

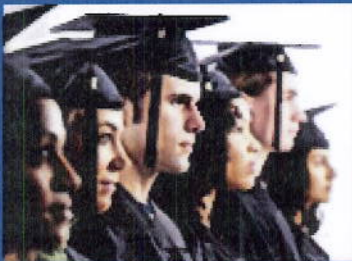
# Moving Forward-Your Future

March 20, 2015 8:30 am - 2:15 pm

Madison College-Watertown

## Jefferson County Transition Network

The mission of the Jefferson County Transition Network is to provide efficient, high quality support and guidance to the community, specifically youth with special needs, as they transition from school to adult life.



Registration is due by:  
March 1, 2015

To Register please visit:  
<http://www.uww.edu/csd/>

See Event Registration bottom,  
right of page.



**This conference is for high school students with disabilities who will graduate in 2015 and 2016 to support their transition into adulthood and life after high school. The cost of \$15 per student is covered by the school district. A light breakfast and lunch will be provided. The conference is sponsored by the Jefferson County Transition Network. Transportation to and from the conference will be provided by the school district.**

### TOPICS:

- |                              |                                |
|------------------------------|--------------------------------|
| • <b>Cyber Bullying</b>      | • <b>Independent Living</b>    |
| • <b>Mock Interviewing</b>   | • <b>Assistive Technology</b>  |
| • <b>Financial Literacy</b>  | • <b>Team Building</b>         |
| • <b>Employment Skills</b>   | • <b>Living My Dream</b>       |
| • <b>College Preparation</b> | • <b>Interviewing Do/Don't</b> |

**If you have any questions please contact your school's Director of Pupil Services**

Cambridge: Krista Jones  
Phone: 608-423-4345, ext. 4106  
Email: [kjones@cambridge.k12.wi.us](mailto:kjones@cambridge.k12.wi.us)

Fort Atkinson: Mary Robins-Burke  
Phone: 920-563-7804  
E-mail: [burkem@fortschools.org](mailto:burkem@fortschools.org)

Jefferson: Sara Totten  
Phone: 920-675-1062  
Email: [tottens@sdoj.org](mailto:tottens@sdoj.org)

Johnson Creek: Kristine Blakeley  
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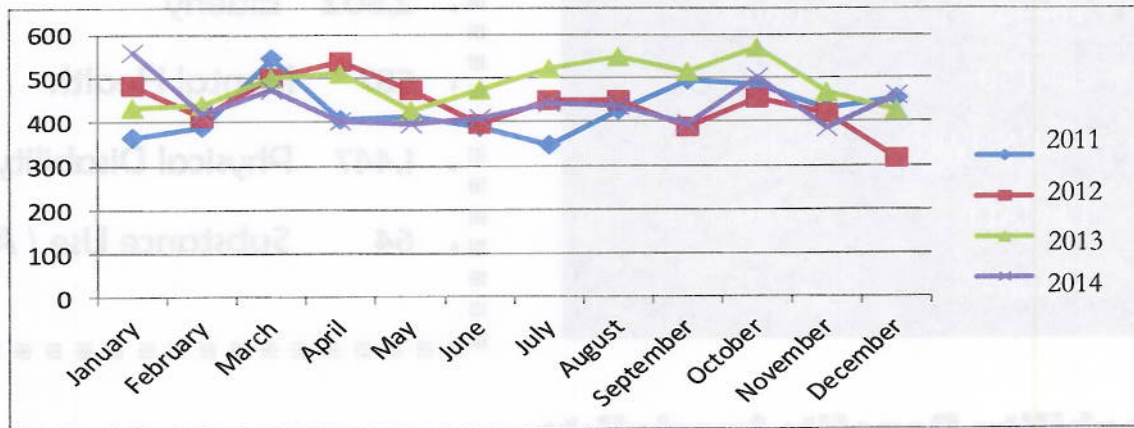


# ADRC OF JEFFERSON COUNTY

## ANNUAL REPORT 2014

The ADRC brings to the community a blend of public and private supports and community resources to empower their customers with the ability to make informed choices and decisions regarding options available as well as take into account the consumers' private resources. In 2014, the ADRC had 5,265 contacts with 1,610 unduplicated individuals to provide information, assistance and referrals.

### Call Legend from 2011 to 2014



Since the ADRC opened in July of 2008, we have had conversations with 6,908 consumers resulting in 30,042 contacts.

