

Human Services Board Agenda - Jefferson County
Jefferson County Courthouse, 311 S Center Ave, Room 205
Jefferson, WI 53549

Date: Tuesday, September 14, 2021 **Time:** 8:30 a.m.

Topic: Human Services Board Meeting

Join Zoom Meeting

<https://zoom.us/j/94280034464?pwd=dkZGanZ1TFNNTV1MOQlhpVGpzS2JnZz09>

Meeting ID: 942 8003 4464

Passcode: 750434

One tap mobile

+13126266799,94280034464# US (Chicago)

Committee Members:

Jones, Dick (Chair)

Wineke, Michael

Kutz, Russell (Vice Chair)

Lund, Kirk

Nsibirwa, Sira

Racanelli, Gino

1. Call to Order
2. Roll Call (Establish a Quorum)
3. Certification of Compliance with the Open Meetings Law
4. Approval of the September 14, 2021 Agenda
5. Public Comment (Members of the public who wish to address the Board on specific agenda items must register their request at this time.)
6. Approval of August 10, 2021 Board Minutes
7. Communications
8. Discussion and Possible Action on electing a new Secretary
9. Review of the July 2021 Financial Statement
10. Discuss and Approve August 2021 Vouchers
11. Division Updates: Behavioral Health, Administration, Economic Support, Aging & Disability Resource Center, and Child and Family
12. Discussion and Possible Action on Recruiting for a Psychiatric Nurse Prescriber Position
13. Discussion and Possible Action on Aging Plan
14. Discussion and Possible Action on New 2021 Professional Service Contract (*CSP Training and Consulting, and Peer Support and Outreach*)
15. Discussion and Possible Approval of Budget updates
16. Discuss Potential Agenda Items for the October Board Meeting
17. Director's Report
18. Adjourn

Next Scheduled Meetings:

Tuesday, September 14, 2021, at 8:30 a.m.

Tuesday, October 12, 2021, at 8:30 a.m.

A Quorum of any Jefferson County Committee, Board, Commission, or other body, including the Jefferson County Board of Supervisors, may be present at this meeting.

Special Needs Request - Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator 24 hours before the meeting at 920-674-7101 so appropriate arrangements can be made.

JEFFERSON COUNTY HUMAN SERVICES
Board Minutes
August 10, 2021

Board Members Present in Person: Richard Jones, Russell Kutz, Michael Wineke, and Gino Racanelli

Board Members Present via Zoom: Jim Schultz, Kirk Lund, and Sira Nsibirwa

Others Present: Director Kathi Cauley; Deputy Director Brent Ruehlow; Administrative Services Division Manager Brian Bellford; Economic Support Division Manager; Jessica Schultze; Aging & Disability Resource Division Manager ReBecca Schmidt; County Administrator Ben Wehmeier and Officer Manager Kelly Witucki

1. CALL TO ORDER

Mr. Jones called the meeting to order at 8:30 a.m.

2. ROLL CALL/ESTABLISHMENT OF QUORUM

All present /Quorum established.

3. CERTIFICATION OF COMPLIANCE WITH THE OPEN MEETINGS LAW

Ms. Cauley certified that we are in compliance.

4. REVIEW OF THE AUGUST 10, 2021, AGENDA

No changes

5. PUBLIC COMMENTS

No comments

6. APPROVAL OF THE JULY 13, 2021, BOARD MINUTES

Mr. Wineke made a motion to approve the July 13, 2021, board minutes.

Mr. Lund seconded.

Motion passed unanimously.

7. COMMUNICATIONS

No communications

8. REVIEW OF JUNE 2021 FINANCIAL STATEMENT

Mr. Bellford reviewed the June 2021 financial statement (attached) and reported that there is a projected positive year-end fund balance of \$1,622,017. This balance includes \$650,000 from our reserve carryover, but excludes any prepaid adjustments, leaving \$972,017 in unreserved fund balance.

9. REVIEW AND APPROVE JULY 2021 VOUCHERS

Mr. Bellford reviewed the July 2021 summary sheet of vouchers totaling \$457,487.81 (attached).

Mr. Lund made a motion to approve the July 2021 vouchers totaling \$457,487.81.

Mr. Nsibirwa seconded.

Motion passed unanimously.

10. **DIVISION UPDATES: CHILD AND FAMILY, BEHAVIORAL HEALTH, ADMINISTRATION, ECONOMIC SUPPORT, AND AGING & DISABILITY RESOURCE CENTER**

Child & Family:

Mr. Ruehlow reported on the following items:

- **Key Outcome Indicators** for most teams are being met. One key outcome indicator is in the Youth Justice area. We try to keep our children with relatives or like-kin. We have had around 70% of children in relative or like-kin placements. We are currently below that percentage due to the increase in youth going to residential treatment and Group homes level.
- We received notification from DHS that as of August 1st we will no longer have a CLTS waitlist. If a child is eligible for services in the CLTS program they must be enrolled in the program within 30 days. DHS will be holding a teleconference on August 19th regarding more information on this.
- We applied and received the Department of Justice Governor's Commission Grant. The grant allowed us to implement Restorative Circles to decrease the referrals of youth to the Youth Justice System. Three of our largest school districts which include Watertown, Fort Atkinson, and Jefferson have gone through the training and have expressed what a valuable training it was. Additionally, Watertown School district and Watertown Police Department are doing some innovative outreach with our diversion staff, such as basketball every week with our at risk youth and staff from both entities.
- Our Intake Department received a letter from the Department of Children and Families indicating that Jefferson County is 1 of 5 counties in the state of Wisconsin that is continuously hitting the 95% or above mark in making timely face-to-face contacts. Additionally, we are hitting over 95% on the timeliness of our completed initial assessments. We are 1 of 20 counties that hit this percentage regularly. We were able to spend some time with DCF and provide them with the materials to show our culture here in Jefferson County as they want to replicat this across the state.

Behavioral Health:

Ms. Cauley reported on the following items:

- Our key outcome indicators are being met.
- Last year at this time we had 9,826 EMH services. We are at 9,904 contacts through July. For the entire year in 2017, we had 9,804.
- We have had 21 emergency detentions in July. For the year we have had 92. We continue to divert people to voluntary services. Our diversion rate is 76%.
- DHS has created workgroups and contacted us to ask about our procedures on how we manage to divert people and the training that we provide to our staff.
- Open Access is growing from 1-3 people per day to now, at times, 7-8 people a day. We have met with Directions who have two in-house prescribers along with Family Resources to help people access the most local services.
- The Clinic is in the process of setting up seven branch offices in the school districts of Jefferson County. The Mental Health School Psychotherapists will be helping to implement the DBT-Steps A curriculum in the schools to help train staff on those skills.
- Comprehensive Community Program is currently recruiting for their vacant positions.

- Our Community Support Program has been chosen to be a training site for Assertive Community Treatment. This treatment provides multidisciplinary, flexible treatment and support to people with mental illness.
- In the fall we will be holding another Crisis Intervention Training for Law Enforcement.
- Our Community Recovery Services had an outstanding review.

Administration:

Mr. Bellford reported on the following items:

- The WIMCR report for 2020 was submitted at the end of July.
- Capital update:
 - Workforce roofing project and water main replacement is scheduled to be completed.
 - Water filling stations are half done.
 - Other capital projects for 2021 have been completed.
- Mr. Bellford thanked the board for the flexibility offered to allow staff to continue telecommuting due to the lack of space at the agency.
- Mileage costs have decreased. In January of 2020, we were at \$13,900; in February of 2020 we were at \$15,600. For 2021 we have been around \$7,000 each month, and half of that is typically for the volunteer drivers in the Transportation Program.
- The budget will be presented in today's meeting.

Economic Support:

Ms. Schultze reported on the following items:

- Our key outcome indicators are being met.
 - We are supposed to process applications timely within 30 days. Of the 310 applications received, we processed 309 timely.
 - The Call Center must answer calls timely 95% of the time. We are at 99.4% currently. We have received 1,571 calls in July.
- We recently had our Food Share Management Review. We were told that Jefferson County was the only consortium in the state of Wisconsin to exceed the expectations in every category.

ADRC:

Ms. Schmidt reported on the following items:

- All of the Aging and ADRC Key Outcome Indicators are being met.
 - ADRC will be losing one of the I&A workers at the end of the month.
 - In 2020 the ADRC enrolled 88 people into LTC programs between January and July.
 - In 2021 the ADRC has enrolled 131 people into LTC programs at the same time.
 - Dementia Care Specialist completed 14 memory screens in July, there are book clubs and memory café's happening across the county. Working with local businesses to become trained as Dementia Friendly Businesses.
- Aging Programs
 - The nutrition program served over 3500 meals in July. Working on installing two new dishwashers in two of our meal sites in preparation for congregate meals to resume.
 - The transportation program is finishing a grant for 2 new w/c accessible vans.
 - 3-year Aging plan update: we had 706 responses to the community engagement efforts this year.

- The top 3 areas of need identified were communication about what is happening in the county, transportation, isolation, and loneliness.
- The next step is to develop draft goals for the plan and submit them to GWAAR for feedback. Once goals are approved through GWAAR, public hearings are held for feedback and the final draft is run through the HS board for approval.
- Ms. Schmidt will be presenting the final draft of the plan at the September HS board meeting.

11. DISCUSSION AND POSSIBLE ACTION ON NEW 2021 PROFESSIONAL SERVICE CONTRACTS (INPATIENT SERVICES)

Ms. Cauley reported that we have one new service provider. (attached)
 Mr. Jones made a motion to approve the contract as listed.
 Mr. Wineke seconded.
 Motion passed unanimously.

12. DISCUSSION AND POSSIBLE ACTION ON 2022 BUDGET PRESENTATION

Ms. Cauley reviewed the budget and commended Mr. Bellford on all of his work.
 Mr. Wineke made a motion to approve the Human Services budget, as presented with changes to decrease computer costs and increase revenue for the Mental Health Block Grant and the Substance Abuse Block Grant to bring the Human Services budget in line with the target tax levy goal.
 Mr. Nsibirwa seconded.
 Motion passed unanimously.

13. DISCUSS POTENTIAL AGENDA ITEMS FOR SEPTEMBER BOARD MEETING

- 2022 Aging Plan
- Presentation on the nutrition programs

14. DIRECTOR'S REPORT

Ms. Cauley reported on the following items:

- Ms. Cauley and Mr. Ruehlow have been working with other counties to find ways to help our youth with complex needs who have been going out of state for treatment. They have been having regular meetings with the state department and have been assigned someone from the Governor's office.
- Thanked our County Administrator, Ben Wehmeier, and the board for supporting the purchase of the triplexes to help with the housing issues.
- Thanked everyone for their support with the telecommuting policy.

15. ADJOURN

Mr. Lund made a motion to adjourn the meeting.
 Mr. Wineke seconded.
 Motion passed unanimously.
 Meeting adjourned at 10:17 a.m.

Respectfully submitted by Kelly Witucki

NEXT BOARD MEETING

Tuesday, September 14, 2021, at 8:30 a.m.
Jefferson County Courthouse County Board Room 205
311 S Center Ave, Jefferson, WI 53549

DRAFT

Financial Statement Summary

July, 2021

We are projecting a positive year-end fund balance of \$1,534,878. This balance includes \$650,000 from our reserve carryover, but excludes any prepaid adjustments, leaving \$884,878 in unreserved fund balance.

Summary of Variances:

Revenue: Overall, revenues are projected to be unfavorable by \$4,748, which is very close to last month's projection.

- CCS revenues are projected to be under budget by \$131,786. CCS salary and fringe expenses are projected to be underbudget by \$290,843. Because of unfilled positions, we are projecting less revenue from MA. As positions are filled, expenses and revenue will increase.
- WIMCR projections are \$412,500 at this point, which is a little more than half the budget.
- Revenue from the Congregate Sites for provided meals is \$150,811 under budget. This revenue is from both GWAAR and participant donations. The sites have been closed since March 2020, so no revenue is being claimed. We anticipate being able to use unspent Site revenue for Home Delivered Meals. As such, Delivered Meals revenue is projected to be over budget by \$112,484. Congregate Sites should be opened yet this year.
- CLTS revenue is projected to be over budget by \$166,956, which is consistent with our expenditures at this point.
- IM and W2 program revenue is projected to be over budget by \$159,882. We are projecting more IM revenue from the consortium, as well RMS and enhanced funding. This is due to increased expenditures in the program, as we have overlap with positions and additional management.

Expenditures: Overall, expenses are projected to be favorable by \$1,539,625. The favorable projection in 2021, along with comparative 2020 balances, is due to the following:

Program	2021 Projected Balance	2020 Balance
Salary and Fringe	Favorable \$464,774	Favorable \$1,078,314
Child Alternate Care	Favorable \$641,112	Favorable \$923,343
Hospitals & Detox	Unfavorable \$379,523	Favorable \$308,135
CLTS	Unfavorable \$95,300	Unfavorable \$375,856
Operating Reserve	Favorable \$650,000	Favorable \$650,000
Community Care	Favorable \$284,246	Unfavorable \$3,903
Home Delivered Meals	Unfavorable \$233,084	Unfavorable \$104,740
Adult Alt. Care and CRS	Favorable \$143,565	Favorable \$82,906

- **Salary expenses are projected to be under budget by \$174,420:** This is because of numerous vacant or unfilled positions, most of which are in CCS, the Clinic, and Management/Overhead.
- **Fringes and benefit expenses are projected to be under budget by \$290,354:** This corresponds with the salary expenses, but it can still be volatile.
- **Children Alternate Care expenses are projected to be under budget by \$641,112:** This projection includes Shelter and Detention costs, and also assumes revenue offsets for kinship care. We did decrease our alternate care budget in 2021 to \$1,959,575 from \$2,237,330. Our projected expenses still show big favorable variances in foster care and RCC's. We did start paying more RCC costs recently, and our projection reflects that.
- **Hospital/Detox is projected to be unfavorable by \$435,432 (Net basis):**

	Budget	Actual	Projection
Revenue	\$415,000	\$209,470	\$359,091
Expenditures	\$1,195,000	\$853,971	\$1,574,523
Net	\$(780,000)	\$(644,501)	\$(1,215,432)

We ended 2020 with a net balance of \$(575,157) compared to \$(912,372) in 2019.

The July 2021 State Institute bill was \$123,334. The June bill was \$53,016.

- **CLTS expenses are projected to be over budget by \$95,300:** This includes direct services and staff costs. We anticipated more staff costs in our projections because of new positions starting still this year.
- **Operating Reserve:** We are projecting a year-end balance of \$650,000 in the operating reserve this year.
- **Community Care costs are projected to be under budget by \$284,286,** because we increased our budget for client housing in the HOPE program. Additionally, we have seen a reduction in the need for CBRF costs. Finally, AODA residential costs have decreased, as well, because we have Opioid funding to offset them, as well as the change in the MA substance abuse rules.
- **HDM Nutrition Expenses are projected to be over budget by \$233,084.** This projection includes meal cost, staff salaries, and other program expenses. Because of the pandemic, the meals sites are closed and we have seen a significant increase in delivered meals. This is offset, in part, by Congregate Meals, which are projected to under budget by \$150,594.
- **Adult Alternate Care and CRS costs are projected to be under budget by \$166,800.** While we have seen the reduced need for certain types of placements, as more people have been able to live independently or in lower cost settings, we anticipate these costs to rise.

