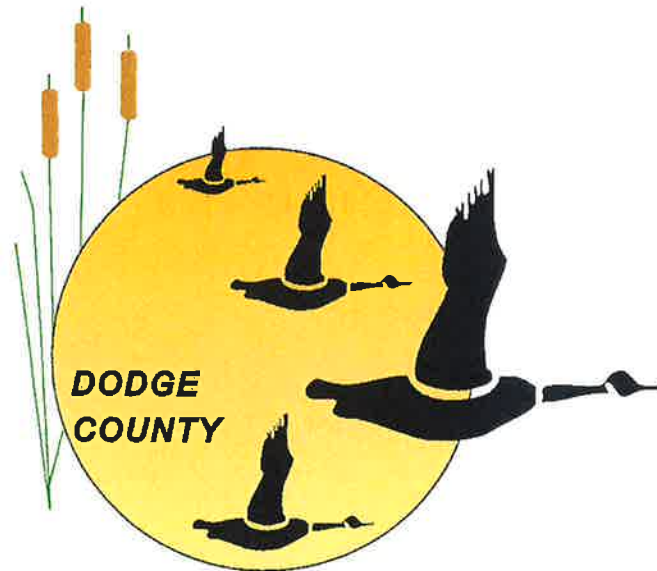


Dodge County 2022 - 2024 Aging Plan



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

Table of Contents	Page
Executive Summary	3
Context	4
Community Involvement in the Development of the Aging Plan	6
Public Hearings	7
Goals for the Plan Period	11
Coordination between Title III and Title VI	40
Primary Contact to Respond to Questions about the Aging Plan	41
Organizational Chart of the Aging Unit	42
Staff of the Aging Unit	43
Aging Unit Coordination with ADRC	45
Statutory Requirements for the Structure of the Aging Unit	46
Role of the Policy-Making Body	47
Membership of the Policy-Making Body	47
Role of the Advisory Committee	48
Membership of the Advisory Committee	48
Budget Summary	49
Verification of Intent	50
Assurances of Compliance with Federal and State Laws and Regulations	51
Compliance with Federal and State Laws and Regulations for 2022 – 2024	51
Appendix A	66
Appendix B	68
Appendix C	70
Appendix D	72

Executive Summary

The Aging & Disability Resource Center (ADRC) of Dodge County is the first place to go to get accurate, unbiased information on all aspects of life related to aging or living with a disability. The ADRC welcomes individuals, concerned families or friends, or professionals working with issues related to aging or disabilities. The ADRC provides information on a broad range of programs and services, helps people understand the various long term care options available to them, helps people apply for programs and benefits, and serves as the access point for publicly-funded long term care.

Dodge County Aging programs and services are essential components of the foundation that support and are integrated with the Aging and Disability Resource Center. The Aging Services Unit provides resources and services surrounding caregiver/Alzheimer's support, senior dining, evidence based classes, transportation, and the elder and disability benefit specialist programs.

The Aging unit offers support to caregivers through the Alzheimer's program by getting service/respite providers in to the home to relieve caregivers, even if it is for a short period. The unit offers memory screening, care consultations, education and outreach for those dealing with dementia. Also, through the Caregiver Coordinator, there are programs offered such as Music and Memory and Spark!.

The Senior Dining Program is not only a means for consumers to get a nutritional meal but also a way to maintain a social network and combat isolation and loneliness.

Evidence based classes such as Stepping On, Powerful Tools for Caregivers, Walk with Ease Arthritis and Living Well are also available through Dodge County's ADRC.

Transportation is available to those who would otherwise have no way of getting to important medical appointments or other venues.

The ADRC also offers outreach to teach consumers about programs such as Medicare and Senior Care through the Elder/Disability Benefit Specialists.

Context

As is stated in the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (https://www.minorityhealth.hhs.gov/assets/pdf/hhs/HHS_Plan_complete.pdf)

“Medical advances and new technologies have provided people in America with the potential for longer, healthier lives more than ever before. However, persistent and well-documented health disparities exist between different racial and ethnic populations and health equity remains elusive. Health disparities — differences in health outcomes that are closely linked with social, economic, and environmental disadvantage — are often driven by the social conditions in which individuals live, learn, work and play.”

Three years ago as we created Dodge County's 2019 – 2021 Aging Plan the focus, for the most part, was on isolation and advocacy. As we now look at the 2022 – 2024 Aging Plan the focus remains on the ever looming issues of isolation and advocacy. However, recent nationwide incidents have also brought to the forefront the need to address diversity, ethnicity, and inclusion. So while we still have the overlying issue of isolation we now also have an enhanced need to look at how it is intertwined with diversity, ethnicity and inclusion to determine how we can best serve and make our programs inviting and available to all residents of Dodge County.

While we hear these terms used on a daily basis, in order to create a plan that incorporates diversity, ethnicity, and inclusion we must first define and understand them.

So what is “diversity”? Diversity is the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs.

“Ethnicity” is a term that is used to categorize groups of people according to their cultural expression and identification. Commonalities such as racial, national, tribal, religious, linguistic, or cultural origin may be used to describe someone's ethnicity

And then “Inclusion”. Inclusion is involvement and empowerment, where the inherent worth and dignity of all people are recognized. (i.e. an inclusive university promotes and sustains a sense of belonging; it values and practices respect for the talents, beliefs, backgrounds, and ways of living of its members.)

In preparing Dodge County's Aging Plan goals for the 2022 – 2024 we have identified the following goals.

The first goal will encompass the Caregiver Program. We will address the well-known, common issue, of a lack of providers, services, and resources for caregivers. We will accomplish this by building better, stronger, collaborations with other units within Human Services and Health, for example Adult Protective Services, and then also with outside agencies.

In the Nutrition Program, while Dodge County struggles with finding appropriate locations for congregate meal sites namely in the Watertown and Lomira areas, we are also faced with a shortage in volunteer drivers. In the past couple of years there has been an increased desire from county residents to receive home delivered meals versus going to a congregate dining site. Due to this increase in requests for home delivered meals, this has given us the opportunity to look at revitalizing our nutrition program to better suit the needs and requests of Dodge county residents.

Another area of focus will be with Evidence Based classes. The goal is to increase the number of classes without increasing the need for more staff. This can be accomplished by finding a way to better utilize staff time and resources to meet the needs of this indispensable program.

For our community engagement goal we find it difficult to identify and gather a group of agencies who are willing to take on this challenge. This is not something Dodge County Aging can do alone. We must improve our collaborations with other agencies who have the same needs that we do. This is further complicated by continual staff turnover. Just as we get buy-in and collaboration from an agency, their representative leaves and then a new person must be willing, interested and brought up to speed.

The next goal is in the area of consumer choice and advocacy. This is an area in which we have struggled over the years. We find it difficult to elicit our rural populations to engage themselves in self-advocacy which, what they don't understand, that by them not advocating, it leads to limitations in available resources. Our goal will contain opportunities to lead groups; providing them education on the importance of self-advocacy.

Our last goal for this Aging Plan will be in the area of racial equity and the barriers in place when it comes to service provision. As noted in local demographic data, Dodge County's Aging Programs see very few referrals or calls from the Black and LatinX community members. We would like to see an increase in calls and referrals from these two populations. This is where we will look at our previously mentioned goals and bring them all together to focus on the general goal of diversity, ethnicity, and inclusion.

As Winston Churchill once said, "Diversity is the one true thing we all have in common... Celebrate it every day." So while we observe and try to improve the many areas of need and set our goals, we must continue to keep in mind how these needs and goals can be met while including diversity, ethnicity, and inclusion.

Community Involvement in the Development of the Aging Plan

Dodge County offered five various ways to elicit community involvement.

1. During COVID Dodge County's Public Health provided weekly immunization clinics within the Human Services and Health office building which also houses the ADRC and Aging Programs. We took this opportunity to offer paper survey's to those coming in for their immunizations while they waited after their injections. 79 surveys were completed and returned.
2. This survey was also placed on Dodge County's ADRC website and received 46 completed surveys.
3. The ADRC and Aging staff partnered with the Watermark Senior Center in Beaver Dam where they also distributed the surveys to not only the individuals coming in to their facility but also to local businesses.
4. Aging staff also distributed the survey to the Commission on Aging and Disability Services, Nutrition Advisory Council, and Transportation Advisory Committee members.
5. Finally the survey was discussed on a local radio station where listeners were invited to visit the previously mentioned website or to contact the ADRC for more information.

