

**Aging & Disability
Resource Center
Service Plan
2010-2012**

Portage County

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EXECUTIVE SUMMARY

Portage County's planning process for the 2010 – 2012 Aging & Disability Resource Center's Service Plan began with a review of the 2009 Addendum to the 2007-2009 Service Plan. Any goals that are not anticipated to be completed before the end of 2009, but still viewed as important to accomplish, were carried forward to the new plan. An environmental scan was conducted to assist in determining what community needs exist, how the ADRC is positioned to help address these community needs, how the ADRC and the community might be impacted by future decisions and changes, etc. Public listening sessions and other meetings to gather feedback on and input into the plan were scheduled at all six senior dining sites, with some of the agency's program advisory councils, with the governing board, with other local coalitions and committees who work with and serve older adults and caregivers, and other community groups.

The ADRC of Portage County has identified 16 goals to achieve over the next three years. Eight of the 16 goals are related to Federally Required Focus Areas and are located in Section 4 of the Service Plan. Of these first eight goals, two are related to Emergency Preparedness Plans. This is an area that the ADRC has been diligently working on for the past several years. Work in this area will continue with an emphasis on helping older adults, adults with disabilities, and the special needs population be better prepared in the event of a disaster or emergency. The ADRC has received a STRAP grant and a New Freedom grant over the past several years to help Portage County and the central Wisconsin area move forward in the area of Mobility Management and transportation coordination. One of the federally required goals is related to this area. Portage County has applied for another New Freedom Grant to continue work in this area, so this goal is consistent with both federal and local priorities. The remaining five goals in the federally required area relate to Family Caregiver Support Activities that will be conducted over the next three years.

As a result of local input into the Service Plan and in response to community need, the ADRC has also identified eight local goals to address during the period covered by this service plan. The first two goals relate to grants recently received by the ADRC that will provide for an opportunity to reach out to individuals with early onset dementia by providing screening, referral, and programming, as well as supports and services for caregivers. These programs will enhance the continuum of Alzheimer's and related dementia services currently available in Portage County and will improve the collaboration between health care providers and community based services in Portage County. Lincoln Center, Portage County's only multipurpose senior center, will complete the necessary steps to maintain its accreditation status with WASC. In addition, to maintain the ongoing safety of Lincoln Center participants and to improve access, the ADRC Senior Center will explore a redesign of the parking lot and will make recommendations for improvements. In 2009, the ADRC Senior Center sponsored the first Portage County Statesmanship Program. The program offers seniors, adults with disabilities, and their families and caregivers information about local government operations and issues pertaining to them. The program was very successful. One of

the local goals relates to making this an annual program opportunity available through the senior center. Younger adults with disabilities and their advocates have been searching for more opportunities to become involved in the community through volunteering, participation in meaningful activities, etc. In response, one of the local goals relates to the Holly Shoppes expansion to include younger adults with disabilities as crafters and volunteers. Due to the elimination of prevention funds in the state's budget, the ADRC will not have access to state ADRC prevention grants. Over the past several years, prevention funds have been used to design and build a local system of response to falls and other chronic conditions through the implementation of referrals from the EMS system, primary care system, and long term care system for a comprehensive nurse assessment and case management (when appropriate) and referral to evidence-based programming and other local interventions. In the absence of prevention funding, it will be difficult to maintain this system, yet the ADRC and community remain committed to the importance of the work that has been done and the need to sustain as much of the system as possible. The seventh local goal addresses the desire to sustain evidence-based programming in Portage County aimed at preventing or reducing falls risk, as well as addressing chronic diseases and behavior changes that prevent, delay or minimize the impact of chronic conditions. The final local goal directly relates to feedback gathered from consumers that will be utilized to improve ADRC outreach and marketing specific to the programs and services available from the agency.

The ADRC of Portage County has experienced a loss of state funds and local and federally funding has been unable to keep pace with rising costs. With the continued growth in the age 60 and older population and rapid growth among the population age 85 and older, the ADRC anticipates increased difficulty meeting the demand for services. New opportunities, however, have given the ADRC reason to have hope. Several new grants obtained for 2010 and beyond will provide an opportunity to explore new service opportunities and create new partnerships in the community. Initial outreach efforts to sustain existing programs have begun to open doors with potential new partners in healthcare, health insurance, long term care, business, private donors, foundations, etc. While there may be challenges ahead, the ADRC will continue to fulfill its mission by working collaboratively to "support seniors, adults with disabilities, and their families and caregivers by offering easy access to services and by fostering a caring community that values lifelong contributions, maximum independence, and individual dignity."

**COUNTY APPROVAL OF THE ADRC SERVICE PLAN
FOR 2010-2012**

Portage

County/Tribe

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

On behalf of the designated county/tribe, we certify that these organizations have reviewed the plan, and have authorized us to submit this plan which outlines activities to be undertaken on behalf of older people during 2010-2012.

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

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

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

Signature, and Title of the Authorized County Board/Tribal Council Date

SECTION 1 - ORGANIZATION AND STRUCTURE OF THE AGING UNIT/ADRC

Section I-A Overview of the Aging Unit/ADRC

The Aging & Disability Resource Center of Portage County serves Portage County as both a county aging unit and an Aging and Disability Resource Center (ADRC).

The mission of the ADRC of Portage County is **to support seniors, adults with disabilities, and their families and caregivers by offering easy access to services and by fostering a caring community that values lifelong contributions, maximum independence, and individual dignity.**

The main office is located at:

**Aging & Disability Resource Center of Portage County
Lincoln Center
1519 Water Street
Stevens Point, WI 54481**

The hours of operation are:

Monday, Wednesday, Thursday and Friday 7:30 A.M. to 4:30 P.M., Tuesday 7:30 A.M. – 6:00 P.M.

Questions regarding the service plan can be directed to:

