

Jefferson County Aging Plan

FY 2025–2027



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Executive Summary

The Aging and Disability Resource Division of Jefferson County was redesigned and formally established in July of 2008 by encompassing all the Older American Act Programs, Transportation and the Aging and Disability Resource Center into one unit.

Our mission is to help people achieve their goals by providing them with comprehensive information so they can make informed decisions, and advocacy support to ensure that they remain in charge of their lives.

The Aging & Disability Resource Center's vision is to provide information and assistance to a diverse community where seniors, and people with disabilities, are respected, healthy and productive.

Our purpose is to advocate for and help people achieve their goals by providing them with comprehensive information, assistance, and opportunities to engage in the public policy process so they can make informed decisions and remain in charge of their lives.

The Aging & Disability Resources Division of Jefferson County Human Services encompasses many programs and funding streams that provide services and supports to seniors, adults with disabilities, children with disabilities as they transition into adulthood, and persons with Alzheimer's disease or another dementia and their caregivers. Services and supports are intended to help people live with a high degree of independence in their own homes and communities for as long as they desire. We adhere to the principals of motivational interviewing to help people achieve their best possible outcomes.

This plan identifies goals in the areas of advocacy, nutrition, caregiver support, equity, person centered planning, and health promotions. These goals were chosen to expand services and opportunities for individuals as well as maintaining cost effective budgets and are based on the results of the community engagement activities conducted over the year.

Context

Jefferson County is home to an estimated 85,932 residents. It is a primarily rural county, conveniently located between two of Wisconsin's major cities, and makes for an easy commute for residents working in or between the state's largest urban areas, Madison, and Milwaukee. According to the US Census, American Community Survey, 2018 – 2022 estimates, the median age in Jefferson County is 41.5 years. The table below estimates that the aging population of 60 and over represents 25% of our county population.

Age Group Estimates	Wisconsin	Jefferson County
Total Population - All Ages, All Races	5,882,128	85,932
60+	1,449,786	21,443
65+	1,038,620	15,142
75+	420,624	5,922
85+	127,919	1,308
% 60+	24.6%	25.0%
% 65+	17.7%	17.6%
% 75+	7.2%	6.9%
% 85+	2.2%	1.5%
Males age 65+	478,089	7,090
Males as percent of 65+ population	46.0%	46.8%
Females age 65+	560,531	8,052
Females as percent of 65+ population	54.0%	53.2%
Source: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates, Table B01001		

The Department of Health Services shared projections of the total population and counties for the time span of 2015-2040 to help with preparing for upcoming estimated population growth. The population in Jefferson County is expected to increase over the next couple of decades for all ages of the population but the expectation of our very oldest 85+ is expected to double in population by 2040.

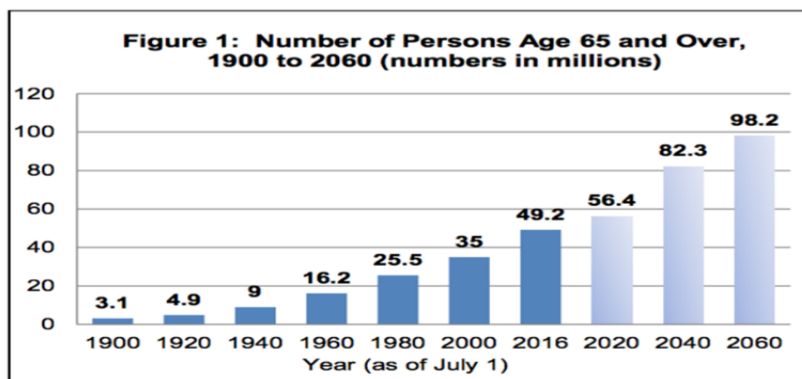
Jefferson County	2015	2020	2025	2030	2035	2040
All Ages	85,455	90,120	93,860	97,305	99,265	100,300
Aged 60 +	18,185	21,360	24,320	26,135	27,215	27,890
Aged 65+	12,735	15,360	18,090	20,605	21,825	22,490
Aged 85+	1,475	1,520	1,770	2,155	2,815	3,570

Social and Economic characteristics

The Older Americans Act (OAA) specifies that its funds should be directed to individuals with the greatest economic and social need (with particular attention to low-income older individuals, including low-income minority individuals, older individuals with limited English proficiency and older individuals residing in rural areas.) The growth of the aging populations in Jefferson County in the coming decades will create opportunities and challenges for our long-term supports and services. Between now and 2040, the proportion of the population age 65 and over will significantly increase so strategic planning of program services is needed to meet the demand of people who may have reported a disability and those who have a ratio of income below the poverty line to ensure there is enough service to meet the need.

Ratio of Income to Poverty: Ages 65 and Older*	Wisconsin	Jefferson County
Total, Age 65+	926,836	13,663
Age 65+ below poverty	69,985	1,181
<i>% of 65+ Pop below poverty</i>	7.6%	8.6%
Age 65+: 150% of poverty or less	154,253	2,240
<i>% of 65+ Pop: 150% of poverty or less</i>	16.6%	16.4%
Age 65+: 185% of poverty or less	221,743	3,260
<i>% of 65+ Pop: 185% of poverty or less</i>	23.9%	23.9%
Age 65+: 200% of poverty or less	251,028	3,715
<i>% of 65+ Pop: 200% of poverty or less</i>	27.1%	27.2%
Age 65+: 300% of poverty or less	438,105	6,643
<i>% of 65+ Pop: 300% of poverty or less</i>	47.3%	48.6%
*Note: Totals for this table only include persons for whom poverty status can be determined.		
Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B17024, 1/2021		

The current growth of the population, ages 65 and older, driven largely by the baby boom generation, is unprecedented in U.S. history. As this group of people has passed through each major stage of life, baby boomers, born between 1946 and 1964, have brought both challenges and opportunities to the economy, infrastructure, and institutions of our country. We can see here that according to the us census bureau the number of Americans ages 65 and older is projected to nearly double from 2020 to 2060.



