GWaar
Greater Wisconsin
Agency on Aging Resources, Inc.

3/30/2015

Earlene Ronk, ADRC Advisory Committee Chair
Aging & Disability Resource Center of Jefferson County
1541 Annex Road
Jefferson, WI 53549

Re: Jefferson County Aging Unit Self-Assessment

I am writing in regard to the 2014 aging unit plan self-assessment you submitted to the Greater Wisconsin Agency on Aging Resources, Inc. Thank you for the information you provided. Your self-assessment is reviewed to gauge the progress of planned outcomes as well as your agency's compliance with the Wisconsin Elders Act.

Compliance with the Wisconsin Elders Act
You have been found to be in compliance with the Wisconsin Elders Act as an aging unit with a full-time aging unit director and a Commission on Aging following the appropriate term limits and composition.

Activities to Help Older People Advocate for Themselves
Thank you for the information you provided regarding local advocacy efforts. As you know, advocacy is required of the Older Americans Act and the Wisconsin Elders Act. Because of that, aging units have a responsibility to advocate for older adults as well as empower them to advocate for themselves.

The Senior Statesmanship program you have offered in the past is a great way to educate and empower older adults in your community. We encourage you to continue to offer this program in 2015 and beyond. There are materials on the GWAAR website about advocacy that may be helpful in planning an event and in your everyday advocacy work. You regularly engage your board and individuals on issues that affect them at the local, state and federal level and it is just as important to engage older adults in your community and help them feel confident in their advocacy endeavors.

As the state budget is finalized and Older Americans Act reauthorization and funding for aging programs is debated, advocacy by the aging network—especially older persons—will play a vital role in what we are able to accomplish for older adults and their caregivers.

Development of a System of Home and Community-Based Services
The projects completed in this category will help shape the services you offer now and in the future. As your work continues on dementia initiatives, we look forward to seeing the results of the dementia referral follow-up and how that will impact how you interact with individuals calling for services. The project focusing on individuals who are bilingual was a great way to improve your service as was ensuring your staff knows about the advocacy avenues of LTC programs. Continue this work to improve quality and processes for efficiency and ease of use by your staff, for your customers.

Older Americans Act Programs
Although you did not meet your goal in 2014 for dining site attendance growth, a 3% increase is commendable. Continue to explore ways of reaching new customers and making changes to reflect the desires of participants.

Alzheimer's Disease

You have done a tremendous amount of work in 2014 on several aspects of service to individuals with dementia and their caregivers. Key partnerships with the Sherriff's department to access their dementia registry and lifesaver program as well as work on crisis response and with local hospitals to study dementia in relation to care transitions and readmission. It is exciting to hear about the opportunity to conduct an in-service for the Emergency Department about interacting with patients with dementia. The successful dementia summit and hiring a Dementia Care Specialist will continue the great progress you have done so far. Congratulations on these successes and leading the way on dementia initiatives.

Emergency Preparedness

Thank you for the work you have done to make emergency preparedness a part of regular agency activity with annual training scheduled each April. You may want to look at the Emergency Preparedness Guide for Aging Units on the GWAAR website for additional ways to incorporate other emergency preparedness information and outreach into agency operations. It was great to see your active involvement in the COOP planning for the county and when the final product is received, we hope you will engage all staff so they know what is in the plan and how to put it into practice.

Evidence-Based Prevention Programming

The use of a contractor to provide evidence-based prevention programs in your county has been successful over the past year and we congratulate you for finding a way to provide these classes in your community.

Family Caregiver Support (NFCSP)

Great job increasing walk-ins by caregivers and number of individuals receiving assistance and respite through outreach about NFCSP funding and Powerful Tools for Caregivers classes. We acknowledge your hard work and diligence in trying to reinvigorate the Caregiver Coalition. You can continue to get assistance from Jane Mahoney to find a type of coalition that will work for your area and with your existing partners in the iTeam and other dementia alliances.

Local Priorities

Your involvement in the transportation discussion continues to be critical moving forward as you know the clients and services needed and receive some of the funding for transportation in your community. We are encouraged that Economic Development has joined the discussion and hope they recognize the importance of your continued involvement.

The Friends in Action Volunteer program and Risk Factors of Abuse and Neglect PowerPoint are great tools. It is through these innovative ideas that your services will change and grow according to the needs of the older adults in your county. Continue to find different ways like these of engaging the community on safety and dementia care and foster the relationships with clinics, hospitals, and other professionals. The persistence and dedication of you, your staff and board is evident in your goal work and the work you do every day. Thank you.

Sincerely,

Carrie Porter

Carrie Porter, OAA Consultant

cc: Sue Torum, Aging & Disability Resource Division Manager

Advocate: State budget negatively impacts persons with disabilities

By Anita J. Martin Special to the Union | Posted: Friday, March 27, 2015 10:18 am

Karen Foxgrover said her life changed dramatically, for the better, once she moved out of her family home to attend the University of Wisconsin-Whitewater. But today, Foxgrover fears her life might take a turn for the worse, and the simple "stroke of a pen" could rewrite her story.

Foxgrover, who lives in her own Madison apartment with her cat, Phoebe, was born with muscular dystrophy. She has been managing her own life since age 18, thanks to a self-directed program in which she is the decisionmaker regarding her activities and care.

Foxgrover also serves on the board of directors for Community Living Alliance in Madison and is a longtime advocate. She discussed the degrees and types of care people need to support their life, emphasizing that sometimes people need more care, and sometimes they need less.

"There's the medical model, the semi-medical model, and then what we call 'self-directed care," she stated. "Everyone's humanness is a continuum of care."

Right now, Foxgrover explained, she does not really need a medical model. Her personal care needs fall into the basic needs functional category, such as help getting in and out of bed, and going to the bathroom.

She described personal care as "a very wide and very deep subject," speaking as an advocate, as well as from firsthand experience.

Foxgrover relies on a wheelchair for mobility, and has a team of 10 personal care workers and 20 volunteers. She does all of the interviewing and hiring of prospective care workers, as well as payroll.

"It's a very small budget, but it does work," she said, stressing the current funding she receives for the month would cover "less than a week in a facility."

A former teacher, Foxgrover has a degree in personnel management, which comes in handy for training new care workers. About 10 years ago, she used her education skills by reaching out to UW-Madison and helping create an internship for students to get credit doing personal care.

Foxgrover said she is anxious about losing services if changes are enacted, and the impact that could have on her health and strength.