### Breakdown of Contacts per Month

No. of contacts	Month	No. of working days	Average per day
558	January	22	25
417	February	20	28
472	March	21	20
402	April	22	18
395	May	22	18
407	June	21	19
442	July	23	19
436	August	21	21
396	September	22	18
499	October	23	22
383	November	18	21
458	December	20	23

### Call Profiler Types

Call Type	2011	2012	2013	2014
Incoming calls	2280	2393	2688	2351
Outgoing calls	1182	1208	1046	843
Home Visits	633	597	602	588
Office Visits Scheduled	134	151	209	215
Walk ins	152	207	216	239
Emails	172	215	354	415
Fax	180	101	51	25
Written Correspondence	393	400	662	589
Total	5126	5272	5828	5265
Activities	8800	8072	8147	7586
unduplicated Callers		1555	1703	1610



## Information on Callers and Consumers

Our statistical information that is tracked within our database allows us to paint a picture as to who is calling the ADRC, what topics they are primarily interested in and which communities are consumers calling from. Our statistics show that in 2014 59% of known contacts were on behalf people 60+; the three primary topics that people contacted the ADRC for was information related to Public Benefits 81 (4312), Housing 30% (1602) and In - Home Services 23% (1,258); and our three primary communities where people are calling from are Fort Atkinson, 1,213, Watertown 940, and Jefferson 867.

### AGES AND GENDER

#### CONSUMER AGE GROUP

18—59	1,803
60-150	3,130
UNKNOWN	332
FEMALE	2,835
MALE	2,275

#### Disability:

617	Intellectual Disability
2,802	Elderly
587	Mental Health
1,447	Physical Disability
64	Substance Use / AODA

## Disability Benefits Specialists

When people are calling about Public Benefits, many of those referrals are made to the Elder and Disability Benefit Specialists. When people are able to access insurance and other programs that help with food, shelter and medical expenses, their local communities also experience a positive economic impact. Benefits Specialists report the approximate value of any benefits that they help someone to obtain or retain. In 2014, the Disability Benefit Specialists assisted 214 clients and worked on 258 cases. The monetary impact from their assistance to bring back into the community was over \$1,600,000.

Disability Benefit Specialists provide services to people regardless of income level or disability type. The program serves people aged 18 to 59 years of age, including youth transitioning to adult benefits and adults who may be seeking disability benefits for the first time, weighing their Medicare options or dealing with post-entitlement issues such as alleged overpayment or disability review. In 2014, forty three percent of the people requesting services were looking for assistance with applying for disability eligibility.



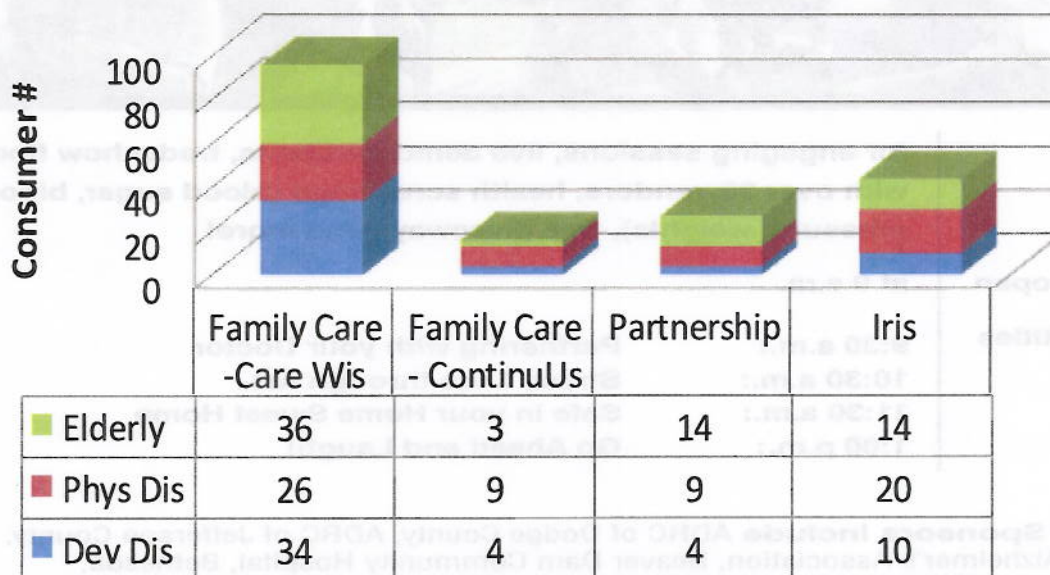
## Total Enrollment into Publicly Funded Long Term Care Programs: 183

