

**EDUCATION, VETERANS AND AGING SERVICES COMMITTEE**

**May 18, 2010**

**Call to Order.** Chair Thomas called the meeting of the Education, Veterans and Aging Services Committee to order at 4:00 P.M. on Tuesday, May 18, 2010, in Conference Room N-1 on the fifth floor of the Rock County Courthouse-East.

**Committee Members Present:** Supervisors Thomas, Innis, Wopat, Gustina, Kuznacic.

**Committee Members Excused:** None.

**Staff Members Present:** Joyce Lubben, Director of Elderly Programs.

**Others Present:** Dean Diane Pillard, UW Rock County; Robert Harlow, R.S.V.P. Director; County Board Chair J. Russell Podzilni.

**Approval of Agenda.** Supervisor Wopat moved approval of the agenda as presented, second by Supervisor Gustina. ADOPTED.

**Election of Vice Chair.** Supervisor Kuznacic nominated Supervisor Wopat, second by Supervisor Gustina. ADOPTED unanimously.

**Set Meeting Day and Time.** The Committee agreed to continue holding meetings on the third Tuesday of the month at 4:00 P.M.

**Approval of Minutes.** Supervisor Gustina moved approval of the minutes of April 20, 2010, as presented, second by Supervisor Wopat. ADOPTED.

**Citizen Participation, Communications, Announcements, Information.** Supervisor Gustina commented the "Vets Roll" caravan to Washington, D.C. is on its way and so far is a huge success. Supervisor Wopat reminded the Committee about the Viet Nam veterans "Welcome Home" at Lambeau Field in Green Bay, May 20-21.

**Transfers & Appropriations.** None.

**Bills/Encumbrances.**

Sr. Citizen Program	\$	70.00
Veterans Service		80.00
Nutrition Program		982.66
Delivered Meals		1,291.14
E & H Transportation		2,969.37
Title III-D		835.50
Volunteer Driver Program		423.37
Title III-E		90.00

Supervisor Wopat moved approval of the above bills for the Education, Veterans and Aging Services Committee, second by Supervisor Kuznacic. ADOPTED.

**Pre-Approved Encumbrance Amendment.** None.

**Resolutions.**

**Commending Jill Nordeng**

**“NOW, THEREFORE, BE IT RESOLVED** that the Rock County Board of Supervisors duly assembled this \_\_\_\_ day of \_\_\_\_\_, 2010 does hereby recognize Jill Nordeng for her 36 years of dedicated service to the citizens of Rock County and wishes her well in her future endeavors.

**BE IT FURTHER RESOLVED**, that the County Clerk be directed to furnish a copy of this resolution to Jill Nordeng.”

Supervisor Kuznacic moved approval of the above resolution, second by Supervisor Wopat. ADOPTED.

**Confirming the Induction of Reverend Dr. Floyd Prude Jr. and Wayne Flury to the Rock County Hall of Honor**

**“NOW, THEREFORE, BE IT RESOLVED** by the Rock County Board of Supervisors duly assembled this \_\_\_\_ day of \_\_\_\_\_, 2010 that the nomination of Reverend Dr. Floyd Prude Jr. and Wayne Flury as the 2010 Hall of Honor Inductees be confirmed.

Supervisor Gustina moved approval of the above resolution, second by Supervisor Wopat. ADOPTED.

**Department Reports**

**Council on Aging – Joyce Lubben**

**Caregiver Coalition Grant.** Ms. Lubben offered an orientation to the Council on Aging for new committee members who are interested. Ms. Lubben advised the Council on Aging receives Older Americans Act/National Family Caregivers Funding, A requirement of this funding is the establishment of a Caregiver Coalition. The Greater Wisconsin Agency on Aging Resources (GWAAR) gave us a \$5,000 grant to get this going. The grant will fund a facilitator for a caregiver stakeholders’ meeting to conduct a needs assessment and develop future objectives for the coalition.

**AoA Alzheimer’s Grant.** The State of Wisconsin submitted a grant proposal to the Administration on Aging for a project that deals with people with Alzheimer’s and related dementias. The Council on Aging and the Alzheimer’s Support Center will be partners if the grant is approved. Ms. Lubben said they will be using an evidenced-based program to preserve the abilities of people in the very early stages of Alzheimer’s through work opportunities in the community and exercises. The grant also provides for two days of respite per week.

**GWAAR AmeriCorps Grant.** Ms. Lubben said GWAAR has applied for an AmeriCorps Grant. If funded, Rock County will receive an AmeriCorps volunteer who would be an older adult. She explained that AmeriCorps volunteers, along with receiving a stipend, can get an education stipend, which could be passed on to a grandchild. Ms. Lubben said the AmeriCorps volunteer would be used for marketing of our health promotion and personal emergency management activities.

**Update on Transportation Issues.** Ms. Lubben said that Van Galder is no longer providing transportation for Kandu clients. It was originally thought that this would overwhelm the metro transit systems and Specialized Transit. However, it appears that for the most part families have worked out their own systems through the use of car pooling, etc.

**Reauthorization of the Older American Act.** Ms Lubben distributed copies of “Bureau Briefs – Older Americans Act Reauthorization” and “Fact Sheet for the Older Americans Act – A Layman’s Guide” (both attached). She advised most of the Council on Aging’s grants are funded through Title III, with the meal programs receiving the largest amount of funding.

**County Senior Statesmanship Program.** Ms. Lubben advised the dates for this year’s program are Thursday and Friday, September 23<sup>rd</sup> and 24<sup>th</sup>.

**Retired & Senior Volunteer Services – Robert Harlow.**

**Update on Move.** Mr. Harlow said the office move is now complete. The new address is 2433 S. Riverside Drive, Beloit, WI. Their phone numbers remained the same.

Mr. Harlow said all of the programs are running well, and the school programs are winding down. He advised they received a 1.8% increase from the federal government.

**Volunteer Recognition Dinner.** The Volunteer Recognition Dinner will be held on Thursday, June 17<sup>th</sup>, 4:00-6:00 P.M., at the Moose Lodge in Janesville. John Solis will again be providing the entertainment. He said they anticipate around 300 people.