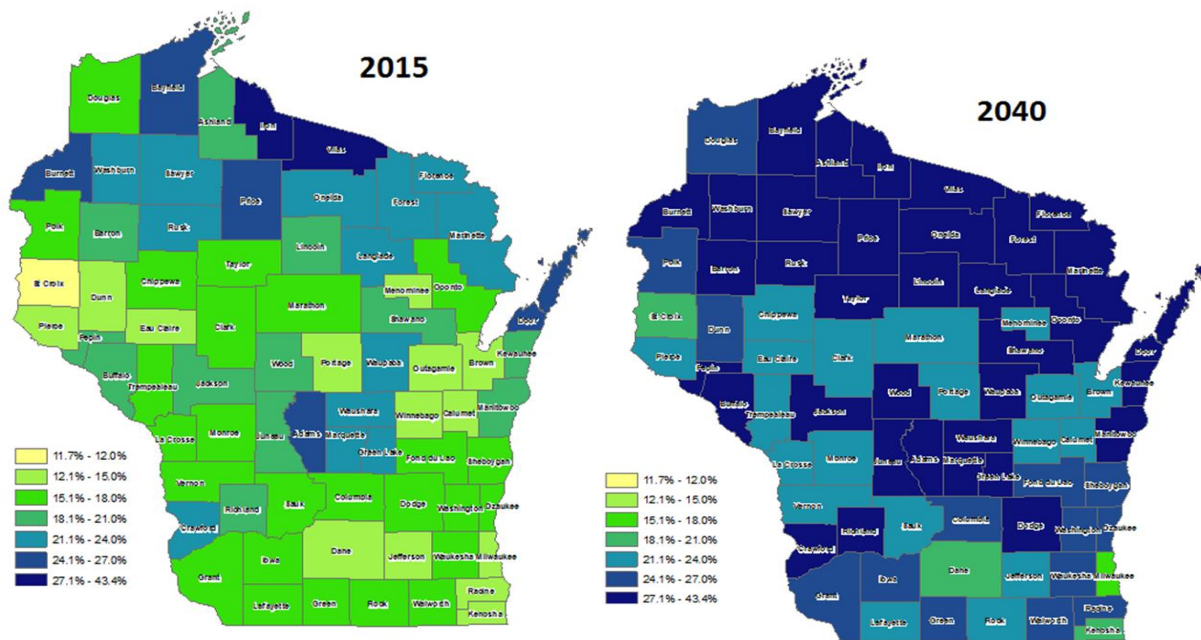
Note: Increments in years are uneven. Lighter bars indicate projections.
Source: U.S. Census Bureau, Population Estimates and Projections.

We are now starting to see the effects this group is going to have on our country as they age. By 2030, in less than 10 years, all the baby boomers will be at least 65 years of age. And Older Americans, over the age of 65, will outnumber children for the first time in U.S. history.

We also expect to see an increase in the number of individuals in Wisconsin over the age of 65 living at or below the poverty rates. The Aging Programs were developed to first support those in the greatest need.

We know from statistics that poverty rates increase as people age, nearly doubling from the age of 60 to the ages of 85+. As our aging population grows so will the need.

This graphic demonstrates the increasing number of Wisconsinites with a diagnosis of dementia, comparing 2015 to 2040. This is one of our Aging Program’s focus areas. The percentage of the population with a diagnosis of Dementia expands as the blue of the map gets darker. This prediction is based on population demographics from the DHS website. You can see here that our own Jefferson County is expected to see an increase in the percentage of individuals living with dementia, from around 15 % in 2015 up to 24% in 2040. These individuals require unique supports and services to age safely and with a high quality of life.



The ADRCs and Aging Programs of Wisconsin encompass many programs and funding streams that provide services and supports to the elderly, adults with disabilities, and individuals with Dementia and their families and caregivers. With the growth prediction we see the need for our services is going to grow significantly over the next few years.

Development of the Aging Plan

This planning period we found the most success with reaching people through paper and electronic surveys as well as interviews.

The ADRC and Aging Unit Advisory Committee was involved in the process of designing the surveys and determining how to best distribute surveys to reach the maximum participants possible. Advisory Committee members conducted in-person

interviews with community members to gather feedback for this survey as well. The in-person interviews were based on the same questions contained in the survey. This method of gathering community information allowed participants to give greater detail to their responses and allowed the interviewer to ask additional questions to gather more information.

Four individuals were interviewed by members of the advisory committee.

1. Sue is a 74-year-old retired schoolteacher from Watertown. She remains active in the community and has heard of the ADRC but has never reached out for services. She was pleased to hear about the Aging Programs offered in Jefferson County.
2. Ida is an 80-year-old retired woman whose husband passed away several years ago and is living alone. She lives in Fort Atkinson with her granddaughter living close by. She said that her granddaughter is a real source of support to her. Ida has heard of the ADRC and some of the aging programs offered but has not reached out.
3. Ralph is a 77-year-old gentleman living in Palmyra. He is retired and living with his wife and son on the family farm. Ralph had not heard of the ADRC or the Aging Programs and was interested in learning more about them.
4. Mary is 69 years old. She has worked several jobs in her lifetime and is recently retired. Mary has been in contact with the ADRC due to her caregiving for her aunt in her home. She has participated in the Caregiver Support program and is aware of several of the aging Programs offered in Jefferson County.

The following are summaries of the responses given during the in-person interviews.

If yes, what services could the Aging Programs through Jefferson County provide to enhance your caregiving experience?

Not all our interviewees had been caregivers but all of them had known people that were. When asked about ways to support caregivers they talked about connecting people to others that are doing the same thing and could be supports. They also talked about the financial strain on caregivers as well as the emotional strain. They all mentioned offering caregivers a break, but also acknowledged that many caregivers feel that another person would not be able to take care of their loved one as well as they were. One respondent said that some sort of caregiving classes might be helpful.

What Senior Nutrition Services would you most like to see as a part of the Jefferson County Senior Nutrition Program?