**Family Care 112**

**Partnership 27**

**IRIS 44**

### 2014 Enrollments



### State Enrollment Data Comparison to other ADRC's in Comparable Populations Size

LTC Program	Jefferson 1.4	Dodge 1.6	Manitowoc 1.5	Ozaukee 1.5
Family Care	798	481	627	496
Partnership	108	32	0	0
IRIS	130	104	206	161
Totals	1036	617	833	657

<https://www.dhs.wisconsin.gov/familycare/reports/enrollmnt201408.pdf>

<https://www.dhs.wisconsin.gov/iris/iris-enrollmentmap.pdf>



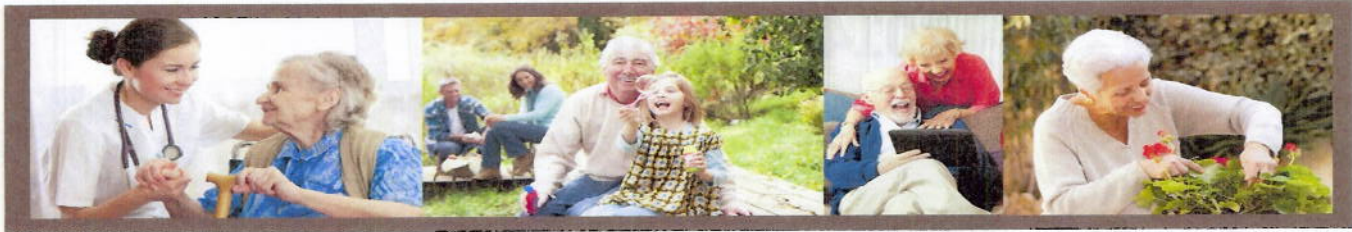
**FREE ADMISSION  
FREE PARKING  
FOOD AVAILABLE**

**SATURDAY, MARCH 14, 2015  
9 A.M. - 2 P.M.**

# Watertown Wellness Expo

Living, Learning and Laughing in Adulthood

Location: Bethesda Gym, 700 Hoffmann Drive, Watertown



**Join us**

**for engaging sessions, live demonstrations, tradeshow floor with over 35 vendors, health screenings (blood sugar, blood pressure, weights), free giveaways and more!**

**Exhibits open**

**at 9 a.m.**

**Session titles**

<b>9:30 a.m.:</b>	<b>Partnering with your Doctor</b>
<b>10:30 a.m.:</b>	<b>Stress Less through Art</b>
<b>11:30 a.m.:</b>	<b>Safe in your Home Sweet Home</b>
<b>1:00 p.m.:</b>	<b>Go Ahead and Laugh!</b>

**Gold Sponsors include** ADRC of Dodge County, ADRC of Jefferson County, Alzheimer's Association, Beaver Dam Community Hospital, Bethesda, Creative Community Living Services Inc, Fort Health Care, Golden Living, Healthsense, Heritage Homes, Marquardt At Home, Meade Medical Clinic, Miracle Ear, Our House LLC, Preferred Podiatry, Rainbow Hospice Care Inc, St. Coletta of Wisconsin, The Lutheran Home Association, Trinity Pines Retirement Center, Watertown Dementia Awareness Coalition.

**The JUMP to Wellness Fair** is an opportunity for community members to get up, get out, and be active! Highlights of the event include free water aerobics sessions followed by open swim in the new Jefferson High School pool. The new Rail yard Obstacle Course will be set up in the gym. There will be information booths and health screens offered. Activities are free and open to people of all ages.

The Fair will be located at **Jefferson High School** on **Sunday, March 22** from **1 pm – 4 pm.**



**BUREAU OF AGING AND DISABILITY RESOURCES**  
**AGING UNIT SELF-ASSESSMENT FOR 2014**

**County/Tribe:** Jefferson County

**Name of Aging Unit Director:** Sue Torum

**Approved by Commission on Aging?**

Yes

No

**Date**

**Approved:**

**Part I: Compliance With the Wisconsin Elders' Act**

**Organization of the Aging Unit**

The law permits one of three organizational options. Which of the following permissible options has the county/tribe chosen?

