

DODGE COUNTY HUMAN SERVICES & HEALTH BOARD MINUTES

The Dodge County Human Services & Health Board met on Wednesday, August 5, 2015 in the Human Services Admin Room #G52 of the Henry Dodge Office Building.

The meeting was called to order at 7:00 p.m. by Glenn Stousland, Chairman.

ROLL CALL: PRESENT: Glenn Stousland, Chairman, Mary Bobholz, Gilbert Falkenthal, Phillip Gohr, James Houchin and Mark Roesch.

NOT PRESENT: David Godshall, Lois Augustson and Clem Hoelzel.

ALSO PRESENT: STAFF: Janet Wimmer, Director, Alyssa Schultz, Sheila Drays, Ken Kamps, and Jim Mielke, County Administrator.

OTHERS: Ruth Otto, Dr. Royle Eeigenburg, Kay Marose, Kathy Ryan, Marguerite Bashynski.

Certification of Public Notice: Jackie Vincent certified public notice.

Consideration to Deviate from the Agenda if Needed:

A motion was made by Phillip Gohr to approve deviation from the agenda if needed. The motion was seconded by James Houchin. Motion carried.

Approval of Minutes of the July 8, 2015 meeting:

A motion was made by Phillip Gohr to approve the minutes of the July 8, 2015 meeting as presented. The motion was seconded by James Houchin. Motion carried.

Public Forum: None

Board Action:

Motion was made by Phillip Gohr to consider and discuss a proposed County Board Resolution to create a .50 FTE Advanced Practice Nurse Practitioner in Clinical Services to provide psychiatric services. This motion was seconded by James Houchin. Motion carried.

Dr. Royle Eeigenburg discussed the proposed County Board resolution to create a .50 FTE Advanced Practice Nurse Practitioner in Clinical Services to provide psychiatric services. He stated he has worked for Clinical Services for over sixteen years and started at the clinic with 160 clients but now sees over 400 clients. He has the same clinical hours with great nurses that keep the clinic running like a primary care clinic. However, as psychiatrists come, then go, he needs to absorb their clients in the meantime which isn't doable long term. For almost a decade he has mentioned that an Advanced Practice Nurse Practitioner would be a good option. There was opposition in the past and the belief was that only an MD should be prescribing. However, at this point in many clinics, NP's are perfect for routine visits and they are very well trained.

Motion was made by Phillip Gohr to consider and discuss a proposed County Board Resolution to purchase Netsmart Evolve software to replace current TCM software. This motion was seconded by James Houchin. Motion carried.

Ruth Otto discussed the proposed County Board resolution to purchase Netsmart myEvolve software to replace current TCM software. Dodge County Human Services is currently using

HUMAN SERVICES & HEALTH BOARD MINUTES

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TCM which was built by a small company that got even smaller when its primary developers left the company. TCM doesn't adequately handle billing and isn't HIPPA or EHR compliant. TCM was supported by a consortium of counties who contributed large amounts of money to build the program and fix things, but with each fix things got worse. At this point, the company may go out of business. Dodge County requested RFP's, and three came back that could meet our needs. After looking into them via numerous demonstrations and discussions, mid-tier Netsmart was chosen. It is used by many counties in Wisconsin already and comes pre-built and supported by a large company. It is also EHR and HIPPA compliant and meets state and federal requirements.

Janet added that it became apparent late last year counties were uncomfortable with the growing costs and ongoing issues to try and maintain TCM. Other counties started pulling out and looking for new software. We have maintained TCM at the minimum level necessary to keep it functional. However, it is highly doubtful that TCM will be able to accommodate the 2016 deadline of the implementations needed to meet federal certifications.

Ken added TCM was originally built as an electronic health records system, not as a billing system.

Director's Report:

Updates were given by Janet Wimmer on the following, along with handouts: Update on 2015 budget status as it is impacted by out of home placement costs. Introduction of budget amendments for current 2015 budget.

Division Reports:

The Board members reviewed and discussed the following informational items:

- **Fiscal & Support Services Division:**
 - A review of June, 2015 expenditures & revenue was given by Ken Kamps.
- **Community Support Services Division:**
 - **Aging/Nutrition/Transportation/ADRC items:** ADRC Call Activities 2014 – 2015 report, June senior dining center comments & dining statistics, most recent Volunteer Drivers 2015 Report.
 - **Economic Support Items:** Economic Support caseload statistics and general relief report.
 - **Long Term Support Items:** Adult Protective Services/Long Term Support and 2014 & 2015 Adult Services Activities report.
 - **Public Health Items:** Public Health Program Statistics 2015.
- **Clinical & Family Services Division:**
 - **Child Welfare Items:** Kinship Care Expenditure Report for June, Child and Adolescent Services data and 2015 Children's Monthly Out-of-Home Placement Costs.
 - **Mental Health Items:** Clinical Services Program Statistics 2015.

Janet read a letter from the mother of a client thanking Dodge County Human Services for its improvement in services in comparison to their past experiences.

Next Meeting Date: September 2, 2015 @ 7:00 p.m.

A motion was made by Phillip Gohr to adjourn the August meeting. The motion was seconded by James Houchin. Motion carried. The meeting was adjourned at 8:55 p.m.

Lois Augustson, **Secretary**

Glenn Stousland, **Chairman**

Jackie L. Vincent, **Recording Secretary**

jv

DISCLAIMER: THE ABOVE MINUTES MAY BE APPROVED, AMENDED OR CORRECTED AT THE NEXT COMMITTEE MEETING.

Dodge County's County Plan on Aging 2016-2018

Executive Summary

As the saying goes "Every end is a new beginning." With the retirement of the Dodge County, ADRC/Aging Supervisor, the staff and the Division Manager are looking to this as a time of transition and to make some positive changes in several program areas. We have decided to not be afraid to change things that have "always been done this way" and to start fresh. It is a chance for us to regroup and rebuild following the visions of the staff who have worked in these programs for many years. The following is a summary of how the entire Aging and ADRC staff plans to build the Aging Programs in Dodge County, making them stronger than they have ever been and uniting the staff into a solid, vibrant team working towards the goal of serving our customers more timely, more effectively, and more efficiently. With input from everyone, versus it being the vision of one person, it will make it more personable; compelling the entire staff to have a commitment to the plan, it's follow through, and it's success.

In this plan, Dodge County's ADRC and Aging staff show a commitment to serving the elderly population and their families and caregivers in a timely fashion, meeting their needs by being supportive and understanding of their daily concerns and struggles. This plan will address some of the areas that have been pointed out time and time again from elderly consumers themselves and also from those who support them.

These staff commitments include the involvement of the elderly utilizing listening sessions, outreach opportunities and surveys as a means to obtain input. The staff have committed to finding volunteers to help run the Stepping On and the "Senior's Out Speaking" programs which will get older people involved in the planning and further development of these classes and possible other classes as needed in the future.

They have committed to creating and offering a grocery delivery program and a program working with local restaurants to provide nutritious meals.

They have committed to providing Early Stage Services and establishing an Early Stage Support Group for caregivers and persons with dementia.

They have committed to creating a Health Literacy program to better educate the elderly population as it pertains to their health care needs and concerns.

Finally they have committed to utilizing advancements in technology to be able to reach more of the rural population than ever before; providing them with resources and timely information to better educate and keep them informed.

All of these staff commitments lead toward the common theme of working through the issues that are faced by those who live in a rural county. A journey of a thousand miles must begin with a single step and Dodge County's ADRC is committed to taking that first step to making a difference in the lives of the rural elderly and their families and caregivers.

County Plan on Aging 2016-2018

Dodge County



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1. Verification of Intent

This plan represents the intent of the county to assure that older people have the opportunity to realize their full potential and to participate in all areas of community life.

On behalf of county, we certify that these organizations have reviewed the plan, and have authorized us to submit this plan which outlines activities to be undertaken on behalf of older people during 2016-2018.

We assure that the activities identified in this plan will be carried out to the best of the ability of the county.

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

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

Signature, and Title of the Authorized County Board Representative Date

2. Executive Summary

As the saying goes “Every end is a new beginning.” With the retirement of the Dodge County, ADRC/Aging Supervisor, the staff and the Division Manager are looking to this as a time of transition and to make some positive changes in several program areas. We have decided to not be afraid to change things that have “always been done this way” and to start fresh. It is a chance for us to regroup and rebuild following the visions of the staff who have worked in these programs for many years. The following is a summary of how the entire Aging and ADRC staff plans to build the Aging Programs in Dodge County, making them stronger than they have ever been and uniting the staff into a solid, vibrant team working towards the goal of serving our customers more timely, more effectively, and more efficiently. With input from everyone, versus it being the vision of one person, it will make it more personable; compelling the entire staff to have a commitment to the plan, it’s follow through, and it’s success.

In this plan, Dodge County’s ADRC and Aging staff show a commitment to serving the elderly population and their families and caregivers in a timely fashion, meeting their needs by being supportive and understanding of their daily concerns and struggles. This plan will address some of the areas that have been pointed out time and time again from elderly consumers themselves and also from those who support them.

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**3. Organization and Structure of the County Aging Unit
3-A Mission Statement and Description of the Aging Unit**

Brief Description of the Dodge County Aging Unit

The Dodge County Aging Services Unit is a unit within the Community Support Services Division of the Human Services and Health Department and is a crucial component of the Aging and Disability Resource Center. The Aging Services Unit manages the Senior Dining, Transportation, Alzheimer's, Dementia Care, Family Caregiver Support and Elderly Benefit Specialist programs for the county.

The senior dining program is seen as not only a means for consumers to get a nutritional meal but also as a way for them to maintain a social network and combat loneliness. Transportation is made available to those who would otherwise have no way of getting to important medical appointments or other venues. This unit also offers support to caregivers through the Alzheimer's program by getting someone in to the home to relieve them even if it is for a short period of time. The unit offers memory screening, care consultations, education and outreach for those dealing with dementia. It also offers outreach to teach consumers about programs such as Medicare and Senior Care. It offers evidence based programs such as Stepping On and Living Well classes. Also this year the unit prepared emergency kits and did outreach to provide information regarding how to prepare for an emergency and what is needed in an emergency kit.

Mission Statement

The goal of the Aging and Disability Resource Center of Dodge County is to provide information, assistance and advocacy for older adults and adults with disabilities; our Mission is to link them with resources and services which help them live independently and with dignity.

Descriptive Information

Address of Aging Unit:

Aging & Disability Resource Center
Dodge County Human Services & Health Department
199 County Road DF
Juneau, WI 53039

Hours of Operation:

8 am to 4:30 PM except for New Year's Day, Spring Holiday, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, Day After Thanksgiving, Christmas Eve, Christmas Day, and New Year's Eve Day.

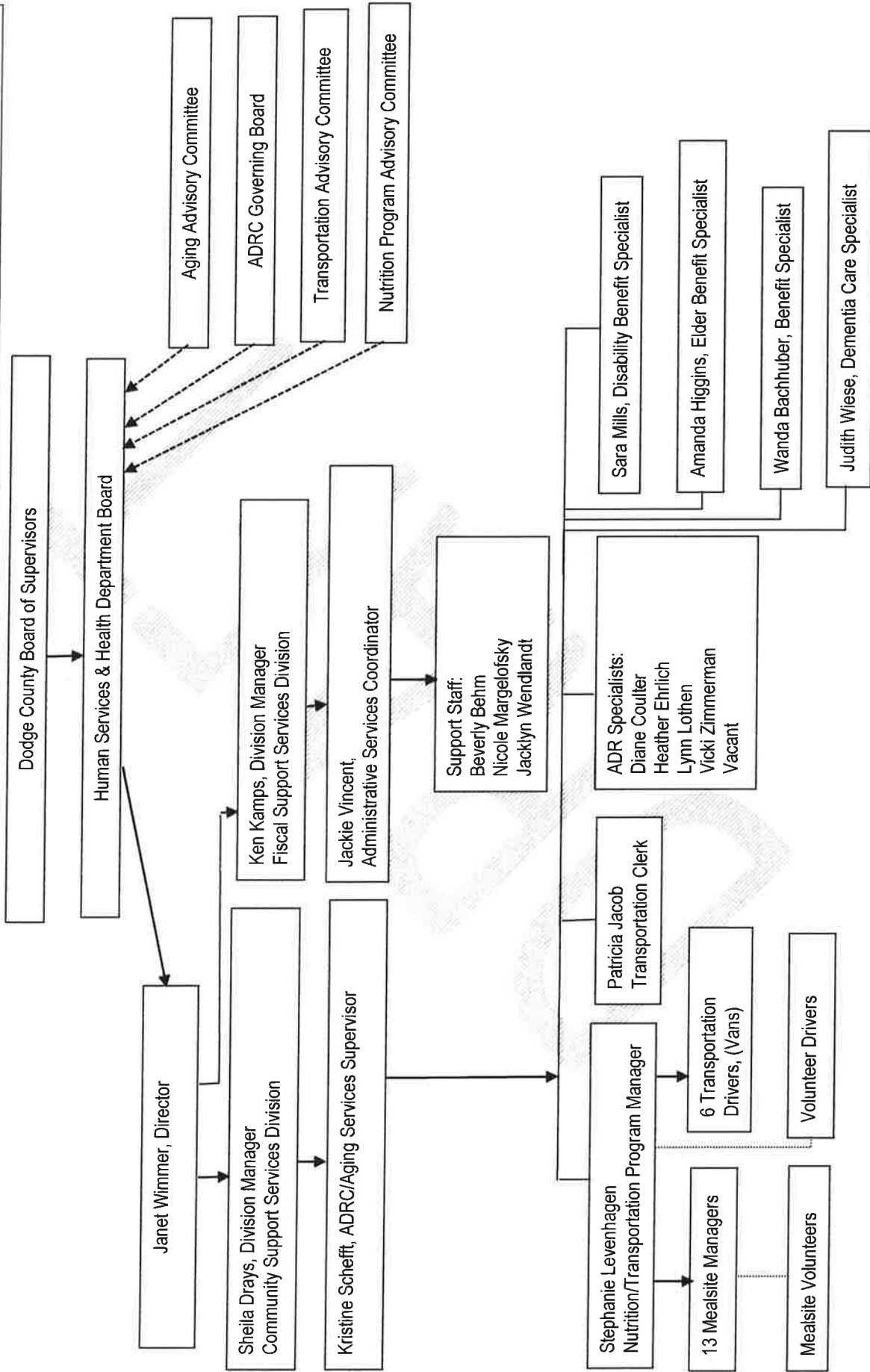
Helpful Telephone Numbers:

1-800-924-6407 or 1-920-386-3580

Email: hsagingunit@co.dodge.wi.us

Website: <http://www.co.dodge.wi.us/humanservices/aging.html>

3. Organization and Structure of the County Aging Unit 3-B Organizational Chart of the Aging Unit



3. Organization and Structure of the County Aging Unit 3-C Aging Unit Coordination With ADRCs

On May 1, 2008, Dodge County Human Services & Health Department began operation of an Aging and Disability Resource Center (ADRC) under a contract with the State of Wisconsin. Dodge County organizationally integrated existing Aging Programs within the ADRC to better serve elders and adults with disabilities by coordinating service delivery and by providing convenient access to multiple programs. The Dodge County ADRC and Aging Programs only serve residents of Dodge County but occasionally find themselves working with consumers from other counties who either have just moved from or are moving to Dodge County. They are co-located to more efficiently and effectively provide information, assistance, and referral to elderly people and people with disabilities seeking private or publicly funded services to meet their long term care needs.

This collaboration between the ADRC and the Aging programs is seen in many different aspects. One is by sharing referrals between the Information and Assistance staff and the Aging staff. This collaboration is not only a benefit to the staff, but more importantly it is a benefit to the consumer. It results in them not having to tell their story over and over again and leads to timelier processing of their information to get them the services they need more quickly.

The ADRC and Aging staff work together to provide marketing efforts at various local events such as the county fair, Women's Resource Fair, Hillside's Diabetic Fair, the Senior Expo and the Aging Veterans Seminar. They have also provided promotion of available services at the local high schools as it pertains to youth transitioning and at county libraries during their various community programs.

The two staffs work together to offer Pro Bono legal information to consumers who are 60 years and older. It gives the consumer a chance to meet with a private attorney from the Dodge County Bar Association who can answer questions about and guide them through tough issues such as Wills, Power of Attorney, or other legal matters.

The ADRC and Aging Unit have started producing a quarterly newsletter which is full of helpful, timely information as it pertains to the elderly and disabled populations. They have received overwhelmingly positive feedback about the newsletter.

This year the unit joined forces with Adult Protective Services and the Sheriff's office to bring Project Lifesaver into Dodge County. This is a program used to provide timely response to incidents of adults who wander due to Alzheimer's or other related conditions and disorders. Project Lifesaver works by providing these at risk individuals with a small transmitter that can be worn on the wrist or ankle. The transmitter sends out a signal that can then be detected with special equipment that law enforcement uses. The program is designed so that first responders are better able to locate these individuals to save lives and reduce the potential for injury.

These staff are very familiar with the numerous ADRC and Aging programs. Since they are all one team it allows them to utilize each other as a resource which then enables them to more efficiently and effectively serve the consumer and to offer them more choices.

**3. Organization and Structure of the County Aging Unit
3-D Statutory Requirements for the Structure of the Aging Unit**

Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for 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.	X
3. A private nonprofit corporation, as defined in s. 181.0103 (17).	
Organization of the Commission on Aging: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
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.	X
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 as described below. Does the county have a full-time aging director as required by law?	Yes

**3. Organization and Structure of the County Aging Unit
3-E Membership of the Policy-Making Body**

Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units.

“Members of a county/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.” In the case of county board/tribal council members, the requirement is 3 consecutive 2-year terms.

Official Name of the County Aging Unit’s Policy-Making Body (list below)			
Dodge County Human Services and Health Department Board			
Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson: Glenn Stousland	YES	YES	1997
Lois Augustson	NO	NO	2002
Mary Bobholz	NO	YES	2012
Phillip Gohr	YES	YES	2012
Clem Hoelzel	YES	YES	2008
David Godshall	NO	NO	2006
Gilbert Falkenthal	YES	NO	2006
James Houchin	NO	YES	2014
Mark Roesch	NO	YES	2014

**3. Organization and Structure of the County Aging Unit
3-F Membership of the Advisory Committee**

If the aging unit has an advisory committee, listed below are the members of the advisory committee.

Chapter 46.82 of the Wisconsin Statutes requires that the membership of the aging advisory committee (where applicable) must consist of at least 50% older people, and individuals who are elected to office may not constitute 50% or more of the membership.

Official Name of the County Aging Unit's Advisory Committee (list below)			
Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson: Clem Hoelzel	YES	YES	2013
Phillip Gohr – Vice Chairperson	YES	YES	2012
Jan Duffy	NO	NO	2011
William Hoekstra	YES	NO	2013
Mary Ann Miller - Secretary	YES	YES	2013
Vacant			

**3. Organization and Structure of the County Aging Unit
3-G Staff of the Aging Unit**

Listed below are the people employed by the County Aging Unit. Include additional pages as needed.

