they could be helped. Could there be a standardized survey that could be used to collect that information? Maybe the AMA form? Possibly use a self-identification tool such as the Navigator Assessment and 10 Signs on Alz.org.



# ADRC Dementia Care Specialist Program

## Project Work Plan

### April 2014 through December 2014

## Goal 1: Create a Dementia Capable ADRC

### Measurable Outcome(s):

1. Aging & Disability Resource Specialists are certified Dementia Practitioners. They are trained to recognize, respond and refer caregivers and/or persons with memory loss to the DCS 100% of the time beginning 6/1/2014. (Tracking tool will be used)
2. Aging & Disability Resource Specialists and the DCS work hand-in-hand to ensure excellence in dementia care. (Surveys)
3. The ADRC will display that it has met the requirements as being Dementia Friendly. (Certificate)
4. Staff will receive no less than 4 hours/year of dementia specific training by the DCS. (Agendas and attendance records)

Major Objectives	Key Tasks	Lead Person	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Link DCS to early detection	All Brief Cognitive Screens conducted by the ADRC & APS will be reviewed and discussed with the DCS for follow up	DCS			X	X	X	X	X	X	X
Provide patient education	Accompany APS workers on homevisits when dementia is suspected	DCS APS	X	X	X	X	X	X	X	X	X
Increase understanding of dementia	Attend ADRC & APS staff meetings when cases involving dementia are being discussed	DCS ADRC Specialist	X	X	X	X	X	X	X	X	X
Train co-workers	Report back to ADRC & APS staff on all materials gathered at any relevant training.	DCS		X				X			



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