**Check One**

1. The aging unit is an agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.

2. The aging unit is a unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.

**X**

3. The aging unit is 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/tribe 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.

**X**

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.

**Part I: Compliance With the Wisconsin Elders' Act (continued)**

*Needs to be completed only if there have been changes since completing your 2013-2015 plan.*

<b>Full-Time Aging Director</b> The law requires that the aging unit have a full-time director as described below. Does the county/tribe have a full-time aging director as required by law?	<b>Does the aging unit have a full-time aging director?</b>	
	<b>X</b>	<b>Yes</b>
		<b>No</b>
<b>Membership of the Commission on Aging</b> 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. In the case of county board members, the requirement is 3 consecutive 2-year terms.	<b>Is the aging unit in compliance?</b>	
	<b>X</b>	<b>Yes</b>
		<b>No</b>

**Members of the Commission on Aging (please list)**

Name of Individual	Age 60 and Older ( x )	Elected Official ( x )	Year first term began
<b>Chairperson:</b>			
Earlene Ronk	X		2012
Carol Battenberg	X		2012
Ellen Haines	X		2013
Daniel Krause			2012
Georganne Mortenson	X		2012
Jim Mode	X	X	2009
Carolyn Niebler	X		2013
Darlene Schaefer	X		2013
Connie Stengel	X		2013

**IMPORTANT:** If the aging unit does not meet with all of the above, it is required to submit a corrective action plan outlining a timeline and goals, in SMART format, to GWAAR by [April 15, 2015](#). The policy manual outlines such plans which must include involvement of older persons, discussion of such a plan at commission on aging/advisory committee meetings and appropriate public hearing notices, meeting notices, agendas, and minutes. Corrective action plan documents must be sent electronically to GWAAR (sarah.cowen@gwaar.org).



## Part II: Activities to Help Older People Advocate for Themselves

- 1. What does the aging unit do to inform older people about the issues that affect their lives?** We send out news releases, Advocacy Alerts, posters and newsletters. We meet with people at various locations to discuss concerns. We send out information to home delivered meal participants and place information in table tents at the Senior Dining Centers. We will go on the radio as well.

- 2. How does the aging unit teach older people to act as advocates?**

On November 1, 2013 Jefferson County hosted a Senior Statesmanship Program.

We do not have enough interest to hold the program as planned, but we didn't cancel. Five people attended a half day abbreviated program.

- 3. How does the aging unit advocate on behalf of the older people it serves?** The ADRC Advisory Committee has Advocacy as a standing agenda item. Committee members are asked to help spread the word about any issues that affect older people. The committee also writes letters to legislators. The Aging & Disability Resources Division Manager regularly attends Human Services Board meetings and keeps members informed of issues affecting older people. When there are issues that have the potential to adversely affect services, participants are informed and asked to engage in the process.



Part III: Progress on the Aging Unit Plan for Serving Older People – Statewide Priorities				
Section 4 A-F: Statewide Focus Areas Please add progress notes in green font.	Progress Notes (briefly summarize only those activities completed as of Dec. of each year; explain if a goal was not accomplished)	Check if Done		
		2013	2014	2015
Focus 4-A: Development of a System of Home and Community-Based Services				
Goal 1: To increase the utility of referrals for people who are calling on behalf of a family member with dementia, questionnaires will be sent within two weeks of contact to measure the extent of its usefulness on a Likert Scale. The project will test for three months.	Surveys are complete and the first set was sent out on 2/27.			X
Goal 2: To expand staff knowledge of the various avenues of advocacy under publicly funded long term care programs, a project will be undertaken to test staff knowledge. Four staff members will be provided a pre and posttest and those with scores below 90% will retest with results at or above 90%.	Goal Met.		X	
Goal 3: To increase staff awareness in the area of cultural competence, a project will focus on how the ADRC is prepared to respond to non-English speaking customers or those identified as Latino or Hispanic origin. According to most recent Census, 6.2% of Jefferson County residents identify themselves in this category.	Goal Met.		X	
Focus 4-B: Older Americans Act Programs				
Goal 1: To increase participation in the Senior Dining Program by 5% the first year of the plan; 7% the second year and 10% the third year.	The goal to increase participation was not met in 2013. While attendance did increase, it was only by 3%. We will review our “marketing” strategies and explore new ways of reaching out to potential customers.			
Focus 4-C: Alzheimer’s Disease				