<p>Name: Kristine Schefft Job Title: Aging Services/ADRC Supervisor Telephone Number/email Address: 920-386-3582 kschefft@co.dodge.wi.us</p>
<p>Brief Description of Duties: Under the general direction of Division Manager, supervises, coordinates, and manages the Aging and Disability Resource Center and the Aging unit. Develops and monitors programs designed to meet the needs of elderly. Responsible for day to day operations of all ADRC functions and contract compliance.</p>
<p>Name: Stephanie Levenhagen Job Title: Nutrition and Transportation Programs Manager Telephone Number/email Address: 920-386-3583 slevenhagen@co.dodge.wi.us</p>
<p>Brief Description of Duties: Under the general direction of Human Services Supervisor, plans and administers nutrition program. Trains, coordinates and supervises meal site staff in county wide-nutrition program for residents age 60 and over. Solicits bids for food stuffs, supplies, and facilities.</p>
<p>Name: Amanda Higgins Job Title: Elder Benefit Specialist II Telephone Number/email Address: 920-386-3584 ahiggins@co.dodge.wi.us</p>
<p>Brief Description of Duties: Under the general direction of Human Services Supervisor, provides broad access to benefits, entitlements, and legal rights to persons 60 years of age and older, regardless of financial status. Acts as personal advocate for elderly on matters and problems pertaining to services, insurance supplements, and other public or private benefit programs. Lead person for Information & Assistance for the aging unit.</p>
<p>Name: Wanda Bachhuber Job Title: Benefit Specialist I Telephone Number/email Address/email Address: 920-386-3259 wbachhuber@co.dodge.wi.us</p>
<p>Brief Description of Duties: Assists elderly with public and private benefit programs, Medicare Part D issues, and any other benefit issues. Provides outreach, in home assessments, public presentations and case management for the AFSCSP and NFCSP in Dodge County.</p>
<p>Name: Jackie Wendlandt Job Title: Typist II Telephone Number/email Address: 920-386-3580 jwendlandt@co.dodge.wi.us</p>
<p>Brief Description of Duties: Answers all phone calls and walk-in consumers coming into the Aging Unit, provides information and assistance when possible and refers caller to appropriate staff or unit. Does the filing, typing and correspondence for the Aging Unit Programs. Records the minutes of meetings and does the data entries for new client</p>

and/or services provided. Maintains records and documentation for program staff and volunteers. SAMS data entry.

Name: Pat Jacob

Job Title: Transportation Clerk

Telephone Number/email Address: 920-386-3581 pjacob@co.dodge.wi.us

Brief Description of Duties: Coordinates, schedules and dispatches transportation for elderly and disabled county residents and others utilizing the Dodge County transportation program. Works with over 20 volunteers and 7 staff drivers. Takes care of all last minute changes, driver cancellations and rider no shows.

Name: Beverly Behm

Job Title: Typist I

Telephone Number/email Address: 920-386-3832 bbehm@co.dodge.wi.us

Brief Description of Duties: Takes incoming calls, does data entries for nutrition and transportation services. Is backup Information and Assistance person in absence of the Typist II. Works with clients and volunteers in aging programs as necessary.

Name: Judith Wiese

Job Title: Dementia Care Specialist II

Telephone Number/email Address: 920-386-4308 jwiese@co.dodge.wi.us

Brief Description of Duties: Under the general direction of Human Services Supervisor – ADRC/Aging Services, promotes the services of the ADRC; provides dementia specific services to adults with dementia and their caregivers; provides training and oversight of volunteers in the LEEPS program; and provides dementia specific training to the Department and other county agencies.

4. Context

The current and future older person is one who is more active and more technologically savvy. They are a population that you see wanting to stay in touch with their friends and families more so than ever before and having the means to do so. But there is also another facet as it pertains to the aging population and that would be with the caregivers. Adults who are now having to care for their aging parents. These folks, along with their issues, concerns, and struggles, are oftentimes overlooked. This plan is written to address and create some opportunities for both of these populations.

The needs that have been identified the most over the years deal with the issues faced by those living in a rural county like Dodge County. Issues such as transportation to meal sites and to social opportunities like eating out or going to meetings to discuss issues with others who are in similar situations. There is also a need for more education regarding health related issues. This necessitates more health literacy opportunities and opportunities for Dementia caregivers to talk with others facing similar situations.

Dodge County's aging network and long-term care system is very supportive of older persons in the county. They are a very active, well knit group who meet regularly through various venues to discuss the needs and concerns of the elderly and to devise ways to try and meet those needs. One fine example is the Dementia Concerns Coalition. They are a group who meets regularly to discuss the issues faced with those who have Dementia and the issues of their caregivers and then to brainstorm ways to help address these areas of concern. The Aging staff works very closely with the local Managed Care Organizations to make sure that those who are eligible are receiving the services they so desperately need and to collaborate on the tougher cases to make sure all concerns are being met.

The aging unit is well known in the community. The entire staff is looked upon as a valuable resource and as a sounding board to hear the general populations concerns, frustrations and ideas. The unit participates in many different events and organizations such as the Dementia Concerns Coalition, the Senior Expo, the Dodge County Fair, the Women's Expo and many, many other events. By doing this they are getting out into the public to make the public aware of the programs they offer but to also put a face with a name. This is very important to the elderly population as they want to know with whom they are working. It makes them more likely to be honest with the staff person and be upfront about all of their issues and concerns.

The aging unit is also an integral component in the ADRC. Without the Aging Program and staff, the ADRC could not exist. These two staff's meet regularly to discuss problem cases and to brainstorm looking for more ways to better serve the consumer. They discuss their different marketing opportunities and events so the entire staff is aware and can help promote the event and provide promotional material. The two staffs are dependent upon each other to serve the consumers more effectively and efficiently by being aware of all of the available resources and being able to give that information to those who need it.

The critical issues, trends and challenges as previously mentioned are getting services to rural elderly residents and their families and caregivers and being able to do it timely and efficiently. It is a struggle but is vital in keeping these people connected to resources and to give them the support they so desperately need in order to not become depressed, overburdened and possibly financially devastated which then may lead to them needing more costly services.

The Aging staff have strong relationships and collaborations with many different organizations, businesses and other county units and departments. They collaborate with organizations such as the Interagency group. They are a group of local organizations that meet every other month to discuss and share information about the resources they have to offer and to learn what others have to offer. It keeps them up to date on any changes in these different organizations. They meet regularly with the Dementia Concerns Coalition to discuss issues around this disease and resources for those affected by it. They have staff who participate on the Beaver Dam Steering Committee Meeting which brings groups together from all parts of the county to discuss relevant, timely, topics and to share resources.

They also collaborate with businesses such as the local hospitals, home health agencies and clinics, nursing homes and CBRF's. They know the staff at these businesses and to whom they can refer people inquiring about those types of services. The Aging staff have built a rapport with these businesses to the point that, for example, they know who they can call at 4:30 on a Friday afternoon to obtain services for someone in their home over the weekend to keep them safe until further services can be obtained or until the person can be placed in another living arrangement.

They work closely with the local Managed Care Organizations; Care Wisconsin and ContinuUs. They have regularly scheduled meetings with them to discuss consumer related issues and concerns and to make sure the consumer is receiving the services they need in a timely manner.

But they also have a close relationship with the other units within Human Services. They work hand in hand with Adult Protective Services (APS) and in fact are the portal to their services. All APS referrals first go through the ADRC in case there are other services that could be offered. There is daily communication between these two staffs.

They also work very closely, every day, with the Economic Support staff. Helping those who need services such as Food Share and Medicaid. They will help the applicant complete their application and gather the required verification and will help ensure that it is all submitted timely and accurately and then will monitor the application process.

They work very closely with the staff in mental health to be aware of and offer those programs as needed.

As noted above, the Aging staff are integral members in many different organizations, groups and within Dodge County Human Services itself. They are the go to people

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when someone needs a resource whether its information that a county worker has questions about or if it is a resource needed for an elderly consumer. But they are also the eyes and ears and heart of the community. They know all of the available resources, all of the contacts for those resources and they also know what obstacles, issues and concerns the county elderly population, their families, and their caregivers face every day.

5. Public Involvement in the Development of the County Aging Plan

Public involvement in the development of the Dodge County Aging Plan will begin with several, scheduled public hearings. They are as follows:

Tuesday, August 25, 2015, from 11:15 a.m. to 11:45 a.m. in the Mueller Apartment Building Senior Dining Center, 1121 Highland Avenue, Watertown, WI 53098.

Wednesday, August 26, 2015, from 9:30 a.m. to 10:00 a.m. in the Henry Dodge Office Building, 199 County Road DF, Room G46, Juneau, WI 53039.

Thursday, August 27, 2015, from 9:15 a.m. to 9:45 a.m. at the Waupun Senior Center, 301 East Main Street, Waupun, WI 53963.

The public hearings will be held for the purpose of receiving comment for Dodge County's proposed plan for spending the grant allocations for senior citizen programs. Those persons unable to attend the hearing and wishing to submit comments in advance may do so by mailing their comments prior to the hearing to:

Kris Schefft
ADRC/Aging Services Supervisor
199 County Road DF, 3rd Floor
Juneau, WI 53039

The application will be available for public inspection prior to the hearing at the above address.

Persons with disabilities which require special accommodations wishing to attend the hearing should contact the person listed above prior to August 21, 2015. The locations of the hearings are accessible to persons with disabilities.

Those attending will be asked to sign in and record will be kept of attendees. A one page, plan summary will be handed out to all participants and a copy of the full plan will be available for review at each hearing.

Along with the public hearings a survey will also be created and distributed to the community to get their input on what they view as issues for the elderly in the community. Surveys will be given out at the upcoming Stepping On classes, the local nursing homes, the dining centers, and to the local veterans using a distribution list from the County Veterans Office. Surveys will also be handed out at the County Fair where those who complete the survey will have their name entered for a drawing to receive a free Emergency Preparedness Kit.

6. Goals for the Plan Period

6-A. Involvement of Older People in Aging-Related Program Development and Planning

Aging program staff will begin involving older people in program development and planning by recruiting and using one volunteer for each of the Stepping On and Senior's Out Speaking Programs. The volunteers will use tools to gather information from program participants and then report back to aging staff. This information will then be used to develop and/or enhance aging related programs utilizing program participants input and will be based around the needs of older people.

2016 Specific Goal #1:

January through June 2016 staff will seek out two volunteers to help run the Stepping On and Senior's Out Speaking programs.

2016 Specific Goal #2:

By June 30, 2016, Aging Program staff will begin involving older people in program development and planning by recruiting, training, and utilizing one, elderly volunteer to help lead each of the programs.

2016 Specific Goal #3:

Aging Program staff will hold two classes for each of the Stepping On and Senior's Out Speaking from July 1 – September 30, 2016. The plan will be to have at least five participants per class.

2016 Specific Goal #4:

Aging Program staff, with the help of the volunteers, will track participants and their feedback. Monitoring the feedback for possible program improvement and for the convenience and approval of the locations, or recommendations for new locations.

2016 Specific Goal #5:

Aging Program staff will continue collaborating with community partners to find more locations at which to hold classes in 2017.

2017 Specific Goal #1:

January – June 2017 staff and volunteers will hold two more classes for both Stepping On and Senior's Out Speaking with a goal of having at least five participants per class.

2017 Specific Goal #2:

January – June 2017 staff and volunteers will continue tracking participants and their feedback.

2017 Specific Goal #3:

Aging Program staff and volunteers will meet in the month of July to review the ongoing participant numbers and their feedback, looking for areas of improvement and to begin planning for the next series of classes.

2017 Specific Goal #4:

Staff and volunteers will create a list of possible new locations for the next series of classes and will decide which locations would work best based on feedback from participants and the community. The plan would be to find two more locations for 2018 classes.

2017 Specific Goal #5:

Staff and volunteers will contact the new, possible venues to get buy in from them to hold classes there.

2017 Specific Goal #6:

Aging Program staff and volunteers will meet again in the month of August to bring their lists and results from contacting the different venues for possible new locations. The group will then decide where to hold the next sessions in 2018 and if any changes should be made to the classes based on participant feedback. Two new locations will be chosen and classes will be scheduled for 2018.

2017 Specific Goal #7:

One more class will be held for each of Stepping On and Senior's Out Speaking between the months of September to November and participant feedback will continue to be gathered and reviewed.

2018 Specific Goal #1:

Aging Program staff and volunteers will plan to hold two classes each quarter in 2018 for Stepping On and Senior's Out Speaking.

2018 Specific Goal #2:

Now that the classes should be well established, Aging Program staff will begin recruiting for more volunteers in order to be able to offer more classes in the future. They will plan to add one additional volunteer for each of the programs by June 2018.

2018 Specific Goal #3:

Aging Program staff and volunteers will continue to receive and review feedback from participants and location owners.

2018 Specific Goal #4:

Aging Program staff and volunteers will meet in September to discuss any ideas or possibilities for new classes besides the two that have to date been offered. This will be, in part, based on ideas from participants.

Measurable:

January – June 2016 will be a time used to recruit and train the volunteers and the goal's success will be measured by whether or not there are volunteers in place by June 30, 2016.

Then July 1 – September 30, 2016 the second part of the goal's success will be measured by the number of programs we are able to schedule and provide for the remainder of 2016 and the first quarter of 2017. This will also be used as a time to develop community partnerships which will then lead to more available sites where programs will be held.

From October 1, 2016 to June 30, 2017 the goal will be measured by the number of participants at each program and feedback received from those participants.

Subsequently from July 1, 2017 to December 30, 2017 statistics will be reviewed from the first nine months of tracking participant numbers in the programs and tracking participant feedback. Planning will take place to enhance programs and classes based on received feedback. During this time another class will be held and planning will take place for 2018 classes.

Then by January 1, 2018 the measure will be obtained from the changes that will be made to the existing programs or from any new programs created based on participant input. Newly created or improved classes will continue to be offered and participants and their feedback tracked. Staff will also use this time to look to train more volunteers and staff, look for new classes to offer.

Attainable:

This goal will be attained by using several different methods and tools. Surveys will be given out at all of the Stepping On classes and at the "Senior's Out Speaking" events. Survey's will also be given out at meal sites, the county fair, and any other marketing opportunities the Aging and ADRC staff have during the months of August 1, 2016 – January 2, 2017.

The ADRC Governing Board and the Aging Advisory Committee will also be given surveys and will be instrumental in providing input pertaining to program changes or enhancements.

Ultimately the goal is attainable as it has the backing and support of the staff and of Dodge County Human Services. There will be a commitment of staff time for training and program implementation.

Relevant:

By utilizing older people to help run these classes and programs they will be able to give a perspective as to if there are any issues that need to be addressed such as locations – is the class scheduled in a location that is too far to walk. But they will also have a

better rapport with class and program participants who will be more candid and more likely to discuss their issues and concerns with someone who is their same age.

Also, with the upcoming changes to the Older Americans Act Title IIID we will be prepared by October 1, 2016 to have stronger evidence based programs in place that will meet the highest-level criteria and these programs will be stronger due to the input of those who will be using them.

Time-bound:

From January 2, 2016 – June 30, 2016 this time will be used to obtain volunteers. Then from July 1, 2016 – September 30, 2016 classes and programs will begin to be scheduled for the months of October 1, 2016 – June 30, 2017. Statistics regarding participation and feedback will be gathered at each class and program and any other marketing opportunity during these nine months. July 1 – December 30, 2017 statistics will be tallied and changes will be made to existing programs or new programs will be created, based on the feedback from participants. January 1 – October 30, 2018 enhanced or newly created classes and programs will be scheduled. November 1 – December 30, 2018 statistics will be reviewed from enhanced or new classes and programs and participant numbers tracked to determine their success.

6-B. The Elder Nutrition Program

Dodge County's Elder Nutrition Program goal will be two fold. With the first part of the goal being to offer a grocery delivery program. The second part of the goal will be to offer a program working with a local restaurant to provide a menu for elderly program participants. These goals will help strengthen and improve our Elderly Nutrition Program by making it available to more of our county residents whose needs would otherwise go unmet.

These programs will be created also as a means to meet the Mission Statement of the WI Nutrition Program by fostering, encouraging, and promoting choice to increase the nutritional and social well-being of older adults throughout Dodge County.

First Goal – Offering a Grocery Delivery Program:

2016 Specific Goal #1:

From January through April Aging Program staff will create marketing materials.

2016 Specific Goal #2:

From January through April Aging Program staff will look for information from other agencies who have already started a program such as this to help establish local program guidelines.

2016 Specific Goal #3:

From January through April marketing materials will be sent out to two local grocers to determine which of them would be interested in participating in this program. The plan would be to start out with one grocer in a more rural area. So that is where the marketing materials would be sent – to the grocers in the targeted area.

2016 Specific Goal #4:

From January through April Aging Program and ADRC staff will give out surveys at any events they attend or classes they hold, or appointments they have with consumers, to get feedback and ideas from elderly county residents, their caregivers and the local community in general regarding the grocery delivery program.

2016 Specific Goal #5:

From January through April Aging Program will initially seek out two volunteers to make the grocery deliveries or to take consumers to the grocery store if possible.

2016 Specific Goal #6:

The second half of 2016 will be used to develop the program. Staff will work with volunteers and the local, interested grocer to create an acceptable grocery list and to work out issues such as payment methods.

2016 Specific Goal #7:

The second half of 2016 will also be used to solicit consumers who would be interested in the program. Staff would start by contacting current home delivered meal recipients. The plan would be to have at least five participants ready to use the program before January 2017.

2017 Specific Goal #1:

By January 2, 2017 Dodge County will begin offering a grocery delivery program to those consumers and utilizing the volunteers that the staff recruited at the end of 2016. If no volunteers were found, current transportation drivers would be used in order to get the program started.

2017 Specific Goal #2:

January through April staff will begin to advertise the program using various means such as newspaper, radio, flyers, ADRC newsletter etc... to not only promote the program but to also recruit more participants and volunteers for the second half of 2017 and beyond

2017 Specific Goal #3:

The program would be opened up to consumers who showed a desire to participate. Initially the program would be able to allow a maximum of 10 participants.

2017 Specific Goal #4:

From September through December staff would solicit for another grocer in another rural area to be used in 2018.

2017 Specific Goal #5:

In November surveys would be given out to current program participants to get their feedback on the program and look for areas of possible improvement.

2018 Specific Goal #1:

Full program roll out by March 2018. Having two grocers in two different rural areas of the county and having a minimum of 10 program participants.

2018 Specific Goal #2:

During the year staff would continue to market the program to possible users, looking for more volunteers and grocers.

Measurable:

This goal will be measured on a weekly basis by looking at the number of participants in the program including grocers and by rating the grocers and participants satisfaction of with how well the program is operating. The Nutrition Program Manager will be in regular contact with the grocer, making sure the program is running smoothly and working out any issues as they come up.

From January 2, 2016 – April 30, 2016 marketing materials will be created and sent out to local grocers to find out who would be interested in participating in the program. Input regarding the program will also be sought from elderly county residents through the use of surveys which will be given out at any marketing event provided by Aging and/or ADRC staff. Also from January 2, 2016 – April 30, 2016 volunteers will be sought to make the grocery deliveries or maybe in some cases actually take the participant to the grocery store and assist in shopping. Transportation van drivers will be utilized until volunteers are found.

From May 1 – December 30, 2016 Aging Program staff will work with the volunteers and grocers to develop the program. Program staff will work with the local, participating grocers to create a list of food items that would be considered allowable purchases. The FoodShare Program guidelines could be utilized as a guide. During this time Aging Program staff will solicit current home delivered meal recipients to determine who would be interested in participating in the program.

From January 2 – April 30, 2017 the program will first be offered to current home delivered meal participants giving staff a chance to work out any issues before full implementation. During this time the program will be advertised through various means such as the newspaper, radio, flyers, ADRC newsletter, emails etc... Any feedback received will be use that to tweak the program or if we receive requests to participate in the program a wait list will be created for when we do start the program.

From May 1 – December 30, 2017 we would open up the program to those on the wait list or to any elderly resident who wants to participate.

From September 1 – December 30, 2017 solicitation will be sought for more grocers to participate in the program by showing them the results from the first eight months.

November 1, 2017 surveys will be sent to those who have participated in the program for their feedback and to solicit suggestions for improvement. It will be requested that surveys are returned by November 15, 2017.

November 15 – December 15, 2017 feedback will be reviewed and plan improvements made as deemed possible taking into account program costs.