"If you're not eating right and sleeping right, your regular life becomes a medical necessity pretty quick," she said.

She spoke about what happens when one's immune system is weakened and a person ends up hospitalized.

"Then if you don't have the support systems in your house, enough or readily available, you can't be released to your home and then you have to be released to a nursing home," she said.

Actuarial tables vs. lives

Foxgrover uses the analogy of building a house on wet cement when she talks about the proposed state budget changes, which would impact those with disabilities and older adults.

"Cement needs to set before you start building," stated Foxgrover. "Right now what they're doing is pouring and building on wet cement; that's what it feels like. If you don't have a stable foundation, you don't have anything."

The proposed changes related to aging and disability programs are complicated, as well as extensive. They include rolling Family Care, which now serves 40,000, and IRIS (the Include, Respect, I Self-Direct program), which provides services to 11,000, into one. It's important to note that the Joint Finance Committee recently voted to expand Family Care to seven more counties over the next two years.

Family Care is a medical model, but it has a self-directed component in some of the more than 50 counties it now serves.

According to the budget proposal, Family Care would be put into the hands of a large, yet-to-be-named insurance company, and that worries Foxgrover.

"It means someone's going to make decisions on paper, through a formula, about real people's lives," she said, adding that they will be based on factors like age and medical conditions or diseases.

Foxgrover, like many others throughout the state, is adamant the current care system is working well, saving money and respecting lives. She said the budget is asking for "a blind validation, without any (clear) idea" of what it would mean for people's daily lives.

Todd Costello, executive director of the Community Living Alliance, said the proposed budget would "create major structural changes to a system people have relied on for years."

He said the proposal at this point lacks sufficient details to ascertain what the actual impact would be.

"If you get rid of the historians of a program …," Foxgrover cautioned, "then you have a lot more work because you have to build it from the ground up."

Input from stakeholders? Foxgrover, as well as Michael Blumfeld and Janet Zander, talked about the proposed budget and what it could mean to people in Wisconsin March 11 on Wisconsin Public Radio.

The budget was drafted in December and January and introduced Feb. 3, said Blumfeld, a spokesman for the Wisconsin Family Care Association. And it was done without any input from the 7,000 stakeholders.

Zander questioned why dramatic changes would be needed when the system has accomplished what it set out to do, namely, keep costs down and folks as independent as possible. She said customer surveys show most people served by the IRIS, Family Care and ADRC (Aging and Disability Resource Center) programs have been happy with the services.

Zander is with the Wisconsin Aging Advocacy Network, a group working with and for older adults to shape public policy to improve their quality of life.

As a result of a successful pilot in Wisconsin in the 1990s, the ADRC program became a national model. ADRCs are consumer-driven and required to have boards representing the people they serve, Zander said.

The proposed budget, according to the Aging and Disability Professionals Association in Wisconsin, eliminates ADRC governing boards and regional advisory committees. It also would permit the state to contract with other organizations to perform "some or all" of the ADRC functions.

Advocates say they worry that if ADRC services get divided up, the resulting pieces would not be as good as the whole — the one-stop shop.

ADRCs work with many folks having difficulty physically getting to an office if the service is not local, they say. If more barriers are there, advocates predict, these individuals might decide to try to do without help and suffer consequences as a result.

Jefferson County has its own, locally run ADRC that provides benefit specialists, memory care programs, etc. Foxgrover said she would like to implore area residents to "contact everyone in the state Legislature" and ask them not to adopt the proposed budget, subsequently changing lives with the stroke of a pen.

WITS Statistical Summary Report for Elder Adults-at-Risk Age 60+
Jefferson County Reporting Year 2014 - As of 03/01/2015

These tables are based on raw, county-level data which may not have been reconciled or edited by DHS. Tables include information from all reports entered by county workers for the noted reporting year through the date printed at the top of this report. Therefore, the numbers and percents in them may not match tables produced from the final, edited year-end dataset DHS uses to produce its annual reports. Please note in any publications using these tables that they contain "preliminary data", and include the date the tables were produced. Pending (incomplete) reports are excluded from all but the first table. In addition, "information only" reports are excluded from all but the first three tables.

Number of Complete, Pending, and Deleted Reports

Type	Number	Percent
Complete	77	100.00%
Pending	0	0.00%
Deleted	0	0.00%
Total	**77**	**100.00%**

Month of Referral

Type	Number	Percent
January	5	6.50%
February	4	5.20%
March	7	9.10%
April	5	6.50%
May	6	7.80%
June	11	14.30%
July	7	9.10%
August	9	11.70%
September	10	13.00%
October	4	5.20%
November	4	5.20%
December	5	6.50%
Total	**77**	**100.00%**

Category: Primary Issue/Reason Identified

Type	Number	Percent
Self-Neglect	28	36.40%
Financial Exploitation	14	18.20%
Neglect by Other(s)	8	10.40%
Emotional Abuse	12	15.60%
Physical Abuse	7	9.10%
Sexual Abuse	1	1.30%
Treatment without Consent	0	0.00%
Unreasonable Confinement or Restraint	0	0.00%
Other	7	9.10%
Total	**77**	**100.00%**

Notes: The title of this field changed in May, 2008. Prior to that date, it was titled "Primary Category for Call". The new title is "Category: Primary Issue Identified During Response".

Number of Incidents Involving Alleged Abuser(s)

Type	Number	Percent
Self-Neglect Only Cases	28	40.00%
Cases with Alleged Abuser(s)	42	60.00%
Total	**70**	**100.00%**

Location of Incident

Type	Number	Percent
Place of employment/day services	1	1.40%
Place of residence	62	88.60%
School	1	1.40%
Transportation	0	0.00%
Other (specify)	6	8.60%
Total	**70**	**100.00%**

Life Threatening Incident

Type	Number	Percent
Yes	4	5.70%
No	64	91.40%
Unknown	2	2.90%
Total	**70**	**100.00%**

Has Individual Died?

Type	Number	Percent
Yes	1	25.00%
No	3	75.00%
Unknown	0	0.00%
Total	**4**	**100.00%**

Notes: Percents represent the share of all life threatening incidents that involve a person who has died.

Deaths Related to Incident

Type	Number	Percent
Yes	0	0.00%
No	1	100.00%
Unknown	0	0.00%
Total	**1**	**100.00%**

Notes: Percents represent the share of all individuals who have died, whose deaths were related to the reported incident.