None of the interviewees had participated in the Senior Nutrition Program, yet all of them said that they felt the program is very important. When asked about what they would like to see as part of the Nutrition program they talked about healthy foods, variety and quality of meals, and fresh fruits and vegetables. The most common comment was that the food should taste good so the people receiving meals can enjoy their meals. Another common discussion point was specialized meals such as diabetic meals, low salt needs, and extra calorie needs. There are many different dietary reconditions from doctors these days and it can be challenging to meet these recommendations for everyone. Making sure participants in the nutrition program are getting meals that meet their specific dietary needs is important.

One of our interviewees said that she is aware of congregate dining but would not be interested in going to the senior centers for meals. She feels that would be uncomfortable for her to go eat with people she does not know. She understands that home delivered meals need to be limited to people who cannot get out of their homes but would like to see other options for meals in the community.

How could we improve access to transportation services in our community?

Respondents shared that the lack of transportation in Jefferson County does affect either themselves or someone they know. The county being rural can be a barrier to getting needs met due to resources being spread out between smaller towns. Transportation between the small towns is difficult to secure and very expensive when it can be found.

The interviewee that was familiar with the ADRC transportation program reported that they feel the current program is a good program and they are very pleased with how easy it is to use. The program is limited to people over the age of 60 or living with a disability. The interviewee thought it would be great if there were similar services for other demographics.

When asked about shared rides all the respondents stated that they would prefer to not have to share but they also understand the need to sometimes share rides to get more people where they need to go. When asked about the Cycling Without Age program, all the respondent stated that they would not be interested in the program at this time.

Which of the following free health promotions classes would you be most interested in attending? The top 3:

The individuals interviewed shared that they thought classes focused on health and exercising would be great. They also talked about classes to help support caregivers. The idea that any classes offered should be fun to attend and give people

opportunities to get together with other people for socialization was consistent between our interviewees.

Weekday afternoons and evenings were the times and days that were most convenient to our interviewees. One interviewee said that offering classes at different times might help to make sure everyone can find a class that will work for them and their schedules.

What other suggestions do you have for improving the Aging Programs in Jefferson County?

Some of the suggestions the interviewees had were to offer fun social gathering activities, as well as transportation to and from these activities. They also mentioned walking programs or routes that people could take that have been determined to be safe and enjoyable for older people wanting to take walks. They also talked about transportation needs, social connections, and family connections such as supports for family caregivers, transportation to and from family events and family education about aging.

Surveys were printed in the ADRC monthly newsletter, LINK with return information provided. These newsletters are mailed to over 450 community members as well as made available in all of the senior centers, and libraries across the county. Surveys were mailed out to participants in the transportation, caregiver, and nutrition programs as well as handed out at our front desk.

A survey Monkey was set up and the link shared through newsletters, community events such as memory café's, farmer's markets, and conference events as well as on the ADRC Website.

We received 116 responses to our survey. The survey questions and top 3 responses to each question can be found below.

The top responses from each survey question were as follows:

1. Are you 60 years of age or older?
 - Greater than 50% were over the age of 60.
2. Are you a caregiver?
 - Greater than 50% were *not* caregivers.
3. If yes, what services could the Aging Programs through Jefferson County provide to enhance your caregiving experience?
 - Day care for elderly

- Rides to medical appointments
 - Caregiver resources
4. What Senior Nutrition Services would you most like to see as a part of the Jefferson County Senior Nutrition Program? Top 3:
 - Fresh Menu selections when possible (ie: fresh fruit fresh vegetables, fresh baked goods.
 - Meals that accommodate a variety of diets (vegan, vegetarian, gluten free, diabetic, low sodium, meals from different cultures, etc.)
 - Focus on Nutrients and nutritional value of foods.
 5. How could we improve access to transportation services in our community?
 - Let us know what the access is
 - Interest in ridesharing
 - Dependable service and easy booking
 6. The transportation program is considering implementation of shared rides to increase efficiency amongst drivers and lower costs for riders. Would you be interested in sharing a ride with another person?
 - 41% said YES
 - 37% said NO
 7. Would you be interested in participating in a “Cycling Without Age” (Volunteers who pedal trishaws with seniors) program?
 - 18% said YES
 - 70% said NO
 8. Which of the following free health promotions classes would you be most interested in attending? The top 3:
 - Brain & Body Fitness
 - Boost Your Brain and Memory
 - Stress-Busting Program
 9. What days and times would work best for you to attend one of the above programs?
 - Weekday afternoons & evenings
 10. What other suggestions do you have for improving the Aging Programs in Jefferson County? Top 3:
 - More information about what is available – community awareness
 - List of volunteer needs
 - More free programs

Partners and resources

The Aging Unit and ADRC of Jefferson County has successfully established several resources and partnerships in our effort to support the aging community within this county. A few of these resources and Partnerships include:

- Community Partners of Jefferson County – Group of Hispanic and non-Hispanic community members promoting Latino population services, resources, involvement.
- Public Health Department- COVID vaccines to homebound individuals, transporting people to free vaccine clinics, working towards reopening congregate meal sites, resuming in person meetings safely.
- Senior Centers – Distributing Farmer’s Market Vouchers, Completing Memory Screens, Communication through newsletters, access to computers for assistance with Medicare Open Enrollment, connecting seniors and offering educational programs.
- Neighboring Aging Units- Partnering to bring Evidence Based programs to both counties.
- AHEC – Area Health Education Centers – Collaborated to bring the Aging Mastery Program to Jefferson County residents, also working on bringing the Spanish version of the program to the community in the future.
- GWAAR Advocacy Staff - participating in Elder Advocacy Day, connecting with local legislative representatives, communicating about advocacy with the community.
- Local Restaurants- Working towards partnering with local restaurants to bring the My Meal /My Way program to Jefferson County.
- Libraries – Memory Café’s/ Memory Screens/ Dementia Friendly Businesses
- Community Businesses – Dementia Friendly Businesses
- Local Schools/ boy& Girl Scouts/ 4-H – Service-Learning Projects through the Nutrition Program
- Hospitals/clinics – DCS: APS, ADRC – Identifying individuals in need of services, referrals.
- Local Service Clubs – Rotary Clubs, Kiwanis Club, Lions Clubs, Optimist Clubs, Elks, Moose, Masons, and Wolf Clubs – present on services available through

the Aging Unit and ADRC of Jefferson County. Connect people to services. Exploring ability to offer volunteer services through these groups as well.