Janet L. Zander, ADRC Director

Phone: (715) 346-1401

TTY: (715) 346-1632

Fax: (715) 346-1418

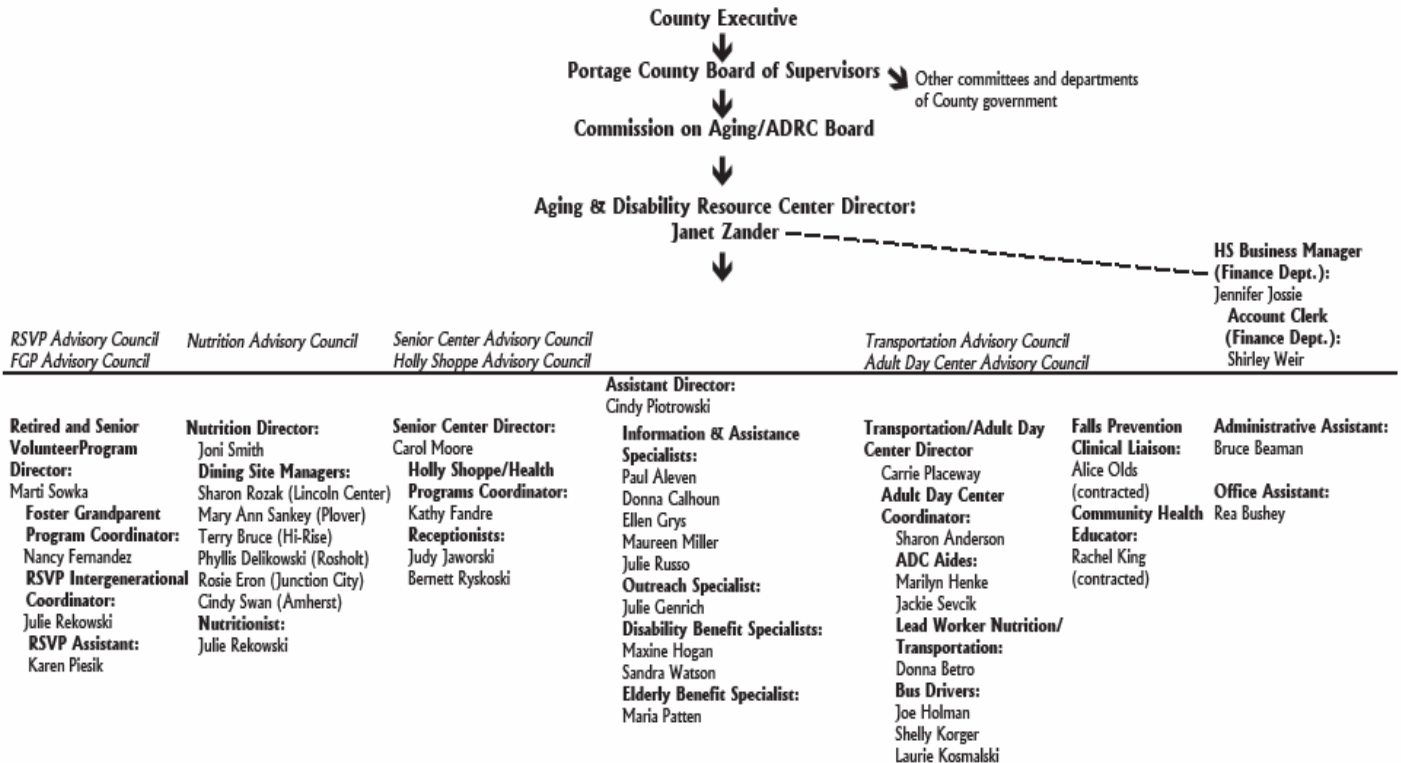
Local, toll-free: (800) 586-5055

Email: adrc@co.portage.wi.us

Copies of the service plan are available in hardcopy format at Lincoln Center or online at **Web address: www.co.portage.wi.us/adrc**

SECTION 1 - ORGANIZATION AND STRUCTURE OF THE AGING UNIT

Section 1-B Organizational Chart of the Aging Unit



Additional staff include on-call substitute Bus Drivers, Dining Site Managers, Adult Day Center Aides, and Receptionists. The department also employs work study students from UWSP and periodically employs people in limited term or contracted positions.

SECTION 1 - ORGANIZATION AND STRUCTURE OF THE AGING UNIT

Section 1-C Statutory Requirements for Aging Units

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

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

SECTION 1 - ORGANIZATION AND STRUCTURE OF THE AGING UNIT

Section 1-D Membership of the Policy-Making Body

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

“Members of a county/tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one-third of the members shall expire each year, and no member may serve more than 2 consecutive 3-year terms.” In the case of county board/tribal council members the requirement is 3 consecutive 2-year terms.

Official Name of the Aging Unit’s Policy-Making Body- Portage County Commission on Aging/Aging & Disability Resource Center Board			
Name of Individual	Age 60 and Older	Elected Official	Year First Term Began
Jerry Rous (Chair)	X		2006
Richard Barden (Vice-Chair)	X	X	2006
Lia DeGroff		X	2008
Sidney Ellenbecker	X		2008
Kathy Hartman			2008
Jack Larsen	X		2006
Jerry Piesik		X	2006
Goldene Purcell	X		2007
Bernice Woitczak	X		2006
Jack Allgaier	X	X	2008
Mary Jane Zdroik	X		2009

SECTION 1 - ORGANIZATION AND STRUCTURE OF THE AGING UNIT

Section 1-F Staff of the Aging Unit

Listed below are the people employed by the aging unit as the aging unit director, nutrition director, lead information and assistance specialist, benefit specialists, transportation coordinator, and caregiver coordinator. Attach additional pages as needed. Also included are the Assistant Dir. (oversees the ADRC contract), the Disability Benefit Specialist, Adult Day Center Director, Senior Center Director, Holly Shoppe Manager/Health Programs Coordinator, RSVP Director, and FGP Director.

<p>Name: Janet Zander Job Title: ADRC Director Telephone Number/email Address: (715) 346-1415; zanderj@co.portage.wi.us</p>
<p>Brief Description of Duties: Management of the county aging unit/aging & disability resource center, long-range planning, program supervision, budget development and fiscal monitoring, program/contract reporting, personnel management, needs assessment, interagency coordination, intergovernmental coordination, public relations.</p>
<p>Name: Cindy Piotrowski Job Title: ADRC Assistant Director Telephone Number/email Address: (715) 346-1412; piotrowskicindy@co.portage.wi.us</p>
<p>Brief Description of Duties: Planning, operation and direct supervision of the Community Resource Section including supervision of the I & A Specialists, Elderly & Disability Benefit Specialists, Outreach Specialist and program volunteers/ interns; program and budget development; fiscal monitoring and reporting; program evaluation; interagency coordination; public relations; and public education.</p>
<p>Name: Maria Patten Job Title: Elderly Benefit Specialist Telephone Number/email Address: (715) 346-1419; pattenm@co.portage.wi.us</p>
<p>Brief Description of Duties: Directs the Elderly Benefit Specialist program which includes information, advocacy and assistance to older people regarding public benefits, health care financing, consumer concerns and other areas with complex and confusing "red tape"; and coordination with other county, community and governmental agencies. Legal assistance and oversight is provided by the regional Older Americans Act Legal Assistance Provider (Elder Law Center).</p>
<p>Name: Maxine Hogan & Tracy Dorrlert Job Title: Disability Benefit Specialist Telephone Number/email Address: (715) 343-6271; hoganm@co.portage.wi.us (715)343-6290; dorrlert@co.portage.wi.us</p>
<p>Brief Description of Duties: Directs the Disability Benefit Specialist program which includes information, advocacy and assistance to adults between the ages of 18 and 60 with physical or developmental disabilities regarding public benefits, health care financing, consumer concerns and other areas with complex and confusing "red tape"; and coordination with other county, community, and governmental agencies. Legal assistance and supervision is provided by Disability Rights Wisconsin.</p>

<p>Name: Donna Calhoun Job Title: Lead Information and Assistance Specialist Telephone Number/email Address: (715) 343-6275; calhound@co.portage.wi.us</p>
<p>Brief Description of Duties: Provides linkage between seniors and adults disabilities with the service delivery system. Duties include: responding to requests for individualized assistance, assessing needs, providing comprehensive and accurate information about options that are available to individuals and their family members, assisting individuals to gain access to ADRC services and those of other providers, developing promotional materials and presentations, conducting prevention and outreach activities, and coordinating support programs.</p>
<p>Name: Joni Smith Job Title: Nutrition Director Telephone Number/email Address: (715) 346-1413; smithj@co.portage.wi.us</p>
<p>Brief Description of Duties: Planning, operation, administration, and direct supervision of the Elderly Nutrition program; supervision of staff and volunteers; budgeting and fiscal monitoring; purchasing; managing contracts; data collection and reporting; individual assessments; completion of United Way grant proposal; interagency coordination; public relations; program development, implementation and evaluation.</p>
<p>Name: Carrie Placeway Job Title: Transportation and Adult Day Center Director Telephone Number/email Address: (715) 345-5992; placewac@co.portage.wi.us</p>
<p>Brief Description of Duties: Planning, operation, administration, and direct supervision of the Elderly & Disabled Transportation program and the Adult Day Center; supervision of transportation staff and the Adult Day Center Coordinator; budgeting and fiscal monitoring; purchasing; managing contracts; data collection and reporting; grant writing and completion of United Way proposal; interagency coordination; public relations; program development, implementation and evaluation.</p>
<p>Name: Julie Genrich Job Title: Outreach Specialist Telephone Number/email Address: (715) 343-6305; genrichj@co.portage.wi.us</p>
<p>Brief Description of Duties: Develop, and in conjunction with other staff, implement a wide variety of outreach strategies; coordinate the National Family Caregiver Support Program and the Alzheimer's Family Caregiver Support Program; and coordinate related support programs such as the Friendly Visitor Program and Chore Service Program.</p>
<p>Name: Carol Moore Job Title: Senior Center Director Telephone Number/email Address: (715) 346-1406; moorec@co.portage.wi.us</p>
<p>Brief Description of Duties: Planning and implementing group programming for older adults at Lincoln Center; creating classes and activities which promote good physical and mental health, social interaction, skills development, coping ability and independence; supervising the Holly Shoppe Mgr./Health Programs Coordinator, agency receptionists, work study students, interns, and volunteers; budget and fiscal monitoring for the senior center; program evaluation; interagency coordination; public relations; and building/room use oversight.</p>