Public Hearings

Jackie DeLaRosa
Human Services Supervisor - Aging, Nutrition, & Transportation
Dodge County Human Services & Health Dept.
199 County Road DF, Third Floor
Juneau, WI 53039

NOTICE OF PUBLIC HEARING

Weeks of: August 2, 2021 and August 9, 2021

Please print or air the below public hearing notice in its entirety on the dates listed. Thank you for sharing this information with the public.

Notice of Public Hearing on August 24, 2021 at 1:00pm to be held at:

Dodge County Human Services & Health Building

Henry Dodge Office Building
199 County Road DF, Room G46
Juneau, WI 53039

The public hearing will be held for the purpose of receiving comment for Dodge County's 2022-2024 Aging Plan.

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 or Jackie DeLaRosa
ADRC/Aging Services Supervisors
199 County Road DF, 3rd Floor
Juneau, WI 53039

The draft aging plan for 2022-2024 will be available for public review prior to the hearing at the above address and on online at:

<https://www.co.dodge.wi.gov/departments/departments-a-d/aging-and-disability-resource-center#ad-image-4>

Seniors and/or persons with disabilities which require special accommodations wishing to attend the hearing should contact the person listed above at [920-386-3580](tel:920-386-3580) prior to August 18, 2021. The location of the hearing is accessible to persons with disabilities.

Jackie DeLaRosa
Human Services Supervisor - Aging, Nutrition, & Transportation
Dodge County Human Services & Health Dept.
199 County Road DF, Third Floor
Juneau, WI 53039

NOTICE OF PUBLIC HEARING

Week of: September 7, 2021

Please print or air the below public hearing notice in its entirety on the dates listed. Thank you for sharing this information with the public.

**Notice of Public Hearing on September 22, 2021 at 1:00pm to be held at:
Dodge County Human Services & Health Building**

Henry Dodge Office Building
199 County Road DF, Room G46
Juneau, WI 53039

The public hearing will be held for the purpose of receiving comment for
Dodge County's 2022-2024 Aging Plan.

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 or Jackie DeLaRosa
ADRC/Aging Services Supervisors
199 County Road DF, 3rd Floor
Juneau, WI 53039

The draft aging plan for 2022-2024 will be available for public review prior to the hearing at
the above address and on online at:

<https://www.co.dodge.wi.gov/departments/departments-a-d/aging-and-disability-resource-center#ad-image-4>

Seniors and/or persons with disabilities which require special accommodations wishing to attend the hearing should contact the person listed above at [920-386-3580](tel:920-386-3580) prior to September 14, 2021. The location of the hearing is accessible to persons with disabilities.

Goals for the Aging Plan

Community Engagement

1. What are you trying to improve? What problem are you trying to solve?

We have a lack of community engagement and commitment from both residents and other organizations, in Dodge County. We have a lot of good feedback on ideas and want voices to be heard.

2. What is the current status of your problem or situation? Is it getting better or worse?

Due to the pandemic, many of the collaborations have faded, so things are getting worse. Some of this has to do with the need to follow protocols of various agencies (can they do in person classes? Meetings?) We have difficulty reaching a broad group of consumers. Agency relationships within the community are limited and not inclusive or expansive.

3. What factors are hindering your progress? (preventing you from succeeding)

- Not enough staff to complete tasks (collaborating with residents and other agencies to promote engagement & commitment)
- A clear definition of our goal as we need to remain engaged, but do not have the ability to gain more staff hours
- Difficulties from staff turnover and lack of paid staff time to complete tasks
- Lack of resources
- Lack of volunteers
- Lack of fresh new ideas
- We tend to see the same residents getting involved and would like to expand and diversify participation.

4. What factors are supporting your efforts?

- We have Coalitions started with our Caregiver Coalition, and Dementia Friendly Dodge
- We have numerous individuals that have signed up (on surveys) to either become more involved or provide more ideas/insights
- We have a fledgling group of agencies we work with to develop robust community engagement (Church Health Services, Marshfield Hospital, local libraries).
- Committed and dedicated staff/team
- Committee involvement/supports
- Being part of a larger entity we have access to certain resources (board support, IT support)

5. Who are your partners in helping you succeed? (who could you work with to make this better)

- Good partners already in CHS, Get Healthy Watertown, Waupun One
- We also have started relationships with our public libraries (Horicon, Hustisford, Waupun)
- Waupun Senior Center, and Watermark community center in Beaver Dam
- Some partners with Watertown Regional Medical Center
- Agency leaders
- Existing customer base

6. What are some strategies or steps that could help? (ideas to fix the problem)

- Have work groups from various agencies identify needs
- Using a comprehensive evaluation, determine what is most important to residents and take action to achieve those desired goals
- Identify potential leaders (community residents) that can take ownership and facilitate the needs identified by communities and community members (small groups to develop goals)
- Take deliberate action to initiate contact (utilizing surveys – the individuals that signed up to become more involved).
- Contact individuals that signed up to provide more information and/or get more involved to attend/run this group.
- Build relationships with local leaders to establish an age-friendly network.
- The established network could improve opportunities for reaching community members that represent diverse backgrounds to ensure that the group's goals are inclusive of (age, race, and economic, culture, and language, educational and social networks).

7. What do you hope to see as an outcome or result?

We would like ensure that our community engagement efforts are representative of diverse community members and other agencies while empowering the group to identify and take action on their goals.

8. How will you measure your progress? How will you know that you have achieved the results you wanted?

Use data (pre and post) and document stories. The group will also keep documentation on goals and accomplishments and have a designated staff person to provide support.

Track communications, developed relationships (group), and networks.

Focus area: Community Engagement		Due Date
Goal statement: Develop a robust and sustainable group that takes action to work on suggestions and identified needs in surveys for Aging Plan (activities, intergenerational opportunities, home repairs). This group will be supported and empowered by County staff and coordinate at least 1 activity per year.		12/31/24
Plan for measuring overall goal success – There will be a group of community members and business/agency partners that meet (frequency TBD by group) to discuss identified survey needs (more activities, intergenerational activity, etc.) and develops strategies and goals to coordinate at least 1 activity per year.		
Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Formulate Group	We will have a written roster of member names/contact info	6/31/22
Action step: Contact the 18 individuals that signed up to provide more info/become more involved to discuss Community Engagement goal and gain support for group. Ask them to participate in-group.	18 individuals will have been contacted	3/31/22
Action step: Identify and contact other community organizations and local businesses to obtain interested members.	Contacts will be made and received commitment from at least 2 agencies or businesses	3/31/22
Action step: Discuss opportunity with other groups and coalitions to see if resources and ideas could be shared or if interested to be part of this group.	Contacts will be made and at least 1 person will commit to this group	3/31/22
Strategy 2: Schedule & Hold First Meeting (discuss goal/purpose of group, secure frequency of meetings schedule dates, identify interested leaders)	Members will receive information on date, time, and location of meeting and meeting will be held	5/31/22
Action step: Survey/contact members to find out best available dates/times	Consensus of availability developed	4/30/22
Action step: Secure location for selected time/date	Info will be provided to members	4/30/22

Action step: Hold meeting and discuss group's purpose, identify leaders (that will run meetings) schedule of frequency (dates for future meetings)	1 st meeting, leaders identified, future meeting dates set	5/31/22
Strategy 3: Group to Review Surveys and Schedule 1st activity	1 st activity will be scheduled	7/30/22
Action step: Provide survey results and initiate activity conversation	During 2-3 rd meeting	7/30/22
Action step: Group will identify roles and action steps to accomplish 1 st years activity	List of members/roles & activity	7/30/22
Action step: Activity will take place	Documented/flyer of activity and attendance	12/31/22
Strategy's 4 & 5: Group to continue meeting and schedule 2023 and 2024 activities	Ongoing – list of activity schedule	12/31/23 & 24
Annual progress notes		

IIIB SUPPORTIVE SERVICES/PERSON CENTERED

- 1. What are you trying to improve? What problem are you trying to solve?**
 - Lack of providers, services, and loneliness of some seniors in the community
 - Even with resources it is difficult to get individuals and their families to reach out in a timely manner
 - Some older adults cannot access caregiver services such as respite or personal care due to lack of providers and affordability

- 2. What is the current status of your problem or situation? Is it getting better or worse?**
 - Our Caregiver programs had a setback during the pandemic as far as participation and the inability to meet in person
 - We have one part time staff dedicated to serving the community
 - We have started to partner more with Adult Protective Services to identify consumers who could use IIIB monies in different ways
 - Older adults living in rural areas do not have access and often cannot afford the services