- Local transportation providers – Coordinate with other local transportation providers to assure that community members are able to get where they need to go.
- Tomorrow’s Hope – Coordinate several community events to support the shared focus on Dementia awareness.

Public hearings

Public Hearing Report 1

Date of Hearing:	County or Tribe:
September 11, 2024	Jefferson County
Location of Hearing:	Accessibility of Hearing: X Location was convenient, accessible & large enough X Provisions were made for hearing/visual impairments X Provisions were made for those who do not speak English X Hearings were held in several locations (at least one in each county your agency serves) X Hearing was not held with board/committee meetings
Jefferson Public Library	
Address of Hearing:	
321 S. Main St. Jefferson WI. 53549	
Number of Attendees: 1	
Public Notice:	
X Official public notification began at least 2 weeks prior? Date: 08/26/2024 X Notice must be posted in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue X *Print/online newspaper: Watertown Daily Times & Daily Union X *Nutrition sites X *Senior centers X Newsletter, radio, TV, social media <input type="checkbox"/> Sent to partner agencies/individuals <input type="checkbox"/> Other _____	
X Notifications include X Date X Time X Location	

<p>X Subject of hearing</p> <p>X Location and hours that the plan is available for examination</p> <p>X Where appropriate, notice was made available in languages other than English</p> <p>X A copy of the notice is included with this report</p>
<p>Summary of Comments:</p> <p>1 member of the public attended the hearing</p> <p>0 written or phone comments were received</p>
<p>Changes made to your plan as a result of the input received:</p> <p>No changes were suggested</p>

Public Hearing Report 2

<p>Date of Hearing:</p> <p>September 26, 2024</p>	<p>County or Tribe:</p> <p>Jefferson County</p>
<p>Location of Hearing:</p> <p>Jefferson Public Library</p>	<p>Accessibility of Hearing:</p> <p>X Location was convenient, accessible & large enough</p> <p>X Provisions were made for hearing/visual impairments</p> <p>X Provisions were made for those who do not speak English</p> <p>X Hearings were held in several locations (at least one in each county your agency serves)</p> <p>X Hearing was not held with board/committee meetings</p>
<p>Address of Hearing:</p> <p>321 S. Main St. Jefferson WI. 53549</p>	
<p>Number of Attendees: 0</p>	
<p>Public Notice:</p> <p>X Official public notification began at least 2 weeks prior? Date: 08/26/2024</p> <p>X Notice must be posted in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue</p> <p>X *Print/online newspaper: Watertown Daily Times & Daily Union</p> <p>X *Nutrition sites</p> <p>X *Senior centers</p> <p>X Newsletter, radio, TV, social media</p> <p><input type="checkbox"/> Sent to partner agencies/individuals</p> <p><input type="checkbox"/> Other _____</p>	

<p>X Notifications include</p> <ul style="list-style-type: none"> X Date X Time X Location X Subject of hearing X Location and hours that the plan is available for examination <p>X Where appropriate, notice was made available in languages other than English</p> <p>X A copy of the notice is included with this report</p>
<p>Summary of Comments:</p> <p>No community members attended the hearing No written or phone comments were received</p>
<p>Changes made to your plan as a result of the input received:</p> <p>No Changes</p>

Goals and strategies

<p>1. Older Americans Act program area (Select a program area if applicable.)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Title III-B Supportive Services <input type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program <input type="checkbox"/> Title III-D Evidence-Based Health Promotion <input type="checkbox"/> Title III-E Caregiver Supports
<p>Aging Network value (Select a value if applicable.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Person centeredness <input type="checkbox"/> Equity <input checked="" type="checkbox"/> Advocacy
<p>Goal statement: The ADRC, Aging program staff, Advisory Committee, and Title 3B program participants will have training and educational opportunity to become strong advocates for Aging Programs.</p>

Plan or strategy:

- Advocacy Training – for staff and committee members – Ask GWAAR Advocacy Consultant to staff training as well as committee meeting.
- Annual trainings - Janet Zandar do a 101.
- Get to know your legislators
- Add Advocacy to ADRC Advisory Agenda
- Wisconsin Advocacy Network – staff member and/or committee members attend meetings
- Have a staff/board and or T3B participant attend Aging Advocacy Day in May
- Send advocacy materials/training to T3B program participants 2x each year.
- Send invites to participants for Advocacy events in the community.
- Conduct Survey of T3B participants annually around advocacy knowledge and interests.

Documenting efforts and tools:

- Attendance of ADRC and Aging staff and committee members at the Aging Advocacy Day in May.
- At least 3 staff or participants will participate in Aging Advocacy Day annually.
- Survey Results will indicate advocacy information helpful

2. Older Americans Act program area (Select a program area if applicable.)

- Title III-B Supportive Services
- Title III-C1 and/or III-C2 Nutrition Program
- Title III-D Evidence-Based Health Promotion
- Title III-E Caregiver Supports

Aging Network value (Select a value if applicable.)

- Person centeredness
- Equity

Advocacy

Goal statement: Due to limited capacity and the desire to avoid waitlists, we will implement the GWAAR Person-Centered Meal Prioritization Process over the next 3 years. This will ensure that we can positively influence the nutrition, socialization, and overall health of qualifying community members 60+ by offering the most appropriate type of home delivered meal and/or offering additional options for congregate dining while operating within our capacity and avoiding waitlists.

Plan or strategy:

We will implement the GWAAR Person-Centered Meal Prioritization Process to optimize the delivery of meals and congregate options within the OAA Nutrition Program. This will ensure that Individuals with the highest nutritional needs are being served within the means of program resources while also offering person-centered services to those with moderate to low needs that meet the person where they are, to optimize their nutrition status and enhance their quality of life.