BEHAVIOR HEALTH DIVISION: Projected favorable balance of \$129,751. We expect MA and insurance billing to continue to be strong, and we have seen reduced AODA residential costs. However, hospitalization costs have increased this year. Additionally, it seems like WIMCR revenue will be down.

CHILDREN & FAMILY DIVISION: Projected favorable balance of \$934,113, because of reduced alternate care costs and increased waiver revenue.

ECONOMIC SUPPORT DIVISION: Projected favorable balance of \$23,401. We did use carryover funding to help offset multiple supervisor and manager positions during the year, which has increased our revenue and expenses in this area. Other programs are consistent with budgets and projections.

AGING & ADRC DIVISION: Projected unfavorable balance of \$252,178, because of increased costs in the Home Delivered Meals program and more salary/fringe in Elder Abuse than in EMH.

ADMINISTRATIVE DIVISION: Projected favorable balance of \$49,791, because of reduced salary and wage costs. This has been offset, in part, by COVID costs.

OPERATING RESERVE: Projected favorable balance of \$650,000.

Statements are unaudited.

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT
STATEMENT OF REVENUES & EXPENDITURES
 Projection based on July 2021 - Financial Statements

SUMMARY

	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2020 Budget	Year End Variance
Federal/State Operating Revenues	6,188,289	5,564,831	11,753,120	18,548,840	10,806,840	18,530,209	18,534,956	(4,748)
County Funding for Operations (tax levy & transfer in)	5,208,770	0	5,208,770	9,232,513	5,267,537	9,030,063	9,030,063	0
Total Resources Available	11,397,060	5,564,831	16,961,891	27,781,352	16,074,376	27,560,271	27,565,019	(4,748)
Total Adjusted Expenditures	14,199,458	1,752,292	15,951,751	25,202,658	16,559,764	27,218,596	28,758,221	1,539,625
OPERATING SURPLUS (DEFICIT)	(2,802,399)	3,812,539	1,010,140	2,578,695	(485,388)	341,676	(1,193,202)	1,534,878
Balance Forward from 2020-Balance Sheet Operating Reserve	1,193,202		1,193,202	1,166,829		1,193,202	1,193,202	0
NET SURPLUS (DEFICIT)	(1,609,197)	3,812,539	2,203,342	3,745,524	(485,388)	1,534,878	0	1,534,878

REVENUES

STATE & FEDERAL FUNDING

MH & AODA Basic County Allocation	422,669	716,487	1,139,156	1,952,838	1,141,320	1,952,838	1,956,549	(3,711)
Children's Basic County Allocation	343,450	457,933	801,383	1,352,038	788,689	1,373,800	1,352,038	21,762
Family Care County Contribution	0	0	0	0	0	0	0	0
Children's L/T Support Waivers	126,999	1,230,876	1,357,875	1,587,253	852,860	1,629,002	1,462,046	166,956
Behavioral Health Programs	123,624	82,150	205,774	534,037	268,623	375,903	460,497	(84,593)
Community Options Program	81,048	46,188	127,236	218,118	127,236	218,118	218,118	0
Aging & Disability Res Center	336,200	254,766	590,966	975,990	588,895	1,013,084	1,009,535	3,549
Aging/Transportation Programs	477,828	76,854	554,682	984,135	544,950	873,799	934,199	(60,400)
Project YES!	0	0	0	0	0	0	0	0
Youth Aids	409,641	28,279	437,920	727,749	404,171	698,098	692,864	5,234
IV-E Legal and Legal Rep	28,963	13,803	42,766	52,398	43,687	73,312	74,892	(1,580)
Family Support Program	0	0	0	0	0	0	0	0
Children & Families	207,897	73,585	281,481	267,823	177,755	341,640	304,723	36,917
ARRA Birth to Three	0	0	0	0	0	0	0	0
I.M. & W-2 Programs	489,574	949,496	1,439,071	1,665,257	940,521	1,772,203	1,612,321	159,882
Client Assistance Payments	136,394	43,327	179,721	313,139	171,298	308,094	293,653	14,440
Early Intervention	180,967	(68,533)	112,434	193,143	112,174	190,042	201,243	(11,201)
Total State & Federal Funding	3,365,255	3,905,210	7,270,464	10,823,919	6,162,178	10,819,933	10,572,679	258,456

COLLECTIONS & OTHER REVENUE

Provided Services	1,739,876	1,535,309	3,275,185	5,702,351	3,445,044	5,660,413	5,905,789	(245,376)
Child Alternate Care	107,290	0	107,290	172,386	99,167	183,926	170,000	13,926
Adult Alternate Care	120,206	0	120,206	203,653	116,667	206,067	200,000	6,067
Children's L/T Support	340,185	96,242	436,427	609,486	445,361	748,161	763,476	(15,315)
1915i Program	13,129	30,197	43,326	244,922	88,667	150,300	152,000	(1,700)
Donations	84,040	0	84,040	115,377	51,977	134,729	89,103	45,626
Cost Reimbursements	94,332	(2,127)	92,205	147,730	88,248	156,791	151,282	5,509

Other Revenues
Total Collections & Other

TOTAL REVENUES

EXPENDITURES

WAGES

Behavioral Health
 Children's & Families
 Community Support
 Comp Comm Services
 Economic Support
 Aging & Disability Res Center
 Aging/Transportation Programs
 Childrens L/T Support
 Early Intervention
 Management/Overhead
 Lueder Haus
 Safe & Stable Families
 Supported Emplmt

Total Wages

FRINGE BENEFITS

Social Security
 Retirement
 Health Insurance
 Other Fringe Benefits

Total Fringe Benefits

OPERATING COSTS

Staff Training
 Space Costs
 Supplies & Services
 Program Expenses
 Employee Travel
 Staff Psychiatrists & Nurse
 Birth to 3 Program Costs
 Busy Bees Preschool
 ARRA Birth to Three
 Opp. Inc. Payroll Services
 Other Operating Costs
 Year End Allocations
 Capital Outlay

Total Operating Costs

	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2020 Budget	Year End Variance
Other Revenues	323,977	0	323,977	529,015	309,532	469,889	530,626	(60,737)
Total Collections & Other	2,823,035	1,659,621	4,482,656	7,724,920	4,644,662	7,710,275	7,962,277	(252,002)
TOTAL REVENUES	6,188,289	5,564,831	11,753,120	18,548,840	10,806,840	18,530,209	18,534,956	6,454
<u>WAGES</u>								
Behavioral Health	1,145,639	25,000	1,170,639	1,999,987	1,237,688	2,008,169	2,182,117	(173,948)
Children's & Families	1,181,766	25,000	1,206,766	1,917,169	1,141,329	2,068,741	2,060,264	8,478
Community Support	582,491	15,000	597,491	1,031,577	613,961	1,024,270	1,052,505	(28,236)
Comp Comm Services	1,007,607	35,000	1,042,607	1,678,080	1,094,974	1,787,327	1,971,172	(183,846)
Economic Support	895,669	0	895,669	1,318,891	787,728	1,535,432	1,350,392	185,040
Aging & Disability Res Center	331,960	0	331,960	516,084	317,058	569,074	543,529	25,545
Aging/Transportation Programs	312,707	0	312,707	497,258	266,623	536,069	457,068	79,001
Childrens L/T Support	326,459	40,000	366,459	450,666	313,077	628,216	537,744	90,471
Early Intervention	186,899	0	186,899	304,666	194,752	320,398	333,860	(13,462)
Management/Overhead	635,759	0	635,759	1,080,682	756,509	1,089,872	1,296,872	(207,000)
Lueder Haus	170,729	5,000	175,729	316,116	189,752	326,250	325,289	962
Safe & Stable Families	41,911	0	41,911	71,711	17,077	71,848	29,275	42,573
Supported Emplmt	0	0	0	0	0	0	0	0
Total Wages	6,819,595	145,000	6,964,595	11,182,887	6,930,528	11,965,666	12,140,086	(174,420)
<u>FRINGE BENEFITS</u>								
Social Security	501,584	0	501,584	819,500	519,992	859,858	891,414	(31,556)
Retirement	434,026	0	434,026	734,053	462,050	744,045	792,086	(48,041)
Health Insurance	1,453,268	10,000	1,463,268	2,314,518	1,543,422	2,508,460	2,645,867	(137,407)
Other Fringe Benefits	148,247	0	148,247	317,455	135,430	214,503	287,853	(73,350)
Total Fringe Benefits	2,537,126	10,000	2,547,126	4,185,525	2,660,894	4,326,866	4,617,220	(290,354)
<u>OPERATING COSTS</u>								
Staff Training	69,655	0	69,655	35,792	84,019	114,191	150,091	(35,900)
Space Costs	183,184	0	183,184	427,163	173,025	314,030	296,614	17,416
Supplies & Services	919,257	18,610	937,867	1,164,821	803,941	1,592,564	1,380,334	212,230
Program Expenses	215,207	0	215,207	330,533	150,055	378,603	257,238	121,365
Employee Travel	27,596	0	27,596	57,769	63,564	47,307	112,366	(65,059)
Staff Psychiatrists & Nurse	241,161	0	241,161	416,068	236,679	413,419	405,736	7,683
Birth to 3 Program Costs	124,879	15,000	139,879	175,301	146,067	239,792	250,400	(10,608)
Busy Bees Preschool	272	0	272	863	642	466	1,100	(634)
ARRA Birth to Three	0	0	0	0	0	0	0	0
Opp. Inc. Payroll Services	0	0	0	0	0	0	0	0
Other Operating Costs	95,165	0	95,165	196,346	11,230	119,763	19,252	100,511
Year End Allocations	(59,807)	(17,935)	(77,742)	(111,284)	(35,486)	(184,279)	(17,258)	(167,021)
Capital Outlay	127,040	0	127,040	202,145	200,833	358,643	344,285	14,358
Total Operating Costs	1,943,609	15,675	1,959,284	2,895,516	1,834,568	3,394,500	3,200,159	194,341

	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2020 Budget	Year End Variance
<u>BOARD MEMBERS</u>								
Per Diems	2,035	0	2,035	3,960	963	3,489	1,650	1,839
Travel	0	0	0	96	144	0	246	(246)
Training	0	0	0	0	0	0	0	0
Aging Committee	0	0	0	0	0	0	0	0
Total Board Members	2,035	0	2,035	4,056	1,106	3,489	1,896	1,593
<u>CLIENT ASSISTANCE</u>								
W-2 Benefit Payments	0	0	0	0	0	0	0	0
Donation Expenses	2,378	0	2,378	11,217	17,621	4,076	30,207	(26,131)
Medical Asst. Transportation	0	0	0	0	0	0	0	0
Energy Assistance	70,947	0	70,947	124,654	72,290	121,624	123,925	(2,302)
Kinship & Other Client Assistance	77,849	0	77,849	125,903	68,383	133,455	117,228	16,227
Total Client Assistance	151,174	0	151,174	261,774	158,294	259,155	271,360	(12,206)
<u>MEDICAL ASSISTANCE WAIVERS</u>								
Childrens LTS	115,408	1,074,797	1,190,205	1,530,098	910,265	1,565,282	1,560,454	4,828
Total Medical Assistance Waivers	115,408	1,074,797	1,190,205	1,530,098	910,265	1,565,282	1,560,454	4,828
<u>COMMUNITY CARE</u>								
Supportive Home Care	13,830	0	13,830	42,659	23,909	23,708	40,986	(17,278)
Guardianship Services	55,622	0	55,622	50,854	39,340	95,352	67,440	27,912
People Ag. Domestic Abuse	9,996	0	9,996	0	23,333	20,000	40,000	(20,000)
Family Support	0	0	0	0	0	0	0	0
Transportation Services	23,918	0	23,918	52,625	28,000	41,003	48,000	(6,997)
Opp. Inc. Delinquency Programs	0	0	0	0	0	0	0	0
Opp. Inc. Independent Living	0	0	0	0	0	0	0	0
Other Community Care	248,633	114,904	363,538	799,515	510,140	576,762	874,525	(297,763)
Elderly Nutrition - Congregate	7,735	0	7,735	11,161	37,505	7,735	64,294	(56,558)
Elderly Nutrition - Home Delivered	149,628	0	149,628	188,251	87,210	242,142	149,504	92,639
Elderly Nutrition - Other Costs	0	0	0	3,373	3,617	0	6,200	(6,200)
Total Community Care	509,362	114,904	624,267	1,148,438	753,053	1,006,702	1,290,948	(284,246)
<u>CHILD ALTERNATE CARE</u>								
Foster Care & Treatment Foster	307,503	0	307,503	709,036	519,167	560,496	890,000	(329,504)
Intensive Comm Prog	0	0	0	0	0	0	0	0
Group Home & Placing Agency	144,701	0	144,701	193,060	169,167	243,544	290,000	(46,456)
L.S.S. Child Welfare	0	0	0	0	0	0	0	0
Child Caring Institutions	106,270	0	106,270	221,639	320,833	331,270	550,000	(218,730)
Detention Centers	11,250	0	11,250	18,050	46,667	19,286	80,000	(60,714)
Correctional Facilities	0	0	0	0	0	0	0	0
Shelter & Other Care	85,219	10,370	95,589	172,202	87,252	163,867	149,575	14,292
Total Child Alternate Care	654,943	10,370	665,313	1,313,987	1,143,085	1,318,463	1,959,575	(641,112)
<u>HOSPITALS</u>								

	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2020 Budget	Year End Variance
Detoxification Services	14,214	1,643	15,857	35,287	26,250	27,184	45,000	(17,816)
Mental Health Institutes	838,114	0	838,114	927,802	670,833	1,547,339	1,150,000	397,339
Other Inpatient Care	0	0	0	0	0	0	0	0
Total Hospitals	852,328	1,643	853,971	963,089	697,083	1,574,523	1,195,000	379,523
HS RESERVE FUND								
Operating Reserve	0	0	0	0	379,167	0	650,000	(650,000)
OTHER CONTRACTED								
Adult Alternate Care (Non-MAW)	73,324	704	74,028	176,664	109,340	146,608	187,440	(40,832)
Family Care County Contribution	0	364,640	364,640	625,097	364,640	625,097	625,097	0
AODA Halfway Houses	0	0	0	0	0	0	0	0
1915i Program	163,621	9,841	173,462	345,559	228,083	288,267	391,000	(102,733)
IV-E TPR	135,440	0	135,440	173,727	135,662	232,183	232,563	(380)
Emergency Mental Health	4,539	0	4,539	2,590	1,167	4,539	2,000	2,539
Work/Day Programs	0	0	0	0	0	0	0	0
Ancillary Medical Costs	139,635	4,719	144,353	230,301	161,956	315,422	277,638	37,784
Miscellaneous Services	97,319	0	97,319	161,306	90,180	191,833	154,595	37,238
Prior Year Costs	0	0	0	400	0	0	0	0
Clearview Commission	0	0	0	1,643	693	0	1,188	(1,188)
Total Other Contracted	613,878	379,903	993,781	1,717,287	1,091,721	1,803,949	1,871,522	(67,573)
TOTAL EXPENDITURES	14,199,458	1,752,292	15,951,751	25,202,658	16,559,764	27,218,596	28,758,221	(1,539,625)

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program Projection based on July 2021 Revenue & Expenditures Financial Statement