- 3. What factors are hindering your progress? (preventing you from succeeding)**
 - We had systems difficulties within our organization in implementing programs we were willing to go forward with (IPADS and IT assurances within the county system)
 - We have also had to navigate contract resolution within our system, which is almost complete. This has hindered our ability to work quickly and partner with agencies.
 - This has been resolved, but in the meantime the interest from the consumers has changed
 - We will need to restart and do additional marketing
 - We have a limited budget to fund staff
 - Lack of providers/resources

- 4. What factors are supporting your efforts?**
 - We have two staff who are trained and competent in using tablets. This is to support individuals who have been identified as wanting assistance with outreach and using technology to get there
 - One staff person has already done some training on using Zoom with community members
 - Consumers want more choices

- 5. Who are your partners in helping you succeed? (who could you work with to make this better)**

- We have a good group of partners in the Beaver Dam area. They include the Watermark in Beaver Dam, Church Health services in Beaver Dam and the area libraries.
- We could use new partners in areas outside of Beaver Dam
- We can work with our fledgling Caregiver Coalition to listen to identified needs and take action
- GWAAR/BADR
- Caregiver Coalition
- Dementia Friendly Dodge
- Interagency meetings
- Our participants
- Survey results show that 96% of those surveyed have access to the internet, a personal computer or smartphone – higher than anticipated in rural area

6. What are some strategies or steps that could help? (ideas to fix the problem)

- The fact we have mostly resolved our system issues we should be able to have that solid foundation moving forward
- Because of the pandemic, there is an increased interest and capability to have internet in rural areas

7. What do you hope to see as an outcome or result?

- Increased ability to provide resources to consumers
- We want to reach a wider group of caregivers
- This would include information on respite providers and how to access them
- Increased partnership with agencies outside of Beaver Dam. Looking at building relationships with pharmacies

8. How will you measure your progress? How will you know that you have achieved the results you wanted?

- We will keep data on how many new partners we have reached
- We will record our ability to meet the needs of new customers, and where to expand
- We will know we have met our goals when we have a robust coalition of caregivers who are able to identify their needs and act upon those needs

Focus area: Title IIIB - SUPPORTIVE SERVICES/PERSON CENTERED		Due Date
Goal statement: To insure that caregivers in our community have choice and availability of services through education, resources, and equipment.		
Plan for measuring overall goal success – By 12/31/24 will have offered yearly caregiver training with participation increased by 10% overall (progressively over three years)		
Specific strategies and steps to meet your goal:	Measure <i>(How will you know the strategies and steps have been completed?)</i>	Due Date
Strategy 1: Approach area businesses (specifically pharmacies) about caregiver education they see the need for	Two businesses will be contacted	12/31/22
Action step: Investigate non evidence based programs such as Aging Mastery	Two potential classes/costs will be identified	12/31/22
Action step: If the classes are needed, work with agency to provide	Class will be scheduled	12/31/23
Action step: Hold a class in an area outside of Beaver Dam	Class will be held	12/31/24
Strategy 2: Expand tablet loan program to include Grandpads offering more choice to caregivers		12/31/24
Action step: After getting permission from administration will research costs and funding	Cost and funding determined	12/31/22
Action step: Identify group of individuals outside of Beaver Dam (rural) who might benefit	Individuals will be identified	12/31/22

Action step: Publicize availability of the Grandpads	Publication completed	12/31/23
Strategy 3: Offer yearly Caregiver Training in person, one due by the end of the three-year plan.		
Action step: Meet with Caregiver Coalition to identify need. Data from previous events to be collected for measuring	Coalition meeting will be held	6/30/22
Action step: With topics identified, move forward with putting together training and identifying speakers	Speakers will be identified	12/31/22
Action step: Increase attendance by 10% progressive through different marketing and participation from coalition members	Data compared to previous event	12/31/24
Annual progress notes		

IIIC NUTRITION

1. What are you trying to improve? What problem are you trying to solve?

- There are various problems throughout the Nutrition Program:
 - A. Not having sites in a couple of cities (Watertown and Lomira).
 - B. There always appears to be a shortage of volunteer drivers so we are always struggling to get open routes filled.
 - C. We need to be able to reach more homebound seniors throughout Dodge County as this population continues to become older and we are getting more requests from very rural areas that we are not currently able to service.
 - D. Concerns about upcoming licensing requirements for dining sites.
 - E. Increased number of referrals – how to accommodate and grow program?

2. What is the current status of your problem or situation? Is it getting better or worse?

- It appears to have grown more complicated and complex over time.
 - A. We have not had access to a site in Watertown since January 2020 and are delivering to this city from another site in Hustisford which is costly and difficult (long travel times) for volunteer drivers and affects meal temperatures. Additionally, we are doubled up at a dining site which will hinder being able to open up for congregate dining in Hustisford.
 - B. We are currently short on volunteer drivers in Randolph, Lomira, Mayville, Beaver Dam, Reeseville, and Watertown. Additionally, we are short on volunteer kitchen helpers in Mayville, Watertown, and Hustisford.
 - C. We recently learned that a residential site, in Lomira, is under new ownership and we must vacate that site by 6/30/21.
 - D. Some sites will not pass licensing requirements.
 - E. How do we reach more homebound seniors?

3. What factors are hindering your progress? (preventing you from succeeding)

- Limited budget – we don't pay for any of our sites and the one potential in Watertown is requesting monthly fees to utilize that space.
- Volunteer driver, kitchen helper, and site manager shortage.
- Have to move Lomira and run routes out of Mayville's site to continue services in Lomira/Theresa areas.
- More meal requests as people are aging and difficult to reach the extremely rural areas to provide service.
- Lack of community support
- Limited businesses with kitchens in Dodge County
- Businesses and individuals do not know about this program or the volunteer opportunities available.

4. What factors are supporting your efforts?

- Long term site managers, know their jobs.
- Lots of dedicated long-term volunteers.
- Office staff are helping out to fill spaces where drivers are needed.
- Collaborations with caterer, other counties like FDL who deliver meals to borderline participants, and with watermark and other agencies and committees that support this program's efforts.
- Supportive County leaders
- Participants need and love hot meals – this is an essential service.

5. Who are your partners in helping you succeed? (who could you work with to make this better)

- Nutrition Advisory Council
- ADRC/AGING Staff
- Partnerships/Committees
- GWAAR
- Dedicated Nutrition Program staff
- Caterer
- Commission on Aging and Disability Services
- Human Service and Health Board

6. What are some strategies or steps that could help? (ideas to fix the problem)

- Develop specific marketing strategies to market volunteers in specific areas
- Get the word out – community education on the importance and value of this program.
- Meetings with community leaders
- Hold a volunteer recruitment event
- Analyze current dining sites and routes, assess feasibility
- Visit another county program (FDL) to gain ideas on expanding and stabilizing routes and volunteers

7. What do you hope to see as an outcome or result?

- Stabilize and expand Dodge County's Senior Nutrition Program. Fill current routes with drivers, by adding at least one back up driver to each route, and at the end of 3 years expand routes by adding three more routes to populated areas that we cannot currently serve.

8. How will you measure your progress? How will you know that you have achieved the results you wanted?

- Compare the number of driver route slots that are open now vs. end of goal period. Compare the number of routes currently offered now vs. end of goal. Compare how many back up drivers there are now on each route vs the end of goal period. How many people are we serving now versus the end of goal period?
- Progress will be measured after the specific objectives/action steps are taken. Milestones will be written in that will help assess progress based on the strategies. For example, develop specific driver marketing strategy documenting what was developed, what areas and populations were targeted and how many responses were received. Another example, plan and implement a volunteer recruitment event. Document how many attended and how many became volunteers.