<p>Name: Kathy Fandre Job Title: Holly Shoppe Manager/Health Programs Coordinator Telephone Number/email Address: (715) 346-1423; fandrek@co.portage.wi.us</p>
<p>Brief Description of Duties: Planning and operation of the Holly Shoppe; development and coordination of the annual Senior Olympics event, the Walking Club, rural health programming and screenings, and health screenings at Lincoln Center; volunteer management; linking participants with department services; marketing and merchandising; outreach to new participants; budgeting and fiscal oversight; and proposal development and presentations.</p>
<p>Name: Marti Sowka Job Title: Retired and Senior Volunteer Program (RSVP) Telephone Number/email Address: (715) 346-1409; sowkam@co.portage.wi.us</p>
<p>Brief Description of Duties: Planning, organizing, developing and administering the RSVP program; recruiting, training, placing, supervising, and recognizing volunteers; identifying and developing volunteer opportunities; supervision of the RSVP Assistant and RSVP Intergenerational Coordinator; budgeting and fiscal monitoring; writing federal and state grant proposals; completing project reports; and providing comprehensive volunteer management assistance to community public and non-profit agencies.</p>
<p>Name: Nancy Fernandez Job Title: FGP Supervisor/RSVP Intergenerational Coordinator Telephone Number/email Address: (715) 346-1417; fernandn@co.portage.wi.us</p>
<p>Brief Description of Duties: Administration of two federal grant programs that place older adults in intergenerational volunteer opportunities in schools and community agencies (FGP and RSVP Programs of National Significance); recruiting, selecting, screening, training and scheduling volunteers; organizing in-services/training; coordinating with school and agency staff; completing RSVP project reports; and budget development and fiscal/program reporting for FGP.</p>

SECTION 2 - CONTEXT

Portage County is located in central Wisconsin and covers 823 square miles. Local population figures compiled by the County Clerk indicate the population has grown to 70,506 people compared to 67,182 as reported in the 2000 census data. Portage County is a rural community comprised of an urban area (city of Stevens Point, villages of Park Ridge, Plover and Whiting and town of Hull) and rural areas. Approximately, 37% of the county's total population and 38% of the older adult population reside in Stevens Point. The entire urban area accounts for nearly 64% of the total population and almost 63% of the older adult population. The balance of the older adult population (37%) resides in the remaining villages and townships in the rural areas of the county.

According to the U.S. Census data, in 1990, the total population age 65 and older in Portage County was 7,354 in Portage County. By 2008, the U.S. Census Bureau county-level data available from USA Counties estimated this number had grown to 7,768 people and represented 11.3% of the county's total 2008 population. The Wisconsin Department of Health Services (DHS), Bureau of Aging & Disability Resources (BADR) estimates by 2030 more than 21% of Portage County's population will be age 65 or older. U.S. Census data from 2000 reveals among the population age 65 and older females represent 58% of the population and males represent 42%. A large majority (98.1%) of Portage County's age 65 and older population is white. The minority population among older adults is extremely small (1.9%); with the majority of these older adults being Asian (.9%). The American Community Survey (ACS) for 2008 indicates an estimate of 1,543 people age 85 or older residing in Portage County. The 85+ population currently accounts for approximately 2.2% of the county's total population. Earlier population projections prepared by DHS, BADR reported in "WI DOA Final Population Projections for Wisconsin Counties by Age: 2000 – 2030," that the 85+ population in Portage County would not exceed 1,500 people until after 2020. The ADRC and Portage County need to anticipate the impact this rapidly growing population of older adults may have on services such as transportation, caregiver supports and services, dementia services, and other long term care services. Between 50-55% of the 65+ population has income of less than 300% of poverty (ACS 2008).

Caregiver resources indicate that 80% of the long term care needs for the older adult population are provided informally by family members and friends. According to the LIFE Report Community Survey published by United Way of Portage County, 32% of those responding had spent time providing care for an older person in Portage County in the past year. Of those responding, 30% cared for someone from 5 to 10 hours per month. Given the anticipated increase in the older adult population, the number of caregivers in Portage County is also likely to increase; a corresponding increase in demand for caregiver supports and services is anticipated.

The Family Care program has been operating in Portage County since April 2000. As of July 2009, Community Care of Central Wisconsin (the only managed care organization serving Portage County) has 987 members, of these members 424 are age 65 or older, 311 are younger adults with developmental disabilities, and 252 are

younger adults with physical disabilities. Family Care is an entitlement program in Portage County and therefore, there is no waiting list for publicly funded long term care.

Since the inception of Family Care in Portage County, the network of long term care providers has increased dramatically. Once funding became available to serve people in the community, providers quickly developed the capacity to meet the demand. This increased capacity proved to be beneficial to both those receiving publicly funded services and those paying privately for services. Both the menu of long term care options and the choice of providers has been enhanced. The increase in options available to Portage County residents, coupled with difficult economic times causing many households to be conservative with how they spend available private resources and a managed care environment for publicly funded long term care, has resulted in decreased utilization of the adult day center services available through the ADRC.

Included in the "Health People Portage County Community Health Plan for 2005-2010," was a goal from the state plan "to increase the number of households that have access to adequate, safe and appropriate food at all times." The local strategy to address this goal included continuing to provide federal assistance programs through public and private partnerships, including but not limited to the Elderly Nutrition Program. After several years of steady growth in the home-delivered meal program, the availability of increased long term care options in the community and a managed care environment for publicly funded long term care has also resulted in decline in home-delivered meal service among Family Care members.

The National Institute on Aging and Society for the Arts in Healthcare states creativity may play a role in healthy aging. Studies indicate those participating in creative venues suffer less depression, make three fewer doctor visits a year and take two fewer medications. In addition, the 2009 Volunteer Survey conducted by the Portage County Retired and Senior Volunteer Program (RSVP) indicated that 65% of the respondents reported that volunteering keeps them active, 49% stated it made them feel more useful, 29% reported volunteering had a positive impact on their physical health, 26% reported it gave them a new purpose in life, and 17% indicated they felt less isolated.