Deaths Caused by Incident

Type	Number	Percent
Yes	0	0.00%
No	0	0.00%
Unknown	0	0.00%

Total	**0**	**0.00%**

Notes: Percents represent the share of all individuals who have died, whose deaths were caused by the reported incident.

Referral Sources

Type	Number	Percent
ADRC	0	0.00%
Agency (specify)	2	2.90%
Alleged abuser	0	0.00%
Anonymous	1	1.40%
Employer	0	0.00%
Friend/neighbor	7	10.00%
Housing Inspection/Zoning	0	0.00%
Law enforcement	9	12.90%
Medical professional	8	11.40%
Mental health service provider	0	0.00%
Regulatory authority (DHS/DQA)	0	0.00%
Relative	18	25.70%
Residential support provider	1	1.40%
Substance abuse service provider	0	0.00%
Victim	3	4.30%
Vocational/day support provider	0	0.00%
Other provider (specify)	10	14.30%
Other referral source (specify)	11	15.70%
Total	**70**	**100.00%**

Referral Call Received By

Type	Number	Percent
ADRC	6	8.60%
Aging unit	0	0.00%
Animal Control / Humane Society	0	0.00%
Department of Community Programs (51.42/437)	0	0.00%
Developmental Disability Board	0	0.00%

Disability Rights Wisconsin (WI Coalition for Advocacy)	0	0.00%
Housing Inspection/Zoning	0	0.00%
Human services department	60	85.70%
Law enforcement	0	0.00%
Ombudsman (BOALTC)	0	0.00%
Publicized helpline number	0	0.00%
Regulatory authority (DHS/DQA)	0	0.00%
Social services department	0	0.00%
Other (specify)	4	5.70%
Total	**70**	**100.00%**

Initial Response Agency Assigned

Type	Number	Percent
ADRC	0	0.00%
Aging unit	0	0.00%
Animal control/humane society	0	0.00%
BOALTC/Ombudsman	0	0.00%
DQA/Licensing and reg	0	0.00%
Department of Community Programs (51.42/437)	0	0.00%
Developmental Disability Board	0	0.00%
Housing inspection/zoning	0	0.00%
Human services dept	70	100.00%
Law enforcement	0	0.00%
Public health dept	0	0.00%
Social services dept	0	0.00%
WI DOJ	0	0.00%
Other (specify)	0	0.00%
Total	**70**	**100.00%**

Adults-at-Risk Age Group

Type	Number	Percent
60-69	19	27.10%
70-79	21	30.00%

80-89	24	34.30%
90+	6	8.60%
Total	**70**	**100.00%**

Adults-at-Risk Gender

Type	Number	Percent
Male	40	57.10%
Female	30	42.90%
Unknown	0	0.00%
Total	**70**	**100.00%**

Adults-at-Risk Race

Type	Number	Percent
American Indian or Alaska Native	1	1.40%
Asian	0	0.00%
Black or African American	1	1.40%
Native Hawaiian or Other Pacific Islander	0	0.00%
White	54	77.10%
Other	1	1.40%

Notes: Race and Ethnicity are optional fields, so some reports are missing this information. Although data may be incomplete, percents represent the share of all complete reports that showed each race/ethnicity category.

Adults-at-Risk Ethnicity

Type	Number	Percent
Hispanic or Latino	1	1.40%
Hmong	0	0.00%
Neither	57	81.40%
Unknown	0	0.00%

Notes: Race and Ethnicity are optional fields, so some reports are missing this information. Although data may be incomplete, percents represent the share of all complete reports that showed each race/ethnicity category.

Adults-at-Risk Living Arrangement

Type	Number	Percent
Own home/apt. alone	31	44.30%
Own home/apt. with others	28	40.00%
Relative's home	3	4.30%
Friend's home	1	1.40%
Adult family home	0	0.00%
Adult family home (licensed)	0	0.00%
CBRF	3	4.30%
Homeless	0	0.00%
Institution	0	0.00%
Nursing home	2	2.90%
RCAC	0	0.00%
Other (specify)	2	2.90%
Total	**70**	**100.00%**

Adults-at-Risks' Participation in State/County Funded Programs

Type	Number	Percent
Community Support Program	0	0.00%
Comprehensive Community Services	0	0.00%
Family Care	6	8.60%
Home and Community Based Waiver	0	0.00%
Medicaid (Title 19, Card Services)	13	18.60%
Unknown	5	7.10%
Other (Specify)	5	7.10%
None	48	68.60%

Notes: Multiple responses were allowed, so numbers do not add up to 100%. Percents represent the share of all complete reports that showed each response.

Do Adults-at-Risk Have Substitute Decision Makers?

Type	Number	Percent
Yes	25	35.70%
No	37	52.90%
Unknown	8	11.40%
Total	**70**	**100.00%**

Types of Substitute Decision Maker

Type	Number	Percent
Conservator	0	0.00%
Guardian of the Estate	0	0.00%
Guardian of the Person	0	0.00%
Power of Attorney Finances - Activated	18	72.00%
Power of Attorney Finances - Not Activated	3	12.00%
Power of Attorney Health Care - Activated	10	40.00%
Power of Attorney Health Care - Not Activated	15	60.00%
Representative payee	0	0.00%
Temporary Guardian	0	0.00%
Other (specify)	0	0.00%

Notes: Multiple responses were allowed, so numbers do not add up to 100%. Percents represent reports in which each response was used as a share of all complete incident reports in which there was any substitute decision maker.

Adults-at-Risk Characteristics

Type	Number	Percent
Adult-at-Risk financially dependent on Alleged abuser	0	0.00%
Alcohol abuse	6	8.60%
Alleged abuser financially dependent on Adult at Risk	6	8.60%
Alzheimer's or related dementia	19	27.10%
Blind/visually impaired	2	2.90%

Brain injury	1	1.40%
Challenging/dangerous behavior	3	4.30%
Chronic alcoholic	1	1.40%
Communication disorder	3	4.30%
Deaf or hard of hearing	6	8.60%
Developmentally disabled	2	2.90%
Diabetic	12	17.10%
Disoriented/confused	10	14.30%
Drug abuse	0	0.00%
Frail elderly	23	32.90%
Functionally illiterate	0	0.00%
Homebound	10	14.30%
Incontinent	3	4.30%
Limited English proficiency	0	0.00%
Medically fragile	11	15.70%
Mental Illness	4	5.70%
Mobility impaired	22	31.40%
Morbidly obese	1	1.40%
Physically disabled	5	7.10%
Serious and persistent mental illness	1	1.40%
Stroke-related impairments	5	7.10%
Unemployed	2	2.90%
None	2	2.90%
Other medical condition (specify)	12	17.10%
Other physical disability (specify)	0	0.00%
Other (specify)	5	7.10%

Notes: Multiple responses were allowed, so numbers do not add up to 100%. Percents represent the share of all complete reports that showed each response.