- ESMMWL – Nutrition Education offered to community, Referrals from Hospitals
- Create alternative congregate Options such as voucher programs
- Different ethnic restaurants – Pop up sites
- Explore starting a community garden for the programs

Documenting efforts and tools:

- Staff will be informed and trained on the process between July and December of 2024. The process will be implemented for all new participants and reassessments by January 2025.
- Assess # participants who are short term (less than 3 months), High, Moderate and Low need to better understand the demand.
- Offer at least 3 options of meal choices for congregate meals
- Start a senior community garden to grow fresh vegetables for congregate and home delivered meals.

3. Older Americans Act program area (Select a program area if applicable.)

- Title III-B Supportive Services
- Title III-C1 and/or III-C2 Nutrition Program
- Title III-D Evidence-Based Health Promotion
- Title III-E Caregiver Supports

Aging Network value (Select a value if applicable.)

- Person centeredness
- Equity
- Advocacy

Goal statement: Expand high level evidence-based programming and access, to increase attendance in Jefferson County,

Plan or strategy:

- Partner with other vendors, hospitals, senior centers, etc.
- Increase Recruitment efforts – connect with WiHa
- Have staff member attend Health promotion Webinars.
- WiHa virtual programs offer each year
- Work with Angie Sullivan to form partnerships with health organizations.
- Track where people heard of the programs for future marketing/planning

Documenting efforts and tools:

- Track the number of programs offered as well as the number of participants.
- Look for a 10% increase each year for 3 years.

4. Older Americans Act program area (Select a program area if applicable.)

- Title III-B Supportive Services
- Title III-C1 and/or III-C2 Nutrition Program
- Title III-D Evidence-Based Health Promotion
- Title III-E Caregiver Supports

<p>Aging Network value (Select a value if applicable.)</p> <p><input checked="" type="checkbox"/> Person centeredness</p> <p><input type="checkbox"/> Equity</p> <p><input checked="" type="checkbox"/> Advocacy</p>
<p>Goal statement: Increase awareness and knowledge of Power of Attorney for Health Care and finance amongst participants in the caregiver programs.</p>
<p>Plan or strategy:</p> <ul style="list-style-type: none"> • Create and offer a POA workshops • Collect evaluations from trainings to improve trainings – offer at local senior centers, libraries, and senior apartment complexes. • Hand out POA paperwork with directions for completion at all workshops • Send POA paperwork with directions to all participants • Ask participants to let us know if they completed the paperwork. Offer an incentive – certificate? • Partner with Hospital – Attend National POA day
<p>Documenting efforts and tools:</p> <ul style="list-style-type: none"> • Hand out evaluation forms at all workshops to gather feedback. • Track # of POA completed. • Track # of workshops offered and number of participants at each workshop. • Participate with 2 local hospitals for POA community efforts.

Program Advancement

Community engagement and public input

The ADRC and Aging unit continuously encourage feedback and public engagement through several avenues. The ADRC website has contacts listed for community members to reach out with feedback or questions. The monthly newsletter shares phone numbers to reach all staff in the ADRC and for all of the aging programs.

Evaluation and feedback forms are distributed at each of our community events asking for the communities thoughts and opinions. We hold several community events from attendance at conferences, farmer’s markets, facilitation of memory café’s, youth

transition events, and community educational opportunities where we share the services offered by the ADRC and Aging programs.

Our ADRC and Aging Advisory Committee is a large group of individuals who are very involved in their local community. These individuals bring feedback from the community to the advisory meetings to discuss and consider. We are committed to being an agency for the community and by the community.

Title III and Title VI coordination

The coordination of services between the county aging unit, tribal aging unit and tribal member is essential to maximize efforts towards health equity within our aging programs.

The Older Americans Act (Sec.306 (6)(G) and (11) (A)(B)(C) requires aging agencies, to the maximum extent possible, to conduct outreach activities to inform Native Americans of programs and benefits under the OAA and to coordinate services provided under Title III with those services provided under Title VI.

The Aging Unit and ADRC of Jefferson County is updating their marketing materials and website to clearly communicate those services offered are available to any tribal members living in Jefferson County. Through coordination with the appropriate tribal aging unit, we will ensure the provision of services are made available to tribal members.

Aging unit integration and collaboration with the local aging and disability resource center

The ADRC and all other aging services are co-located within the Human Services Department. All Older American's Act (OAA) programs and services are offered under the umbrella of the ADRC. While also located adjacent to ADRC offices, the Adult Protective Services unit maintains its identity under the Human Services Department.

The Aging and Disability Resource Centers (ADRC's) offer the public a no-cost, coordinated system of information and access for older people (60+), people with disabilities (17 ½-59), caregivers, family members and professionals alike seeking long-term care supports and resources. ADRC professional staff provides unbiased, objective information on a variety of public and private services and programs.

We promote individual choice using motivational interviewing, support informed decision-making, connect people with the services they need and try to minimize confusion. Our goal is to improve life experience, maintain self-sufficiency, conserve personal resources and delay or prevent the need for potentially expensive long-term

care. An ADRC representative is available in person through office and home visits, by telephone, text, and email, whichever is more convenient to the individual(s) seeking our assistance. Consumers are referred or transferred to the person responsible for coordinating nutrition services, transportation, and/or caregiver support; however, due to changes in the state ADRC contract, short-term case coordination to assist caregivers in accessing services will be provided by ADRC staff. This is the only OAA service that is shared.

Emergency preparedness

The COVID pandemic taught us a great deal about maintaining services through a crisis. During the pandemic our goals and vision remained the same, with getting services, resources and information out to our community as a primary goal.

To do this we had to learn to work from alternative locations as coming into the office was not always an option. Our staff was provided with equipment, laptops and cell phones, to work from their homes, or public locations for safety and convenience of our customers. Our staff continues to work remote part of the time to assure these systems continue to be adequate in meeting the community needs.

During the pandemic our nutrition program had to make significant adjustments to the way food was handed out. Congregate meals ended and carry out meals were created. Home delivered meals became the primary method of delivery. Moving forward we will be creating back up plans for all the meal sites in case of local emergency. We will also be developing a backup plan in case the current caterer were unable to continue services for any reason.

Our educational programs transitioned from in person to virtual for health and safety during the pandemic. Today we continue a mix of both in person and virtual opportunities for participants.