Summary Sheet

() Unfavorable

Program	Annual Projection			Budget			Variance
	Revenue	Expenditure	Tax Levy	Revenue	Expenditure	Tax Levy	
Behavior Health							
65000 BASIC ALLOCATION	3,533,152	4,880,479	1,347,327	3,827,239	4,755,596	928,357	(418,970)
65003 LUEDER HAUS	120,734	583,250	462,516	151,000	598,342	447,342	(15,174)
65007 EMERGENCY MENTAL HEALTH	227,243	977,128	749,885	107,000	1,000,592	893,592	143,707
65008 CRISIS INNOVATION	66,892	128,115	61,223	77,315	98,168	20,853	(40,369)
65010 HOPE (MHBG SUPPL)	0	73,618	73,618	0	100,000	100,000	26,382
65011 MENTAL HEALTH BLOCK	26,128	50,359	24,231	25,797	34,000	8,203	(16,028)
65025 COMMUNITY SUPPORT PROGRAM	754,985	1,643,407	888,423	705,000	1,772,914	1,067,914	179,491
65027 COMP COMM SERVICE	3,449,178	3,121,779	(327,400)	3,580,964	3,286,422	(294,542)	32,858
63027 FAMILY CENTERED THERAPY	0	93,487	93,487	0	178,626	178,626	85,138
65031 AODA BLOCK GRANT	109,299	109,299	0	109,299	127,790	18,491	18,491
65035 AODA BLOCK GRANT SUPPLEMENTAL	0	0	0	0	0	0	0
65032 OPIOID GRANT	92,645	118,411	25,766	149,786	206,855	57,069	31,303
65043 COMMUNITY MENTAL HEALTH	97,609	0	(97,609)	97,609	0	(97,609)	0
65044 CCISY CRISIS GRANT	3,439	4,727	1,289	4,000	4,000	0	(1,289)
65063 1915i PROGRAM (CRS)	150,300	288,267	137,968	152,000	391,000	239,000	101,032
65034 WATERTOWN FOUNDATION TIC	3,114	3,114	0	0	0	0	0
66000 DONATIONS	1,395	1,906	511	0	3,689	3,689	3,178
Total Behavior Health	8,636,113	12,077,347	3,441,234	8,987,009	12,557,994	3,570,985	129,751

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program Projection based on July 2021 Revenue & Expenditures Financial Statement

Summary Sheet

() Unfavorable

Program	Annual Projection			Budget			Variance
	Revenue	Expenditure	Tax Levy	Revenue	Expenditure	Tax Levy	
Children & Families							
65001 CHILDREN'S BASIC ALLOCATION	1,627,729	2,340,920	713,190	1,602,038	2,794,635	1,192,597	479,407
65002 KINSHIP CARE	123,356	123,356	0	109,728	109,728	0	0
65005 YOUTH AIDS	631,357	1,335,977	704,620	633,048	1,691,507	1,058,459	353,839
65013 CHILD WELFARE COVID-19	6,045	6,045	0	0	0	0	0
63105 DOJ: DIVERSIONARY PROGRAMMING	6,779	6,779	0	0	0	0	0
60683 CITIZEN'S REVIEW PANEL	12,936	12,936	0	10,000	10,000	0	0
63612 IN HOME SAFETY SERVICES	105,414	154,774	49,359	68,522	76,042	7,521	(41,839)
63112 PARENTS SUPPORTING PARENTS	142,707	134,310	(8,397)	154,830	155,738	908	9,305
65009 YA EARLY & INTENSIVE INT	45,379	198,496	153,117	46,501	201,540	155,039	1,922
65121 CHILDREN'S COP	218,118	262,023	43,905	218,118	218,118	0	(43,905)
65020 DOMESTIC ABUSE	0	20,000	20,000	0	40,000	40,000	20,000
65021 SAFE & STABLE FAMILIES	67,868	124,711	56,843	56,116	51,748	(4,368)	(61,211)
65036 SACWIS	0	9,676	9,676	0	9,676	9,676	0
65040 CHILDRENS LTS WAIV-DD	2,376,447	2,553,288	176,841	1,832,153	2,186,114	353,962	177,121
65067 COMMUNITY RESPONSE GRANT	5,967	177,065	171,098	1,000	188,629	187,629	16,531
63111 FOSTER PARENT RETENTION	24,232	24,232	0	20,000	20,000	0	0
65068 FOSTER PARENT TRAINING	2,058	7,141	5,083	3,786	9,464	5,679	595
65060 IV-E CHIPS LEGAL	27,982	107,623	79,641	31,742	117,563	85,821	6,180
65070 IV-E TPR	38,835	99,576	60,741	32,300	85,000	52,700	(8,041)
65069 LEGAL REP: TPR	0	0	0	9,500	25,000	15,500	15,500
65079 LEGAL REP: CHIPS	6,496	24,984	18,488	1,350	5,000	3,650	(14,838)
65080 YOUTH DELINQUENCY INTAKE	0	948,754	948,754	0	899,278	899,278	(49,476)
65082 AUTISM	716	8,475	7,759	393,370	374,581	(18,789)	(26,548)
65175 EARLY INTERVENTION (BIRTH TO 3)	210,306	765,739	555,433	222,933	804,659	581,725	26,293
63176 B3: PARENTS AS TEACHERS	3,797	3,797	0	8,945	8,945	0	0
63175 B3: SED INNOVATION	21,707	21,707	0	54,006	54,006	0	0
65105 KINSHIP ASSESSMENTS	9,808	9,808	0	4,492	4,492	0	0
65120 COORDINATED SERVICE TEAM	60,000	77,919	17,919	60,000	97,681	37,681	19,763
63120 CST SUPPLEMENT	6,705	6,705	0	0	0	0	0
65188 BUSY BEES PRESCHOOL	0	19,855	19,855	3,000	25,533	22,533	2,678
65189 INCREDIBLE YEARS	6,625	42,021	35,396	0	58,233	58,233	22,837
66000 DONATIONS	3,752	2,170	(1,582)	0	26,418	26,418	28,000
Total	5,793,122	9,630,861	3,837,739	5,577,477	10,349,329	4,771,852	934,113

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program Projection based on July 2021 Revenue & Expenditures Financial Statement

Summary Sheet

() Unfavorable

Program	Annual Projection			Budget			Variance
	Revenue	Expenditure	Tax Levy	Revenue	Expenditure	Tax Levy	
Economic Support Division							
65051 INCOME MAINTENANCE	1,601,664	2,322,401	720,737	1,455,960	2,157,402	701,442	(19,295)
65053 CHILD DAY CARE ADMIN	146,865	8,097	(138,768)	137,745	6,102	(131,642)	7,126
65057 ENERGY PROGRAM	121,624	121,624	0	123,925	123,925	0	0
65071 CHILDREN FIRST	801	0	(801)	5,335	0	(5,335)	(4,535)
65073 FSET	13,065	0	(13,065)	8,790	0	(8,790)	4,276
65100 CLIENT ASSISTANCE	35,829	0	(35,829)	0	0	0	35,829
Total Economic Support Division	1,919,847	2,452,122	532,275	1,731,754	2,287,430	555,675	23,401
Aging Division & ADRC							
65012 ALZHEIMERS FAM SUPP	16,109	16,109	0	33,000	33,000	0	0
65046 ADRC - DBS	0	181,116	181,116	0	184,977	184,977	3,861
65047 ADRC - DCS	2,000	108,054	106,054	0	98,879	98,879	(7,175)
65048 AGING/DISABIL RESOURCE	1,013,084	651,603	(361,481)	1,009,535	663,310	(346,225)	15,256
65075 GUARDIANSHIP PROGRAM	0	24,549	24,549	2,632	22,440	19,808	(4,740)
65076 STATE BENEFIT SERVICES	54,024	95,718	41,694	54,348	96,349	42,001	307
65077 ADULT PROTECTIVE SERVICES	35,558	56,947	21,389	56,827	66,677	9,850	(11,539)
65078 NSIP	20,108	20,108	0	21,782	21,782	0	0
65151 TRANSPORTATION	250,737	346,179	95,442	288,327	354,976	66,649	(28,793)
65152 IN-HOME SERVICE III-D	9,200	10,350	1,150	5,618	6,300	682	(468)
65154 SITE MEALS	0	7,735	7,735	150,811	158,330	7,518	(217)
65155 DELIVERED MEALS	353,062	470,104	117,042	240,578	237,020	(3,558)	(120,600)
65157 SENIOR COMMUNITY SERVICES	6,754	7,599	844	7,986	7,986	0	(844)
65158 ELDER ABUSE	25,025	150,749	125,724	25,025	51,570	26,545	(99,179)
65159 III-B SUPPORTIVE SERVICE	101,467	119,564	18,097	91,000	95,993	4,993	(13,104)
65163 TITLE III-E (FAMILY CAREGIVER SUPPORT)	58,400	66,397	7,997	33,000	44,749	11,749	3,753
65195 VEHICLE ESCROW ACCOUNT	11	8,200	8,189	0	21,357	21,357	13,168
63010 MOBILITY MANAGER	80,750	103,259	22,509	85,000	102,690	17,690	(4,820)
65176 ADRC COVID VACCINATION	3,782	3,782	0	0	0	0	0
66000 DONATION	2,857	0	(2,857)	0	100	100	2,957
Total Aging & ADRC Center	2,032,930	2,448,123	415,193	2,105,469	2,268,484	163,015	(252,178)

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program Projection based on July 2021 Revenue & Expenditures Financial Statement

Summary Sheet

() Unfavorable

	Program	Annual Projection			Budget			Variance
		Revenue	Expenditure	Tax Levy	Revenue	Expenditure	Tax Levy	
Administrative Services Division								
	65187 UNFUNDED SERVICES	17,716	35,792	18,077	10,000	45,503	35,503	17,426
	63101 DODGE STREET HOUSE	0	7,173	7,173	0	4,000	4,000	(3,173)
	65190 MANAGEMENT	0	(214)	(214)	0	12,232	12,232	12,446
	65200 OVERHEAD AND TAX LEVY	9,160,543	131,079	(9,029,464)	9,153,309	260,322	(8,892,988)	136,476
	65200 Overhead Cleared	0	0	0	0	0	0	0
	65210 CAPITAL OUTLAY	0	350,443	350,443	0	322,928	322,928	(27,515)
	22101 COVID-19	0	85,870	85,870	0	0	0	(85,870)
	Balance Sheet Non Lapsing Funds	1,193,202	0	(1,193,202)	1,193,202	0	(1,193,202)	0
Total	Administrative Services Division	10,371,461	610,142	(9,761,318)	10,356,511	644,984	(9,711,527)	49,791
Human Services Reserve Fund								
	63001 Operating Reserve	0	0	0	0	650,000	650,000	650,000
	Reserve Fund	0	0	0	0	650,000	650,000	650,000
GRAND Total		28,753,473	27,218,596	(1,534,878)	28,758,221	28,758,221	(0)	1,534,878

Note: Variance includes Non-Lapsing from Balance Sheet

Children - Alternate Care Costs

Type of Placement	# of Children	# of Days	Cost	Cost per Day	Cost Per Child
January-21					
Foster Care	51	1,574	\$60,819	\$39	\$1,193
Group Home	3	93	\$31,017	\$334	\$10,339
Kinship Care	39	1,158	\$9,488	\$8	\$243
Subsidized Guardianship	17	527	\$7,233	\$14	\$425
RCC's	0	0	\$0	\$0	\$0
RCC's - Out of State	0	0	\$0	\$0	\$0
Total January 2021	110	3352	\$ 108,557	\$32	\$987
		2021 YTD Avg. per Month	\$108,557		
		2020 YTD Avg. per Month (thru January 2020)	\$168,696		
February-21					
Foster Care	55	1,534	\$55,561	\$36	\$1,010
Group Home**	3	74	\$35,979	\$486	\$11,993
Kinship Care	43	1,259	\$10,420	\$8	\$242
Subsidized Guardianship	17	493	\$8,145	\$17	\$479
RCC's	0	0	\$0	\$0	\$0
RCC's - Out of State	0	0	\$0	\$0	\$0
Total February 2021	118	3360	\$110,104	\$33	\$933
<i>** \$6,045 of these costs are additional COVID-19 costs that are offset with State funding</i>					
		2021 YTD Avg. per Month	\$109,331		
		2021 YTD Avg. per Month w/out Additional COVID Costs	\$106,308		
		2020 YTD Avg. per Month (thru February 2020)	\$163,960		
March-21					
Foster Care	45	1,353	\$57,704	\$43	\$1,282
Group Home	4	91	\$28,545	\$314	\$7,136
Kinship Care	39	1,209	\$9,906	\$8	\$254
Subsidized Guardianship	19	589	\$8,254	\$14	\$434
RCC's	0	0	\$0	\$0	\$0
RCC's - Out of State	0	0	\$0	\$0	\$0
Total March 2021	107	3242	\$104,409	\$32	\$976
		2021 YTD Avg. per Month	\$107,690		
		2021 YTD Avg. per Month w/out Additional COVID Costs	\$105,675		
		2020 YTD Avg. per Month (thru March 2020)	\$155,891		

Children - Alternate Care Costs

Type of Placement	# of Children	# of Days	Cost	Cost per Day	Cost Per Child
April-21					
Foster Care	43	1,148	\$51,760	\$45	\$1,204
Group Home	2	19	\$7,830	\$412	\$3,915
Kinship Care	39	1,151	\$9,745	\$8	\$250
Subsidized Guardianship	21	620	\$9,134	\$15	\$435
RCC's	2	28	\$14,274	\$510	\$7,137
RCC's - Out of State	0	0	\$0	\$0	\$0
Total April 2021 **	107	2966	\$92,743	\$31	\$867
		2021 YTD Avg. per Month	\$103,953		
		2021 YTD Avg. per Month w/out Additional COVID Costs	\$102,442		
		2020 YTD Avg. per Month (thru April 2020)	\$148,053		
May-21					
Foster Care	38	1,036	\$44,840	\$43	\$1,180
Group Home	2	33	\$14,491	\$439	\$7,246
Kinship Care	40	1,274	\$10,447	\$8	\$261
Subsidized Guardianship	21	625	\$9,120	\$15	\$434
RCC's	2	62	\$32,421	\$523	\$16,211
RCC's - Out of State	0	0	\$0	\$0	\$0
Total May 2021	103	3030	\$111,320	\$37	\$1,081
		2021 YTD Avg. per Month	\$105,427		
		2021 YTD Avg. per Month w/out additional COVID-19 costs	\$104,218		
		2020 YTD Avg. per Month (thru May 2020)	\$141,467		
June-21					
Foster Care	35	1,033	\$44,179	\$43	\$1,262
Group Home	1	30	\$13,200	\$440	\$13,200
Kinship Care	45	1,294	\$10,956	\$8	\$243
Subsidized Guardianship	20	600	\$8,627	\$14	\$431
RCC's	2	60	\$28,053	\$468	\$14,027
RCC's - Out of State	0	0	\$0	\$0	\$0
Total June 2021	103	3017	\$105,015	\$35	\$1,020
		2021 YTD Avg. per Month	\$105,358		
		2021 YTD Avg. per Month w/out additional COVID-19 costs	\$104,351		
		2020 YTD Avg. per Month (thru June 2020)	\$135,208		

Children - Alternate Care Costs

Type of Placement	# of Children	# of Days	Cost	Cost per Day	Cost Per Child
July-21					
Foster Care	35	1,053	\$44,040	\$42	\$1,258
Group Home	1	31	\$13,640	\$440	\$13,640
Kinship Care	45	1,311	\$10,996	\$8	\$244
Subsidized Guardianship	17	527	\$7,097	\$13	\$417
RCC's	3	67	\$31,522	\$470	\$10,507
RCC's - Out of State	0	0	\$0	\$0	\$0
Total July 2021	101	2989	\$107,295	\$36	\$1,062
	2021 YTD Avg. per Month		\$105,635		
	2021 YTD Avg. per Month w/out additional COVID-19 costs		\$104,771		
	2020 YTD Avg. per Month (thru July 2020)		\$129,378		
		Projected 2021 Cost	\$1,257,254		
		2021 Budget	\$1,839,728		
		(includes kinship not detention/shelter)			

**Detox/AODA CBRF
Jefferson County - HSD**

Detox Facility	Clients *	Comments	Billed YTD **	Days **
Tellurian Community	24	July 2021	\$15,251	29
Exodus House	1	July 2021	\$253	7
Matt Talbot Recovery	0	July 2021	\$0	0
Nova Counseling	0	July 2021	\$0	0
Lutheran Social Services	2	July 2021	\$3,141	57
Hope Haven	5	July 2021	\$6,502	103
Friends of Women	2	July 2021	\$7,871	46
Meta House, Inc	1	July 2021	\$4,700	20
Blandine House	2	July 2021	\$684	30
Mooring House	1	July 2021	\$1,758	55
All - July 2021	38	2021 total through July	\$40,160	347
All - July 2020	50	2020 total through July	\$125,670	496

* Count is based on Unduplicated Clients.

