



MILWAUKEE COUNTY
Department on Aging

**Milwaukee County Commission on Aging
Aging Advisory Council Meeting
February 13, 2020**

The Aging Advisory Council held a quarterly meeting on Thursday, February 13, 2020, at the Marcia Cogg Center, 1220 W. Vliet Street, Milwaukee, Wisconsin.

Attendance was taken verbally by the Chair and documented in writing.

Members Present:

Commissioner Bettie Rodgers, Chair
Judy Troestler, Vice Chair
Commissioner Sharon Abston-Coleman
Barbara Bechtel
Ruth Bevenue
James Kimble
David Hoffman
Sally Lindner (by telephone)

Commissioners Present:

Commissioner Richmond Izard
Commissioner Shirley Sharp

Staff Present:

Dan Idzikowski, MCDA Program Policy Coord.
Mary Jo Meyers, MCDA Interim Director
Steve Gorodetsky, Strategic Planning, DHSS

Dinah LaCase, Elder Abuse Prevention, MCDA
Pam Matthews, Milwaukee County DAS

Attendees from the Public

Christie Carter, LGBT
Gene Guskowski
Gerylyn Juettner, Senior Statesman
Travis Landry, Westcare
Dain Maddox, Wauwatosa Senior Commission
Nia Norris, WAI
Harold Oemig, Senior Statesman
Lorrie Pardo, SOA
Jim Sheridan
Virginia Small
Judith Smith
Barbara Wyatt Sibley

MINUTES

I. Call to Order.

Meeting called to order by the Chair at 1:35 p.m. and introductions were made.

II. Review and Approval of meeting minutes from December 3, 2019 and January 16, 2020

MOTION: Approve Minutes of the Advisory Council from December 3, 2019 and January 16, 2020.

ACTION: Passes unanimously (Abston-Coleman, Sharp).

III. Review Bylaws, Council Charge and New Nominations to the Council

Idzikowski refers members to the federal charge under 45 CFR § 1321.57 to advise the Commission on Aging on coordination of services, hold hearings & develop area plan.

Notes the Commission on Aging approved revisions to the bylaws. Article VII lays out the composition, quorum requirements, and membership confirmation. Four new nominees to the Aging Advisory Council to broadens the scope and expertise of the Council.

IV. Review Progress on MCDA Area Plan & Suggested Updates to Area Plan

Idzikowski references written plan updates for the end of the first year of the 3-year plan.

Advocacy – Senior Statesman program engagement – met goal for ongoing activity with participation in Aging Advocacy Day, action alerts and membership on Commission.

Nutrition – New Coordinator, Gaylyn Reske. Met goal. Opened 3 new sites + new site at Water Tower Place for deaf & hard of hearing pop. Changes made as a result of input.

Supportive Caregivers – Contracts now with Alzheimer's Assn. Putting together a broader council. Series of summer workshops instead of annual summit. Picked 3 goals.

Dementia – 2 Dementia Care Specialists at MCDA, including Spanish speaking DCS. Mini-cogs assessments conducted throughout the County. Schedule on website.

Healthy Aging – Rebecca Schmitt now Program Coordinator for Community Health. Struggling to recruit trainers for Evidence Based Programs.

Elder Justice – MCDA participating in a statewide financial exploitation grant. Working closely with Legal Action of WI. Resource guide not yet created. Additional training in community provided regarding crisis response for elder abuse.

Transportation – MCDA partnering with Combined Community Service Board and the ADRC Board to increase inter-agency collaboration and mobility management support.

Senior Centers – Completed series of listening sessions and submitted a final report with recommendations to the Commission on Aging for final consideration.

Senior Volunteer Recognition – Will hold a smaller event at Washington Park SC to recognize all volunteers & a Senior Citizen Hall of Fame. 2020 nomination due 28th.

Senior Statesman Program – will be held in late March, 2020. Recruiting participants.

V. Public Comment

Commission Iazard comments that want to engage public in Commission meetings and are going to use a new public comment form. Notes that the Commission on Aging received the Envisioning Senior Centers report but tabled the recommendations for consideration at the February

Nia Norris from UW Alzheimer's Institute introduced herself. She is on the state dementia planning council and is a nominee for the Aging Advisory Council.

VI. Update on Envisioning Senior Centers

Chair Rodgers encourages all members to review the report.

Dave Hoffman notes that the League of Progressive Seniors sent out a congratulatory note to the Advisory Council and asks that it be forwarded to members of the Council.

VII. No Wrong Door & Crisis Redesign

Mary Jo Meyers, DHHS Director & Interim Director, Dept. on Aging discusses No Wrong Door initiative. At root, understanding what it takes to get a client help. Look at all the different workstreams and ask what the barriers are, who knows, who doesn't know about services. What happens when try to get help. How many steps to get help. Includes telecommunications, IT, etc. Some agencies use 211. How do our folks respond to identified needs? Now staff responds to needs based upon the staff's own expertise. Instead cross-training so that staff can appropriately respond to the needs identified. Change management to help staff and Departments get there. What do we mean by social determinants of health and racial equity? In Milwaukee County, we have to define populations that can access benefits and supports easier than others. Access to education, transportation, food, healthcare, housing. 20 different agencies that touch on these areas of services. How we use good information to help us break down barriers and do a better job getting at getting people the help they need across the County. Many workstreams across the County working on this model to change service delivery system.

Chair Rodgers asks whether the white paper can be made available to the Council?

Meyers: at this point it is on its way to the County Executive's office and would need permission to share it. Rodgers: Is Milwaukee County involved in this as a whole?

Meyers: Yes, it is being incorporated into Milwaukee County's strategic plan.

