

**Human Services Board Agenda - Jefferson County**  
**Jefferson County Workforce Development Center 874 Collins Rd, Room 103**  
**Jefferson, WI 53549**

**Date:** Tuesday, September 10, 2024, **Time:** 8:30 a.m.

**Topic:** Human Services Board Meeting

**Join Zoom Meeting**

<https://us06web.zoom.us/j/94280034464?pwd=dkZGanZ1TFNTV1M0QlhpVGpzS2JnZz09>

**Meeting ID:** 942 8003 4464

**Passcode:** 750434

+13126266799 US (Chicago)

**Committee Members:**

**Jones, Dick (Chair)**  
**Kutz, Russell (Vice Chair)**  
**Wineke, Michael**

**Lund, Kirk**  
**Racanelli, Gino**  
**Ganser, Steve**

1. Call to Order
2. Roll Call (Establish a Quorum)
3. Certification of Compliance with the Open Meetings Law
4. Review of the September 10, 2024, 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 13, 2024, Board Minutes
7. Communications
8. Review of the July 2024 Financial Statement
9. Discuss and Approve August 2024 Vouchers
10. Discussion and Possible Action on the 3 Year Aging Plan for 2025-2027
11. Introduce Dr. Rebecca Radue
12. Discussion and Possible Action on Proclamation Recognizing September as "Recovery Month."
13. Discussion and Possible Action on New 2024 Professional Service Contracts (*SHC, Respite, PC & Companionship, Child Alt Care, and CCS Regional Service Array*)
14. Director's Report
15. Adjourn

**Next Scheduled Meetings:**

Tuesday, October 8, 2024, at 8:30 a.m.

Tuesday, November 12, 2024, 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.

**County Board Supervisors attending meetings remotely** shall have the same rights and privileges as they would have when appearing in person. The official meeting will be convened at the location on the meeting agenda. If appearing remotely, it is the responsibility of the member to maintain audio and video connectivity with the official meeting site. If connectivity is lost, but the physical location of the meeting maintains a quorum, the meeting may continue in the discretion of the chair. Members attending remotely must be able to be heard, and when video is available to the member attending remotely, seen by Committee members and public who are present at the physical location of the meeting. Loss of connectivity will result in the member being considered absent from that portion of the meeting after connectivity is lost.

**JEFFERSON COUNTY HUMAN SERVICES**  
**Board Minutes**  
**August 13, 2024**

**Board Members Present in Person:** Richard Jones, Kirk Lund, Gino Racanelli and Steve Ganser

**Board Members Present via Zoom:** Michael Wineke and Russell Kutz

**Others Present:** Director Brent Ruehlow; Administrative Services Division Manager Brian Bellford; County Administrator Ben Wehmeier, Assistant County Administrator Michael Luckey, Office Manager Kelly Witucki, and Pamela Abrahamsen.

- 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 was established.
- 3. CERTIFICATION OF COMPLIANCE WITH THE OPEN MEETINGS LAW**  
Mr. Ruehlow certified that we are in compliance.
- 4. REVIEW OF THE AUGUST 13, 2024, AGENDA**
- 5. PUBLIC COMMENTS**  
No Comments
- 6. APPROVAL OF THE JULY 10, 2024, BOARD MINUTES**  
Mr. Racanelli made a motion to approve the July 10, 2024, board minutes.  
Mr. Lund seconded.  
Motion passed unanimously.
- 7. COMMUNICATIONS**
- 8. REVIEW OF THE JUNE 2024 FINANCIAL STATEMENT**  
Mr. Bellford reviewed the June financial statement (attached) and reported that we are projecting a positive year-end fund balance of \$901,196. This balance includes our carryover from 2023, including \$650,000 from our reserve carryover. We are, at this point, \$251,915, over the budget when the reserve is excluded.
- 9. DISCUSS AND APPROVE JULY 2024 VOUCHERS**  
Mr. Bellford reviewed the summary sheet of vouchers totaling \$942,124.46 (attached).  
Mr. Lund made a motion to approve the July 2024 vouchers totaling \$942,124.46.  
Mr. Racanelli seconded.  
Motion passed unanimously.
- 10. DISCUSSION AND POSSIBLE ACTION ON NEW 2024 PROFESSIONAL SERVICE CONTRACTS (CCS REGIONAL SERVICE ARRAY, SUPPORTIVE HOME CARE/RESPITE)**  
Mr. Ruehlow reported that we have three new service providers. (attached)  
Mr. Jones made the motion to approve the contracts as listed.  
Mr. Ganser seconded.  
Motion passed unanimously.
- 11. DISCUSSION AND POSSIBLE ACTION ON THE 2025 BUDGET PRESENTATION**  
Mr. Bellford and Mr. Ruehlow reviewed the budget. Mr. Ruehlow commended Mr. Bellford on all his work.

Mr. Lund made a motion to approve the Human Services budget, as presented.  
Mr. Racanelli seconded.  
Motion passed unanimously.

**12. DIRECTOR'S REPORT**

Mr. Ruehlow reported on the following items:

- Last month the board inquired on the number of Termination of Parental Rights (TPR) in 2023. Mr. Ruehlow wanted to share that total, along with totals from the previous years.

YEAR	TOTAL OF TERMINATION OF PARENTAL RIGHTS (TPR)
2019	4
2020	3
2021	19
2022	4
2023	8
2024	1 successful, 4 more that have been filed and 2 that are waiting to be filed by the attorneys.

- The signs at Human Services have been updated to where they are in both English and Spanish.
- Uniquely Wisconsin contacted Human Services to learn more about the Matz Center. They interviewed both Mr. Ruehlow, Ms. Pagel. They also interviewed staff from the Matz Center and a parent of a child who stayed there. This episode will air the weekend of August 31<sup>st</sup>.

**13. ADJOURN**

Mr. Lund made a motion to adjourn the meeting.  
Mr. Racanelli seconded.  
Motion passed unanimously.  
Meeting adjourned at 10:08 a.m.

Minutes prepared by:

Kelly Witucki  
Office Manager  
Human Services

**NEXT BOARD MEETING**

Tuesday, September 10, 2024, at 8:30 a.m.  
Jefferson County Workforce Development Center  
874 Collins Road, Room 103

# Financial Statement Summary

## July, 2024

We are projecting a positive year-end fund balance of \$896,019. This balance includes our carryover from 2023, including \$650,000 from our reserve carryover. We are, at this point, \$246,019, over the budget when the reserve is excluded.

### Summary of Variances:

- CCS continues to be understaffed compared to the budget. **We are projecting \$5,850,072 in total CCS expenses, compared to budgeted costs of \$6,020,315.** This includes \$3,876,935 in staffing (wages, salary, fringe, overhead, and MD costs) compared to a budget of \$4,846,265. However, our contract costs are projected to be \$1,890,439 compared to a budget of \$1,125,000. **Because of this, our revenue from MA is projected to be \$4,288,726, compared to a budget of \$5,396,240, while our WIMCR settlement is projected to be \$1,800,000 compared to a budget of \$900,000.** We have submitted our WIMCR costs, but the final settlement won't be known until December. Our MA revenue has increased from last month, because of higher April billing. We did have more staff position filled from April-July, so we should see additional billing.
- Hospitalizations and detox have been an area of concern, and those costs have improved recently. **Hospital/Detox is projected to be under budget (favorable) by \$112,139 (Net basis):**

	Budget	Actual	Projection
<b>Revenue</b>	\$348,699	\$187,046	\$320,651
<b>Expenditures</b>	\$1,308,435	\$681,478	\$1,168,248
<b>Net</b>	\$(959,736)	\$(494,432)	\$(847,597)

In 2023, our hospitalization net balance was (\$879,913). We saw a large number of hospitalizations early in the year. Those have leveled off, and we have collected MA revenue from many of them, as well. The June 2024 State Institute bill was a net credit of (\$8,915). The July 2024 State Institute bill was a net credit of (\$3,451).

- **Both EMH and CSP revenue are down compared to the budget. EMH MA revenue is projected to be under budget by \$111,743.** At this point, our projection is based on six months of 2024 EMH billing. **CSP is projected to be under budget by \$268,230.** Similar to CCS, we have seen staff vacancies, leave, and fewer billable hours. However, this has increased in the past few months, as well.
- **The Nutrition Programs – Home Delivered Meals, Site Meals, and NSIP – are projected to have a combined \$52,679 net unfavorable balance.** This is compared to an unfavorable balance of \$71,373 last year. We are able to transfer funding from the 3B Supportive Services contract to assist with the Home Delivered Meals.

- **The ADRC is projected to have a favorable balance of \$86,494.** We will spend our entire State contract amount, we are billing a much higher percent to the Fed reimbursement lines, which reimburse at 100%. This is due to the stability of the staff in that program.
- **CLTS revenue is projected to be under budget by \$1,018,927. CLTS expenses are projected to be under budget by \$849,028.** We will continue to add staff and kids to this program. With so many new staff during the year, we haven't seen the exponential increases in costs and revenue that we have seen in prior years.
- **Salary expenses are projected to be under budget by \$1,118,848:** This is because of numerous vacant or unfilled positions. Most of this is because of CCS, CLTS, and CSP. As such, both billing revenue and staffing costs are below budgeted levels.
- **Fringes and benefit expenses are projected to be under budget by \$936,839.** This would be due to several reasons. One, it would correspond to salaries and vacant positions. Two, we are seeing a large variance in health insurance costs.
- **Children Alternate Care expenses are projected to be under budget by \$132,651.** We have a placement at the Central Wisconsin Center, with an estimated cost of \$770/day, that began on 7/31/24, and has been included in our projection. This is the biggest reason for the change the past month. We also have a child at an RCC placement, starting on 5/6/24. This has also been included in our projection.
- **Community Recovery Services (CRS) placements are projected to be under budget by \$237,400.** This is because we anticipated some high-cost placements as part of our budget that we have not seen yet this year.
- **The Legal projects are projected to be \$58,444 over budget when both State revenue and costs are included.** These costs include the TPR (termination of parental rights) and JET (judicial engagement team) costs. DCF does provide funding, in part, to assist with these costs. We did receive some additional funding from DCF to help cover prior year overage in expenditures, which has contributed to the improved projection since last month.
- **Operating Reserve:** We are projecting a year-end balance of \$650,000 in the operating reserve this year.

**BEHAVIOR HEALTH DIVISION:** Projected favorable balance of \$130,111. Hospitalization expenses have decreased significantly lately, and we have seen a decrease in CRS costs. EMH and CSP revenue continue to be under budget, although Outpatient Clinic revenue has helped offset that.

**CHILDREN & FAMILY DIVISION:** Projected favorable balance of \$123,164, because of reduced alternate care costs, as well as staffing costs in Youth Justice and the Initial Intake team. This is offset, in part by CLTS and Legal costs.

**ECONOMIC SUPPORT DIVISION:** Projected favorable balance of \$25,170.

**AGING & ADRC DIVISION:** Projected favorable balance of \$47,315. While the nutrition programs have seen increased costs and are overbudget, this has been offset by ADRC revenue.

