

**Milwaukee County
Department on Aging
Aging Area Plan
2019-2021**

DRAFT

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1. Verification of Intent

The purpose of this signature page is to show that the Area Agency on Aging (AAA) has approved the plan. It further signifies the commitment of the AAA to carry out the plan.

The person(s) authorized to sign the final plan on behalf of the AAA board/policy-making body must sign here and indicate his or her title. This approval must occur before the final plan is submitted to the state for approval. A draft plan must be submitted to the state by September 28, 2018 for review, prior to approval.

This Plan represents intent of the Milwaukee County Department on Aging to ensure older people have the opportunity to realize their full potential and to participate in all areas of community life.

On behalf of the Milwaukee County Department on Aging, we certify these organizations have reviewed the Plan and have authorized submittal of this Plan which outlines activities to be undertaken on behalf of older people during 2019-2021.

We assure the activities identified in this Plan will be carried out to the best of the ability of the Milwaukee County Department on Aging.

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

Chair, Advisory Council

Chair, Commission on Aging

Director, Department on Aging

Chair, Milwaukee County Board of Supervisors

Milwaukee County Executive

2. Executive Summary

The Milwaukee County Department on Aging is responsible for ensuring appropriate programs and services are available for 167,340 people 60+. The department also serves as the unit on aging and in that capacity is charged with implementing the Older Americans Act (OAA) programs, information and assistance, and advocacy in Milwaukee County. The Milwaukee County Department on Aging is committed to our mission, which is “To affirm the dignity and value of older adults in Milwaukee County by supporting their choices for living in and giving to our community.”

The 2019-2021 Area Plan planning process allowed MCDA to take a step back, assess what we have been doing, listen to what older people say we should be doing, look at characteristics of the current and emerging older adult population, and develop new strategies for promoting goals and outcomes that align with our mission.

MCDA undertook a comprehensive process of gathering input from the public to develop the plan. Methods of information gathering included a structured one on one interview, listening sessions, public hearings, surveys, and review of secondary research provided by AARP Wisconsin. During listening sessions participants were asked the following three questions: What do you want for older adults in our community? Why are these things important? What can we do to make it better? Participants were given a written guide to record answers and then discussion ensued. Results of the discussion were recorded for later analysis. Staff used the written guide responses as well as the responses gathered from discussion and analyzed them for common themes.

Two separate surveys were disseminated to the public. One survey was created specifically for caregivers to assess their unique needs. Caregiver surveys were administered at two separate caregiver appreciation events. A general survey was created to assess the needs of the older adult population. This survey was shared online as well as in paper format. MCDA received more than 400 responses. The survey results were again analyzed by staff and common themes were identified. Area Agency staff then met to review the results of the input gathered and using that information created a first draft of goals. Two focus areas of concern locally were identified from the feedback received, and as a result, staff created local goals in the areas of transportation and senior centers.

The first draft of goals was presented at the first public hearing held on April 30, 2018. After the first hearing, some changes were suggested by the Advisory Council at their May meeting. The changes went into the second draft which was presented at the second public hearing held on May 22, 2018.

The Advisory Council was kept abreast of changes made to goals and offered further suggestions at the August 2018 meeting.

Not surprisingly, we learned a lot from our conversations with older adults about what is important to them, and what we need to do to provide them with the best possible programs and services. We identified transportation as a crucial topic to be addressed to ensure independence, socialization and overall health. We heard that social isolation is a serious concern and that senior centers are a way to combat the serious effects of isolation. Seniors noted they would like some modern touches in their senior centers such as access to more technology, and while they value intergenerational opportunities, they equally value a dedicated space to spend time with their peers. Seniors made it clear that while funding may be a barrier to implementing new programs or upgrading facilities, there is an expectation that MCDA will continue to work with community partners while establishing new partners to expand the reach of what is offered to the community.

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3. Organization and Structure of the Area Agency on Aging

Section 3-A Mission Statement and Description of the Area Agency on Aging

Mission Statement

The Milwaukee County Department on Aging affirms the dignity and value of older adults of this county by supporting their choices for living in and giving to our community.

Contact Info

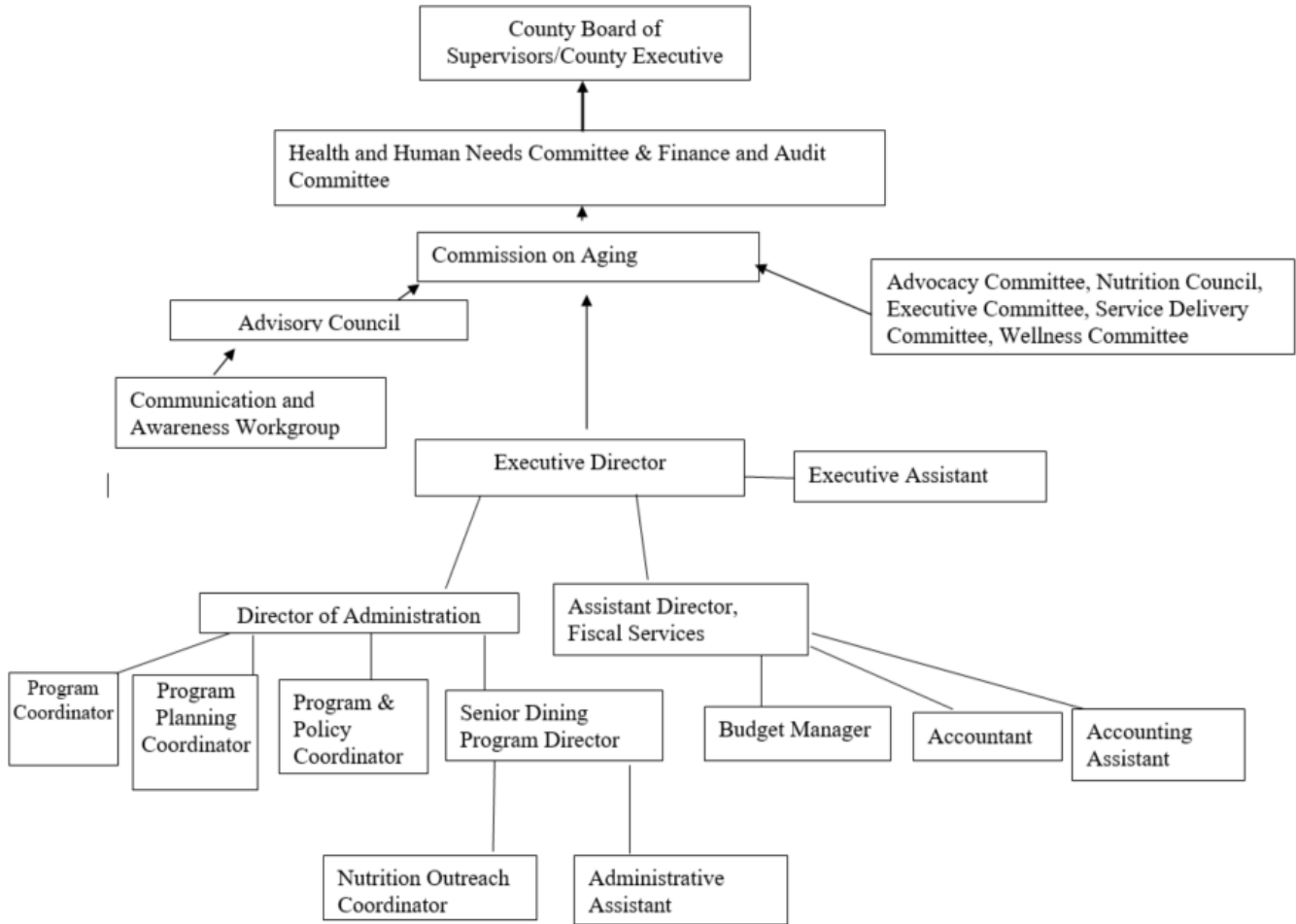
Milwaukee County Department on Aging
1220 W. Vliet St., Suite 302, Milwaukee, WI 53205
PH: (414) 289-6010 FAX: (414) 289-8536 TTY: 7-1-1
<http://county.milwaukee.gov/Aging> aging_webinfo@milwaukeecounty.com

Business hours are from 8:00 a.m. until 5:00 p.m. Monday through Friday. Information and Assistance is available through the Aging Resource Center from 7:00 a.m. to 5:30 p.m. Monday through Friday. After hours and on weekends, telephone calls are transferred to 211 for referrals.

HELPFUL CONTACT INFORMATION:

414-289-6010	Administration
414-289-6874	Information and Assistance
414-289-8591	Information and Assistance TTY
1-866-229-9695	Toll Free
Website	www.milwaukee.gov/county/aging

Section 3-B Organizational Chart of the Area Agency on Aging



Section 3-C Statutory Requirements for Structure of Aging Units

Organization: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
1. An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	
2. A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	✓
3. A private nonprofit corporation, as defined in s. 181.0103 (17).	
Organization of the Commission on Aging: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
1. For an aging unit that is described in (1) or (2) above, organized as a committee of the county board of supervisors/tribal council, composed of supervisors and, advised by an advisory committee, appointed by the county board/tribal council. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.	
2. For an aging unit that is described in (1) or (2) above, composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	✓
3. For an aging unit that is described in (3) above, the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission, and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	
Full-Time Aging Director: The law requires that the aging unit have a full-time director. Does the county have a full-time aging director as required by law?	Yes

Section 3-D Membership of the Milwaukee County Commission on Aging

Name	Age 60+	Elected Official Odd Official	Year First Term Began
Barbara Wyatt-Sibley, Chair	✓		2014
Fred Kneuppel, Vice-Chair	✓		2015
Ronald Byington	✓		2018
Gladys Carroll-Weathersby			2016
Maria Castrejon-Perez, Secretary			2015
Patsy Delgado	✓		2015
Debra Jupka	✓		2015
Jordan Luhr			2018
Elizabeth Meyer Arnold	✓		2016
Cesar Pabon	✓		2018
Bettie A. Rodgers	✓		2016
Charles Vang	✓		2018
Pastor Johnny C. White, Jr.	✓		2015
Vacant			
Vacant			
Vacant			

Section 3-E Membership of the Advisory Council

The following are members of the Advisory Council for the Milwaukee County

Name	Age 60+	Elected Official	Year Term Began
Barbara Bechtel	✓		2014
Ruth Bevenue	✓		2016
David Hoffman	✓		2012
Karen Jackson			2017
Antonio Jones			2018
James Kimble	✓		2012
Krystina Kohler			2016
George Liberatore	✓		2013
Sally Lindner	✓		2014
Bettie Rodgers	✓		2018
Judith Troestler	✓		2012
Virginia Zerpa			2015

Section 3-F Staff of the Aging Unit

The following are staff of the AAA:

Name: Holly Davis

Job Title: Executive Director

Phone/Email: 414-289-6876, holly.davis@milwaukeecountywi.gov

Brief description of duties: Administration of the Milwaukee County Department on Aging, including major divisions: AAA, Aging Resource Center, and Fiscal.

Name: Vonda Nyang

Job Title: Executive Assistant

Phone/Email: 414-289-6010, vonda.nyang@milwaukeecountywi.gov

Coordination of Director's appointments, messages, and activities. Staff support for the Commission on Aging meetings, activities, and special events.

Name: Jon Janowski

Job Title: Director of Administration

Phone/Email: 414-289-6073, jonathan.janowski@milwaukeecountywi.gov

Brief description of duties: Overall administration of AAA programs and special projects. Serve as Department liaison to County Executive's Office and County Board as well as community groups and agencies. Lead strategic planning.

Name: Beth Monrial Zatarski

Job Title: Senior Dining Program Director

Phone/Email: 414-289-6880, beth.monrialzatarski@milwaukeecountywi.gov

Brief Description of Duties: Coordination and administration of the Senior Meal Program including congregate and home-delivered meal programs. Data collection and assessments. Lead for Nutrition Council activities. Coordinate annual senior meal program volunteer recognition dinner.

Name: Lorie O'Connor

Job Title: Nutrition Outreach Coordinator

Phone/Email: 414-289-6873, lorie.oconnor@milwaukeecountywi.gov

Brief description of Duties: Conduct outreach activities throughout the community to promote congregate dining program and increase participation. Assist with coordination of annual senior meal program volunteer recognition dinner.

Name: Debra Horton

Job Title: Secretarial Assistant

Phone/Email: 414-289-6293, debra.horton@milwaukeecountywi.gov

Brief Description of Duties: Provide overall secretarial support for Senior Nutrition Program inclusive of preparing meal program site reports and donation deposit reports, updating spreadsheets, and tallying surveys and other forms to compile statistics and related reports.