Supervisor Thomas asked Mr. Harlow if the June meeting of the Education, Veterans and Aging Services Committee could be held at the new R.S.V.P. office, with Mr. Harlow advising in the affirmative.

**Committee Requests and Motions.** Chair Thomas thanked everyone for coming to the meeting today and welcomed the new members.

Dean Pillard said she will provide an update on the campus at the next meeting. She offered U.W. Rock County for the August 17<sup>th</sup> meeting.

**Adjournment.** Supervisor Gustina moved adjournment at 4:38 P.M., second by Supervisor Wopat. ADOPTED.

Respectfully submitted,

Linda Milligan  
Confidential Administrative Assistant

**NOT OFFICIAL UNTIL APPROVED BY COMMITTEE.**

# Bureau Briefs

## Older Americans Act Reauthorization

Donna McDowell

### Inside this issue:

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### Special points of interest:

- Older Americans Act Reauthorization
- Focus on Vitamin D and Calcium Research
- Activities in the Caregiver programs
- Highlights from ADRCs

The values for older Americans are vividly expressed in the Older Americans Act (OAA) Title I:

*(10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.*

When the Act is reauthorized, the President and Congress have the opportunity to update, expand or clarify the role of the aging network under the Act. The aging network can speak to the major priorities for revisions. Changes to the law can be good for the network and older people.

Here are some questions for you about possible amendments to the OAA:

1. How can the advocacy mission of the aging network be more clearly articulated?
2. Is it time to move Aging and Disability Resource Centers from a demonstration project (under Title II) to a national program (under Title III)? With pilots in 47 states, isn't it time to make ADRCs permanent and under the direction of AoA?
3. Would you like the flexibility of one source of funding for congregate and home-delivered meals by combining Title III C-1 and C-2?
4. How about combining the legal services development and the elder abuse and ombudsman programs into an Elder Justice title, and include funding under the new health reform law that incorporates the Elder Justice Act?
5. Would you like to see the following funding and programs administered by the Administration on Aging rather than other federal agencies? Are there other federal programs that would be better coordinated and more efficiently administered in the aging network? Move to AoA --- or leave well enough alone?
  - Falls prevention and chronic disease management from CDC to AoA for implementation by the network?
  - RSVP, FGP, SCP from Corporation for National Service to AoA to better coordinate with OAA volunteers
  - Senior Community Service Employment (Title V) from DOL to AoA.
  - Are the Alzheimer's demonstration grants ready to become permanent and sustainable with a place in the OAA and the network?
  - What about a separate Title or section funded for evidence-based prevention and healthy aging?
  - Do you benefit from national training and technical assistance centers? Would you prefer to see those funds and purposes managed by the state unit on aging?

These are obviously leading questions, biased toward the answers we would give. But they are the very issues that AoA and congress need to address in preparing a cost-effective, prudent and forward looking Older Americans Act, for the benefit of an expanding aging population.

To review the law and recent amendments, check the AoA website [http://www.aoa.gov/AoARoot/AoA\\_Programs](http://www.aoa.gov/AoARoot/AoA_Programs)

## Bureau Joins Minnesota & UW in Nutrition Grant Application

Amy Ramsey

### Nutrition is Key in the Prevention of "Bone Attacks" in Older Adults

According to Neil Binkley, MD, Associate Professor of Endocrinology and Geriatrics at the University of Wisconsin School of Medicine and Public Health, fractures related to osteoporosis become extremely common with advancing age. In fact, approximately 50% of women and 25% of men will sustain such fractures after age 50. These fractures can reduce quality of life, independence and increase mortality. The good news is, effective nutritional and pharmacologic approaches exist. However, it is well documented that such strategies, like optimization of calcium and vitamin D intake, are not commonly implemented. The causes for this gap in healthcare delivery are multiple, but essential to overcome, given the morbidity, mortality and healthcare costs borne by the patient and society from these fractures. Fortunately, osteoporotic fracture risk can be reduced by increasing awareness of the ability and necessity to prevent "bone attacks."

The Bureau of Aging and Disability Resources in collaboration with Neil Binkley, MD, Irina V. Haller, PhD, MS, Senior Research Scientist,

Essentia Institute of Rural Health, which supports clinical and health services research across the five-state area (Wisconsin, Minnesota, North Dakota, Montana and Idaho) and the Minnesota Board on Aging are hoping to receive grant funding for a pilot project that will develop, implement, and begin evaluation of the outcomes of an intervention aimed at preventing "bone attacks" among older adults. If grant funding is obtained, approximately, four to six nutrition sites in the state will be selected to participate in the study.

The intervention will be provided by a registered dietitian at the nutrition site, and will include an assessment of calcium and vitamin D intake, measurement of heel bone mass using ultrasound, estimation of falls risk using standard methodology, and estimation of fracture risk using the ultrasound result in combination with the World Health Organization fracture risk tool (FRAX). Following this one-on-one assessment, the nutritionist will help the older adults devise a plan to increase calcium and vitamin D intake as needed. The nutritionist will provide three small group sessions, which will utilize adult learning principles to improve knowledge and reinforce

behaviors (e.g. exploring barriers and facilitators to taking calcium and vitamin D, talking to your doctor, making lifestyle changes etc), followed by a second one-on-one session to re-evaluate calcium and vitamin D intake, lifestyle changes and answer any questions.

According to Dr. Binkley, success of this approach (prevention of falls-related injury and fracture) could be expected to produce substantial healthcare savings. Of even more importance, reduced fracture risk will preserve independence and maintain quality of life for older adults in Wisconsin and worldwide. "By training nutritionists to empower older adults to prevent "bone attacks" using a nutrition site based intervention, this project provides a perfect example of the Wisconsin Idea", notes Dr. Binkley.

Look for more information about this pilot project in the upcoming months and join us at the Prevention Summit on August 5<sup>th</sup> & 6<sup>th</sup> at the Stoney Creek Inn in Wausau, Wisconsin to learn more about the importance of Vitamin D and calcium in the prevention of "bone attacks" in older adults.