Alleged Abuser's Relationship to Adults-at-Risk

Type	Number	Percent
Daughter	4	9.50%
Employer	1	2.40%
Friend/neighbor	5	11.90%

Grandchild	2	4.80%
Parent	0	0.00%
Roommate	0	0.00%
Service provider- home agency staff	0	0.00%
Service provider- facility staff	1	2.40%
Sibling	1	2.40%
Son	9	21.40%
Spouse	6	14.30%
Transportation provider	0	0.00%
Vocational/day service provider	0	0.00%
Unknown	1	2.40%
Other relative (specify)	4	9.50%
Other residential service provider (specify)	0	0.00%
Other (specify)	8	19.00%
Total	**42**	**100.00%**

Notes: Information is provided only for the first alleged abuser listed in each incident report. Multiple abusers are alleged in only 4% of cases. Percents represent reports in which this response was used as a share of all complete incident reports in which abuse was alleged.

Alleged Abuser's Legal Status

Type	Number	Percent
Conservator	0	0.00%
Guardian of the Estate	0	0.00%
Guardian of the Person	0	0.00%
Power of Attorney Finances - Activated	5	11.90%
Power of Attorney Finances - Not Activated	1	2.40%
Power of Attorney Health Care - Activated	4	9.50%
Power of Attorney Health Care - Not Activated	4	9.50%
Representative payee	0	0.00%
Temporary guardian	0	0.00%
None	27	64.30%
Unknown	5	11.90%
Other (specify)	1	2.40%

Notes: Information is provided only for the first alleged abuser listed in each incident report. Multiple responses were allowed, so numbers do not add up to 100%. Percents represent reports in which this response was used as a share of all complete incident reports in which abuse was alleged.

Alleged Abuser's Characteristics

Type	Number	Percent
Adult-at-Risk financially dependent on alleged abuser	2	4.80%
Abuser financially dependent on elder	10	23.80%
Alcohol abuse	0	0.00%
Alzheimer's or related dementia	0	0.00%
Blind/visually impaired	0	0.00%
Brain injury	0	0.00%
Challenging/dangerous behavior	3	7.10%
Chronic alcoholic	0	0.00%
Communication disorder	0	0.00%
Deaf or hard of hearing	0	0.00%
Developmentally disabled	0	0.00%
Diabetic	0	0.00%
Disoriented/confused	0	0.00%
Drug abuse	6	14.30%
Frail elderly	1	2.40%
Functionally illiterate	0	0.00%
Homebound	0	0.00%
Incontinent	0	0.00%
Limited English proficiency	0	0.00%
Medically fragile	0	0.00%
Mental Illness	3	7.10%
Mobility impaired	4	9.50%
Morbidly obese	1	2.40%
Physically disability	1	2.40%
Serious and persistent mental illness	1	2.40%
Stroke-related impairments	0	0.00%
Unemployed	4	9.50%
None	14	33.30%
Other medical condition (specify)	4	9.50%
Other (specify)	9	21.40%

Notes: Information is provided only for the first alleged abuser listed in each incident report. Multiple responses were allowed, so numbers do not add up to 100%. Percents represent reports in which this response was used as a share of all complete incident reports in which abuse was alleged.

Substantiation of Hurt or Harm

Type	Number	Percent
Substantiated	34	48.60%
Unsubstantiated	26	37.10%
Unable to Substantiate	10	14.30%
Total	**70**	**100.00%**

Actions Taken

Type	Number	Percent
Investigation not accepted	1	1.40%
Outreach continues	10	14.30%
Services not needed	9	12.90%
Services offered but not accepted	13	18.60%
Services offered - some accepted	10	14.30%
Services offered - all accepted	4	5.70%
Services needed are not available (specify)	0	0.00%
Response/investigation continues	2	2.90%
Referral to Caregiver Misconduct Registry/DQA	0	0.00%
Referral to law enforcement/Dept. of Justice	11	15.70%
Referral to detoxification services	0	0.00%
Referral to protection/advocacy agencies	0	0.00%
Referral to regulatory authority/DQA	1	1.40%
Referral made to other agency (specify)	17	24.30%
Referral made to state agency	0	0.00%
Guardian referral	4	5.70%
Protective services/placement	1	1.40%
Mental health commitment	0	0.00%
Other legal action (specify)	5	7.10%
Other disposition (specify)	14	20.00%

Notes: Multiple responses were allowed, so numbers do not add up to 100%. Percents represent the share of all complete reports that showed each response.

Services Planned for Adults-at-Risk

Type	Number	Percent
None	5	7.10%
Advocacy/Legal	19	27.10%
Community based aids and services	17	24.30%
Day care services and treatment	3	4.30%
Emergency response services	4	5.70%
Facility based care	13	18.60%
Medical services	6	8.60%
Service coordination	48	68.60%
Substitute Decision-Making	15	21.40%
Transportation	1	1.40%
Victim services	2	2.90%
Other services	8	11.40%

Notes: Multiple responses were allowed, so numbers do not add up to 100%. Percents represent the share of all complete reports that showed each response.

Services Planned for Alleged Abuser(s)

Type	Number	Percent
None	21	50.00%
Advocacy/Legal	3	7.10%
Community based aids and services	4	9.50%
Day care services and treatment	5	11.90%
Emergency response services	0	0.00%
Facility based care	0	0.00%
Medical services	0	0.00%
Service coordination	14	33.30%
Substitute Decision-Making	1	2.40%

Transportation	0	0.00%
Victim services	0	0.00%
Other services	2	4.80%

Notes: Information is provided only for the first alleged abuser listed in each incident report. Multiple responses were allowed, so numbers do not add up to 100%. Percents represent reports in which this response was used as a share of all complete incident reports in which abuse was alleged.