Goal 1: Conduct 15 Cognitive Screens by 12/31/2013.	Goal met and ongoing	X	
Goal 2: Develop a county wide identification system for people diagnosed, who also are in some way at risk of interventions by law enforcement, to alert officers to the individual's plan by 12/31/2013.	Goal met.	X	
Goal 3: Implement the identification system in two jurisdictions each year of the plan, i.e. Watertown & Lake Mills by 12/31/2013; Jefferson & Fort Atkinson by 12/31/2014 and Palmyra & Waterloo by 2015.	Goal met.	X	
<b>Focus 4-D: Emergency Preparedness</b>			
Goal 1: To raise awareness about staying safe at Senior Dining Sites, Nutrition Program staff shall provide participants with information about what to do in an emergency at each of its 6 dining centers each year of the plan.	Goal met & ongoing	X	
Goal 2: In order to increase awareness of natural events that are prevalent in WI, the ADRC will distribute no less than one news release on a quarterly basis each year of the plan.	Goal met & ongoing	X	
Goal 3: In order to increase staff awareness regarding their responsibilities before, during or after a disaster, review & revise the agency's Continuity of Operations Plan on an annual basis. Staff training will occur on a quarterly basis to address: flooding, winter storms, tornados, heat, etc.	Goal met and ongoing	X	
<b>Focus 4-E: Evidence-Based Prevention Programming</b>			
Goal 1: The ADRC will expand prevention programming by offering 1 evidenced based prevention program in 2 communities by 12/31/2013 and 2 evidenced based practice programs in 2 different communities by 12/31/2015.	Goal met and ongoing	X	
Goal 2: The ADRC will expand its ability to provide prevention programs by training two Aging & Disability Resource Specialists about the <i>Stepping On</i> program by 12/31/2014.	Goal met and exceeded our expectations.		X



<b>Focus 4-F: Family Caregiver Support (NFCSP)</b> Please answer the following where the aging unit is the direct services provider.					
<b>Area 1: Provide information to caregivers about available services.</b>					
Goal 1: Information to caregivers about available services will be provided via local newsletter articles twice annually.	Goal met and ongoing.	We also observed Caregiver Month by having a table set up in the ADRC's waiting area. News releases were sent out encouraging people to come in a browse our resources.	X		
<b>Area 2: Provide assistance to caregivers in gaining access to the services.</b>					
Goal 1: Assistance to caregivers in gaining access to the NFCSP funded services shall be provided via a follow-up call to 20 caregivers in each year of the plan.	Goal met and ongoing.		X		
<b>Area 3: Provide individual counseling, organization of support groups, and training to caregivers to assist in making decisions and solving problems relating to their caregiver roles.</b>					
Goal 1: At least one of the following activities shall occur on a monthly basis each year of the plan: counseling, support group and caregiver training. <ul style="list-style-type: none"> <li>• Support Groups are offered monthly.</li> <li>• In-person consultations/counseling sessions are offered on an ongoing basis.</li> <li>• 5 caregivers will accept subsidies to attend trainings sponsored by other organizations or counties; or the Caregiver Coalition offers an in-county training</li> </ul>	In 2014, the DCS co-facilitated Powerful Tools for Caregivers and another class is planned for spring of 2015. A new guide that explains NFCSP was developed in 2014 and has been widely distributed. Caregivers are seeing this information because there has been an increase in walk-ins asking for more information and support.				
<b>Area 4: Provide respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities.</b>					
Goal 1: Respite care subsidies shall be available to 25 caregivers in 2013-2015.	50 families received respite care in 2014. This was a 60% increase over 2013 when 33 families	X			