Focus area: Title III – C Nutrition Program		Due Date
<ul style="list-style-type: none"> Goal statement: Stabilize and expand Dodge County's Senior Nutrition Program. Fill current routes with drivers, by adding at least one back up driver to each route, and at the end of 3 years expand routes by adding two more routes to populated areas that we cannot currently serve. 		12/31/24
Plan for measuring overall goal success – Compare the number of driver route slots that are open now vs. end of goal period. Compare the number of routes currently offered now vs. end of goal. Compare how many back up drivers there are now on each route vs. end of goal period. How many people are we serving now vs. end of goal period?		
Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Utilize area specific marketing strategies to gain volunteers in specific areas (Watertown drivers, Hustisford drivers, etc.) and a backup driver in every area there is a route.	Compare the number of open route slots Jan 2022 vs. goal's end. Compare number of back-up drivers in Jan 2022 and at goal's end.	12/31/24
Action step: Research and put together a list of specific businesses, churches, and organizations in each area that there is a current route. Develop a volunteer needed flyer and cover letter explaining what we do (home delivered meals).	Materials were disseminated	03/31/22
Action step: Disseminate developed materials to: Lomira, Randolph, Watertown, Mayville, Juneau, Horicon, Randolph, and Beaver Dam.	Keep a document showing what was sent out and where it was sent.	06/30/22
Action step: Sign up five individuals and one organization interested in volunteering.	Outreach completed	12/31/22
Strategy 2: Host a volunteer recruitment event		
Action step: Select a venue and date (hold at Dodge County or somewhere else?)	Venue and date will be secured.	06/30/22
Action step: Market the event in newspapers, via radio, flyers, social media, word of mouth, and through partner collaboration.	Event was marketed	06/30/22

Action step: Host the event offering volunteer applications on site along with staff that can answer Nutrition Program questions.	Volunteer recruitment event held	12/31/22
Strategy 3: Analyze current dining sites and routes assessing feasibility.		
Action step: Visit another county (FDL) to see how their operations work, gain ideas.	Document visit happened	03/31/22
Action step: Complete a report showing how many are served at each site via congregate dining, pick up (if applicable), home delivered and overall costs.	Produce a report on each site/route	06/30/23
Action step: Determine which geographical areas within the county have large senior populations that are not currently serviced on home delivery.	Produce a report showing at least 2 areas not currently serviced, that need home delivered meals	12/31/23
Strategy 4: Develop and implement 2 new home delivered routes in Dodge County.		
Action step: Utilize new volunteer marketing strategies (from strategy #1) to recruit and secure drivers for new routes.	Repeat same efforts from stabilizing current program except now for expansion purposes	06/30/24
Action step: Market program in new route areas to build up participant base. Spread word via social media, newspapers, libraries, other organizations/churches.	Program/new route(s) will have been marketed	06/30/24
Action step: Build new routes into SAM's, educate site managers/staff, ensure that any new drivers are trained. Implement new routes.	Demonstrate 2 new routes, staffed with drivers and document count of additional participants as a result of these routes.	12/31/24
Annual progress notes		

IIID HEALTH PROMOTION

1. What are you trying to improve? What problem are you trying to solve?

- We want to increase our evidence based program participation without increasing staff hours. With most WIHA classes requiring two staff, it is hard to schedule with all the other responsibilities of other positions

2. What is the current status of your problem or situation? Is it getting better or worse?

- During the pandemic our classes decreased. Staff were able to get trained to teach some classes virtually. This presented its own problems with consumers not having adequate tools (iPads, internet). As we are gearing up to have in person classes again, we are back to facing these challenges

3. What factors are hindering your progress? (preventing you from succeeding)

- Limited budget – we can't pay for more staff hours
- Marketing to consumers
- When staff leave, there is only one person to facilitate that program
- Some staff are the only ones trained in that program (Mind over Matter)
- We lost Walk With Ease when that staff person left the ADRC
- It feels this program is not sustainable with staff turnover
- Staff need to facilitate one class per year to ensure fidelity

4. What factors are supporting your efforts?

- We have 4 staff trained in many programs (Mind over Matter, Living Well with Diabetes, Living Well with Chronic Pain, Powerful Tools for Caregivers, Stepping On)
- The ability to do virtual classes offered opportunity to those who could not leave their homes
- We can partner with others who are trained, outside of Dodge County Human Services

5. Who are your partners in helping you succeed? (who could you work with to make this better)

- We have the list from WIHA of all the certified facilitators in the state
- We already partner with Public Health, pharmacies', therapists in hospitals to provide space and staff as needed

6. What are some strategies or steps that could help? (ideas to fix the problem)

- We need to develop partnerships in the community where they get their staff trained to facilitate classes
- Additional funding provided for staff hours (not realistic)

- More collaboration with healthcare agencies who may also identify the need for evidence based programs

7. What do you hope to see as an outcome or result?

- I would like to see a full complement of classes offered throughout the communities, with our Community Ed Coordinator providing support, occasional classes, and marketing

8. How will you measure your progress? How will you know that you have achieved the results you wanted?

- We will have evaluate programming to identify need
- We will increase our partnerships and hopefully get additional facilitators
- We will identify other health promotion classes throughout the county, specifically in Watertown, Beaver Dam and Waupun

Focus area: Title IIID – Health Promotion		Due Date
Goal statement: To sustain the evidence based programming, other agencies need to be involved to not only host but provide facilitators.		12/31/24
Plan for measuring overall goal success We will find one partner/non Dodge County staff who can be trained as a facilitator of one class.		
Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Research other classes offered by other agencies		9/30/22
Action step: Look at other classes offered by agencies	2 classes were researched	12/31/22
Action step: Talk with clinics to see if they see an increased need for classes in specific areas	Contacted 2 clinics	6/30/23
Action step: With this information, evaluate programming and implement changes	Evaluation and changes implemented	12/30/24
Strategy 2: Identify current partners and potential partners		12/30/22
Action step: The Community Ed. Coordinator will work on identifying all current partners	1 partner will be identified	06/30/22
Action step: With information from clinics and partners will evaluate programming	Evaluation completed	06/30/22
Action step:		

Strategy 3: Potentially work with providers to establish a coalition of the classes provided, what is needed, and how to support each other		12/30/24
Action step: Hold one meeting with other Coalitions specific to classes (Waupun, InterAgency, Caregiver)	Meeting will be held	12/30/23
Action step: Identify needs where we can support each other	Needs identified	12/30/24
Action step: Evaluate if a Healthy Aging Coalition is viable within Dodge County	Determination made	12/30/24
Annual progress notes		

IIIE CAREGIVER SUPPORT

1. What are you trying to improve? What problem are you trying to solve?

- Education for self-management of insurance claims and denial;
- Review drug plan
- Transportation
- Financial and Legal
- Dementia Supports and Service
- Applying for MX, SS and Disability
- Technology
- Caregiver support and respite
- Even with resources, it is difficult to get individuals and their families to reach out in a timely manner

2. What is the current status of your problem or situation? Is it getting better or worse?

- The pandemic stalled our Caregiver Coalition, and face to face programs
- The desire for service is growing as our community is aging... Baby Boomer statistics, and the pool of employees is less
- We have identified the need to use many platforms to get information to those in need including social media

3. What factors are hindering your progress? (preventing you from succeeding)

- Limited amount of providers
- Lack of knowledge in the community of our programs
- Limited budget to fund issues identified

4. What factors are supporting your efforts?

- Aging grants
- Adult Protective Services
- Dementia Care Coalition
- Dementia Friendly Dodge
- Wisconsin Institute for Health Aging (WIHA) classes
- Marketing efforts
- Home health agencies

5. Who are your partners in helping you succeed? (who could you work with to make this better)

- Adult protective services staff
- Caregiver coalition members

- Where Aging and the ADRC are integrated there is a bigger pool of staff to share information and potential to cooperate and provide
- It would be nice to partner with Public Health

6. What are some strategies or steps that could help? (ideas to fix the problem)

- We will continue collaboration with Adult Protective Services to provide education to the community. This can be with outreach events as well as written materials they can share
- Improve shared information with other ADRC staff so they have information at their fingertips
- Expand circulation of caregiver newsletter and handbook

7. What do you hope to see as an outcome or result?

- A formal relationship with our partners to share up to date provider list

8. How will you measure your progress? How will you know that you have achieved the results you wanted?

- We will continue to work with our Caregiver Coalition and survey needs of current caregivers yearly
- We will build on that information
- Enroll more caregivers earlier in their journey

Focus area: Title III E Caregiver Support		Due Date
Goal statement: Caregivers will have access to respite when they need and desired		
Plan for measuring overall goal success Decrease in report from Caregivers not having desired services. Compile list of caregiver services desired and see if it changes in following year		
Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Create a list of all available respite options, including non-traditional methods and make readily available to all who work with caregivers	List will be created	12/30/23
Action step: Work with Coalition members to compile list of respite providers	List will be compiled	06/30/22
Action step: Create marketing tool	Tool will be created	9/30/22
Action step: Distribute	Tool will be distributed	12/30/22
Strategy 2: Host an education event on caregiver supports in the community	Event occurs yearly	12/30/24
Action step: Identify partners who are interested in supporting this event (Waupun Senior Center, libraries)	Partners identified	12/30/24
Action step: Identify location, date, and market the event	Yearly, 6 months prior to event	12/30/24
Action step: Hold event	Event took place	12/30/24