The interest of older adults in healthy aging has also been demonstrated by the growing interest in senior center programming in the areas of health and wellness. The Senior Center has seen growth in involvement and attendance in health and evidence-based, prevention programming. As the population numbers increase and interest in prevention and early intervention services increases, it will be a challenge to meet the demand as funding sources at the federal and state level have been stagnant or shrinking and at the local level have been increasing at minimal levels (2-3%/year) that have kept pace with rising staffing and program costs. Local government is preparing departments for difficult budget times which will require budget reprioritization within the county and departments. The ADRC will continue to search out cost efficiencies in program operations and improved economies of scale where possible in order to continue to provide essential services.

SECTION 3 - PLANNING PROCESS

3-A Planning Process Used in the Development of this Plan

In addition to complying with the state's "Instructions for the 2010 – 2012 County Aging Unit Plan for Older People," the process for development of the plan is identified below.

The following documents were used in the development of the agency's priority needs to address in 2010 – 2012. Staff were involved in many of the committees and task forces that analyzed community needs in particular areas.

- ADRC of Portage County Service Plan 2007 – 2008 and 2009 Amendment
- Healthy People Portage County Community Health Plan 2005 - 2010
- United Way LIFE Report – 2007
- United Way Vision Council Priorities
- Portage County's "Smart Growth" Comprehensive Plan 2002
- PCDOA Strategic Plan – 2001

In addition, staff gathered feedback from Commission on Aging/ADRC board members, members of various program Advisory Councils, participants of numerous ADRC programs/services, and other community groups.

- Portage County Commission on Aging/Aging & Disability Resource Center Board – 6/09/09, n = 9, 8/11/09, n = 9, review of draft plan on 9/08/09, review of final plan scheduled for 11/10/09, n=11 (if all are in attendance)
- ADRC of Portage County's Program Advisory Councils meetings:
 - Senior Center Advisory Council – 7/09/09, n = 10
 - ADC Advisory Council – 7/23/09, n = 7
 - RSVP Advisory Council – 8/11/09, n = 10
 - Nutrition Program Advisory Council – (7/24/09) 8/14/09, n = 5
- Six (6) public meetings on the ADRC Service Plan were scheduled throughout the county, at the Nutrition Program dining sites, during the month of August.
 - Thurs., 8/13/09 – Junction City, n = 9
 - Wed., 8/19/09 – Lincoln Center, Stevens Point, n = 40
 - Thurs., 8/20/09 – Plover, n = 43
 - Fri., 8/21/09 – Rosholt, n = 15
 - Mon., 8/24/09 – Hi Rise, Stevens Point, n = 18
 - Wed., 8/26/09 – Amherst, n = 16

- Other Community groups:
 - Public Transit – Human Service Transportation Coordinating Committee – 6/11/09, n = 12
 - Portage County Caregiver Coalition – 6/12/09, n=8 & 10/08/09, n=8
- Other participant feedback
 - ADC families – via mail - 6/04/09, n = 4
 - Dining site participants – via input documents collected by dining site managers – 6/19/09 – 7/08/09, n = 21

2010 – 2012 ADRC Service Plan Input Summary

1. Emergency Preparedness Plans

What activities should we undertake to promote and strengthen our efforts in working with local emergency preparedness organizations in the development of long-range emergency preparedness plans and coordination with emergency response teams in responding to natural and man-made disaster events?

- Conduct a meeting with town and village Chairs to discuss their role in a disaster.
- Identify those with special needs and prepare shelters to handle these needs.
- Create a list of ADRC participants who are over 55 and disabled, and who would need assistance in an emergency, include specific types of assistance needed on the list. Develop a system where they could contact trained volunteers to receive instructions as to where to go or what to do next in the event of an emergency.
- Identify volunteers who are trained or could be trained to assist in providing medical attention (bandaging, gathering pertinent medical data, etc.) in the event of an emergency.
- Work with local emergency preparedness organizations to arrange a meeting with the area technical college and/or university to explore what human resources (staff, students, etc.) might be made available if additional skilled resources are needed in the event of an emergency.
- Utilize Ensure and “metallic” emergency blankets more in emergency planning. They are great to have on hand in case of an emergency.
- Include working with churches to disseminate information in emergency preparedness plans.
- Provide more information regarding what to do in the event of a storm, especially for those who don’t drive.
- Provide specific “What to do” information in succinct sentences. List the information in large print and distribute it to agencies that serve older adults and to the homes of older and/or disabled adults.
- Information on disaster planning and “What to do” needs to be publicized frequently. The target population is always changing.
- Develop safe gathering places for weather emergencies.
- Develop speakers to talk to groups about falls, Lifeline, fire safety, etc.

- Work with area leaders to mandate the use of large house numbers to make them more visible for emergency workers (EMS, law enforcement, firefighters, etc.) to see from the road.
- Encourage people to secure NOAA weather ban radio and to register with the Code RED Emergency Notification System, especially for rural area residents where emergency sirens may not be heard.
- Given the amount of older adults at Lincoln Center at any given time, conduct monthly fire drills at Lincoln Center to ensure that staff and participants are well prepared for an emergency. Have the local fire dept. do a manual check on exit routes.

2. Transportation Coordination

What activities should we undertake to promote and strengthen our advocacy efforts in working with other community agencies and transportation providers to coordinate transportation resources?

- Enhance partnerships with medical facilities.
- Expand transportation throughout the county and make it more accessible to rural folks.
- The ADRC should be the conduit for these coordination efforts.
- Explore Rideshare for people with or without special needs to help them get to work.
- Conduct “Town Hall” meetings to discuss transportation needs in the county.
- Work to develop more non-medical transportation services.
- Advocate for better targeting of bus stops and service.
- Promote better transportation between Plover and Stevens Point.
- Work with the city to explore the feasibility of Point Transit expanding its area and/or routes.
- Advocate for weekend bus service.
- Prepare a grid of all available transportation by type – bus, van private car, etc. and appoint at least two contact people for each area who are responsible for assisting people in accessing these services. Make the grid/chart available to the public to improve the available information and access to services.
- Conduct outreach activities to help people become more aware of available transportation resources, especially for those who remain in their own homes and no longer drive.

3. Family Caregiver Support Activities

What activities should we undertake to improve/enhance caregiver services in the areas of: information about available services; assistance in gaining access to supportive services; individual counseling, support groups, and training; respite care; and supplemental services?

- Conduct outreach to target younger people regarding caregiver issues and services.
- Develop multiple formats for disseminating caregiver information to help more people know what is available (2-1-1, speakers bureau, more information available at all dining sites, encourage people to let others know what is available – word of mouth, community newspapers, etc.).
- Provide “brief” messages indicating who to contact first, second, etc. and what to do if no one is available.
- Develop a booklet of caregiver resources, including contacting information for each resource, specifically for use by informal (family/friends) caregivers.

4. Local Priorities

Are there any other activities or areas that we should work on in order to meet the needs of our target populations?

- Consider doing more in the Veteran’s services area. No specific issues raised.
- Work to have Lincoln Center north parking lot updated to offer a safer parking environment for Lincoln Center users.
- Promote 211 as the means to connect with community resources – Put in bold print on Post publications.
- Provide town and village chairpersons with copies of the Post to spur understanding of ADRC.
- Provide copies of Post to library branches and restaurants, through various council members as messengers.
- Expand services available to persons under the age of 55.
- Increase exercise and recreational programming in Plover.
- Increase dining site days in Plover.
- Make more information available to the public using a variety of formats. Lincoln Center has a lot of information and resources that needs to be made more available to the rural areas. ADRC services are still the best kept secret in the community.
- Develop a “targeted” marketing strategy to reach those who are most in need of the programs and services available from the ADRC. Make sure all marketing efforts pass the AIDA test – ATTENTION, INTEREST, DESIRE, and ACTION. The headline must get the reader’s attention, more information enhances their interest, desire encourages the reader/viewer to tell themselves “this information may help me or someone I know,” and it must get the reader or viewer to take action – call the ADRC.
- Communicate more with the church community to find out and promote what programs and services they offer. Coordinate services available from area churches and the ADRC to fill gaps in services and make appropriate referrals.