Name: Ayame Metzger
Job Title: Program Planning Coordinator
Phone/Email: 414-289-6547, ayame.metzger@milwaukeecountywi.gov
Brief Description of Duties: Oversee contracting. Staff Service Delivery Committee. Monitor transportation contract. Collect transportation and demographic data. Lead for NAPIS reporting.

Name: Vacant
Job Title: Program and Policy Coordinator
Phone/Email: 414-289-6546,
Brief Description of Duties: Legislation, advocacy and community education. Monitor contracts as assigned. Staff Advisory Council and Advocacy Committee. Area Plan writing and updating.

Name: Jill Klecha
Job Title: Program Coordinator
Phone/Email: 414-289-6794, jill.klecha@milwaukeecountywi.gov
Brief Description of Duties: Monitor Late Life Counseling, Telephone Reassurance, Alzheimer Counseling Support and Community Coordination of Neighborhood Services, Senior Centers and Coordinate Hall of Fame. Family Support for Aging and Persons with Developmental Disabilities, Family Caregiver Support and Alzheimer's Disease Direct Services.

Name: Samta Bhatnagar
Job Title: Assistant Director, Fiscal Services
Phone/Email: 414-289-6280, samta.bhatnagar@milwaukeecountywi.gov
Brief Description of Duties: Provide leadership and oversight of fiscal (budget and accounting) services and staff within MCDA.

Name: Mary Proctor Brown
Job Title: Budget Manager
Phone/Email: 414-289-6803, maryann.brown@milwaukeecountywi.gov
Brief Description of Duties: Plan, analyze, manage, coordinate and monitor development of annual departmental operating and capital budgets. Develop and amend as required various state budgets and financial reports, including Area Plan and Aging Resource Center.

Name: Nasrin Wertz
Job Title: Accountant III
Phone/Email: 414-289-6269, nasrin.wertz@milwaukeecountywi.gov
Brief Description of Duties: Perform professional accounting work, maintain accurate and detailed accounting records for contracts for Area Agency, Aging Resource Center and the Nutrition Programs in Aging. Monitor, prepare and process all the financial activities. Prepare request for reimbursements and distribute the various funds by funding source from the state. Prepare and process journal entries and assist with the year-end closing of books.

Name: Vacant
Job Title: Accounting Assistant
Phone/Email:
Brief description of duties: Provides overall fiscal and administrative support. Office management, purchase supplies, coordinate set up and reserve rooms for MCDA meetings, and employee payroll for all staff.

The following are staff of the Aging Resource Center:

Name: Kathryn Sprague
Job Title: Manager, Aging Resource Center
Phone/Email: 414-289-6626, kathryn.sprague@milwaukeecountywi.gov

Name: Catherine Moe
Job Title: QI Coordinator
Phone/Email: 414-289-6810, catherine.moe@milwaukeecountywi.gov

Name: Steven Peterson (retiring October 5, 2018)
Job Title: Resource Center Program Coordinator
Phone/Email: 414-289-5797, steven.peterson@milwaukeecountywi.gov

Name: Elizabeth Oettiker
Job Title: Elder Abuse Program Coordinator
Phone/Email: 414-289-5841, elizabeth.oettiker@milwaukeecountywi.gov

Name: Dinah LaCaze
Job Title: Elder Abuse Prevention Coordinator
Phone/Email: 414-289-6533, dinah.lacaze@milwaukeecountywi.gov

Name: Tamarra Carr
Job Title: Access Unit Supervisor
Phone/Email: 414-289-6197, tamarra.carr@milwaukeecountywi.gov

Name: Vacant
Job Title: Access Unit Supervisor
Phone/Email:

Name: Randy Mueller
Job Title: Long Term Services Program Coordinator
Phone/Email: 414-289-5860, randy.mueller@milwaukeecountywi.gov

Name: Donna James
Job Title: Guardianship Unit Supervisor
Phone/Email: 414-289-6921, donna.james@milwaukeecountywi.gov

Name: Bashir Easter

Job Title: Dementia Care Specialist

Phone/Email: 414-289-5792, bashir.easter@milwaukeecountywi.gov

Name: Rebecca Schmitt

Job Title: Information and Outreach Coordinator

Phone/Email: 414-289-5973, bekki.schmitt@milwaukeecountywi.gov

Name: Andy Bethke

Job Title: Human Service Worker - Outreach

Phone/Email: 414-289-6848, Andrew.Bethke@milwaukeecountywi.gov

Additionally, the Aging Resource Center employs 5 administrative support staff, 8 Information and Assistance Specialists, 8 Elder Abuse Human Service Workers, 19 Access Unit Human Service Workers, 6 Service Support Specialists, 1 Registered Nurse and 1 Paralegal.

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Section 3-G Affirmative Action Plan

By submission of this plan the AAA signifies its commitment to employment practices based solely on the work-related abilities and qualifications of employees and job applicants. Staff are assigned and promoted without regard to race, color, religion, sex, age, handicap or national origin. In addition, the AAA is committed to taking affirmative action in the hiring and upgrading of minority, female, disabled and older people.

Policies	Yes	No
Does the Board annually review and update the affirmative action plan? (The County Board does)		✓
Does the Board annually review employment practices to eliminate discriminatory elements? (The County Board does)		✓
Are written procedures for handling discrimination complaints developed, posted, and used?	✓	
Has the affirmative action plan been explained or discussed with all staff?	✓	
Is the affirmative action plan posted and available for review by members of the public?	✓	
Person Responsible for the Affirmative Action Plan MCDA complies with the Affirmative Action Plan adopted by Milwaukee County: Kerry Mitchell, Director Milwaukee County Human Resources Kerry.mitchell@milwaukeecountywi.gov		

Analysis of Current Staff
Analysis of Recent Efforts Talent Acquisition has developed a multi-approach strategy of Targeted Postings, Group Marketing and Direct Sourcing to empower diversity recruitment for Milwaukee <ul style="list-style-type: none"> •Target Postings: The current jobs posting schema reaches a minimum 300+ sites via indexing and digital push out for all inclusion-focused categories (e.g. Minority, Affinity, Disability and Military). Additionally, jobs end up listed to hundreds of supplementary sites that index or scrape off of this list, including Monster, Glassdoor, Indeed, Simply Hired and CareerBuilder.

•Group Marketing: Talent Acquisition has engaged specific Affinity Groups to promote and network Milwaukee County careers, particularly high-skilled roles and management opportunities.

Examples:

- National Association of African Americans in Human Resources (NAAAHR)
- Hispanic Professionals of Great Milwaukee (HPGM)
- Military Officers Association of America (MOAA)
- County Executive Abele's Latinx Roundtable
- Office of Veteran Employment Services (OVES)

•Direct Sourcing: Outstanding prospects are often passive candidates, meaning they are not actively applying to jobs. Talent Acquisition searches and data mines prospective candidates and engages them, telling the Milwaukee County story and sharing the value proposition.

Affirmative Action and Equal Opportunity Goals

- The gender mix of Milwaukee County's workforce is closely tied to that of Milwaukee County's population. No material change from 2016.
- Increasing hiring of the Latino population would increase the diversity in our workforce as well as build a greater alignment with the general Milwaukee County population.
- In general, Milwaukee County's diversity across EEO-4 categories continues to align with national data, with a noted exception to Skilled Trades/Service maintenance and Technician roles. Target diverse hiring in these areas.
- Management /Officials category is under-representative of women and non-white employees. Target diverse hiring in these areas.

Planned Activities for 2019-2021 on Affirmative Action and Equal Opportunity

Increased collaboration, career marketing and direct partnering with workforce development agencies (UMOS, Employ Milwaukee, MATC programs, Silver Spring Neighborhood Center, United Community Center)

Continuation of job posting schema's, affinity sites, cross posting, & increasing LGBTQ+ sites

4. Context

According to U.S. Census data, nationwide the 65 and over population has increased from 40 million in 2010 to 49 million in 2016, and is projected to reach 73 million by 2030. For the first time in U.S. history, older adults are projected to outnumber children by 2035. Milwaukee County is home to 181,674 adults aged 60 and over. Older adults aged 60 and over now represent 17.5% of the total county population. In 2010 Milwaukee County's older adult population made up 16.2% of the total population, and by 2040 it is predicted to reach 22%. Milwaukee County's older adult population continues to be a very diverse group with African Americans making up 17.5% of the 65 and older population, Native American/Alaska Natives accounting for 6.9% and Hispanic/Latinos making up 5.1% of the 65 and above population.

Milwaukee County's older adults represent a very large and diverse group of people who will require an array of services to best meet their needs. To determine areas in which we must focus to best serve the changing needs of our population, Milwaukee County Department on Aging (MCDA) has examined census data and data shared by AARP Wisconsin, administered surveys, talked with older adults individually and in group settings, and held community listening sessions and public hearings. While gathering feedback, MCDA made a concerted effort to reach out to hard to reach groups such as caregivers, ensured surveys were available both online and in paper format to try to increase the reach, and made effort to acquire the feedback of both internal and external stakeholders.

After several months of input gathering, topics emerged as areas in which attention must be paid: concern about social isolation and senior centers as a vehicle to avoid it, and the need for improved access to and modes of transportation. These two areas are so closely related that one can likely not be addressed without addressing the other, thus determining local goals address senior centers and transportation. MCDA must also continue to work on improved and effective ways to communicate to the public at large about what we must offer the community, to lessen the chances they first hear of us and turn to us in a crisis situation.

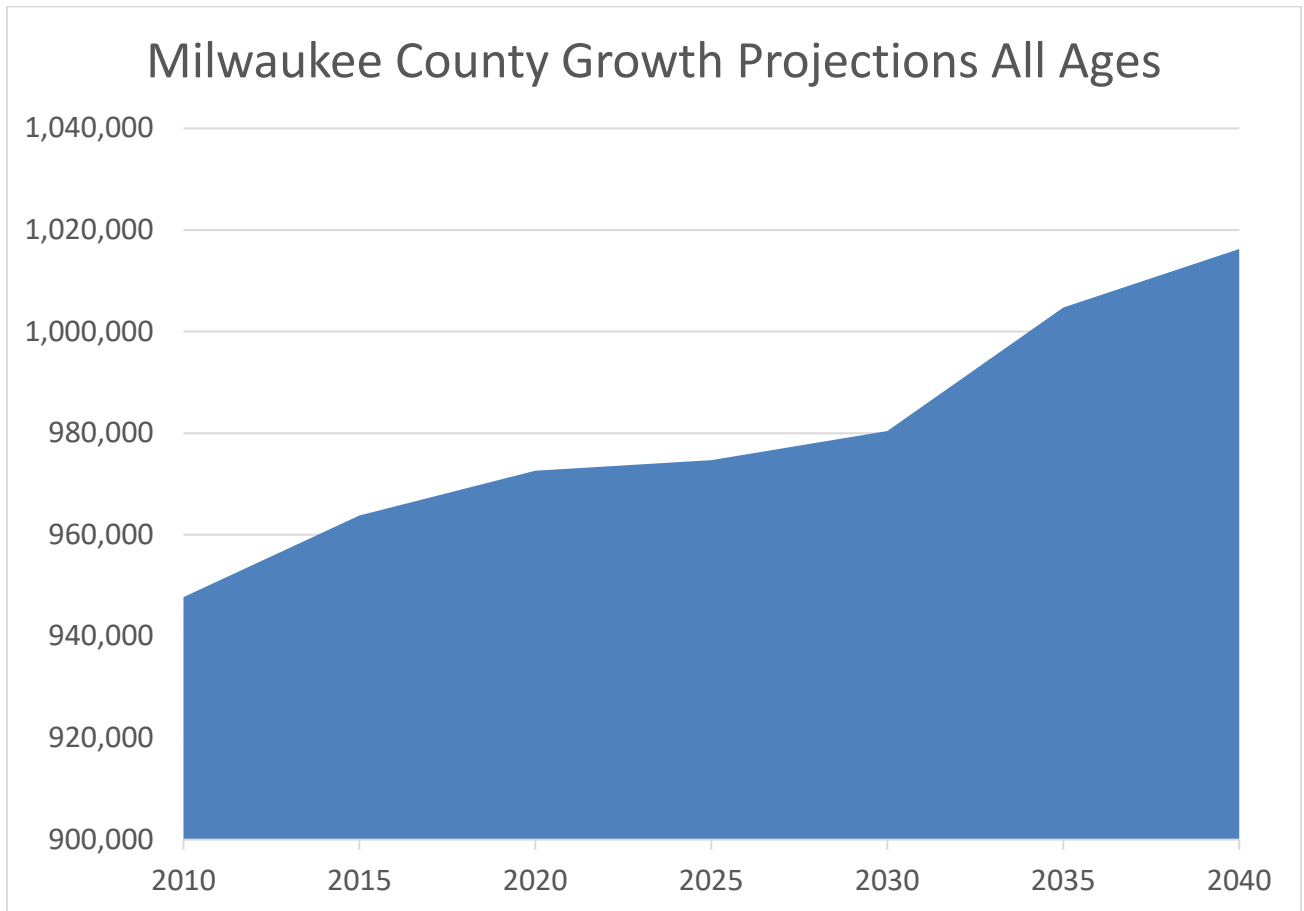
MCDA is somewhat unique in that it functions as the Area Agency on Aging, the Aging Resource Center of Milwaukee County and the County's Aging Unit. This means that MCDA is the focal point of aging services in Milwaukee County Government as well as in the county as a whole. One of MCDA's biggest challenges is funding. As the county continues to experience a budget gap due to increased cost of services, state-imposed revenue caps, and very few options for raising revenue, all departments are being asked to do more with less. Concern over the loss of \$200,000 of tax levy in 2018 for senior centers was raised repeatedly while gathering input for the plan. MCDA has a long history of working together with nonprofits, other levels of government, and private entities to form partnerships to work toward a common goal of supporting the older adults of Milwaukee County to live the most independent and fulfilling lives possible and will continue to initiate new partners to further this reach.