**ADMINISTRATIVE DIVISION:** Projected unfavorable balance of \$79,741, because of increased IT expenses.

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

Statements are unaudited.

**JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT**  
**STATEMENT OF REVENUES & EXPENDITURES**  
 July 2024 - Financial Statements

**SUMMARY**

	<b>Y-T-D @ Ledgers</b>	<b>Adjust -ments</b>	<b>Y-T-D Projection</b>	<b>Prior Y-T-D Projection</b>	<b>Prorated Budget</b>	<b>Year End Projection</b>	<b>2024 Budget</b>	<b>Year End Variance</b>
Federal/State Operating Revenues	12,285,217	2,989,334	14,731,671	27,399,024	17,799,116	28,195,783	30,512,771	(2,316,988)
County Funding for Operations (tax levy & transfer in)	5,785,536	0	5,785,536	9,386,735	5,841,113	10,013,337	10,013,337	0
<b>Total Resources Available</b>	<b>18,070,753</b>	<b>2,989,334</b>	<b>20,517,207</b>	<b>36,785,759</b>	<b>23,640,229</b>	<b>38,209,120</b>	<b>40,526,107</b>	<b>(2,316,988)</b>
Total Adjusted Expenditures	21,707,191	930,535	22,637,727	37,257,191	24,114,681	38,606,357	41,819,364	3,213,007
<b>OPERATING SURPLUS (DEFICIT)</b>	<b>(3,636,438)</b>	<b>2,058,799</b>	<b>(2,120,519)</b>	<b>(471,431)</b>	<b>(474,452)</b>	<b>(397,237)</b>	<b>(1,293,256)</b>	<b>896,019</b>
Balance Forward from 2023-Balance Sheet Operating Reserve	1,293,256		1,293,256	1,166,829		1,293,256	1,293,256	0
<b>NET SURPLUS (DEFICIT)</b>	<b>(2,343,182)</b>	<b>2,058,799</b>	<b>(827,263)</b>	<b>695,398</b>	<b>(474,452)</b>	<b>896,019</b>	<b>(0)</b>	<b>896,019</b>

**REVENUES**

**STATE & FEDERAL FUNDING**

MH & AODA Basic County Allocation	1,954,014	(814,173)	1,139,842	1,969,384	1,139,842	1,954,014	1,954,014	0
Children's Basic County Allocation	348,196	458,110	806,306	1,370,942	799,716	1,382,238	1,370,942	11,296
Children's L/T Support Waivers	2,123,096	513,488	2,636,584	4,606,943	3,094,823	4,873,639	5,305,412	(431,773)
Behavioral Health Programs	807,838	46,262	854,100	1,499,815	720,378	1,261,809	1,234,933	26,876
Community Options Program	67,739	59,497	127,236	218,118	127,236	218,118	218,118	0
Aging & Disability Res Center	429,723	333,333	763,056	1,163,274	723,617	1,308,100	1,240,486	67,614
Aging/Transportation Programs	558,685	36,944	595,629	1,016,019	551,978	985,777	946,247	39,530
Project YES!	0	0	0	0	0	0	0	0
Youth Aids	380,335	42,918	423,253	768,918	499,466	728,312	856,227	(127,915)
IV-E Legal and Legal Rep	107,631	0	107,631	103,189	66,145	173,903	113,392	60,511
Children & Families	388,602	38,459	427,061	959,073	428,750	690,185	735,001	(44,816)
I.M. & W-2 Programs	614,560	891,188	962,869	1,741,679	984,346	1,735,723	1,687,450	48,273
Client Assistance Payments	112,924	22,115	135,039	223,082	140,000	231,495	240,000	(8,505)
Early Intervention	189,284	(78,868)	110,416	186,418	108,744	189,284	186,418	2,866
<b>Total State &amp; Federal Funding</b>	<b>8,082,627</b>	<b>1,549,272</b>	<b>9,089,019</b>	<b>15,826,854</b>	<b>9,385,039</b>	<b>15,732,596</b>	<b>16,088,639</b>	<b>(358,909)</b>

**COLLECTIONS & OTHER REVENUE**

Provided Services	2,806,429	1,311,820	4,118,249	8,544,517	6,349,588	9,663,980	10,885,009	(1,221,028)
Child Alternate Care	50,237	0	50,237	111,250	59,440	86,121	101,898	(15,777)
Adult Alternate Care	68,543	0	68,543	128,844	83,160	117,503	142,559	(25,057)
Children's L/T Support	894,307	97,451	991,758	1,507,015	1,334,264	1,700,157	2,287,310	(587,154)
1915i Program	27,010	27,647	54,656	282,251	179,712	278,692	308,078	(29,386)
Donations	71,566	0	71,566	153,265	99,983	122,631	171,400	(48,769)
Cost Reimbursements	85,549	3,144	88,693	173,472	83,687	150,451	143,463	6,989
Other Revenues	198,949	0	198,949	671,556	224,242	343,651	384,415	(40,764)
<b>Total Collections &amp; Other</b>	<b>4,202,590</b>	<b>1,440,062</b>	<b>5,642,652</b>	<b>11,572,169</b>	<b>8,414,077</b>	<b>12,463,187</b>	<b>14,424,132</b>	<b>(1,960,945)</b>

**TOTAL REVENUES**

<b>12,285,217</b>	<b>2,989,334</b>	<b>14,731,671</b>	<b>27,399,024</b>	<b>17,799,116</b>	<b>28,195,783</b>	<b>30,512,771</b>	<b>(2,319,854)</b>
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**EXPENDITURES**

	<b>Y-T-D @ Ledgers</b>	<b>Adjust -ments</b>	<b>Y-T-D Projection</b>	<b>Prior Y-T-D Projection</b>	<b>Prorated Budget</b>	<b>Year End Projection</b>	<b>2024 Budget</b>	<b>Year End Variance</b>
<b><u>WAGES</u></b>								
Behavioral Health	1,902,162	0	1,902,162	2,914,735	1,853,333	3,260,848	3,318,321	(57,473)
Children's & Families	1,393,760	0	1,393,760	2,240,527	1,347,370	2,386,913	2,558,923	(172,010)
Community Support	713,569	0	713,569	1,175,591	791,531	1,223,261	1,356,911	(133,650)
Comp Comm Services	1,454,017	0	1,454,017	2,243,406	1,703,260	2,492,601	2,989,100	(496,498)
Economic Support	807,562	0	807,562	1,340,419	837,093	1,384,392	1,435,016	(50,624)
Aging & Disability Res Center	396,975	0	396,975	615,009	405,549	680,529	695,226	(14,697)
Aging/Transportation Programs	416,594	0	416,594	663,769	400,828	714,161	687,134	27,027
Childrens L/T Support	746,842	0	746,842	1,081,858	847,486	1,280,301	1,452,833	(172,532)
Early Intervention	225,471	0	225,471	380,055	235,666	386,522	403,998	(17,476)
Management/Overhead	797,878	0	797,878	1,262,552	812,545	1,367,791	1,392,934	(25,143)
Lueder Haus	213,648	0	213,648	340,272	234,391	366,253	401,813	(35,560)
Safe & Stable Families	54,973	0	54,973	83,745	37,596	94,239	64,451	29,788
Supported Emplmt	0	0	0	0	0	0	0	0
<b>Total Wages</b>	<b>9,123,451</b>	<b>0</b>	<b>9,123,451</b>	<b>14,341,939</b>	<b>9,506,647</b>	<b>15,637,812</b>	<b>16,756,660</b>	<b>(1,118,848)</b>
<b><u>FRINGE BENEFITS</u></b>								
Social Security	656,542	0	656,542	1,035,944	720,231	1,125,331	1,234,682	(109,352)
Retirement	602,315	0	602,315	929,732	673,455	1,032,374	1,154,494	(122,119)
Health Insurance	1,868,165	0	1,868,165	3,304,340	2,204,087	3,201,981	3,778,434	(576,453)
Other Fringe Benefits	40,602	0	40,602	60,145	91,362	63,563	192,477	(128,914)
<b>Total Fringe Benefits</b>	<b>3,167,623</b>	<b>0</b>	<b>3,167,623</b>	<b>5,330,161</b>	<b>3,689,135</b>	<b>5,423,248</b>	<b>6,360,087</b>	<b>(936,839)</b>
<b><u>OPERATING COSTS</u></b>								
Staff Training	61,705	0	61,705	152,817	72,920	98,616	129,820	(31,204)
Space Costs	978,823	190,391	1,169,213	1,172,286	257,930	1,332,145	442,166	889,979
Supplies & Services	1,407,418	10,184	1,417,602	2,130,300	1,388,924	2,459,269	2,383,262	76,006
Program Expenses	846,966	345,000	1,191,966	2,027,085	774,111	2,052,185	1,327,047	725,138
Employee Travel	94,206	(3,650)	90,556	101,777	71,744	155,239	129,490	25,749
Staff Psychiatrists & Nurse	238,068	0	238,068	380,163	235,740	408,116	404,126	3,989
Birth to 3 Program Costs	191,815	0	191,815	306,672	165,646	328,825	283,965	44,860
Busy Bees Preschool	499	0	499	1,120	642	856	1,100	(244)
Other Operating Costs	25,743	0	25,743	31,323	2,188	31,986	3,750	28,236
Year End Allocations	(209,637)	(8,000)	(217,637)	(306,438)	(123,728)	(382,971)	(243,666)	(139,305)
Capital Outlay	239,016	0	239,016	197,210	270,455	384,162	463,638	(79,476)
<b>Total Operating Costs</b>	<b>3,874,622</b>	<b>533,925</b>	<b>4,408,547</b>	<b>6,194,315</b>	<b>3,116,572</b>	<b>6,868,428</b>	<b>5,324,699</b>	<b>1,543,729</b>
<b><u>BOARD MEMBERS</u></b>								
Per Diems	2,080	0	2,080	4,810	1,292	3,566	2,215	1,351
Travel	382	0	382	736	210	655	360	295
Training	0	0	0	0	0	0	0	0
<b>Total Board Members</b>	<b>2,462</b>	<b>0</b>	<b>2,462</b>	<b>5,546</b>	<b>1,502</b>	<b>4,221</b>	<b>2,575</b>	<b>1,646</b>