** Count is based on bills paid to-date with a service date in Comments column.

Costs by Month

Month	Detox	AODA
January	\$2,692	\$10,466
February	\$2,080	\$3,063
March	\$1,560	\$1,284
April	\$1,040	\$3,717
May	\$4,160	\$4,053
June	\$2,159	\$1,210
July	\$1,560	\$1,116
August - estimated	\$2,179	\$2,839
September		
October		
November		
December		

Total Estimated Costs for 2021 (Thru August) \$45,178
Total Costs for 2020 (Thru August) \$137,675

County Aging Plan Jefferson County FY 2022–2024



**Wisconsin Department of Health Services
Division of Public Health
Bureau of Aging and Disability Resources
Office on Aging**

Table of Contents

Executive Summary

Context

Community Involvement in the Development of the Aging Plan

 Public Hearing Requirements

Goals for the Plan Period

Coordination Between Title III and Title VI

Organization, Structure and Leadership of the Aging Unit

 Primary Contact to Respond to Questions About the Aging Plan

 Organizational Chart of the Aging Unit

 Staff of the Aging Unit

 Aging Unit Coordination with ADRCs

 Statutory Requirements for the Structure of the Aging Unit

 Role of the Policy-Making Body

 Membership of the Policy-Making Body

 Role of the Advisory Committee

 Membership of the Advisory Committee

Budget Summary

Verification of Intent

Assurances of Compliance with Federal and State Laws and Regulations

 Compliance with Federal and State Laws and Regulations for 2022-2024

Appendices

Executive Summary

What is the Aging Unit as an Organization?

The Aging and Disability Resource Division of Jefferson County was redesigned and formally established in July of 2008 by encompassing all of the Older American Act Programs, Transportation and the Aging and Disability Resource Center into one unit.

Mission:

Our mission is to help people achieve their goals by providing them with comprehensive information so they can make informed decisions, and advocacy support to ensure that they remain in charge of their lives.

Vision:

The Aging & Disability Resource Center's vision is to provide information and assistance to a diverse community where the elderly, and people with disabilities, are respected, healthy and productive.

What does the Aging Unit provide for the Community?

Our purpose is to advocate for and help people achieve their goals by providing them with comprehensive information, assistance and opportunities to engage in the public policy process so they can make informed decisions and remain in charge of their lives.

The Aging & Disability Resources Division of Jefferson County Human Services encompasses many programs and funding streams that provide services and supports to the elderly, adults with disabilities, children with disabilities as they transition into adulthood, and persons with Alzheimer's disease or another dementia and their caregivers. Services and supports are intended to help people live with a high degree of independence in their own homes and communities for as long as they desire. We adhere to the principals of motivational interviewing to help people achieve their best possible outcomes.

What was learned through community engagement?

This planning period we found the most success with reaching people through paper and electronic surveys. We were able to share surveys with individuals coming to the vaccination sites for the COVID-19 vaccine. This was our most effective response method. We were able to reach just over 600 individuals through this collaboration with the county's Health Department. The ADRC and Aging Unit Advisory Committee was involved in the process of designing the surveys and determining how to best distribute surveys to reach the maximum participants possible. Advisory Committee members

also shared their experiences in talking with others in the community about the surveys and 3-year plan.

Through our community engagement efforts this year we learned a great deal about the needs of our aging community. Many people suggested services that already exist in our county. This tells us that communication of available supports and services needs to be considered. We also learned that the COVID-19 pandemic has had a significant effect on our aging population. We received many responses related to getting out of the home and engaging in social activities with others, as well as a concerning number of individuals stating that one of the most important issues facing older adults today is isolation and loneliness. We believe this has increased over the past 2 years through the COVID-19 pandemic as people were not able to interact for fear of potential health risks.

Another area we found a great deal of interest was in transportation. The need for older adults to have access to safe and effective transportation not only includes the need for transportation to medical appointments, but also a significant desire for transportation related to social and shopping opportunities. We see the same social component in the responses to our meal program questions. At this time, we are only providing home delivered meals and curbside pick-up meals due to the COVID-19 pandemic. Many individuals expressed a desire to resume congregate meals or another way for individual to enjoy a meal with other, such as friends and family.

What are the current challenges and needs of the community?

One major challenge is in reaching individuals from diverse cultures. We were able to translate our surveys into Spanish and did receive several responses from these efforts, however the number of responses was small in comparison to the population reported in census surveys. Barriers such as language, fear of government, and limited access to Spanish speaking communities amplify these challenges.

Another challenge we face is the ongoing COVID-19 pandemic. We would like to predict that the pandemic will end and services will return to pre-pandemic status. As we are currently seeing a variant of the virus is emerging and forcing us to consider health and safety risks over the needs of our aging community members for things like socialization events, evidenced based health education in group settings, and the re-opening of congregate meal sites.

We are seeing a greater need for transportation services across our county recently. With a growing population of community members over the age of 60, the need for transportation to medical appointments, grocery stores and pharmacies is also growing.

Over the next few years there will be additional funds available to help us meet these needs in our community. These funds will be very helpful, but may also create an issue when they are no longer available. There is concern for adding services to people with temporary funds then needing to pull or reduce services when the funding is no longer available. Coming up with creative ways to utilize the additional funds within the scope of the funds while also managing the longevity of the services will be challenging in itself.

What is the long path vision of the Aging unit:

This plan identifies goals in the areas of diversity, nutrition, caregiver support, communication, transportation, and addressing social isolation and loneliness. These goals were chosen to expand services and opportunities for individuals as well as maintaining cost effective budgets and are based on the results of the community engagement activities conducted over the year.

Describe the leadership of the Aging Unit:

Aging unit director:

The ADRC and Aging Unit Division Manager oversees the Aging Unit and ADRC of Jefferson County. This position works closely with DHS and GWAAR to assure that policy and procedures are followed correctly and that the Aging Unit and ADRC are good stewards of taxpayer dollars while serving the greatest number of people within Jefferson County. The ADRC and Aging Unit Division Manager works with the staff and leadership of all programs run through this division to guide programs and services. This division manager works closely with the Human Services Director and Human Services Board to oversee and direct work being done in the ADRC and Aging Unit Division.

Policy-making body

The commission is the policy making entity for aging services and an aging advisory committee is not the commission. Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units.

See Membership of the Policy-Making Body for details.

Advisory committee:

Aging & Disability Resource Center Advisory Committee

This committee is actively involved in oversight and planning efforts on behalf of the division's constituents and is responsible for advising the Human Services Board about programs, policies and unmet community needs.

Nutrition Project Council

This council is responsible for advising the Nutrition Program Director on all matters relating to the delivery of nutrition and nutrition supportive services within the program area, including making recommendations regarding days and hours of meal site operations and site locations, setting the annual “suggested donation,” and making recommendations regarding meal site furnishings with regard to persons with disabilities.

See Membership of the Policy-Making Body for details.

Context

Jefferson County is home to an estimated 84,701 residents. It is a primarily rural county, conveniently located between two of Wisconsin’s major cities, and makes for an easy commute for residents working in or between the state’s largest urban areas, Madison and Milwaukee. According to the US Census, American Community Survey, 2015 – 2019 estimates, the median age in Jefferson County is 41.1 years. The table below estimates that the aging population of 60 and over represents 23% of our county population. Of this 23%, the Aging Unit is serving approximately 5% (1049) annually.

Age Group Estimates	Wisconsin	Jefferson County
Total Population - All Ages, All Races	5,790,716	84,701
60+	1,341,829	19,516
65+	953,571	13,910
75+	403,421	5,592
85+	125,495	1,528
% 60+	23.2%	23.0%
% 65+	16.5%	16.4%
% 75+	7.0%	6.6%
% 85+	2.2%	1.8%
Males age 65+	432,812	6,417
<i>Males as percent of 65+ population</i>	45.4%	46.1%
Females age 65+	520,759	7,493
<i>Females as percent of 65+ population</i>	54.6%	53.9%
<small>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B01001, 1/2021</small>		

What are the age trends for older adults in the county?

Population projections for age 60+. Eric Grasso from the Department of Health Services shared projections of the total population and counties for the time span of 2015-2040 to help with preparing for upcoming estimated population growth. The

population in Jefferson County is expected to increase over the next couple of decades for all ages of the population but the expectation of our very oldest 85+ is expected to double in population by 2040.

Jefferson County	2015	2020	2025	2030	2035	2040
All Ages	85,455	90,120	93,860	97,305	99,265	100,300
Aged 60 +	18,185	21,360	24,320	26,135	27,215	27,890
Aged 65+	12,735	15,360	18,090	20,605	21,825	22,490
Aged 85+	1,475	1,520	1,770	2,155	2,815	3,570

What needs have been identified through community engagement or other analysis?

The top responses from each survey question were as follows:

1. What types of services/supports could Jefferson County provide to make your community easier or more enjoyable for you to live in?
 1. Activities for Seniors
 2. More Information on what is available/happening
 3. More Transportation Options

2. What types of transportation services would be helpful in Jefferson County?
 1. Transport to Medical Appointments, Groceries, and wheelchair assessable rides
 2. Public Bus Services
 3. Off hours transportation, evenings and weekends

3. What would you like to see in a meal program for yourself or an aging loved one?
 1. Healthy & Balanced Meals
 2. Customized Meals
 3. Gift Cards, vouchers to restaurants

4. What are the most important issues facing older adults today?
 1. Physical, Emotional, Mental and Spiritual Health
 2. Affordable and assessable Healthcare
 3. Isolation/Loneliness

5. If you are a caregiver for someone, what would help you to continue providing care?
 1. Financial Assistance
 2. Support/Assistance with everyday tasks
 3. Respite

6. What does HEALTHY aging mean to you?
 1. Exercise, healthy food, and affordable community programs
 2. Physical, Emotional, Mental and Spiritual Health
 3. Independence, continue doing normal activities

7. What other programs or services do you think would be beneficial for Jefferson County?

1. Recreation and activity program for the elderly.
2. Socialization Opportunities
3. Non-medical Transportation

How do the needs differ across race and ethnic groups, rural and urban, income levels, and generations?

Social and Economic characteristics: According to the documentation from the Aging programs in Jefferson County only 8 individuals identified as being from a racial/ethnic group other than White. We know based on recent census data for Jefferson County that the 2 largest racial/ethnic groups here are White (89.6%) and Hispanic (7.1%), with Other (3.3%) being the smallest identification group. The documentation of the Aging programs of Jefferson County does not reflect this same representation. Of the 1049 individuals documented less than 1% identified as being of a racial/ethnic group other than White.

The Older Americans Act (OAA) specifies that its funds should be directed to individuals with the greatest economic and social need (with particular attention to low-income older individuals, including low-income minority individuals, older individuals with limited English proficiency and older individuals residing in rural areas.” The growth of the aging populations in Jefferson County in the coming decades will create opportunities and challenges for our long-term supports and services. Between now and 2040, the proportion of the population age 65 and over will significantly increase so strategic planning of program services is needed to meet the demand of people who may have reported a disability and those who have a ratio of income below the poverty line to ensure there is enough service to meet the need. The projection is that 8.6 % of Jefferson County Seniors over the age of 65 are living in poverty, whereas, the state average is 7.6%.

Ratio of Income to Poverty: Ages 65 and Older*	Wisconsin	Jefferson County
Total, Age 65+	926,836	13,663
Age 65+ below poverty	69,985	1,181
<i>% of 65+ Pop below poverty</i>	7.6%	8.6%
Age 65+: 150% of poverty or less	154,253	2,240
<i>% of 65+ Pop: 150% of poverty or less</i>	16.6%	16.4%
Age 65+: 185% of poverty or less	221,743	3,260
<i>% of 65+ Pop: 185% of poverty or less</i>	23.9%	23.9%
Age 65+: 200% of poverty or less	251,028	3,715
<i>% of 65+ Pop: 200% of poverty or less</i>	27.1%	27.2%
Age 65+: 300% of poverty or less	438,105	6,643

<i>% of 65+ Pop: 300% of poverty or less</i>	47.3%	48.6%
*Note: Totals for this table only include persons for whom poverty status can be determined.		
<i>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B17024, 1/2021</i>		

How is the aging network organized to support older adults?

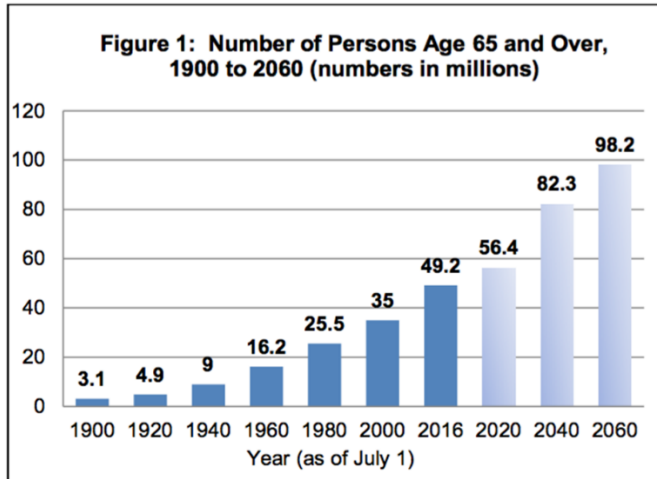
The ADRC and all other aging services are co-located within the Human Services Department. All Older American’s Act (OAA) programs and services are offered under the umbrella of the ADRC. While also located adjacent to ADRC offices, the Adult Protective Services unit maintains its identity under the Human Services Department.

The Aging and Disability Resource Centers (ADRC’s) offer the general public a no-cost, coordinated system of information and access for older people (60+), people with disabilities (17 ½-59), caregivers, family members and professionals alike seeking long-term care supports and resources. ADRC professional staff provides unbiased, objective information on a variety of public and private services and programs.