From January 2 to December 30, 2017 the programs' statistics, feedback, progress and success will be tracked with regular Aging Program and ADRC staff meetings.

January 2, 2018 the full program will roll out after any modifications based on feedback from participants, grocers, or the public with, once again, cost being a consideration.

Attainable:

This goal will be attainable by utilizing, current Aging Program staff, current transportation van drivers, volunteers, and local grocers to serve elderly county residents who are in need of a nutritious meal but to whom we are not fiscally able to deliver a daily meal. Volunteers will be utilized to obtain the grocery lists from participants, deliver the groceries or to take participants to the grocery store weekly, bi weekly or as needed.

Relevant:

With Dodge County being a rural county it's not always fiscally possible to provide home delivered meals to every elderly resident who needs it, every day. This goal of providing grocery deliveries would allow us the opportunity to provide a weekly, bi-weekly, or as needed, delivery of groceries to those who are able to cook but can't leave their home and it would be more cost effective and more attractive and viable to the consumer. It would remove the stigma of "charity" and "aging" that is often associated with the congregate meal sites and it would make participants feel more valued. It also addresses the rural problem of transporting elderly people or making them find a ride to the dining centers every day.

Time-bound:

2016 will be the planning year. Aging Program staff will solicit grocers to participate in the program. They will also solicit for volunteers and program participants. The beginning of 2017 the programs would be open first to current home delivered meal participants giving the staff a chance to work out any issues. For the remainder of the 2017 the program would be open to any elderly person who is interested – staying within our cost containment measures. At the end of 2017 staff would solicit for more program participation. They would also ask for feedback that will be used to enhance and solidify the program for future years. 2018 would see full program implementation again staying within our budget.

Second Goal – Offering a restaurant program:

2016 Specific Goal #1:

January through April staff will create marketing materials and will send them out to five local restaurants to find out who would be interested in participating in the program.

2016 Specific Goal #2:

January through April staff will seek input from elderly county residents, their caregivers and the general public through the use of surveys.

2016 Specific Goal #3:

May through December staff will work with two interested restaurants to create menus that will meet the nutrition guidelines and that would fall within predetermined budget guidelines. They would also have to work out prices, donation suggestions and payment methods.

2016 Specific Goal #4:

May through December staff will contact current home delivered meal recipients to determine who would be interested in participating in this program. The goal would be to have at least five participants at the beginning of the program.

2017 Specific Goal #1:

By January 2, 2017 the program will begin being offered to those who demonstrated an interest to participate, starting with a maximum of five participants and one restaurant.

2017 Specific Goal #2:

January through April program staff will advertise the program through various means such as newspaper, radio etc... and a waitlist will be created of those who wish to participate.

2017 Specific Goal #3:

January through April program staff will solicit feedback from program participants to look at enhancing the program before full roll out.

2017 Specific Goal #4:

May through December the program will be opened to those on the waitlist, not to exceed ten participants. It will be based on a first come, first serve basis.

2017 Specific Goal #5:

September through December staff will seek out two more restaurants to offer the program using data gained from the first successful year.

2017 Specific Goal #6:

In November staff will provide surveys to program participants to get their feedback and invite new ideas and ways to improve.

2018 Specific Goal #1:

Full program will roll out by March 1st, 2018 adding two more restaurants and five more participants.

2018 Specific Goal #2:

Staff will continue to look for feedback from participants and restaurants to grow and enhance the program and to be able to offer it to more people.

Measurable:

This goal will be measured on a weekly basis by looking at the number of participants in the program including participating restaurants and by rating the restaurant owners and participants satisfaction of with how well the program is operating. The Nutrition Program Manager will be in regular contact with the restaurant owner, making sure the program is running smoothly and working out any issues as they come up.

From January 2, 2016 – April 30, 2016 marketing materials will be created and sent out to local restaurant owners to find out who would be interested in participating in the program. Input regarding the program will also be sought from elderly county residents through the use of surveys which will be given out at any outreach effort provided by Aging and/or ADRC staff.

From May 1 – December 30, 2016 Aging Program staff will work with the restaurant owners to develop the program. Program staff will work with the participating restaurant owners to create a menu that would meet nutrition guidelines and would fall within a preset budgeted amount. During this time Aging Program staff will solicit current home delivered meal recipients to determine who would be interested in participating in the program.

From January 2 – April 30, 2017 the program will first be offered to current home delivered meal participants giving staff a chance to work out any issues before full implementation. During this time the program will be advertised through various means such as the newspaper, radio, flyers, ADRC newsletter, emails etc... Any feedback received will be use that to tweak the program or if we receive requests to participate in the program a wait list will be created for when we do start the program.

From May 1 – December 30, 2017 we would open up the program to those on the wait list or to any elderly resident who wants to participate.

From September 1 – December 30, 2017 solicitation will be sought for more restaurant owners to participate in the program by showing them the results from the first eight months.

November 1, 2017 surveys will be sent to those who have participated in the program for their feedback and to solicit suggestions for improvement. It will be requested that surveys are returned by November 15, 2017.

November 15 – December 15, 2017 feedback will be reviewed and plan improvements made as deemed possible taking into account program costs.

From January 2 to December 30, 2017 the programs' statistics, feedback, progress and success will be tracked with regular Aging Program and ADRC staff meetings.

January 2, 2018 the full program will roll out after any modifications based on feedback from participants, grocers, or the public with, once again, cost being a consideration

Attainable:

This goal will be attainable by utilizing, current Aging Program staff, the Nutrition Program Manager, and local restaurant owners who have a desire to serve elderly county residents who are in need of a nutritious meal and would like the opportunity to do so by eating out at a local restaurant.

Relevant:

It would address the issue heard time and time again that participants don't want to have to decide and call a day in advance of when that they want to attend a congregate meal. It would also address the issue of the participants being able to go out to eat with others and might give them the opportunity to become more social which will be good for their overall well-being.

Time-bound:

2016 will be the planning year. Aging Program staff will solicit restaurant owners and participants to take part in the program. The beginning of 2017 the program would be open first to current home delivered meal participants giving the staff a chance to work out any issues. For the remainder of the 2017 the program would be open to any elderly person who is interested – staying within our predetermined, cost containment measures. At the end of 2017 staff would solicit for more program participation. They would also ask for feedback that will be used to enhance and solidify the program for future years. 2018 would see full program implementation again staying within our budget.

6-C. Services in Support of Caregivers

By 2018 Dodge County will have a rural caregiver, mobile support group. This will be done utilizing volunteers and locations that are of no cost. It will also be done through a coordination with the local Dementia Concerns Coalition to help fund the wage expense of CNA's employed during meeting times. It also provides social activity and stimulation for the person suffering with Dementia.

2016 Specific Goal #1:

January through March staff will create and distribute information and surveys regarding the program.

2016 Specific Goal #2:

April through May staff will compile survey results to determine who is interested as far as program participants and venues to determine who is interested in the program and where the support groups should be held.

2016 Specific Goal #3:

April and May staff will contact local agencies and venues to find those who would be interested in having the meetings held at their location. Venues sought will be those that would be of no cost such as churches or senior centers.

2016 Specific Goal #4:

April and May Staff will look to recruit volunteers and CNA's to run the support groups meetings.

2016 Specific Goal #5:

June through August staff will work with volunteers, CNA's, and venues to organize the groups and to make sure locations meet ADA requirements.

2016 Specific Goal #6:

Support groups will be scheduled for September through December with the goal of having one meeting per month and having a minimum of five participants per meeting.

2017 Specific Goal #1:

January through April four programs will be held and staff will have participants sign in so they can track attendance.

2017 Specific Goal #2:

Staff will also solicit feedback from January through April for possible program improvement ideas.

2017 Specific Goal #3:

May through June staff will create and distribute information flyers to local physicians.

2017 Specific Goal #4:

May and June staff will also distribute flyers at local events to help publicize the program and its desired outcomes.

2017 Specific Goal #5:

July through December staff will continually solicit feedback and participation counts.

2018 Specific Goal #1:

January through March staff will look for additional locations to hold the meetings, more CNA's and more participants with a goal of having a total of one meeting per month, two CNA's per meeting and ten participants per meeting.

2018 Specific Goal #2:

April through December one meeting will be held per month at available locations so as to reach as many rural communities as possible.

2018 Specific Goal #3:

Staff will continue to request feedback and look for new locations. By the end of 2018 the goal will be to have scheduled two meetings per month for 2019 with ten participants and two CNA's per meeting.

Measurable:

This goal will be measurable by whether or not the support group is up and running by January 2, 2018.

From January 2 – March 31, 2016 staff will create and distribute information and surveys regarding the program. They will do that through means such as flyers, emails, the ADRC Facebook account, the County website, and at events where they are promoting their programs.

From April 1 – May 31, 2016 staff will compile the surveys to determine how many residents would be interested in this program and where they are located. This will determine where the staff needs to look for a location to hold the mobile support group meetings. This will be preferably in a church, nursing home, senior center or some other location that can be used at no cost. They will also look for volunteers and CNA's to help run the support group meetings which will be done in collaboration with Aging Staff. This may also involve the local county transportation program as the participants may need a ride to and from the meetings.

June 1 – August 31, 2016 will be a time to organize the groups and facilities making sure they meet ADA requirements and are safe, clean, friendly environments where caregivers feel good about taking their loved one and where they are comfortable meeting. It may be that it is the same location. The support group meetings will be scheduled out for the remainder of the year and will be established depending on the need as will be discovered through surveys and feedback. They will be planned to meet monthly and will change locations as needed based on participants and available

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locations. They will not be held at the same location but will travel around to different locations, hopefully to meet the needs of the rural caregivers and make it more manageable for them to attend.

September 1 – December 30, 2016 will be the time of implementation. The program will be open to a set number of participants which will be dependent upon the number of volunteers and CNA's obtained to help run the meetings.

January 1 – April 30, 2017 the program will be monitored and participation tracked.

May 1 – June 30, 2017 information flyers will be sent to all local physicians to raise awareness of the negative health effects of caregiving, the central role of family members and partners within the health care team, and the importance of identifying and assessing caregivers at risk and referring them to caregiver support services in the community such as this newly created mobile support group. This will help to ensure a better integration of the aging network and health care delivery systems and will improve supports for caregiver families. It will also help to build awareness of the mobile support program.

July 1 – December 30, 2017 program staff will continue to request feedback and monitor and track participation counts and look for improvement possibilities.

January 2, 2018 – March 30, 2018 staff will continue to solicit for more locations as deemed necessary and based off of surveys and feedback from participants and other elderly residents.

April 1 – December 30, 2018 the program would be open to any elderly resident and caregiver, staying within any given budget.

Attainable:

This goal is attainable as it uses current staff for program solicitation and building. It utilizes volunteers as has been an overall theme with our entire plan. It is cost effective as it will utilize locations already being used such as senior centers, churches, nursing homes, or other locations that are at no cost. Participants can utilize the local transportation program, if necessary, to get the person they are caring for to the meetings. Realizing there may be a budget involved there may need to be a cap put on the number of participants. But that won't be known until surveys are done and the need and interest in the program is determined.

Relevant:

Living in a rural area such as Dodge County makes the already difficult task of caregiving even more of a struggle. There are fewer and fewer rural caregiver support groups available. It is noted that 46% of caregivers will provide 20 hours of care per week for 8 years and that 2/3 of the caregivers also have work outside of the home. This program will provide a safe environment for the elderly people during the meeting times and it will also provide a means for the caregiver to discuss issues and concerns

and learn about resources with others in the same situation. It is known that caregivers feel isolation, resentment, guilt, anger and have financial difficulties. Caregivers suffer from high levels of stress, burnout, insomnia, and are more likely to use psychotropic drugs. Providing these services will coincide with the 2016 -2018 Aging Plan's overall theme of getting services to rural residents and using volunteers as a cost containment measure.

Time-bound:

The first quarter of 2016 will be used to create and distribute information and surveys regarding the program. April through August 2016 will be used to compile surveys and find out who and how many residents are interested and where they are located and then to organize the groups and facilities. Implementation would begin September 1, 2016 and would be open to a limited number of participants which will be decided upon depending on the information from the surveys. During this time program participation will be tracked. Then in May and June 2017 local physicians will be sent information regarding caregivers and their needs and will publicize the programs. July through December 2017 the program will continue to be monitored and tracked and will continue to use surveys to solicit feedback for possible program improvement. Then January through March 2018 staff will reach out to the communities for other possible locations for the meetings. They will also reach out to see if there are other interested program participants. April through December 2018 the programs would be open to any elderly resident or their caregiver, being sure to stay within any program budget.

6-D. Services to People With Dementia

Dodge County's Dementia Care Specialist plans to implement an early awareness and engagement plan for persons with dementia (PWD), their caregivers and the community at large. This will include education and resource components and social engagement opportunities. Our plan is to enhance the lives of the PWD and their caregivers while preparing the general community in advance for inevitable encounters with dementia.

2016 Specific Goal #1:

January through June staff will create and distribute surveys to gather information regarding those who have dementia, where they reside and what their needs are.

2016 Specific Goal #2:

January through June the Dementia Care Specialist will research for additional social opportunities for the person with Dementia and their caregivers. One idea is to use a program called SPARK! and another idea is to create a second Memory Café.

2016 Specific Goal #3:

July through December the Dementia Care Specialist will offer three introductory community education sessions on memory loss, dementia and Alzheimer's.

2016 Specific Goal #4:

Staff will solicit input from the public and will identify one other community location where another Memory Café or SPARK! program could be offered.

2017 Specific Goal #1:

January through June sessions will be held at the ADRC for the most requested dementia topics based off of surveys and public requests.

2017 Specific Goal #2:

January through June three community sessions will be held at alternate locations.

2017 Specific Goal #3:

January through June staff will meet with restaurants and other venues who indicated an interest to hold a Memory Café and with places such as museums and historical sites who showed interest in having a SPARK! program. They will work through program expectations and requirements. The goal will be to have one Memory Café and one SPARK! program by the end of 2017.

2017 Specific Goal #4:

January through June staff will solicit for two volunteers and two collaborative partners to help implement and sustain any new initiatives.

2017 Specific Goal #5:

July through December three introductory community sessions on dementia will be held at the ADRC.

2017 Specific Goal #6:

July through December two topic focused sessions will be held at alternated locations.

2017 Specific Goal #7:

October through December a schedule will be set for 2018 with a goal of having one Memory Café or SPARK! program per month.

2018 Specific Goal #1:

January through June three introductory community sessions will be held and surveys will be given to program participants for future session topics and locations.

2018 Specific Goal #2:

The new social engagement opportunity will begin by offering two session of either the Memory Café or the SPARK! program.

2018 Specific Goal #3:

Staff will gather sign in sheets at each session to track participation and their feedback.

2018 Specific Goal #4:

July through December introductory community education sessions on dementia will continue.

2018 Specific Goal #5:

December 2018 will be used to put together a report from surveys and feedback to determine success of the programs.

2018 Specific Goal #6:

Staff will publicize the success of the programs and will reach out to the community for future initiatives.

Measurable:

January 2016 – June 2016 surveys will be used to gather local, demographical statistics pertaining to the number of county residents who have dementia concerns and where they reside. They will be offered to all consumers and caregivers seeking services from the Dementia Care Specialist (DCS) and will be given out at all community events in which the ADRC and Aging staff participate. They will also be distributed to places such as Senior Meal Sites, Senior Centers, churches, and medical offices in an effort to reach as many residents as possible who may be impacted by dementia.

Research for additional social engagement opportunities for the PWD and caregiver will begin. Ideas to explore include a second Memory Café location or consideration of a program called SPARK! The former offers an opportunity for PWD and their caregiver as well as those who worry about memory problems to socialize and create new friendships in a welcoming environment. The latter offers a chance for those with dementia and their caregivers to enjoy art and artifacts in a comfortable setting, guided by trained docents and volunteers.

July 2016 – December 2016 Introductory community education sessions on memory loss, dementia and Alzheimer's disease will be offered at the ADRC. A pretest and posttest will be used to determine what attendees learned about dementia from this session. ADRC resources will be available.

The Aging staff will identify the most requested community location to begin a second Memory Café or program like SPARK! It will then solicit restaurants and/or museums and historical sites to determine ease of access and interest in participation.

January – June 2017 - Based on survey feedback, the most requested dementia topics such as driving, communication, wandering etc. will be scheduled at the ADRC. The introductory community education sessions on dementia will continue but will be offered primarily at alternate locations such as libraries or Senior Centers throughout the county. ADRC resources will be available. Research on adding a duo facilitated program for individuals currently living with dementia and their caregivers will be explored with the Alzheimer's Association.

The Aging staff will meet with those restaurants who indicated interest in a Memory Café and with museums or historical sites who expressed interest in SPARK! They will then draft a work plan, which will spell out the responsibilities for everyone involved. For example, what is being requested of the staff from the restaurant beyond offering the location and serving those who attend? Is there anything else they need to know or be aware of? This is also a time to discuss the expectations of the program. Who will conduct them and what will take place? There needs to be a vision statement – what do we hope to accomplish? Volunteers and collaborative partners will be sought to help implement and sustain any new initiatives. The next steps will also be identified.

July 2017– December 2017 Introductory community education sessions on dementia along with the pretest and posttest will continue at the ADRC. Topic focused sessions will also be offered at the ADRC. These will be scheduled at alternate locations such as Senior Centers, libraries or churches throughout the county as requested or strategically needed. ADRC resources will be available. Surveys to determine attendee’s satisfaction with the program, interest in an Early Stage Support Group along with future requested topics will be implemented.

A schedule for 2018 will be set for the new social engagement opportunity; a Memory Café or SPARK! A media campaign to raise community awareness will begin.

January 2018 – June 2018 Introductory community education sessions on dementia along with the pretest and posttest will continue as in the prior period. Topic focused sessions will be based on feedback from the most recent surveys. Consideration to add one duo facilitated program for individuals currently living with dementia and their caregivers will be initiated based on interest expressed on surveys. ADRC resources will be available.

The new social engagement opportunity will begin and statistics will be obtained. Participants will be asked to sign in at every meeting. Participants will also be asked to share continuous feedback on how they feel it is going and if they would like to see something changed or added. A form will be available to use at the event and envelopes provided if the attendee prefers to mail in comments anonymously.

July 2018 – December 2018 Introductory community education sessions on dementia along with the pretest and posttest will continue along with topic focused sessions based on feedback from the surveys. A second duo facilitated program for individuals currently living with dementia and their caregivers will be added depending on the success of the earlier session. ADRC resources will be available.

December 2018 will be used to put together a report from the surveys and ongoing feedback to determine the success of these plans. Analyzation, reflection and discussion will be done to determine if we will continue or grow these programs. It will also be a time to publicize what is hopefully the success of this plan along with reaching out to our community for future initiatives such as an Early Stage Support Group for PWD and caregiver if surveys show an interest.

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Attainable:

This goal is attainable as it uses current staff for program solicitation and building. It is cost effective as it will utilize locations already being used such as senior centers, churches, nursing homes, or other locations that are at no cost. Participants can utilize the local transportation program, if necessary, to get the person they are caring for to the meetings. Realizing there may be a budget involved there may need to be a cap put on the number of participants. But that won't be known until surveys are done and the need and interest in the program is determined.

Relevant:

Many persons with dementia are not able to take part in activities that they enjoyed before they developed the condition. They feel restrained by the disease and are not confident enough to go out into their local community. In a study that was conducted by the Alzheimer's Society, they found that two of the most common activities that people with dementia do still choose to participate in are socializing and eating out. This study also found that one third of those with dementia would like more care, support and services in order to be able to do more things in their community, including more opportunities to participate and help to attend activities.

By offering a Memory Café or program like SPARK! this would give those with dementia an opportunity to participate in an activity that is friendly and inviting and will allow them to feel more confident in venturing out into their community.