## Employment Corner

Monica Snittler

This program used to be known as Title V and now is called the Senior Community Services Employment Program (SCSEP). For over 40 years the SCSEP has helped low income older workers with the challenge of employment. Even though it is an Older Americans Act program, it is operated by the Department of Labor and so it is often overlooked as an aging program. With the downturn in the economy, much more attention has focused on all employment programs, including SCSEP.

The SCSEP is a dual focused program for low-income unemployed older individuals aged 55 years of age and older whose prospects for employment are poor. Older individuals who meet any of the following criteria have priority:

- are veterans and spouses;
- age 65 years and older;
- reside in a rural area; are disabled; are limited English proficient or have low literacy skills;
- are homeless or at-risk of homelessness;
- failed to find employment through the Workforce Investment Act; or,
- have low employment prospects.

The program provides subsidized, part-time work experience for a limited time through community service to obtain the skills necessary for permanent employment. Participants in the program learn new skills or enhance existing ones, through valuable work experience and training to become competitive in today's workforce.

In July 2009, there were two million unemployed workers age 55 plus; the unemployment rate for this age group was the highest since 1948 when the Bureau of Labor Statistics began tabulating data by age. The perfect storm has hit—a recessed economy,

increased competition for jobs, loss of income and investments, age and other employment related barriers—and has created a crisis for America's older low-income workforce. Many older workers who retired are going back to work and many find they are unable to retire.

This means that the need for the services of the SCSEP are greater than ever. Recruitment is no longer an issue. People needing and wanting to work know where to look.

Wisconsin received 1,483 authorized positions for program year 2009-2010. The Bureau of Aging and Disability Resources (BADR) has 302 of those positions the rest are allotted to National grantees (Experience Works, Senior Service America, Inc., National Indian Council on Aging, Inc., and SER-Jobs for Progress). SCSEP also received additional funding February 2009 from the American Recovery and Reinvestment Act (ARRA) enabling more older workers to be served. In December 2009, the Appropriations Act was signed by the President and Wisconsin received additional SCSEP grant funding to support the influx of older people wanting the services of the SCSEP.

In 2009, the Bureau of Aging and Disability Resources received funding through the Medicaid Infrastructure Grant (MIG). The goal of the Title V Employment Project was to identify and understand the needs of older individuals with disabilities who are currently enrolled in the program.

The information obtained through this project provided a better understanding of employment needs and options, and helped identify opportunities available to older individuals with disabilities. The MIG research pulled information from subcontracts with the Fox Valley Workforce Development Board,

Inc., and Southwest Workforce Development Board, Inc. who administer the SCSEP for BADR.

Both agencies conducted employer focus groups to determine the hiring needs and the training and skills needed. Training was identified, coordinated and provided through local technical colleges. Individual job readiness assessments also provided individuals with a better understanding of workplace culture and their role once hired to ensure job stability.

Utilizing the results of the MIG research, BADR collaborated with the Fox Valley Workforce Development Board, Inc. and Southwest Wisconsin Workforce Development Board, Inc. to submit a Department of Labor's Older Worker Demonstration Grant.

Fox Valley Workforce Development Board received a three-year, one million dollar grant to be shared with Southwest Workforce Development Board as a result of the collaboration. The grant is known as the "P.O.W.E.R. Grant" and identifies low-income older workers who will benefit from additional training through the local technical college. This is a great opportunity and experience for the older worker to have more training and employment options. These grant funds are available to older workers regardless of their SCSEP eligibility.

*Note: Any non-profit (501c(3)) organizations who are interested in becoming a host site for an older workers should contact me for more information.*

## Family Caregiver Programs

Barb Robinson

### Wisconsin Family Caregiver Support Marketing Initiative

In 2007, the Wisconsin Association of Area Agencies on Aging (W4A) and Bureau of Aging Resources (BADR) formed a work group to address the marketing and outreach needs of the NFCSP in Wisconsin.

The goal/objectives of the group are:

1. To support Aging Units/ADRCs in providing information to family caregivers about available services, and portray the Aging Network as the place to call for:
  - Information to caregivers about available services;
  - Assistance to caregivers in gaining access to the services;
  - Individual counseling, organization of support groups, and training to caregivers to assist in making decisions and solving problems relating to their caregiver roles;
  - Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and,
  - Supplemental services, on a limited basis, to complement the care provided by caregivers.
2. To identify and design services specifically to enhance the lives of family caregivers
3. To raise public awareness about the current issues affecting family caregivers.

The AAA's contracted with marketing consultant, Kris Krasnowski, to develop a marketing strategy, produce/print promotional materials and provide media relations support. All of this material is available to local

NFCSP agencies.

Through a contract with the Family Caregiver Support Network at Interfaith Older Adult Programs in Milwaukee, his group has created a website [www.wisconsinacaregiver.org](http://www.wisconsinacaregiver.org) and toll-free phone number (866/843-9810) giving family caregivers access to information about caregiving and linking them with their local NFCSP.

**A NFCSP list serve** has been created to communicate more effectively with the staff working most directly with family caregivers.

### Training for NFCSP staff

Since 2005, there have been 5 regional NFCSP trainings offered each year on topics such as The Seven Steps of Mindful Interviewing; Starting up, Caring for & Feeding of Caregiver Support Groups; Helping Family Caregivers Communicate Effectively with Doctors; Mental Health & Wellness in Family Caregiving; Understanding the Family Caregiver Experience; & Implications for Service Development and Delivery with Drs. Rhonda Montgomery and Mary Brintnall Peterson; Asking The Right Questions; and Planning For Future Care Needs And Decision-Making.

In the 2009 training sessions, we took an in-depth look at the NFCSP policies, and focused on areas such as respite, I&A, marketing & outreach, counseling, support groups and training for family caregivers, building family caregiver coalitions, evidence based family caregiver programs and assisting grandparents/relatives raising children & older caregivers caring for disabled persons.

The dates and agenda for the 2010 following regional training has been set.