Strategy 3: Hold recruitment event to help local home care agencies and adult day programs find new staff		
Action step: Identify partners in hosting this event including someone who does caregiver training (Clearview Nursing Home, Moraine Park School, and RCAW, Dementia Live)	Partners identified	12/30/23
Action step: Market the event using social media (Facebook, website, radio)	Event marketed	12/30/24
Action step: Host event	Event held	12/30/24
Annual progress notes		

Advocacy

- 1. What are you trying to improve? What problem are you trying to solve?**
 - Trying to improve older adults awareness that they have a voice that should be heard
 - Educating older adults to know how to self-advocate
 - By offering opportunities to lead groups to come together, could provide education on self-advocacy

- 2. What is the current status of your problem or situation? Is it getting better or worse?**
 - It is difficult to get individuals to attend classes
 - There is not much interest noted from the public in self advocacy,
 - The pandemic seems to have made things worse as far as people wanting to be involved in programs
 - Also, the media's attention on different societal groups who self-identify in various ways often "turns off" many elders

- 3. What factors are hindering your progress? (preventing you from succeeding)**
 - Lack of staff time to support coalitions
 - The desire to make changes needs to come from the individuals (bottom up, not top down)
 - Lack of individuals to identify their need to self-advocate
 - We need to find a local champion
 - We have a very political devise county; not a lot of collaboration for the greater good
 - Limitations of boards desires to assist with advocacy

- 4. What factors are supporting your efforts?**
 - GWAAR provides great tools to use
 - Good interagency meetings for sharing information
 - We have a good Facebook page and website we can use
 - We have a team of benefit specialists who are interested in supporting this program
 - We have identified the desire from elders for more education in areas such as health benefits.

- 5. Who are your partners in helping you succeed? (who could you work with to make this better)**
 - Community partners such as Senior Centers
 - GWAAR and Janet Zander ☺

- Work with Dodge County Public Health to see what they have already done (CHA)
- Work with our coalitions

6. What are some strategies or steps that could help? (ideas to fix the problem)

- We could look to help provide educational pieces on Facebook and through our webpage
- Work with our UW Extension office and use what they already have developed
- Offer education workshops on specific policy issues
- Partner with community leaders and organizations to ensure outreach to an underrepresented older adult populations

7. What do you hope to see as an outcome or result?

- Increased interest in our boards and our different community coalitions

8. How will you measure your progress? How will you know that you have achieved the results you wanted?

- Pre and post training evaluations
- Increased number of engaged community members
- Our advocates reflect a more diverse community

Focus area: Advocacy		Due Date
Goal statement: Older adults will have access to annual training to help them become effective advocates.		12/31/22 12/31/24
By 12/31/24 a diverse group of older adults will have either created or become engaged in an already existing committee that will represent their specific needs		
Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data.		
By 12/31/24 we will have offered 3 trainings, and we will have seen an increase in attendance in our Caregiver Coalition, Dementia Friendly Dodge or other workgroups		
Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Develop survey to find out areas of knowledge on advocacy and identity opportunities for education		09/22
Action step: Educate staff on how to develop a meaningful survey (what kind of questions, what format, open ended or closed questions)	Survey will be developed	09/22
Action step: With this information, market the survey	Survey will be marketed	09/22
Action step: Disseminate this information with the team working on education to identify needed education.	Meeting to decide next steps	09/22
Strategy 2: Offer yearly, routine training for community members on understanding rights of community members including older adults	Assign this task to the Ben Spec team	9/24
Action step: Contact GWAAR and UW Extension, look at potential trainings, and schedule annual training.	Establish date that can be supported for yearly training	9/30/22
Action step: Decide if there is enough interest to hold a standalone training, or if it should be part of a bigger training that would have more exposure	Decision made on what type of training	Yearly in March

Action step: Secure speaker, venue, and market this event	Hold training	Yearly in Sept.
Strategy 3:		
Action step:		
Action step:		
Action step:		
Annual progress notes		

RACIAL EQUITY Barrier to Service Provision

1. What are you trying to improve? What problem are you trying to solve?

- There are very few Black and LatinX community members utilizing ADRC/Aging services. Current Social Assistance Management System (SAMS) data shows that a small number of people from both of these communities utilize our services. Those services include information and assistance, case management, home health aides, legal assistance, meal assistance, and transportation.
- Current census data (2019) shows that 1.4% of Dodge senior residents (65 years of age or older) are Black so an estimated 39 individuals reside in the county. Data shows that approximately 50 individual residents identifying themselves as LatinX also 65 years of age or over reside in the county.

2. What is the current status of your problem or situation? Is it getting better or worse?

- This is an issue, but we haven't taken action steps to rectify it. This is becoming more known nation-wide and the problems are getting worse.
- Additionally, we don't have updated census data regarding the various racial and ethnic groups in our County. The new census results should be helpful.
- We do not know how to address racial disparities in our community (lack of staff education to understand the barriers, lack of data on equity in service provision).

3. What factors are hindering your progress? (preventing you from succeeding)

- Lack of data
- Lack of knowledge
- Lack of partnerships (implementing solutions will require significant community-wide shifts over time with long term commitment)
- Wanting to make sure we do this effectively and have the right tools to proceed has made this move slowly
- Uncertainty and barriers caused by the pandemic.

4. What factors are supporting your efforts?

- Community wide interest in addressing racial disparities
- More education is becoming available
- Team is committed to obtaining knowledge and understanding of inequities and developing a safe space to be able to provide services to ethnic minority populations
- Agency leaders support our goal

5. Who are your partners in helping you succeed? (who could you work with to make this better)

- Beaver Dam Marshfield Hospital has a diversity/equity program/information

- Moraine Park Technical College
- Commission on Aging and Disability Services
- Staff
- Community organizations, groups, businesses, medical providers
- HR department
- Community members
- Diversity, Equity, Inclusion educators/facilitators

6. What are some strategies or steps that could help? (ideas to fix the problem)

- Identifying barriers in our current service provision
- Get educated on diversity, equity, and inclusion (DEI)
- Get feedback and representation from consumers, a diverse group that is not predominantly Caucasian
- Develop strategies to pull data that reflects current county demographics (new census)
- Offer training to staff, interns, volunteers, and anyone who has contact with program participants. Aim to reduce implicit biases and offer conflict resolution to situations of injustice and discrimination to improve service provision and the interest in our services
- Periodic goal setting and evaluations to determine success
- Develop ADRC and aging program materials in Spanish – utilize current staff (resources)
- Identify champions on Dodge County communities to help collaborate and market services to diversify participants

7. What do you hope to see as an outcome or result?

- By making our programs more diverse and safe for minority populations we will move closer to equitable distribution of aging services to reflect county demographics. Specifically increasing services to BIPOC (non-Caucasian) individuals above 100% than currently served

8. How will you measure your progress? How will you know that you have achieved the results you wanted?

- Measure current demographics against populations being served at various milestones based on strategies.