WITS Statistical Summary Report for Adults-at-Risk Age 18-59
Jefferson County Reporting Year 2014 - As of 03/01/2015

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Number of Complete, Pending, and Deleted Reports

Type	Number	Percent
Complete	30	100.00%
Pending	0	0.00%
Deleted	0	0.00%
Total	**30**	**100.00%**

Month of Referral

Type	Number	Percent
January	2	6.70%
February	4	13.30%
March	1	3.30%
April	5	16.70%
May	2	6.70%
June	4	13.30%
July	0	0.00%
August	1	3.30%
September	1	3.30%
October	4	13.30%
November	3	10.00%
December	3	10.00%
Total	**30**	**100.00%**

Category: Primary Issue/Reason Identified

Type	Number	Percent
Self-Neglect	10	33.30%
Financial Exploitation	4	13.30%
Neglect by Other(s)	6	20.00%
Emotional Abuse	1	3.30%
Physical Abuse	5	16.70%
Sexual Abuse	1	3.30%
Treatment without Consent	0	0.00%
Unreasonable Confinement or Restraint	0	0.00%
Other	3	10.00%
Total	**30**	**100.00%**

Notes: The title of this field changed in May, 2008. Prior to that date, it was titled "Primary Category for Call". The new title is "Category: Primary Issue Identified During Response".

Number of Incidents Involving Alleged Abuser(s)

Type	Number	Percent
Self-Neglect Only Cases	10	37.00%
Cases with Alleged Abuser(s)	17	63.00%
Total	**27**	**100.00%**

Location of Incident

Type	Number	Percent
Place of employment/day services	0	0.00%
Place of residence	24	88.90%
School	0	0.00%
Transportation	0	0.00%
Other (specify)	3	11.10%
Total	**27**	**100.00%**

Life Threatening Incident

Type	Number	Percent
Yes	0	0.00%
No	27	100.00%
Unknown	0	0.00%
Total	**27**	**100.00%**

Has Individual Died?

Type	Number	Percent
Yes	0	0.00%
No	0	0.00%
Unknown	0	0.00%
Total	**0**	**0.00%**

Notes: Percents represent the share of all life threatening incidents that involve a person who has died.

Deaths Related to Incident

Type	Number	Percent
Yes	0	0.00%
No	0	0.00%
Unknown	0	0.00%
Total	**0**	**0.00%**

Notes: Percents represent the share of all individuals who have died, whose deaths were related to the reported incident.

Deaths Caused by Incident

Type	Number	Percent
Yes	0	0.00%
No	0	0.00%
Unknown	0	0.00%

Total	**0**	**0.00%**

Notes: Percents represent the share of all individuals who have died, whose deaths were caused by the reported incident.

Referral Sources

Type	Number	Percent
ADRC	1	3.70%
Agency (specify)	1	3.70%
Alleged abuser	0	0.00%
Anonymous	3	11.10%
Employer	0	0.00%
Friend/neighbor	2	7.40%
Housing Inspection/Zoning	0	0.00%
Law enforcement	3	11.10%
Medical professional	1	3.70%
Mental health service provider	2	7.40%
Regulatory authority (DHS/DQA)	0	0.00%
Relative	2	7.40%
Residential support provider	0	0.00%
Substance abuse service provider	0	0.00%
Victim	0	0.00%
Vocational/day support provider	0	0.00%
Other provider (specify)	7	25.90%
Other referral source (specify)	5	18.50%
Total	**27**	**100.00%**

Referral Call Received By

Type	Number	Percent
ADRC	4	14.80%
Aging unit	0	0.00%
Animal Control / Humane Society	0	0.00%
Department of Community Programs (51.42/437)	0	0.00%
Developmental Disability Board	0	0.00%

Disability Rights Wisconsin (WI Coalition for Advocacy)	0	0.00%
Housing Inspection/Zoning	0	0.00%
Human services department	22	81.50%
Law enforcement	0	0.00%
Ombudsman (BOALTC)	0	0.00%
Publicized helpline number	0	0.00%
Regulatory authority (DHS/DQA)	0	0.00%
Social services department	0	0.00%
Other (specify)	1	3.70%
Total	**27**	**100.00%**

Initial Response Agency Assigned

Type	Number	Percent
ADRC	0	0.00%
Aging unit	0	0.00%
Animal control/humane society	0	0.00%
BOALTC/Ombudsman	0	0.00%
DQA/Licensing and reg	0	0.00%
Department of Community Programs (51.42/437)	0	0.00%
Developmental Disability Board	0	0.00%
Housing inspection/zoning	0	0.00%
Human services dept	27	100.00%
Law enforcement	0	0.00%
Public health dept	0	0.00%
Social services dept	0	0.00%
WI DOJ	0	0.00%
Other (specify)	0	0.00%
Total	**27**	**100.00%**

Adults-at-Risk Age Group

Type	Number	Percent
18-29	10	37.00%
30-39	3	11.10%

40-49	5	18.50%
50-59	9	33.30%
Total	**27**	**100.00%**

Adults-at-Risk Gender		
Type	**Number**	**Percent**
Male	18	66.70%
Female	9	33.30%
Unknown	0	0.00%
Total	**27**	**100.00%**

Adults-at-Risk Race		
Type	**Number**	**Percent**
American Indian or Alaska Native	0	0.00%
Asian	0	0.00%
Black or African American	2	7.40%
Native Hawaiian or Other Pacific Islander	0	0.00%
White	24	88.90%
Other	0	0.00%

Notes: Race and Ethnicity are optional fields, so some reports are missing this information. Although data may be incomplete, percents represent the share of all complete reports that showed each race/ethnicity category.

Adults-at-Risk Ethnicity		
Type	**Number**	**Percent**
Hispanic or Latino	1	3.70%
Hmong	0	0.00%
Neither	25	92.60%
Unknown	0	0.00%

Notes: Race and Ethnicity are optional fields, so some reports are missing this information. Although data may be incomplete, percents represent the share of all complete reports that showed each race/ethnicity category.

Adults-at-Risk Living Arrangement

Type	Number	Percent
Own home/apt. alone	10	37.00%
Own home/apt. with others	8	29.60%
Relative's home	0	0.00%
Friend's home	1	3.70%
Adult family home	3	11.10%
Adult family home (licensed)	1	3.70%
CBRF	1	3.70%
Homeless	1	3.70%
Institution	0	0.00%
Nursing home	0	0.00%
RCAC	0	0.00%
Other (specify)	2	7.40%
Total	**27**	**100.00%**

Adults-at-Risks' Participation in State/County Funded Programs

Type	Number	Percent
Community Support Program	1	3.70%
Comprehensive Community Services	1	3.70%
Family Care	10	37.00%
Home and Community Based Waiver	1	3.70%
Medicaid (Title 19, Card Services)	19	70.40%
Unknown	1	3.70%
Other (Specify)	4	14.80%
None	6	22.20%

Notes: Multiple responses were allowed, so numbers do not add up to 100%. Percents represent the share of all complete reports that showed each response.