	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2024 Budget	Year End Variance
<b><u>CLIENT ASSISTANCE</u></b>								
Donation Expenses	7,410	0	7,410	12,133	33,324	12,702	57,126	(44,424)
Kinship & Other Client Assistance	109,456	12,800	122,256	189,643	130,684	200,438	224,030	(23,592)
<b>Total Client Assistance</b>	<b>116,866</b>	<b>12,800</b>	<b>129,666</b>	<b>201,776</b>	<b>164,008</b>	<b>213,141</b>	<b>281,156</b>	<b>(68,015)</b>
<b><u>MEDICAL ASSISTANCE WAIVERS</u></b>								
Childrens LTS	1,601,790	502,902	2,104,692	4,321,529	2,924,673	4,337,230	5,013,726	(676,496)
<b>Total Medical Assistance Waivers</b>	<b>1,601,790</b>	<b>502,902</b>	<b>2,104,692</b>	<b>4,321,529</b>	<b>2,924,673</b>	<b>4,337,230</b>	<b>5,013,726</b>	<b>(676,496)</b>
<b><u>COMMUNITY CARE</u></b>								
Supportive Home Care	22,959	0	22,959	48,239	35,855	39,359	63,965	(24,606)
Guardianship Services	17,950	0	17,950	70,320	72,858	45,771	124,899	(79,128)
People Ag. Domestic Abuse	14,000	0	14,000	25,000	16,333	28,000	28,000	0
Transportation Services	30,759	0	30,759	87,965	35,000	49,686	60,000	(10,314)
Other Community Care	318,460	111,544	430,005	836,322	315,628	716,982	541,076	175,906
Elderly Nutrition - Congregate	18,560	2,416	20,976	33,335	23,494	34,125	40,276	(6,151)
Elderly Nutrition - Home Delivered	127,611	15,369	142,980	268,146	159,163	245,108	272,852	(27,744)
Elderly Nutrition - Other Costs	2,136	0	2,136	3,364	1,283	3,661	2,200	1,461
<b>Total Community Care</b>	<b>552,435</b>	<b>129,329</b>	<b>681,764</b>	<b>1,372,691</b>	<b>659,614</b>	<b>1,162,692</b>	<b>1,133,268</b>	<b>29,424</b>
<b><u>CHILD ALTERNATE CARE</u></b>								
Foster Care & Treatment Foster	197,669	0	197,669	370,251	204,167	338,860	350,000	(11,140)
Group Home & Placing Agency	113,905	0	113,905	59,400	72,917	195,265	125,000	70,265
Child Caring Institutions	45,704	0	45,704	175,685	218,750	126,029	375,000	(248,971)
Detention Centers	0	0	0	24,250	29,167	0	50,000	(50,000)
Correctional Facilities	0	0	0	0	0	92,400	0	92,400
Shelter & Other Care	99,219	5,890	105,109	161,045	86,377	162,869	148,075	14,794
<b>Total Child Alternate Care</b>	<b>456,496</b>	<b>5,890</b>	<b>462,386</b>	<b>790,632</b>	<b>611,377</b>	<b>915,424</b>	<b>1,048,075</b>	<b>(132,651)</b>
<b><u>HOSPITALS</u></b>								
Detoxification Services	4,936	0	4,936	62,599	35,000	8,462	60,000	(51,538)
Mental Health Institutes	676,542	0	676,542	1,368,508	728,254	1,159,786	1,248,435	(88,649)
Other Inpatient Care	0	0	0	0	0	0	0	0
<b>Total Hospitals</b>	<b>681,478</b>	<b>0</b>	<b>681,478</b>	<b>1,431,107</b>	<b>763,254</b>	<b>1,168,248</b>	<b>1,308,435</b>	<b>(140,187)</b>
<b><u>HS RESERVE FUND</u></b>								
Operating Reserve	0	0	0	0	379,167	0	650,000	(650,000)

**OTHER CONTRACTED**  
 Adult Alternate Care (Non-MAW)  
 Family Care County Contribution  
     1915i Program  
     IV-E TPR  
 Emergency Mental Health  
 Ancillary Medical Costs  
 Miscellaneous Services  
 Prior Year Costs  
 Clearview Commission  
**Total Other Contracted**

Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2024 Budget	Year End Variance
144,397	0	144,397	429,429	170,225	247,538	291,814	(44,276)
625,097	(260,457)	364,640	625,097	364,640	625,098	625,097	1
263,625	0	263,625	546,798	367,675	392,900	630,300	(237,400)
287,432	0	287,432	417,061	216,216	489,611	370,656	118,955
0	0	0	675	2,917	0	5,000	(5,000)
125,458	0	125,458	265,231	134,603	213,987	230,749	(16,762)
683,960	6,146	690,106	982,131	1,041,926	905,870	1,786,158	(880,288)
0	0	0	480	0	0	0	0
0	0	0	594	530	909	909	0
<b>2,129,970</b>	<b>(254,311)</b>	<b>1,875,659</b>	<b>3,267,496</b>	<b>2,298,731</b>	<b>2,875,913</b>	<b>3,940,682</b>	<b>(1,064,770)</b>
<b>TOTAL EXPENDITURES</b>			<b>37,257,191</b>	<b>24,114,681</b>	<b>38,606,357</b>	<b>41,819,364</b>	<b>(3,213,007)</b>

# JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT

## Projection Based on JULY 2024 Revenue & Expenditures Financial Statement

Summary Sheet

() Unfavorable

	Program	Annual Projection			Budget			
		Revenue	Expenditure	Tax Levy	Revenue	Expenditure	Tax Levy	Variance
65000	BASIC ALLOCATION	4,463,446	6,087,387	1,623,941	4,390,585	6,254,877	1,864,292	240,351
65003	LUEDER HAUS	110,574	632,161	521,586	190,000	712,132	522,132	545
65004	UWW QTT	0	0	0	20,000	20,000	0	0
65007	EMERGENCY MENTAL HEALTH	95,236	1,434,058	1,338,821	206,980	1,348,366	1,141,386	(197,435)
63007	YCSF - CAA	390,393	390,393	0	145,000	295,000	150,000	150,000
63008	YCSF - PR	903,358	903,358	(0)	1,374,000	1,374,000	0	0
65010	HOPE (MHBG SUPPL)	1,517	17,622	16,105	26,128	126,128	100,000	83,895
65011	MENTAL HEALTH BLOCK	9,972	9,972	0	26,128	26,128	0	0
65025	COMMUNITY SUPPORT PROGRAM	603,707	2,055,389	1,451,682	1,127,726	2,311,177	1,183,452	(268,230)
65027	COMP COMM SERVICE	6,088,598	5,850,072	(238,526)	6,296,240	6,020,315	(275,926)	(37,400)
63027	FAMILY CENTERED THERAPY	0	83,681	83,681	0	66,210	66,210	(17,471)
65030	ROOM AND BOARD FOR OUD	20,545	27,714	7,169	0	0	0	(7,169)
65031	AODA BLOCK GRANT	109,299	109,299	(0)	109,299	109,299	0	0
65035	AODA BLOCK GRANT SUPPLEMENTAL	14	14	(0)	56,835	56,835	0	0
65032	OPIOID GRANT	132,103	128,764	(3,339)	143,803	143,803	0	3,339
65037	TAD GRANT	0	157	157	0	0	0	(157)
65038	OPIOID SETTLEMENT	125,972	119,848	(6,124)	108,302	91,128	(17,174)	(11,050)
65043	COMMUNITY MENTAL HEALTH	97,609	0	(97,609)	97,609	0	(97,609)	0
65044	CCISY CRISIS GRANT	0	0	0	5,000	5,000	0	0
65063	1915i PROGRAM (CRS)	278,692	432,437	153,745	308,078	630,300	322,222	168,477
65158	ELDER ABUSE	26,314	166,889	140,575	25,025	181,448	156,423	15,848
65077	ADULT PROTECTIVE SERVICES	74,409	77,761	3,352	61,827	62,504	677	(2,675)
65162	APS SUPPLEMENT COVID-19	8,831	8,831	0	0	0	0	0
65034	WATERTOWN FOUNDATION TIC	171	171	0	0	0	0	0
66000	DONATIONS	570	2,116	1,546	(1)	10,787	10,788	9,242
<b>Total</b>	<b>Behavioral Health</b>	<b>13,541,332</b>	<b>18,538,093</b>	<b>4,996,761</b>	<b>14,718,563</b>	<b>19,845,435</b>	<b>5,126,872</b>	<b>130,111</b>

# JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT

## Projection Based on JULY 2024 Revenue & Expenditures Financial Statement

Summary Sheet

() Unfavorable

Program	Annual Projection			Budget			
	Revenue	Expenditure	Tax Levy	Revenue	Expenditure	Tax Levy	Variance
<b>Children &amp; Families</b>							
65001 CHILDREN'S BASIC ALLOCATION	1,580,501	2,281,970	701,469	1,592,040	2,455,895	863,855	162,387
65002 KINSHIP CARE	171,323	171,323	0	180,000	180,000	0	0
65005 YOUTH AIDS	670,257	1,051,625	381,368	676,408	1,229,746	553,337	171,969
65006 YOUTH AIDS - STATE CHARGES	0	92,400	92,400	0	0	0	(92,400)
63105 DOJ: DIVERSIONARY PROGRAMMING	6,993	6,993	0	63,243	63,243	0	0
63109 YOUTH JUSTICE INNOVATION	47,922	47,922	0	112,500	112,500	0	0
60683 CITIZEN'S REVIEW PANEL	6,889	6,889	0	10,000	10,000	0	0
63612 IN HOME SAFETY SERVICES	186,707	469,158	282,452	167,978	186,414	18,436	(264,015)
63112 PARENTS SUPPORTING PARENTS	318,142	328,088	9,946	361,418	376,258	14,839	4,893
63113 RELATIVE CAREGIVER SUPPORT	7,436	7,436	0	9,550	1,000	(8,550)	(8,550)
63114 FAMILY FIRST	939	939	0	0	0	0	0
65009 YA EARLY & INTENSIVE INT	64,314	245,318	181,004	64,314	233,218	168,904	(12,100)
65121 CHILDREN'S COP	218,118	217,739	(379)	218,118	291,118	73,000	73,379
65020 DOMESTIC ABUSE	0	28,000	28,000	0	28,000	28,000	0
65021 SAFE & STABLE FAMILIES	68,067	163,876	95,809	69,786	120,879	51,093	(44,716)
65036 SACWIS	0	9,676	9,676	0	9,676	9,676	0
65040 CHILDRENS LTS WAIV-DD	6,573,795	6,468,471	(105,324)	7,592,722	7,525,466	(67,256)	38,068
65067 COMMUNITY RESPONSE GRANT	0	167,871	167,871	0	185,969	185,969	18,098
63111 FOSTER PARENT RETENTION	5,186	5,186	0	19,000	19,000	0	0
65068 FOSTER PARENT TRAINING	2,367	6,068	3,702	4,269	19,221	14,953	11,251
65060 IV-E CHIPS LEGAL	24,965	96,018	71,053	28,221	108,542	80,321	9,268
65070 IV-E TPR	85,937	143,742	57,805	47,500	125,000	77,500	19,695
65069 LEGAL REP: TPR	3,603	4,381	778	2,000	5,000	3,000	2,222
65079 LEGAL REP: CHIPS	59,398	245,470	186,072	35,671	132,114	96,443	(89,629)
65080 YOUTH DELINQUENCY INTAKE	0	902,335	902,335	0	1,051,925	1,051,925	149,591
63301 WILEARN	0	158,466	158,466	0	0	0	(158,466)
65175 EARLY INTERVENTION (BIRTH TO 3)	244,722	946,711	701,989	214,487	942,933	728,446	26,457
63188 CHILD CARE COUNTS	4,459	10,403	5,944	36,000	36,000	0	(5,944)
65105 KINSHIP ASSESSMENTS	8,518	8,518	0	9,953	9,953	0	0
65120 COORDINATED SERVICE TEAM	60,000	116,161	56,161	60,000	121,642	61,642	5,480
63120 CST SUPPLEMENT	1,758	1,758	0	0	0	0	0
65188 BUSY BEES PRESCHOOL	771	30,845	30,074	3,000	42,667	39,667	9,593
65189 INCREDIBLE YEARS	6,171	60,057	53,886	1,200	114,838	113,638	59,752
66000 DONATIONS	3,933	10,406	6,473	0	43,354	43,354	36,881
<b>Total</b>	<b>10,433,191</b>	<b>14,512,220</b>	<b>4,079,029</b>	<b>11,579,377</b>	<b>15,781,570</b>	<b>4,202,193</b>	<b>123,164</b>

# JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT

## Projection Based on JULY 2024 Revenue & Expenditures Financial Statement

Summary Sheet

() Unfavorable

	Program	Annual Projection			Budget			Variance
		Revenue	Expenditure	Tax Levy	Revenue	Expenditure	Tax Levy	
<b>Economic Support Division</b>								
	65051 INCOME MAINTENANCE	1,577,590	2,209,109	631,520	1,516,112	2,195,319	679,206	47,687
	65053 CHILD DAY CARE ADMIN	142,109	6,733	(135,376)	152,926	6,936	(145,990)	(10,614)
	65071 CHILDREN FIRST	1,024	0	(1,024)	0	0	0	1,024
	65073 FSET	6,483	0	(6,483)	8,459	0	(8,459)	(1,976)
	65100 CLIENT ASSISTANCE	5,550	0	(5,550)	16,500	0	(16,500)	(10,950)
<b>Total</b>	<b>Economic Support Division</b>	<b>1,732,755</b>	<b>2,215,842</b>	<b>483,088</b>	<b>1,693,997</b>	<b>2,202,255</b>	<b>508,258</b>	<b>25,170</b>
<b>Aging Division &amp; ADRC</b>								
	65012 ALZHEIMERS FAM SUPP	20,351	20,351	0	26,465	26,465	0	0
	65046 ADRC - DBS	0	234,535	234,535	0	230,753	230,753	(3,782)
	65048 AGING/DISABIL RESOURCE	1,308,100	965,559	(342,541)	1,240,486	988,221	(252,265)	90,276
	65075 GUARDIANSHIP PROGRAM	0	19,251	19,251	0	25,000	25,000	5,749
	65076 STATE BENEFIT SERVICES	47,784	109,889	62,105	46,694	109,874	63,180	1,075
	65078 NSIP	23,409	28,257	4,848	23,409	23,409	0	(4,848)
	65151 TRANSPORTATION	289,337	509,141	219,803	341,153	518,907	177,754	(42,049)
	65152 IN-HOME SERVICE III-D	0	435	435	3,150	3,500	350	(85)
	65154 SITE MEALS	117,392	127,591	10,199	98,654	141,793	43,139	32,941
	65155 DELIVERED MEALS	247,205	421,237	174,031	317,008	410,267	93,259	(80,772)
	65157 SENIOR COMMUNITY SERVICES	7,986	0	(7,986)	7,986	7,986	0	7,986
	65159 III-B SUPPORTIVE SERVICE	91,466	125,017	33,552	77,636	94,067	16,431	(17,121)
	65163 TITLE III-E (FAMLY CAREGIVER SUPPORT)	36,326	48,435	12,109	40,868	54,500	13,632	1,523
	65195 VEHICLE ESCROW ACCOUNT	99,103	72,262	(26,841)	66,481	97,553	31,072	57,913
	63010 MOBILITY MANAGER	70,322	125,818	55,496	85,005	135,964	50,959	(4,538)
	66000 DONATIONS	243	181	(62)	0	2,985	2,985	3,047
<b>Total</b>	<b>Aging &amp; ADRC Center</b>	<b>2,359,024</b>	<b>2,807,959</b>	<b>448,935</b>	<b>2,374,995</b>	<b>2,871,245</b>	<b>496,250</b>	<b>47,315</b>

# JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT

## Projection Based on JULY 2024 Revenue & Expenditures Financial Statement

Summary Sheet

() Unfavorable

	Program	Annual Projection			Budget			Variance
		Revenue	Expenditure	Tax Levy	Revenue	Expenditure	Tax Levy	
<b>Administrative Services Division</b>								
65187	UNFUNDED SERVICES	8,512	47,233	38,721	10,358	40,200	29,842	(8,879)
63101	COUNTY OWNED HOUSING	10,860	25,675	14,815	10,000	40,330	30,330	15,515
65190	MANAGEMENT	0	0	0	0	0	0	0
65200	OVERHEAD AND TAX LEVY	10,123,446	147,436	(9,976,010)	10,123,816	7,244	(10,116,572)	(140,562)
65210	CAPITAL OUTLAY	0	311,900	311,900	0	366,085	366,085	54,185
	Balance Sheet Non Lapsing Funds	1,293,256	0	(1,293,256)	1,293,256	0	(1,293,256)	0
<b>Total</b>	<b>Administrative Services Division</b>	<b>11,436,074</b>	<b>532,243</b>	<b>(10,903,831)</b>	<b>11,437,430</b>	<b>453,859</b>	<b>(10,983,572)</b>	<b>(79,741)</b>
<b>Human Services Reserve Fund</b>								
63001	Operating Reserve	0	0	0	0	650,000	650,000	650,000
	<b>Reserve Fund</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>650,000</b>	<b>650,000</b>	<b>650,000</b>
<b>GRAND Total</b>		<b>39,502,376</b>	<b>38,606,357</b>	<b>(896,019)</b>	<b>41,804,363</b>	<b>41,804,364</b>	<b>0</b>	<b>896,019</b>

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
<b>January-24</b>					
Foster Care	35	1,024	\$45,874	\$45	\$1,311
Group Home	1	31	\$16,446	\$531	\$16,446
Kinship Care	40	1,294	\$15,218	\$12	\$380
Subsidized Guardianship	14	463	\$7,155	\$15	\$511
RCC's	0	62	\$0	\$0	\$0
RCC's - Out of State	0	0	\$0	\$0	\$0
<b>Total January 2024</b>	<b>90</b>	<b>2874</b>	<b>\$ 84,692</b>	<b>\$29</b>	<b>\$941</b>
	<b>2024 YTD Avg. per Month</b>		<b>\$84,692</b>		
	<b>2023 YTD Avg. per Month (thru January 2023)</b>		<b>\$105,649</b>		
<b>February-24</b>					
Foster Care	41	1,064	\$47,392	\$45	\$1,156
Group Home	1	29	\$15,478	\$534	\$15,478
Kinship Care	39	1,090	\$14,095	\$13	\$361
Subsidized Guardianship	13	377	\$6,708	\$18	\$516
RCC's	0	0	\$0	\$0	\$0
RCC's - Out of State	0	0	\$0	\$0	\$0
<b>Total February 2024</b>	<b>94</b>	<b>2560</b>	<b>\$83,672</b>	<b>\$33</b>	<b>\$890</b>
	<b>2023 YTD Avg. per Month</b>		<b>\$84,182</b>		
	<b>2023 YTD Avg. per Month (thru February 2023)</b>		<b>\$101,078</b>		
<b>March-24</b>					
Foster Care	42	235	\$45,940	\$195	\$1,094
Group Home	1	31	\$16,806	\$542	\$16,806
Kinship Care	38	1,126	\$13,621	\$12	\$358
Subsidized Guardianship	16	457	\$8,293	\$18	\$518
RCC's	0	0	\$0	\$0	\$0
RCC's - Out of State	0	0	\$0	\$0	\$0
<b>Total March 2024</b>	<b>97</b>	<b>1849</b>	<b>\$84,660</b>	<b>\$46</b>	<b>\$873</b>
	<b>2024 YTD Avg. per Month</b>		<b>\$84,341</b>		
	<b>2023 YTD Avg. per Month (thru March 2023)</b>		<b>\$95,926</b>		

Children - Alternate Care Costs

Type of Placement	# of Children	# of Days	Cost	Cost per Day	Cost Per Child
<b>April-24</b>					
Foster Care	34	999	\$45,009	\$45	\$1,324
Group Home	1	30	\$15,962	\$532	\$15,962
Kinship Care	40	1,230	\$15,373	\$12	\$384
Subsidized Guardianship	16	480	\$9,437	\$20	\$590
RCC's	0	30	\$0	\$0	\$0
RCC's - Out of State	0	0	\$0	\$0	\$0
<b>Total April 2024</b>	<b>91</b>	<b>2769</b>	<b>\$85,781</b>	<b>\$31</b>	<b>\$943</b>
	<b>2024 YTD Avg. per Month</b>		<b>\$84,701</b>		
	<b>2023 YTD Avg. per Month (thru April 2023)</b>		<b>\$92,176</b>		
<b>May-24</b>					
Foster Care	37	1,062	\$44,641	\$42	\$1,207
Group Home	1	31	\$16,446	\$531	\$16,446
Kinship Care	38	1,118	\$13,524	\$12	\$356
Subsidized Guardianship	17	537	\$10,573	\$20	\$622
RCC's	1	26	\$13,659	\$525	\$13,659
RCC's - Out of State	0	0	\$0	\$0	\$0
<b>Total May 2024</b>	<b>94</b>	<b>2774</b>	<b>\$98,843</b>	<b>\$36</b>	<b>\$1,052</b>
	<b>2024 YTD Avg. per Month</b>		<b>\$87,530</b>		
	<b>2023 YTD Avg. per Month (thru May 2023)</b>		<b>\$90,772</b>		
<b>June-24</b>					
Foster Care	38	1,096	\$42,472	\$39	\$1,118
Group Home	1	30	\$16,322	\$544	\$16,322
Kinship Care	40	1,188	\$14,850	\$13	\$371
Subsidized Guardianship	18	519	\$10,595	\$20	\$589
RCC's	1	30	\$15,760	\$525	\$15,760
RCC's - Out of State	0	0	\$0	\$0	\$0
<b>Total June 2024</b>	<b>98</b>	<b>2863</b>	<b>\$99,999</b>	<b>\$35</b>	<b>\$1,020</b>
	<b>2024 YTD Avg. per Month</b>		<b>\$89,608</b>		
	<b>2023 YTD Avg. per Month (thru June 2023)</b>		<b>\$88,759</b>		



Children - Alternate Care Costs

Type of Placement	# of Children	# of Days	Cost	Cost per Day	Cost Per Child
<b>July-24</b>					
Foster Care	37	1,083	\$36,562	\$34	\$988
Group Home	1	31	\$16,446	\$531	\$16,446
Kinship Care	36	1,116	\$13,500	\$12	\$375
Subsidized Guardianship	16	513	\$10,756	\$21	\$672
RCC's	1	31	\$16,285	\$525	\$16,285
RCC's - Out of State	0	0	\$0	\$0	\$0
<b>Total July 2024</b>	<b>91</b>	<b>2774</b>	<b>\$93,549</b>	<b>\$34</b>	<b>\$1,028</b>
	<b>2024 YTD Avg. per Month</b>		<b>\$90,171</b>		
	<b>2023 YTD Avg. per Month (thru July 2023)</b>		<b>\$86,908</b>		
		<b>Projected 2024 Cost</b>	<b>\$1,082,049</b>		
		2024 Budget	\$1,109,200		
		(includes kinship not detention/shelter)			

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

<b>Detox Facility</b>	<b>Clients *</b>	<b>Comments</b>	<b>Billed YTD **</b>	<b>Days **</b>
Arbor House	1	July 2024	\$5,151	51
Blandine House	2	July 2024	\$14,100	180
Catholic Charities	2	July 2024	\$13,775	58
Dane County Care Center	0	July 2024	\$0	0
Denoon	3	July 2024	\$5,310	70
Friends of Women	1	July 2024	\$5,435	84
Lutheran Social Services	1	July 2024	\$3,260	58
Mahala's Hope	2	July 2024	\$13,957	134
Mooring House	1	July 2024	\$1,827	21
Oxford House	1	July 2024	\$850	28
Pathways	1	July 2024	\$5,570	121
Tellurian Community	8	July 2024	\$7,502	11
WisHope	6	July 2024	\$18,854	293
<b>All - July 2024</b>	<b>29</b>	<b>2024 total through July</b>	<b>\$95,591</b>	<b>1,109</b>
<b>All - July 2023</b>	<b>39</b>	<b>2023 total through July</b>	<b>\$128,363</b>	<b>1,070</b>

\* Count is based on Unduplicated Clients.