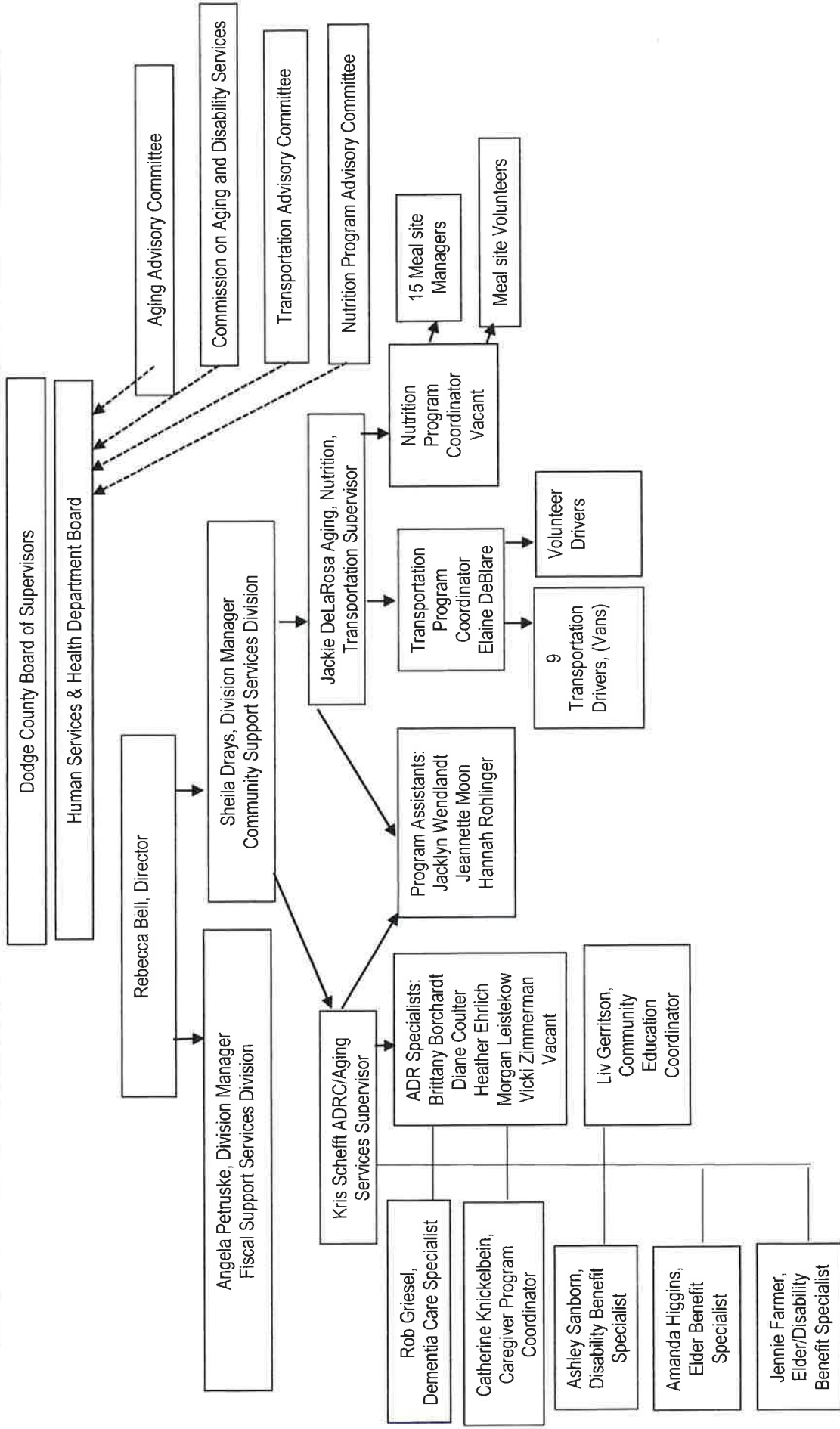
Focus area: Barrier to Racial Equity	Due Date
<ul style="list-style-type: none"> Goal statement: By offering diversity education and training to our staff, we will make our programs more diverse and inclusive for minority populations. Specifically increasing services to minority (non-Caucasian) individuals 100% more than currently served. 	12/31/24
Plan for measuring overall goal success – 80 % of ADRC and Aging staff will be trained in DEI, ADRC & Aging program information will be available in Spanish and measure demographics before (populations served) and at milestones. This will increase Black and LatinX participation in services by 100% more than current participation.	
Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>) Due Date
<ul style="list-style-type: none"> Strategy 1: By providing education to staff, we aim to reduce implicit biases and offer conflict resolution to situations of injustice and discrimination to improve service provision and the interest in our services 	80% will participate in the training 12/31/22
Action step: Conduct research to learn what type of DEI trainings are available.	2 trainings were researched 05/31/22
Action step: Collaborate with Dodge County SHRM to obtain trainings/resources.	Identified training 06/30/22
Action step: Schedule training.	Training scheduled 09/30/22
<ul style="list-style-type: none"> Strategy 2: Develop five ADRC and aging program materials in Spanish – utilize current staff (resources) 	12/31/23
Action step: Identify current materials already available in Spanish	Research conducted 06/30/22
Action step: Identify crucial pieces of materials within the ADRC/Aging Programs to have translated into Spanish	5 pieces of materials identified 06/30/22

Action step:		12/31/23
<ul style="list-style-type: none"> • Strategy 3: Identify champions on Dodge County communities to help collaborate and market services to diversify participants. 		12/31/24
Action step: Contact Marshfield Hospital to determine what is already being offered.	Collaborated with Marshfield hospital	06/30/22
Action step: Reach out to current known LatinX and Black professionals in the Human Services field to collaborate.	Communication was conducted	03/31/24
Action step: Determine any identified needs (to help locate individuals who could benefit from our services, market program).	Identified needs within the community	06/30/24
Annual progress notes		

Coordination Between Title III and Title VI

This section does not apply to Dodge County.

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



Organization, Structure and Leadership of the Aging Unit

This section of the plan describes the organizational structure and leadership of the aging unit. It includes written text and fillable templates to be used in the body of the plan and additional templates to attach in appendices.

Please refer to the County Aging Plan Instructions for additional guidance related to the organization, structure and leadership section of the plan.

Primary Contact to Respond to Questions About the Aging Plan

Provide contact information for the primary person who will respond to questions and comments about the aging unit and three-year plan. Aging units may use their own chart but a template is provided below. Include primary contact information in the body of the aging plan.

Primary Contact to Respond to Questions About the Aging Plan Template

Name: Jackie DeLaRosa

Title: Human Services Supervisor: Aging, Nutrition, and Transportation

County: Dodge

Organizational Name: Dodge County Human Services & Health

Address: 199 County Road DF

City: Juneau State: WI Zip Code: 53916

Email Address: idelarosa@co.dodge.wi.us Phone #: 920-386-3583

Staff of the Aging Unit

<p>Name: Jacquelyn DeLaRosa Job Title: Aging, Nutrition, & Transportation Services Supervisor Telephone Number/email Address: 920-386-3583 jdelarosa@co.dodge.wi.us</p>
<p>Brief Description of Duties: Under the general direction of the Division Manager, supervises, coordinates, and manages the Aging, Nutrition and Transportation Programs. Develops and monitors programs designed to meet the needs of elderly and disabled adults. Responsible for day to day operations of all ADRC functions and contract compliance</p>
<p>Name: Amanda Higgins Job Title: Elder Benefit Specialist 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 a 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 or public or private benefit programs.</p>
<p>Name; Catherine Knickelbein Job Title: Caregiver Program Coordinator Telephone number/email address: 920-386-3259 cknickelbein@co.dodge.wi.us</p>
<p>Brief description of duties: Assists caregivers and those with caregiving needs to access services through the NFCSP and AFCSP grants. Provides outreach, public presentations, and case management. Also implements Music and Memory program, and is active in Dementia Concerns Coalition.</p>
<p>Name: Jennie Farmer Job Title: Elder/Disability Benefit Specialist Telephone number/email address: 920-386-4041 jfarmer@co.dodge.wi.us</p>
<p>Brief description of duties: Under the general direction of Human Services Supervisor – ADRC/Aging Services, this position is to provide broad access to benefits counselling and education, legal information as well as advocacy and representation to adults with disabilities and persons 60 years and older. This includes issues related to a wide range of public benefits, community programs, private health insurance and consumer debt.</p>
<p>Name: Olivia Gerritson Job: Community Education Coordinator Telephone number/email address: 920-386-4029</p>
<p>Brief description of duties: This is a shared part time position with ADRC and Aging that facilitates the evidence based classes, promotes, and schedules these classes. Also works with volunteers to increase the ability to reach more participants and hold more classes ogerritson@co.dodg.wi.us</p>
<p>Name: Vacant Job Title: Program Assistant Telephone Number/email Address: 920-386-3580</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 meeting minutes and does the data entry for new client and/or services provided. Maintains records and documentation for program staff and volunteers. SAMS data entry.</p>

Name: **Elaine DeBlare**

Job Title: Transportation Coordinator

Telephone Number/email Address: 920-386-3581 edeblare@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 6 staff drivers. Takes care of all last minute changes, driver cancellations and rider no shows.

Name: **Vacant**

Job Title: Nutrition Program Coordinator LTE

Telephone Number:

Brief Description of Duties: Under the general direction of Human Services Supervisor-ADRC/Aging Services, the Nutrition Program Coordinator is responsible for assisting with the day-to-day management and administrative functions of the county operated nutrition program in accordance with State and Federal Older Americans Act policies and requirements.

Name: **Hannah Rohlinger**

Job Title: Program Assistant

Telephone Number/email Address: 920-386-3832 hrohlinger@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 other Customer Service Support staff. Works with clients and volunteers in aging programs as necessary.

Aging Unit Coordination with ADRC

As of May 1, 2018 Dodge County Human Services & Health Departments' Aging and Disability Resource Center (ADRC) reached their ten-year anniversary. At its inception, Dodge County organizationally integrated the existing Aging Programs within the ADRC giving them the opportunity to offer enhanced service to 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. By being co-located, they can 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.