All pertinent feedback and documentation from community needs assessments and documents, public meetings, Board members, Advisory Council members, program participants, agency staff, and other community groups were incorporated into the plan.

3-B Public Hearings, Comments, Changes

A public hearing on the Draft 2010-2012 ADRC of Portage County Service Plan was held on: **Thursday, Oct. 8, 2009 at 1:00 p.m. in Conf. Room C at the Aging & Disability Resource Center of Portage County, Lincoln Center - 1519 Water St., Stevens Point, WI 54481.** The draft plan was also available for review at Lincoln Center - Mon. - Fri. from 7:30 a.m. - 4:30 p.m. (Tuesdays until 6 p.m.) or at www.co.portage.wi.us/adrc beginning Monday, Oct. 5, 2009.

The hearing was called to order at 1 p.m. Janet Zander, ADRC Director presided over the hearing. Two people were in attendance at the hearing, one member of the Portage County Commission on Aging/ADRC Board and one Portage County resident. Two complete copies of the plan were made available at the hearing. Copies of the proposed goals for the 2010-2012 Service Plan were also distributed for review and discussion. The hearing concluded at 2 p.m.

Summary of Plan Feedback

- Both attendees expressed excitement regarding the expansion of dementia services in Portage County.
- A suggestion was made to focus on "health and wellness" in marketing and outreach efforts, as "you can't sell aging and disability."
- Comments supported that the Service Plan maintained a focus on the "people" needed to provide services and not trying to replace them with technology (concerns regarding importance of maintaining relationships in service).
- The two attendees discussed the possible inclusion of "Neighborhood Watch" programs as part of the Emergency Preparedness section. They agreed that these programs would work in some neighborhoods, but not in others, but could be of benefit in some areas to help neighbors get to know one another better and be able to help one another out in times of need.
- One of the attendees regularly utilizes public transportation and expressed dissatisfaction that there is still no evening or weekend city transit service available outside of the university route. The city bus routes work well for first shift work and daytime functions, but are of little assistance for any type of recreational or social activities (many of which occur in the evening and on weekends).

Plan changes resulting from feedback on draft plan:

Many of the issues and ideas presented at the public hearings were already incorporated into the goals identified in the draft plan. However as a result of public hearing input, Goal 4.1B regarding Emergency Preparedness Plans was amended to include further research on the expansion of Neighborhood Watch Programs and Goal 5.8 Marketing & Outreach will incorporate a consumer review panel to provide insight and input into materials utilized by the ADRC.

SECTION 4 - FEDERALLY REQUIRED FOCUS AREAS

Focus Area - Emergency Preparedness Plans

Goal # 4.1 A

Goal Statement: In order to further enhance the relationship between the ADRC and local emergency preparedness organizations and emergency response teams and to improve Portage County's ability to respond to special needs populations in the event of a disaster, the Special Needs Population Subcommittee of the Human Services Emergency Response Team will expand its membership, continue at least quarterly meetings focused on activities outlined in the Subcommittee Action Plan, request meetings periodically with other Human Service Subcommittees and provide periodic progress reports back to the Human Services Emergency Response Team throughout the period of the plan 2010-2012.

Major Activities/Completion Dates:

The Special Needs Population Subcommittee made up of the following members' ADRC staff, Community Care of Central Wis. staff, Midstate Independent Living Consultants staff, American Red Cross staff, HHS staff – Children's Services and Mental Health, Emergency Management staff, and a consumer representative - older adult with a physical disability, will continue to meet at least quarterly throughout 2010-2012, to monitor progress on the subcommittee's Action Plan and make adjustments as needed.

In order to achieve the desired goals outlined in the Action Plan, by June 30, 2010, the Special Needs Population Subcommittee will explore adding both permanent and ad hoc members to the subcommittee. Additional members may include, but are not limited to, additional special needs consumers, durable medical equipment/supply providers, pharmacists, public health representative, long term care providers (home health, assisted living, skilled nursing facility, local hospital representative), and others as identified. New members will be in attendance at meetings by Dec. 31, 2010.

Beginning in Jan. 2010, the Special Needs Population Subcommittee will request to meet at least annually with members of other subcommittees of the Human Services Emergency Response Team, such as Transportation and Volunteer Management, to coordinate efforts and identify any gaps in service that may still exist.

All agencies involved on the Special Needs Population Subcommittee of the County's Emergency Operations Plan will update their list of staff names, titles, addresses, telephone numbers, cell numbers, and email addresses at least annually during each year of the plan 2010-2012 for all staff who have a primary role in the Human Service Section of the County's Emergency Operations Plan or in the individual agency's emergency plan.

In Jan. 2010, all Special Needs Population Subcommittee member agencies will be strongly encouraged to continue the work started in 2009 and earlier to develop their own infrastructures as much as possible through agency prioritization of services, cross-training, agency emergency response policies and procedures, up-to-date business continuation plans, staff pre-arranged emergency plans in place for family members, etc., thereby; equipping each agency as much as possible to respond to the needs of the target population and the public, knowing that their own "house" is in order.

By March 31, 2010, assess the agency's pandemic plan and evaluate if responses and interventions were/are appropriate and make any modifications as needed. Were/are priority services able to be carried out? Were containment measures successfully used to protect staff/volunteers? Public? Is additional information/education needed for staff? Public? In response to the assessment, make modifications to the plan as needed, by June 30, 2010.

By Dec. 31, 2011, the Special Needs Population Subcommittee will work with Emergency Management staff and elected officials (County Executive/County Board) to develop an ongoing system for providing the appropriate levels of NIMS/ICS training for staff and elected officials. The training will need to be provided on a periodic basis to take into account the two year election cycle for many government officials, as well as staff turnover.

The Special Needs Population Subcommittee will expand its existing Action Plan to include goals through Dec. 31, 2012.

The Special Needs Population Subcommittee will provide a progress report at least annually to the Human Services Emergency Response Team during each year of the plan 2010-2012.

Goal # 4.1 B

Goal Statement: Lessons learned from national disaster responses have led to nationwide efforts to expand federal, state, and local efforts to better prepare to respond to those with special needs before, during, and after a disaster. Recognizing that public resources are limited, peoples needs are very individualized, some disasters require individuals to be served in non-congregate settings, and it often takes time to reach people after a disaster; the ADRC and the Special Needs Population Subcommittee will continue the outreach and public education campaign that began in the summer of 2009 to educate seniors and people with disabilities (and their families) as to the importance of individual emergency planning and being prepared to shelter in place for up to 72 hours and will expand efforts to include at least six additional large group events over the period 2010-2012. Recognizing that those with special needs are most at risk, Special Needs Population Subcommittee member agency staff will meet individually with people with special needs to assist in developing individual emergency plans, if needed, and to discuss other early intervention programs that may be beneficial in an emergency. If assistance in completing the plan is not needed, subcommittee members will distribute individual emergency plan documents that individuals can complete on their own or with family, as well as provide additional information regarding other community available community resources. By Dec. 31, 2012, 1500 residents in Portage County will have completed individual emergency plans, some of which may include enrollment in early intervention programs available through the ADRC or other community agencies such as the Vital Information Program, CodeRED, Project Lifesaver, etc.