As an Area Agency on Aging, MCDA is required to help develop a continuum of care for older people. While the AAA does not provide direct assistance through our service contracts, we operate a host of home and community based services which create a network of services designed to allow people independence, dignity and choice. Through contracts with local nonprofits, seniors in Milwaukee County are offered nutrition and socialization through home delivered meals and 23 congregate meals sites. Community based support is available through caregiver support services, neighborhood outreach and telephone reassurance services, and late-life counseling. Advocacy services are afforded through the benefits specialist and legal services program, outreach and services to the LGBT community, and an employment program focused on older people. And older people are offered the opportunity to stay engaged and connected by attending MCDA funded senior centers and using our transportation program to get to our dining sites, doctor's appointments and to the grocery store.

As the Area Agency on Aging and the Aging Resource Center of Milwaukee County, MCDA enjoys a closely coordinated program of one-stop services to the older people of our community and places a high value on being able to ensure people get to the help they need with one point of contact. Many of the people who contact the Aging Resource Center will not be eligible for publicly funded long-term care services, but may have their needs met by community based services, an area in which we specialize. MCDA has the benefit of having all of the services coordinated around older people, so that those who need information about alternative resources do not have to move among agencies to get the information they need. This helps in creating a seamless transition towards getting older people the support they need to stay independent.

A. Environmental Scan Data- General Population

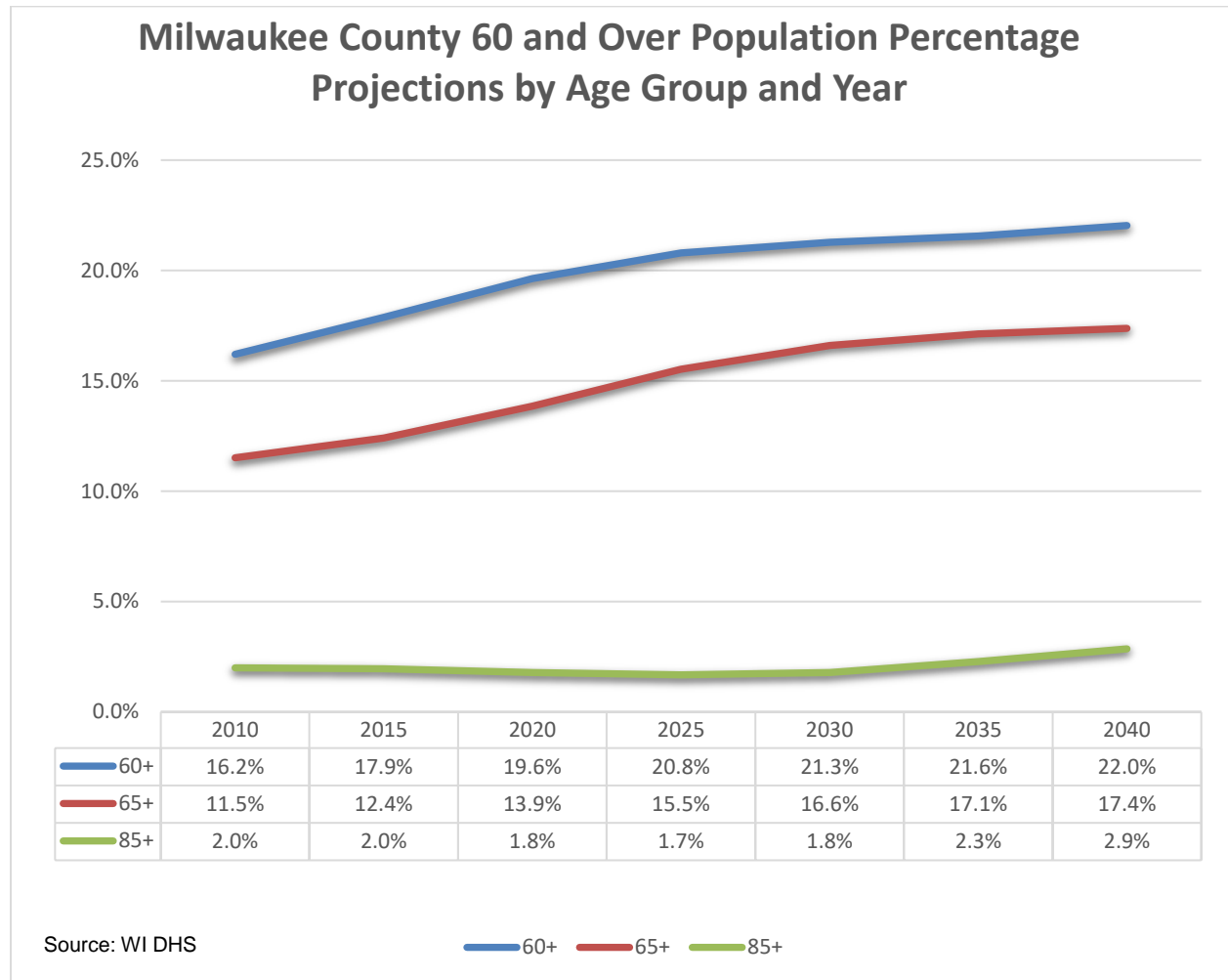
The general population of Milwaukee County continues to grow. In 2015, Milwaukee County had an overall population of 963,810. Wisconsin Department of Health Services projections indicate that the overall population will continue to grow at a steady pace through 2040 for a total population of 1,016,250 which represents a growth of 5.4%.



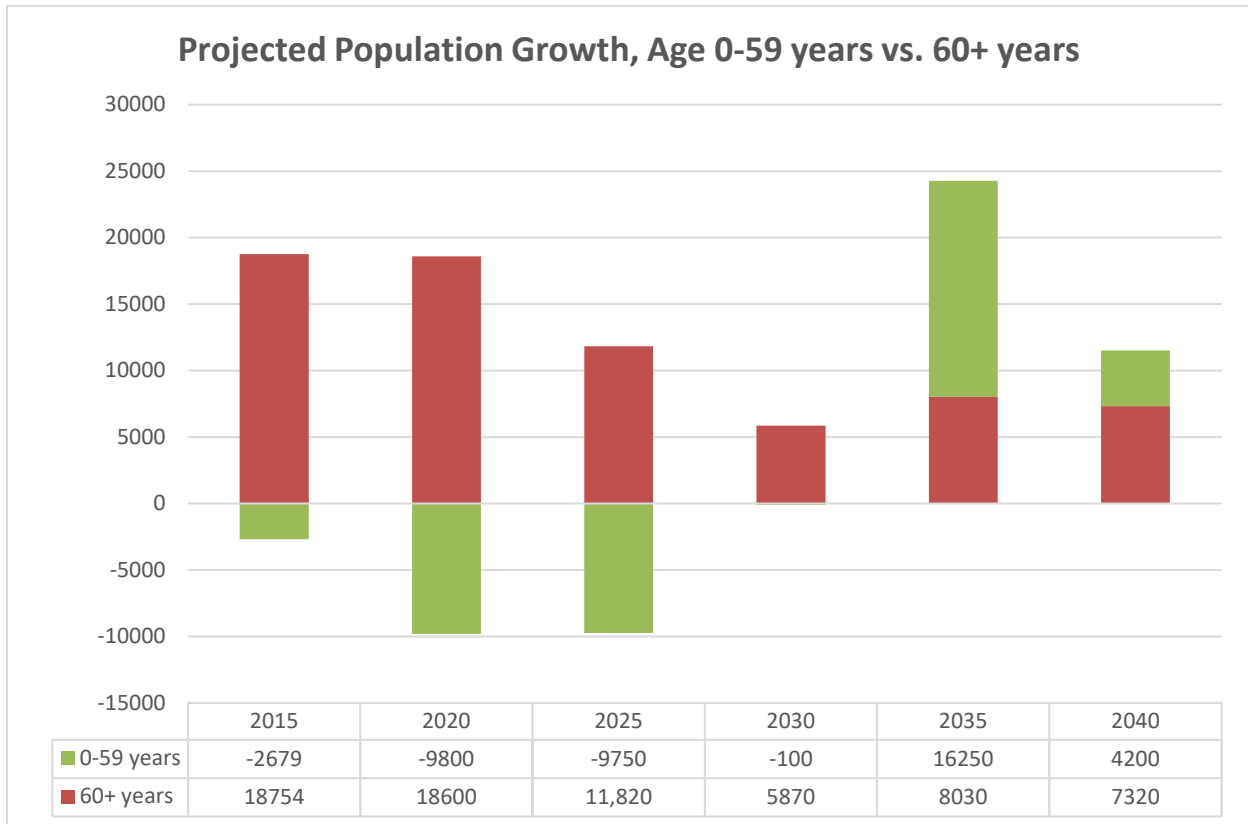
Source: WI DHS

60 and over population

Consistent with the national trend, Milwaukee County’s 60 and older population is expected to continue to make up a larger portion of the population. This subset of the population which currently represents 17.9% of county residents will make up 22% of county residents by 2040.



Another way of looking at the growth of Milwaukee County’s older adult population is by comparing growth in the over 60 and 59 and under populations. Consistent population growth in those 60 and over is predicted through 2040, while the under 60 population declines until 2035 when the trend turns positive.