### Dates and locations:

May 26th - Madison;  
June 23rd - Eau Claire;  
July 28th - Wausau;  
August 18th - Oshkosh;

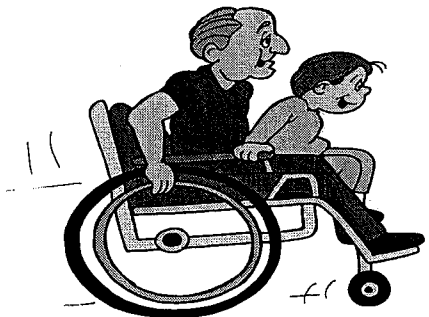
### Agenda Topics

NFCSP policy update,  
Marketing and outreach,  
Coalition building,  
Education and curriculum resources for family caregivers,  
Innovative local programs supporting family caregivers.

If you are overseeing the Older Americans Act - National Family Caregiver Support Program (NFCSP) please plan to attend one of these sessions listed - designed for NFCSP Coordinators

**Complete registration and location information can be found at the Dept. website under training calendar.**

It should be noted that we are always looking for suggested topics for the training sessions, please feel free to let me know your thoughts.



## Family Caregiver Programs—continued

Through Claire Culbertson's leadership & facilitation at Dane County Area Agency a **Grandparents/Relatives Raising Grandchildren** meets quarterly via conference call to discuss issues relating to grandparents and relatives raising children. We are encouraging all NFCSPs to list a link to the Grandparenting Today website:

<http://www.uwex.edu/ces/flp/grandparent/support/maplist.cfm>

Each aging unit or aging & disability resource center (ADRC) should have a connection/link to this website. Also each aging unit or ADRC should have a list of resources for grandparents/relatives raising children. ADRCs should include caregiver information including the person and contact information for grandparents/relatives who call with questions. It should be noted that the marketing materials invite grandparents and relatives to call for assistance and ADRCs and aging units have to be prepared.

### Wisconsin Alzheimer's Family Caregiver Support Program (AFCSP)

Since 1985 Wisconsin has allocated funds to county boards and private nonprofit organizations for the provision of service payments, goods and services to persons with Alzheimer's disease and to their caregivers. The payments, goods and services provided are intended to help make available a diverse array of community services directed at preventing or delaying institutionalization of persons who have Alzheimer's disease and enhancing the quality of their lives, and to provide assistance to family members and others who take care of persons with Alzheimer's disease without compensation.

In 2010, the allocations for the AFCSP were reduced and this has created some challenges for the counties. It is hoped that many families will be eligible for and transition

A quarterly conference call is scheduled to advise those working in the National Family Caregiver Support Program (NFCSP) of new developments, i.e. what is happening in the 5 Minimum Service Requirement areas, training sessions needed, where is additional technical assistance or support needed, resources available for family caregiver support programs, policy clarifications and areas that need to be expanded. The group consists of AAA staff working with aging unit /ADRC staff responsible for NFCSP and also aging unit staff from around the state who work with the NFCSP. The conference calls and listserv both serve as opportunities for caregiving staff to share information, problem solve and network.

to Family Care, and some AFCSP funds will remain for those that do not qualify financially.

An AFCSP memo outlining information on the 2010 budget and the eligibility forms including the "Ability to Pay" schedule are available online. New for 2009 was the implementation of the budget and fiscal forms in electronic format. More information can be found in the numbered memo which explained the changes. [http://dhs.wisconsin.gov/dsl\\_info/NumberedMemos/DLTC/CY2009/index.htm](http://dhs.wisconsin.gov/dsl_info/NumberedMemos/DLTC/CY2009/index.htm)

**SAVE THE DATE**  
**WISCONSIN PREVENTION SUMMIT 2010**  
**August 5th and 6th**  
**Stoney Creek Inn—Rothschild WI (Marathon County)**



## Foster Grandparents Play Important Role

LuAnn Paepke

The Wisconsin Statewide Foster Grandparent program began in 1966 as a pilot with programs at the state institutions. Almost 45 years later, the program continues to successfully meet community needs by matching low income seniors with children with special needs. The Bureau has 14 contracts in 30 counties serving schools, institutions and day care agencies.

Through a caring, nurturing, mentoring role, Foster Grandparents (FGs) provide assistance and encouragement to help improve reading skills, school attendance, behavior and the well-being of children with whom they are matched.

In 2009, 373 FGs contributed nearly 300,000 hours helping more than 5,500 children. In Wisconsin, FGs are in place at 149 community sites.

Foster Grandparents are 55 years of age and older with fixed incomes (below 200% of poverty), and serve weekly schedules ranging from 15-40 hours. This large time commitment is unusual for volunteers and the consistency provides a special inter-generational relationship with the children. Foster Grandparents are provided with a stipend (\$2.65/hour) and transportation reimbursement. This helps defray the cost of volunteering as was intended when the program was initiated in 1965. In the current economy, FGs often use their paycheck to help cover daily living expenses.

The average age of a Foster Grandparent is 75. The average length of service is 6.6 years with 58% having more than 5 years of service. The Foster Grandparents in Wisconsin are committed to the program with 26.5% having 10 or more years of ser-

vice and are into their late 80's and 90's.

On April 15th, Grandma Dorothy, at the Lincoln Hills Juvenile Corrections School, was recognized for her commitment as the recipient of the 2010 Governor's Service Award. She recently celebrated 20 years of service and is 91 years old!

One of the cadets explained it well; "She keeps my day going, she makes my day brighter, she helps me with things I need help with, like school work. Grandma helps keep my day positive; she treats me like a real person. Grandma plays cards with us too!"

The Foster Grandparent Program is one of those hidden gems that truly make a difference in the lives of all involved.

*"...the beauty of the FGP is giving a child special one to one time. To let a child know that they are important; to have them feel comfortable in learning if it be reading, math, etc. What a child gives of themselves to an FG and what we receive as an FG makes our lives much better in being active; health-wise; financially and good feeling." (Age 87, 9 years as FG)*



**CONGRATULATIONS  
TO 91 YEAR OLD  
GRANDMA DOROTHY  
ON RECEIVING  
THE GOVERNOR'S  
SERVICE AWARD FOR 20 YEARS  
OF SERVICE AT LINCOLN HILLS  
AND ..  
STILL GOING STRONG!**



## Bureau Receives Community Living Program Grant

Wendy Fearnside

**Community Living Program (CLP) Grant.** Wisconsin received a two-year CLP grant from AoA in September 2009. The goal of the CLP program is to develop and pilot a model that can be used to increase the capacity of the State's aging network to help people who are not eligible for Medicaid avoid unnecessary or premature nursing home placement and impoverishment. Wisconsin's model involves identifying at-risk individuals and providing short-term service coordination to secure individually-tailored services to help people through the situations that put them at immediate risk of nursing home admission. Participants use their personal resources to purchase needed services. These can be supplemented with CLP grant dollars, Older Americans Act and prevention programs. The program is being piloted in the ADRC of Kenosha County.