Major Activities/Completion Dates:

By June 30, 2010, the Special Needs Population Subcommittee in conjunction with Ministry Health Care and the local American Red Cross Chapter will complete a pilot project to distribute Emergency Supply Kits to all special needs households that complete an Individual Emergency Plan for their household.

By January 31, 2010, enrollment packets for the Adult Day Center will include a brochure about the Vital Information Program. During new family meetings, the ADC Coordinator will discuss the Vital Information Program and encourage enrollment.

Within a month of returning the Vital Information Program registration form, a volunteer or staff member will meet with the applicant and assist them in completing the enrollment packet. Six months after enrollment, a volunteer will call each participant in the Vital Information Program to remind them to complete updates and ask if they have questions. After the 6 month call, follow-up calls are made annually.

To help insure the safety of Adult Day Center (ADC) participants and to assist caregivers served by the ADC program be better prepared for medical emergencies that may occur at home, ADC staff will provide caregivers with information about the Vital Information Program and by Dec. 31, 2012, 60% of family caregivers of individuals who

are enrolled in the Adult Day Center will have enrolled themselves and their loved ones in the Vital Information Program.

In Oct./Nov. of each year 2010-2012, ADC staff will send out a letter reminding those already registered to update their packets and provide instructions for enrollment for those not in the program.

By December 31, 2012, information about the Vital Information Program will be printed in the ADC monthly newsletter on three occasions.

By June 30, 2011, the Special Needs Population Subcommittee will contact local law enforcement agencies to research how many Neighborhood Watch programs currently exist in the county and the potential role this program could play in future disaster response.

SECTION 4 - FEDERALLY REQUIRED FOCUS AREAS

Focus Area - Transportation Coordination

Goal # 4.2

Goal Statement: In order to increase transportation services available from and utilization of the multiple transportation providers serving Portage County, including the ADRC buses and volunteer drivers; and in accordance with the plan for coordination strategies and actions identified in the locally developed 5 year transportation coordination plan, transportation services will be coordinated countywide and regionally to improve service to areas and individuals currently not being served or being underserved by 2012.

Major Activities/Completion Dates:

Write a successful 2010 New Freedom Grant application to continue to add additional hours for the Mobility Manager limited term position onto the existing ADRC Transportation/Adult Day Center Director position for a third year. Responsibilities include community transportation planning, interagency coordination, outreach and public relations, grant writing, data collection and reporting, program development, implementation and evaluation, and to implement the 2008-2012 locally developed coordinated plan.

Write a successful 2010 New Freedom grant which will include working cooperatively with the Stevens Point Transit department to begin a Travel Training Program including the hiring of a full-time Travel Trainer. Throughout 2010, the Travel Trainer will promote existing transportation services and assist individuals, groups, employers and agencies to successfully access the city bus and other resources to meet their mobility needs.

The Portage County Public Transit – Human Services Transportation Coordinating Committee (PT-HS TCC) made up of the following members:

ADRC Transportation Director/Mobility Manager, Stevens Point Public Transit Manager, Plover Taxi Manager, Portage County Board Supervisor, Mayor of Stevens Point or designee, President of the Village of Plover or designee, Portage County Veterans Officer, Citizen with low income, Citizen with a disability, Citizen who is an older adult, Staff of Portage County Health & Human Services, Staff of Community Care of Central WI, Two private transportation providers, One representative from each of the following: a long term care residential services provider, a job training or placement agency, a human services agency, and a medical provider

will convene monthly throughout the period of Jan. 2010 to Dec. 2012 to carryout planning of transportation services and coordination and approval of grant applications in the county, update the public resource directory by September 30 of each year and communicate findings to the County Board as appropriate.

The PT-HS TCC sub committee and the Wood/Marathon County ad hoc transportation committee will meet at least once each year (2010 – 2012) to discuss issues relating to cross county transportation and efficiencies in regional planning. The tri-county transportation plan will be created by June 30, 2010 outlining the gaps and needs for transportation in the region and strategies to meet these needs will be reviewed.

Beginning in 2011, area transportation providers will plan two group training sessions each year for paid and volunteer drivers who drive for the various human service agencies and public and private transit systems.

The ADRC of Portage County will work with Stevens Point Transit and surrounding counties and municipalities to develop cooperative agreements for planning for and implementing an intercity bus route in Central WI by Dec. 2012.

SECTION 4 - FEDERALLY REQUIRED FOCUS AREAS

Focus Area - Family Caregiver Support Activities

Goal # 4.3 A

Goal Statement: Work with the local Caregiver Coalition members to have one caregiver fair to provide information to caregivers by December 31, 2010.

Major Activities/Completion Dates:

Caregiver Coalition will continue to meet at least once annually with the ADRC being responsible for meeting minutes.

Expand membership of the Caregiver Coalition on an ongoing basis. Current membership includes:

Aging & Disability Resource Center of Portage County*
Alzheimer's Association
American Red Cross
Catholic Charities
Community Care of Central Wisconsin
Community Industries Corporation*
Epilepsy Foundation of Central & Northeast Wisconsin
Interfaith Volunteer Caregivers*
Lutheran Social Services
Meals on Wheels
Midstate Independent Living Consultants*
Parish Nurses
Portage County Health & Human Services Department
University of Wisconsin – Extension Office

* indicates agency that has a transportation program

Develop a committee for the Caregiver Fair by December 31, 2009

Set date, time and place for the Caregiver Fair by December 31, 2009.

Solicit sponsorships by developing letters and sponsorship levels including in-kind donations (food, graphic design, printing, advertising, services, activities etc.) by January 31, 2010.

Determine activities for the Caregiver Fair by locating volunteers or agencies to provide services if possible by February 28, 2010.

Encourage local resource providers to participate in the fair with a special outreach focus on transportation resources by February 28, 2010.

Invite and confirm local speakers to address local services by February 28, 2010.

Determine if any respite providers will donate services so caregivers may attend by February 28, 2010.

Design marketing materials for distribution that includes flyers, posters and brochures by February 28, 2010.

Review event logistics and assign committee members and volunteers to “day of” tasks by April 1, 2010.

Have Caregiver Fair by April 30, 2010.

Evaluate program success to determine if it will be repeated by December 31, 2010.

Goal # 4.3 B

Goal Statement: To improve outreach to caregivers, the ADRC of Portage County will expand opportunities for family caregivers to receive information about services and supports via targeted community resources by disseminating materials for display, broadcast, or publication by adding 8 new outreach activities by December 31, 2010.

Major Activities/Completion Dates:

Identify and get permission to use the stories of five local caregivers for media stories by January 31, 2010.

Attend area medical facilities office manager meetings to disseminate caregiver information by December 31, 2010.

Provide area physicians with information packets for the families of their dementia patients by December 31, 2010.

Obtain state created outreach materials and enhance them with local information, integrating W4A marketing resources that will be personalized for Portage County and available on our website by June 30, 2010.

Update and reorganize caregiver packets using brochures, fact sheets and other materials and assemble 100 packets by September 30, 2010.

Send informative caregiver posters to area pharmacies, doctor offices and senior housing locations by December 31, 2010.

Provide articles for ADRC newsletter about caregiver issues as an ongoing feature.

Send press releases on caregiver information to area newspapers by December 31, 2010.

Contact area radio stations regarding a potential Public Service Announcement for Caregiver Awareness Month in each year of the plan, 2010 - 2012.

Goal # 4.3 C

Goal Statement: The ADRC will improve the ability of caregivers to access services by increasing the local information provided in at least three existing programs (Powerful Tools, Safe & Sound & Resource Library), by adding at least two new programs (Community Caregiving Presentations and Large Employer Outreach), and by increasing ongoing caregiver training for staff by December 31, 2011.