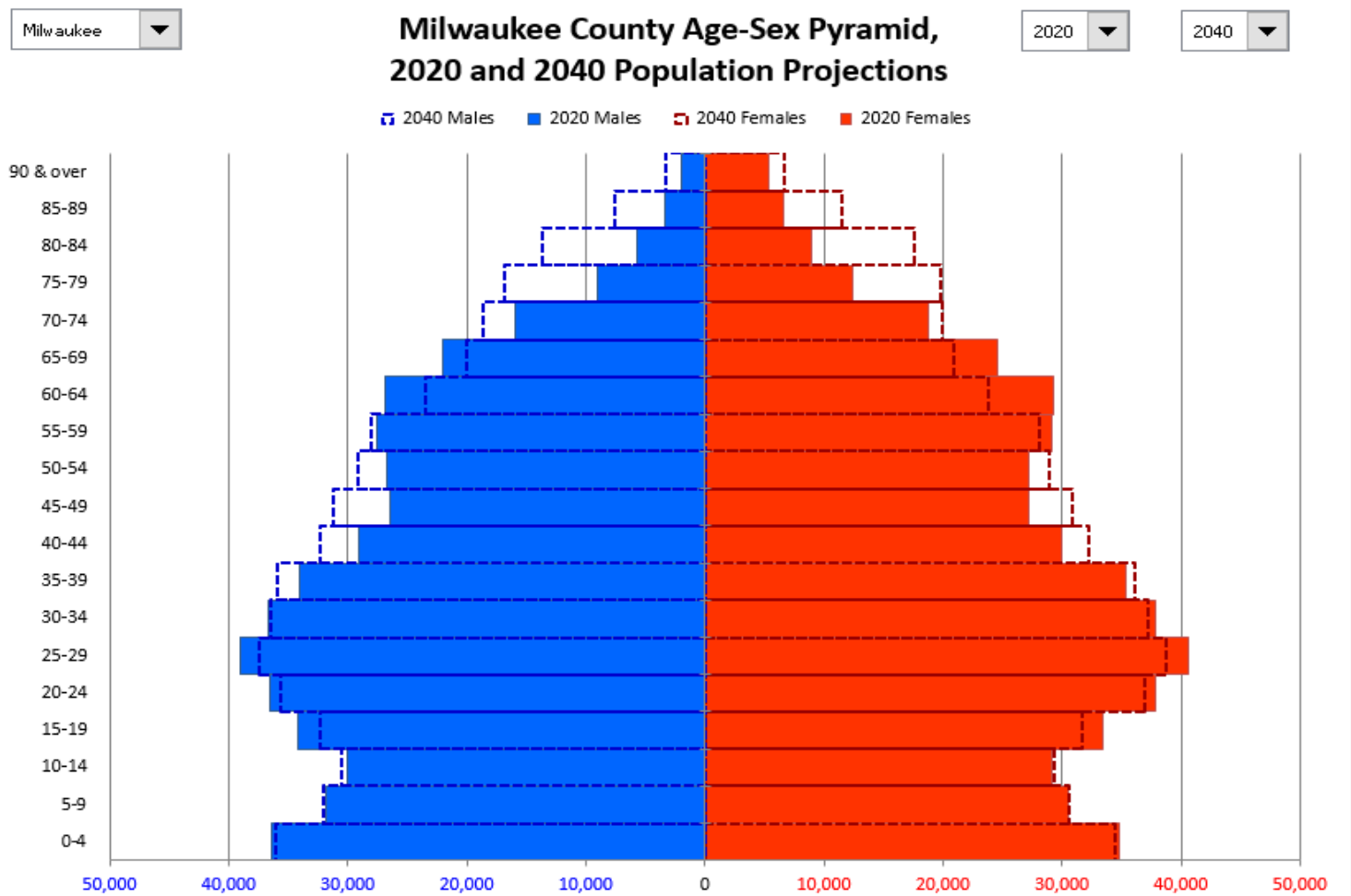


Source: WI DHS

Population by Sex and Age

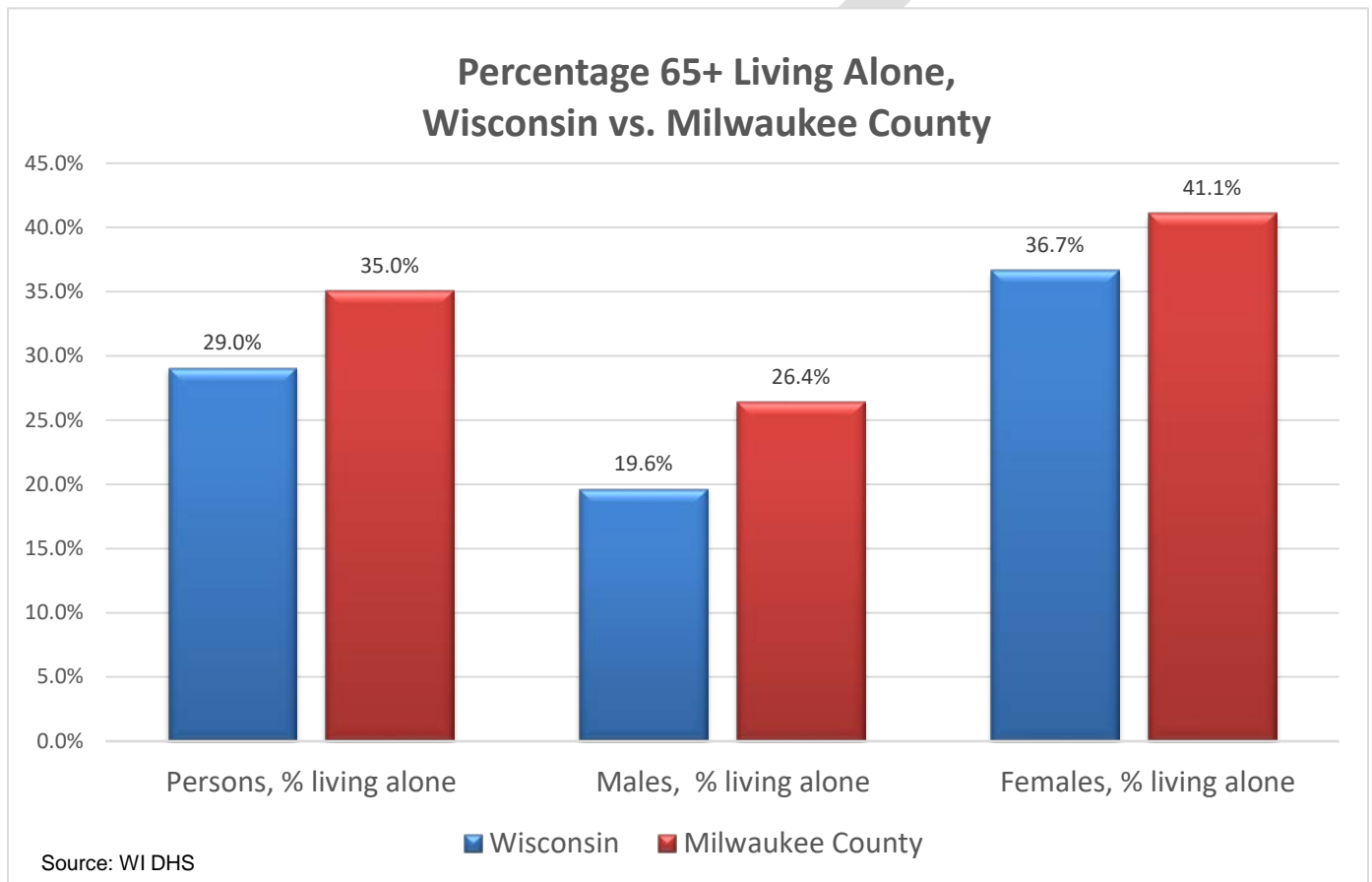
The population pyramid for Milwaukee County shows how the older adult population will transition through the years in both the male and female over 60 groups. The image below shows that males and females in the age ranges of 60-70 will make up less of the older adult population in 2040 when compared to 2020. And by 2040 the opposite is true. The groups representing 70-90+ will grow, while the younger groups will start to contract.

Source: Wisconsin Department of Administration



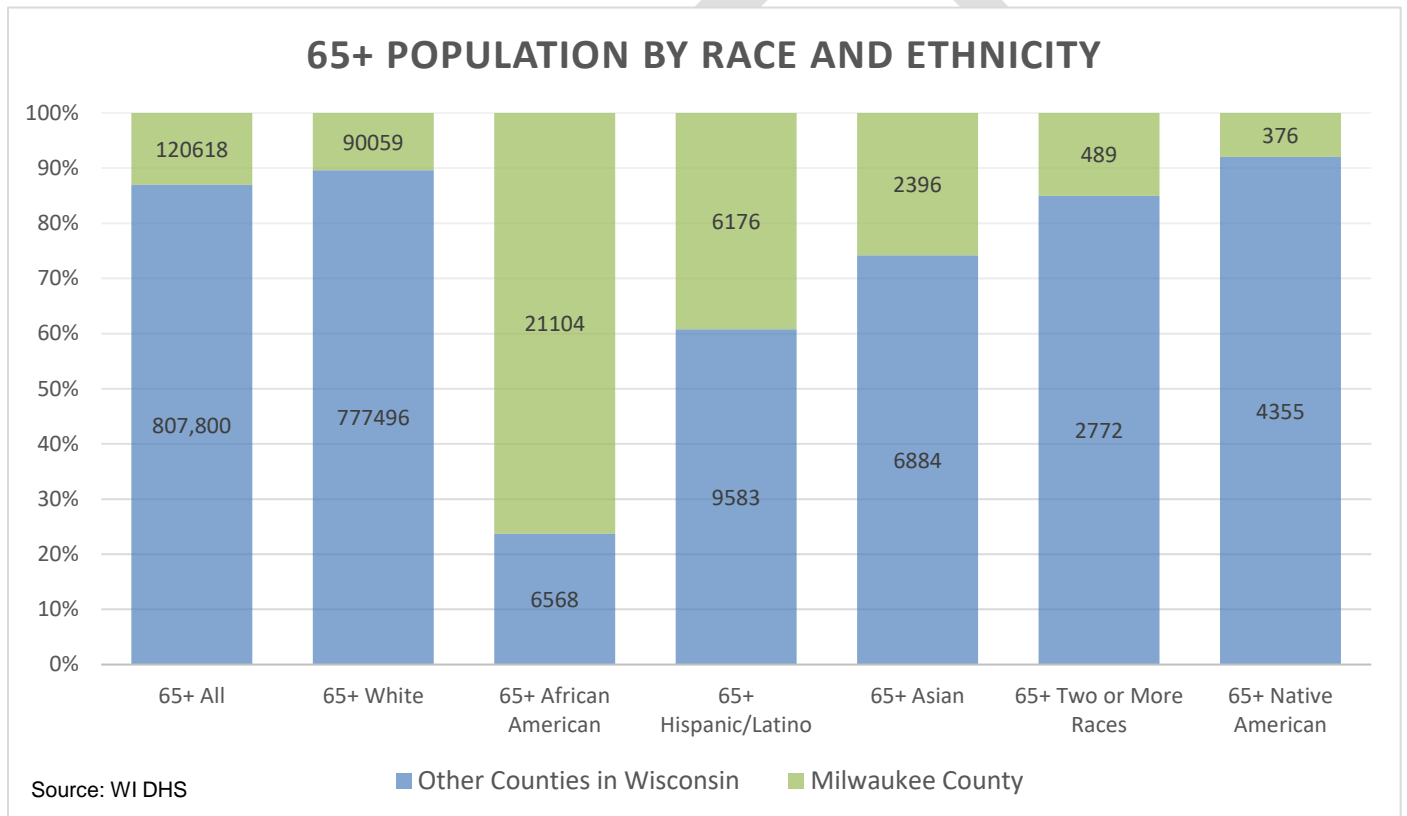
Older Adults Living Alone

When compared to the state of Wisconsin, Milwaukee County has higher percentages of people aged 65 and over living alone. Overall 35% of people in this demographic live by themselves, with more than a quarter of older adult males, and 4 in ten older adult females living alone. This is significant because living alone is a known risk factor for loneliness and isolation, which are tied to morbidity and illness.



65+ Population by Race and Ethnicity

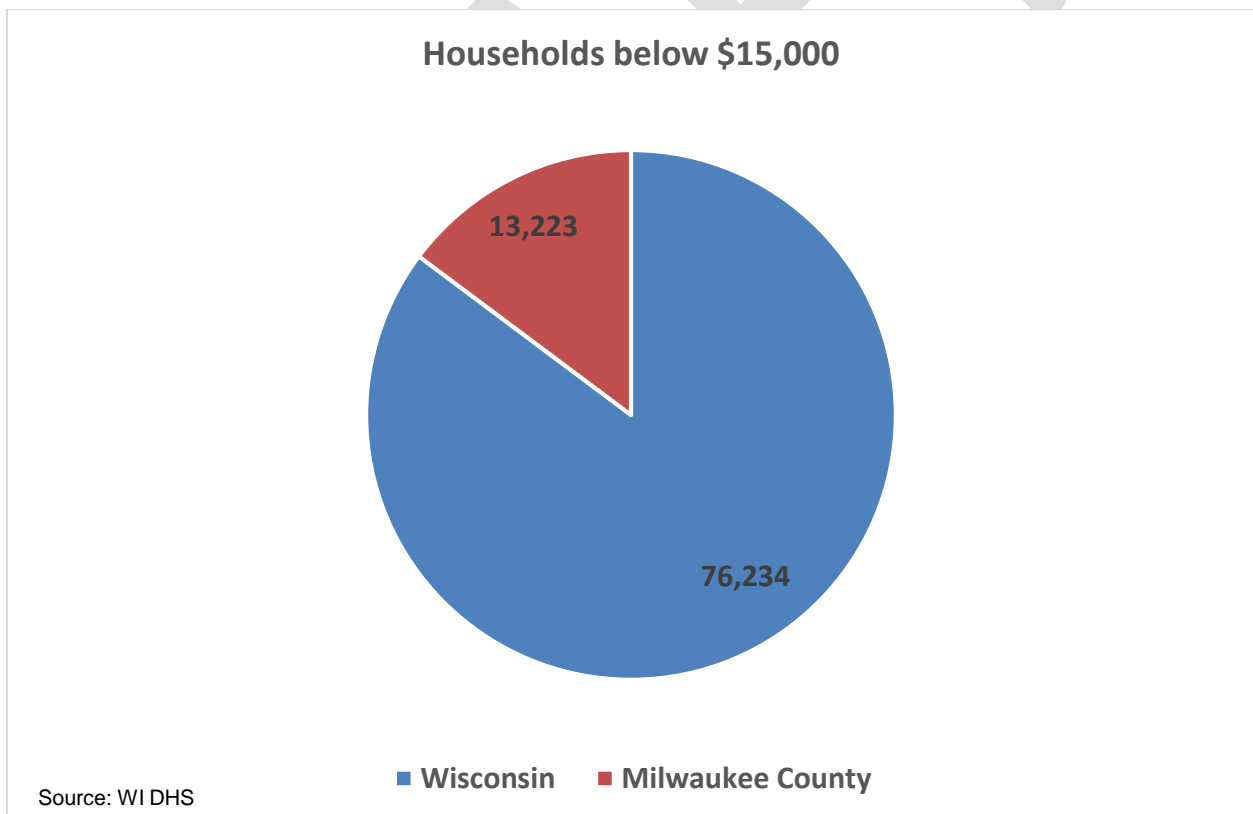
When looking at statewide race and ethnicity data regarding the 65 and older population, the statistics show that 76% of Wisconsin's African-American older adults and 39% of Wisconsin's Hispanic older adults live in Milwaukee County. As the state's most ethnically diverse county, MCDA must continue to offer programs and services which are targeted to racial and ethnic minorities to provide the highest quality support to our community. This plan incorporates several goals where we specifically target ethnic and minority populations.