Time-bound:

January – June 2016 will be used to send out surveys to the community, including residents and businesses. Survey's will be sent out via email and will also be handed out at all outreach events attended by Aging and ADRC staff and they will also be distributed at senior meal sites. The surveys will be used to find out who and how many Dodge County residents are living with or dealing with Dementia and to gain information about their concerns.

The second half of 2016 will be used as a time to begin offering introductory community education sessions and start obtaining feedback.

January – June 2017 education sessions will continue based on feedback and requests from consumers. It will also be a time when Aging staff will meet with restaurant owners to discuss the possibility of a Memory Café and with museums or historical sites to discuss the Spark! Program and their willingness to participate.

July – December 2017 education sessions will continue to be held and modified based on survey input. A 2018 schedule will be set for new social engagement opportunities.

January – December 2018 education sessions will continue to be offered and modified as needed. Consideration will be given to adding a duo facilitated program based on interest expressed in the surveys. New social engagement opportunities will be

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obtained. Participants will be asked for continuous feedback which will lead to program improvement and to ensure that the program is viable and of interest to the consumers.

Finally December 2018 will be used to tally the results from all of the surveys to determine the sustainability of and the potential to grow the program.

6-E. Healthy Aging

Health Literacy: Dodge County recognizes its aging population and the increasing health needs of seniors. We also recognize the complexity of our healthcare systems and the ability to understand and successfully navigate these systems is challenging for most of us. While Dodge County does have many adults with college educations, there is also a large population of seniors who left school to help with the family business or farm. Or, whose greatest goal was to get a job after high school and start raising a family. This does not preclude the ability to understand healthcare, but it can hinder. Between not wanting to spend their hard earned money on healthcare, and not understanding some of the details in their care plans, we are seeing a group of seniors with low health literacy. Our goal is to increase this literacy through both education and simplification techniques to be used by ADRC staff and providers. We will apply this by assisting our clients in understanding their plans of care from physicians, as well as options counseling and understanding basics of Medicare and medical assistance health insurance.

2016 Specific Goal #1:

January through June marketing materials will be created and distributed via email, Facebook, mail, and by giving them out at all marketing events and appointments to explain the issue of health literacy and promote educational events that will be conducted by program staff.

2016 Specific Goal #2:

January through June program staff will attend Medicare 101 presentations which will be conducted by the local Elder Benefit Specialist.

2016 Specific Goal #3:

January through June program staff will contract with the Health Literacy Wisconsin speaker, Steve Sparks for a training opportunity which will also be made available to community partners.

2016 Specific Goal #4:

January through June program staff will meet with other Human Services and Health Department Units to talk to them about the health literacy issues and plans to help combat the problem using this program.

2016 Specific Goal #5:

July and August program staff will set a schedule for and publicize three health literacy sessions to be held in the months of September – November.

2016 Specific Goal #6:

September through December four health literacy sessions will be held at various locations. At each session participation will be tracked using in sign in sheets. Program staff will also ask for feedback regarding the program and will have a “Feedback” sheet to give out to participants.

2016 Specific Goal #7:

December will be used to tally participation results and feedback to be used in 2017 to enhance the program.

2016 Specific Goal #8:

December will also be used to schedule sessions for January through June 2017. The goal will be to have one session per month.

2017 Specific Goal #1:

January through June program staff will hold two more health literacy sessions at various locations.

2017 Specific Goal #2:

January through June program staff will create “tear off” note pads listing services and will give them out to the local health care providers.

2017 Specific Goal #3:

January through June program staff will continue sending out information and promoting the health literacy programs and sessions.

2017 Specific Goal #4:

July will be used to gather input and feedback from participants and the public in general. It will also be used to schedule one session each for the months of August through November.

2017 Specific Goal #5:

December will be utilized as a time to gather feedback and input from the last four sessions using the feedback to modify and enhance the program.

2017 Specific Goal #6:

Program staff will use December to schedule more sessions for the months of January through June of 2018 with the plan of scheduling one session per month.

2017 Specific Goal #7:

Program staff will use December to publicize upcoming sessions by creating and sending out marketing materials using the newspaper, radio, website, Facebook etc...

2018 Specific Goal #1:

January through June program staff will hold three sessions at various locations.

2018 Specific Goal #2:

July program staff will look at participation numbers and feedback to determine the need for future programs, their requested topics and locations.

2018 Specific Goal #3:

Program staff will use the month of July to schedule future meetings based on feedback and need. The plan will be to schedule three meetings during the months of August through December.

2018 Specific Goal #4:

In December program staff will tally results from participant feedback and input to look at the future of continuing and possibly expanding these types of programs beyond 2018.

2018 Specific Goal #5:

Program staff will evaluate the need for program materials to be translated into Spanish and will contact local county bi lingual staff to do that, if there is a need for future meetings.

Measurable:

Currently the Aging Unit offers Medicare 101 Workshops to those turning 65. While this is a good starting place for seniors, the staff would also benefit from understanding more completely how Medicare works, and how the Medicare Savings Plans also provide benefits to low income seniors. Staff can, through their intake process with seniors, ask if they understand their health plans, and help promote both Medicare education and evidenced based classes.

In addition, getting local healthcare providers to appreciate the need of the whole patient is key. We propose to build relationships with the area clinics and hospitals to not only increase evidence based classes, but health literacy education for both staff and community members. This can include senior centers, presentations at churches, social groups, or senior apartment complexes.

Attainable:

Specific steps include: Aging staff will attend Medicare 101 presented by EBS

The staff will contract with the Health Literacy Wisconsin speaker Steve Sparks for a training opportunity in Dodge County which will include community partners.

Staff will develop "tear off" note pads listing services that the Aging staff can assist with, and they will promote these to be used by area clinics as a tool to get seniors to call for assistance.

Relevant:

Today's seniors are more active than ever, but poor health impacts a person's quality of life and is expensive to the individual and the health care systems. Information provided through the Wisconsin Health Literacy group reminds us that 80% of older adults have at least one chronic condition and those over 65 had a 50% lower health literacy. Low health literacy means higher healthcare costs for everyone. The group similarly found that those who use English as a second language are also at risk for lower health literacy.

Time-bound:

Between Jan 2, 2016 and June 30, 2016 will reach out to Wisconsin Health Literacy and begin to develop an education plan. This time will also be used to gather information from evidence based classes centered on the needs of the participants; in particular from the Stepping On class participants and from the local pharmacists.

June 30, 2016 and Jan 2, 2017: Health Literacy training will be offered, and goals will be refined from there in regard to implementing what was learned. The staff will continue to work on marketing to and educating health care agencies and promoting evidence based classes. One additional Aging staff person will be trained in the Stepping On or Living Well classes if they are offered.

Jan 2, 2017 and June 30, 2017: From information learned in the past year, two additional evidence based classes will be added. Collaboration will be done with other counties, and the task of looking for volunteers to increase the capability to offer additional classes will continue. Aging staff will create the tear off pad, and will seek buy in from 2 clinics who will offer to begin using these.

Jan 2-Dec 31 2018: Continue with trainings, and reevaluate for effectiveness. There should be 6 evidence based classes offered throughout the year. Aging staff will all have basic training for Medicare. Staff will maintain relationships with hospitals and clinics, and investigate if health literacy materials should be made available in Spanish.

6-F. Local Priorities

Dodge County's local priorities are going to be focused in the world of technology. The County has a general website where the ADRC and Aging Department is listed along with their programs and other useful information. But there have been numerous comments and complaints from consumers that the information is only available at this site and that it is hard to find and maneuver through for the elderly population. The ADRC also has a Facebook account which until this time has been very under-utilized. The staff would look to enhancing the use of this tool to communicate things such as outreach events, classes, and timely information. The ADRC and Aging staff would also like to enhance their website and make it more easily accessible to the general public and work out a system to edit it on a regular basis.

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First Goal – enhancing and increasing the use of the ADRC website.

2016 Specific Goal #1:

January through April program staff will schedule meetings and work with the county's local IT department to share with them what they envision for their website to make it more accessible and convenient for their users.

2016 Specific Goal #2:

May and June will be used to develop materials and information for the website based on the discussion with the local IT department.

2016 Specific Goal #3:

May and June will be used to distribute information about the website promoting its use and promoting the upcoming changes as of April 1, 2017. This will be done using flyers and at any marketing events and appointments of the ADRC and Aging staff.

2016 Specific Goal #4:

July and August program staff will begin working with local IT staff to get information on the website such as Health Literacy classes and information about the possibility of a Memory Café.

2016 Specific Goal #5:

July and August will also be used by program staff to develop, with the help of the local IT department, an on line survey regarding the website and its information. Looking for ways to improve it and make it more user friendly as time goes on.

2016 Specific Goal #6:

September through December will be used as a trial to get information continually updated on a weekly basis and surveys will continue to be sent and reviewed.

2017 Specific Goal #1:

January through March will be used by program staff to tally all survey information and feedback and to work with local IT to make any necessary changes to get the site ready for full roll out.

2017 Specific Goal #2:

January through March program staff will enhance and create new ways to publicize the new webpage. Information will be on the website and will be mailed and emailed out to the community, agencies etc...

2017 Specific Goal #3:

April 1st the full, new website will be made available for review and use. On line surveys will continue to be used to get user feedback and suggestions.

2017 Specific Goal #4:

November and December will be used by program staff to review surveys and work with local IT to make any enhancements.

2018 Specific Goal #1:

January 2, 2018 the website should be fully functioning with places for all program area staff to publish their information and to also publish, timely information for the public regarding any local, state or national events.

2018 Specific Goal #2:

By March program staff will tally results from surveys and any other information to look at the possibility of future enhancements.

Second Goal – enhancing and increasing the use of the ADRC Facebook account.

2016 Specific Goal #1:

January through April program staff will schedule meetings and work with the county's local IT department to share with them what they envision for their Facebook account to make it more accessible and convenient for their users.

2016 Specific Goal #2:

May and June will be used to develop materials and information for the Facebook account based on the discussion with the local IT department.

2016 Specific Goal #3:

May and June will be used to distribute information about the Facebook account promoting its use and promoting the upcoming changes as of April 1, 2017. This will be done using flyers and at any marketing events and appointments of the ADRC and Aging staff.

2016 Specific Goal #4:

July and August program staff will begin working with local IT staff to get information on the Facebook account such as Health Literacy classes and information about the possibility of a Memory Café.

2016 Specific Goal #5:

July and August will also be used by program staff to develop, with the help of the local IT department, an on line survey regarding the Facebook account and its information.

2016 Specific Goal #6:

September through December will be used as a trial to get information continually updated on a weekly basis and surveys will continue to be sent and reviewed.

2017 Specific Goal #1:

January through March will be used by program staff to tally all survey information and feedback and to work with local IT to make any necessary changes to get the Facebook account ready for full roll out.

2017 Specific Goal #2:

January through March program staff will enhance and create new ways to publicize the new Facebook account. Information will be on the Facebook account and will be mailed and emailed out to the community, agencies etc...

2017 Specific Goal #3:

April 1st the full, new Facebook account will be made available for review and use. On line surveys will continue to be used to get user feedback and suggestions.

2017 Specific Goal #4:

November and December will be used by program staff to review surveys and work with local IT to make any enhancements.

2018 Specific Goal #1:

January 2, 2018 the Facebook account should be fully functioning with places for all program area staff to publish their information and to also publish, timely information for the public regarding any local, state or national events.

2018 Specific Goal #2:

By March program staff will tally results from surveys and any other information to look at the possibility of future enhancements.

Measurable:

This goal will be measured by whether or not there is a newly created ADRC/Aging website. It will also be measured by whether or not the ADRC Facebook account is kept up to date with current outreach events and information.

2016 will be used to create the new website, deciding how it should look and what information should be on it and then to get it up and running. It will also be time to start publishing more Aging information on the already established ADRC Facebook account.

Then January – March 2017 will be used to publicize the new webpage. This will be done by creating flyers to send out to the community and give out at outreach opportunities. The information will also be disseminated by means of email and on the Facebook account.

April – October 2017 the new webpage will be up and running but on the webpage there will be an area for visitors and the general public to give suggestions regarding the webpage. During this time the webpage will continue to be publicized at all outreach

opportunities and feedback from webpage visitors and the general public will be gathered.

November and December 2017 will be used to make any changes or updates to the format of the webpage.

By January 2018 the website and Facebook accounts should be fully functional with regular updates.

Attainable:

This is attainable by utilizing current support staff to create the webpage; using input from the ADRC and Aging staff. The current support staff will also be utilized to maintain the ADRC Facebook account, updating it as necessary to keep the information useful and timely.

Relevant:

This is relevant in the fact that we are moving into a more technological time where everyone is utilizing the internet and Facebook on a daily basis. As is widely known, the internet plays an increasingly central role in connecting Americans to news and information, government services, health resources, and opportunities for social support. A study that was done by Pew Research Center found that six in ten seniors (defined as age 65 or older) now go online and 77% of older adults have a cell phone. This study went on to find that despite some of the unique challenges facing the older adult population when it comes to technology, most seniors who become internet users make visiting the digital world a regular occurrence. And among those who use the internet, 71% go online every day or almost every day.

Therefore, by creating and maintaining a webpage and Facebook account Dodge County will be on the cutting edge of the technologically advancing world. The County will be able to get more timely information out to seniors and disabled people than ever before leading this to be an immeasurable resource for those populations and their families and caregivers.

Time-bound:

2016 will be the planning and creating year. Then by 2017 the newly created webpage will be fully functional and the ADRC Facebook account will be utilized and updated on a regular basis providing timely, useful information. The end of 2017 will be used to gather data by sending out surveys to the general population and users of the webpage and Facebook. This data will be collected and reviewed for any possible changes that could be made in either area. The by 2018 both venues should be fully functional with as many updates and enhancements made utilizing feedback from users and the general public. However there will be a need for ongoing updating especially in the area of events, classes and outreach opportunities.

7. Coordination Between Titles III and VI

Not Applicable as Dodge County does not have a local, federally recognized tribe.

8. Budget

Please see attachment.

9. Compliance With Federal and State Laws and Regulations

On behalf of the county, we certify

(Give the full name of the county aging unit)

has reviewed the appendix to the county plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2016-2018. We assure that the activities identified in this plan will be carried out to the best of the ability of the tribe in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2016-2018.

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

Signature and Title of the Authorized County Board Representative Date

10. 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 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 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 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 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 designated area agency on aging for serving older people with greatest social and economic need.

4. Advisory Role to Service Providers of Older Persons

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

5. Contributions for Services

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

6. Confidentiality

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

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

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

- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately necessary for determining an individual's need and/or eligibility for services and other benefits.
- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:

(a) By court order; or,

(b) When securing client-requested services, benefits, or rights.

- The lists of older persons receiving services under any programs funded through the State Agency shall be used solely for the purpose of providing said services, and can only be released with the informed consent of each individual on the list.
- All paid and volunteer staff members providing services or conducting other activities under the area plan shall be informed of and agree to:

(a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,

(b) All policies and procedures adopted by the State and Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.

- Appropriate precautions shall be taken to protect the safety of all files, microfiche, computer tapes and records in any location which contain sensitive information on individuals receiving services under the State or area plan. This includes but is not limited to assuring registration forms containing personal information are stored in a secure, locked drawer when not in use.

7. Records and Reports

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

8. Licensure and Standards Requirements

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

9. Civil Rights

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

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

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

11. Political Activity of Employees

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

12. Fair Labor Standards Act

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

13. Private Gain

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

14. Assessment and Examination of Records

- The applicant shall give the Federal agencies, State agencies and the Bureau of Aging and Disability Resources 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).

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

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 and services for older individuals of the county
- (4) A private corporation that is organized under ch. 181 and
- (5) 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 sub. 2., the county board of supervisors in a county that has established a single-county aging unit, the county boards of supervisors in counties that have established a multicounty aging unit or the elected tribal governing body of a federally recognized American Indian tribe or band that has established a tribal aging unit shall, before qualification under this section, appoint a governing and policy-making body to be known as the commission on aging.

2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall appoint, subject to confirmation by the county board of supervisors, the commission on aging. A member of a commission on aging appointed under this subdivision may be removed by the county executive or county administrator for cause.

(b) Composition.

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

1. For an aging unit that is described in sub. (1) (a) 1. or 2., organized as a committee of the county board of supervisors, composed of supervisors and, beginning January 1, 1993, advised by an advisory committee, appointed by the county board. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.
2. For an aging unit that is described in sub. (1) (a) 1. or 2., composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.
3. For an aging unit that is described in sub. (1) (a) 3., the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

(c) Terms.

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

(c) Powers and duties.

A county or tribal commission on aging appointed under sub. (4) (a) shall, in addition to any other powers or duties established by state law, plan and develop administrative and program policies, in accordance with state law and within limits established by the department of health and family services, if any, for programs in the county or for the tribe or band that are funded by the federal or state government for administration by the aging unit. Policy decisions not reserved by statute for the department of health and family services may be delegated by the secretary to the county or tribal commission on aging. The county or tribal commission on aging shall direct the aging unit with respect to the powers and duties of the aging unit under sub. (3).

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

County Plan on Aging: 2016-2018 – Template 6-1-15

- (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.

11. Appendices

DODGE COUNTY HUMAN SERVICES AND HEALTH DEPARTMENT

SENIOR DINING PROGRAM

2016 BID SHEET

1. Name of Bidder Feil's Super Club Inc Catering Division Phone 920-326-6050
Address N8743 State Rd 73 PO Box 124 Randolph, WI 53956-0124
2. Is your firm: Private non-profit Government/Public
 Proprietary Other (Specify) _____
3. Total cost of the meal is \$3.96

Meal cost breakdown (Total of items A through H should equal line "3")

A. Total raw food cost per meal:

Meat .90 : Vegetable (2) .39 : Milk .31 :
Bread .10 : Fruit 4 Dessert .30 : Dessert Inc. w/ Fruit

B. Labor cost per meal: .79

C. Condiments per meal: .03

D. Food delivery per meal: .67

E. Supplies per meal: _____ *Select Option 1 or Option 2

Supplies per meal should include, but may not be limited to items in the bid specifications.

*See Section 2.P. of 2014 BID SPECIFICATIONS FOR DODGE COUNTY HUMAN SERVICES AND HEALTH DEPARTMENT SENIOR DINING PROGRAM

F. Equipment .10

G. Profit .06

H. Other costs (Specify) Insurance .10 Overhead .13 Rent .08

4. **Bidders who do not fill out all items on the bid sheet, including A through H above, will be automatically disqualified.**

My signature below indicates my understanding and agreement to follow all bid specifications as outlined in the "2016 BID SPECIFICATIONS FOR DODGE COUNTY HUMAN SERVICES AND HEALTH DEPARTMENT SENIOR DINING PROGRAM" if I am awarded this contract.


Authorized Agency Signature

July 30, 2015
Date

Feils Bid Recap

Bid for Year:	2010	2011	2012	2013	2014	2015	2016
Meat	0.72	0.72	0.72	0.78	0.83	0.87	0.90
Vegetable	0.30	0.30	0.30	0.31	0.37	0.38	0.39
Milk	0.25	0.25	0.25	0.26	0.28	0.30	0.31
Bread	0.09	0.09	0.09	0.09	0.10	0.10	0.10
Fruit/Dessert	0.22	0.22	0.22	0.23	0.27	0.28	0.30
Labor	0.72	0.72	0.72	0.71	0.75	0.77	0.79
Condiments	0.03	0.03	0.03	0.02	0.03	0.03	0.03
Delivery	0.51	0.51	0.51	0.55	0.59	0.64	0.67
Supplies	0.26	0.26	0.26	0.32	0.00	0.00	0.00
Equipment	0.10	0.10	0.10	0.10	0.10	0.10	0.10
Profit	0.06	0.06	0.06	0.06	0.06	0.06	0.06
Insurance	0.05	0.05	0.05	0.08	0.09	0.09	0.10
Overhead	0.11	0.11	0.11	0.11	0.12	0.12	0.13
Rent	0.08	0.08	0.08	0.08	0.08	0.08	0.08
Increase			0.10				
	3.50	3.50	3.60	3.70	3.67	3.82	3.96

Other Co. 2014

Fond du Lac	4.33
Jefferson	3.80

Fond du Lac county has an extra food item and the price includes all supplies except for the foil trays which Fond du Lac county purchases.