		received assistance. Met and ongoing.		
<b>Area 5: Provide supplemental services, on a limited basis, to complement the care provided by caregivers.</b>				
Goal 1: Supplemental services to complement care shall be provided to 3 persons in 2013.		Met and ongoing. With the new materials being made available, people are asking for things they didn't know were covered.		X
<b>Part IV: Progress on the Aging Unit Plan for Serving Older People – National Family Caregiver Support Program</b>				
This section is not required for tribal aging units.				
<b>Caregiver Coordination:</b> <i>To ensure coordination of caregiver services in the county, the aging unit shall convene or be a member of a local family-caregiver coalition or coordinating committee with other local providers who currently provide support services to family caregivers. The aging unit shall coordinate activities under this program with other community agencies and voluntary organizations providing services to caregivers.</i>				
<b>Does the aging unit facilitate a local caregiver coalition?</b> <input type="checkbox"/> YES <input type="checkbox"/> or <input type="checkbox"/> NO		<b>Please provide a brief update on coalition activities conducted in 2013:</b> We met March 20 <sup>th</sup> – 14 people (agenda forwarded already); June 12 <sup>th</sup> – 6 people; September 11 (3 people including me) so there was nothing significant to report, but we did have 3 meetings. An email was sent to coalition members about how to regroup in 2014.		
<b>If No, please state which local agency facilitates this coalition:</b> _____ <b>If Yes, was information provided in the 3-year plan on the coalition's members?</b> <input type="checkbox"/> YES <input type="checkbox"/> or <input type="checkbox"/> NO		<b>Please provide a brief update on coalition activities conducted in 2014:</b> 12/9/14: Reached out to existing Coalition Members asking if they want to continue getting emails about coalition activities. 6/20/14: Scheduled a meeting, no-one attended. 10/7/14: Sent another email to list serve. Asking who I could count on to help me reinvigorate the Caregiver Coalition. Two responses saying they would like to learn more.		
<b>If Yes, were goals stated for 2014 to coordinate caregiver services?</b> <input type="checkbox"/> YES <input type="checkbox"/> or <input type="checkbox"/> NO				



<p>Please provide a brief update on coalition activities conducted in 2015:</p> <p>After the last GWAAR Ace meeting, I have a better understanding of this requirement (thanks to Jane M.) In 2015, this department will contract with home care agencies who provide direct services under III B and III E to care recipients and their caregivers. I believe this new connection will keep us engaged in discussions about NFCSP and will be the basis on which we build our Caregiver Network. We will have in person meeting and case-by-case consultations which should help educate them about the issues.</p>	
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<b>Part V: Progress on the Aging Unit Plan for Serving Older People – Local Priorities</b> It is expected that each aging unit will have at least one local focus area/goal for each year of the plan. Please provide information here on goals accomplished in the previous year.			
<p>Goal 1: Expand elder abuse prevention training by completing 1 workshop for <i>Your Friends-in-Action Volunteers</i> by 12/31/2013; 1 workshop by 12/31/2014 &amp; 1 workshop by 12/31/2015.</p> <p>Goal 2: To dedicate two hours per month to provide information and assistance to elders wishing to discuss concerns about abuse or neglect in a neutral environment where anonymity is guaranteed by 12/31/2013.</p> <p>Goal 3: To educate elders about identifying risk factors related abuse/neglect, the I-team will develop a toolkit to use in conjunction with training sessions. The tool kit shall be completed by 12/31/2013. The training sessions will be scheduled in 2014 and 2015 offered twice per year.</p>	<p>It was not met; I will retry in 2014</p> <p>The workshop was scheduled in February 2015 and cancelled because only one volunteer signed up.</p> <p>This goal will be abandoned. Callers already have the right to remain anonymous and it is difficult to dedicate regular hours due to the unpredictability of Adult Protective Services workload.</p> <p><a href="H:\Power Point\YEAP Presentation.pptx">H:\Power Point\YEAP Presentation.pptx</a></p> <p>This was developed by the I-team and offered to the public twice with little</p>	<p>X</p>	



	interest. In 2014 we will work through organizations who are interested in hosting this to their customers.			
Goal 4: Actively participate in county-wide transportation solution discussions and planning sessions.	<b>The county's Economic Development Director was assigned responsibilities in this area and held one meeting in 2014. Another is planned in February 2015.</b>			
Goal 5: Collaborate with the HSD mental health team to develop a "no wrong doors" approach to responding to emergency calls concerning seniors and persons with disabilities.	<b>This is a work in progress and is an ongoing goal.</b>		X	
Goal 6: Facilitate a Volunteer Guardianship Training by 3/31/14.	<b>Met.</b>		X	

#### Part VI: Significant Accomplishments or Issues Not Included in the Aging Unit Plan

(Unplanned accomplishments or issues that had a significant impact on the aging unit's activities during the previous year. This is not meetings attended or actions that fit under plan goal objectives but may reflect noteworthy events or achievements.) This section is not required.