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

**Costs by Month**

<b>Month</b>	<b>Detox</b>	<b>AODA</b>
January	\$0	\$4,380
February	\$1,364	\$9,368
March	\$0	\$14,701
April	\$1,364	\$33,745
May	\$2,728	\$14,571
June	\$682	\$9,448
July	\$1,364	\$1,875
August		
September		
October		
November		
December		

# Jefferson County Aging Plan

**FY 2025–2027**



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## **Executive Summary**

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

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.

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

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 seniors, 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.

This plan identifies goals in the areas of advocacy, nutrition, caregiver support, equity, person centered planning, and health promotions. 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.

## **Context**

Jefferson County is home to an estimated 85,932 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, 2018 – 2022 estimates, the median age in Jefferson County is 41.5 years. The table below estimates that the aging population of 60 and over represents 25% of our county population.

Age Group Estimates	Wisconsin	Jefferson County
Total Population - All Ages, All Races	5,882,128	85,932
60+	1,449,786	21,443
65+	1,038,620	15,142
75+	420,624	5,922
85+	127,919	1,308
% 60+	24.6%	25.0%
% 65+	17.7%	17.6%
% 75+	7.2%	6.9%
% 85+	2.2%	1.5%
Males age 65+	478,089	7,090
Males as percent of 65+ population	46.0%	46.8%
Females age 65+	560,531	8,052
Females as percent of 65+ population	54.0%	53.2%
Source: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates, Table B01001		

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.

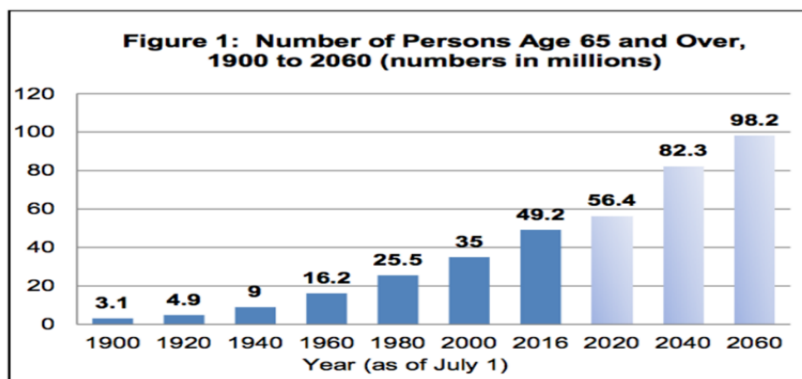
Jefferson County	2015	2020	2025	2030	2035	2040
All Ages	85,455	90,120	93,860	97,305	99,265	100,300
Aged 60 +	18,185	21,360	24,320	26,135	27,215	27,890
Aged 65+	12,735	15,360	18,090	20,605	21,825	22,490
Aged 85+	1,475	1,520	1,770	2,155	2,815	3,570

### Social and Economic characteristics

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.

<b>Ratio of Income to Poverty: Ages 65 and Older*</b>	<b>Wisconsin</b>	<b>Jefferson County</b>
<b>Total, Age 65+</b>	<b>926,836</b>	<b>13,663</b>
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.		
Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B17024, 1/2021		

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.



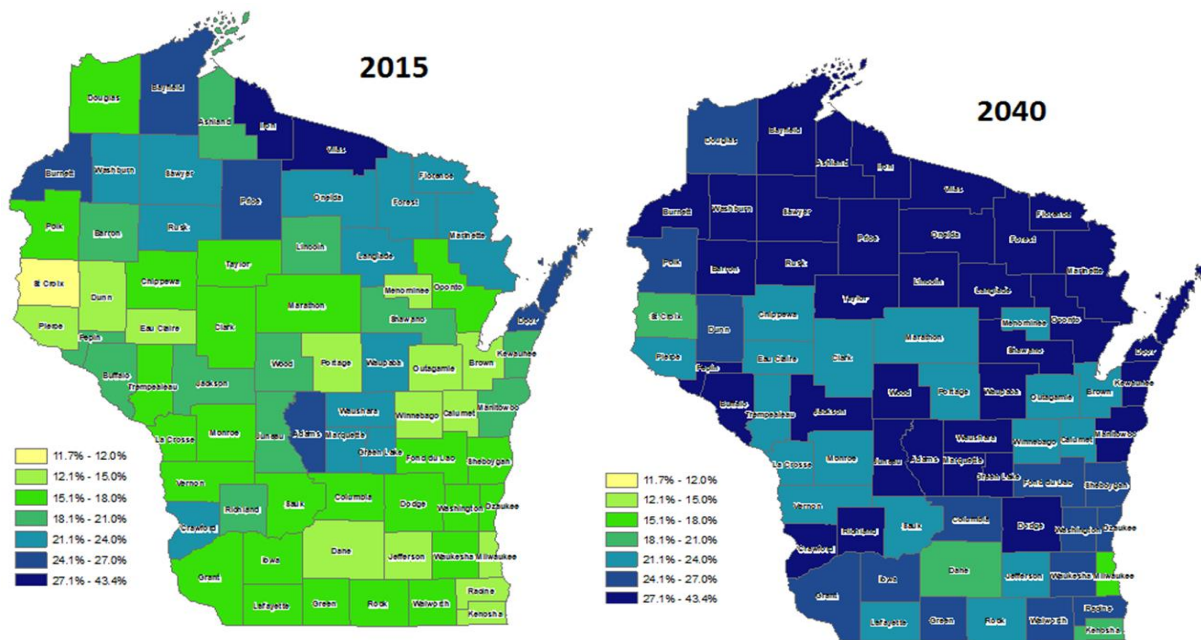
Note: Increments in years are uneven. Lighter bars indicate projections.  
Source: U.S. Census Bureau, Population Estimates and Projections.

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 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 the need for our services is going to grow significantly over the next few years.

## Development of the Aging Plan

This planning period we found the most success with reaching people through paper and electronic surveys as well as interviews.

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 conducted in-person



interviews with community members to gather feedback for this survey as well. The in-person interviews were based on the same questions contained in the survey. This method of gathering community information allowed participants to give greater detail to their responses and allowed the interviewer to ask additional questions to gather more information.

Four individuals were interviewed by members of the advisory committee.

1. Sue is a 74-year-old retired schoolteacher from Watertown. She remains active in the community and has heard of the ADRC but has never reached out for services. She was pleased to hear about the Aging Programs offered in Jefferson County.
2. Ida is an 80-year-old retired woman whose husband passed away several years ago and is living alone. She lives in Fort Atkinson with her granddaughter living close by. She said that her granddaughter is a real source of support to her. Ida has heard of the ADRC and some of the aging programs offered but has not reached out.
3. Ralph is a 77-year-old gentleman living in Palmyra. He is retired and living with his wife and son on the family farm. Ralph had not heard of the ADRC or the Aging Programs and was interested in learning more about them.
4. Mary is 69 years old. She has worked several jobs in her lifetime and is recently retired. Mary has been in contact with the ADRC due to her caregiving for her aunt in her home. She has participated in the Caregiver Support program and is aware of several of the aging Programs offered in Jefferson County.

The following are summaries of the responses given during the in-person interviews.

If yes, what services could the Aging Programs through Jefferson County provide to enhance your caregiving experience?

Not all our interviewees had been caregivers but all of them had known people that were. When asked about ways to support caregivers they talked about connecting people to others that are doing the same thing and could be supports. They also talked about the financial strain on caregivers as well as the emotional strain. They all mentioned offering caregivers a break, but also acknowledged that many caregivers feel that another person would not be able to take care of their loved one as well as they were. One respondent said that some sort of caregiving classes might be helpful.

What Senior Nutrition Services would you most like to see as a part of the Jefferson County Senior Nutrition Program?

None of the interviewees had participated in the Senior Nutrition Program, yet all of them said that they felt the program is very important. When asked about what they would like to see as part of the Nutrition program they talked about healthy foods, variety and quality of meals, and fresh fruits and vegetables. The most common comment was that the food should taste good so the people receiving meals can enjoy their meals. Another common discussion point was specialized meals such as diabetic meals, low salt needs, and extra calory needs. There are many different dietary reconditions from doctors these days and it can be challenging to meet these recommendations for everyone. Making sure participants in the nutrition program are getting meals that meet their specific dietary needs is important.

One of our interviewees said that she is aware of congregate dining but would not be interested in going to the senior centers for meals. She feels that would be uncomfortable for her to go eat with people she does not know. She understands that home delivered meals need to be limited to people who cannot get out of their homes but would like to see other options for meals in the community.

#### How could we improve access to transportation services in our community?

Resondents shared that the lack of transportation in Jefferson County does affect either themselves or someone they know. The county being rural can be a barrier to getting needs met due to resources being spread out between smaller towns. Transportation between the small towns is difficult to secure and very expensive when it can be found.

The interviewee that was familiar with the ADRC transportation program reported that they feel the current program is a good program and they are very pleased with how easy it is to use. The program is limited to people over the age of 60 or living with a disability. The interviewee thought it would be great if there were similar services for other demographics.

When asked about shared rides all the respondents stated that they would prefer to not have to share but they also understand the need to sometimes share rides to get more people where they need to go. When asked about the Cycling Without Age program, all the respondent stated that they would not be interested in the program at this time.

#### Which of the following free heath promotions classes would you be most interested in attending? The top 3:

The individuals interviewed shared that they thought classes focused on health and exercising would be great. They also talked about classes to help support caregivers. The idea that any classes offered should be fun to attend and give people

opportunities to get together with other people for socialization was consistent between our interviewees.