Jefferson county has not negotiated next year's prices yet.

Human Services and Health Department

2015

YTD Through 7/31/15

Aging programs

	Actual	Budget
Revenues	103,208	119,693
Expenses	99,685	119,690
	3,523	3

Notes

Public Health

Sick payout \$7,883 in BU 4001
 Anticipated WIMCR Revenue (prorated)
 \$10,000 Code Red Expense in BU 4005
 WIC expenditures \$27,293 over budget
 CARS Revenue for July not included

1167

Clinical Services

38,704

Senior Dining

Revenues	350,466	258,881
Expenses	262,234	258,883
	88,232	-2

128,333

Public Health

Revenues	605,261	578,654
Expenses	596,409	578,659
	8,852	-5

591,713 Estimated

(Revenues are also overbudget and more than offset this overage)
 Outpatient revenues and CARS revenues not included
 CD CBRF and inpatient institutional expenditures \$45,220 over budget
 BU 4855 Computer Maintenance and repair over annual budget amount by \$2,851
 Bldg. Maint Expense not included

-74,031 Estimated

Clinical Services

Revenues	4,189,118	4,760,603
Expenses	5,031,403	4,604,429
	-842,285	156,174

245,000 Estimated

Social Services

Sick payout \$26,619 in BU 5002
 Sick payout \$21,111 in BU 5006
 BU 5011 Youth aids anticipated revenues
 BU 5014 truancy program \$9,435 over budget
 BU 5015 Community intervention \$10,010 over budget
 BU 5028 Kinship Care expenditures \$9,756 over budget
 BU 5030 Juvenile detention \$15,220 over budget
 BU 5031 CST program \$29,903 over budget
 BU 5055 Income Maintenance anticipated revenues
 Bldg. Maint Expense not included

Social Services

Revenues	4,825,755	5,575,329
Expenses	5,091,159	5,563,672
	-265,404	11,657

-136,684 Estimated

Totals

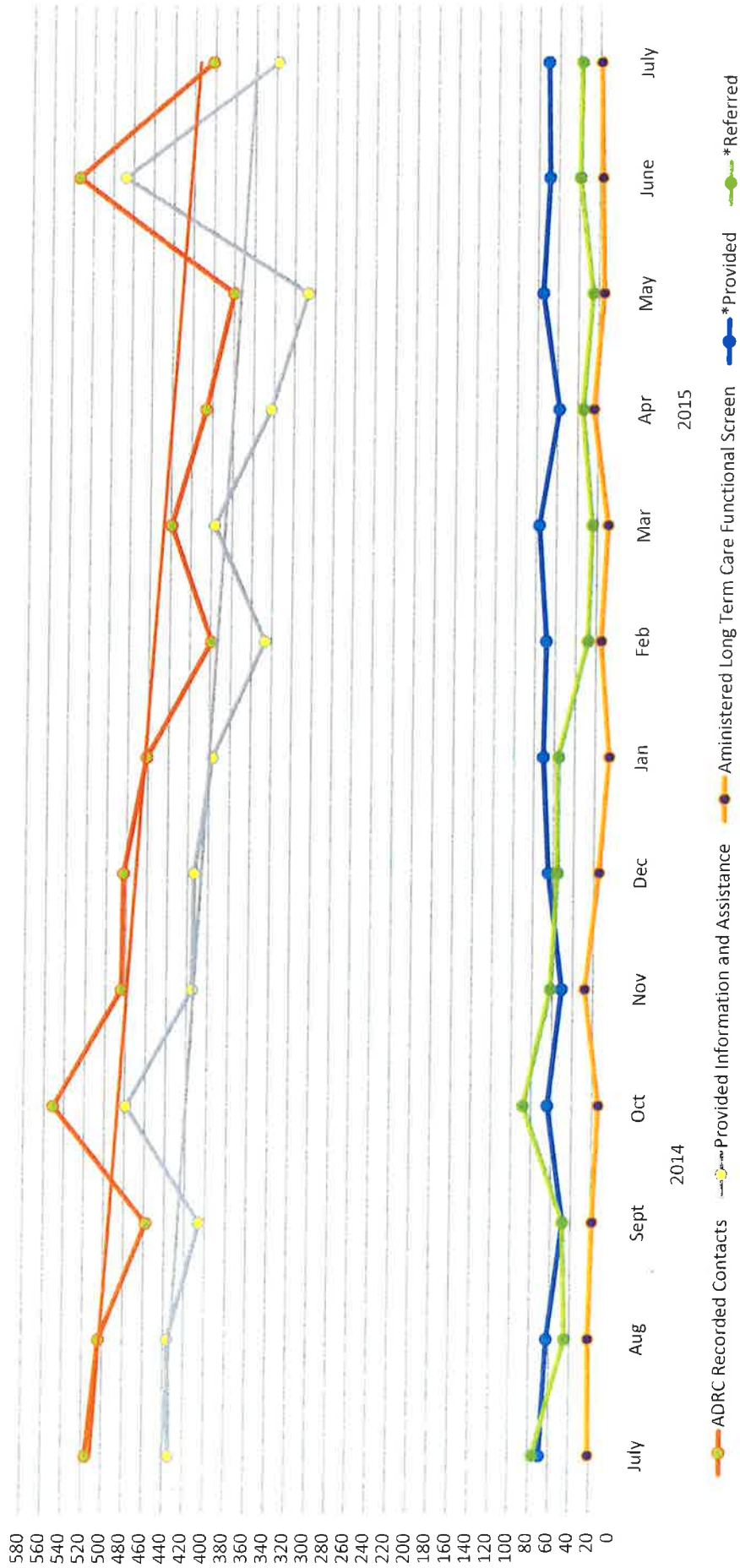
-1,007,082 167,827

Adjustments

Public Health	39,871
Clinical Services	646,015
Social Services	108,316
	-212,880

Please note the revenue figures include tax levy on a prorated basis

ADRC Call Statistics Report 2014 - 2015



* Provided Includes: Options Counseling, Follow up, Assistance with Medicaid application process, Brief or short-term services or service coordination, Youth transition support, Enrollment Consultation, Disenrollment Consultation and Assistance/Referral for health promotion or information

* Referred Includes: Economic Support, Financial-Related needs other than economic support, Private Pay Service Options, Mental Health Services and Substance Abuse Services

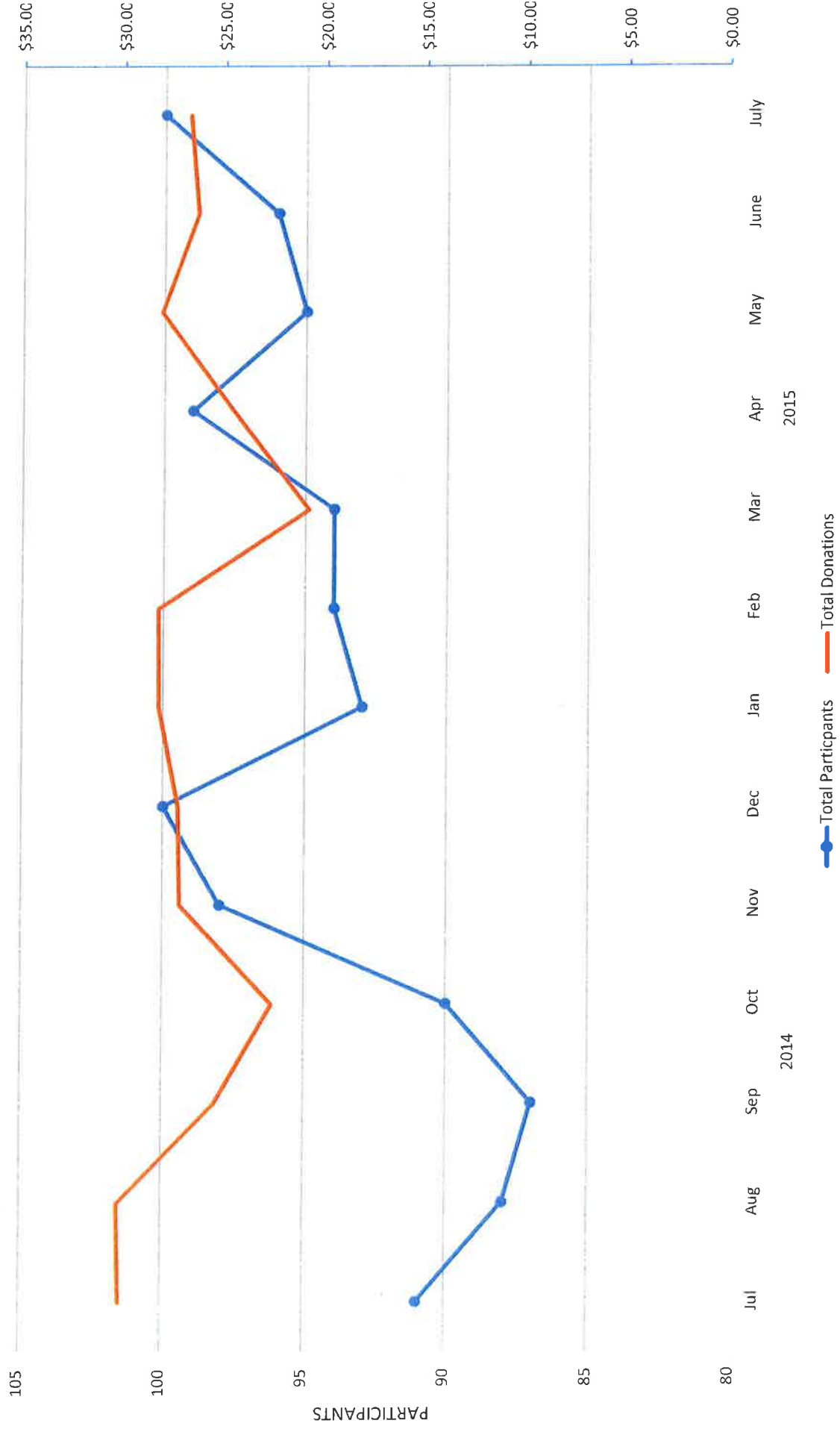
DINING CENTER COMMENTS

July 2015

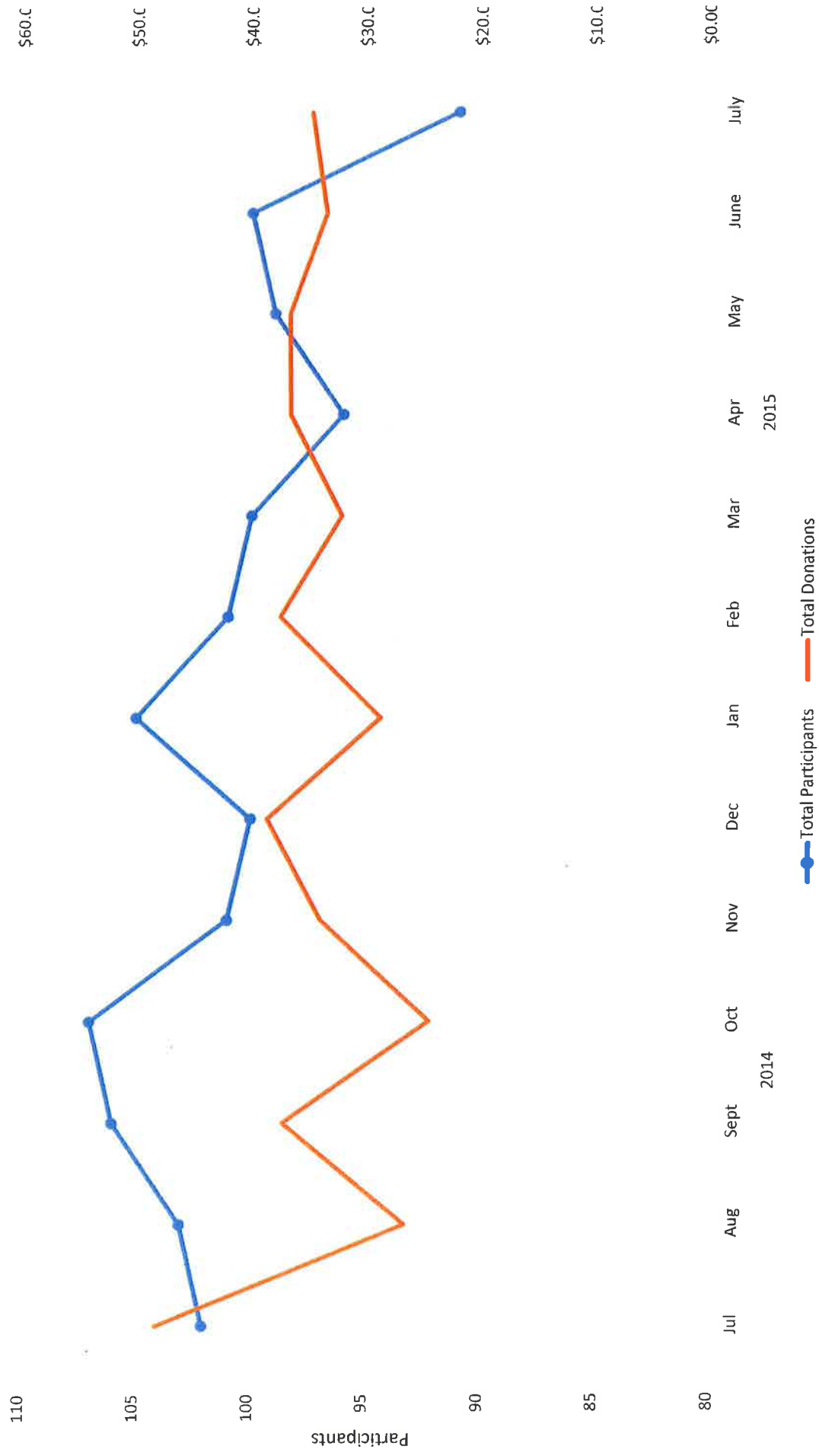
July	1	Randolph	The Pork Jaegerschnitzel was very good and tender!
	2	Watertown	Onions would be nice with the hamburgers.
	6	Bay Shore	The people at the dining center would like Bologna more often!
	6	Randolph	Everybody loves the Ring Bologna and would like it more often!
	7	Randolph	The Chili Casserole is always a hit but would rather have French bread than the corn bread.
	10	Mayville	The people eating at the dining center enjoyed the Baked Apples!
	10	Watertown	Everybody commented they liked the Baked Apples and would like them more often!
	13	Beaver Dam	The boiled Baby Red Potatoes and vegetables were mushy.
	13	Watertown	The Baby Red Potatoes and Vegetables were overcooked and just fell apart.
	14	Bay Shore	People really enjoyed the Chop Steak and Coconut Cream Pie!
	14	Mayville	Everybody liked the Chopped Steak in Burg/Mushroom Sauce and the Coconut Cream Pie!
	14	Randolph	The Chop Steak was very tender!
	15	Randolph	The Baked Chicken was delicious!
	16	Randolph	Excellent Egg Custard Pie!
	17	Lowell	The Swiss Steak was rather bland.
	20	Randolph	The Alexander Torte was liked by most!
	20	Watertown	The potatoes and carrots were cooked perfectly!
	22	Beaver Dam	The Sherbet was melted.
	24	Lowell	The German Potato Salad was dry.

27	Bay Shore	The Sweet Potatoes were runny.
27	Randolph	The Glazed Ham and Sweet Potato Bake was very good!
28	Lowell	The Chicken was very good!
29	Bay Shore	Very little meat was in the Beef Stew.
31	Fox Lake	The Mashed Potatoes were overcooked and most of them got thrown away.
31	Lomira	The Mashed Potatoes were dark in color and tasted over cooked.
31	Randolph	The Roast Turkey was dry and the Mashed Potatoes were overcooked.

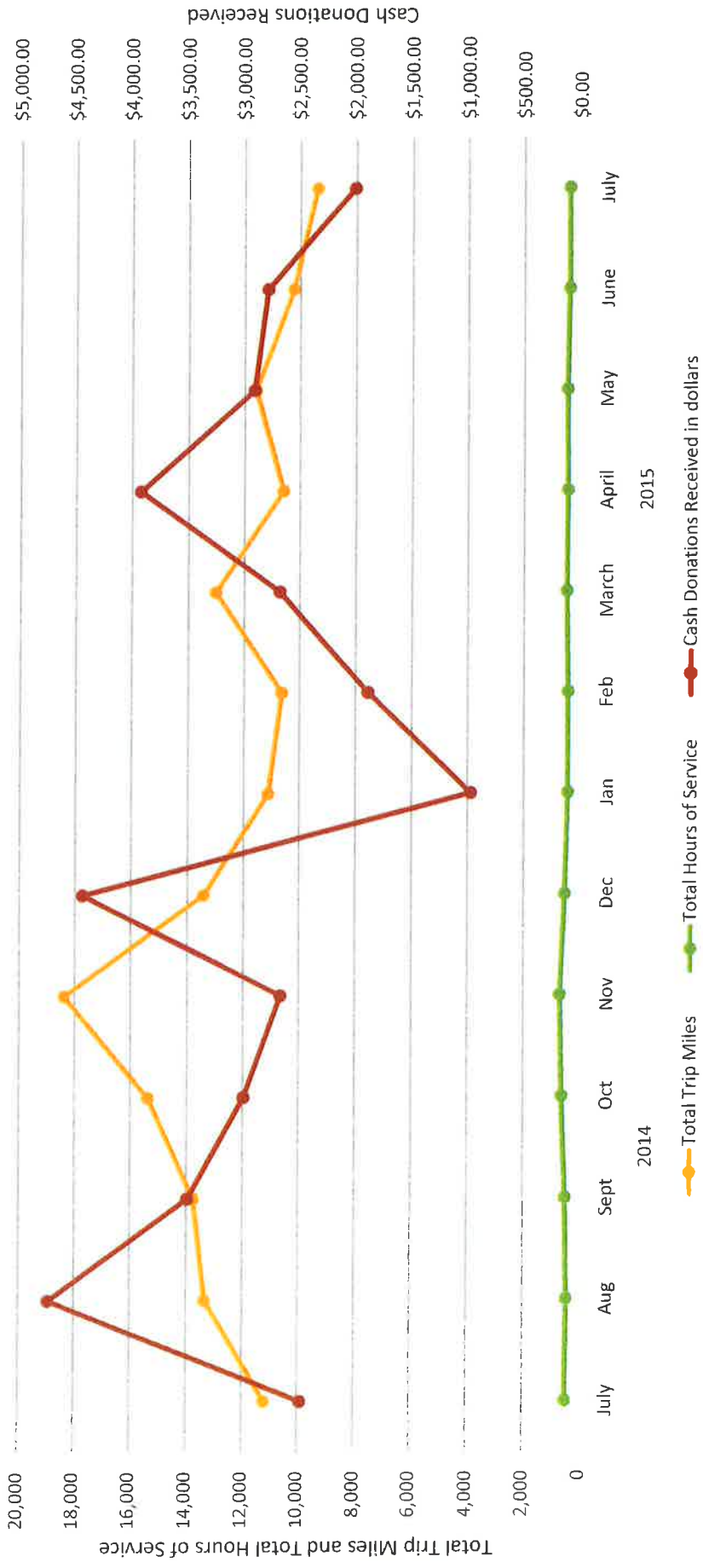
2014 - 2015 Congregate Meal Site Participants and Donations