We promote individual choice using motivational interviewing, support informed decision-making, connect people with the services they need and try to minimize confusion. Our goal is to improve life experience, maintain self-sufficiency, conserve personal resources and delay or prevent the need for potentially expensive long-term care. An ADRC representative is available in person through office and home visits, by telephone, text and email, whichever is more convenient to the individual(s) seeking our assistance. Consumers are referred or transferred to the person responsible for coordinating nutrition services, transportation, and/or caregiver support; however, due to changes in the state ADRC contract, short-term case coordination to assist caregivers in accessing services will be provided by ADRC staff. This is the only OAA service that is shared.

What are the critical issues and future implications for aging services in the community?

The current growth of the population, ages 65 and older, driven largely by the baby boom generation, is unprecedented in U.S. history. As this group of people has passed through each major stage of life, baby boomers, born between 1946 and 1964, have brought both challenges and opportunities to the economy, infrastructure, and institutions of our country. We can see here that according to the us census bureau the number of Americans ages 65 and older is projected to nearly double from 2020 to 2060.



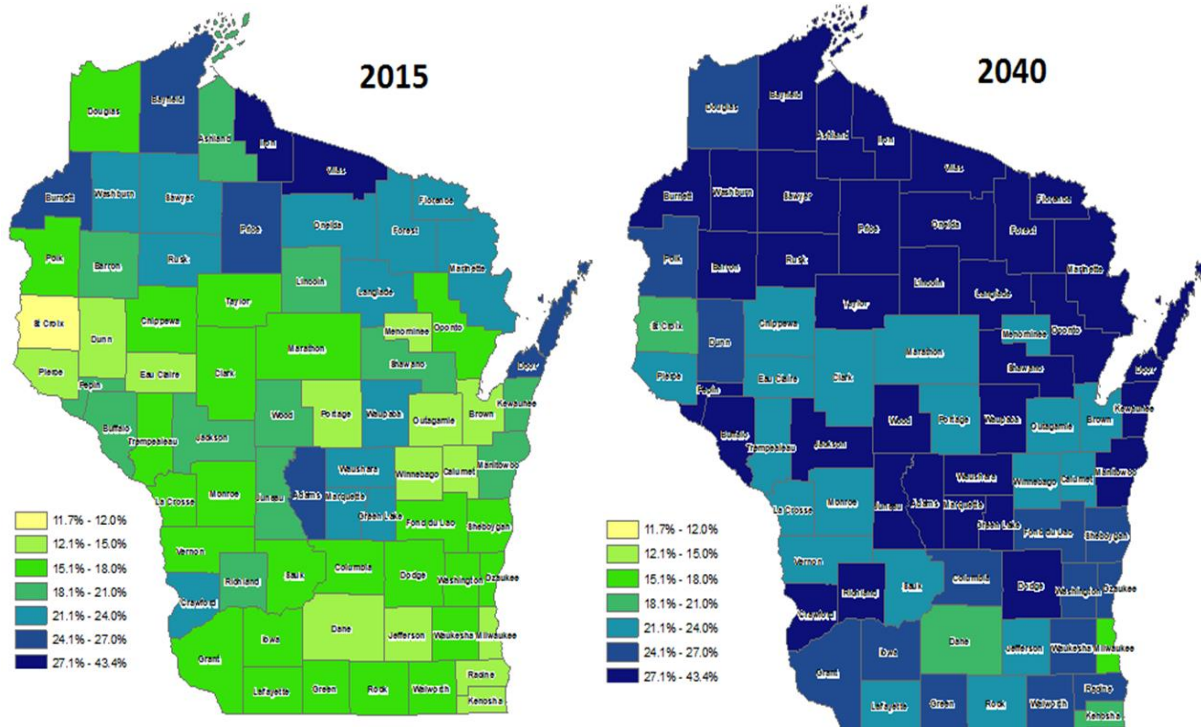
Note: Increments in years are uneven. Lighter bars indicate projections.
 Source: U.S. Census Bureau, Population Estimates and Projections.

We are now starting to see the effects this group is going to have on our country as they age. By 2030, in less than 10 years, all of the baby boomers will be at least 65 years of age. And Older Americans, over the age of 65, will outnumber children for the first time in U.S. history.

We also expect to see an increase in the number of individuals in Wisconsin over the age of 65 living at or below the poverty rates. The Aging Programs were developed to first support those in the greatest need.

We know from statistics that poverty rates increase as people age, nearly doubling from the age of 60 to the ages of 85+. As our aging population grows so will the need.

This graphic demonstrates the increasing number of Wisconsinites with a diagnosis of dementia, comparing 2015 to 2040. This is one of our Aging Program's focus areas. The percentage of the population with a diagnosis of Dementia expands as the blue of the map gets darker. This prediction is based on population demographics from the DHS website. You can see here that our own Jefferson County is expected to see an increase in the percentage of individuals living with dementia, from around 15 % in 2015 up to 24% in 2040. These individuals require unique supports and services to age safely and with a high quality of life.



The ADRCs and Aging Programs of Wisconsin encompass many programs and funding streams that provide services and supports to the elderly, adults with disabilities, and individuals with Dementia and their families and caregivers. With the growth prediction we see it is clear that the need for our services is going to grow significantly over the next few years.

What are the resources and partnerships?

The Aging Unit and ADRC of Jefferson County has successfully established several resources and partnerships in our effort to support the aging community within this county. A few of these resources and Partnerships include:

- Community Partners of Jefferson County – Group of Hispanic and non-Hispanic community members promoting Hispanic population services, resources, involvement.
- Public Health Department- COVID vaccines to homebound individuals, transporting people to free vaccine clinics, working towards reopening congregate meal sites, resuming in person meetings safely.
- Senior Centers – Distributing Farmer’s Market Vouchers, Completing Memory Screens, Communication through newsletters, access to computers for assistance with Medicare Open Enrollment, connecting seniors and offering educational programs.

- Neighboring Aging Units- Partnering to bring Evidence Based programs to both counties.
- AHEC – Area Health Education Centers – Collaborated to bring the Aging Mastery Program to Jefferson County residents, also working on bringing the Spanish version of the program to the community in the future.
- GWAAR Advocacy Staff - participating in Elder Advocacy Day, connecting with local legislative representatives, communicating about advocacy with the community.
- Local Restaurants- Working towards partnering with local restaurants to bring the My Meal /My Way program to Jefferson County.
- Libraries – Memory Café's/ Memory Screens/ Dementia Friendly Businesses
- Community Businesses – Dementia Friendly Businesses
- Local Schools/ boy& Girl Scouts/ 4-H – Service Learning Projects through the Nutrition Program
- Hospitals/clinics – DCS: APS, ADRC – Identifying individuals in need of services, referrals.
- Local Service Clubs – Rotary Clubs, Kiwanis Club, Lions Clubs, Optimist Clubs, Elks, Moose, Masons, and Wolf Clubs – present on services available through the Aging Unit and ADRC of Jefferson County. Connect people to services. Exploring ability to offer volunteer services through these groups as well.
- Local transportation providers – Coordinate with other local transportation providers to assure that community members are able to get where they need to go.

Community Involvement in the Development of the Aging Plan

Community Engagement Report 1

Complete one worksheet for each separate method used to elicit input from the community. i.e. 12 interviews conducted can be compiled on one sheet. At least two methods must be used.

Your County or Tribe: Jefferson	Date/s of Event or Effort: Paper Survey
Target audience(s): Jefferson County residents	Number of Participants/ Respondents: 607
Describe the method used including partners and outreach done to solicit responses: <ul style="list-style-type: none">• Surveys sent through the mail to all current participants of Aging Programs• Transportation drivers handed out surveys with return envelopes.• Surveys were handed out at vaccination clinics• Surveys were translated into Spanish• Spanish surveys were shared through community Spanish speaking businesses such as grocery stores and churches.• Surveys were sent to all Senior Centers for individuals to take, complete and return.	
Describe how the information collected was used to develop the plan: <p>All responses collected were totaled and the results were used to determine goal areas as well as educational needs within the community.</p>	

What were the key takeaways/findings from the outreach? The key takeaways from this outreach were many. The top responses from each survey question was as follows:

1. What types of services/supports could Jefferson County provide to make your community easier or more enjoyable for you to live in?

1. Activities for Seniors
2. More Information on what is available/happening
3. More Transportation Options

2. What types of transportation services would be helpful in Jefferson County?

1. Transport to Medical Appointments, Groceries, and wheelchair assessable rides
2. Public Bus Services
3. Off hours transportation, evenings and weekends

3. What would you like to see in a meal program for yourself or an aging loved one?

1. Healthy & Balanced Meals
2. Customized Meals
3. Gift Cards, vouchers to restaurants

4. What are the most important issues facing older adults today?

1. Physical, Emotional, Mental and Spiritual Health
2. Affordable and assessable Healthcare
3. Isolation/Loneliness

5. If you are a caregiver for someone, what would help you to continue providing care?

1. Financial Assistance
2. Support/Assistance with everyday tasks
3. Respite

6. What does HEALTHY aging mean to you?

1. A healthy lifestyle with exercise, healthy food, and affordable community programs
2. Physical, Emotional, Mental and Spiritual Health
3. Independence, continue doing normal activities

7. What other programs or services do you think would be beneficial for Jefferson County?

1. Recreation and activity program for the elderly.
2. Socialization Opportunities
3. Non-medical Transportation

Community Engagement Report 2

Complete one worksheet for each separate method used to elicit input from the community. i.e. 12 interviews conducted can be compiled on one sheet. At least two methods must be used.

Your County or Tribe: Jefferson	Date/s of Event or Effort: Electronic Survey
Target audience(s): Jefferson County Residents	Number of Participants/ Respondents: 87
Describe the method used including partners and outreach done to solicit responses: <ul style="list-style-type: none"> • Survey Monkey used to develop survey • Survey on County and ADRC web page • Survey shared in newsletters for county as well as senior centers • Shared through Advisory Member connections • Same Survey Questions 	
Describe how the information collected was used to develop the plan: <p>All responses collected were totaled and the results were used to determine goal areas as well as educational needs within the community.</p>	
What were the key takeaways/findings from the outreach? <p>The majority of the responses to our electronic survey were from individuals under the age of 60 although there were 24 responses from individuals over the age of 60.</p> <p>The results were pretty similar to the results of the written survey. The differences found are listed below:</p> <ul style="list-style-type: none"> #1. Adult Daycare was in the top 3 responses #2. Same top 3 responses as written survey #3. Someone to eat with, opportunities for socialization was in top 3 responses #4. Same top 3 responses as written survey #5. Same top 3 responses as written survey #6. Same top 3 responses as written survey #7. Communication about services available was in the top 3 responses 	

Community Engagement Report 3

Complete one worksheet for each separate method used to elicit input from the community. i.e. 12 interviews conducted can be compiled on one sheet. At least two methods must be used.

Your County or Tribe: Jefferson	Date/s of Event or Effort: Direct Interviews
Target audience(s): Jefferson County residents	Number of Participants/ Respondents: 12
Describe the method used including partners and outreach done to solicit responses: Direct interviews were conducted with 12 individuals Interviews asked same 7 questions as the paper and electronic surveys These individuals were picking up Farmer’s Market Vouchers and volunteered to also answer survey questions.	
Describe how the information collected was used to develop the plan: All responses collected were totaled and the results were used to determine goal areas as well as educational needs within the community.	
What were the key takeaways/findings from the outreach? The responses from the individual interviews were similar to those in the electronic and paper surveys. Common themes centered around transportation needs in the community, building an awareness of what services and programs are happening in the community as well as addressing socialization and loneliness feelings.	

Public Hearing Requirements

Public Hearing Report 1

Completed report, copy of hearing notice, and copy of actual comments taken during the hearing should be placed in the appendices of the aging plan.

Date of Hearing:	County or Tribe:
Location of Hearing:	Accessibility of Hearing: <input type="checkbox"/> Location was convenient, accessible & large enough <input type="checkbox"/> Provisions were made for hearing/visual impairments <input type="checkbox"/> Provisions were made for those who do not speak English <input type="checkbox"/> Hearings were held in several locations (at least one in each county your agency serves) <input type="checkbox"/> Hearing was not held with board/committee meetings
Address of Hearing:	
Number of Attendees:	
Public Notice: <input type="checkbox"/> Official public notification began at least 2 weeks prior? Date: _____ <input type="checkbox"/> Notice must be posted in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue <input type="checkbox"/> *Print/online newspaper _____ <input type="checkbox"/> *Nutrition sites <input type="checkbox"/> *Senior centers <input type="checkbox"/> Newsletter, radio, TV, social media <input type="checkbox"/> Sent to partner agencies/individuals <input type="checkbox"/> Other _____ <input type="checkbox"/> Notifications include <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Location <input type="checkbox"/> Subject of hearing <input type="checkbox"/> Location and hours that the plan is available for examination <input type="checkbox"/> Where appropriate, notice was made available in languages other than English	

A copy of the notice is included with this report

Summary of Comments:

Changes made to your plan as a result of the input received:

Public Hearing Report 2

Completed report, copy of hearing notice, and copy of actual comments taken during the hearing should be placed in the appendices of the aging plan.

Date of Hearing:	County or Tribe:
Location of Hearing:	Accessibility of Hearing: <input type="checkbox"/> Location was convenient, accessible & large enough <input type="checkbox"/> Provisions were made for hearing/visual impairments <input type="checkbox"/> Provisions were made for those who do not speak English <input type="checkbox"/> Hearings were held in several locations (at least one in each county your agency serves) <input type="checkbox"/> Hearing was not held with board/committee meetings
Address of Hearing:	
Number of Attendees:	
Public Notice: <input type="checkbox"/> Official public notification began at least 2 weeks prior? Date: _____ <input type="checkbox"/> Notice must be posted in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue <input type="checkbox"/> *Print/online newspaper _____ <input type="checkbox"/> *Nutrition sites <input type="checkbox"/> *Senior centers <input type="checkbox"/> Newsletter, radio, TV, social media <input type="checkbox"/> Sent to partner agencies/individuals <input type="checkbox"/> Other _____ <input type="checkbox"/> Notifications include <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Location <input type="checkbox"/> Subject of hearing <input type="checkbox"/> Location and hours that the plan is available for examination <input type="checkbox"/> Where appropriate, notice was made available in languages other than English <input type="checkbox"/> A copy of the notice is included with this report	

Summary of Comments:

Changes made to your plan as a result of the input received:

Goals for the Plan Period

Focus area: Title III-B Supportive Services - Progress towards person centered services, maximizing consumer control and choice & Increase knowledge and skills related to advocacy	Due Date
Goal Statement: Develop and implement program policy identifying economic status, natural supports and risk for out-of-home placement to determine service priority. Create and distribute resource information to individuals not being currently served so they can access advocates and services on their own.	8/2024
Plan for measuring overall goal success: Track assessment scores for new individuals served each month. Track number of individuals resources shared with each month.	