Weekday afternoons and evenings were the times and days that were most convenient to our interviewees. One interviewee said that offering classes at different times might help to make sure everyone can find a class that will work for them and their schedules.

### What other suggestions do you have for improving the Aging Programs in Jefferson County?

Some of the suggestions the interviewees had were to offer fun social gathering activities, as well as transportation to and from these activities. They also mentioned walking programs or routes that people could take that have been determined to be safe and enjoyable for older people wanting to take walks. They also talked about transportation needs, social connections, and family connections such as supports for family caregivers, transportation to and from family events and family education about aging.

Surveys were printed in the ADRC monthly newsletter, LINK with return information provided. These newsletters are mailed to over 450 community members as well as made available in all of the senior centers, and libraries across the county. Surveys were mailed out to participants in the transportation, caregiver, and nutrition programs as well as handed out at our front desk.

A survey Monkey was set up and the link shared through newsletters, community events such as memory café's, farmer's markets, and conference events as well as on the ADRC Website.

We received 116 responses to our survey. The survey questions and top 3 responses to each question can be found below.

### **The top responses from each survey question were as follows:**

1. Are you 60 years of age or older?
  - Greater than 50% were over the age of 60.
2. Are you a caregiver?
  - Greater than 50% were *not* caregivers.
3. If yes, what services could the Aging Programs through Jefferson County provide to enhance your caregiving experience?
  - Day care for elderly

- Rides to medical appointments
  - Caregiver resources
4. What Senior Nutrition Services would you most like to see as a part of the Jefferson County Senior Nutrition Program? Top 3:
    - Fresh Menu selections when possible (ie: fresh fruit fresh vegetables, fresh baked goods.
    - Meals that accommodate a variety of diets (vegan, vegetarian, gluten free, diabetic, low sodium, meals from different cultures, etc.)
    - Focus on Nutrients and nutritional value of foods.
  5. How could we improve access to transportation services in our community?
    - Let us know what the access is
    - Interest in ridesharing
    - Dependable service and easy booking
  6. The transportation program is considering implementation of shared rides to increase efficiency amongst drivers and lower costs for riders. Would you be interested in sharing a ride with another person?
    - 41% said YES
    - 37% said NO
  7. Would you be interested in participating in a “Cycling Without Age” (Volunteers who pedal trishaws with seniors) program?
    - 18% said YES
    - 70% said NO
  8. Which of the following free health promotions classes would you be most interested in attending? The top 3:
    - Brain & Body Fitness
    - Boost Your Brain and Memory
    - Stress-Busting Program
  9. What days and times would work best for you to attend one of the above programs?
    - Weekday afternoons & evenings
  10. What other suggestions do you have for improving the Aging Programs in Jefferson County? Top 3:
    - More information about what is available – community awareness
    - List of volunteer needs
    - More free programs

## Partners and resources

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 Latino 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.
- Tomorrow’s Hope – Coordinate several community events to support the shared focus on Dementia awareness.

## Public hearings

### Public Hearing Report 1

<b>Date of Hearing:</b>	<b>County or Tribe:</b>
<b>September 11, 2024</b>	<b>Jefferson County</b>
<b>Location of Hearing:</b>	<b>Accessibility of Hearing:</b> X Location was convenient, accessible & large enough X Provisions were made for hearing/visual impairments X Provisions were made for those who do not speak English X Hearings were held in several locations (at least one in each county your agency serves) X Hearing was not held with board/committee meetings
<b>Jefferson Public Library</b>	
<b>Address of Hearing:</b>	
<b>321 S. Main St. Jefferson WI. 53549</b>	
<b>Number of Attendees:</b>	
<b>Public Notice:</b>	
X Official public notification began at least 2 weeks prior? Date: __ <b>X Notice must be posted</b> in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue <b>X *Print/online newspaper:</b> Watertown Daily Times & Daily Union <b>X *Nutrition sites</b> <b>X *Senior centers</b> X Newsletter, radio, TV, social media <input type="checkbox"/> Sent to partner agencies/individuals <input type="checkbox"/> Other _____	
X Notifications include X Date X Time X Location	

<p>X Subject of hearing</p> <p>X Location and hours that the plan is available for examination</p> <p>X Where appropriate, notice was made available in languages other than English</p> <p>X A copy of the notice is included with this report</p>
<p><b>Summary of Comments:</b></p>
<p><b>Changes made to your plan as a result of the input received:</b></p>

**Public Hearing Report 2**

<p><b>Date of Hearing:</b></p> <p><b>September 26, 2024</b></p>	<p><b>County or Tribe:</b></p> <p><b>Jefferson County</b></p>
<p><b>Location of Hearing:</b></p> <p><b>Jefferson Public Library</b></p>	<p><b>Accessibility of Hearing:</b></p> <p>X Location was convenient, accessible &amp; large enough</p> <p>X Provisions were made for hearing/visual impairments</p> <p>X Provisions were made for those who do not speak English</p> <p>X Hearings were held in several locations (at least one in each county your agency serves)</p> <p>X Hearing was not held with board/committee meetings</p>
<p><b>Address of Hearing:</b></p> <p><b>321 S. Main St. Jefferson WI. 53549</b></p>	
<p><b>Number of Attendees:</b></p>	
<p><b>Public Notice:</b></p> <p>X Official public notification began at least 2 weeks prior? Date: __</p> <p><b>X Notice must be posted</b> in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue</p> <p><b>X *Print/online newspaper:</b> Watertown Daily Times &amp; Daily Union</p> <p><b>X *Nutrition sites</b></p> <p><b>X *Senior centers</b></p> <p>X Newsletter, radio, TV, social media</p> <p><input type="checkbox"/> Sent to partner agencies/individuals</p> <p><input type="checkbox"/> Other _____</p> <p>X Notifications include</p> <p>X Date</p> <p>X Time</p>	

<p>X Location</p> <p>X Subject of hearing</p> <p>X Location and hours that the plan is available for examination</p> <p>X Where appropriate, notice was made available in languages other than English</p> <p>X A copy of the notice is included with this report</p>
<p><b>Summary of Comments:</b></p>
<p><b>Changes made to your plan as a result of the input received:</b></p>

## Goals and strategies

<p><b>1. Older Americans Act program area</b> (Select a program area if applicable.)</p> <p><input checked="" type="checkbox"/> Title III-B Supportive Services</p> <p><input type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program</p> <p><input type="checkbox"/> Title III-D Evidence-Based Health Promotion</p> <p><input type="checkbox"/> Title III-E Caregiver Supports</p>
<p><b>Aging Network value</b> (Select a value if applicable.)</p> <p><input type="checkbox"/> Person centeredness</p> <p><input type="checkbox"/> Equity</p> <p><input checked="" type="checkbox"/> Advocacy</p>
<p><b>Goal statement:</b> The ADRC, Aging program staff, Advisory Committee, and Title 3B program participants will have training and educational opportunity to become strong advocates for Aging Programs.</p>
<p><b>Plan or strategy:</b></p> <ul style="list-style-type: none"> <li>• Advocacy Training – for staff and committee members – Ask GWAAR Advocacy Consultant to staff training as well as committee meeting.</li> <li>• Annual trainings - Janet Zandar do a 101.</li> <li>• Get to know your legislators</li> <li>• Add Advocacy to ADRC Advisory Agenda</li> </ul>



- Wisconsin Advocacy Network – staff member and/or committee members attend meetings
- Have a staff/board and or T3B participant attend Aging Advocacy Day in May
- Send advocacy materials/training to T3B program participants 2x each year.
- Send invites to participants for Advocacy events in the community.
- Conduct Survey of T3B participants annually around advocacy knowledge and interests.

**Documenting efforts and tools:**

- Attendance of ADRC and Aging staff and committee members at the Aging Advocacy Day in May.
- At least 3 staff or participants will participate in Aging Advocacy Day annually.
- Survey Results will indicate advocacy information helpful

**2. Older Americans Act program area** (Select a program area if applicable.)

- Title III-B Supportive Services
- Title III-C1 and/or III-C2 Nutrition Program
- Title III-D Evidence-Based Health Promotion
- Title III-E Caregiver Supports

**Aging Network value** (Select a value if applicable.)

- Person centeredness
- Equity
- Advocacy

**Goal statement:** Due to limited capacity and the desire to avoid waitlists, we will implement the GWAAR Person-Centered Meal Prioritization Process over the next 3 years. This will ensure that we can positively influence the nutrition, socialization, and overall health of qualifying community members 60+ by offering the most appropriate type of home delivered

meal and/or offering additional options for congregate dining while operating within our capacity and avoiding waitlists.

**Plan or strategy:**

We will implement the GWAAR Person-Centered Meal Prioritization Process to optimize the delivery of meals and congregate options within the OAA Nutrition Program. This will ensure that Individuals with the highest nutritional needs are being served within the means of program resources while also offering person-centered services to those with moderate to low needs that meet the person where they are, to optimize their nutrition status and enhance their quality of life.

- ESMMWL – Nutrition Education offered to community, Referrals from Hospitals
- Create alternative congregate Options such as voucher programs
- Different ethnic restaurants – Pop up sites
- Explore starting a community garden for the programs

**Documenting efforts and tools:**

- Staff will be informed and trained on the process between July and December of 2024. The process will be implemented for all new participants and reassessments by January 2025.
- Assess # participants who are short term (less than 3 months), High, Moderate and Low need to better understand the demand.
- Offer at least 3 options of meal choices for congregate meals
- Start a senior community garden to grow fresh vegetables for congregate and home delivered meals.

**3. Older Americans Act program area (Select a program area if applicable.)**

- Title III-B Supportive Services
- Title III-C1 and/or III-C2 Nutrition Program
- Title III-D Evidence-Based Health Promotion

<input type="checkbox"/> Title III-E Caregiver Supports
<b>Aging Network value</b> (Select a value if applicable.)
<input checked="" type="checkbox"/> Person centeredness <input checked="" type="checkbox"/> Equity <input type="checkbox"/> Advocacy
<b>Goal statement:</b> Expand high level evidence-based programming and access, to increase attendance in Jefferson County,
<b>Plan or strategy:</b> <ul style="list-style-type: none"> <li>• Partner with other vendors, hospitals, senior centers, etc.</li> <li>• Increase Recruitment efforts – connect with WiHa</li> <li>• Have staff member attend Health promotion Webinars.</li> <li>• WiHa virtual programs offer each year</li> <li>• Work with Angie Sullivan to form partnerships with health organizations.</li> <li>• Track where people heard of the programs for future marketing/planning</li> </ul>
<b>Documenting efforts and tools:</b> <ul style="list-style-type: none"> <li>• Track the number of programs offered as well as the number of participants.</li> <li>• Look for a 10% increase each year for 3 years.</li> </ul>

<b>4. Older Americans Act program area</b> (Select a program area if applicable.)
<input type="checkbox"/> Title III-B Supportive Services <input type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program <input type="checkbox"/> Title III-D Evidence-Based Health Promotion <input checked="" type="checkbox"/> Title III-E Caregiver Supports
<b>Aging Network value</b> (Select a value if applicable.)
<input checked="" type="checkbox"/> Person centeredness <input type="checkbox"/> Equity <input checked="" type="checkbox"/> Advocacy

**Goal statement:** Increase awareness and knowledge of Power of Attorney for Health Care and finance amongst participants in the caregiver programs.