Jefferson County Human Services has an emergency plan in place. The ADRC and Aging programs are included in this Human Services plan.

Organizational structure and leadership of the aging unit

Primary Contact, Aging unit director

The ADRC and Aging Unit Division Manager oversees the Aging Unit and ADRC of Jefferson County. This position works closely with DHS and GWAAR to assure that policy and procedures are followed correctly and that the Aging Unit and ADRC are good stewards of taxpayer dollars while serving the greatest number of people within Jefferson County. The ADRC and Aging Unit Division Manager works with the staff and

leadership of all programs run through this division to guide programs and services. This division manager works closely with the Human Services Director and Human Services Board to oversee and direct work being done in the ADRC and Aging Unit Division.

Primary contact to respond to questions about the aging plan

Name: ReBecca Schmidt

Title: Aging and ADRC Division Manager

County: Jefferson

Organizational Name: ADRC of Jefferson County

Address: 1541 Annex Rd.

City: Jefferson

State: WI

Zip Code: 53549

Email Address: rschmidt@jeffersoncountywi.gov

Phone: 920-674-8139

Organizational Chart of the Aging Unit:



Aging unit coordination with the aging and disability resource center

The ADRC and all other aging services are co-located within the Human Services Department. All Older American's Act (OAA) programs and services are offered under the umbrella of the ADRC. While also located adjacent to ADRC offices, the Adult Protective Services unit maintains its identity under the Human Services Department.

An ADRC representative is available in person through office and home visits, by telephone, text, and email, whichever is more convenient to the individual(s) seeking our assistance. Consumers are referred or transferred to the person responsible for coordinating nutrition services, transportation, and/or caregiver support; however, due to changes in the state ADRC contract, short-term case coordination to assist caregivers in accessing services will be provided by ADRC staff. This is the only OAA service that is shared.

Statutory requirements for the structure of the aging unit Policy-making body

Organizational structure: Choose the option that represents the organizational structure of the aging unit.	Check one
(1) An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	<input type="checkbox"/>
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	<input checked="" type="checkbox"/>
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	<input type="checkbox"/>
Composition of the policy-making body: Choose the option that represents the composition of the policy-making body.	Check one
For an aging unit that is described in (1) or (2) above, organized as a committee of the county board of supervisors/tribal council, composed of supervisors and advised by an advisory committee, appointed by the county board/tribal council. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>
Full-time aging director: The law requires that the aging unit have a full-time aging director.	Check one
The aging unit has a full-time aging director as required by law.	<input checked="" type="checkbox"/>
The aging unit does not have a full-time aging director as required by law.	<input type="checkbox"/>

Policy-making body

The commission is the policy making entity for aging services and an aging advisory committee is not the commission. Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units.

Official name of the policy-making body: Jefferson County Human Services Board

Chairperson of the policy-making body: Richard Jones

Advisory committee

This committee is actively involved in oversight and planning efforts on behalf of the division's constituents and is responsible for advising the Human Services Board about programs, policies, and unmet community needs.

Official name of the advisory committee: ADRC Advisory Committee

Chairperson of the advisory committee: John Donohue

Nutrition Project Counsel

This council is responsible for advising the Nutrition Program Director on all matters relating to the delivery of nutrition and nutrition supportive services within the program area, including making recommendations regarding days and hours of meal site operations and site locations, setting the annual "suggested donation," and making recommendations regarding meal site furnishings regarding persons with disabilities.

Official name of the Nutrition Project Counsel: Nutrition Project Counsel

Chairperson of the Nutrition Project Counsel: Frankie Fuller

Budget summary

The Aging Programs are funded with federal and state dollars, county tax levy, and private donations. Federal funding comes from the Older American's Act or OAA. The Older Americans Act (OAA) specifies that these funds should be directed to individuals with the greatest economic and social need "with particular attention to low-income older individuals, including low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas." The growth of the aging populations in Jefferson County in the coming decades will create opportunities and challenges for our long-term supports and services. Between now and 2040, the proportion of the population age 65 and over will increase significantly. Strategic planning of program services is needed at this time to meet the demand of future consumers. Jefferson county is projected to have a slightly higher than average percentage of community members over the age of 65 in the years to come. The OAA provides the framework under which the Division's two oversight committees exist and operate.

Aging Program budgets include the Caregiver Support program. Caregiver Support includes:

- Alzheimer's Family and Caregiver Support Program (AFCSP) is funded by DHS at \$40,500 for 2024. It is used to cover in-home help, medical equipment,

prescriptions medications, respite care, adult daycare, assistive devices, and transportation.

- The National Family Caregiver Support Program (NFCSP) is funded by GWAAR for \$39,806 in 2024, with a required \$13,075 county match. The program helps families sustain their efforts to care for older relatives by providing them with information, assistance, caregiver support, respite, and supplemental services.
- Supportive Services Program is funded by GWAAR for \$78,332 in 2024, with a required \$8,704 County Match. Supportive services are intended to help people remain in their homes, with the help that they need, to meet their activities of daily living or access community services.

The Senior Nutrition Program supports nutrition services to older adults throughout the County by providing home delivered and congregate site meals. Congregate sites have all been re-opened following the COVID-19 pandemic. Funding for this program comes from GWAAR, participant donations, and MCO contributions. For 2024, The budget for 2024 is \$232,622. A separate Nutrition Supplement Incentive Program (NSIP) contract is provided by GWAAR. This funding was \$22,072 in 2024, and it does not include a county match.

The Health Promotion and Disease Prevention program is funded by GWAAR for \$9,148 in 2024.

The Senior Community Services Program is funded by GWAAR for \$7,986 in 2024 with an \$887 County match.

In addition to the amounts listed above, it is anticipated that unspent GWAAR funding from 2023 will be used to carryover and cover some 2024 costs.