Older Adults in Poverty

According to the U.S. Bureau of Census, American Community Survey, 2012-2016 Five Year Estimates, 17.4% or 13,223 of Milwaukee County's households are headed by an older adult earning less than \$15,000 per year. When looking at earnings of less than \$25,000 per year, data shows Milwaukee County is home to 39,249 individuals or 37.5% of individuals living on a lower income.

We know that African American and Hispanic or Latino populations experience poverty at a rate nearly three times that of their White counterparts. Given our large and growing African American and Hispanic older adult populations, and our high percentage of older people living in or near the poverty level, MCDA will continue to work to support those facing the greatest economic and social need by strengthening our outreach and targeting underserved populations.



Older Adults with a Disability

Milwaukee County makes up 12% of the 65+ population in the state of Wisconsin, and of that group, 38% have a disability. When looking at the numbers, Milwaukee is home to 116,184 people aged 65 and older; 42,623 of whom have a disability. This is a large group of people who likely have needs that may require some assistance with staying independent. This sentiment was identified in many of the public input sessions with many references to a need for accessible transportation services, accessible housing, and access to resources to help seniors remain independent.

Older Adults with Dementia

There is no county level data available to accurately identify the number or percentage of older adults living with dementia in Milwaukee County. According to the Wisconsin DHS, the estimated number of people with dementia in Milwaukee County will be 14,227 people in 2020. MCDA has embarked on efforts to collect this type of data via attempted partnerships with health departments and a proposed dementia registry. It is estimated that 120,000 individuals in the State of Wisconsin have dementia symptoms and there is a higher prevalence of dementia in both the African-American and Latino populations. Because Milwaukee County is home to a higher percentage of people of color as compared to other counties, Milwaukee County has taken on many initiatives to combat the stigma associated with dementia and to provide support to individuals and their caregivers. Some examples of these initiatives include further development of memory cafes, establishment of memory connection centers in libraries, and virtual dementia tour training for all MCDA staff and many community partners.

5. Public Input in the Development of Area Agency on Aging/Aging Unit Plan

Summary of Input Gathering Efforts

MCDA used a variety of methods to gather input prior to developing the plan. Staff conducted a structured interview with an older adult. To have an in-depth discussion and insight into what this volunteer thought was important, staff visited the volunteer in her home and spent approximately 90 minutes conducting the interview. **See Appendix 1.**

Following the structured interview, MCDA conducted a series of listening sessions throughout the community. Effort was made to engage a diverse set of older adults throughout the process, as well as to elicit feedback from professionals who serve them. The following listening sessions took place throughout the first quarter of 2018:

- January 5, 2018- SDC Senior Companions, 777 E. Wisconsin Avenue, Milwaukee, WI- 40 attendees
- January 10, 2018- Volunteers for Cudahy St. Francis Interfaith Program for the Elderly- 3658 E. Plankinton Avenue, Cudahy, WI, 15 attendees
- January 19, 2018- MCDA All Staff Meeting- 1220 W. Vliet Street., Milwaukee, WI, 55 attendees
- February 7, 2018- Milwaukee LGBT Community Center 50 and Better Group- 1110 N. Market Place, Milwaukee, WI, 20 attendees
- February 8, 2018- Milwaukee County Department on Aging Advisory Council- 1220 W. Vliet Street, 12 attendees
- February 19, 2018- United Community Center Senior Center (primary language of most attendees was Spanish, translator was present)- 1028 S. 9th Street, Milwaukee, WI, 35 attendees
- February 21, 2018- Milwaukee County Department on Aging Communication and Awareness Workgroup- 1220 W. Vliet Street, 8 attendees
- February 22, 2018- Alzheimer's Action Network- Alzheimer's Association of Southeastern Wisconsin, 620 S. 76th Street, 15 attendees
- February 28, 2018- Washington Park Senior Center Listening Session- 4420 W. Vliet Street, 50 attendees

See Appendix 2

MCDA also administered two surveys, a caregiver survey and a general survey, as another method of gathering feedback. Both surveys were intentionally made to have fewer than five questions to try to increase the likelihood people would complete them.

The caregiver survey was administered at two separate caregiver appreciation events that were planned by MCDA partner agencies. On November 18, 2017 MCDA administered 13 caregiver surveys at the Wisconsin Alzheimer's Institute's Breaking the Silence event. And again, on December 14, 2017, MCDA administered 23 caregiver surveys at the Interfaith Older Adult Programs' Family Caregiver Support Network's Caregiver Appreciation Event.

A general survey was available to the community both online and in hard copy. The online version was sent out to a large network which included MCDA's mailing list of Committee and Council members, members of the Milwaukee Aging Consortium, all contracted agencies, all Milwaukee County municipal public health departments, and a link to the survey was shared on the MCDA Facebook page and website. Hard copies were distributed at the five-county owned senior centers and area senior apartment buildings. And finally, with the assistance of staff at the Milwaukee Christian Center (MCC), the general survey was translated into both Spanish and Hmong and administered to their senior center participants using a structured interview process. MCDA staff then visited the Milwaukee Christian Center to receive the results of the surveys from staff and speak to participants individually.

MCDA received 271 responses to the online survey, 143 hard copy responses from senior centers, and 27 responses from apartment buildings for a grand total of 441 survey responses.

See Appendix 4,5,6.

AARP Wisconsin shared the results of surveys they administered at "Free Coffee Friday" events as a way collaborate on the plan. The survey data was reviewed and results were compared with MCDA surveys and listening sessions.

Staff synthesized the findings from the structured interview, listening sessions, AARP data, and surveys to look for commonalities and themes. These findings were shared with AAA staff and subsequently a meeting took place where preliminary goals were discussed and formulated. These initial goals were used to conduct two public hearings and were presented to the Advisory Council for review.

Public Hearings

Two public hearings were held. The first was held on Monday, April 30 from 1:30-3:30pm at Wilson Park Senior Center located at 2601 W. Howard Ave. There were approximately 40 people in attendance. The second was held on Tuesday, May 22 from 9:30am-11:00am at Clinton Rose Senior Center located at 3045 N. Martin Luther King, Jr. Dr. There were approximately 55 people in attendance. The hearings were advertised in multiple ways including through the Milwaukee Journal Sentinel online events postings, MCDA Facebook page, senior center monitors, and flyers shared at public meetings, senior centers, and congregate dining sites.

The Advisory Council met on Thursday, May 10, between the public hearings. The Council reviewed the draft goals and made suggestions and edits which were then incorporated into the goals and presented at the May 22 hearing.

See Appendix 6, 7, 8, 9, 16, 17.

Opportunity for Written Comment

Staff met after the public hearings and once again revised the goals based upon input gathered at hearings and survey results. The revised goals were posted on MCDA's website and written comment was accepted.

Evolution of goals

Goals were edited following the receipt of feedback gathered from the Advisory Council and the public. One member of the Advisory Council suggested the addition of a fourth goal related to the creation of a coalition dedicated to the promotion of exercise for older adults. This goal was removed from the list of Healthy Aging Goals due to insufficient staff to support the initiative and a lack of clarity around what was being asked of the Department. Due to many comments from the public related to interest in learning about brain health, a goal was added to the "Services to People with Dementia" section related to providing education related to brain health. A goal related to online reporting of elder abuse was removed from the Elder Justice section due to feedback that it may be more difficult to ensure confidentiality of referral source. A goal related to working on an initiative with the Behavioral Health Division and Housing provided the Elder Justice replacement due to large amounts of feedback related to housing and mental health needs. Following the August Advisory Council meeting, a change was made to the measurement for Goal #1 for "Advocacy Related Activities." Additionally, the Council inquired about the possibility of adding the fourth Healthy Aging goal back into the plan.

See Appendix 10, 11, 12, 13, 14, 15, 18, 19.

6. Goals for the Plan Period

Advocacy Related Activities

Framework

As an Area Agency on Aging it is critical that MCDA staff and older adults work together as advocates and equal partners on relevant issues at all levels of government. Older adults must have opportunities to contribute to the development and oversight of the services and programs in the community which they reside. MCDA currently has several avenues for individuals to be involved in advocacy related initiatives such as the Advocacy Committee of the Commission on Aging, the recently revived Senior Statesman Program which provides hands on advocacy training, and an advocacy newsletter. The goals in the plan will work to expand on the existing structures to create more opportunity for advocacy and partnership with older adults.

Goal Statement 1: To enhance MCDA's Senior Statesman Program and ensure older adults are being offered opportunities for continued advocacy opportunities after program conclusion, MCDA will organize follow up opportunities for participants. Opportunities may include: get out the vote campaigns, opportunities to give presentations to the community, membership on MCDA committees/councils, participation in Advocacy related events such as Aging Advocacy Day, Aging Empowerment Conference or Wisconsin Aging Advocacy Network meetings. MCDA will engage at least 50% of senior statesman graduates in follow up activities each year of the plan.

Goal Statement 2: To increase older adults' knowledge of why policy should matter to them, MCDA will hold quarterly information sessions in the community in places such as senior centers, dining sites, apartment complexes and other community based sites to talk to older adults about current policy issues which directly impact them with the goal of reaching 10 people per session. MCDA will also conduct a pre-and-post-survey to measure what participants learned from the training and what actions they will take as a result of their increased knowledge. Sessions will be completed by December 31, 2020.

Goal Statement 3: For elected officials to have a better understanding of the issues which face older adults and to help older adults and their representatives build closer relationships, MCDA will partner with other community providers to host a public official's reception by December 31, 2021. Public officials and/or their staff will be given a short survey after the event asking to what extent their knowledge and awareness levels were impacted by the information shared at the event.

Nutrition Program

Framework

Since 1973, Milwaukee County has been operating both a senior congregate dining program and Home Delivered Meals, under Title III-C of the Older Americans Act. Both programs target older adults who may be frail, isolated, and homebound and or disadvantaged. Older adults benefit from these programs by receiving a nutritious meal so that they can remain healthy, active and independent in their own homes and communities.

Title IIC-1 Congregate Meals are provided at 23 Senior Dining Sites throughout Milwaukee County through contractual agreements with various agencies to manage these meal sites. Each site employs a part time supervisor that oversees day-to-day operations. Volunteers support this initiative and play a vital role with the set-up, serving and clean-up of the meal sites. Approximately 1100 meals are served daily to eligible older adults. In addition to a hot meal for lunch, the dining site is also a source of nutrition education, community resources, social activities and overall support to older adults. Of the 23 dining sites, 12 are located within a Senior Center thereby providing additional amenities to the participant such as fitness centers, evidenced based programs, computer labs, woodworking, a wide range of classes, etc. These locations attract more diners than independent sites housed in churches or other community centers.

Title IIIC-2 Home Delivered Meals provide a hot meal at lunch to frail and homebound adults who are unable to prepare their own meals. Milwaukee County has a contractual agreement with an agency to provide the case management of this large program in addition to contracting with two caterers for the provision of meals. Based on need, some of these individuals may also be recipients of a cold supper meal in addition to weekend meals. On a daily basis, over 1400 hot meals are delivered to eight dispatch sites that serve 48 routes throughout Milwaukee County. The Home Delivered Meal is more than a meal. It is also a daily wellness check provided by the many trained drivers that are out in the community both checking up on the senior along with keeping them connected with vital information relative to nutrition education, hydration, medicine management, and other pertinent resources.