**Veteran Directed Home and Community Based Services (VDHCBS) Grant.** Wisconsin received funding for a VDHCBS program as an addendum to its Community Living Program Grant. The goal of the VDHCBS program is to enable veterans to avoid nursing home placement and provide veterans with greater opportunities for individual choice and control over the alternative care arrangements in home and community settings. VDHCBS is a partnership between the Administration on Aging and the U.S. Department of Veterans Affairs. AoA's CLP grant is funding the program design and start-up and the VA will pay for direct services to veterans. Wisconsin's VDHCBS program is modeled after the IRIS self-directed supports program and is being developed by the Greater Wisconsin Area Agency on Aging in partnership with the Clement J. Zablocki VA Medical Center in Milwaukee. It will serve 25 veterans from the VAMC service area.

## BUREAU RECEIVES LIVING WELL WITH CHRONIC CONDITIONS (CDSMP) GRANT THROUGH AMERICAN RECOVERY AND REINVESTMENT ACT

Gail Schwersenska

On March 29th, the Bureau received word that it has received a grant to continue to fund Living Well with Chronic Conditions activities in the network. There will be funds for "mini-grants" to local agencies interested in developing a volunteer component to their prevention programs; continuing to monitor fidelity and quality; expand the Spanish version of CDSMP and fund the Wisconsin Institute for Healthy Aging.

The grant is for two years and will help to continue to fund Wisconsin's prevention activities.

Because this is "stimulus" money there will be additional reporting requirements. We will work on those and try to make them as simple as possible at the local level. A grantee meeting has been scheduled in Washington DC for all states receiving these grants. We will know more as this continues to unfold.

Wisconsin has also been invited to apply for a continuation grant for \$100,000 in AoA funding. With this money we are able to do something other than CDSMP and Stepping On. We are exploring an evidence-based medication management program that is web-based and also to provide support to existing Matter of Balance programs.

That grant will not start until June 1st, so we'll keep you posted on that one, once we know more.

The Wisconsin Aging and Public Health networks are far ahead of other states with the work we are doing in the area of community-based evidence prevention. You are all to be commended for the work you and your volunteers are doing! Thank you!!

May is Older Americans Month  
2010 Theme: "Age Strong, Live Well"

## Program Income—An Overview

Jim Schmidtkofer and Gordon Bond

Aging programs would be greatly limited were it not for the contributions of the older folks that use our programs. Last year older participants contributed over \$12 million to the support their local aging programs. Without those contributions some of our local programs would have been forced to curtail or eliminate services. This article is intended to clarify some of the recent questions concerning the use of program income.

The AoA legal definition is "Program income means gross income received by the grantee or sub-grantee directly generated by a grant-supported activity, or earned only as a result of the grant agreement during the grant period." (*Code of Federal Regulations (CFR) Part 45 §92.25*) It includes, but is not limited to, income obtained from contributions for services performed during the grant agreement/contract period. The vast majority of program income comes from the older participants who make contributions for the services they receive.

It is important to remember that each individual shall be allowed to determine what he or she is able to contribute toward the cost of a service received. No person may be denied a service or in any way penalized for his inability or failure to contribute.

Now, let's talk about **some** of the rules covering program income. They are really pretty straightforward. For much more detail check out *A Manual of Policies, Procedures, and Technical Assistance for the Wisconsin Aging Network*.

Program income shall be spent on the program that generated the income. Contributions to the nutrition program go back into the nutrition program even within the nutrition program, they should be separated between congregate and home delivered meals. Contributions for other specific services go back into those services (e.g. personal care, counseling, transportation, etc.).

All expenditures made from program income are subject to the same allowable cost criteria as are the award funds. The reasoning is commonsensical. When we permit participants to make contributions to the services they receive those people probably assume and expect the money helps defray the cost of those services. Furthermore AoA indicates that program income "takes on the characteristics" of the federal program that generated the contribution.

If an organization wants to place program income in a restricted fund as a trust asset for a designated purpose (e.g., for a future capital expenditure, for a contingency fund, or for the expansion or improvement of the service that generated the program income), that is permitted. Again there are some rules governing this. These include an end date for the trust and an assurance that the restriction of funds will not reduce the current level of service. Prior to establishing a restricted fund, the aging office must receive authorization. Again, the Policies and Procedures Manual includes all of the necessary information.

With the exception noted above, program income should be reported and spent within the contract year that it is generated. Program income that is unspent at the end of a contract year may be carried into the next year for up to 60 days. Program income carried over from a prior year, unless restricted as a trust asset, must be spent before current year federal and state funds are claimed or spent.

The treatment of program income is based on the principle that program income goes back into the service that generated the income and is subject to the same general restrictions as the underlying federal funds. The important point to remember is program income must remain in the program and cannot be kept by the grantee agency whether that is a sub-contract agency or county/tribal government. It belongs to the aging program and

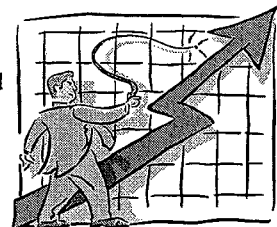
## Self-Neglect Analysis Begins

Jane Raymond

Self-neglect is defined under Wisconsin law as: "a significant danger to an individual's physical or mental health because the individual is responsible for his or her own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care." The effects of self-neglect can be severe. In fact, research has found self-neglect to be an independent risk factor for death.

In 2008, self-neglect accounted for 49.1% of all reports made to the Wisconsin Incident Tracking System (WITS). This percentage (about half of all cases) is consistent with self-neglect reports made to the elder abuse reporting system since its inception in 1985.