	Title III Federal Contract Expenses	Other Federal Contract Expenses	Cash Match Expenses	Other Federal Expenses	Other State Expenses	Other Local Expenses	Program Income Expenses	Total Cash Expenses	AFSP Expense Used as Match	In-Kind Match Allocations	Grand Total
Supportive Services	\$ 78,332.00	\$ -	\$ 7,899.00	\$ -	\$ -	\$ -	\$ -	\$ 86,231.00	\$ -	\$ 2,252.00	\$ 88,483.00
Congregate Nutrition Services	\$ 109,327.00	\$ 2,552.00	\$ -	\$ -	\$ -	\$ -	\$ 15,000.00	\$ 126,879.00	\$ -	\$ 53,000.00	\$ 179,879.00
Home Delivered Nutrition Services	\$ 163,906.00	\$ 13,931.00	\$ 201,705.00	\$ -	\$ 7,986.00	\$ -	\$ 72,000.00	\$ 459,528.00	\$ -	\$ 93,000.00	\$ 552,528.00
Health Promotion Services	\$ 5,777.00	\$ -	\$ 642.00	\$ -	\$ -	\$ -	\$ -	\$ 6,419.00	\$ -	\$ -	\$ 6,419.00
Caregiver Services - 60+	\$ 34,166.00	\$ -	\$ 13,269.00	\$ -	\$ -	\$ -	\$ -	\$ 47,435.00	\$ 9,241.00	\$ -	\$ 56,676.00
Caregiver Services - Underage	\$ 5,640.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,640.00	\$ -	\$ -	\$ 5,640.00
Legal Services (EBS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Alzheimer's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Elder Abuse	\$ -	\$ -	\$ -	\$ -	\$ 24,998.00	\$ -	\$ -	\$ 24,998.00	\$ -	\$ -	\$ 24,998.00
Grand Total	\$ 397,148.00	\$ 16,483.00	\$ 223,515.00	\$ -	\$ 32,984.00	\$ -	\$ 87,000.00	\$ 757,130.00	\$ 9,241.00	\$ 148,252.00	\$ 914,623.00

Verification of Intent – *See attached signature page at end of document*

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

Use the template provided in the appendences.

Assurances of Compliance with Federal and State Laws and Regulations – *See attached signature page at end of document*

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

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

Use the template provided in the appendences.

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

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

2. Outreach, Training, Coordination & Public Information

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

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

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

4. Advisory Role to Service Providers of Older Persons

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

5. Contributions for Services

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

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

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

6. Confidentiality

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

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

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

7. Records and Reports

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

8. Licensure and Standards Requirements

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

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

9. Civil Rights

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

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

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

11. Political Activity of Employees

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

12. Fair Labor Standards Act

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

13. Private Gain

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

14. Assessment and Examination of Records

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

15. Maintenance of Non-Federal Funding

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

16. Regulations of Grantor Agency

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

17. Older Americans Act

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

Sec. 306. (a)

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

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

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

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

(C) legal assistance.

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

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

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

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

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

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

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

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

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

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

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

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

(I) older individuals residing in rural areas.

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

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

(IV) older individuals with severe disabilities.

(V) older individuals with limited English proficiency.

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

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

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

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

(6)(F) Each area agency will:

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

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

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

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

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

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title.

(B) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Wisconsin Elders Act

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

Wisconsin Statutes Chapter 46.82 Aging unit.

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

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

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

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

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

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

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

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

(4) Commission on Aging.

(a) Appointment.

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

(b) Composition.

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

1. For an aging unit that is described in sub. (1) (a) 1. or 2., organized as a committee of the county board of supervisors, composed of supervisors and, beginning January 1, 1993, advised by an advisory committee, appointed by the county board. Older

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

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

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

(c) Terms.

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

(c) Powers and duties.

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

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

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

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

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

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

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

Appendices:

Community Engagement Report 1

Your County or Tribe: Jefferson	Date/s of Event or Effort: Paper and Electronic Survey
Target audience(s): Jefferson County residents	Number of Participants/ Respondents: 112
Describe the method used including partners and outreach done to solicit responses: <ul style="list-style-type: none">• Surveys sent through the mail to all current participants of Aging Programs• Transportation drivers handed out surveys with return envelopes.• Spanish surveys were shared through community Spanish speaking businesses such as grocery stores and churches.• Surveys were sent to all Senior Centers for individuals to take, complete and return.• Survey Monkey used to develop survey• Survey on County and ADRC web page•	
Describe how the information collected was used to develop the plan: <p>All responses collected were totaled and the results were used to determine goal areas as well as educational needs within the community.</p>	
What were the key takeaways/findings from the outreach? The key takeaways from this outreach were many. The top responses from each survey question was as follows: <ol style="list-style-type: none">1. Are you 60 years of age or older<ul style="list-style-type: none">• Greater than 50% were over the age of 60.2. Are you a caregiver?<ul style="list-style-type: none">• Greater than 50% were <i>not</i> caregivers.3. If yes, what services could the Aging Programs through Jefferson County provide to enhance your caregiving experience?<ul style="list-style-type: none">• Day care for elderly• Rides to medical appointments• Caregiver resources	

4. What Senior Nutrition Services would you most like to see as a part of the Jefferson County Senior Nutrition Program? Top 3

- Fresh Menu selections when possible (ie: fresh fruit fresh vegetables, fresh baked goods.
- Meals that accommodate a variety of diets (vegan, vegetarian, gluten free, diabetic, low sodium, meals from different cultures, etc.)
- Focus on Nutrients and nutritional value of foods.

5. How could we improve access to transportation services in our community?

- Let us know what the access is
- Interest in ridesharing
- Dependable service and easy booking

6. The transportation program is considering implementation of shared rides to increase efficiency amongst drivers and lower costs for riders. Would you be interested in sharing a ride with another person?

- 41% said YES
- 37% said NO

7. Would you be interested in participating in a “Cycling Without Age” (Volunteers who pedal trishaws with seniors) program?