**Plan or strategy:**

- Create and offer a POA workshops
- Collect evaluations from trainings to improve trainings – offer at local senior centers, libraries, and senior apartment complexes.
- Hand out POA paperwork with directions for completion at all workshops
- Send POA paperwork with directions to all participants
- Ask participants to let us know if they completed the paperwork. Offer an incentive – certificate?
- Partner with Hospital – Attend National POA day

**Documenting efforts and tools:**

- Hand out evaluation forms at all workshops to gather feedback.
- Track # of POA completed.
- Track # of workshops offered and number of participants at each workshop.
- Participate with 2 local hospitals for POA community efforts.

## **Program Advancement**

### Community engagement and public input

The ADRC and Aging unit continuously encourage feedback and public engagement through several avenues. The ADRC website has contacts listed for community members to reach out with feedback or questions. The monthly newsletter shares phone numbers to reach all staff in the ADRC and for all of the aging programs.

Evaluation and feedback forms are distributed at each of our community events asking for the communities thoughts and opinions. We hold several community events from attendance at conferences, farmer's markets, facilitation of memory café's, youth transition events, and community educational opportunities where we share the services offered by the ADRC and Aging programs.

Our ADRC and Aging Advisory Committee is a large group of individuals who are very involved in their local community. These individuals bring feedback from the

community to the advisory meetings to discuss and consider. We are committed to being an agency for the community and by the community.

### Title III and Title VI coordination

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 is updating their marketing materials and website to clearly communicate those 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.

### Aging unit integration and collaboration with the local aging and disability resource center

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 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.

### Emergency preparedness

The COVID pandemic taught us a great deal about maintaining services through a crisis. During the pandemic our goals and vision remained the same, with getting services, resources and information out to our community as a primary goal.

To do this we had to learn to work from alternative locations as coming into the office was not always an option. Our staff was provided with equipment, laptops and cell phones, to work from their homes, or public locations for safety and convenience of our customers. Our staff continues to work remote part of the time to assure these systems continue to be adequate in meeting the community needs.

During the pandemic our nutrition program had to make significant adjustments to the way food was handed out. Congregate meals ended and carry out meals were created. Home delivered meals became the primary method of delivery. Moving forward we will be creating back up plans for all the meal sites in case of local emergency. We will also be developing a backup plan in case the current caterer were unable to continue services for any reason.

Our educational programs transitioned from in person to virtual for health and safety during the pandemic. Today we continue a mix of both in person and virtual opportunities for participants.

Jefferson County Human Services has an emergency plan in place. The ADRC and Aging programs are included in this Human Services plan.

## **Organizational structure and leadership of the aging unit**

### Primary Contact, 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.

## Primary contact to respond to questions about the aging plan

Name: ReBecca Schmidt

Title: Aging and ADRC Division Manager

County: Jefferson

Organizational Name: ADRC of Jefferson County

Address: 1541 Annex Rd.

City: Jefferson

State: WI

Zip Code: 53549

Email Address: [rschmidt@jeffersoncountywi.gov](mailto:rschmidt@jeffersoncountywi.gov)

Phone: 920-674-8139

## Organizational Chart of the Aging Unit:



## Aging unit coordination with the aging and disability resource center

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.

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 Policy-making body

<b>Organizational structure:</b> Choose the option that represents the organizational structure of the aging unit.	<b>Check one</b>
(1) An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	<input type="checkbox"/>
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	<input checked="" type="checkbox"/>
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	<input type="checkbox"/>
<b>Composition of the policy-making body:</b> Choose the option that represents the composition of the policy-making body.	<b>Check one</b>
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.	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>



<b>Full-time aging director:</b> The law requires that the aging unit have a full-time aging director.	<b>Check one</b>
The aging unit has a full-time aging director as required by law.	<input checked="" type="checkbox"/>
The aging unit does not have a full-time aging director as required by law.	<input type="checkbox"/>

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.

Official name of the policy-making body: Jefferson County Human Services Board

Chairperson of the policy-making body: Richard Jones

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.

Official name of the advisory committee: ADRC Advisory Committee

Chairperson of the advisory committee: John Donohue

Nutrition Project Counsel

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 regarding persons with disabilities.

Official name of the Nutrition Project Counsel: Nutrition Project Counsel

Chairperson of the Nutrition Project Counsel: Frankie Fuller

**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 at \$40,500 for 2024. 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 \$39,806 in 2024, with a required \$13,075 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.
- Supportive Services Program is funded by GWAAR for \$78,332 in 2024, with a required \$8,704 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.

The Senior Nutrition Program supports nutrition services to older adults throughout the County by providing home delivered and congregate site meals. Congregate sites have all been re-opened following the COVID-19 pandemic. Funding for this program comes from GWAAR, participant donations, and MCO contributions. For 2024, The budget for 2024 is \$232,622. A separate Nutrition Supplement Incentive Program (NSIP) contract is provided by GWAAR. This funding was \$22,072 in 2024, and it does not include a county match.

The Health Promotion and Disease Prevention program is funded by GWAAR for \$9,148 in 2024.

The Senior Community Services Program is funded by GWAAR for \$7,986 in 2024 with an \$887 County match.

In addition to the amounts listed above, it is anticipated that unspent GWAAR funding from 2023 will be used to carryover and cover some 2024 costs.

**Verification of Intent – See attached signature page at end of document**

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 in the appendences.

**Assurances of Compliance with Federal and State Laws and Regulations – See attached signature page at end of document**

A signed copy of this statement must accompany the plan. The plan must be signed by the person with the designated authority to enter 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 in the appendences.

**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 oneself 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 oneself 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:**

**Community Engagement Report 1**

<b>Your County or Tribe:</b> Jefferson	<b>Date/s of Event or Effort:</b> Paper and Electronic Survey
<b>Target audience(s):</b> Jefferson County residents	<b>Number of Participants/ Respondents:</b> 112
<b>Describe the method used including partners and outreach done to solicit responses:</b> <ul style="list-style-type: none"><li>• Surveys sent through the mail to all current participants of Aging Programs</li><li>• Transportation drivers handed out surveys with return envelopes.</li><li>• Spanish surveys were shared through community Spanish speaking businesses such as grocery stores and churches.</li><li>• Surveys were sent to all Senior Centers for individuals to take, complete and return.</li><li>• Survey Monkey used to develop survey</li><li>• Survey on County and ADRC web page</li><li>•</li></ul>	
<b>Describe how the information collected was used to develop the plan:</b> <p>All responses collected were totaled and the results were used to determine goal areas as well as educational needs within the community.</p>	
<b>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:</b> <ol style="list-style-type: none"><li>1. <b>Are you 60 years of age or older</b><ul style="list-style-type: none"><li>• Greater than 50% were over the age of 60.</li></ul></li><li>2. <b>Are you a caregiver?</b><ul style="list-style-type: none"><li>• Greater than 50% were <i>not</i> caregivers.</li></ul></li><li>3. <b>If yes, what services could the Aging Programs through Jefferson County provide to enhance your caregiving experience?</b><ul style="list-style-type: none"><li>• Day care for elderly</li><li>• Rides to medical appointments</li><li>• Caregiver resources</li></ul></li></ol>	

**4. What Senior Nutrition Services would you most like to see as a part of the Jefferson County Senior Nutrition Program? Top 3**

- Fresh Menu selections when possible (ie: fresh fruit fresh vegetables, fresh baked goods.
- Meals that accommodate a variety of diets (vegan, vegetarian, gluten free, diabetic, low sodium, meals from different cultures, etc.)
- Focus on Nutrients and nutritional value of foods.

**5. How could we improve access to transportation services in our community?**

- Let us know what the access is
- Interest in ridesharing
- Dependable service and easy booking

**6. The transportation program is considering implementation of shared rides to increase efficiency amongst drivers and lower costs for riders. Would you be interested in sharing a ride with another person?**

- 41% said YES
- 37% said NO

**7. Would you be interested in participating in a “Cycling Without Age” (Volunteers who pedal trishaws with seniors) program?**

- 18% said YES
- 70% said NO

**8. Which of the following free health promotions classes would you be most interested in attending? The top 3**

- Brain & Body Fitness
- Boost Your Brain and Memory
- Stress-Busting Program

**9. What days and times would work best for you to attend one of the above programs?**

- Weekday afternoons & evenings

**10. What other suggestions do you have for improving the Aging Programs in Jefferson County? Top 3.**

- More information about what is available – community awareness
- List of volunteer needs
- More free programs

## Community Engagement Report 2

<b>Your County or Tribe:</b> Jefferson	<b>Date/s of Event or Effort:</b> In-Person Interviews
<b>Target audience(s):</b> Jefferson County residents	<b>Number of Participants/ Respondents:</b> 4
<b>Describe the method used including partners and outreach done to solicit responses:</b>	
<ul style="list-style-type: none"> <li>• In-Person interviews were conducted with 4 individuals</li> <li>• Interviews asked same questions as the paper and electronic surveys</li> <li>• These individuals were interviewed by ADRC Advisory Committee Members</li> </ul>	
<b>Describe how the information collected was used to develop the plan:</b>	
<p>All responses collected were totaled and the results were used to determine goal areas as well as educational needs within the community.</p>	
<b>What were the key takeaways/findings from the outreach?</b>	
<p>The following are summaries of the responses given during the in-person interviews.</p> <p><u>If yes, what services could the Aging Programs through Jefferson County provide to enhance your caregiving experience?</u></p> <p>Not all our interviewees had been caregivers but all of them had known people that were. When asked about ways to support caregivers they talked about connecting people to others that are doing the same thing and could be supports. They also talked about the financial strain on caregivers as well as the emotional strain. They all mentioned offering caregivers a break, but also acknowledged that many caregivers feel that another person would not be able to take care of their loved one as well as they were. One respondent said that some sort of caregiving classes might be helpful.</p> <p><u>What Senior Nutrition Services would you most like to see as a part of the Jefferson County Senior Nutrition Program?</u></p> <p>None of the interviewees had participated in the Senior Nutrition Program, yet all of them said that they felt the program is very important. When asked about what they would like to see as part of the Nutrition program they talked about healthy foods, variety and quality of meals, and fresh fruits and vegetables. The most common comment was that the food should taste good so</p>	

the people receiving meals can enjoy their meals. Another common discussion point was specialized meals such as diabetic meals, low salt needs, and extra calory needs. There are many different dietaries reconditions from doctors these days and it can be challenging to meet these recommendations for everyone. Making sure participants in the nutrition program are getting meals that meet their specific dietary needs is important.

One of our interviewees said that she is aware of congregate dining but would not be interested in going to the senior centers for meals. She feels that would be uncomfortable for her to go eat with people she does not know. She understands that home delivered meals need to be limited to people who cannot get out of their homes but would like to see other options for meals in the community.