Do Adults-at-Risk Have Substitute Decision Makers?

Type	Number	Percent
Yes	14	51.90%
No	12	44.40%
Unknown	1	3.70%
Total	**27**	**100.00%**

Types of Substitute Decision Maker

Type	Number	Percent
Conservator	0	0.00%
Guardian of the Estate	10	71.40%
Guardian of the Person	10	71.40%
Power of Attorney Finances - Activated	2	14.30%
Power of Attorney Finances - Not Activated	0	0.00%
Power of Attorney Health Care - Activated	1	7.10%
Power of Attorney Health Care - Not Activated	2	14.30%
Representative payee	1	7.10%
Temporary Guardian	0	0.00%
Other (specify)	0	0.00%

Notes: Multiple responses were allowed, so numbers do not add up to 100%. Percents represent reports in which each response was used as a share of all complete incident reports in which there was any substitute decision maker.

Adults-at-Risk Characteristics

Type	Number	Percent
Adult-at-Risk financially dependent on Alleged abuser	1	3.70%
Alcohol abuse	0	0.00%
Alleged abuser financially dependent on Adult at Risk	0	0.00%
Alzheimer's or related dementia	2	7.40%
Blind/visually impaired	2	7.40%

Brain injury	2	7.40%
Challenging/dangerous behavior	6	22.20%
Chronic alcoholic	1	3.70%
Communication disorder	2	7.40%
Deaf or hard of hearing	2	7.40%
Developmentally disabled	11	40.70%
Diabetic	1	3.70%
Disoriented/confused	1	3.70%
Drug abuse	0	0.00%
Frail elderly	0	0.00%
Functionally illiterate	0	0.00%
Homebound	0	0.00%
Incontinent	1	3.70%
Limited English proficiency	0	0.00%
Medically fragile	3	11.10%
Mental Illness	5	18.50%
Mobility impaired	6	22.20%
Morbidly obese	1	3.70%
Physically disabled	5	18.50%
Serious and persistent mental illness	3	11.10%
Stroke-related impairments	1	3.70%
Unemployed	5	18.50%
None	0	0.00%
Other medical condition (specify)	3	11.10%
Other physical disability (specify)	0	0.00%
Other (specify)	7	25.90%

Notes: Multiple responses were allowed, so numbers do not add up to 100%. Percents represent the share of all complete reports that showed each response.

Alleged Abuser's Relationship to Adults-at-Risk

Type	Number	Percent
Daughter	1	5.90%
Employer	0	0.00%
Friend/neighbor	1	5.90%

Grandchild	0	0.00%
Parent	3	17.60%
Roommate	1	5.90%
Service provider- home agency staff	1	5.90%
Service provider- facility staff	3	17.60%
Sibling	1	5.90%
Son	0	0.00%
Spouse	4	23.50%
Transportation provider	0	0.00%
Vocational/day service provider	0	0.00%
Unknown	0	0.00%
Other relative (specify)	0	0.00%
Other residential service provider (specify)	0	0.00%
Other (specify)	2	11.80%
Total	**17**	**100.00%**

Notes: Information is provided only for the first alleged abuser listed in each incident report. Multiple abusers are alleged in only 4% of cases. Percents represent reports in which this response was used as a share of all complete incident reports in which abuse was alleged.

Alleged Abuser's Legal Status

Type	Number	Percent
Conservator	0	0.00%
Guardian of the Estate	3	17.60%
Guardian of the Person	3	17.60%
Power of Attorney Finances - Activated	1	5.90%
Power of Attorney Finances - Not Activated	1	5.90%
Power of Attorney Health Care - Activated	1	5.90%
Power of Attorney Health Care - Not Activated	2	11.80%
Representative payee	2	11.80%
Temporary guardian	0	0.00%
None	8	47.10%
Unknown	1	5.90%
Other (specify)	0	0.00%

Notes: Information is provided only for the first alleged abuser listed in each incident report. Multiple responses were allowed, so numbers do not add up to 100%. Percents represent reports in which this response was used as a share of all complete incident reports in which abuse was alleged.

Alleged Abuser's Characteristics

Type	Number	Percent
Adult-at-Risk financially dependent on alleged abuser	1	5.90%
Abuser financially dependent on elder	1	5.90%
Alcohol abuse	0	0.00%
Alzheimer's or related dementia	0	0.00%
Blind/visually impaired	0	0.00%
Brain injury	0	0.00%
Challenging/dangerous behavior	0	0.00%
Chronic alcoholic	0	0.00%
Communication disorder	0	0.00%
Deaf or hard of hearing	0	0.00%
Developmentally disabled	1	5.90%
Diabetic	0	0.00%
Disoriented/confused	0	0.00%
Drug abuse	0	0.00%
Frail elderly	0	0.00%
Functionally illiterate	0	0.00%
Homebound	0	0.00%
Incontinent	0	0.00%
Limited English proficiency	0	0.00%
Medically fragile	0	0.00%
Mental Illness	0	0.00%
Mobility impaired	0	0.00%
Morbidly obese	0	0.00%
Physically disability	0	0.00%
Serious and persistent mental illness	0	0.00%
Stroke-related impairments	0	0.00%
Unemployed	0	0.00%
None	11	64.70%
Other medical condition (specify)	2	11.80%
Other (specify)	1	5.90%

Notes: Information is provided only for the first alleged abuser listed in each incident report. Multiple responses were allowed, so numbers do not add up to 100%. Percents represent reports in which this response was used as a share of all complete incident reports in which abuse was alleged.