- 18% said YES
- 70% said NO

8. Which of the following free health promotions classes would you be most interested in attending? The top 3

- Brain & Body Fitness
- Boost Your Brain and Memory
- Stress-Busting Program

9. What days and times would work best for you to attend one of the above programs?

- Weekday afternoons & evenings

10. What other suggestions do you have for improving the Aging Programs in Jefferson County? Top 3.

- More information about what is available – community awareness
- List of volunteer needs
- More free programs

Community Engagement Report 2

Your County or Tribe: Jefferson	Date/s of Event or Effort: In-Person Interviews
Target audience(s): Jefferson County residents	Number of Participants/ Respondents: 4
Describe the method used including partners and outreach done to solicit responses: <ul style="list-style-type: none"> • In-Person interviews were conducted with 4 individuals • Interviews asked same questions as the paper and electronic surveys • These individuals were interviewed by ADRC Advisory Committee Members 	
Describe how the information collected was used to develop the plan: <p>All responses collected were totaled and the results were used to determine goal areas as well as educational needs within the community.</p>	
What were the key takeaways/findings from the outreach? <p>The following are summaries of the responses given during the in-person interviews.</p> <p><u>If yes, what services could the Aging Programs through Jefferson County provide to enhance your caregiving experience?</u></p> <p>Not all our interviewees had been caregivers but all of them had known people that were. When asked about ways to support caregivers they talked about connecting people to others that are doing the same thing and could be supports. They also talked about the financial strain on caregivers as well as the emotional strain. They all mentioned offering caregivers a break, but also acknowledged that many caregivers feel that another person would not be able to take care of their loved one as well as they were. One respondent said that some sort of caregiving classes might be helpful.</p> <p><u>What Senior Nutrition Services would you most like to see as a part of the Jefferson County Senior Nutrition Program?</u></p> <p>None of the interviewees had participated in the Senior Nutrition Program, yet all of them said that they felt the program is very important. When asked about what they would like to see as part of the Nutrition program they talked about healthy foods, variety and quality of meals, and fresh fruits and vegetables. The most common comment was that the food should taste good so</p>	

the people receiving meals can enjoy their meals. Another common discussion point was specialized meals such as diabetic meals, low salt needs, and extra calory needs. There are many different dietaries reconditions from doctors these days and it can be challenging to meet these recommendations for everyone. Making sure participants in the nutrition program are getting meals that meet their specific dietary needs is important.

One of our interviewees said that she is aware of congregate dining but would not be interested in going to the senior centers for meals. She feels that would be uncomfortable for her to go eat with people she does not know. She understands that home delivered meals need to be limited to people who cannot get out of their homes but would like to see other options for meals in the community.

How could we improve access to transportation services in our community?

Resondents shared that the lack of transportation in Jefferson County does affect either themselves or someone they know. The county being rural can be a barrier to getting needs met due to resources being spread out between smaller towns. Transportation between the small towns is difficult to secure and very expensive when it can be found.

The interviewee that was familiar with the ADRC transportation program reported that they feel the current program is a good program and they are very pleased with how easy it is to use. The program is limited to people over the age of 60 or living with a disability. The interviewee thought it would be great if there were similar services for other demographics.

When asked about shared rides all the respondents stated that they would prefer to not have to share but they also understand the need to sometimes share rides to get more people where they need to go. When asked about the Cycling Without Age program, all the respondent stated that they would not be interested in the program at this time.

Which of the following free heath promotions classes would you be most interested in attending?

The individuals interviewed shared that they though classes focused on health and exercising would be great. They also talked about classes to help support caregivers. The idea that any classes offered should be fun to attend and give people opportunities to get together with other people for socialization was consistent between our interviewees.

Weekday afternoons and evenings were the times and days that were most convenient to our interviewees. One interviewee said that offering classes at different times might help to make sure everyone can find a class that will work for them and their schedules.

What other suggestions do you have for improving the Aging Programs in Jefferson County?

Some of the suggestions the interviewees had were to offer fun social gathering activities, as well as transportation to and from these activities. They also mentioned walking programs or routes that people could take that have been determined to be safe and enjoyable for older people wanting to take walks. They also talked about transportation needs, social connections, and family connections such as supports for family caregivers, transportation to and from family events and family education about aging.

Notice of Public Hearing for Jefferson County's Plan on Aging 2025-2027

August 21, 2024

NOTICE OF PUBLIC HEARING

The Jefferson County ADRC and Aging Unit will be conducting public hearings for presentation of and comment on the 2025-2027 Jefferson County Aging Plan. Public hearings will be held at these following times and locations*:

- Wednesday, September 11th, at 4:00 p.m. at the Jefferson Public Library, 321 S. Main St. Jefferson, Wisconsin, 53549
- Thursday, September 26th, at 11:00 a.m. at the Jefferson Public Library, 321 S. Main St. Jefferson, Wisconsin, 53549

The purpose of these public hearing is to provide an opportunity for citizens of Jefferson County to comment and provide input on the Aging Plan draft. A draft of the 2025-2027 Jefferson County Aging Plan is available for examination at the Jefferson County ADRC and Aging Unit, 1541 Annex Rd. in Jefferson from 8:00 a.m. to 4:30 p.m. Monday through Friday.

Input received by members of the public at these hearings will be considered in the development of the final draft of this plan. The final draft will be presented for approval at the Jefferson County Human Services Board meeting scheduled for 8:30 am, October 8th at the Work Force Development Center.

Written comments may be sent to the Jefferson County ADRC and Aging Unit, 1541 Annex Rd. Jefferson Wisconsin 53549, Attn: ReBecca Schmidt through Oct 1, 2024.

For more information, contact ReBecca Schmidt, Jefferson County ADRC and Aging Unit Division Manager at (920) 674-8139.

*If you are planning to attend one of the above meetings and will require accommodations (signer, interpreter, etc.) to participate, please call the Jefferson County Aging Unit at least 48 hours prior to the meeting date and time.

- Phone: (920) 674-8734
- Toll Free: 866-740-2372

Verification of Intent

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

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

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

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

Signature and Title of the Authorized County Board Representative Date

**Compliance with Federal and State Laws and Regulations for
2025-2027**

On behalf of the county, we certify

The Aging and Disability Resource Center of Jefferson County

(Give the full name of the county aging unit)

has reviewed the appendix to the county plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2025-2027. We assure that the activities identified in this plan will be carried out to the best of the ability of the county in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2025-2027.

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

Signature and Title of the Authorized County Board Representative Date