Funding for the above programs has been static in recent years, although because of FY2018 federal policy decisions MCDA received additional funding in 2018. In 2017 the Home Delivered Meal program was overspent by \$150,000.00 due to the increased demand for services to seniors aging in place. Milwaukee County is aware of the ongoing need to improve the efficiencies and effectiveness in serving older adults with their support of BADR initiatives and recommendations. Moving forward, MCDA will continue to revise its business practices and outreach efforts in an effort to maximize meal participation and control costs. We continue to target meal sites that do not require site supervision and that specifically serve ethnic groups that we haven't served before. We also are trying new approaches, such as serving an early evening meal, to increase meal site participation.

Goal Statement 1: MCDA will open at a minimum two new dining sites targeting underserved populations and zip codes in Milwaukee County by December 31, 2019. Groups of interest may include the LGBT and Muslim communities, in addition to zip codes 53206 and 53154.

Goal Statement 2: To ensure improvement and sustainability of the home delivered meal program, MCDA will assess Home Delivered Meal data from the past 3 years and will make recommendations to the COA and Nutrition Council by March 31, 2020. MCDA will work with the COA and Nutrition Council to analyze all recommendations and, if cost-effective, implement and evaluate any recommended strategies by December 31, 2021.

Goal Statement 3: To improve the nutritional status of participants and to adopt a more holistic approach while promoting healthy aging, MCDA will educate participants on the 8 dimensions of wellness on a monthly basis throughout 2021. Resources will be developed and distributed to congregate and HDM participants to increase awareness of how the body and mind work together. Congregate and HDM participants will be given a pre-test and a post-test to assess the impact of the educational efforts.

Services in Support of Caregivers

Framework

According to the State of the States in Family Caregiver Support 2014 Report, the State of Wisconsin is home to 549,000 informal caregivers who put in 588 million caregiver hours in a year. There is ample research available that highlights caregivers' poor health outcomes which are a result of the stress associated with caregiving. The close relationship between the caregiver and care recipient is a shared relationship with involved emotions, experiences, and memories, which can place a caregiver at higher risk for psychological and physical illness.

[Alzheimer's Association, 2011 Alzheimer's Disease Facts and Figures, Alzheimer's and Dementia, Vol.7, Issue 2.]

A key element in supporting family caregivers in Milwaukee County is the Family Caregiver Support Network (FCSN), operated by Unison, Inc. under contract with MCDA. The FCSN provides services to informal caregivers of older adults with funding from the state Alzheimer's Family and Caregiver Support Program (AFCSP). Future efforts will focus on outreach to underserved communities and a continuation of family caregiver education and support through community presentations, support groups and collaborations with community partners and professionals.

Goal Statement 1: To help identify 3 specific populations which are underserved in receiving caregiving services, MCDA in collaboration with Family Caregiver Support Network (FCSN) will do a zip code review of individuals served in the years 2016-2018. MCDA and FCSN will identify leaders in the underrepresented areas and create partnerships by December 31, 2019.

Goal Statement 2: To identify further how best to serve underserved populations and to create at least two action steps for better service, MCDA, FCSN and the identified community leaders will convene a family caregiver summit by December 31, 2020.

Goal Statement 3: To address the top three most difficult issues of family caregivers identified by a recent survey (emotional burden, lack of support from other family members and navigating legal responsibilities), MCDA in collaboration with FCSN will provide three presentations addressing those needs by December 31, 2021. A pre and post-test will be conducted to determine if the information was helpful and if the family caregiver would like additional follow-up from FCSN or MCDA for continued support or services. MCDA and or FCSN will follow up with the family caregiver as appropriate.

Services to People with Dementia

Framework

MCDA has been actively participating in Dementia Care Redesign efforts which have been led by the State. The Dementia Care Specialists have been working toward three main goals which are: the creation of a dementia capable Aging Resource Center, collaboration with community partners to develop a dementia friendly community and provide opportunities for people with dementia to remain in their homes. MCDA will continue to develop new opportunities and partnerships to further the efforts to create a dementia capable Milwaukee County and will remain focused on reaching underserved populations.

Goal Statement 1: MCDA will target a minimum of three community events to conduct dementia awareness outreach to underserved populations such as African American, Latino and LGBT older adults by December 31, 2019. Events may include ethnic festivals, community festivals, church festivals, national nights out and farmers markets.

Goal Statement 2: MCDA will conduct a minimum of 8 mini-cog assessments in public libraries throughout Milwaukee County by December 31, 2020. At least four of the assessments will be conducted within the City of Milwaukee, and at least four assessments will be conducted in surrounding suburban areas.

Goal Statement 3: MCDA will provide Brain Health Education to four groups by December 31, 2021. Target groups will include individuals 50 and older, caregivers and professionals.

Healthy Aging

Framework

According to the United States Department of Health and Human Services, members of underserved groups in the United States face disproportionate chronic illness burden and disparities related to healthcare access. It is also noted that older adults with multiple chronic conditions are at greater risk of premature death, poor functional status and higher healthcare cost.

Milwaukee County understands the importance that evidence-based programs are interventions based on evidence that is generated by scientific studies. Since 2013, through its Evidenced Based Prevention Programs and Wellness Committee, MCDA began efforts to expand health promotion and wellness programs to the underserved elderly population. In response to an understanding that there is overwhelming evidence that racial and ethnic minority and other underserved older adults benefit from health promotion interventions, MCDA will continue to target older adults in communities of color and improve access to and engagement in evidence-based prevention programs and health promotion activities that have a history of success.

Goal Statement 1: To increase engagement in the ethnic senior centers, MCDA will continue its work with the three ethnic senior centers, with a special focus on Milwaukee Christian Center to pilot, evaluate and implement a culturally appropriate Stepping On program. Collaboration on this pilot will extend to UW-Madison with the developer of the Stepping On program. The senior center will complete 2 programs by December 31, 2019 and 2 programs by December 31, 2020. Additional programming will be determined by outcomes of the pilot and future funding.

Goal Statement 2: To better address health disparities in Milwaukee County, MCDA will partner with the Wisconsin Institute for Healthy Aging and its Director of Community Engagement and the Milwaukee County Office on African American Affairs (OAAA) to identify and train 8 evidence-based program facilitators from communities with health disparities and/or communities of color by December 31, 2019-2021. MCDA will also collaborate with OAAA to identify community organizations within these communities to support, host or promote the evidence-based programs. Two new organizations will be identified by December 31, 2019. And an additional 3 organizations will be identified by December 31, 2021.

Goal Statement 3: MCDA will begin its work to implement and expand the Walk with Ease and Chronic Pain Self-Management programs within Milwaukee County. During 2019, MCDA will identify organizations and community partners who have an interest in implementing these programs. In each year, 2020 and 2021, we will solidify 2 organizations and collaborate with the Wisconsin Institute for Healthy Aging to identify

individuals to be trained instructors for the program and begin implementation of the program within their community or organization.

Elder Justice

Framework

MCDA is the lead Elder Abuse Agency for Milwaukee County. Department staff investigate allegations of physical abuse, financial exploitation, neglect, self-neglect and emotional abuse of adults age 60 and over. In 2017, staff investigated 1002 cases of alleged abuse, with the highest number of cases, 40.8%, involving self-neglect and the second most prevalent issue being that of financial exploitation at 28.70% of referrals. Financial exploitation continues to increase and is often linked to other forms of abuse including neglect and abuse itself. In addition, we are seeing an increasing number of referrals where elders have fallen victim to a global financial scam and have lost significant portions of their savings. MCDA strives to maintain and expand collaborative community relationships to provide comprehensive seamless services, and resources for the safety and protection of vulnerable elders, while supporting their choices and quality of life as much as possible.

One example of our effort to leverage community partnerships is the Interdisciplinary Team (I-Team), a group of selected professionals from a variety of disciplines who meet regularly to discuss and provide consultation on specific cases and use the collective knowledge of the group to explore the best plan of services for the case. MCDA leads and facilitates the I-team with the goal of improving each lead elder abuse agency's response to abuse, neglect and exploitation. Additionally, the I-Team strives to increase awareness of abuse and neglect of vulnerable adults in the community especially among professionals. Furthermore, the I-Team tries to identify service gaps, coordinate efforts of various agencies and build better understanding and respect for all agencies involved.

Goal Statement 1: To address the growing problem of financial exploitation in Milwaukee County, MCDA will develop a training for older adults to increase their knowledge about the signs of financial exploitation and protections to take to avoid becoming victims. MCDA will administer a pre- and post-test to measure the efficacy of the training. Training will be held 6 times by December 31, 2019.

Goal Statement 2: MCDA will create a resource guide and referral form for free and low-cost community health clinics that will increase awareness of MCDA services and lead to an increase in referrals for the Aging Resource Center. The resource guide and referral form will be created by October 1, 2020 and will be disseminated at all health clinics in Milwaukee County by December 31, 2020.

Goal Statement 3: To expand crisis training beyond emergency personnel, MCDA will reach out to four new community organizations and provide training in how to address crisis situations by December 31, 2021.

Local Priorities

Transportation

Framework

In hearing from older adults throughout Milwaukee County, one issue that is brought up repeatedly is a lack of accessible and affordable transportation options. MCDA must take a look at the options that are available to the community and undergo an inclusive planning process to identify gaps in current service and to propose and implement alternative programming to better serve the transportation needs of older adults. MCDA proposes to do this throughout the three years of the plan.

Goal Statement 1: MCDA will identify the gaps in current transportation services by conducting focus groups and reviewing secondary research. By December 31, 2019, MCDA will evaluate the responses gathered and create a report detailing current gaps in service.

Goal Statement 2: Using the report from Goal #1, MCDA will work to address the gaps in transportation services by exploring innovative transportation models and ways to maximize the funding that is currently available in Milwaukee County. MCDA will draft and post a Request for Information (RFI) about transportation services for older adults. MCDA will review all RFI responses for viable solutions to the identified gaps in Goal #1. By December 31, 2020, MCDA will create a report summarizing possible solutions for current transportation gaps.

Goal Statement 3: With identified gaps and information about sustainable solutions, MCDA will implement as many transportation solutions as possible, but not less than one solution, by December 31, 2021.

Senior Centers

The 2016 reauthorization of the Older Americans Act asks all states to research model programs to identify best practices for the modernization of multipurpose senior centers for positive aging. In order to ensure that seniors today and in the future have the best possible facilities and resources needed to age in place and live healthy, independent lives, MCDA will undergo a long-term planning process. Older adults mentioned time and again during input sessions and in survey responses that senior centers play a key

role in avoiding isolation, providing opportunity for socialization, continued learning, engagement, purpose, physical activity, and a place to share their wisdom.

Goal Statement 1: The Department on Aging, in partnership with a third-party provider, will complete “Phase 2” of its senior center assessment project by August 1, 2019. This project will involve additional research and will ultimately result in a final report being published by April 1, 2019. The report will be shared with the Commission on Aging and other various providers, and feedback will be collected through Senior Center advisory council meetings, Commission on Aging meetings, and other public forums by August 1, 2019.

Goal Statement 2: The Department will use the third-party report, as well as feedback from the report, to shape a senior center programming RFP that meets the needs of existing seniors as well as the seniors of the future. The RFP will be released to the public by September 20, 2019, and the Department would implement at least one new programming solution by January 1, 2020.

Goal Statement 3: The Department will assess the effectiveness and impact of a new programming solution by June 1, 2020, and based on the evaluation, will restructure the 2021 senior center programming RFP to ensure that 2021 programming options are cost-effective and sustainable.

7. Special Projects

These are the special projects we anticipate at this time. Additional projects may be added based upon agency priorities and available funding.

Name of the Service

Senior Hall of Fame and Volunteer Recognition Dinner

Rationale for the Project

Established in 1997, annually, the Senior Hall of Fame honors outstanding seniors in Milwaukee County who have served the community as volunteers and as advocates on behalf of older adults. Older adults are encouraged to continue their volunteerism through this prestigious recognition. The Senior Hall of Fame helps to pique the interest of other older adults to get involved with volunteerism. In previous years the Senior Hall of Fame was a stand-alone event, but beginning in 2017 it was combined with the Senior Meal Program (SMP) Volunteer Recognition Dinner in order to save funds. Annually, this dinner draws over 400 SMP volunteers. Drivers, cooks, site supervisors, and all other volunteers who play an integral role in ensuring senior meal program services take place. Volunteers for the SMP have a heightened sense of commitment. Each year, combined, volunteers of the SMP log nearly 66,000 hours, serve approximately 265,000 congregate meals and deliver 252,000 meals to homebound older adults. For the volunteers' time and effort, the event is an opportunity to come together on one evening to have a nice dinner and celebrate their hard work.