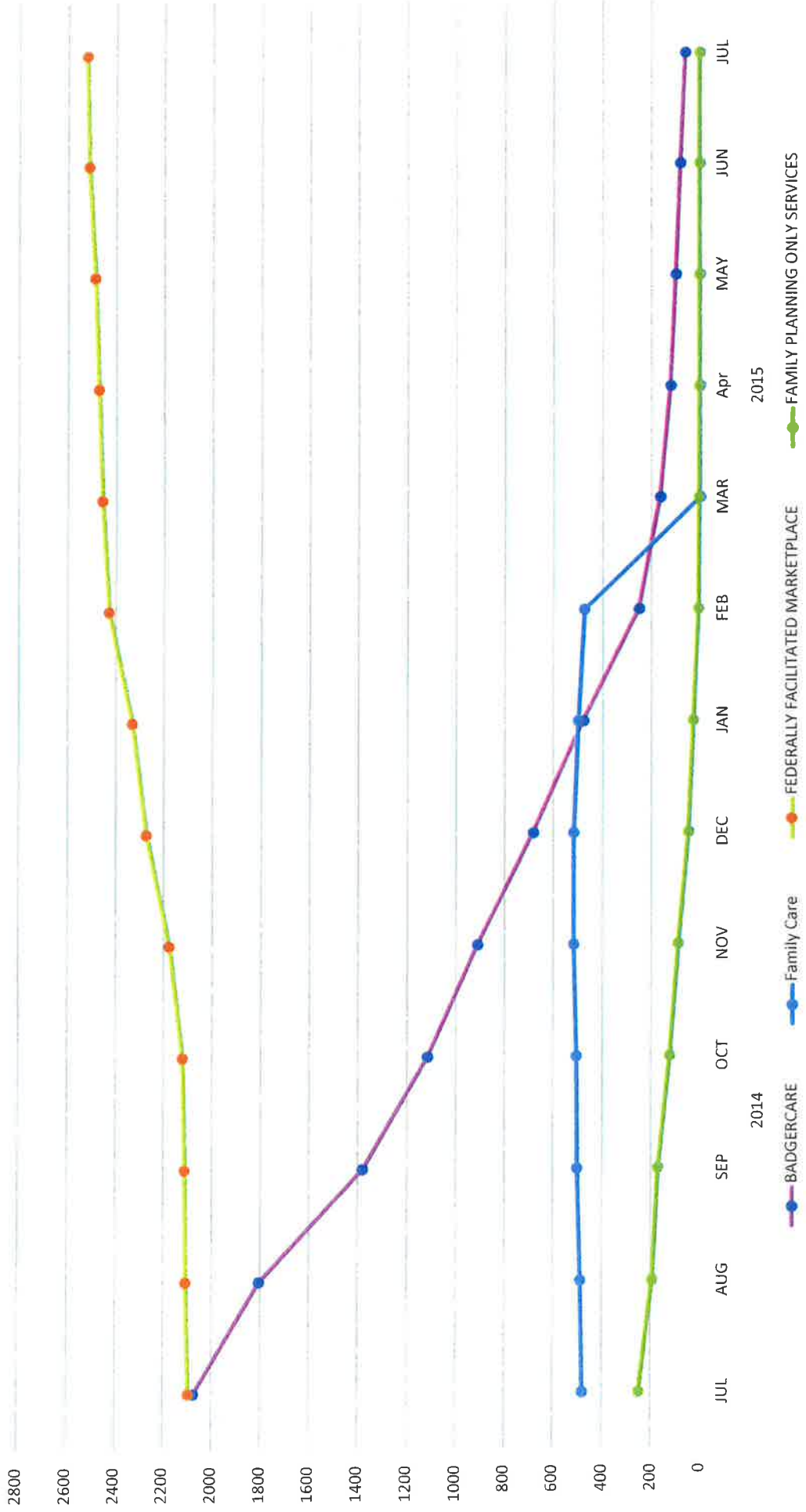
2014 - 2015 Home Delivered Meal Participants and Donations



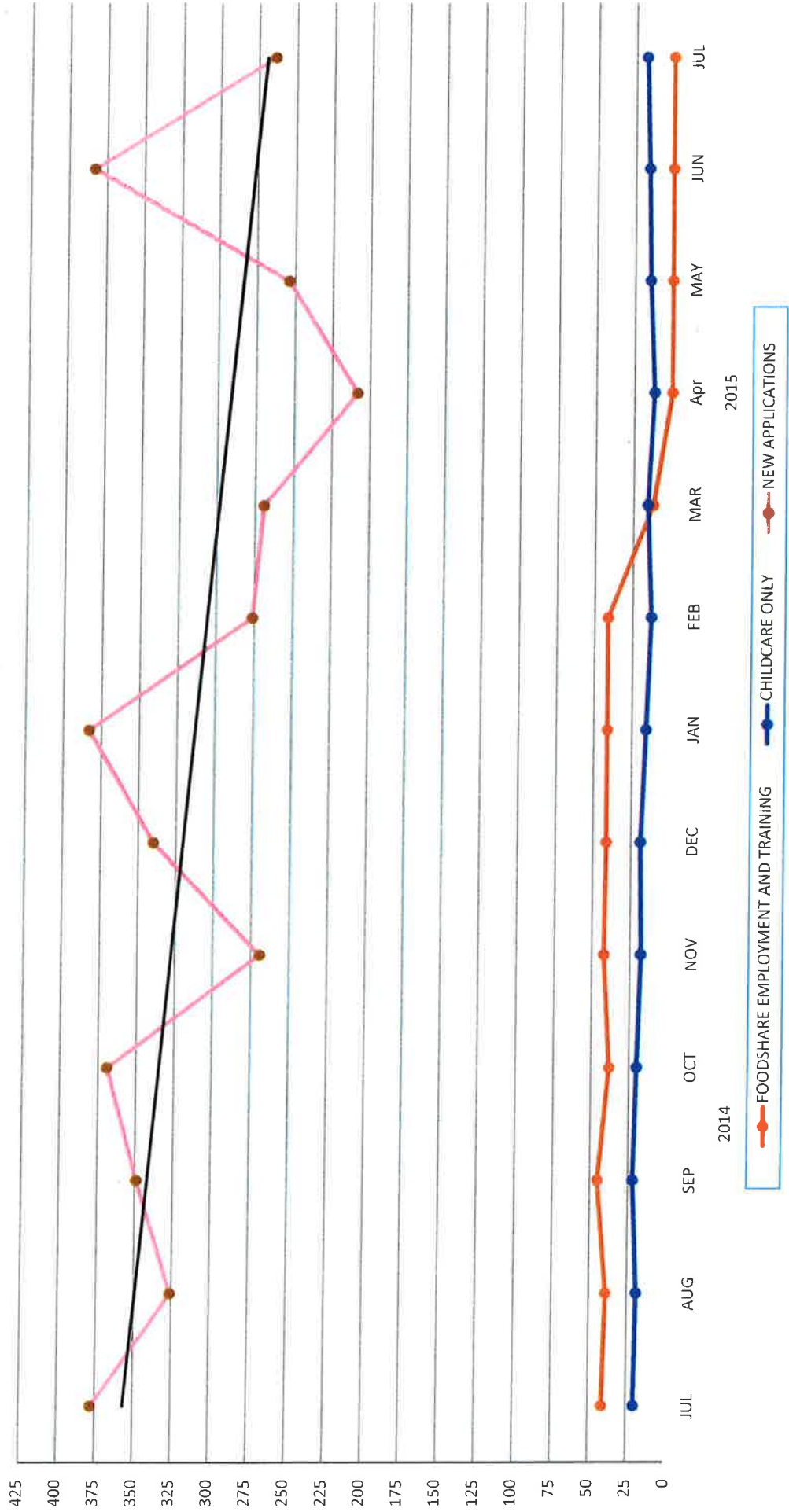
Volunteer Drivers 2014 and 2015



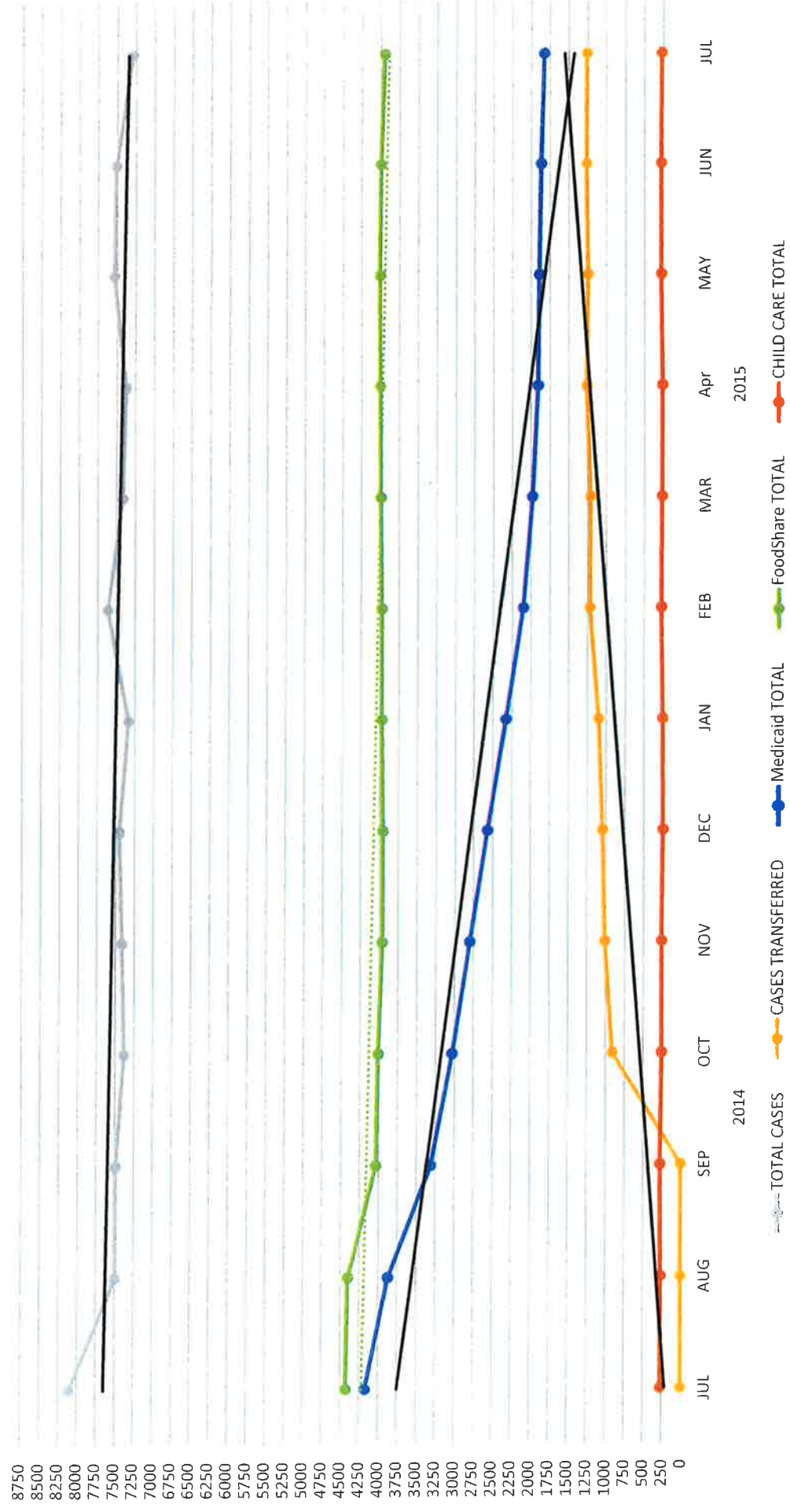
Dodge County Economic Support 2014 - 2015 Healthcare Caseloads (Unduplicated)



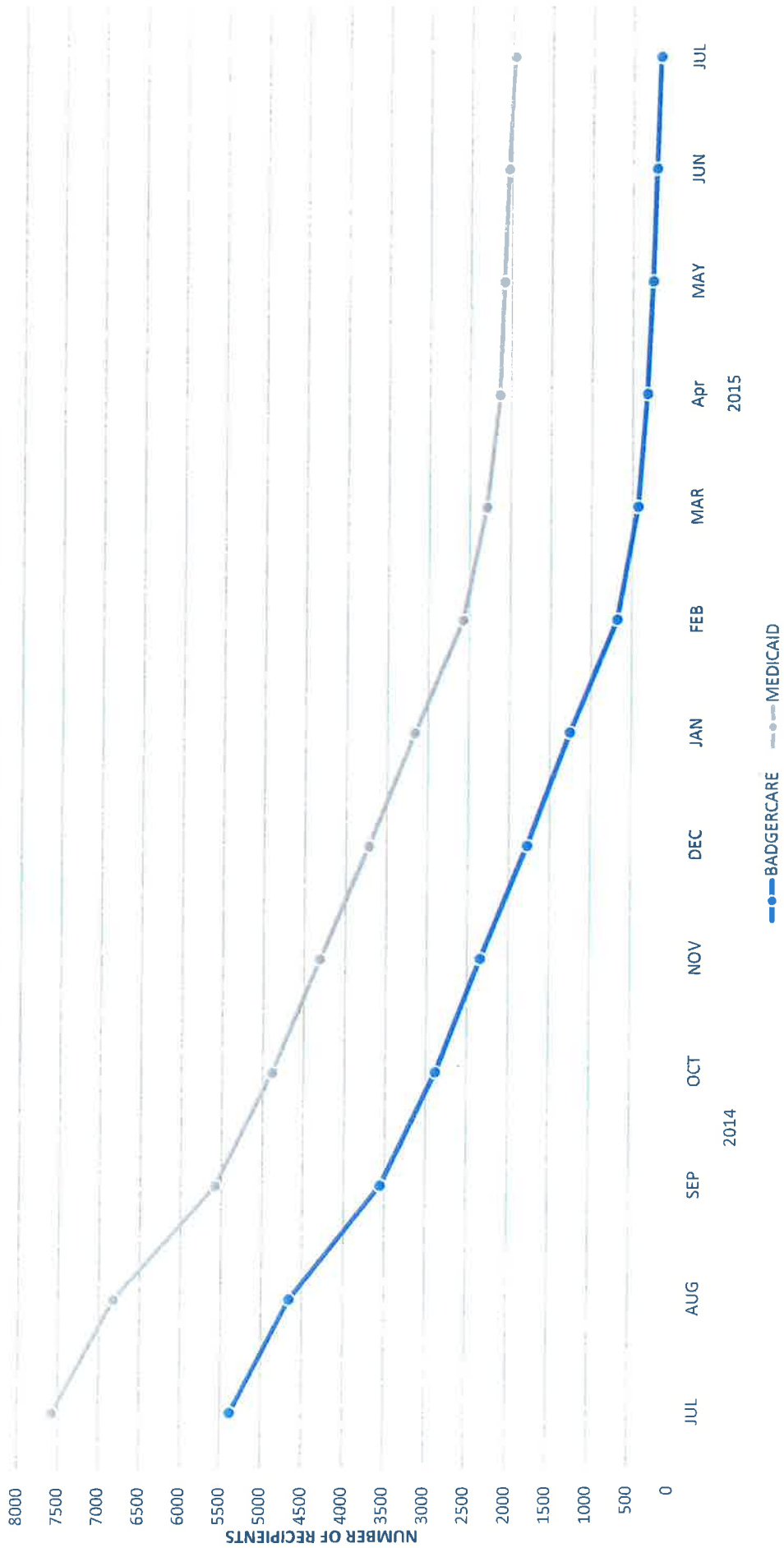
Dodge County Economic Support 2014 - 2015 Food Share Employment & Training, Child Care Only & New Application Caseloads (Unduplicated)



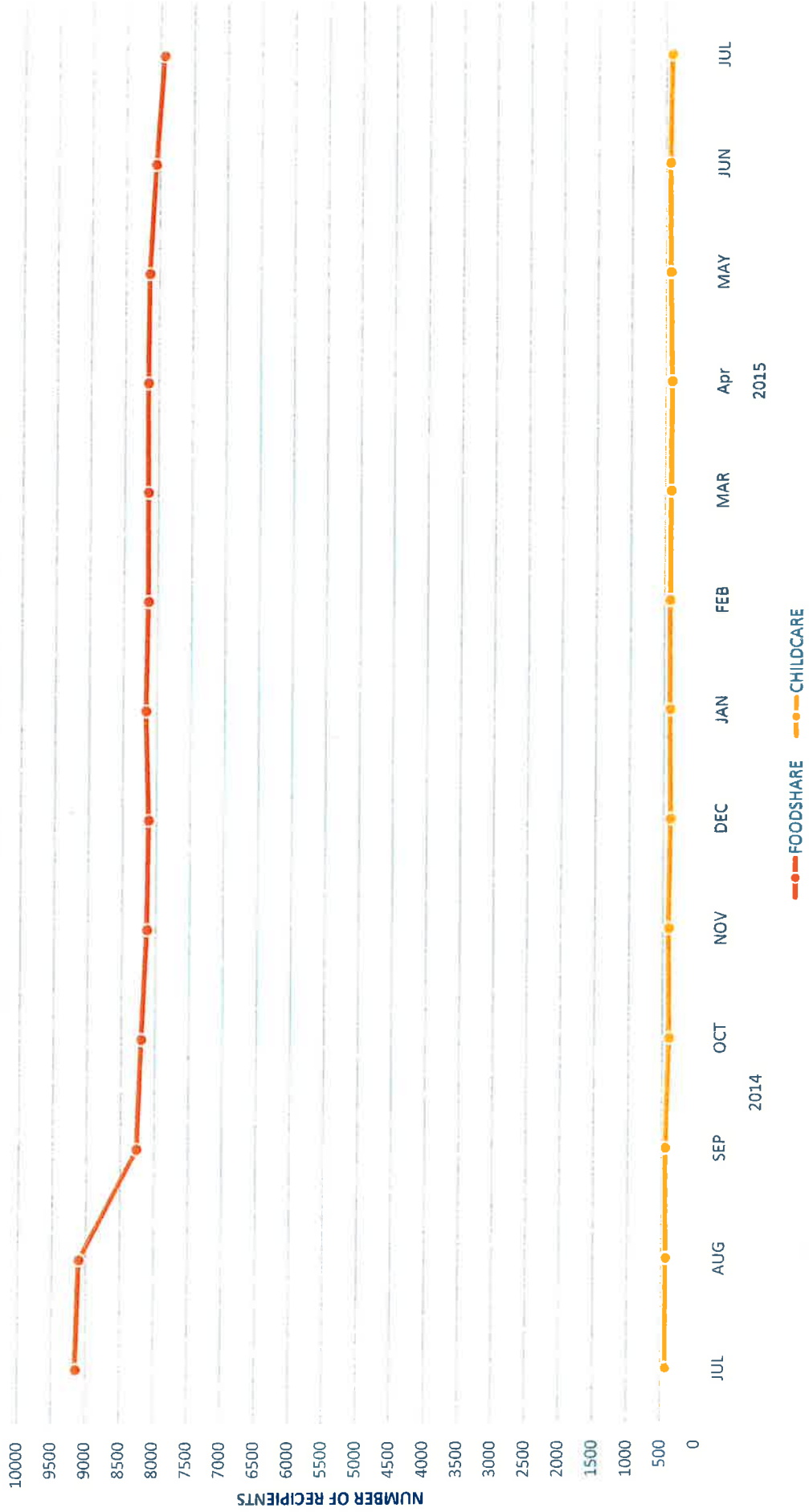
Economic Support Caseload Totals 2014 - 2015