Substantiation of Hurt or Harm

Type	Number	Percent
Substantiated	14	51.90%
Unsubstantiated	10	37.00%
Unable to Substantiate	3	11.10%
Total	**27**	**100.00%**

Actions Taken

Type	Number	Percent
Investigation not accepted	1	3.70%
Outreach continues	2	7.40%
Services not needed	4	14.80%
Services offered but not accepted	4	14.80%
Services offered - some accepted	2	7.40%
Services offered - all accepted	1	3.70%
Services needed are not available (specify)	0	0.00%
Response/investigation continues	1	3.70%
Referral to Caregiver Misconduct Registry/DQA	2	7.40%
Referral to law enforcement/Dept. of Justice	1	3.70%
Referral to detoxification services	0	0.00%
Referral to protection/advocacy agencies	0	0.00%
Referral to regulatory authority/DQA	1	3.70%
Referral made to other agency (specify)	10	37.00%
Referral made to state agency	0	0.00%
Guardian referral	2	7.40%
Protective services/placement	2	7.40%
Mental health commitment	0	0.00%
Other legal action (specify)	0	0.00%
Other disposition (specify)	8	29.60%

Notes: Multiple responses were allowed, so numbers do not add up to 100%. Percents represent the share of all complete reports that showed each response.

Services Planned for Adults-at-Risk

Type	Number	Percent
None	3	11.10%
Advocacy/Legal	5	18.50%
Community based aids and services	12	44.40%
Day care services and treatment	2	7.40%
Emergency response services	0	0.00%
Facility based care	5	18.50%
Medical services	2	7.40%
Service coordination	26	96.30%
Substitute Decision-Making	4	14.80%
Transportation	0	0.00%
Victim services	1	3.70%
Other services	4	14.80%

Notes: Multiple responses were allowed, so numbers do not add up to 100%. Percents represent the share of all complete reports that showed each response.

Services Planned for Alleged Abuser(s)

Type	Number	Percent
None	8	47.10%
Advocacy/Legal	2	11.80%
Community based aids and services	2	11.80%
Day care services and treatment	1	5.90%
Emergency response services	0	0.00%
Facility based care	1	5.90%
Medical services	0	0.00%
Service coordination	6	35.30%
Substitute Decision-Making	0	0.00%

Transportation	0	0.00%
Victim services	0	0.00%
Other services	2	11.80%

Notes: Information is provided only for the first alleged abuser listed in each incident report. Multiple responses were allowed, so numbers do not add up to 100%. Percents represent reports in which this response was used as a share of all complete incident reports in which abuse was alleged.

AARP
Real Possibilities

Elder Abuse: When Caregiving Goes Wrong

Many families use paid home health aides, but what if things aren't what they seem?

by Rick Schmitt, AARP Bulletin, March 2015

More on Caregiving

- CAREGIVING HOME
- Planning & Resources
- Benefits & Insurance
- Legal & Money Matters
- Care for Yourself
- Providing Care
- Senior Housing
- End of Life Care
- Grief & Loss

When Denise Goodwin was hired to do housework and other chores in the San Diego home of Carolyn and Gerald Rabourn, she was welcomed with open arms. Carolyn, 91, in the final stages of lung cancer, was receiving home hospice care, and Gerald, 88, a lifelong tennis and health buff, was worn out from the daily grind of supporting and aiding his wife.

"He thought she was just wonderful," Bill Mitchell, deputy district attorney in San Diego, says of Gerald Rabourn's feelings for Goodwin. "He pretty much saw her as his angel."

But after Carolyn died, Goodwin didn't just clean house; she started cleaning up. First, she absconded with nearly $600,000 in assets, including the title to the Rabourn home. Once the money was gone, Gerald Rabourn disappeared, too, under mysterious circumstances. Arrested in 2011, Goodwin was preparing to leave for a Mediterranean cruise; she was later charged with Gerald Rabourn's murder.

Wanna talk? Need to vent? Need advice? Chat online with other caregivers in the same situation.

Every day, in millions of homes across the country, legions of home health aides are helping to meet the basic needs of America's older adults — cooking, cleaning and assisting with activities of daily living. Nearly 10 million adults age 65 and older receive care at home or in residential care settings other than nursing homes. That number is projected to skyrocket as the 65-plus population rises from 40 million today to more than 70 million in 2030, according to U.S. Census Bureau figures.

Personal care aides and home-health aides are the nation's second- and third-fastest growing occupations, according to the U.S. Bureau of Labor Statistics. That has not led to higher pay or benefits for workers.

One in 4 home-care workers live in households below the federal poverty line, and a third lack health insurance, according to the Paraprofessional Healthcare Institute, a Bronx, N.Y.-based research and advocacy group. Long hours and low pay — the median wage is $9.61 an hour — contribute to high turnover and inconsistent care.

Next page: The role of the family and a call for solutions. »

The role of the family

While they have their own troubling history of abuse, families remain the bedrock of home care to ailing seniors. AARP estimated in 2009 that more than 42 million family members provide care to an older adult. But there is also a growing care gap, as boomers transition from giving care to needing care themselves. Even among the most devoted families, strains are already developing.

"Other than living there, there is nothing more we could have done," says Carol Ann Mazza. — Ty Cole

The children of 99-year-old Peter Mazza exhausted the inheritance from their father's estate on private home care before turning to the New York Medicaid program. Family members continued to make daily visits to check on him, and even installed video cameras in his Staten Island home. They ended up with a horror show: A video from last April shows their father falling and breaking three ribs while reaching for his walker to go to the bathroom as his home aide watches impassively. Mazza was hospitalized and died two months later in a nursing home. The family has filed suit in the state Supreme Court in Manhattan.

"We were not a family that was not involved. That is the scary thing," says Carol Ann Mazza, who lived 10 minutes away from her father and who checked the video online over coffee as part of her morning routine. "We were involved and we were there every single day. Other than living there, there is nothing more we could have done."

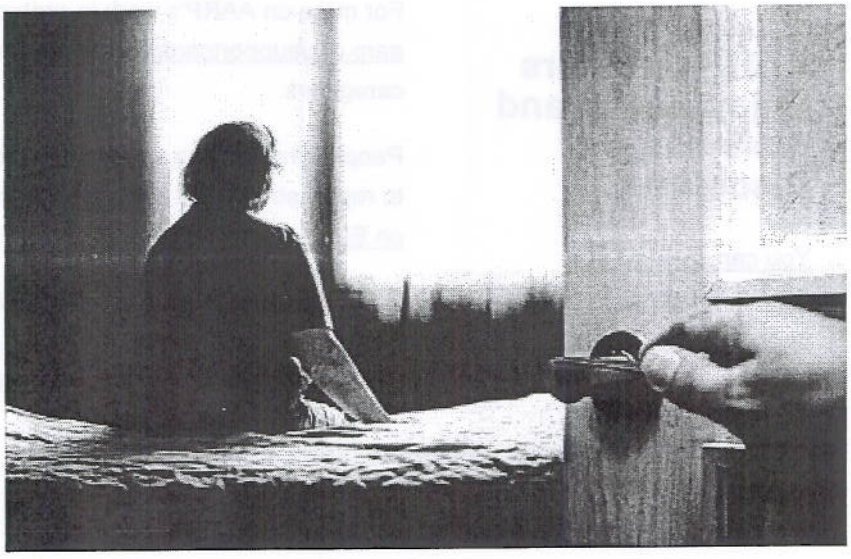
A call for solutions

without a card from her father, a missed ritual that to her was a telltale sign that something was profoundly wrong.