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Develop system to identify greatest needs based on socio-economic status, natural supports and risk for placement.	Program policy will be written and implemented measuring: 1. Income 2. Natural supports (frequency) Risk for out-of-home placement (per Caregiver's report)	8/2022
Action step: Develop referral form that identifies priority of service.	A referral form will be developed, used for all referrals, standardizing information gathered regarding income, natural supports, and risk for out-of-home placement.	8/2022
Action step: Determine consumers service priority	The data collected with each referral, will be weighted. Those consumers determined to be at greatest need based on the outlined criteria, will be serviced first.	8/2022
Action step:	The Division Manager will randomly select care plans for	8/2023

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Create care plan from referral form and application process (assessment tool) to address needs utilizing a client centered approach.	review to assure care plans directly correlate with the identified needs and reflect a client/person centered approach.	
Strategy 2: Inform participants and their families about available community resources and avenues to advocacy, in both the English and Spanish speaking populations so individuals that are not assessed as a priority to be served by this program can find needed resources within the community.	A Community Resource Guide for Supportive Services and Avenues to Advocacy will be developed and distributed in both English and Spanish.	8/2024
Action Step: Educate Aging Unit staff about advocacy issues and resources	Utilize the GWAAR Advocacy resources to educate staff around advocacy issues and resources.	8/2024
Action step: Create and maintain community resource directory of available services to be shared with participants as well as individuals on the waitlist.	A Community Resource Guide for Supportive Services and Avenues to Advocacy will be developed and distributed in both English and Spanish to all participant receiving services or on the waitlist.	8/2024
Action step: Identify Jefferson County service providers agencies that employ bi-lingual personal care workers that can better communicate with Spanish Speaking consumers.	The Resource guide will include information about agencies that employ bi-lingual staff, and will include bi-lingual advocacy resources as well.	8/2024
Action step: Translate and distribute community resource directory to Spanish speaking locations with contact information for the Aging Unit of Jefferson County.	Copies of the Community Resource Guide for Supportive Services and Avenues to Advocacy will be physically available where seniors gather in both Spanish and English.	8/2024
Annual progress notes		

Focus area: Title III-C Nutrition Program-Enhance ongoing community engagement & Progress towards person centered services, maximizing consumer control and choice.	Due Date
<p>Goal statement:</p> <p>Develop and implement a My Meal/My Way restaurant voucher model for Congregate meals to maximize consumer control and choice, enhance person centered services, and enhance ongoing community engagement.</p>	8/2024
<p>Plan for measuring overall goal success:</p> <p>Track number of participants utilizing My Meal -My Way vouchers. Collect user feedback via survey about sense of choice/control over meals and community engagement.</p>	

Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Develop partnership with local restaurants for Nutrition Program Congregate Meal Services.	Local businesses will be approached and new model discussed. One location will be chosen to pilot the new model.	8/2022
Action step: Identify areas of greatest need for restaurant model.	Area with greatest need for establishing a new model will be identified.	1/2022
Action step: Approach local restaurants in that area to discuss options and interest in a partnership.	Once an area is identified, food businesses within that area will receive a letter and phone call to inquire on interest.	2/2022
Action step: Build My Meal, My Way/restaurant/voucher model with local business.	Build model with voucher options for dine in.	6/2022
Strategy 2: Educate public about new Nutrition Program Congregate Meal Options	Inform participants in the chosen area of the new options for them in their area.	8/2022

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Action step: Current Participants	Inform current participants of changes and assure that they understand new processes.	8/2022
Action step: Local Community	Let the greater local community know about the new options.	8/2022
Action step: Open new program pilot	Open doors	9/2022
Strategy 3: Expand to additional communities across Jefferson County		3/2023
Action step: Pilot new model.	This is a time to work out details and adjust as necessary. This is also a time to gather feedback and suggestions from local participants to assure the new program is meeting the needs of the participants.	9/2022
Action step: Approach additional businesses	Approach additional businesses in additional areas of Jefferson County about partnering to offer new Nutrition Program Congregate Meal models.	3/2023
Action step: Kick off new programs in new locations	Starting with the areas of greatest need, establish and open new programs.	6/2023
Strategy 4: Develop survey	Develop survey to gather feedback from consumers regarding My Meal-My Way experience, focusing on community engagement in new program as well as sense of control/choice with new program.	12/2023

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Action Step: Add My Meal My Way questions to annual Nutrition Program survey.	Coordinate with GWAAR to add My Meal-My Way questions to annual survey.	2/2024
Action Step: Conduct Survey with Meal Participant	Annual Survey process	when due
Action Step: Adjust the program based on participant feedback.	Adjust based on consumer feedback to improve the program and its value to the community	8/2024
Annual progress notes		

Focus area: Title III-D Health Promotion - Enhance ongoing community engagement & Progress towards person centered services, maximizing consumer control and choice & Address a barrier to racial equity	Due Date
Goal statement: Increase the number and diversity of individuals participating in programs.	8/2024
Plan for measuring overall goal success Achieve a 10% increase in number of participants each year for 3 consecutive years and coordinate at least one Spanish speaking program facilitated by a Spanish speaking individual.	

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Expand recruitment efforts	Expand the marketing methods for the programs across the county.	6/2023
Action Step: Find 5 new marketing avenues to try.	New marketing avenues to what has been tried in the past.	6/2022
Action Step: Expand ways to offer the courses.	Trial 3 new delivery methods for program in the community.	1/2023
Strategy 2: Expand offerings to Spanish speaking community.	Sponsor a fully Spanish speaking health promotions course complete with Spanish printed materials and a Spanish speaking facilitator.	1/2023
Action step: Identify desired courses specific to Spanish Speaking community	Reach out to Spanish speaking community to determine which programs would be the most desirable.	1/2022
Action step: Explore evidence-based materials available in Spanish	Explore Spanish translated program materials	6/2022
Action step: Identify and train Spanish speaking facilitator	Identify and train Spanish speaking facilitator	8/2022
Strategy 3: Enhance ongoing community engagement	Build partnerships within the Spanish speaking community	1/2023

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
	to bring services to this population.	
Action step: Participate in the Community Partners of Jefferson County meetings	This group focuses on outreach to Spanish speaking families in Jefferson County, share Spanish speaking course information with this group to get it out into the community.	1/2023
Annual progress notes		

Focus area: Title III-E, Caregiver Programs - Enhance ongoing community engagement & Progress towards person centered services, maximizing consumer control and choice & Address a barrier to racial equity & Increase knowledge and skills related to advocacy.	Due Date 8/2024
Goal Statement: Caregivers will have the support they need	8/2024
Plan for measuring overall goal success: Decrease waiting list by 50% and obtain an above average score on a program evaluation to measure participant satisfaction with services.	

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Implement a policy regarding equal distribution of funds.	The policy will be approved and activated.	1/2022
Action step: Develop a policy regarding the equal distribution of grant funds.	A policy will be drafted and approved by the Division Manager.	1/2022
Action step: Send letters to all Caregivers making them aware of the new policy.	All caregiver will receive letters informing them of the new policy.	6/2022
Action step: Host a presentation by the Respite Care Association about their caregiver grant program.	Present to aging coalition	8/2024
Strategy 2: Increase awareness of community resources.	The Dementia Friendly Coalition will be made aware of the needs of caregivers on a quarterly basis.	8/2024
Action step: Contact local organizations, churches, and schools to make them aware of the needs of our caregivers and find out if there are programs they are not aware of.	2 agencies a month will be contacted to let them know if they would like a presentation on services available	8/2024
Action step: Put an article in the newsletter informing its reader of potential contacts through the	The ADRC Newsletter will contain an article with a list of agencies and their phone	8/2024

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
various agencies. Distribute the list of agencies to all caregivers who are referred to us.	number that have volunteers looking to assist caregivers.	
Strategy 3: Educate Caregivers about nontraditional ways to experience respite		
Action step: Quarterly articles on self-care will be inserted into the newsletter.	The ADRC Newsletter will contain articles about self-care.	8/2022
Action step: A pamphlet will be developed and distributed in both English and Spanish that offers creative ways to experience respite.	The pamphlets will be distributed at the meal sites and Senior Centers throughout the county.	8/2024
Strategy 4: Explore interests in other types of support		
Action Steps: Survey caregivers for what they might be interested in then provide resources to connect people with their areas of interest.	Conduct survey then connect to support groups or education, online, virtual, in-person, Trualta, etc.	8/2024
Annual progress notes		

Focus area: Title IIIB - Transportation - Enhance ongoing community engagement & Progress towards person centered services, maximizing consumer control and choice.	Due Date
Goal statement: Increase transportation options to fill system gaps	6/2023
Plan for measuring overall goal success Use ridership data to compare before and after program implementation.	

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
		6/2023
Strategy 1: Increase w/c transportation capacity to meet the demand	Track requests for w/c transportation Compare the number of requests to actual w/c rides provided.	3/2022
Action step: Apply for 5310 grants to purchase (2) new w/c accessible vehicles, prepare 5310 grant applications, and apply	Complete grant application process by due date	1/2022
Action step: Research additional funding sources to purchase w/c accessible vehicle if 5310 grants are denied.	Look into 85.21 funding and ARPA as possible funding sources.	6/2022
Action step: Create a new van driver 2 position for the new w/c accessible vehicles	Develop van driver 2 position description and submit to county board for approval	6/2022
Strategy 2: Increase non-medical transportation opportunities	Track the number of non-medical rides provided each month and compare against previous totals.	6/2022
Action step: Institute weekly shopping trips every Tuesday	Track the number of weekly shopping trips	1/2023

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
		6/2023
Action step: Develop a walking program	Track the number of walking events held each month	1/2023
Action Step: Develop day excursion trips to get seniors out and about	Track the number of day excursion trips offered each month.	1/2023
Strategy 3: Expand hours of operation	Track the number of off-hours rides provided each month.	6/2024
Action step: Evaluate current service to determine where the greatest needs are	Track the number of weekend and off hour rides requested each month.	6/2023
Action step: Apply for additional funding (5310) to expand hours of operation	Complete application process for additional funding to expand hours of operation by due date.	6/2023
Action Step: Secure drivers for after-hours driving.	Post, interview and hire additional drivers to accommodate afterhours rides.	3/2024
Annual progress notes		

Focus area: Communication - Title IIIB & Title IIIC & Title IIID & Title IIIE - Enhance ongoing community engagement & Progress towards person centered services, maximizing consumer control and choice & Increase knowledge and skills related to advocacy & Address a barrier to racial equity.	Due Date 6/2023
Goal statement: Increase awareness of Aging and ADRC programs	6/2023
Plan for measuring overall goal success Track number of outreach efforts to the community around Aging Programs and ADRC activities.	

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Create ADRC Newsletter	Currently we produce and share a caregiver newsletter that is distributed quarterly to caregivers within our programs. I'd like to create an Aging ADRC newsletter to cover all happenings.	1/2023
Action Step: Develop monthly newsletter that covers all things ADRC	All Aging and ADRC programs contribute information to be shared with the community.	6/2022
Action Step: Increase distribution of newsletter around county	Explore grocery stores, churches, gas stations as locations to carry publication.	1/2023
Action Step: Explore additional methods to share information other than newsletter	Develop 2 additional methods to share happenings for community members.	1/2023
Strategy 2: Find a printing resource	Explore local newspapers, inserts into magazines, etc.	6/2022

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Action Step: Reach out to local newspaper organization	Reach out to local newspaper organization	1/2022
Action Step: Reach out to local radio stations	Reach out to local radio stations	1/2022
Annual progress notes		

Focus area: Health Promotion – Social Isolation and Loneliness- Enhance ongoing community engagement & Progress towards person centered services, maximizing consumer control and choice	Due Date 6/2023
Goal statement: Increasing meaningful connections among older adults to reducing the health effects of loneliness and social isolation.	6/2023
Plan for measuring overall goal success: partnerships developed, number of evidence-based workshops implemented – number of participants, number of new facilitators trained.	

Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Include section in newsletter to identify opportunities for socialization within the community	Reach out to community partners to gather ongoing activities being offered in the community.	3/2022
Action Step: Partner with other community entities to share local events.	Partner with other community entities to share local events.	3/2022
Action Step: Add an educational section to address mental health related to isolation and loneliness and share ideas of things to help combat these.	Collaborate with mental health department to develop this section.	3/2022
Strategy 2: Implement interventions to improve meaningful connections in older adults in our community.	Walks, outings, shopping trips with a group.	6/2022
Action Step: Implement or expand evidence-based health promotion programs such as	Develop plan for who, what, when, where, and how of activities.	1/2022

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strong Bodies, PEARLS, Walk with Ease, Mind Over Matter		
Action Step: Target more vulnerable groups such as, immigrant, LGBTQ, minorities & victims of elder abuse in awareness campaign	Track number of minority group members participating in activities.	1/2022
Annual progress notes		

Coordination Between Title III and Title VI

The coordination of services between the county aging unit, tribal aging unit and tribal member is essential to maximize efforts towards health equity within our aging programs.

The Older Americans Act (Sec.306 (6)(G) and (11) (A)(B)(C) requires aging agencies, to the maximum extent possible, to conduct outreach activities to inform Native Americans of programs and benefits under the OAA and to coordinate services provided under Title III with those services provided under Title VI.

The Aging Unit and ADRC of Jefferson County will update their marketing materials to clearly communicate that services offered are available to any tribal members living in Jefferson County. Through coordination with the appropriate tribal aging unit we will ensure the provision of services are made available to tribal members.

Organization, Structure and Leadership of the Aging Unit

The ADRC and all other aging services are co-located within the Human Services Department. All Older American's Act (OAA) programs and services are offered under the umbrella of the ADRC. While also located adjacent to ADRC offices, the Adult Protective Services unit maintains its identity under the Human Services Department.

The Aging and Disability Resource Centers (ADRC's) offer the general public a no-cost, coordinated system of information and access for older people (60+), people with disabilities (17 ½-59), caregivers, family members and professionals alike seeking long-term care supports and resources. ADRC professional staff provides unbiased, objective information on a variety of public and private services and programs.