#### Significant unplanned accomplishments (briefly describe).

Jefferson County received a Dementia Care Specialist Grant from DHS in the fall of 2012. On 1/2/13, the DCS started and since that time, she has united and strengthened relationships between individuals and organizations that have an interest in positively impacting the lives of caregiver and persons with dementia. In 14 short months, she has completed the following objectives: A Memory Care Connections Program was established; LEEPS has 7 trained volunteers; Five businesses are now considered "Dementia Friendly," and Jefferson and Dodge Counties are combining forces to promote this concept regionally; "Maintaining Brain Health" training is being offered; a county-wide dementia registration and identification program was developed through the Sheriff's Department and the DCS participated in Project Lifesaver Training along with law enforcement; outreach efforts have been expanded to all area physicians and Churches, a display board has been developed to use at outreach events and a newsletter has been developed. In addition, UW Whitewater Communication Students are working on helping us with public education. All of these activities have drawn interest from the media and we were interviewed by a reporter from the county newspaper. Finally, a Dementia Summit was held in August 2013 and the following task groups were established to meet on an ongoing basis to address concerns:

1. Person Centered Dementia Care;
2. Dementia Friendly Communities;



3. Promoting Early Detection;
4. Increasing Public Awareness;
5. Minimizing and creating successful care transitions;
6. Building crisis capacity through mobile crisis, treat in-place teams;
7. Emergency response (ER) placement facilities;

A follow up Summit is planned for May 2014 to share what has been learned.

Members of the Caregiver Coalition are heavily involved in the task groups.

#### Part VII: Coordination Between Titles III and VI

If the county includes part or all of a federally-recognized tribe, indicate how the county aging unit and the tribal aging unit have worked together in the previous year to coordinate and ensure the provision of services to tribal elders.

If the county does not include part or all of a federally-recognized tribe, please indicate: Not Applicable

## INSTRUCTIONS FOR THE AGING UNIT SELF-ASSESSMENT

The purpose of the aging unit self-assessment is to provide the aging unit staff and commission on aging members with a structured approach to conducting an annual review of the:

- Aging unit's compliance with the Wisconsin Elders' Act.
- Activities to help older people advocate for themselves.
- Aging unit's progress on the local aging plan for older people.
- Important events or accomplishments not covered in the aging plan.

Compliance with the Elders' Act is a legal requirement. The local aging plan is a contractual obligation of the county or tribe.

### Process

- Upon completion this self-assessment must be sent **electronically in MS Word** to GWAAR (sarah.cowen@gwaar.org), by **March 13, 2015**. Please do not fax/mail.
- The self-assessment covers the calendar year of **2014**.
- The self-assessment should be reviewed and approved by the commission on aging **prior** to submittal to GWAAR. Documentation of that review does **NOT** need to be submitted but the **date of approval** should be noted where requested.

### Part I: Compliance With the Wisconsin Elders' Act

Answer the three questions. *Needs to be completed only if there are changes since completing your 2013-2015 final plan.*

### Part II: Activities to Help Older People Advocate for Themselves

Answer the three questions about how the aging unit has informed and taught older people about aging issues and on how the aging unit advocates on behalf of older people. Advocating for older people and helping older people advocate for themselves, is THE major function of the aging network. Attach additional pages if necessary.

### Part III: Progress on the Aging Unit Plan for Serving Older People - Statewide Priorities

Provide a brief update on the progress the aging unit made during the past year on the statewide aging priority goals it had stated would be done in the previous year. These activities are required of all aging units. Attach additional pages if necessary. Please note that tribal aging units need not respond to the section on *family caregiving*.



#### **Part IV: Progress on the Aging Unit Plan for Serving Older People National Family Caregiver Support Program - Statewide Priorities**

Aging units may contract for all or part of the services required under NFCSP. Note this does not require the expenditure of NFCSP funds in all areas; however, the aging unit must collect data and report activity where required. Additionally, the aging unit is responsible for partnering with other providers on caregiver activities in the county. If you contract with another organization for any or all of the five components (e.g., I&A through an ADRC), please describe how the program goals are being met, including amended ones if any, and by whom. Regardless of contractual relationships, the aging unit is responsible for the activities.