It is because of its high-frequency of occurrence and potential dangerousness to the individual that Cindy Ofstead and I will begin a thorough analysis of the reporting data in order to profile self-neglecters in Wisconsin. Based on this analysis, best practice recommendations including targeted outreach, service needs/care plan and an interdisciplinary approach to the problem will be developed.





## ADRC Happenings

Janice Smith & Carrie Molke

***Wisconsin ADRCs Receive National Recognition.*** AoA recognized the Wisconsin Department of Health Services' pioneering work and continued innovation with Aging and Disability Resource Centers. The State was awarded an "Outstanding Achievement Award" at a national conference in February. Addressing an audience of people who are developing ADRCs in 55 states and territories across the country, Federal officials recognized Wisconsin as the creator of ADRCs, and emphasized that the Wisconsin model is the model other states should follow. Deputy Assistant Secretary John Wren said that the Wisconsin model embraces AoA's vision and goals for ADRCs. A press release with additional information can be found at:

<http://dhs.wisconsin.gov/news/pressreleases/news.htm>.

Congratulations to all who have had a part in envisioning, designing, and realizing 'on-the-ground' a now Nationally Recognized ADRC model!

***ADRC Expansion.*** Since the last Bureau Brief, the ADRC of Winnebago County opened its doors! Wisconsin now has 35 ADRCs, covering 57 counties and 1 tribe.

### ***Tribal Aging and Disability Resource Specialist***

The Bureau received the first application from the Red Cliff Band of Lake Superior Chippewa Tribe for a Tribal Aging and Disability Resource Specialist (Tribal ADRS). The Bureau was impressed with the thoughtful, well-designed application, and felt that the spirit and vision for this position was reflected throughout.

The Tribal Aging and Disability Resource Specialist (ADRS) will be available to provide a source of information and assistance, options counseling, and advocacy for tribal elders, tribal adults with disabilities, and their caregivers within the region—while maintaining partnership with the ADRC of the North. The Tribal ADRS will serve as a liaison between tribal members and the ADRC of the North to ensure that culturally appropriate information about long-term care options, services, and access are attained and understood.

**Tribal Disability Benefit Specialist (DBS).** The Bureau is also excited to announce that we have entered into a contract to hire two Tribal Disability Benefit Specialists. These Disability Benefit Specialists will be employed by the Great Lakes Inter-Tribal Council in Lac du Flambeau. They will be available to provide benefit specialist services to Wisconsin tribal members age 18-59 living on or near a reservation. They will coordinate with DBSs at the ADRCs. Additional information about the referral process will be made available when these staff are ready to begin accepting clients.

### **AoA Alzheimer's Innovation Grant**

In September 2009, the Office on Aging received an eighteen month AoA award to implement an Alzheimer's innovation project. The current project is being implemented through the ADRC of Portage County based on lessons learned in previously funded Memory Care Connection projects.

In collaboration with the WI Alzheimer's Institute, Community Care of Central WI (CC-CW), the Greater WI Agency on Aging, the Greater WI Alzheimer's Association Chapter and the Alzheimer's and Dementia Alliance of WI, memory screening is being offered by ADRC I&A Specialists, CC-CW care managers and by Peggy Greco, Dementia Outreach Specialist. An especially successful partnership with a local medical clinic supports Peggy's outreach by providing space within the clinic a few hours per week. The memory screening with referral to MDs, when indicated, is provided for persons 65 and over who agree to participate. Wrap-around services, community and health care professional education, and direct services for people with dementia and caregivers are also available in the communities.

For additional information about the project please contact Sharon Beall at 608-267-2439, via e-mail at [Sharon.beall@wisconsin.gov](mailto:Sharon.beall@wisconsin.gov) or Peggy Greco at 715-346-1401, via e-mail at [greco@co.portage.wi.us](mailto:greco@co.portage.wi.us).

## Good Reporting in SHIP Program Pays Dividends to Elderly Benefit Specialist Program

Rita Cairns

By the time this edition of "Bureau Briefs" is published, many county/tribal elderly benefit specialists will have attended the National Performance Training held on April 5<sup>th</sup> 2010. Those who did not attend, or who were not able to listen to the live webcast on April 5<sup>th</sup> will have the opportunity to watch the webcast at a later date (a link will be provided, probably a month or so after the live training).

If you or your staff attended or watched the webcast, you learned about the new Performance Measures, Benchmarking, Attainment Measures and Exemplary Benchmarks, which are all tools that will assist SHIP gauge the success of the program, as well as give SHIP the opportunity to focus attention on areas in need of improvement.

While these measures are predominantly quantitative in nature, SHIP plans to use other approaches to capture the qualitative aspects of the program. One such qualitative approach was used in various counties in 2008 (Mystery Shopper Toolkit), when Peg Nugent from GWAAR conducted the study on behalf of the SHIP. The Mystery Shopper is a grant requirement, so there are plans to refine the Mystery Shopper Toolkit and use it again in the future. You will be apprised of the progress of this effort as it moves along.

While data reporting is probably the most tedious part of one's job, it is one way we can demonstrate outcomes to our funding sources. Data reporting also gives us the opportunity to consider performance when awarding SHIP funding each year.

Performance Measures for the period January 1, 2009 through December 31, 2009 show that several counties attained "Exemplary Benchmarks." This is remarkable because it means that these counties are performing at top levels when compared to similar "slices" across the nation. Given that in Wisconsin we have rather small numbers of SHIP Counselors compared to other States, this is doubly remarkable. Wisconsin Rocks! Below, I have listed the counties who show from two to six exemplary benchmarks. Of course, we have some counties where there is some underperformance, and more on how we plan to address that later on in this article.

Thanks to their performance levels, sixteen additional counties that did not receive SHIP funding in 2009 can expect to receive some SHIP funding in 2010.

We anticipate that counties who received 2009 Basic SHIP funding will receive the same amount for 2010 (and in fact some counties who received SHIP funding in 2009 are slated to receive a small increase also based on their performance measures).

The April 5<sup>th</sup> training and the accompanying Power Point presentations give detailed descriptions of the Performance Measures and related benchmarks, so be sure to keep them for future reference.