The event allows older adult volunteers to socialize, develop friendships, and discover opportunities to strategize and consult with one another regarding their meal sites.

Agency who will provide service

MCDA

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Name of the Service

“Better Aging Expo” Resource Fair

Rationale for the Project

MCDA has consistently received feedback that housing and transportation are big issues for older adults. In an effort to bring information to the public, MCDA will partner with the United Auto Worker (UAW) retirees and other community partners to coordinate and host a Resource Fair which highlights housing and transportation for county residents. Vendors from many different areas of service will be invited to share their resources at the fair while two workshops are held simultaneously. The workshops will be focused on housing and transportation.

Agency who will provide service

MCDA in partnership with UAW retirees and many other community partners

Contact Information

Bekki Schmitt

Information and Outreach Coordinator

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Name of the Service
“Senior Statesman” Program

Rationale for the Project

MCDA is committed to expanding the number of older adults who become advocates for programs and services that are proven to benefit the lives of seniors. In 2017 MCDA coordinated its first Senior Statesman Program in almost ten years as 16 individuals spent an entire day learning about how Milwaukee County government works. These individuals met with the County Executive and County Board Chair, and they also received training on how to become an effective advocate. Participants also received a detailed presentation on how MCDA connects seniors to resources and programs that benefit them and their families. MCDA plans to continue coordinating one Senior Statesman training each year.

Agency who will provide service

MCDA in partnership with other county government departments and community-based organizations

Contact Information

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Name of the Service

“Connecting Our Generations” Project

Rationale for the Project

In 2017 MCDA piloted a project that involved seniors from the Clinton Rose Senior Center and Brown St. Academy, a Milwaukee Public School located on the north side of the city. The purpose of the pilot was to connect seniors with 4th grade students at the school and have them engage in structured activities and conversations. The pilot was successful, and MCDA is currently paying to transport seniors by bus to Brown St. Academy once per month from September 2018 through May 2019. Students and seniors will engage in a variety of activities during the 2018-19 school year, and MCDA hopes to expand this project to other schools and senior centers in the future.

Agency who will provide service

MCDA in partnership with the Clinton Rose Senior Center and Brown St. Academy

Contact Information

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Director of Administration

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8. Direct Service Waiver

Name of Service: Aging Resource Center

Description of Service:

The Aging Resource Center (ARC) of Milwaukee County provides information and assistance to help people 60 years of age and older remain active, independent and connected to their communities. Reports are provided to the ADRC Governing Board on an ongoing basis.

One telephone number is available to obtain information and assistance about public and private benefits for older adults ages 60 and over. Staff includes a manager, human service workers (bilingual), a marketing coordinator, and clerical support. A department website and resource database is maintained for internal and public access to link older adults with needed support. Staff is available 24 hours a day, seven days a week, with after-business hours handled by an on-call system. Additionally, one human service worker visits senior centers, senior dining sites and subsidized housing complexes on a regular basis to provide information and support.

Eligibility and Enrollment for publicly funded Long-Term Care programs:

Information and screening are available for functional and financial eligibility for a variety of Managed Care program options and a Medicaid fee for-service system. Options Counseling is provided to assist older adults in making choices for the best program meeting their needs.

Quality Assurance:

Staff processes all complaints and grievances from the public. This includes investigation, amelioration, and fair hearings. Additionally, consumer satisfaction assessments are conducted.

Elder abuse and crisis intervention:

Department staff (bilingual) including supervisors, a nurse, human service workers and clerical support provide a mechanism to investigate possible crisis situations. Investigations follow allegations related to physical abuse, material abuse, neglect, self-neglect, and emotional abuse of adults age 60 and over who reside in Milwaukee County. Staff conducts client visits. Intervention services are provided as the case warrants.

Justification for the Direct Provision by the Department on Aging:

1. The Aging Resource Center of Milwaukee County serves as a single-entry point for all older adults in Milwaukee County. Without this single access point, the delivery of services would be fragmented, information would not be available to all older adults, and clients would not be referred for service according to their needs. Additionally, assessment of potential clients is critical to an effective

Managed Care Organization to optimally serve older adults in need. Without Elder Abuse and At-Risk crisis intervention services, older adults would remain in vulnerable situations.

2. The Placement of the Aging Resource Center of Milwaukee County within the Department on Aging is integral to the function of the Area Agency on Aging, which is the lead agency for review, coordination, and oversight of all older adult services.
3. The service is not a Title III funded service.

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9. Coordination between Area Agencies on Aging and Aging and Disability Resource Centers

Milwaukee County is the only county in Wisconsin with a separate aging resource center and a disability resource center. The Milwaukee County Department on Aging serves as Milwaukee County's Aging Resource Center (ARC). This allows complete and seamless coordination of services for older participants in MCDA's programs. All older persons using any services of MCDA are routinely considered for all services of the Department.

The Milwaukee County Disability Resource Center (DRC) shares building space with MCDA. The two agencies enjoy a close working relationship which results in seamless referrals, joint planning, community outreach, and shared staffing as appropriate. Examples of the extensive collaboration between the agencies are listed below.

- Promotion of Alzheimer's and dementia awareness through formation of a team for the Alzheimer's Walk and awareness activities leading up to the event.
- Coordination on events, community presentations and community education.
- Joint participation in monthly community education meetings to determine and share outreach activities.
- Joint participation of ARC and DRC staff in ADRC Governing Board meetings where data and outcomes are shared
- ARC staff provide DRC staff training in how to evaluate clients for dementia using the mini-cog
- ARC staff provide DRC staff training on how to make referrals to our Dementia Care Specialists and referrals have followed
- ARC and DRC staff serve on AIRS board and AIRS study group committee and together they provide AIRS certification training to DRC staff when needed.
- ARC staff and DRC staff work together to coordinate the transfer of individuals turning 60 from the DRC into the ARC in Midas database
- ARC staff populate Web Based Resources in SAMS/IR for DRC
- ARC staff works with DRC staff in joint training sessions around Long-Term Care Functional Screen issues, updates or changes. Additionally, ARC and DRC staff combine to receive special trainings related to the Long-Term Care Functional Screen which are provided by the State
- ARC staff works with DRC staff on individuals needing assistance under Chapter 55
- ARC staff and DRC staff are members of the County Executive's FaST team under Office of Emergency Management
- ARC and DRC staff work in collaboration on efforts to reduce the 30-day re-hospitalization rate

10. Coordination between Titles III and VI

Although Milwaukee County is not home to any one tribe, there are a number of older Native Americans residing in the county. MCDA has a strong relationship with the Indian Council of the Elderly which houses the All Nations Senior Center. A congregate meal site is housed in the All Nations Senior Center and an outreach social worker visits the site on a regular basis to offer assistance with programs and services.

Additionally, the Gerald Ignace Indian Health Center is a partner in offering evidence based health promotion programs such as Healthy Living with Diabetes and Stepping On Falls Prevention.

And finally, MCDA has been conducting outreach presentations with groups such as the Ho Chunk Nation Elders, Southeast Oneida Tribal Elders Group, and the Native Community Wellness Event and will continue these efforts through the duration of the plan period.

11. Targeted Populations

Serving Low-Income Minority Older Individuals

Serving low-income minority older adults has been and will continue to be a priority for MCDA. The following goals for the 2019-21 plan period illustrate efforts to serve the underserved:

Nutrition Program Goal Statement 1: MCDA will open at a minimum two new dining sites targeting underserved populations and zip codes in Milwaukee County by December 31, 2019. Groups of interest may include the LGBT and Muslim communities, in addition to zip codes 53206 and 53154. The 53206 zip code is home to a predominately low-income African-American population.

Services to Caregivers Goal Statement 1: To help identify 3 specific populations which are underserved in receiving caregiving services, MCDA in collaboration with Family Caregiver Support Network (FCSN), will do a zip code review of individuals served in the years 2016-2018. MCDA and FCSN will identify leaders in the underrepresented areas and create partnerships by December 31, 2019.

Services to Caregivers Goal Statement 2: To identify further how best to serve underserved populations and to create at least 2 action steps for better service, MCDA, FCSN and the identified community leaders will convene a summit by December 31, 2020.

Services to People with Dementia Goal Statement 1: MCDA will target a minimum of three community events to conduct dementia awareness outreach to underserved populations such as African American, Latino and LGBT older adults by December 31, 2019. Events may include ethnic festivals, community festivals, church festivals, national nights out and farmers markets.

Healthy Aging Goal Statement 1: To increase engagement in the ethnic senior centers, MCDA will continue its work with the three ethnic senior centers, with a special focus on Milwaukee Christian Center to pilot, evaluate and implement a culturally appropriate Stepping On program. Collaboration on this pilot will extend to UW-Madison with the developer of the Stepping On program. The senior center will complete 2 programs by December 31, 2019 and 2 programs by December 31, 2020. Additional programming will be determined by outcomes of the pilot and future funding.

Healthy Aging Goal Statement 2: To better address health disparities in Milwaukee County, MCDA will partner with the Wisconsin Institute for Healthy Aging and its Director of Community Engagement and the Milwaukee County Office on African American Affairs (OAAA) to identify and train 8 evidence-based program facilitators

from communities with health disparities and/or communities of color by December 31, 2019-2021. MCDA will also collaborate with OAAA to identify community organizations within these communities to support, host or promote the evidence-based programs. Two new organizations will be identified by December 31, 2019. And an additional 3 organizations will be identified by December 31, 2021.

Serving Older Individuals in Rural Areas

Milwaukee County does not include rural areas- not applicable.

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12. Budget

In preparing these budgets the AAA/aging unit may assume the same allocations from the Bureau of Aging and Disability Resources received in the final 2018 award. The actual allocations may differ. Round all figures to the nearest whole dollar.

The budget for the first year of the plan must be submitted on the Excel worksheet labeled “2019 AAA/Aging Unit Budget.”

All of the budget pages follow the same general format. Expenditure categories are listed in the first column. Revenue categories are listed in the adjacent columns. Finally, the far right column on each budget page (“Total Budget”) consists of the sum of all the revenue category columns to the left of the “Total Budget” column. Include all revenue sources that support the activity/service. Rows blocked out indicate the service cannot be supported by the funding source.

Transfer Requests

The budget worksheet will also serve the purpose of capturing allowable transfers of funds that agencies may request in order to tailor the operation of their programs.

- Agencies may transfer up to 20% of their Title III-C1 funds to Title III-C2.
- Agencies may transfer up to 20% of their Title III-C2 funds to Title III-C1.
- Agencies may transfer up to 15% of their Title III-C nutrition funds to Title III-B.

Agencies may request to transfer additional funds beyond the 20% limitation between Title III-C1 & C2 as well as beyond the 15% limitation from Title III-C to Title III-B. These transfer requests beyond the stated limitations will be allowed to the extent that the Bureau of Aging and Disability Resources can accommodate them within our statewide restrictions under the OAA.

Title III-C1 allocations may only be used to report expenses for: Congregate Meals, Nutrition Counseling, Nutrition Education, Evidence-Based Health Promotion and Self-Directed Care.

Title III-C2 allocations may only be used to report expenses for: Home Delivered Meals, Nutrition Counseling, Nutrition Education, Evidence-Based Health Promotion and Self-Directed Care.

The Title III-C1 tab will be used to designate funds an agency may wish to transfer to either Title III-B or Title III-C2 activities within the constraints outlined above, these amounts should be indicated on the relevant expenditure category line in the first column of the Title III-C1 worksheet tab. Similarly, the Title III-C2 tab will be used to designate funds an agency may wish to transfer to either Title III-B or Title III-C1 activities within the constraints outlined above, these amounts should be indicated on

the relevant expenditure category line in the first column of the Title III-C2 worksheet tab.

Calculating Match

Use the examples below to calculate the local match requirement.

Most OAA programs require a matching share of one (1) dollar of cash or in-kind match for every nine (9) dollars of federal money. This means that ten percent of the combined sum of the Bureau of Aging and Disability Resources allocation and local funding allocation for the program must be in the form of match.

For example, if a grantee/provider has a program with a total cost of \$10,000, the recipient would request \$9,000 (ninety percent) in federal funds and the matching share would be \$1,000 (ten percent).

Total costs of program	\$ 10,000	
Matching share (ten percent)	<u>x .10</u>	
	<u>\$ 1,000</u>	Matching share

Total costs of program	\$ 10,000	
Federal/state share (ninety percent)	<u>x .90</u>	
	<u>\$ 9,000</u>	Federal share

Matching share (ten percent)	\$ 1,000	
+ Federal share (ninety percent)	<u>+ \$ 9,000</u>	
Total program costs	<u>\$ 10,000</u>	

From a different perspective, if a grantee/provider knows the amount of federal money available to the project and is developing a budget using that figure, the following process is used to determine the amount of matching share needed:

\$ 9,000	Federal funds
<u>÷ 9</u>	Divided by 9
<u>\$ 1,000</u>	Matching share

The matching share may be cash, in-kind, or a combination of both.