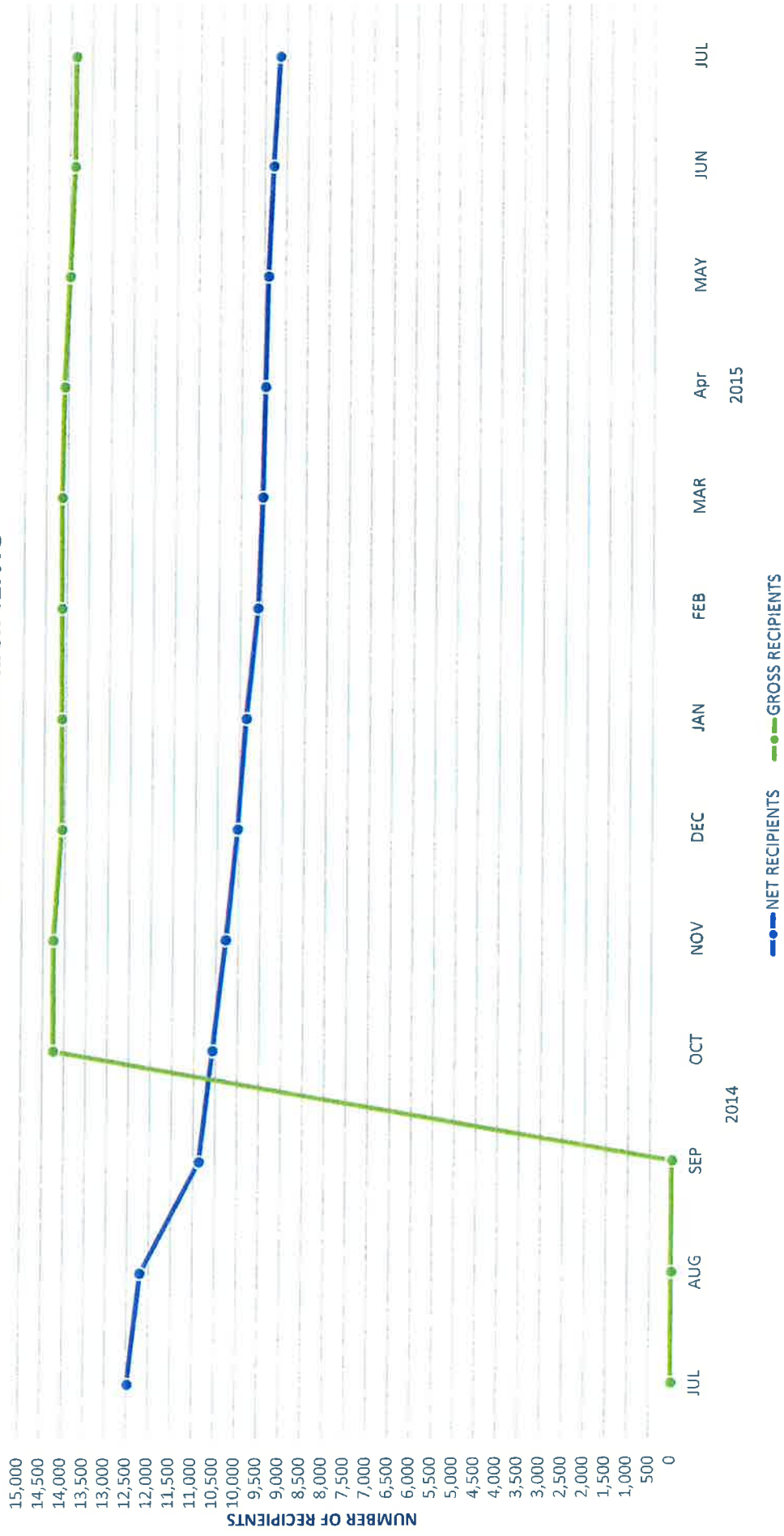
2014 - 2015 TOTAL ECONOMIC SUPPORT RECIPIENTS SERVED MONTHLY IN BADGERCARE & MEDICAID



2014 - 2015 TOTAL ECONOMIC SUPPORT RECIPIENTS SERVED MONTHLY IN FOODSHARE & CHILDCARE



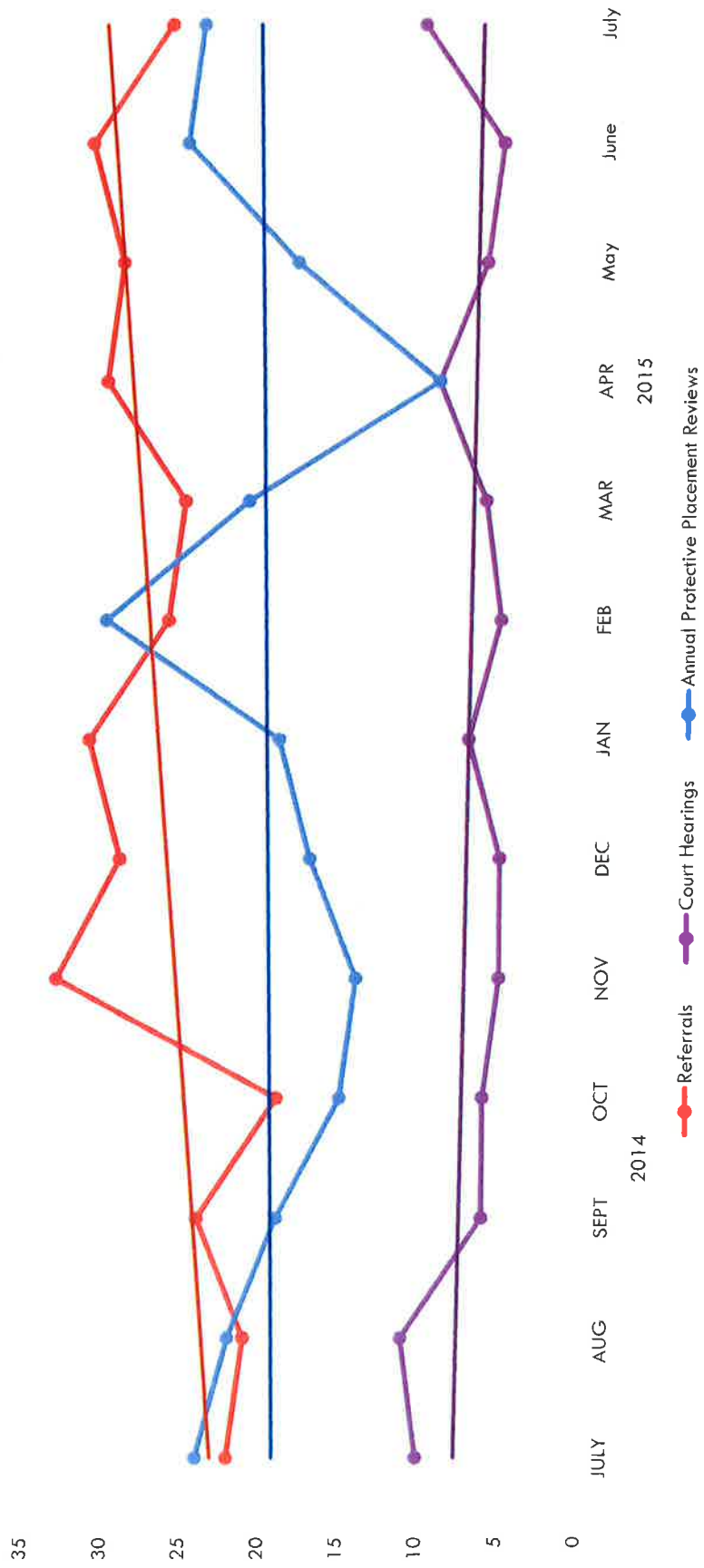
2014 - 2015 TOTAL ECONOMIC SUPPORT NET AND GROSS RECIPIENTS



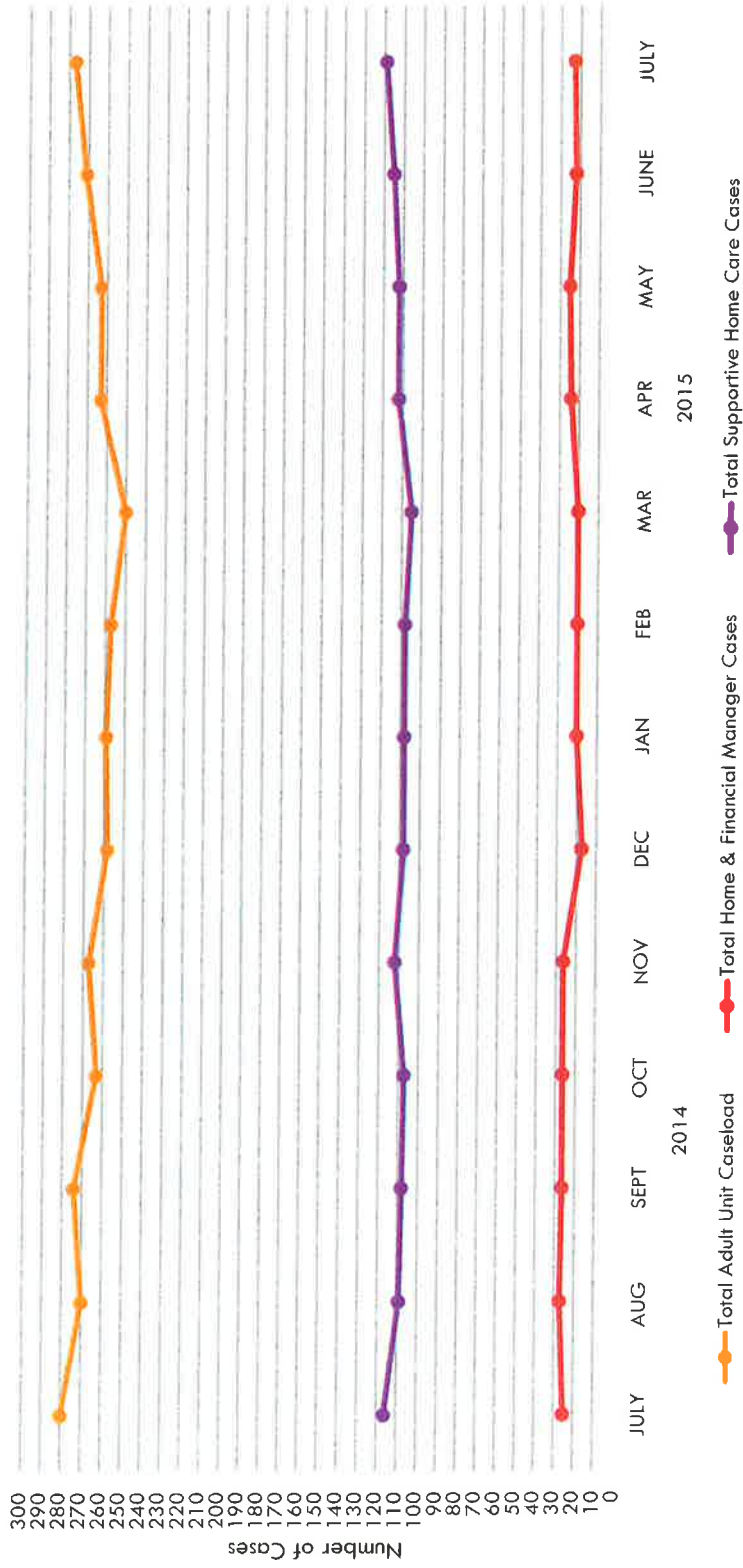
Net Recipients: This is the number of county residents Dodge County staff work with.

Gross Recipients: This is the number of county residents receiving assistance which includes those handled by other counties in the consortia

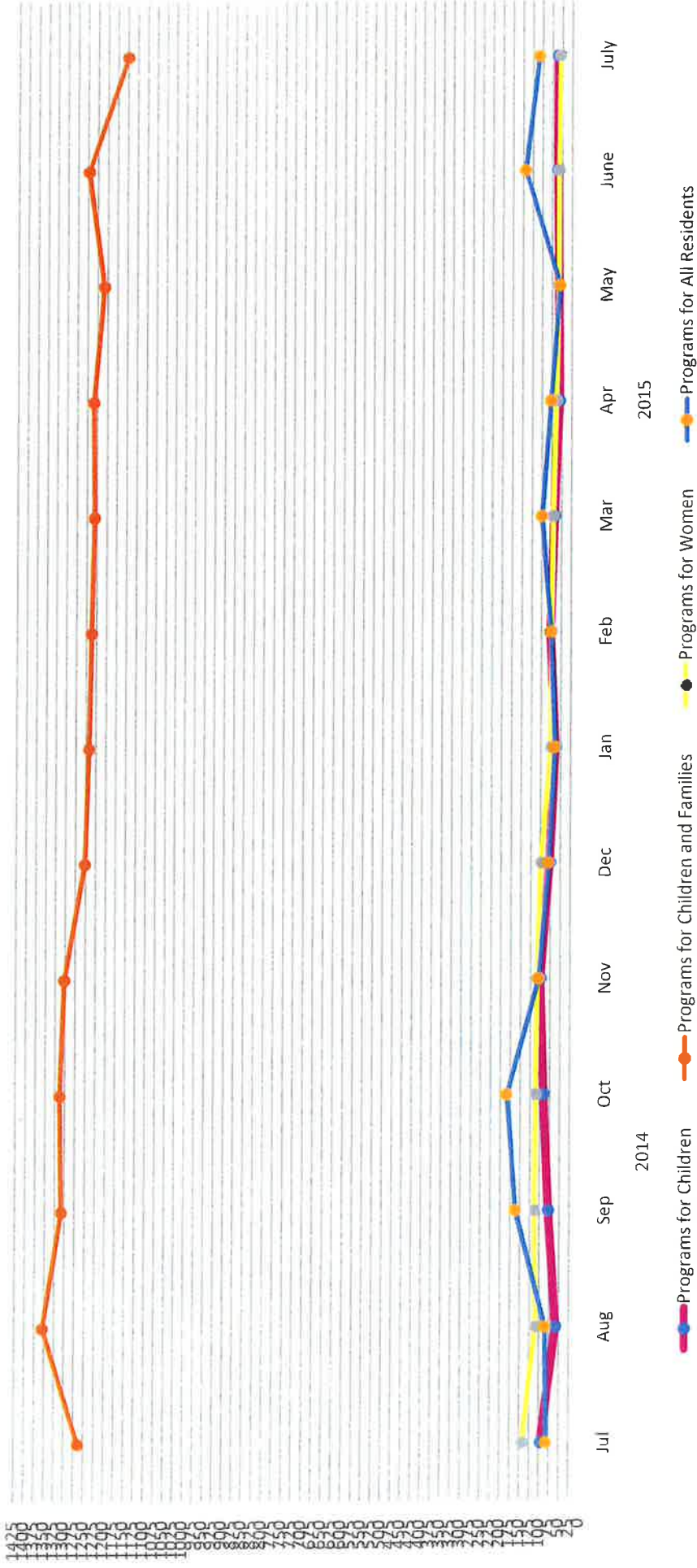
2014 & 2015 Adult Protective Services Long Term Support Report



2014 - 2015 APS Long Term Support Caseload Report



2014 - 2015 Public Health Statistics



Programs for Children:

Fluoride Varnish, Health Check (MA), Infant Home Visits (nonMA), Blood Lead Level Screening, # of levels > 5

Programs for Children & Families:

Birth Certificate packets, Car Seat Safety Inspections, Car Seat Distribution, Cribs for Kids®, First Breath, Well Baby Clinic, WIC Monthly Caseload avg

Programs for Women:

Pregnancy Tests, PreNatal Care Coordination, Well Woman Program, WIC Breastfeeding Peer Support Visits

Programs for All Residents:

Communicable Disease, Environmental Health Services, Health Education (groups), Immunization Clients, Partner Counseling & Referral, Partner Counseling & Referral, Public Health Preparedness Activities, Rabies/Dog Bites, Screenings (TB skin tests/ BP), (Hearing/Vision), TB Follow-up Acti

TO: Ken Kamps, Alyssa Schultz , Amy Booher & Jackie Vincent
RE: Monthly Kinship Care Expenditure Report (CARS Profile 377)
FROM: Dodge County Human Services and Health Department
Jackie Oestreich

The reporting month is: JULY 2015

The 2015 Kinship Care Allocation is: \$127,939.00.
(allowing for an average monthly expenditure of \$10,661.58)

The Kinship Care expenses for this month are: \$11,195.87

The year to date Kinship Care expenditures are: \$80,713.15
(the year to date average monthly expenditure is \$11,530.45)

The remaining Kinship Care allocation for this year is: \$ 47,225.85
(should monthly expenditures remain at current level we will
end the year with a deficit of 10,426.40)

The current number of children in the program is: 50

The current number of children on the waiting list is: 2

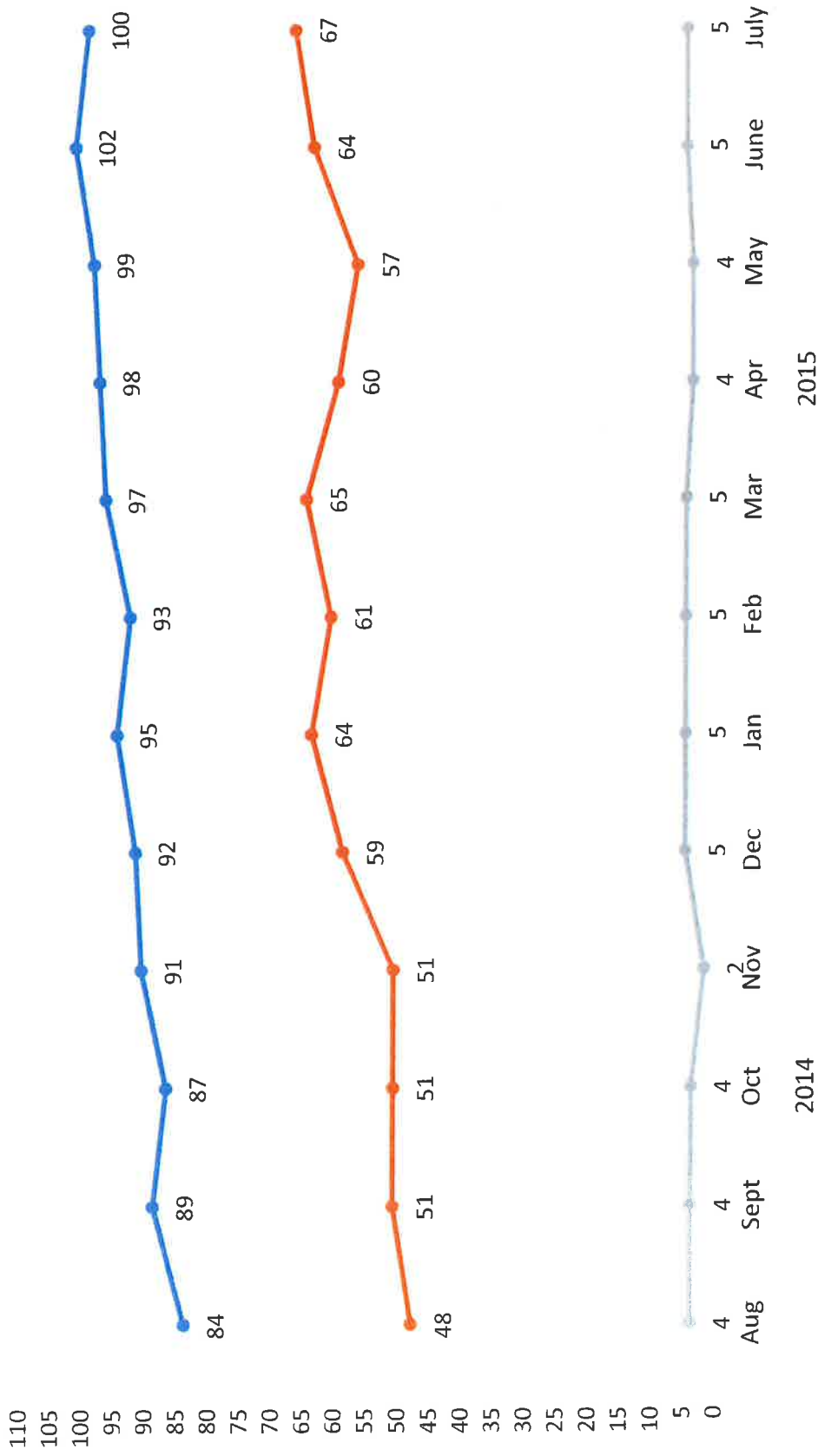
Provider refused payment, add \$329.29 back into allocation. 8/4/15