Izard: What kind of tools do you envision workers will need to implement this?

Meyers: This goes beyond guides. We are creating a curriculum to better hear needs and get past biases. Motivational interviewing as an example that helps get past these biases to hear what people actually need. Racial equity as another example. Not about equality, but about breaking down barriers to access. We have to ensure that our front door does not exclude people, or sends them into institutional settings, such as incarceration, rather than trying to address root causes upstream. Shift funding to actually get people access to services they need earlier, rather than waiting until there is a crisis, or they are cycled into institutional systems. In order to better serve folks, we have to change our institutional structures to overcome the barriers that have been put in place.

Izard: Technology, systems like caller ID, call monitoring, key words can focus response. Are these systems being considered? Meyers: Not sure – IT is in consideration.

Hoffman: All sounds very exciting, but important component is strength-based approach rather than an deficit approach – what do they need, what is missing.

Meyers: Yes, approach is person-centered, family centered, strengths based, needs driven. Families drive the process – they are ones who identify what they need. Instead staff often identify responses based on pathology applying their own expertise.

Steve Gorodetsky. Crisis redesign: How do we break down barriers between public and private providers in the world of behavioral health. Lots of different providers in the community, not just the County Behavioral Health Division. Partnership between County and four private health systems. Crisis redesign's focus on acute behavioral need – what happens as they touch different parts of the system. Have been in Wauwatosa for 100 years. County has offered a lot of inpatient and residential services, but we have been

shifting to a community based approach, e.g. mobile crisis teams. Partnering with 4 private health systems to ask what system in Milwaukee County looks like today. What are the gaps in the system and where might participants experience the system in a disjointed manner. How to provide coherent and quality care across the system?

Intersection of elder care, psychiatric care, dementia care, and crisis redesign. Two areas of intersection: No wrong door concept– Where we place services is important. For example, we are now placing BHD workers in Community Health Centers, so rather than having CHC's make a referral to BHD in Wauwatosa, they can serve them in place in the community. Piloting at Progressive Health Center and Sixteenth Street CHC.

Second area of intersection is with first responders. Many of first responders are law enforcement. Difficult for them to know the difference between behaviors based upon mental health, dehydration, or dementia. First Responders don't have the level of expertise of a clinician. Do have CART teams pairing law enforcement with a clinician to respond in crisis situations. Thinking about broader concept of air traffic control – provide access for law enforcement to ask a behavioral health expert questions in real time, helping them make better decisions in the moment. This goes beyond Community Intervention Training (CIT) for law enforcement to provide them with direct access to a behavioral health expert or a dementia expert.

Dinah LaCaze, Elder Abuse Prevention Coordinator. People with dementia in crisis. Leading response for Provides all dementia related CIT training for law enforcement in Milwaukee County. Also oversees Chapter 55 emergency guardianship process for older adults. Elder and Adult Protective Services units help get people to safety. If they have decision-making capacity, they can refuse services. If they don't have decision-making capacity, Protective Services may take them into custody and court decides how to keep them safe in the least restrictive environment. Usually means taking individuals to the hospital to stabilize their situation. Sometimes involves law enforcement, sometimes fire department. Sometimes placement is to remain in home with additional services. This is the goal. In 2019 MCDA only had about 6 Chapter 51 cases. Bringing down the number, because trying to provide as many interventions as possible on the front end without it getting to the crisis point. Want families to stay together and to remain safe in their homes, without becoming victims of abuse or scams. Work with law enforcement, fire departments, health departments, financial services, etc.

Financial Abuse Specialist Team (FAST) meets regularly to expand training on financial exploitation awareness and prevention in the community. In 2019 MCDA received a federal grant to enhance inter-disciplinary teams to address financial exploitation in the community and determine how to bring about better outcomes for victims of financial exploitation. In the past seven years, only two (2) cases have been prosecuted for financial abuse in Milwaukee County, so we are working on improving collaboration with the District Attorney's office and the Wisconsin Department of Justice in these cases.

Wyatt Sibley: For co-location of BHD workers in Community Health Centers, wondering whether any of these locations are in the African-American community?

Meyers: Progressive Health Services is on the near north side. Also in discussion with Milwaukee Health Services and Outreach Community Health Care.

Rodgers: Does BHD Wauwatosa admit people over the age of 60?

LaCaze: Yes, but rarely, because people over the age of 60 usually have a co-occurring physical issue and needs access to acute services for both physical and mental health. This is the standard of care and best practice.

Meyers: As we move to build the new UHS behavioral health hospital in West Allis. Children and Adult BHD hospital units will close. UHS is also planning to have a geriatric unit. We will need advocacy to help ensure that the Behavioral Health Emergency unit, which will not be in the UHS hospital stays centrally located and is accessible.

VIII. Transportation Coordination

Item tabled until next Advisory Council meeting.

IX. Announcements

Moving Forward MKE – Bill is up for hearing regarding the 1% sales tax referendum.

MKE LGBT Center starting new LGBT/Disabilities group with Independence First, 4th Monday of the month 2:30 – 4:30 p.m. All ages welcome.

Wis AIM – Breaking the Silence, Addressing Dementia in Communities of Color Awareness breakfast. MCDA sponsor. Friday, April 3rd. Register online or 219-5124.

2020 Senior Statesman program

2020 Census Training

2020 Aging Advocacy Day, May 12, 2020

X. Adjournment

MOTION: Adjourn

ACTION: Motion passes unanimously (Bechtel, Hoffman)

Meeting adjourned at 3:05 PM.

Respectfully submitted,

Daniel Idzikowski
Program and Policy Coordinator