See below for specific match requirements for each program.

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*Dollars listed in any given budget page may not be shown elsewhere on another budget page. The **only** exception is the Summary Budget, which summarizes all other budget pages.*

Expenditure Categories-Definitions

1. Administration - General management functions of the agency, which cannot be directly allocated to a cost center, related to the management and administration of funds from the Bureau of Aging and Disability Resources.
2. Personal Care - Providing personal assistance, stand-by assistance, supervision or cues for people having difficulties with one or more of the following activities of daily living (ADLs) such as: bathing, dressing, toileting, getting in/out of a bed or chair, eating or walking.
3. Homemaker - Providing assistance with routine household tasks to people having difficulty with one or more of the following instrumental activities of daily living (IADLs): preparing meals, managing medications, managing money, doing light housework, shopping, traveling, or , using a telephone..
4. Chore - Providing assistance with non-continual household tasks to people having difficulty with one or more of the following instrumental activities of daily living (IADLs): doing heavy housework and outside chores.
5. Home-delivered Meals – A meal provided to an eligible individual in his/her place of residence. The meal meets the requirements of the OAA and state policy.
6. Adult Day Care/Adult Day Health - Provision of care for functionally impaired older adults in a non-residential, supervised, protective, and congregate setting during some portion of a day (fewer than 24 hours). Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medication assistance and home-health aide services for adult day health. Older adults served require supervision but do not require institutionalization.
7. Case Management - Person-centered approach to providing assistance with care coordination for older customers and/or their caregivers in circumstances where the older person is experiencing diminished functional capacities, personal conditions, or other characteristics which require the provision of services by formal service providers or informal caregivers. Activities of case management include learning the customer's strengths, assessing the customer's needs, developing care plan that ensure the safety and well-being of the customer, authorizing and coordinating services among providers that support the customer's needs, monitoring service provision and the customer's health and welfare, and providing ongoing reassessment of needs.

8. Congregate Meals - A meal provided to an eligible individual in a group setting which promotes socialization of older individuals. The meal meets the requirements of the OAA and state policy.
9. Nutrition Counseling - Provision of individualized guidance to older individuals or their caregivers who are at nutritional risk, because of their health or nutritional history, dietary intake, medications used or chronic illness. Counseling is provided on-on-one by a registered dietitian, in accordance with state policy, and addresses options and methods for improving nutritional status.
10. Assisted Transportation - Provision of assistance, including escort, to a non-ambulatory person who has difficulties (physical or cognitive) using regular vehicular transportation. Includes rides on predetermined routes and rides provided upon customer request.
11. Transportation - Provision of transportation for an ambulatory person from one location to another. Does not include any other activity. Includes rides on predetermined routes and rides provided upon customer request.
12. Legal/Benefit Assistance - Provision of legal or benefit advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.
13. Nutrition Education - A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a program nutritionist. May include cooking demonstrations, educational taste-testing, audio-visual presentations, lecture, or small group discussions. Printed materials may be used as the sole education component for home-delivered meal program participants, if necessary.
14. Information and Assistance - A service that provides current information on opportunities and services available; assesses the problems and capacities of the individuals; links the individuals to the opportunities and services available; to the maximum extent practicable, ensures that the individuals receive the services needed, and are aware of the opportunities available to the individuals by establishing adequate follow-up procedures.
15. Outreach - One-on-one contacts with older adults or their caregivers initiated by an agency or organization to encourage their use of existing services and benefits. Does not include a group activity that involves a contact with several current or potential customers/caregivers (see Public Information definition). Does not include comprehensive assessment of need, development of a service plan, or arranging for service provision (see Case Management definition).

16. Public Information - Contacts with a group of older adults, their caregivers, or the general public, to inform them of service availability or provide general program information. Examples include but are not limited to health fairs, publications, newsletters, brochures, caregiver conferences, publicity or mass media campaigns, and other similar informational activities in accordance with state policy.
17. Counseling - Provision of professional advice, guidance, and instruction, either on a one-time or ongoing basis to an older individual and/or family members who are experiencing personal, social, or emotional problems. May be provided by telephone or in person by paid, donated and/or volunteer staff that has been professionally trained. Includes emotional support, problem identification and resolution, skill building, grief counseling, mental health counseling, etc. Does not include nutrition or legal counseling (See Nutrition Counseling and Legal Assistance definitions). Does not include support group activities (peer led) or training (See definitions for Support Groups and Training).

Training - Provision of formal or informal opportunities for individuals to acquire knowledge, experience or skills. Includes individual or group events designed to increase awareness; promote personal enrichment, for example, through continuing education; to increase or gain skills in a specific craft, trade, job or occupation. May include use of evidence-based programs, be conducted in-person or online, and be provided in individual or group settings. This does not include staff training. It does not include nutrition education, health promotion programs or activities, or information and assistance (see definitions for Nutrition Education, Health Promotion Programs, Health Promotion Activities, and Information and Assistance).
18. Temporary Respite Care - A service which provides a brief period of relief or rest for caregivers. May include in-home respite or facility-based respite (either during the day or overnight on a temporary basis).
20. Advocacy/Leadership Development - Contacts made to monitor, evaluate, and comment on all laws, policies, programs, taxes, and service systems which affect older individuals. Includes participation in hearings, contacts with national, state and/or local representatives, etc. to promote benefits and opportunities for older individuals. Includes contacts that enhance the ability of older people to advocate for themselves and for other older people. Does not include services provided by an attorney or person under the supervision of an attorney.
21. Other - All services other than those listed above. This category should be used on a limited basis as the National Aging Program Information System (NAPIS) does not recognize other services. Prior to using "Other" contact the AAA for technical assistance.
22. Not Available

23. Health Promotion (Evidence-Based) - Programs that meet ACL/AoA's definition for an evidence-based program. Evidence-based programs promote health and wellbeing; reduce disease, disability, and/or injury; and/or extend the length or quality of life for adults 60 years old or older.

Title III-B Supportive Services Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-B of the OAA. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-B funds.

There is a 10% minimum non-federal matching share requirement.

Unless you have received a waiver:

- ◆ **There is a 7% minimum for Access to Services.**
- ◆ **There is a 6% minimum for In-Home Services.**
- ◆ **There is a 5% minimum for Legal/Benefit Assistance.**

Title III-C1 Congregate Meals Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-C1 of the OAA. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-C1 funds.

There is a 10% minimum non-federal matching share requirement.

Title III-C2 Home-Delivered Meals Budget

This budget represents the AAA's proposed budget for funds received from Bureau of Aging and Disability Resources under Title III-C2 of the OAA. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-C2 funds.

There is a 10% minimum non-federal matching share requirement.

Title III-D Disease Prevention and Health Promotion Services Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-D of the OAA. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-D funds. AAAs must support evidence-based health promotion disease prevention programs with these funds.

Note: This funding source includes a requirement that they be used only for health promotion and disease prevention programs that have been scientifically proven effective with the older adult population, with results published in a peer-reviewed journal; have been effectively implemented in a community setting; and have replication guidelines (protocols) available to the public.

There is a 10% minimum non-federal matching share requirement.

Title III-E Family Caregiver Support Program

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-E of the OAA. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-E funds.

There is a 25% minimum non-federal matching share requirement.

AFCSP-State Alzheimer's Family and Caregiver Support Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability under the State Alzheimer's Family and Caregiver Support Program (AFCSP). Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State AFCSP funds.

Note: If AFCSP funds are used as match for the federal Title III-E Family Caregiver Support Program show the AFCSP funds in the local cash match column on the Summary Budget according to the services expenditure category funded with the AFCSP/Title III combination. AFCSP funds that are not used as match are placed in the "Other" expenditure category on the summary budget.

Note: This budget does not apply if the AAA is not the designated AFCSP agency.

State Elder Benefit Specialist Services Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under the State Elder Benefit Specialist (EBS) Program. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State EBS Program funds.

There is a 10% minimum non-federal matching share requirement.

State Elder Abuse Direct Service Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under the State Elder Abuse Direct Service Program. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State Elder Abuse Direct Service funds.

Note: State Elder Abuse Direct Service funds are placed in the "Other" expenditure category on the summary budget.

Note: This budget does not apply if the AAA is not the designated elder abuse agency.

State Senior Community Services Program Budget

This budget represents the AAA's proposed budget for funds received from Bureau of Aging and Disability Resources under the State Senior Community Services Program (SCSEP). Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State SCSEP funds.

There is a 10% minimum non-federal matching share requirement.

Other Budget

This budget represents the AAA's proposed budget for funds for aging services other than resources related to the federal and state funds received from the Bureau of Aging and Disability Resources.

Examples of such funds might include Department of Transportation 85.21 (federal and state) funds, United Way funds (not used as match elsewhere), and other federal, state, and local funds.

Note: If any funds from Title III of the Older Americans Act are involved in the provision of a service, including supportive and administrative services, the non-Title III funds must be reported on the appropriate Title III budget page.

Summary Budget

This budget represents the overall budget of the AAA. It presents a concise picture of how the agency proposes to budget the state/federal funds it receives from the Bureau of Aging and Disability Resources -Office on Aging, as well as the match, program income, and other sources of funds available to the agency which relate to the state/federal funds from the Bureau of Aging and Disability Resources.

Also included are all other federal, state, and local funds, which flow through the agency's books and are used to serve older people.

Area Agency on Aging Administrative Operations Budget

This budget outlines the proposed administrative operations budget of the AAA. It does not include funds that the AAA proposes to use for special projects.

Priority Title III-B Federally Required Services Budget

Section 307 (a)(22) of the OAA requires that a minimum percentage of Title III-B funds be allocated within planning and service areas to provide certain federally-required services.

The percentage for each category of service (access, in-home, and legal/benefit assistance) equals the amount of Title III-B funds budgeted for the service category divided by the total Title III-B funds available to the planning and service area.

Calculating Match

Refer to the specific match requirements for each program above.

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13. Compliance with Federal and State Laws and Regulations

On behalf of the area agency on aging, we certify the Milwaukee County Department on Aging has reviewed the Appendix to the Area Plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2019-2021. We assure the activities identified in this plan will be carried out to the best of the ability of the Milwaukee County Department on Aging in compliance with federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2019-2021.

Chair, Milwaukee County Commission on Aging

Chair, Advisory Council

14. Assurances

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

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

2. Outreach, Training, Coordination & Public Information

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

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

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

4. Advisory Role to Service Providers of Older Persons

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

5. Contributions for Services

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

6. Confidentiality

- The applicant shall ensure that no information about, or obtained from an individual and in possession of an agency providing services to such individual under the county/tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.
- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.
- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the State Agency, the Area Agency, the county or tribal aging agency, and any other agency, organization, or individual providing services under the State, area, county, or tribal plan, shall be safeguarded by specific policies.
- Each participant from whom personal information is obtained shall be made aware of his or her rights to:
 - (a) Have full access to any information about one's self which is being kept on file;

(b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,

(c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.

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

7. Records and Reports

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

8. Licensure and Standards Requirements

- The applicant shall assure that where state or local public jurisdiction requires licensure for the provision of services, agencies providing services under the county/tribal or area plan shall be licensed or shall meet the requirements for licensure.
- The applicant is cognizant of and must agree to operate the program fully in conformance with all applicable state and local standards, including the fire, health, safety and sanitation standards, prescribed in law or regulation.

9. Civil Rights

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

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

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

11. Political Activity of Employees

The applicant shall comply with the provisions of the Hatch Act (5 U.S.C. Sections 7321-7326), which limit the political activity of employees who work in federally funded programs.

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

The applicant shall comply with all requirements of the Older Americans Act (PL 89-73. Sec. 306(A), AREA PLANS

(2) Each area agency on aging shall 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.

(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 sub clause (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; and

(4)(C) Each area agency on agency 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;

(9) Each area agency on aging shall provide assurances that 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 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall 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)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will 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.

(13)(C) Each area agency on aging shall provide assurances that the area agency will 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.

(13)(D) Each area agency on aging shall provide assurances that the area agency will 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.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, 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) Each area agency on aging shall 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;

18. Federal Regulations-

The applicant shall comply with all federal regulations (45 CFR 1321) governing Older Americans Act funds and programs.

19. 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 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 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.

15. Appendices

Attach copies of comments received during public review of the plan. Indicate any changes made in the aging plan following public comment.

Attach other documents that support the AAA plan (See attached)

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