ADRC and Aging Programs collaboration takes on many different aspects. One of the aspects is in the ability to share referrals between the Information and Assistance staff and the Aging staff. This collaboration is not only a benefit to the staff, but more importantly to the consumer, giving staff the ability to provide more efficient customer service.

Outreach is another area where the ADRC and Aging staff's work together, attending various local events throughout the county. These events include the Dodge County Fair, the two Senior Expos, yearly Women's Resource Fair, Employer health Fairs, bi monthly radio programs, and Caregiver Spring Break 2018 conference.

The ADRC and Aging Unit provides a joint, quarterly newsletter that contains timely, information regarding programs, events, and other useful information such as news regarding Medicare, upcoming conferences, and Senior Dining Menus. Staff continue to receive overwhelming positive feedback on the newsletter from the community. We make a point to include articles from public health, adult protective services, our independent living center and other pertinent topics supporting advocacy and education in all of our outreach and publications.

Statutory Requirements for the Structure of the Aging Unit

Organization: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
(1) An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	X
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	
Organization of the Commission on Aging: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
For an aging unit that is described in (1) or (2) above, organized as a committee of the county board of supervisors/tribal council, composed of supervisors and, advised by an advisory committee, appointed by the county board/tribal council. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.	X
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.	
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?	Circle One (Yes) No

Role of the Policy-Making Body

The policy-making body, also called the commission on aging, must approve the aging unit plan. Evidence of review and approval of the draft and final version of the aging unit plan must be included as part of the plan. Attach the evidence of this required involvement as an appendix to the aging plan.

Membership of the Policy-Making Body

The commission is the policy making entity for aging services (46.82 (4) (a) (1)) and an aging advisory committee is not the commission. List the membership of the aging unit's policy-making body using the template provided below and include in the body of the aging plan. There are term limits for the membership of the policy-making body.

Membership of the Policy-Making Body Template

Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson: Mary Bobholz	Yes	Yes	2012
Lois Augustson	Yes	No	2002
David Godshall	Yes	No	2006
Andrew Johnson	No	Yes	2021
Timothy Kemmel	No	Yes	2018
Kira Sheahan-Malloy	No	Yes	2017
Jennifer Keyes	No	No	2016
Jennifer Hedrick	No	YES	2020
Donald Hilgendorf	Yes	YES	2020

Role of the Advisory Committee

Where an aging unit has both an advisory committee (sometimes referred to as the advisory council) and a policy-making body, a key role of the advisory committee is to advise the policy-making body in the development of the plan and to advocate for older adults. Evidence of this involvement should be listed as an attachment in the appendices of the aging unit plan.

Membership of the Advisory Committee

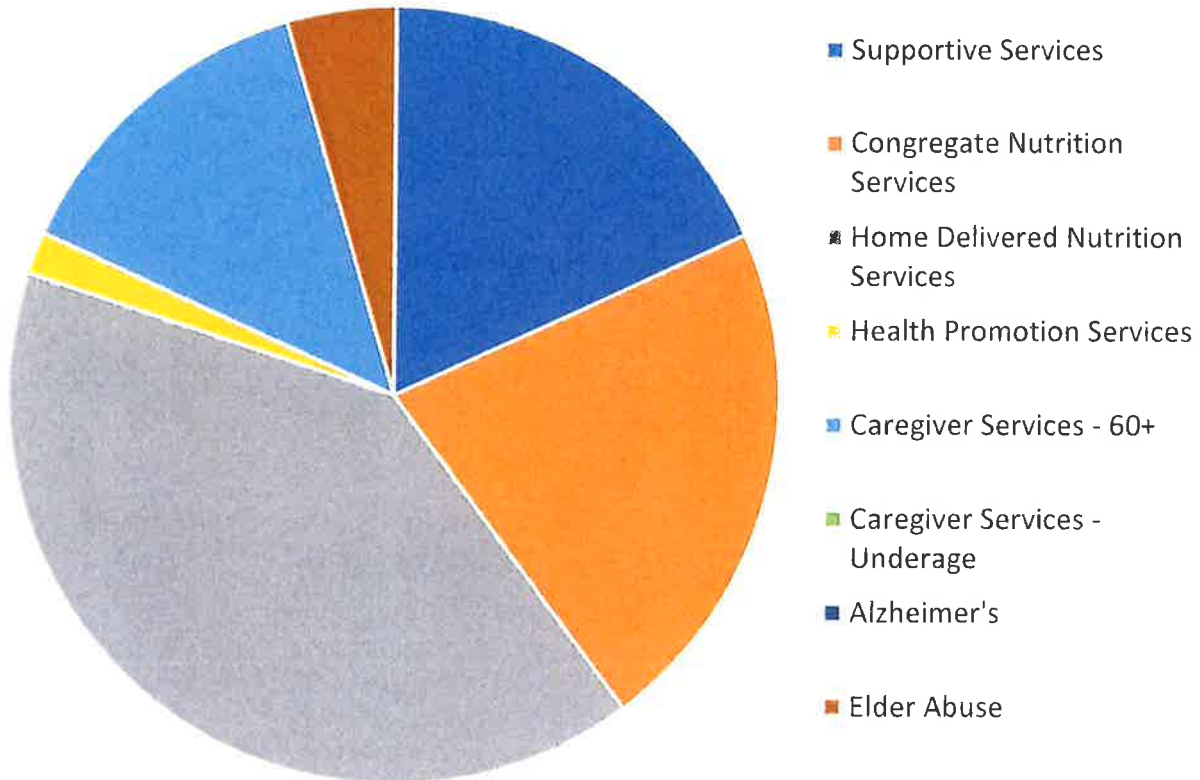
An aging advisory committee is required if the commission (policy-making body) does not follow the Elders Act requirements for elected officials, older adults, and terms, or if the commission is a committee of the county board (46.82 (4) (b) (1)). If the aging unit has an advisory committee, list the membership of the advisory committee using the template provided below and include in the body of the aging plan. 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. There are no term limit requirements on advisory committees.

Official Name of the County Aging Unit's Advisory Committee (list below)			
Commission on Aging and Disability Services			
Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson: Lorna Negen	Yes	No	2017
Shirley Kitchen	Yes	No	2017
Gary Schmidt	Yes	No	2017
Dianne Birkholz	Yes	No	2017
Judy Braun	Yes	No	2017
Jody Langfeldt	Yes	No	2019
This combined commission started in 2017 so all terms start then			
Del Yaroch	Yes	Yes	2020
Haley Kenevan	No	Yes	2021

Budget Summary

	Federal Contract Funds	Cash Match Funds	Other Federal Funds	Other State Funds	Other Local Funds	Program Income Funds	Total Cash Funds	In-Kind Match Allocations	Grand Total
Supportive Services	\$ 107,507.00	\$ 2,390.00	\$ 4,388.00	\$ -	\$ -	\$ -	\$ 114,285.00	\$ 11,945.00	\$ 126,230.00
Congregate Nutrition Services	\$ 135,311.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 135,311.00	\$ 15,035.00	\$ 150,346.00
Home Delivered Nutrition Services	\$ 122,176.00	\$ -	\$ 28,773.00	\$ 9,102.00	\$ -	\$ 105,000.00	\$ 265,051.00	\$ 14,588.00	\$ 279,639.00
Health Promotion Services	\$ 10,944.00	\$ 991.00	\$ -	\$ -	\$ -	\$ -	\$ 11,935.00	\$ 225.00	\$ 12,160.00
Caregiver Services - 60+	\$ 71,800.00	\$ 14,817.00	\$ -	\$ -	\$ -	\$ -	\$ 86,617.00	\$ 8,456.00	\$ 95,073.00
Caregiver Services - Underage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Alzheimer's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Elder Abuse	\$ -	\$ -	\$ -	\$ 32,199.00	\$ -	\$ -	\$ 32,199.00	\$ -	\$ 32,199.00
Grand Total	\$ 447,738.00	\$ 18,198.00	\$ 33,161.00	\$ 41,301.00	\$ -	\$ 105,000.00	\$ 645,398.00	\$ 50,249.00	\$ 695,647.00

Expenses by Program Category



Verification of Intent

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

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

Verification of Intent Template

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

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

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

Mary Bobroly HSHD Chair 11-3-21
Signature and Title of the Chairperson of the Commission on Aging Date

Mary Bobroly 11-3-21
Signature and Title of the Authorized County Board Representative Date

Assurances of Compliance with Federal and State Laws and Regulations

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

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

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

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

On behalf of the county, we certify

Dodge County Human Services and Health
Department

(Give the full name of the county aging unit)

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

<u>Mary Bobrow ASAD Chair</u>	<u>11-3-21</u>
Signature and Title of the Chairperson of the Commission on Aging	Date

<u>Mary Bobrow</u>	<u>11-3-21</u>
Signature and Title of the Authorized County Board Representative	Date

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

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

2. Outreach, Training, Coordination & Public Information

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

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

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

4. Advisory Role to Service Providers of Older Persons

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

5. Contributions for Services

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

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

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

6. Confidentiality

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

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

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

7. Records and Reports

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

8. Licensure and Standards Requirements

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

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

9. Civil Rights

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

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

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

11. Political Activity of Employees

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

12. Fair Labor Standards Act

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

13. Private Gain

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

14. Assessment and Examination of Records

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

15. Maintenance of Non-Federal Funding

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

16. Regulations of Grantor Agency

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

17. Older Americans Act

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

Sec. 306. (a)

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

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

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

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

(C) legal assistance;

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

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

(4)(A)(i)(I) provide assurances that the Area Agency on Aging will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

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

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

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

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

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the Area Agency on Aging met the objectives described in clause (a)(4)(A)(i).