1. Information to caregivers about available services.
2. Assistance to caregivers in gaining access to the services.
3. Individual counseling, organization of support groups, and training to caregivers to assist in making decisions and solving problems relating to their caregiver roles.
4. Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities.
5. Supplemental services, on a limited basis, to complement the care provided by caregivers. These services are not to exceed 20% of the county expenditure.
6. Describe how the aging unit coordinates its efforts with other provider agencies that also serve family caregivers. Describe the coordinating committee/coalition the aging unit works with, including how often it meets, and its members.

***[This section is not required for tribal aging units.]***

#### **Part V: Progress on the Aging Unit Plan for Serving Older People - Local Priorities**

Provide a brief update on the progress the aging unit made during the past year on the unique local aging issues the aging unit worked on. Attach additional pages if necessary.

#### **Part VI: Significant Accomplishments Not Included in the Aging Unit Plan**

Aging units may accomplish many things independent of the aging plan. Unplanned circumstances may arise and require advocacy, outreach, organization, planning, etc. If you have an accomplishment or event completed in the previous year you would like us to be aware of, please identify it here. Attach additional pages if necessary.

***[This section is not required.]***

#### **Part VII: Coordination Between Titles III and VI**

The Older Americans Act (Sec. 306 (a)) requires aging agencies, to the maximum extent practicable, to coordinate services the agency provides under this title with services provided under title VI.

If the county includes part or all of a federally-recognized tribe, indicate how the county aging unit and the tribal aging unit will work together to coordinate and ensure the provision of services to tribal elders.

If the county does not include part or all of a federally-recognized tribe, please indicate: Not Applicable.

***The box below to be completed by GWAAR staff***

<b>Reviewed by (last name):</b> Carrie Porter	<b>Date Reviewed:</b>
<b>Aging Unit Self-Assessment Approved?</b>	_____Yes _____No ( check one )
<b>If No, provide brief comment for why this self-assessment is not approved.</b>	
<b>Is there a need for a Corrective Action Plan?</b>	_____Yes _____No
<b>If Yes, please contact Older Americans Act Program Manager John Schnabl at <a href="mailto:john.schnabl@gwaar.org">john.schnabl@gwaar.org</a></b>	
<i>Letters of approval will both be emailed to the director who is asked to please forward the chairperson's copy to them on behalf of GWAAR.</i>	
<b>Aging Unit Self-Assessment Approval Letter sent to Director?</b> _____Yes _____No	
<b>Aging Unit Self-Assessment Approval Letter sent to Committee Chairperson?</b> _____Yes _____No	
<b>Date approval letters sent:</b>	





**SeniorCare Enrollment by County\***

County	Individuals
Adams County	734
Ashland County	506
Barron County	1743
Bayfield County	450
Brown County	2001
Buffalo County	485
Burnett County	556
Calumet County	456
Chippewa County	2034
Clark County	1295
Columbia County	1349
Crawford County	499
Dane County	4514
Dodge County	1377
Door County	681
Douglas County	618
Dunn County	990
Eau Claire County	2164
Florence County	126
Fond Du Lac County	1707
Forest County	412
Grant County	1406
Green County	1289
Green Lake County	258
Iowa County	746
Iron County	185
Jackson County	375
Jefferson County	1371
Juneau County	768
Kenosha County	1286
Kewaunee County	455
La Crosse County	1632
Lafayette County	606
Langlade County	776
Lincoln County	1204
Manitowoc County	1663
Marathon County	3512
Marinette County	1170
Marquette County	385
Milwaukee County	5472
Monroe County	731
Oconto County	681
Oneida County	1208
Outagamie County	1592





County	Individuals
Ozaukee County	1008
Pepin County	362
Pierce County	799
Polk County	1450
Portage County	1073
Price County	605
Racine County	1760
Richland County	845
Rock County	2608
Rusk County	565
Saint Croix County	886
Sauk County	2239
Sawyer County	571
Shawano County	1053
Sheboygan County	1886
Taylor County	1019
Trempealeau County	964
Vernon County	842
Vilas County	1068
Walworth County	1568
Washburn County	769
Washington County	1741
Waukesha County	3502
Waupaca County	1137
Waushara County	812
Winnebago County	1356
Wood County	2166
Menominee County	76

\* This report provides SC enrollment as of January 31, 2015. County assignments are based on the zip code on the recipient's mailing address.

**Please note:** A zip code may cross county boundaries. A United States Postal Service ZIP Code to county reference table was utilized for county assignments in this report.