How could we improve access to transportation services in our community?

Resondents shared that the lack of transportation in Jefferson County does affect either themselves or someone they know. The county being rural can be a barrier to getting needs met due to resources being spread out between smaller towns. Transportation between the small towns is difficult to secure and very expensive when it can be found.

The interviewee that was familiar with the ADRC transportation program reported that they feel the current program is a good program and they are very pleased with how easy it is to use. The program is limited to people over the age of 60 or living with a disability. The interviewee thought it would be great if there were similar services for other demographics.

When asked about shared rides all the respondents stated that they would prefer to not have to share but they also understand the need to sometimes share rides to get more people where they need to go. When asked about the Cycling Without Age program, all the respondent stated that they would not be interested in the program at this time.

Which of the following free heath promotions classes would you be most interested in attending?

The individuals interviewed shared that they though classes focused on health and exercising would be great. They also talked about classes to help support caregivers. The idea that any classes offered should be fun to attend and give people opportunities to get together with other people for socialization was consistent between our interviewees.

Weekday afternoons and evenings were the times and days that were most convenient to our interviewees. One interviewee said that offering classes at different times might help to make sure everyone can find a class that will work for them and their schedules.

What other suggestions do you have for improving the Aging Programs in Jefferson County?

Some of the suggestions the interviewees had were to offer fun social gathering activities, as well as transportation to and from these activities. They also mentioned walking programs or routes that people could take that have been determined to be safe and enjoyable for older people wanting to take walks. They also talked about transportation needs, social connections, and family connections such as supports for family caregivers, transportation to and from family events and family education about aging.

## **Notice of Public Hearing for Jefferson County's Plan on Aging 2025-2027**

August 21, 2024

### **NOTICE OF PUBLIC HEARING**

The Jefferson County ADRC and Aging Unit will be conducting public hearings for presentation of and comment on the 2025-2027 Jefferson County Aging Plan. Public hearings will be held at these following times and locations\*:

- Wednesday, September 11<sup>th</sup>, at 4:00 p.m. at the Jefferson Public Library, 321 S. Main St. Jefferson, Wisconsin, 53549
- Thursday, September 26<sup>th</sup>, at 11:00 a.m. at the Jefferson Public Library, 321 S. Main St. Jefferson, Wisconsin, 53549

The purpose of these public hearing is to provide an opportunity for citizens of Jefferson County to comment and provide input on the Aging Plan draft. A draft of the 2025-2027 Jefferson County Aging Plan is available for examination at the Jefferson County ADRC and Aging Unit, 1541 Annex Rd. in Jefferson from 8:00 a.m. to 4:30 p.m. Monday through Friday.

Input received by members of the public at these hearings will be considered in the development of the final draft of this plan. The final draft will be presented for approval at the Jefferson County Human Services Board meeting scheduled for 8:30 am, October 8<sup>th</sup> at the Work Force Development Center.

Written comments may be sent to the Jefferson County ADRC and Aging Unit, 1541 Annex Rd. Jefferson Wisconsin 53549, Attn: ReBecca Schmidt through Oct 1, 2024.

For more information, contact ReBecca Schmidt, Jefferson County ADRC and Aging Unit Division Manager at (920) 674-8139.

\*If you are planning to attend one of the above meetings and will require accommodations (signer, interpreter, etc.) to participate, please call the Jefferson County Aging Unit at least 48 hours prior to the meeting date and time.

- Phone: (920) 674-8734
- Toll Free: 866-740-2372

**Verification of Intent**

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.

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

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Signature and Title of the Authorized County Board Representative      Date



## **Compliance with Federal and State Laws and Regulations for 2025-2027**

On behalf of the county, we certify

The Aging and Disability Resource Center of Jefferson County

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(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 2025-2027. 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 2025-2027.

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Signature and Title of the Chairperson of the Commission on Aging	Date
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Signature and Title of the Authorized County Board Representative	Date
---	------



# 3 Year Aging Plan

Draft Goals

ReBecca Schmidt

Aging and ADRC  
Division Manager

# Requirements



1 goal for each **Older Americans Act** program area:

- Title III-B Supportive Services
- Title III-C1 and/or III-C2 Nutrition Program
- Title III-D Evidence-Based Health Promotion
- Title III-E Caregiver Supports



# Requirements

Goals need to represent these 3 **Ageing Network Values**:

- Person centeredness
- Equity
- Advocacy





- **Goal #1**

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- Title III-B Supportive Services
- Focus Area: Advocacy
- **The ADRC, Aging program staff, Advisory Committee, and Title 3B program participants will have training and educational opportunity to become strong advocates for Aging Programs.**

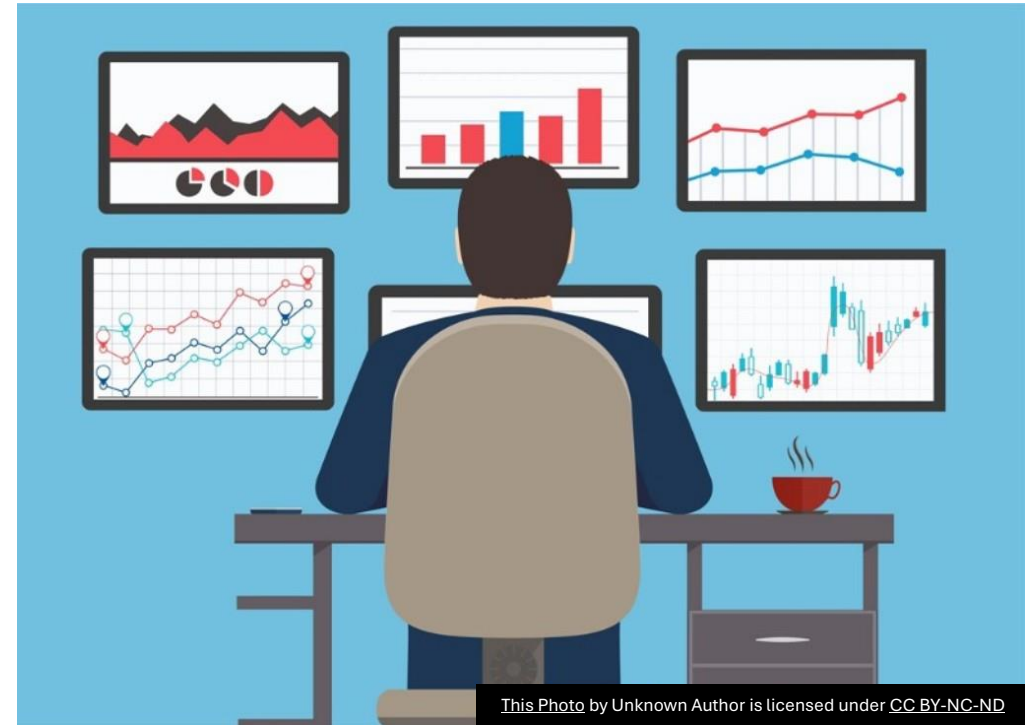


## • **Plan or strategy:**

- Annual trainings
- Get to know your legislators
- Add Advocacy to ADRC Advisory Agenda
- Wisconsin Advocacy Network – staff member and/or committee members attend meetings
- Have a staff/board and or T3B participant attend Aging Advocacy Day in May
- Send advocacy materials/training to T3B program participants 2x each year.
- Conduct Survey of T3B participants annually around advocacy knowledge and interests.

- Tracking Results

- At least 3 staff or participants will participate in Aging Advocacy Day in May annually.
- At least 1 staff or participant will attend the Wisconsin Advocacy Network meetings ongoing.
- Survey Results will indicate advocacy information helpful



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- Goal #2
- Title III-C1 and/or III-C2 Nutrition Program
- Focus Area: Person centeredness & Equity
- **We will implement the GWAAR Person-Centered Meal Prioritization Process over the next 3 years. This will ensure that we can positively influence the nutrition, socialization, and overall health of qualifying community members ages 60+ by offering the most appropriate type of home delivered meal and/or offering additional options for congregate dining while operating within our capacity and avoiding waitlists.**





- **Plan or strategy:**

- We will implement the GWAAR Person-Centered Meal Prioritization Process to optimize the delivery of meals and congregate options within the OAA Nutrition Program. This will ensure that Individuals with the highest nutritional needs are being served within the means of program resources while also offering person-centered services to those with moderate to low needs
  - ESMMWL – Nutrition Education offered to community, Referrals from Hospitals
  - Create alternative congregate Options such as voucher programs
  - Different ethnic restaurants – Pop up sites
  - Explore starting a community garden for the programs

- Tracking Results

- Staff will be informed and trained on the process between July and December of 2024. The process will be implemented for all new participants and reassessments as of January 2025.
- Assess participants who are short term (less than 3 months), High, Moderate and Low need to better understand the demand.
- Offer at least 3 options of meal choices for congregate meals
- Start a senior community garden to grow fresh vegetables for congregate and home delivered meals.
- No Waitlists for services





- Goal #3

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- Title III-D Evidence-Based Health Promotion
- Focus Area: Person Centeredness & Equity
- **Expand high level evidence-based programming and access, to increase attendance in Jefferson County**



## Plan or strategy:

- Partner with other vendors, hospitals, senior centers, etc.
- Increase Recruitment efforts – connect with WiHa
- Have staff member attend Health promotion Webinars.
- WiHa virtual programs offered each year
- Work with Angie Sullivan to form partnerships with health organizations.
- Track where people heard of the programs for future marketing/planning

## Tracking Results

- Track the number of programs offered
- Track the number of participants.
- Look for a 10% increase each year for 3 years.



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- Goal #4
- Title III-E Caregiver Supports
  - Focus Area: Person centeredness & Advocacy
  - **Increase awareness and knowledge of Power of Attorney for Health Care and Finance amongst participants in the caregiver programs.**



- **Plan or strategy:**
  - Create and offer a POA workshops
  - Collect evaluations from trainings to improve trainings – offer at local senior centers, libraries, and senior apartment complexes.
  - Hand out POA paperwork with directions for completion at all workshops
  - Send POA paperwork with directions to all participants
  - Ask participants to let us know if they completed the paperwork. Offer an incentive – certificate?
  - Partner with Hospital – Attend National POA day

## Tracking Results

- Create and offer a POA workshops
- Hand out evaluation forms at all workshops to gather feedback.
- Track # of POA completed.
- Track # of workshops offered and number of participants at each workshop.
- Participate with 2 local hospitals for POA community efforts.







# 2024 Provider Contracts (8/27/2024)

Contract Number		Provider	Service	Target	2023			2024				
24-	423	Oschman, Inc. dba Home Instead	SHC, Respite, PC & Companionship	Adults & Elderly	0.00	per	hour	35-36	per	hour	#DIV/0!	15,000
24-	424	Maylan's Place Group Home	Child Alt Care	Child	0.00	per	day	231.72	per	day	#DIV/0!	30,587
24-	425	Kennedy's Circle of Wellness - JRW Region	CCS Regional Service Array	CCS	0.00	per	hour	55.36-118.64	per	hour	#DIV/0!	10,000