Primary Contact to Respond to Questions About the Aging Plan

Name: ReBecca Schmidt

Title: Aging and ADRC Division Manager

County: Jefferson County

Organizational Name: Aging and ADRC of Jefferson County

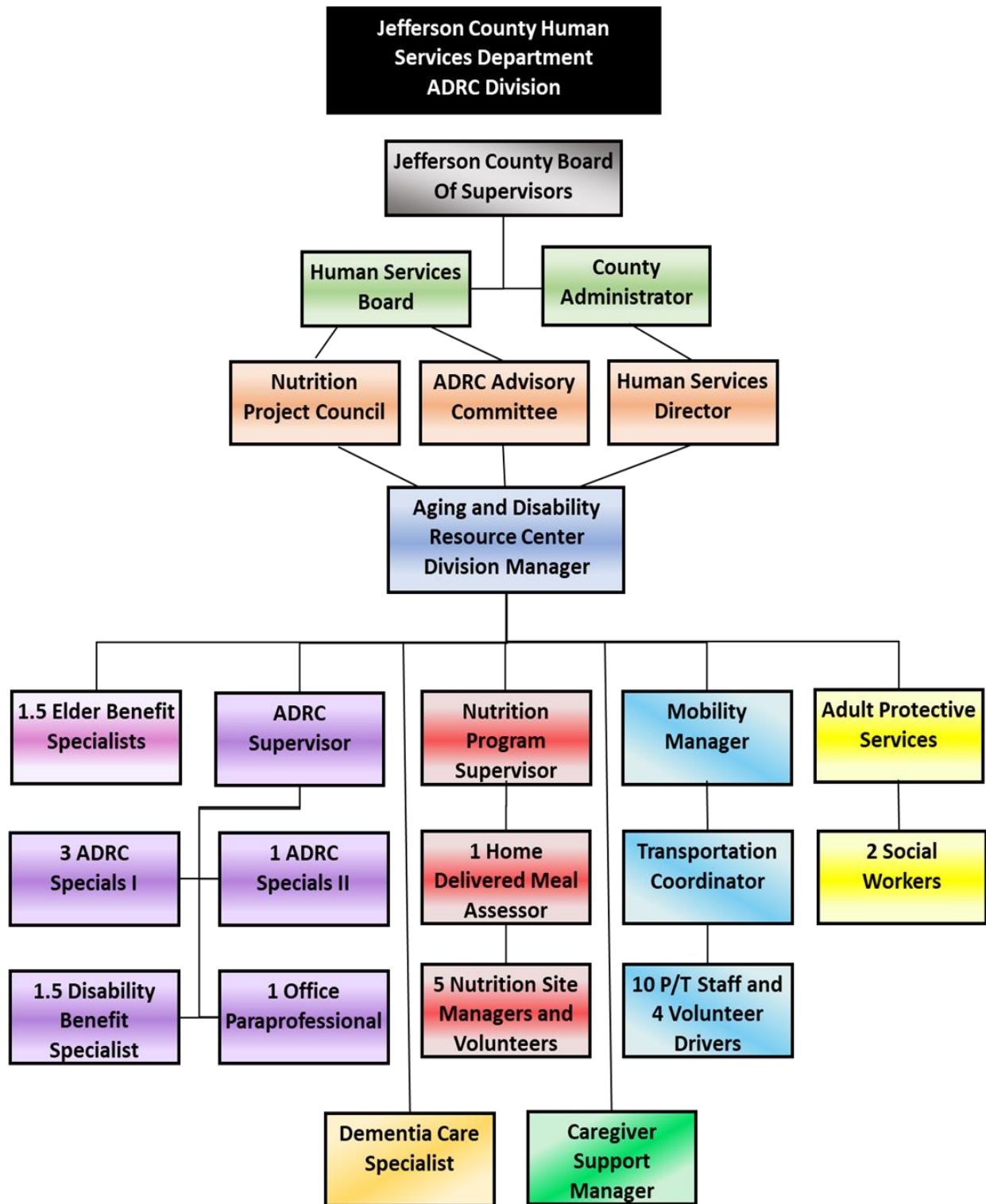
Address: 1541 Annex Rd.

City: Jefferson **State:** WI **Zip Code:** 53549

Email Address: rschmidt@jeffersoncountywi.gov

Phone #: 920-674-8139

Organizational Chart of the Aging Unit



Staff of the Aging Unit

Individuals listed below are employed by the County Aging Unit and ADRC

<p>Name: ReBecca Schmidt</p> <p>Job Title: Aging & Disability Resource Center Division Manager</p> <p>Telephone Number/email Address: 920-674-8139 / rschmidt@jeffersoncountywi.gov</p>
<p>Brief Description of Duties: The purpose of this position is to plan, direct, implement, and monitor the operations of the Aging and Disability Resource Center which, encompasses all State and Federally funded Aging and Transportation programs, and to integrate ADRC and related Aging programs into other Human Services programs, services, funding sources as required based on community and consumer needs.</p>
<p>Name: Dominic Wondolkowski</p> <p>Job Title: Aging & Disability Resource Center Supervisor</p> <p>Telephone Number/email Address: 920-674-8732 dominicw@jeffersoncountywi.gov</p>
<p>Brief Description of Duties: The purpose of this position is to oversee, direct, promote and supervise the daily activities and staff of the Aging and Disability Resource Center.</p>
<p>Name: Kimberly Swanson</p> <p>Job Title: Nutrition Program Supervisor</p> <p>Telephone Number/email Address: 920-674-8134 kimberlys@jeffersoncountywi.gov</p>
<p>Brief Description of Duties: The purpose of this position is to supervise the daily activities and staff of the Senior Dining Programs.</p>

Name: Sharon Endl (PT)

Job Title: Nutrition Outreach Worker

Telephone Number/email Address/email Address: 920-674-8187
SharonE@jeffersoncountywi.gov

Brief Description of Duties:

The purpose of this position is to provide nutrition education and outreach services to individual's 60+; to conduct home delivered meal assessments and implement evidenced based nutrition practices.

Name: Joy Clark, Patti Hills, Julie Schultz, Kevin Purcell, JaNae Kreul (all PT)

Job Title: Senior Dining Program Managers

Telephone Number/email Address: N/A

Brief Description of Duties:

The purpose of the position is to oversee the daily operations of the Senior Dining & Home Delivered Meals Program and to ensure compliance with all rules and regulations.

Name: Alyssa Kulpa (FT) & Karla Nava (PT)

Job Title: Elder Benefit Specialist

Telephone Number/email Address: 920-674-8135 KarlaN@jeffersoncountywi.gov
920-674-1945 Alyssak@jeffersoncountywi.gov

Brief Description of Duties: The purpose of this position is to provide benefit counseling and education, legal information, advocacy and representation to County residents 60 years or older; coordinate efforts with other County, Community and governmental agencies.

Name: Mike Hansen

Job Title: Mobility Manager

Telephone Number/email Address: 920-674-4049 / MichaelH@Jeffersoncountywi.gov

Brief Description of Duties: The Mobility Manager helps older adults, people with disabilities and anyone facing barriers finding transportation. Mobility Managers focus on meeting individual customer needs through a wide range of transportation options and service providers.

Name: Clifford Fleischman

Job Title: Transportation Coordinator

Telephone Number/email Address: 920-674-8104
CFleischmann@jeffersoncountywi.gov

Brief Description of Duties: The purpose of this position is to schedule rides for the elderly and disabled persons, agency clients and others wishing to use the County transportation services and to perform van driver duties for Jefferson County Human Services.

Name: Rick Pfeifer, Lola Klatt, Richard Crosby, Randy Frohmader, Mike Solovey, Dale Schweitzer, Gary Schweitzer, Charlie Wedl, Alan Danielson, and Jacquelyn Ward (all PT paid drivers).

Job Title: Drivers

Telephone Number/email Address: n/a

Brief Description of Duties: The purpose of this position is to provide transportation to seniors and persons with disabilities to medical appointments and other locations as needed.

Name: Heather Janes

Job Title: Dementia Care Specialist

Telephone Number/email Address: 920-675-4035 / HeatherJ@jeffersoncountywi.gov

Brief Description of Duties: The purpose of this position is to increase the dementia capability of Wisconsin's ADRCs, create more dementia friendly communities, and increase opportunities for people with dementia to remain in their own homes as long as is appropriate.

Name: Shelly Theder & Mary Parizck

Job Title: Adult Protective Services

Telephone Number/email Address: 920-674-8126 MParizck@jeffersoncountywi.gov
920-674-8191 Shellyt@jeffersoncountywi.gov

Brief Description of Duties: The purpose of this position is to receive and respond to allegations of abuse/neglect of vulnerable adults using legal interventions when necessary under Chapter's 54 & 55 of the WI Statutes.

Name: Wendy Pettitt

Job Title: ADRC Paraprofessional

Telephone Number/email Address: 920-674-7187 Wendyp@jeffersoncountywi.gov

Brief Description of Duties: The purpose of this position is to greet the general public, answer phones and respond to simple requests for information and support the daily operations of the ADRC.

Name: Shelly Wangerin (FT) & Karla Nava (PT)

Job Title: Disability Benefit Specialist

Telephone Number/email Address: 920-674-8158 Shellyw@jeffersoncountywi.gov
920-674-8135 KarlaN@jeffersoncountywi.gov

Brief Description of Duties: The purpose of this position is to provide comprehensive and current information on government and private sector benefits and programs for adults with disabilities aged 18-59; technical assistance in accessing these programs; advocacy and representation in the areas of consumer rights, grievances, appeals, and hearings at the local, State and Federal levels.

Name: Sara Zwieg, Jennifer Bannister, Erika Holmes, Jacob Sawyers

Job Title: Aging & Disability Resource Specialists

Telephone Number/email Address: 920-674-8140 Erikah@jeffersoncountywi.gov
920-674-7105 JBannister@jeffersoncountywi.gov
920-674-8731 SaraZ@jeffersoncountywi.gov
920-674-8191 JSawyers@jeffersoncountywi.gov

Brief Description of Duties: The purpose of this position is to provide information & assistance, options counseling, short term service coordination, advocacy services and enrollment/disenrollment counseling services to individuals interested in accessing the Family care, Partnership or the IRIS Programs. Services shall be targeted to adults in the following categories: elderly, caregivers, persons with physical or developmental disabilities, persons with mental health and /or AODA issues and youth transitioning from the children's services system into the adult system.

Name: Kim Herman

Job Title: Caregiver Support Specialist

Telephone Number/email Address: KimH@jeffersoncountywi.gov

Brief Description of Duties: Coordinates the AFCSP, NFCSP, and Supportive Services Program. These programs support the family and natural support caregivers for people in our community.

Aging Unit Coordination with ADRCs

The ADRC and all other aging services are co-located within the Human Services Department. All Older American's Act (OAA) programs and services are offered under the umbrella of the ADRC. While also located adjacent to ADRC offices, the Adult Protective Services unit maintains its identity under the Human Services Department.

The Aging and Disability Resource Centers (ADRC's) offer the general public a no-cost, coordinated system of information and access for older people (60+), people with disabilities (17 ½-59), caregivers, family members and professionals alike seeking long-term care supports and resources. ADRC professional staff provides unbiased, objective information on a variety of public and private services and programs.

We promote individual choice using dialectical behavior therapy skills, support informed decision-making, connect people with the services they need and minimize confusion. Our goal is to improve life experience, maintain self-sufficiency, conserve personal resources and delay or prevent the need for potentially expensive long-term care. An ADRC representative is available in person through office and home visits, by telephone, text and email, whichever is more convenient to the individual(s) seeking our assistance. Consumers are referred or transferred to the person responsible for coordinating nutrition services, transportation, and/or caregiver support; however, due to changes in the state ADRC contract, short-term case coordination to assist caregivers in accessing services will be provided by ADRC staff. This is the only OAA service that is shared.

Statutory Requirements for the Structure of the Aging Unit

[Chapter 46.82 of the Wisconsin Statutes](#) sets certain legal requirements for aging units. Consider if the county or tribe is in compliance with the law. If the aging unit is part of an ADRC the requirements of [46.82](#) still apply.

Organization: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
(1) An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	X
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	
Organization of the Commission on Aging: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
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.	
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.	X
For an aging unit that is described in (3) above, the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are	

elected to any office may not constitute 50% or more of the membership of this commission.	
Full-Time Aging Director: The law requires that the aging unit have a full-time director as described below. Does the county have a full-time aging director as required by law?	YES

Role of the Policy-Making Body

Policy-making body

The commission is the policy making entity for aging services and an aging advisory committee is not the commission. Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units.

Membership of the Policy-Making Body

Official Name of the County Aging Unit's Policy-Making Body (list below)			
Jefferson County Human Services Board			
Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson: Jim Mode	X	X	2004
Vice – Chair: Richard Jones	X	X	2007
Secretary: John McKenzie	X		1998
Russell Kutz	X	X	2015
Augie Tietz	X	X	2009
Cynthia Crouse			2015
James Schultz	X		2007

Role of the Advisory Committee

1: Aging & Disability Resource Center Advisory Committee

This committee is actively involved in oversight and planning efforts on behalf of the division's constituents and is responsible for advising the Human Services Board about programs, policies and unmet community needs.

2: Nutrition Project Council

This council is responsible for advising the Nutrition Program Director on all matters relating to the delivery of nutrition and nutrition supportive services within the program

area, including making recommendations regarding days and hours of meal site operations and site locations, setting the annual “suggested donation,” and making recommendations regarding meal site furnishings with regard to persons with disabilities.

Membership of the Advisory Committee

Official Name of the County Aging Unit’s Advisory Committee (list below)			
ADRC Advisory Committee			
Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson: Michael Wineke		X	2021
Vice – Chair: Jeanne Tyler	X		2020
Secretary: Janet Sayer-Hoefl	X		2019
Ruth Fiegi	X		2019
Frankie Fuller	X		2020
Sira Nsibirwa			2021
Ellen Sawyers	X		2019
LaRae Schultz	X		2020
Katie Dixon	X		2021

Budget Summary

The Aging Programs are funded with federal and state dollars, county tax levy, and private donations. Federal funding comes from the Older American's Act or OAA. The Older Americans Act (OAA) specifies that these funds should be directed to individuals with the greatest economic and social need "with particular attention to low-income older individuals, including low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas." The growth of the aging populations in Jefferson County in the coming decades will create opportunities and challenges for our long-term supports and services. Between now and 2040, the proportion of the population age 65 and over will increase significantly. Strategic planning of program services is needed at this time to meet the demand of future consumers. Jefferson county is projected to have a slightly higher than average percentage of community members over the age of 65 in the years to come. The OAA provides the framework under which the Division's two oversight committees exist and operate.

Aging Program budgets include the Caregiver Support program. Caregiver Support includes:

- Alzheimer's Family and Caregiver Support Program (AFCSP) is funded by DHS for \$35,502 in 2021. It is used to cover in-home help, medical equipment, prescriptions medications, respite care, adult daycare, assistive devices, and transportation.
- The National Family Caregiver Support Program (NFCSP) is funded by GWAAR for \$37,329 in 2021, with a \$12,442 County match. The program helps families sustain their efforts to care for older relatives by providing them with information, assistance, caregiver support, respite, and supplemental services. It is anticipated that APRA funding will be available for this program in 2022 and 2023.
- Supportive Services Program is funded by GWAAR for \$76,434 in 2021, with an \$8,493 County Match. Supportive services are intended to help people remain in their homes, with the help that they need, to meet their activities of daily living or access community services. It is anticipated that APRA funding will be available for this program in 2022 and 2023.

The Elderly Nutrition Program supports nutrition services to older adults throughout the County by providing home delivered and congregate site meals. Because of the COVID-19 pandemic, the congregate sites have been closed since March 2020. Funding for this program comes from GWAAR, participant donations, and MCO contributions. For 2021, GWAAR originally provided \$216,955 with a \$24,104 match. The Consolidated Appropriation Act of 2021 provided an additional \$41,580 of funding. A separate Nutrition Supplement Incentive Program (NSIP) contract is provided by GWAAR. This funding was \$20,108 in 2021, and it does not include a County match. It is anticipated that APRA funding will be available for this program in 2022 and 2023.

The Health Promotion and Disease Prevention program is funded by GWAAR for \$5,060 in 2021 with a \$562 County match. It is anticipated that APRA funding will be available for this program in 2022 and 2023.

The Senior Community Services Program is funded by GWAAR for \$7,896 in 2021 with an \$887 County match.

In addition to the amounts listed above, it is anticipated that unspent GWAAR funding from 2020 will be used to carryover and cover some 2021 costs. Finally, GWAAR allowed transfers of funding among their programs in 2021.

Verification of Intent

The purpose of the Verification of Intent is to show that county government has approved the plan. It further signifies the commitment of county government to carry out the plan. Copies of approval documents must be available in the offices of the aging unit.

Use the template provided below and include in the body of the aging plan.