Goodwin was convicted of murder by a San Diego County jury last October. She was sentenced Jan. 30 to life imprisonment without parole. Weaver, a chaplain who ministers to people at assisted living facilities, attended the sentencing and used the occasion to eulogize her father. Weaver was hoping that Goodwin would reveal the location of her father's body so he could be laid to rest, but instead, Goodwin sat emotionless in the courtroom. "She was like a sociopath," Weaver says. "Most people should understand, when you are putting someone in your home, you need to be sure this is who they say they are."

Next page: What to look out for and where to go for help. »

What to look out for and where to go for help



"More than a third of people with dementia suffer psychological or physical abuse at the hands of people providing care." — Illustration by Jesse Lenz

AARP is working on several fronts to help families avoid unwittingly hiring an unqualified aide to help their older loved ones.

"Abuse of older Americans is unconscionable, especially when the crimes are perpetrated by those we count on to care for our loved ones," said Nancy LeaMond, an AARP executive vice president.

"Family members provide the bulk of care to help their older parents, spouses and other loved ones live independently at home, where they want to be," LeaMond said. "Sometimes people need to turn to home health aides for assistance. We have an obligation to ensure those people don't take advantage of the loved one."

AARP staff and volunteers work with state legislatures to:

- **Preserve and strengthen state adult protective services agencies**

Those agencies investigate complaints about abuse, neglect and exploitation of adults who are unable to care for themselves or make decisions due to mental or physical impairment, illness or a crisis in their lives.

In 2014, AARP helped increase or ward off efforts to cut funding for the agencies in five states: Arizona, Ohio, Oregon, Utah and Wyoming.

9. Does the agency provide a supervisor who is responsible for regularly evaluating the quality of home care?

10. Does supervision occur over the telephone, through progress reports or in person at the home of the older adult?

AARP's Caregiving Resource Center offers information on hiring home health aides as well as a tool to help find providers in your area.

Also of Interest

- **Tool: Find the right care for your loved one**
- **10 drugs that may cause memory loss**
- **Looking for a challenge? Try our free online games**

See the AARP home page for deals, savings tips, trivia and more

WE RECOMMEND

ADRC OF JEFFERSON COUNTY

Housekeeping Assistance Program

You have been placed on the waiting list for funding for housekeeping assistance through the ADRC of Jefferson County. This information is being provided to you to help answer any questions that you might have, such as:

What is the Housekeeping Assistance Program? This program provides financial subsidies through the Older American's Act to help pay for basic housekeeping services that are generally needed 2-4 times per month.

Who is Eligible: Person's 60+ who are unable to do housekeeping due to functional limitations.

How do I Apply: Just call the ADRC at 920-674-8734. You will be asked a series of questions including:

- Your name, address & phone number.
- Your gender, ethnicity and date of birth.
- Your household income*
- What activities of daily living you have problems completing.

*Eligibility for a subsidy is **not** based on income or assets. We are required to ask the question for federal reporting purposes only.

How Much do I have to Pay for the Services: A set amount of services will be authorized when funding becomes available. You will be responsible for hours in excess of what is authorized. Individuals receiving a subsidy are encouraged to make a ***voluntary contribution*** to the program if they so choose. Donations are solicited on a quarterly basis.

Who Provides the Services: Arrangements for services are made between the person receiving the subsidy and the provider of their choosing. There are home care agencies across the county, and private housecleaning services. In addition, some people hire people privately. When funding becomes available we will work with you to work out the details.

ADRC

Phone: 920-674-8734
E-mail: adrc@jeffersoncountywi.gov
Address: 1541 Annex Road, Jefferson, WI 53549

Hours: 8:00 a.m.-5:30 p.m. Monday-Friday

wisconsin health literacy

FOR IMMEDIATE RELEASE:
April 6, 2015

Contact: *Susan Torum*
920-674-8136

Free Educational Program on Medication Use

JEFFERSON, **Wis. –** The public is invited to attend ***Let's Talk about Medicines,*** a free one-hour educational program by Wisconsin Health Literacy that seeks to provide participating adults and seniors with the appropriate resources, knowledge and strategies to better understand their medications. By focusing on safe and effective medicine use, individuals in this program will gain more familiarity about their medications, which can lead to better overall health.

Let's Talk about Medicines will take place at the Jefferson Area Senior Center, 859 Collins Road, Jefferson, WI on Thursday, April 23rd at 1:00 p.m. To sign-up and register for the free program, please contact the Senior Center at 920-674-7728 by Tuesday, April 21st.

Throughout the one-hour program, participants will learn a variety of skills and techniques including:

- Understanding the main parts of a prescription medicine label
- How to read and interpret special instructions on the label
- Types of containers and labels for solid and liquid medicines
- Dosage instructions and strategies to remember to take their medicines
- Information about over-the-counter (OTC) medicines and how they may interact with other medicines
- Basic storage techniques and more

Each program participant will receive a free pillbox and workbook, plus the chance to enter into a cash prize drawing at the end of the program.

According to Karen Tyne, RN, with the Aging & Disability Resource Center, ADRC, "a lot of people take different kinds of medication each and every day, and this educational program will help give them the tools they need to more safely and effectively use those medicines."

This project is supported by a grant from Security Health Plan.

For more information or any questions about the program, please contact the ADRC at 920-674-8734.

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About Wisconsin Health Literacy:
Wisconsin Health Literacy (WHL) is a statewide organization raising awareness of the importance of health literacy and fostering better communication between health care consumers and health care providers. WHL is a division of Wisconsin Literacy, Inc., a nonprofit coalition representing a membership of 73 community-based literacy agencies. WHL provides health literacy services including awareness building, consultation and assessment, education and training, plain language review, advocacy and health literacy projects.
This year WHL will host the 2015 Health Literacy Summit at Monona Terrace in Madison, Wisconsin on April 14-15. For more information the Summit, please visit the event's webpage: www.bit.ly/hlsummit