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

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

and

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

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

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

(6)(F) Each area agency will:

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

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

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

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

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

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

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

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

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

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

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

(ii) the nature of such contract or such relationship.

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

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

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

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

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

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

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

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

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

Wisconsin Elders Act

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

Wisconsin Statutes Chapter 46.82 Aging unit.

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

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

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

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

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

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

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

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

(4) Commission on Aging.

(a) Appointment.

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

(b) Composition.

- A commission on aging, appointed under par. (a) shall be one of the following:
1. For an aging unit that is described in sub. (1) (a) 1. or 2., organized as a committee of the county board of supervisors, composed of supervisors and, beginning January 1, 1993, advised by an advisory committee, appointed by the county board. Older

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

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

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

(c) Terms.

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

(c) Powers and duties.

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

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

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

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



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

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

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

APPENDIX A

Community Engagement Report

Your County or Tribe: Dodge County	Date/s of Event or Effort: 3/16/2021
Target audience(s): Seniors and residents of Dodge County	Number of Participants/ Respondents: 46
<p>Describe the method used including partners and outreach done to solicit responses:</p> <p>The survey was placed on Dodge County’s ADRC website on 3/16/2021. Additionally, ADRC staff placed a link to this survey on their email signature line. We also partnered up with the Watermark, a senior center in Beaver Dam who distributed the link to the website survey to 3,500 individuals and businesses on their contact list.</p> <div style="margin-top: 20px;">  <p>Website Survey 2021.docx</p> </div>	
<p>Describe how the information collected was used to develop the plan:</p> <p>46 surveys were completed from the website. The results were compiled to showcase the information that was collected. Additionally, 9 individuals provided their contact information indicating that they were interested in being contacted to share more ideas and possibly become more involved.</p> <div style="margin-top: 20px;">  <p>Dodge County Community Engage!</p> </div>	



There were several crucial factors determined by analysis of the survey data with the most important being the targeted population surveyed, 46% were not knowledgeable of the services offered by the ADRC and Aging programs. 92% surveyed reported having access to the internet and a smartphone or computer. Many described their fears in regards to getting older which allowed us to formulate goals that build and strengthen services based on the public's future vision and dreams of sustaining independence with confidence.

What were the key takeaways/findings from the outreach?

We need to do a better and different job of marketing our programs so that people are aware and able to access and utilize our services. Many stakeholders have access to the internet and prefer virtual venues or at least a choice. People continue to struggle with not being a burden to their children and worry about being able to live in their own homes. There were responses to our racial and disability inequality question that shows that we can do a better job to be a leader in providing safe spaces and service provision to be more inclusive of all of our residents regardless of race, ability, sexual orientation, religious preference, etc.

APPENDIX B

Community Engagement Report

Your County or Tribe: Dodge County	Date/s of Event or Effort: 3/16/2021
Target audience(s): Seniors and residents of Dodge County	Number of Participants/ Respondents: 79
<p>Describe the method used including partners and outreach done to solicit responses:</p> <p>The survey was made available to Seniors (March) and Dodge County Residents (April-May) in the waiting area of Dodge County's Health Department COVID-19 vaccine clinic.</p> <div style="margin-top: 20px;">  <p>Short Survey.docx</p> </div>	
<p>Describe how the information collected was used to develop the plan:</p> <p>79 surveys were completed from the COVID-19 vaccine clinics. The results were compiled to showcase the information that was collected. Additionally, 6 individuals provided their contact information indicating that they were interested in being contacted to share more ideas and possibly become more involved.</p> <div style="margin-top: 20px;">  <p>Dodge County Aging Services Surve</p> </div>	



We received written feedback to help us understand what services or ideas would make our communities more enjoyable to live in as individual's age. Based on a lot of feedback for caregiver supports, we were able to develop a goal to increase caregiver supports to include providing more education, resources and equipment. All of the individuals that have signed up to either provide more information or become more involved will be contacted for either in person or virtual interviews and will also be invited to our public hearing meetings.

What were the key takeaways/findings from the outreach?

Based on the results of the surveys there was an obvious lake of awareness of our services. Many are requesting services that we already provide. For example, home delivered meals for individuals as they become homebound or if they would need them temporarily to get through a fall or medical condition. In forecasting ahead to meet the growing aging population over the next few years, we plan to expand the number of home delivered routes to reach more people in more areas. We plan to use our community engagement goal to facilitate a community-based group to provide a venue for voices to be heard, share resources, and tackle the future ideas for creating more activities for seniors and individuals with disabilities.

APPENDIX C

Community Engagement Report

Your County or Tribe: Dodge County	Date/s of Event or Effort: 3/23/21, 5/11/21, and 5/12/21
Target audience(s): Board Members	Number of Participants/ Respondents: 13
<p>Describe the method used including partners and outreach done to solicit responses:</p> <p>The survey was distributed to board members of: Commission on Aging and Disability Services (CADS), Nutrition Advisory Council, and the Transportation Advisory Committee.</p> <div style="display: flex; align-items: center; margin-top: 10px;">  <p>Short Survey.docx</p> </div>	
<p>Describe how the information collected was used to develop the plan:</p> <p>During board meetings, the 2022-2024 Aging Plan process was explained. Board members received surveys and were encouraged to share their ideas and provide input. The results were compiled to showcase the information that was collected. Additionally, 2 individuals provided their contact information indicating that they were interested in being contacted to share more ideas and possibly become more involved.</p> <div style="display: flex; align-items: center; margin-top: 10px;">  <p>Dodge County Aging Services Surve</p> </div>	

What were the key takeaways/findings from the outreach?

Enhanced marketing of our programs is necessary so that people are aware and able to access and utilize our services. Many stakeholders have access to the internet and prefer virtual venues or at least a choice. People continue to struggle with not being a burden to their children and worrying about being able to live in their own homes. There were responses to our racial and disability inequality question that shows that we can do a better job to be a leader in providing safe spaces and service provision to be more inclusive of all of our residents regardless of race, ability, sexual orientation, religious preference, etc.

APPENDIX D

Community Engagement Report

Your County or Tribe: Dodge County	Date/s of Event or Effort: 4/13/2021
Target audience(s): Community Members throughout the County	Number of Participants/ Respondents: 5
<p>Describe the method used including partners and outreach done to solicit responses:</p> <p>The survey was discussed broadly on the radio – WBEV, and listeners were invited to visit the website or contact the ADRC to complete or receive a survey.</p> <div data-bbox="191 785 246 848" data-label="Image"> </div> <p data-bbox="131 854 310 879">Short Survey.docx</p>	
<p>Describe how the information collected was used to develop the plan:</p> <p>During a radio broadcast we discussed the 2022-2024 Aging Plan and process. Listeners were encouraged to provide feedback either through the county website or by calling the ADRC to request a survey via mail.</p> <div data-bbox="191 1675 246 1738" data-label="Image"> </div> <p data-bbox="120 1745 321 1797">Dodge County Aging Services Surve</p>	

Surveys were reviewed and patterns recognized. Numerous requests for Caregiver Supports, Nutrition in rural, boarder areas, and requests for access to classes all helped support the formulation of the goals in our Aging Plan.

What were the key takeaways/findings from the outreach?

Key factors show that community members are not all aware of the services we currently provide. Isolation and loneliness create a lot of anxiety for community members as they age. Community members appear open to trying different and unique methods to resolve their concerns.