Total CPS Access Reports



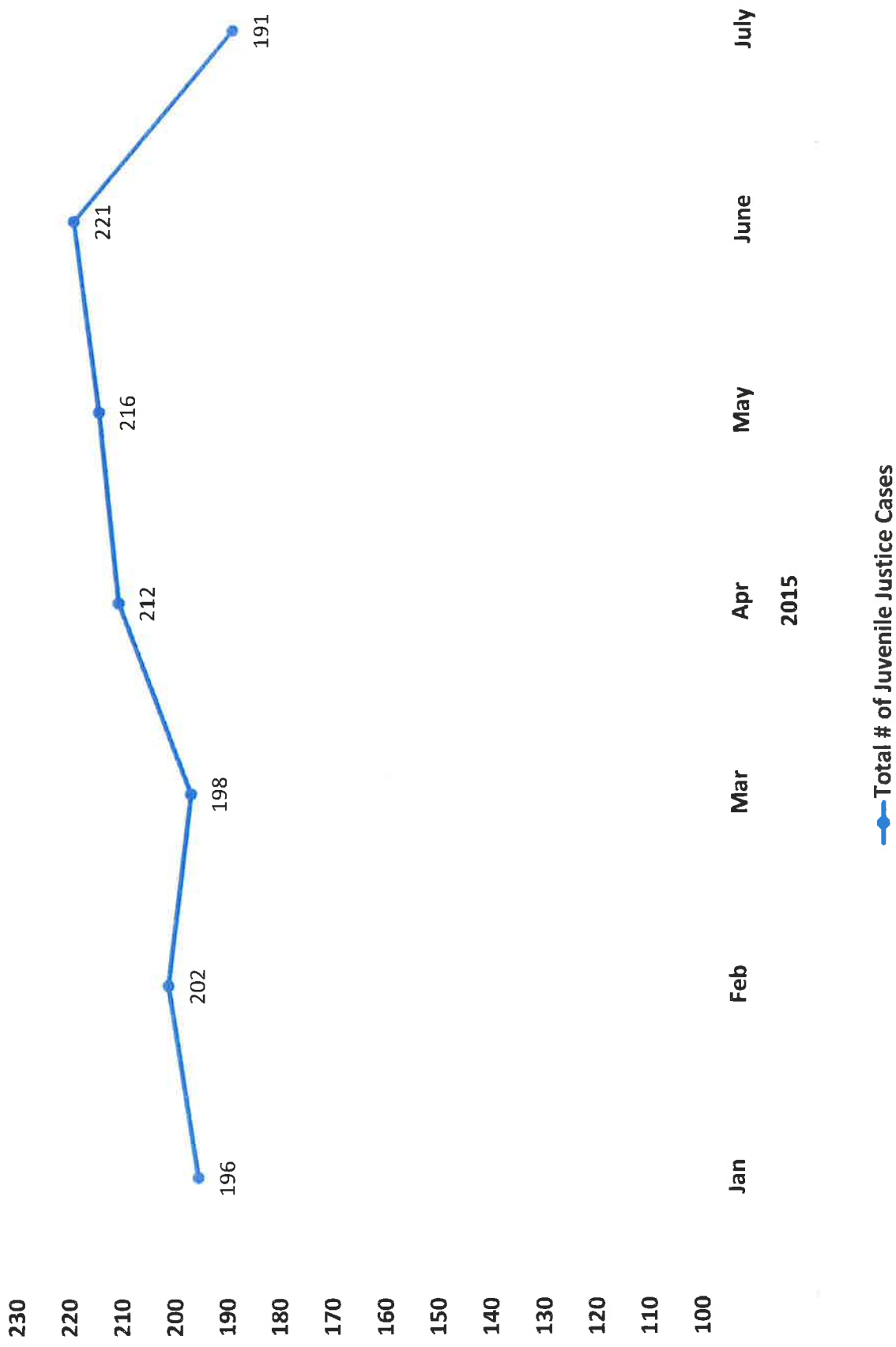
**** This number includes all reports of child abuse and neglect, and families referred for services**

CPS Ongoing Unit Data



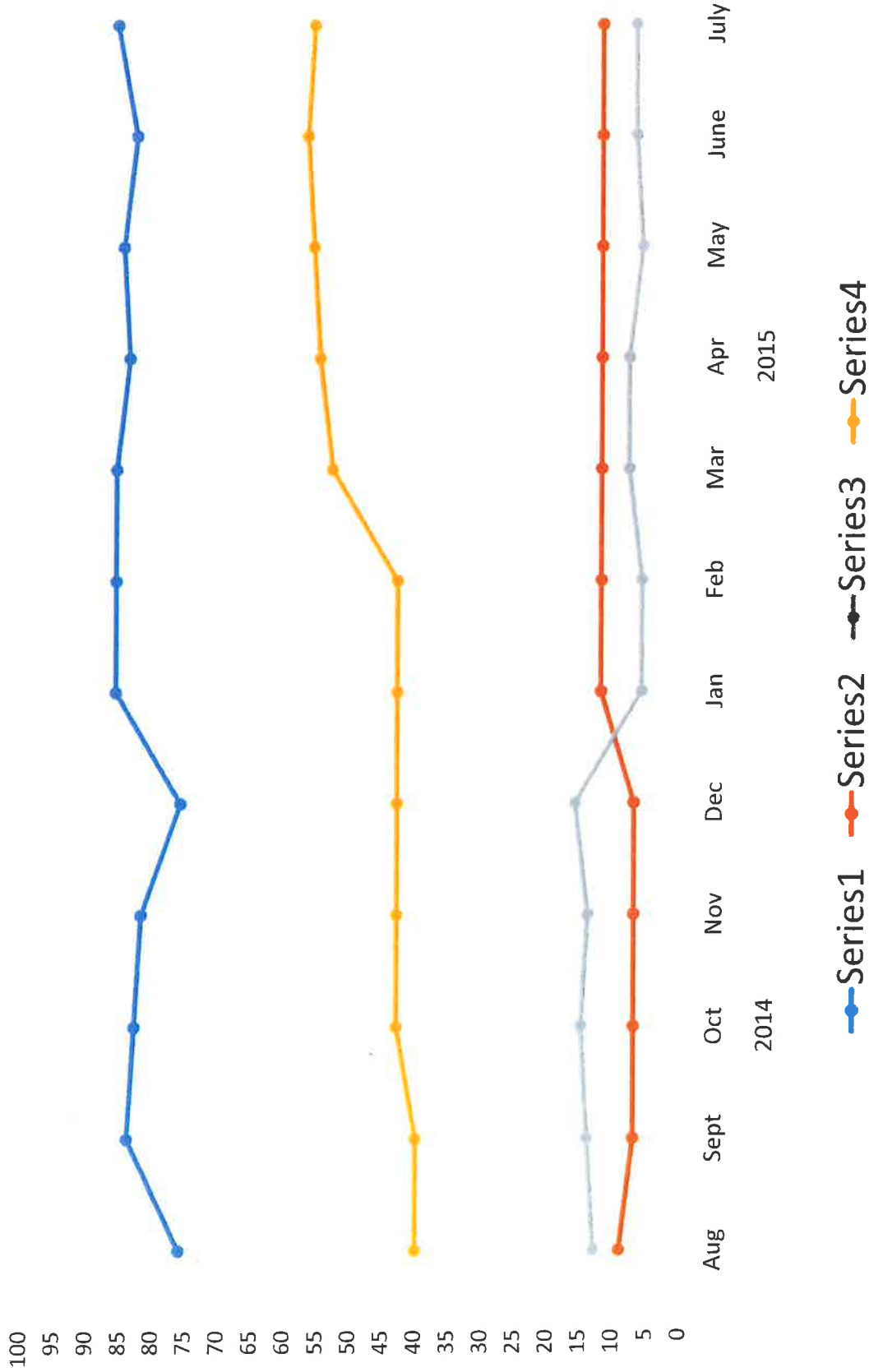
—●— # of Families Served
 —●— # of Children in Out of Home Care
 —●— # of Termination of Parental Rights Cases

Total # of Juvenile Justice Cases

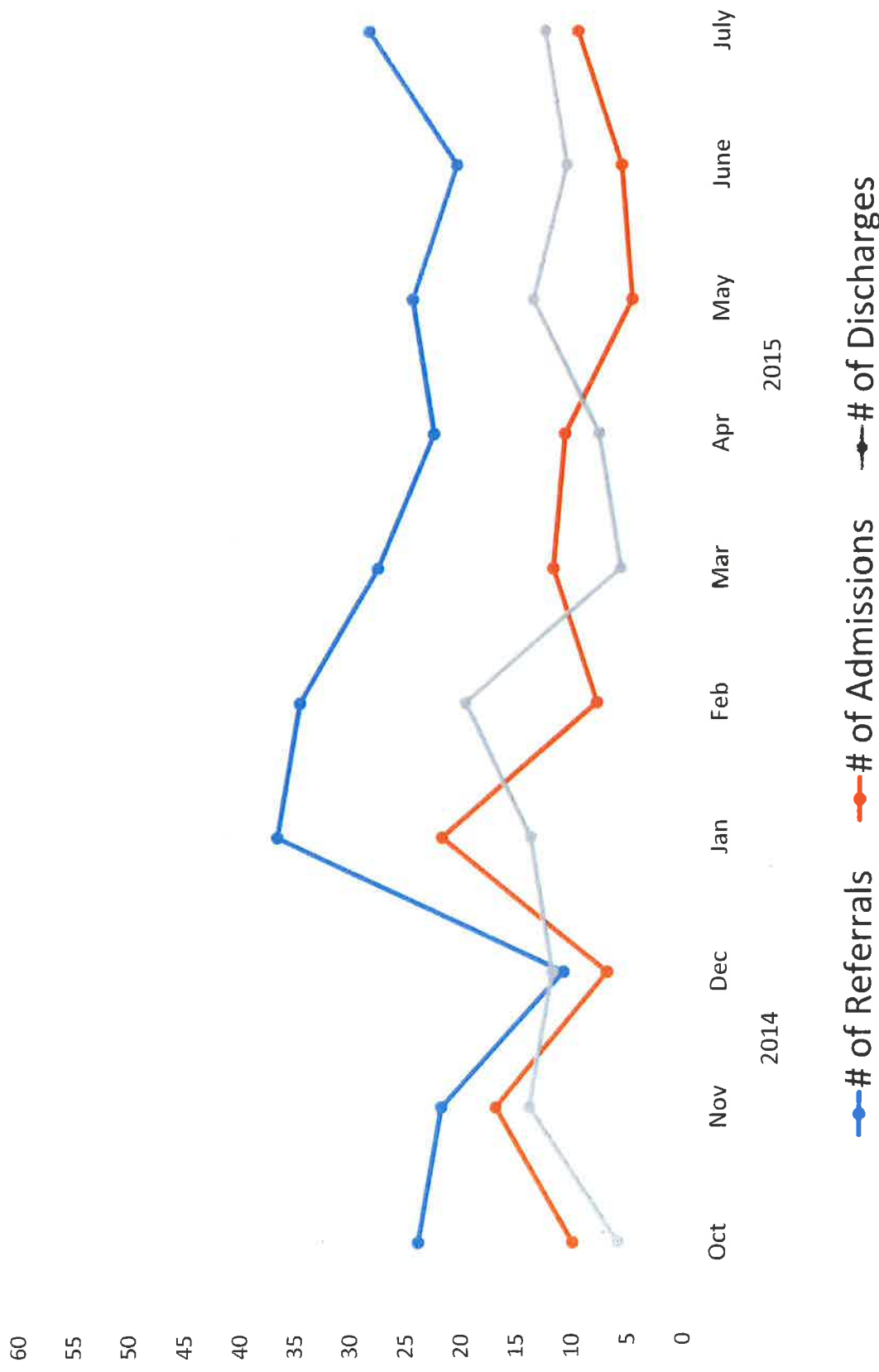


**** Juvenile Justice Cases = total # of adolescents served that have been adjudicated delinquent d/t criminal activities**

Children's Long Term Support and Family Support Data



Birth To Three Program Data



2015 Children's Monthly Out-of-Home Placement Costs (# of children / \$\$\$)

	Group Homes		Institutions		Foster Care		FH Respite		Kinship Care		Monthly Total	
January	4	12,594.69	5	50,953.46	35	37,015.12	2	482.00	45	10,267.87	91	111,313.14
February	5	14,861.16	6	53,213.54	32	35,181.16	2	854.00	50	10,605.73	95	114,715.59
March	4	18,011.97	5	51,686.30	32	35,165.67	5	1,098.00	50	11,600.00	96	117,561.94
April	4	15,557.22	5	50,019.00	31	34,726.53	2	1,040.00	54	12,466.13	96	113,808.88
May	4	18,764.37	5	51,686.30	36	36,743.34	4	1,034.00	57	12,595.37	106	120,823.38
June	4	17,212.50	7	52,718.08	35	34,559.21	3	1,226.00	56	12,311.47	105	118,027.26
July	5	17,711.01	5	45,710.18	31	32,773.36	4	1,820.00	50	11,195.87	95	109,210.42
August												
September												
October												
November												
December												
Total 2015	30	114,712.92	38	355,986.86	232	246,164.39	22	7,554.00	362	81,042.44	684	805,460.61
Total Revenues/ Adj. Expenses										-119,450 (thru June)		=686,010.61
Average 2015	3.7	16,387.56	5.4	50,855.26	33.1	35,166.34	3.1	1,079.14	51.7	11,577.49	97.7	115,065.80
Total 2014	59	233,797.48	89	810,877.92	387	506,017.21	37	13,194.00	558	127,353.87	1130	1,682,851.48
Average 2014	4.9	19,483.12	7.4	67,573.16	32.2	42,168.10	3.1	1,099.50	46.5	10,612.82	94.2	140,237.62

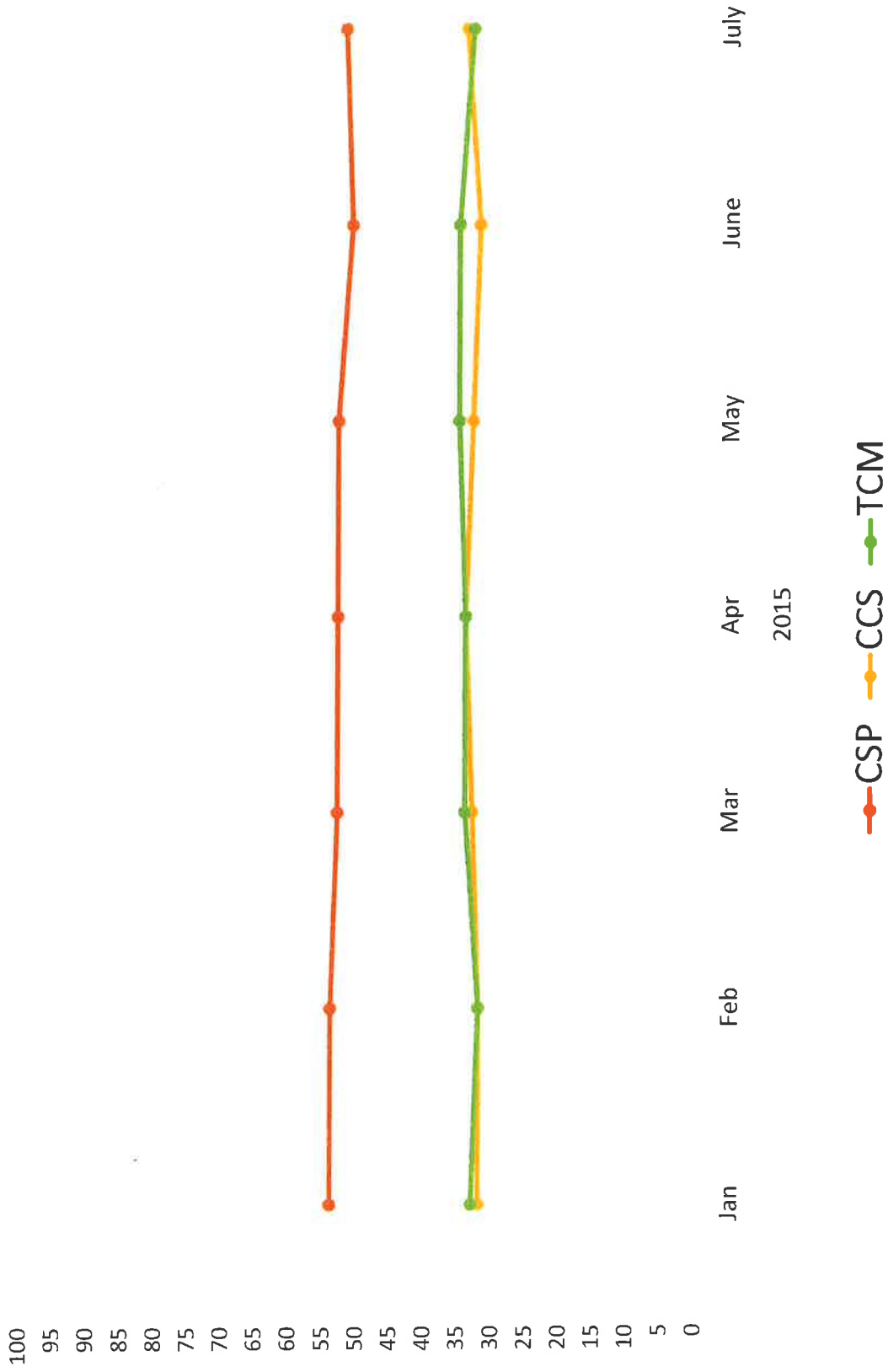
Number of placements are duplicated month-to-month.

* Total revenues are primarily a combination of collections from Child Support owed and Social Security benefits, as well as Youth Aids funding.

Clinical Services Program Statistics 2015

Programs	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total 2015
Outpatient MH services													
Admissions	31	30	37	40	26	38	28						
Discharges	25	21	25	25	31	58	34						
End of month census	878	887	899	914	909	924	904						
Psychiatry	524	527	537	540	547	545	550						
Therapy	354	360	362	374	362	379	354						
Average caseload size	89	90	91	94	91	95	89						
Outpatient AODA services													
Admissions	28	45	43	27	18	26	32						
Discharges	27	22	30	21	35	41	24						
End of month census	196	219	232	238	221	216	207						
Average caseload size	65	55	58	60	55	54	41						
Intoxicated Driver Program Assessments (IDP)	45	47	53	39	27	50	38						
IDP End of Month Census	284	331	328	360	387	350	395						
Crisis Response Services													
Hospitalizations – Total Days		195	53	49	36	50	156						
Emergency Detentions		21	7	12	13	11	18						
Diversions		19	47	67	70	72	48						
Protective Custody		8	2	5	5	3	8						

Community-Based MH/AODA Programs



CSP - Community Support Program
CCS - Comprehensive Community Services Program