Major Activities/Completion Dates:

Provide information to Information & Assistance Specialists and Benefit Specialists regarding caregiver issues at monthly staff meetings.

Offer the Powerful Tools class 2 times per year through December 31, 2012.

Develop a protocol for responding to inquiries regarding all caregiving related programs by December 31, 2010

Provide caregiving information for all inquiries into Safe & Sound, Project Lifesaver, Powerful Tools and other related programs by March 31, 2011.

Make personal contact with new referrals that will include making personal contact with new referrals for the program via a phone call, office appointment or home visit on an by March 31, 2011.

Offer community presentations on caregiver issues on an ongoing basis beginning in January 2010.

Increase the number of presentations to community groups on caregiver issues by 10% from 2010 to 2011.

Reorganize ADRCs' Resource Library to put all caregiver information together by December 31, 2011.

As a pilot, contact 4 large employers to encourage them to utilize family caregiver support program information, services and support for their employees using provided materials by December 31, 2011.

Develop a questionnaire for community caregivers to assess perceived needs and then administer by December 31, 2011.

Goal # 4.3 D

Goal Statement: Using program evaluation and survey tools, 75% of caregivers will respond that through individual counseling, participation in support groups and/or caregiver training that they are better prepared to make decisions and solve problems relating to their caregiver roles, by December 31, 2012.

Major Activities/Completion Dates:

Offer the Powerful Tools class 2 times per year through December 31, 2012.

Work with UW Extension office regarding "Caregiver Relationships" training by December 31, 2011.

Increase use of the "Caregiving Relationships" brochures by December 31, 2011

Incorporate "Caregiving Relationships" components into the caregiver and Alzheimer's disease support groups by December 31, 2011.

Increase support group participants by 10% through newsletter, senior site locations (meal sites, senior center, nursing homes and other appropriate places) and public outreach (news articles, letters to the editor and other means) by December 31, 2012.

Increase the number of hours that staff is available for individual counseling for family caregivers by December 31, 2012.

Develop survey for caregivers who have participated in related ADRC activities and disseminate prior to December 31, 2012.

Goal # 4.3 E

Goal Statement: The ADRC will expand opportunities for family caregivers to receive services by emphasizing three areas: respite, transportation and supplemental services as needed to ensure people have the most up-to-date information on those services in the community and by incorporating the services of Interfaith Volunteer Caregivers into the ADRC by December 31, 2012.

Major Activities/Completion Dates:

Improve Interfaith Volunteer Caregivers volunteer management and training capabilities by June 30, 2010

Improve collaboration between IVC and ADRC programs to increase the number of appropriate referrals between the two agencies and others in the community.

Make a complete list of all community respite services (paid and volunteer) that will be updated twice per year beginning June 30, 2010.

Review Chore Provider list and application process. Look into expanding the application process by September 30, 2010.

Investigate community partnerships to further develop chore provider list by December 31, 2010.

Develop a respite packet with information on the importance of respite and the places in the community to find respite care that can be sent out for all inquiries and left with targeted medical providers in the community by December 31, 2011.

Increase the number of respite providers on the Chore Provider list by 10 by December 31, 2011.

Continue to recruit people to be part of the Chore Provider list, keep the list current and continue to do background checks on all participants on an ongoing basis.

Develop and offer an educational program that explains what respite is and why it is needed to community groups, meal sites and community organizations by December 31, 2011.

Make a complete list of all community transportation services (paid and volunteer) that will be update twice per year beginning June 30, 2012.

SECTION 5 - LOCALLY DETERMINED FOCUS AREAS

Focus Area – Dementia Services

Goal # 5.1

Goal Statement: In order to increase the overall quality of life for those with memory difficulty or those recently diagnosed with Alzheimer's disease or related disorders, the ADRC will implement an Early Memory Loss Program in 2010. The program will provide individuals experiencing early memory loss with education and support and will enable program participants to be proactive with their brain health. Participants will report positively on their experience and 60% will improve or maintain their mental ability through participation in the program measured by assessments upon entering the program and at various times throughout the program and participant surveys.

Major Activities/Completion Date:

The Early Memory Loss Coordinator and Program Aide will be in place by Jan. 31, 2010.

The program will be marketed beginning in the first quarter of 2010 in local newspapers, radio stations and flyers. Ongoing advertising will take place in the quarterly Post.

Registration will begin in February 2010 and classes will start in March 2010 and meet weekly throughout the year.

Two programs will be presented by the Alzheimer's Association of Greater WI for the EML group in 2010.

The EML program will enroll 10 participants by December 2010 and continue to increase participation to 15 individuals by December 31, 2011.

Expansion to rural areas of Portage County will be explored for possible implementation by December 2012.

Goal # 5.2

Goal Statement: By March 31, 2011, the ADRC will have worked with the local Alzheimer's Chapter, area healthcare providers, CCCW, GWAAR, BADR, the Wisconsin Alzheimer's Institute and local community service providers to create a dementia capable system in Portage County with early diagnosis and referrals for persons with dementia and access to supportive services for family caregivers in order to delay or prevent institutionalization for persons with dementia and reduce long term care costs in Portage County.

Major Activities/Completion Date:

The ADRC will work collaborative with the local Alzheimer's Chapter to plan and host at least one community dementia screening event in 2010 and one in 2011.

The ADRC will work collaborative with the local Alzheimer's Chapter to sponsor outreach and screening activities in conjunction with National Alzheimer's Month – Nov. 2010.

From Jan. 1, 2010 – March 31, 2011, the ADRC Dementia Outreach Specialist, the Outreach Specialist and other ADRC staff will be providing community informational programs to encourage the public to participate in screening programs and seek diagnosis and treatment options, if indicated.

By Jan. 31, 2010, the ADRC Dementia Outreach Specialist will be stationed at Ministry Medical Group at least 4 hours/week (avg.) to perform cognitive screens, patient counseling to assure diagnosis and treatment begin after screening, and offer support services to caregivers.

By Jan. 31, 2010, the ADRC Dementia Outreach Specialist and I & A Specialists will work with physicians as needed to follow-up on diagnosis and treatment for screened participants; encourage use of referral forms to connect persons with dementia and caregivers to ADRC and Alzheimer's Assoc. Chapter services, etc.

By March 31, 2011, the ADRC Dementia Outreach Specialist and Information & Assistance Specialists, as well as the local primary care clinics will have screened 400 individuals for cognitive impairment.

By March 31, 2011, the ADRC Dementia Outreach Specialist and Information & Assistance Specialists, will offer 100 individuals (who screened positive) information and assistance, referrals, and direct services.

Focus Area - Senior Center Programming

Goal # 5.3

Goal Statement: To ensure that the senior center remains an efficient and effective gateway to a broad and comprehensive array of programs, classes, services, and opportunities, the Senior Center staff and re-accreditation committee will complete the steps necessary to attain Wisconsin Association of Senior Centers (WASC) re-accreditation by December 31, 2011.

Major Activities/Completion Dates:

Establish a Wisconsin Association of Senior Centers (WASC) ad hoc re-accreditation committee by June 30, 2010.

Review, update, change, add, and complete senior center WASC Re-Accreditation Manual by June 30, 2011.

Present completed manual to the senior center advisory council for action by July 31, 2011.

Submit to the COA/ADRC board for acceptance by September, 2011.

Earn WASC Re-Accreditation by December 31, 2011.