Verification of Intent Template

The person(s) authorized to sign the final plan on behalf of the commission on aging and the county board must sign and indicate their title. This approval must occur before the final plan is submitted to the AAA for approval.

In the case of multi-county aging units, the verification page must be signed by the representatives, board chairpersons, and commission on aging chairpersons, of all participating counties.

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

Signature and Title of the Chairperson of the Commission on Aging	Date
---	------

Signature and Title of the Authorized County Board Representative	Date
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Assurances of Compliance with Federal and State Laws and Regulations

A signed copy of this statement must accompany the plan. The plan must be signed by the person with the designated authority to enter into a legally binding contract. Most often this is the county board chairperson. The assurances agreed to by this signature page must accompany the plan when submitted to the AAA and BADR.

The assurances need not be included with copies of the plan distributed to the public.

Use the template provided below and include in the body of the aging plan.

Compliance with Federal and State Laws and Regulations for 2022-2024

On behalf of the county, we certify

(Give the full name of the county aging unit)

has reviewed the appendix to the county plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2022-2024. We assure that the activities identified in this plan will be carried out to the best of the ability of the county in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2022-2024.

Signature and Title of the Chairperson of the Commission on Aging	Date
---	------

Signature and Title of the Authorized County Board Representative	Date
---	------

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

- The applicant must possess legal authority to apply for the grant.
- A resolution, motion or similar action must be duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein.
- This resolution, motion or similar action must direct and authorize the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.

2. Outreach, Training, Coordination & Public Information

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

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

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

4. Advisory Role to Service Providers of Older Persons

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

5. Contributions for Services

- The applicant shall assure that agencies providing services supported with Older Americans Act and state aging funds shall give older adults a free and voluntary

opportunity to contribute to the costs of services consistent with the Older Americans Act regulations.

- Each older recipient shall determine what he/she is able to contribute toward the cost of the service. No older adult shall be denied a service because he/she will not or cannot contribute to the cost of such service.
- The applicant shall provide that the methods of receiving contributions from individuals by the agencies providing services under the county/tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.
- The applicant must assure that each service provider establishes appropriate procedures to safeguard and account for all contributions.
- The applicant must assure that each service provider considers and reports the contributions made by older people as program income. All program income must be used to expand the size or scope of the funded program that generated the income. Nutrition service providers must use all contributions to expand the nutrition services. Program income must be spent within the contract period that it is generated.

6. Confidentiality

- The applicant shall ensure that no information about, or obtained from an individual and in possession of an agency providing services to such individual under the county/tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.
- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.
- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the State Agency, the Area Agency, the county or tribal aging agency, and any other agency, organization, or individual providing services under the State, area, county, or tribal plan, shall be safeguarded by specific policies.
- Each participant from whom personal information is obtained shall be made aware of his or her rights to:
 - (a) Have full access to any information about one's self which is being kept on file;
 - (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,
 - (c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.
- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately

necessary for determining an individual's need and/or eligibility for services and other benefits.

- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:
 - (a) By court order; or,
 - (b) When securing client-requested services, benefits, or rights.
- The lists of older persons receiving services under any programs funded through the State Agency shall be used solely for the purpose of providing said services, and can only be released with the informed consent of each individual on the list.
- All paid and volunteer staff members providing services or conducting other activities under the area plan shall be informed of and agree to:
 - (a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,
 - (b) All policies and procedures adopted by the State and Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.
- Appropriate precautions shall be taken to protect the safety of all files, microfiche, computer tapes and records in any location which contain sensitive information on individuals receiving services under the State or area plan. This includes but is not limited to assuring registration forms containing personal information are stored in a secure, locked drawer when not in use.

7. Records and Reports

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

8. Licensure and Standards Requirements

- The applicant shall assure that where state or local public jurisdiction requires licensure for the provision of services, agencies providing services under the county/tribal or area plan shall be licensed or shall meet the requirements for licensure.

- The applicant is cognizant of and must agree to operate the program fully in conformance with all applicable state and local standards, including the fire, health, safety and sanitation standards, prescribed in law or regulation.

9. Civil Rights

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

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

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

11. Political Activity of Employees

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

12. Fair Labor Standards Act

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

13. Private Gain

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

14. Assessment and Examination of Records

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

15. Maintenance of Non-Federal Funding

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

16. Regulations of Grantor Agency

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

17. Older Americans Act

Aging Units, through binding agreement/contract with an Area Agency on Aging must support and comply with following requirements under the Older Americans Act (Public Law 89-73) [As Amended Through P.L. 116-131, Enacted March 25, 2020] Reference: 45 CFR Part 1321 – Grants to State and Community Programs on Aging.

Sec. 306. (a)

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

(C) legal assistance;

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

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

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

- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
- (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

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

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

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the Area Agency on Aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

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

- (I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the Area Agency on Aging met the objectives described in clause (a)(4)(A)(i).

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

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(4)(C) Each area agency on aging shall provide assurance that the Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

(6)(F) Each area agency will:

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

(6)(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(9)(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and (Ombudsman programs and services are provided by the Board on Aging and Long Term Care)

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title; (B) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and (C) an assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13) provide assurances that the Area Agency on Aging will

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(B) disclose to the Assistant Secretary and the State agency-

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

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

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

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

Wisconsin Elders Act

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

Wisconsin Statutes Chapter 46.82 Aging unit.

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

- (1) An agency of county or tribal government with the primary purpose of administering programs of services for older individuals of the county or tribe.
- (2) A unit, within a county department under s. 46.215, 46.22
- (3) or 46.23, with the primary purpose of administering programs of
- (4) services for older individuals of the county.
- (5) A private corporation that is organized under ch. 181 and
- (6) that is a nonprofit corporation, as defined in s. 181.0103 (17).

Aging Unit; Creation. A county board of supervisors of a county, the county boards of supervisors of 2 or more contiguous counties or an elected tribal governing body of a federally recognized American Indian tribe or band in this state may choose to administer, at the county or tribal level, programs for older individuals that are funded under 42 USC 3001 to 3057n, 42 USC 5001 and 42 USC 5011 (b). If this is done, the county board or boards of supervisors or tribal governing body shall establish by resolution a county or tribal aging unit to provide the services required under this section. If a county board of supervisors or a tribal governing body chooses, or the county boards of supervisors of 2 or more contiguous counties choose, not to administer the programs for older individuals, the department shall direct the Area Agency on Aging that serves the relevant area to contract with a private, nonprofit corporation to provide for the county, tribe or counties the services required under this section.

Aging Unit; Powers and Duties. In accordance with state statutes, rules promulgated by the department and relevant provisions of 42 USC 3001 to 3057n and as directed by the county or tribal commission on aging, an aging unit:

(a) *Duties.* Shall do all of the following:

1. Work to ensure that all older individuals, regardless of income, have access to information, services and opportunities available through the county or tribal aging unit and have the opportunity to contribute to the cost of services and that the services and resources of the county or tribal aging unit are designed to reach those in greatest social and economic need.
2. Plan for, receive and administer federal, state and county, city, town or village funds allocated under the state and area plan on aging to the county or tribal aging unit and any gifts, grants or payments received by the county or tribal aging unit, for the purposes for which allocated or made.
3. Provide a visible and accessible point of contact for individuals to obtain accurate and comprehensive information about public and private resources available in the community which can meet the needs of older individuals.
4. As specified under s. 46.81, provide older individuals with services of benefit specialists or appropriate referrals for assistance.
5. Organize and administer congregate programs, which shall include a nutrition program and may include one or more senior centers or adult day care or respite care programs, that enable older individuals and their families to secure a variety of services, including nutrition, daytime care, educational or volunteer opportunities, job skills preparation and information on health promotion, consumer affairs and civic participation.
6. Work to secure a countywide or tribal transportation system that makes community programs and opportunities accessible to, and meets the basic needs of, older individuals.
7. Work to ensure that programs and services for older individuals are available to homebound, disabled and non-English speaking persons, and to racial, ethnic and religious minorities.
8. Identify and publicize gaps in services needed by older individuals and provide leadership in developing services and programs, including recruitment and training of volunteers, that address those needs.
9. Work cooperatively with other organizations to enable their services to function effectively for older individuals.
10. Actively incorporate and promote the participation of older individuals in the preparation of a county or tribal comprehensive plan for aging resources that identifies needs, goals, activities and county or tribal resources for older individuals.
11. Provide information to the public about the aging experience and about resources for and within the aging population.
12. Assist in representing needs, views and concerns of older individuals in local decision making and assist older individuals in expressing their views to elected officials and providers of services.

13. If designated under s. 46.27 (3) (b) 6., administer the long-term support community options program.
14. If the department is so requested by the county board of supervisors, administer the pilot projects for home and community –based long-term support services under s. 46.271.
15. If designated under s. 46.90 (2), administer the elder abuse reporting system under s. 46.90.
16. If designated under s. 46.87 (3) (c), administer the Alzheimer’s disease family and caregiver support program under s. 46.87.
17. If designated by the county or in accordance with a contract with the department, operate the specialized transportation assistance program for a county under s. 85.21.
18. Advocate on behalf of older individuals to assist in enabling them to meet their basic needs.
19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.
20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.284 (1) (a) 1., apply to the department to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

(b) Powers. May perform any other general functions necessary to administer services for older individuals.

(4) Commission on Aging.

(a) Appointment.

1. Except as provided under subd. 2., the county board of supervisors in a county that has established a single-county aging unit, the county boards of supervisors in counties that have established a multicounty aging unit or the elected tribal governing body of a federally recognized American Indian tribe or band that has established a tribal aging unit shall, before qualification under this section, appoint a governing and policy-making body to be known as the commission on aging.
2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall appoint, subject to confirmation by the county board of supervisors, the commission on aging. A member of a commission on aging appointed under this subdivision may be removed by the county executive or county administrator for cause.

(b) Composition.

A commission on aging, appointed under par. (a) shall be one of the following:

1. For an aging unit that is described in sub. (1) (a) 1. or 2., organized as a committee of the county board of supervisors, composed of supervisors and, beginning January 1, 1993, advised by an advisory committee, appointed by the county board. Older

individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.

2. For an aging unit that is described in sub. (1) (a) 1. or 2., composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

3. For an aging unit that is described in sub. (1) (a) 3., the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

(c) Terms.

Members of a county or tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one-third of the members shall expire each year, and no member may serve more than 2 consecutive 3-year terms. Vacancies shall be filled in the same manner as the original appointments. A county or tribal commission on aging member appointed under par. (a) 1. may be removed from office for cause by a two-thirds vote of each county board of supervisors or tribal governing body participating in the appointment, on due notice in writing and hearing of the charges against the member.

(c) Powers and duties.

A county or tribal commission on aging appointed under sub. (4) (a) shall, in addition to any other powers or duties established by state law, plan and develop administrative and program policies, in accordance with state law and within limits established by the department of health and family services, if any, for programs in the county or for the tribe or band that are funded by the federal or state government for administration by the aging unit.

Policy decisions not reserved by statute for the department of health and family services may be delegated by the secretary to the county or tribal commission on aging. The county or tribal commission on aging shall direct the aging unit with respect to the powers and duties of the aging unit under sub. (3).

(5) Aging Unit Director; Appointment. A full-time aging unit director shall be appointed on the basis of recognized and demonstrated interest in and knowledge of problems of older individuals, with due regard to training, experience, executive and administrative ability and general qualification and fitness for the performance of his or her duties, by one of the following:

(a) 1. For an aging unit that is described in sub. (1) (a) 1., except as provided in subd. 2., a county or tribal commission on aging shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each

county board of supervisors or the tribal governing body that participated in the appointment of the county or tribal commission on aging. 2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors that participated in the appointment of the county commission on aging.

(b) For an aging unit that is described in sub. (1) (a) 2., the director of the county department under s. 46.215, 46.22 or 46.23 of which the aging unit is a part shall make the appointment, subject to the personnel policies and procedures established by the county board of supervisors.

(d) For an aging unit that is described in sub. (1) (a) 3., the commission on aging under sub. (4) (b) 3. shall make the appointment, subject to ch. 181.

Appendices

Attach copies of comments received during public review of the plan.

Attach other documents that support the aging unit plan.

2021 Provider Contracts (9/03/2021)

2021 Provider Contracts (9/03/2021)											
Contract Number	Provider	Service	Target	2020		2021					
21-368	Lynette M. Studer	CSP Training & Consulting	MH	0.00	per	hour	125.00	per	hour	#DIV/0!	18,000
21-369	Safe Community Coalition of Madison & Dane County	Peer Support & Outreach	MH	0.00	per	hour	55.88	per	hour	#DIV/0!	22,352

Parents Supporting Parents (PSP) is a program that matches parents new to the Child Protective Services (CPS) system with a parent who has been involved in the system. It's a program where parents support and guide other parents so that families can be together without CPS system involvement.

Parent Partners serve as models of hope and sources of support for parents experiencing CPS system involvement.



You want people to understand what you are going through. You feel alone, like there is no one you can talk to and like no one will understand.
~ Haddie Opitz, Parent Partner

Parents Supporting Parents (PSP) cultivates the leadership of Wisconsin parents who have lived experience in the Child Protective Services (CPS) system and believes that parent voice matters.

Parent Partners play an important role in supporting parents currently receiving child protective services and improving the system for parents and children.



PSP Program Coordinator:



Parents Supporting Parents

*If you cannot see where you are going,
ask someone who has been there before.*
~ J Loren Norris



Wisconsin Department of
Children and Families

www.dcf.wisconsin.gov/

Parents Supporting Parents: How it works

The PSP Program is a voluntary program that matches parents currently involved in CPS with a Parent Partner. A Parent Partner is a parent with lived experience in the CPS system. This means that they too were once involved with CPS due to child safety concerns. Parent Partners have successfully completed the process, had their case closed, and are no longer involved with services.

Parent Partners offer support to parents and help them understand how the CPS system works.

I could walk a mile in your shoes. But I already know they're just as uncomfortable as mine. Let's walk next to each other instead.
~ Lynda Meyers, Author



Parents Supporting Parents: Meeting you where you're at

When CPS gets involved with a family, it can feel overwhelming and scary. As a parent, you are probably feeling a lot of different emotions right now. Sometimes it is helpful to talk to someone who understands and "gets it"... someone who can support you and guide you through the process. A Parent Partner is able to offer that support because they were once in your shoes.

Parent Partners offer support in many different ways:

- Listen and offer emotional support
- Explain how the CPS system works
- Share their story and what worked for them
- Encourage you to identify your strengths and build your supports
- Provide encouragement and hope during the tough times
- Support you in preparing for meetings, court hearings, and visits with your child(ren)
- Empower you to learn new skills and get through the process

Parents Supporting Parents: Next steps

If you are interested in working with a Parent Partner or learning more about PSP, please let your social worker know. They will have you sign a Release of Information so that they can contact the PSP Program Coordinator, who will assign a Parent Partner. You can also contact the Coordinator directly to get connected with a Parent Partner.

The Parent Partner will call you to tell you more about the program and themselves and answer any questions you may have. If you decide to participate, the Parent Partner will set up a time to meet with you to complete the PSP enrollment process. They might ask some questions to get to know you, your family, and your situation. This is a normal part of the enrollment process.

All of us, at certain moments of our lives, need to take advice and to receive help from other people.
~ Alexis Carrel



Once enrolled in PSP, you and the Parent Partner will work out a meeting schedule that works for both of you.