Sometime in June 2010, we will hold a teleconference where counties who are performing well will be invited to share their best practices with everyone, and thus help move Wisconsin up in the national ranks. The better we do nationally, the better our chances of receiving increases in future performance awards.

Congratulations to the following counties with Exemplary Benchmark Measures in 2009: Ashland, Calumet, Columbia, Crawford, Forest, Grant, Green, Green Lake, Iowa, Jefferson, Kenosha, Lafayette, Langlade, Menominee Co. Tribal EBS, Pierce, Richland, Rusk, Sheboygan, St. Croix, Washburn and Washington. Thanks and keep up the good work!





# Older Americans Act

## A Layman's Guide

When President Johnson signed the bill creating the Older Americans Act (OAA) on July 14, 1965, he said:

*"The Older Americans Act clearly affirms our Nation's sense of responsibility toward the well-being of all of our older citizens. But even more, the results of this act will help us to expand our opportunities for enriching the lives of our citizens in this country, now and in the years to come."*

Created during a time of rising societal concerns for the poor and disadvantaged, the OAA set forth a broad set of objectives which are as relevant today as they were over three decades ago. The OAA has been reauthorized 14 times since 1965.

### Title I: Declaration of Objections and Definitions

This title introduces the purposes and goals on which the OAA's policies and programs are based. It provides a statement of this nation's commitment to assuring the well-being of older persons. Definitions relevant to understanding the OAA's purposes and administering structures are located here.

#### Declaration of Objectives

1. An adequate income in retirement.
2. The best possible physical and mental health -without regard to economic status.
3. Obtaining and maintaining suitable housing available at costs older citizens can afford.
4. Full restorative services for those who require institutional care, and a comprehensive array of community-based long-term care services - including support to family members.
5. Opportunity for employment.
6. Retirement in health, honor, dignity.
7. Participating in and contributing to meaningful activity.
8. Efficient community services - which

provide choice - with emphasis on maintaining a continuum of care.

9. Immediate benefit from proven research knowledge which can sustain and improve health and happiness.
10. Freedom, independence, and the free exercise of individual initiative - and protection against abuse, neglect, and exploitation.

### Title II: Administration on Aging

This title established the Administration on Aging (AoA) within the Department of Health and Human Services (formerly Health, Education and Welfare) under the direction of a Commissioner who must be appointed by the President with the advice and consent of the Senate. The OAA was amended in 1993 to officially upgrade this position to the Assistant Secretary for Aging. Included among AoA's duties and functions are to serve as an effective and visible advocate for older individuals; collect and disseminate information related to problems of the aged and aging; administer grants; conduct evaluation of programs; provide technical assistance and consultation to states; and stimulate more effective use of existing resources. This title calls for the development and operation of the Eldercare Locator and the Pension Counseling and Information Program.

### Title III: Grants for State and Community Programs

The largest program under the OAA, this title lays out responsibilities and requirements for State and Area Agencies on Aging. It is through the programs and structures established by this title that most of the money is authorized and most of the legislative detail is found.

#### Services

**Access services:** transportation, outreach, I&A and case management.

**In-home services:** homemaker, home health aide, visiting and telephone reassurance, chore and supportive services for families of older individuals with Alzheimer's disease and other related disorders.

**Legal assistance:** financial, insurance and tax counseling, representation in guardianship proceedings.

## Part A – General Provisions

The purpose of this title is to encourage and assist State and Area Agencies on Aging to foster the development and implementation of comprehensive and coordinated systems to serve older individuals. This part sets forth authorization levels and details the formula by which AoA funds are allotted to states. For the most part this formula is based on the number of people aged 60+ in each state. There are 56 state and territorial units on aging including the District of Columbia, Puerto Rico, Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

For a state to participate under Title III, the governor must designate a state agency as the sole agency to put forth a plan for developing and implementing a statewide aging program. This multi-year plan (2, 3, or 4 years) represents a "legal contract" between the state and the federal government for carrying out the programs authorized under the OAA. Like its counterpart at the federal level, the state agency is responsible for serving as an effective and visible advocate for the elderly.

And it must provide assurances that preference will be given to providing services to older individuals with the greatest economic and social need, with particular attention to low-income minority older individuals and older individuals residing in rural areas.

To enhance the provision of services at the local level, the State Unit on Aging (SUA) is charged with the responsibility of dividing the state into distinct planning and service areas (PSAs) and designating an Area Agency on Aging (AAA) for each of them. The law provides for some exceptions to this requirement and currently there are 13 states and/or territories which are considered single planning and service areas. There are currently 655 AAAs.

The AAAs are responsible for assessing the needs of older persons within their respective PSA. Each AAA is required to provide assurances that an adequate proportion of funds allocated to the PSA under Title III-B will be expended for the delivery of each of the following categories of services: access, in-home and legal assistance. The Area Agency must establish an advisory council consisting of older persons (including older minority individuals) who are participants or who are eligible to participate in OAA programs to advise the agency on area plan development, administration and operation.

This part sets out SUA and AAA plan requirements including assurances that the SUA will carry out a

State Long-Term Care Ombudsman program, guidance related to disaster relief and definitions pertinent to this title.

## Part B – Supportive Services and Senior Centers

The justification for the genesis and subsequent evolution of the aging network rests in the belief that there were gaps in the provision of social services for the elderly. The Older Americans

Act, and more specifically Title III, is the only federal supportive services program directed solely toward improving the lives of older people. Under current law, all service providers funded under part B must follow priorities established by the AAA - and approved

by the SUA - for serving the rural elderly, those with greatest economic and social need including specific objectives for low-income minority older persons.

By and large, the list of supportive services funded under Title III has remained fairly constant over the years.

### Supportive services

- Health (including mental health)
- Transportation
- Information and assistance
- Housing
- long-term care
- legal assistance
- Services to encourage employment of older workers
- Crime prevention

## Part C - Congregate and Home Delivered Meals

Millions of older adults are malnourished. Adequate nutrition is necessary to maintain cognitive and physical functioning, to reduce or delay chronic disease and disease-related disability, and to sustain a good quality of life. The OAA provides for the establishment and operation of nutrition projects both in a congregate setting and for homebound individuals. All meals must meet the requirements for the one-third daily recommended dietary allowances. But the nutrition program is more than a meal. It provides nutrition education, counseling and screening, and often is the gateway to many other services.