Goal # 5.4

Goal Statement: Lincoln Center, Portage County's senior center, will work toward parking lot improvements to increase its safety for the people that use it, by working with the city of Stevens Point Public Works Department for consideration of redesign and intended change by December 31, 2010.

Major Activities/Completion Dates:

Provide the suggested changes for the parking lot to the city of Stevens Point Public Works Department Engineer for consideration and review by March 31, 2010.

Continue to be a resource to assist the city of Stevens Point Public Works Department as it reviews and considers the senior center's request for parking lot safety improvements for action by Dec. 31, 2010.

Focus Area - Senior Center (Cont.)

Goal # 5.5

Goal Statement: Seniors, adults with disabilities, and their families and caregivers will continue to have an opportunity to learn about local government operations and current issues pertaining to seniors, adults with disabilities, and caregivers, by participating in the Portage County Statesmanship Program offered annually by Lincoln Center, Portage County's senior center.

Major Activities/Completion Dates:

Re-establish committee to review and refine original two day training curriculum on local executive, legislative, judicial government, and advocacy skills by June 30, 2010.

Offer Portage County Statesmanship Program in June 2010 and on an annual basis, thereafter.

Goal # 5.6

Goal Statement: Portage County adults with disabilities are offered the opportunity to socialize and earn additional income by participating in the Holly Shoppe, Lincoln Center's senior center handcraft store, by adding at least four adults with disabilities to its membership by Dec. 31, 2010, thus promoting mental health and economic well-being.

Major Activities/Completion Dates:

The Holly Shoppe Manager and the advisory council will review current membership policies by March 31, 2010.

Policies incorporating adults with disabilities in the Holly Shoppe membership will be suggested and acted upon by the Holly Shoppe advisory council and given to the COA/ADRC board for final approval by April 30, 2010.

Publicity and promotion to incorporate adults with disabilities will be developed and acted upon by June 30, 2010.

Holly Shoppe Manager will enroll at least four adults with disabilities by Dec. 31, 2010.

Focus Area – Evidence-Based Prevention Activities

Goal # 5.7

Goal Statement: The ADRC Director, ADRC Assistant Dir., Senior Center staff, Community Resource Section staff and prevention program volunteers will continue to work with members of the Portage County Falls Prevention Coalition, the Senior Center Advisory Council, community agencies and providers, and other volunteers/ exercise program instructors to sustain at least four evidence-based classes at Lincoln Center and other locations in Portage County throughout the period 2010 – 2012.

Major Activities/Completion Dates:

By Jan. 1, 2010, the ADRC Director will evaluate the status of the 2010 budget and all available funding sources to determine if revenue is available to increase hours (LTE/permanent) of the Health Program Coordinator to oversee volunteer evidence-based program instructors throughout the county.

By Jan. 1, 2010, the ADRC Director will evaluate the status of the 2010 budget and all available funding sources to determine if revenue is available to increase hours (LTE/permanent) of the Information & Assistance Specialist, RN to provide Sure Step falls assessments and other appropriate interventions in response to EMS system referrals of community dwelling older adults experiencing falls.

By March 31, 2010, the ADRC Director and Health Program Coordinator will have developed a streamlined process for referrals and feedback between the ADRC and Network Health Plan.

Recruit and train 6 additional evidence-based program instructors in the Portage County area during the period 2010-2012.

By June 30, 2010, update the roster of available instructor resources in surrounding counties and at the state level to help meet local needs if demand exceeds capacity.

Throughout 2010-2012 continually seek additional grant funding to assist in purchasing needed supplies and equipment, and to support the evidence-based programs.

Provide ongoing feedback and support to Portage County Ambulance paramedics, Amherst EMS, and local medical providers to maintain ongoing support for referrals to ADRC evidence-based programs.

Conduct meetings of the instructors for all of the evidence-based programs at least twice during each year of the plan 2010-2012 to allow for networking and sharing of resources and support among the instructors and to provide additional support and training.

Focus Area – Marketing & Outreach

Goal # 5.8

Goal Statement: To improve marketing and outreach efforts and better reach the target population countywide about programs and services available at the ADRC in a cost-effective, yet proven effective manner, by Jan. 1, 2011, the ADRC program directors/managers will take the lessons learned from a recent GWAAR/ADRC Process Improvement Project and the results of the 2008 ADRC Quality Review Study and develop a marketing and outreach guide to be used by all agency programs in conducting marketing and outreach efforts.

Major Activities/Completion Dates:

By March 31, 2010 ADRC Program Directors/Managers will review Process Improvement documents and the Quality Review Study to examine lessons learned.

By May 31, 2010 ADRC Program Directors/Managers will review and become familiar with materials and resources related to “health literacy” and its relationship to successful outreach.

By July 31, 2010 recruit and train 4 consumer volunteers serve on a panel to review current outreach and marketing materials utilizing the Fry Graph and other lessons/recommendations and make suggestions regarding improvements needed.

By Sept. 30, 2010 recruit and train target group members and/or program participants to serve as members of an ADRC Speakers Bureau or Peer-to-Peer Program Champions.

By Nov. 30, 2010, update outreach and marketing materials used by the ADRC to incorporate lessons learned and recommendations of consumer review panel.

By Jan. 1, 2011, complete a marketing and outreach guide that addresses all lessons learned and recommendations and incorporates them into all aspects of outreach and marketing – written materials, speakers bureau, website, etc.

SECTION 6 - Budgets

See Attachment I

**ASSURANCE OF COMPLIANCE WITH
FEDERAL AND STATE LAWS AND REGULATIONS**

On behalf of the designated county/tribal organization, we certify that the

Aging & Disability Resource Center of Portage County

(Give the full name of the aging unit)

has reviewed the appendix to the county/tribal plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2010-2012. We assure that the activities identified in this plan will be carried out to the best of the ability of the county/tribe in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2010-2012.

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

Signature, and Title of the Authorized County Board/Tribal Council Date

ASSURANCES

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

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

2. Outreach, Training, Coordination & Public Information

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

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

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

4. Advisory Role to Service Providers of Older Persons

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

5. Contributions for Services

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

6. Confidentiality

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

- Each participant from whom personal information is obtained shall be made aware of his or her rights to:
 - (a) Have full access to any information about one's self which is being kept on file;
 - (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,
 - (c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.

- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately necessary for determining an individual's need and/or eligibility for services and other benefits.

- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:
 - (a) By court order; or,
 - (b) When securing client-requested services, benefits, or rights.

- The lists of older persons receiving services under any programs funded through the State Agency shall be used solely for the purpose of providing said services, and can only be released with the informed consent of each individual on the list.

- All paid and volunteer staff members providing services or conducting other activities under the area plan shall be informed of and agree to:
 - (a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,
 - (b) All policies and procedures adopted by the State and Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.

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

7. Records and Reports

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

8. Licensure and Standards Requirements

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

9. Civil Rights

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

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

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

11. Political Activity of Employees

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

12. Fair Labor Standards Act

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

13. Private Gain

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

14. Assessment and Examination of Records

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

15. Maintenance of Non-Federal Funding

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

16. Regulations of Grantor Agency

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

17. Older Americans Act

The applicant shall comply with all requirements of the Older Americans Act (PL 89-73).

18. Federal Regulations-

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

19. Wisconsin Elders Act

The aging unit must comply with the provisions of the Wisconsin Elders Act.

Wisconsin Statutes Chapter 46.82 Aging unit.

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

- (1) An agency of county or tribal government with the primary purpose of administering programs of services for older individuals of the county or tribe.
- (2) A unit, within a county department under s. 46.215, 46.22
- (3) or 46.23, with the primary purpose of administering programs of
- (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.