The law provides that the programs serve at least one hot, cold, frozen, dried, canned or supplemental food meal per day, five or more days a week except in a rural area where such frequency

is not feasible. Congregate meals are served in senior centers, schools, churches and other community settings. For many older persons the meal provides not only an opportunity for socialization, but the only meal that person may have that day.

#### Part D - Disease Prevention and Health Promotion

According to the World Health Organization, health promotion is the process of enabling people to increase control over, and to improve their health.

Disease prevention covers measures not only to prevent the occurrence of disease, but also to arrest its progress and reduce its consequences once established. Under this part, the SUA is required to provide disease prevention and health promotion services and information at senior centers, meal sites and other appropriate locations. They must give priority, in carrying out this part, to areas of the State which are medically underserved and in which there are a large number of older individuals who have the greatest economic need for such services.

##### Disease Prevention and Health Promotion Services

- Health risk assessments
- Routine health screening
- Nutritional counseling and education
- Health promotion programs
- Exercise and fitness programs
- Home injury control services
- Screening for prevention of depression
- Educational programs on
- Medication management education
- Information concerning diagnosis, prevention, treatment and rehabilitation of age-related diseases and conditions
- Gerontological counseling
- Counseling regarding social Services

#### Part E - National Family Caregiver Support Program

The enactment of the Older Americans Act Amendments of 2000 (Public Law 106-501) established an important new program, the National Family Caregiver Support Program (NFCSP).

The program was modeled after several successful state long term care programs and after listening to the needs expressed by hundreds of family caregivers in discussions held across the country.

##### Eligible population :

- Family caregivers of older adults;
- Grandparents and relative caregivers of children not more than 18 years of age (including grandparents who are sole caregivers of grandchildren and those individuals who are affected by mental retardation or who have developmental disabilities).

The NFCSP calls for all states, working in partnership with area agencies on aging and local community-service providers to have five basic services for family caregivers, including:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to supportive services;
- Individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

Funds are allocated to states through a congressionally mandated formula that is based on a proportionate share of the 70+ population. The statute requires states to give priority consideration to: 1) persons in greatest social and economic need (with particular attention to low-income individuals); and 2) older individuals providing care and support to persons with mental retardation and related developmental disabilities.

#### Title IV: Training, Research, and Discretionary Projects & Programs

The goals of the OAA and the achievement of AoA service and performance outcomes are anchored in the application of research and evidenced-based program design. Under this title, competitive grants or cooperative agreements are awarded to eligible public or private non-profit agencies, organizations and institutions. This includes state and area agencies on aging and other organizations representing and/or serving older people and their



caregivers. New competitions of state and local innovations and projects of national significance are announced in the Federal Register, project proposals are reviewed by external experts, and project awards are made for periods of one to four years.

### **Title V: Community Service Employment for Older Americans**

The purpose of this title is to foster and promote useful part-time opportunities in community service activities for unemployed low-income persons who are fifty-five years old or older and who have poor employment prospects. Unlike the other titles of the Act, Title V is administered by the Department of Labor.

### **Title VI: Grants for Native Americans**

This program serves as the focal point for advocacy on behalf of older individuals who are Indians, Alaskan Natives and Native Hawaiians. Supportive and nutrition services that are comparable to services provided under Title III are provided to 241 Tribal and Native organizations representing 300 American Indian and Alaska Native Tribal organizations, and two organizations serving Native Hawaiians. Services are provided in a manner that preserves and restores their dignity, self-respect, and cultural identities. Grants may be awarded to tribal organizations representing at least 50 individuals age 60 or older.

The Older Americans Act Amendments of 2000 established the Native American Caregiver Support Program to assist caregivers of Native American elders who are chronically ill or have disabilities.

### **Title VII Allotments for Vulnerable Elder Rights Protection Activities**

While conditions for older Americans have improved markedly since passage of the OAA, many older individuals still are denied their basic rights and benefits, and suffer abusive situations ranging from financial exploitation to severe neglect.

Title VII was created by Congress in the 1992 Amendments to the OAA to protect and enhance the basic rights and benefits of vulnerable older people. Individuals who may need advocacy on their behalf because their physical or mental disabilities, social isolation, limited educational attainment, or limited financial resources prevent them from being able to protect or advocate for themselves. Title VII has a dual focus.

First, it brings together and strengthens three advocacy programs -- the Long Term Care Ombudsman Program; Programs for the Prevention of Abuse and Exploitation; and State Legal Assistance Development Programs - and calls for their coordination and linkage in each state. Second, it calls on SUAs to take a holistic approach to elder rights advocacy. Funds for Protection of Vulnerable Older Americans are allocated by formula to SUAs. States use both Title III and Title VII funds for the Ombudsman and Elder Abuse programs.

#### **Elder Rights Activities**

<b>Chapter 2</b>	Ombudsman Program
<b>Chapter 3</b>	Prevention of Elder Abuse, Neglect and Exploitation
<b>Chapter 4</b>	Legal Assistance Development Program

### **Summary**

Americans are living longer. This phenomenon of longevity carries the responsibility of making daily choices over a lifetime to keep active and healthy, to earn, save, and invest wisely, to commit to work or activities that are satisfying and ennobling, to form and sustain lasting ties with family and friends, to fulfill spiritual needs. The Older Americans Act still provides a framework for a partnership among the different levels of government and the public and private sectors with a common objective — improve the quality of life for all older Americans by helping them to remain independent and productive. As with all systems, there will be changes to accommodate the evolving nature of the world in which we live. But for now and in the near future, the Older Americans Act is the foundation.

### **FOR MORE INFORMATION**

AoA recognizes the importance of making information readily available to consumers, professionals, researchers, and students. Our website provides information for and about older persons, their families, and professionals involved in aging programs and services. For more information about AoA, please contact: US Dept of Health and Human Services, Administration on Aging, Washington, DC 20201; phone: (202) 619-0724; fax (202) 357-3560; Email: [aoainfo@aoa.gov](mailto:aoainfo@aoa.gov); or contact our website at: [www.aoa.gov](http://www.aoa.gov)