



**Aging and Disability Resource Center Advisory Committee Meeting
NOTICE OF PUBLIC MEETING**

Monday, November 18th, 2019 – 2:30 P.M.
ADRC of Door County @ The Community Center
916 N. 14th Avenue, Sturgeon Bay, WI 54235

AGENDA

- 1. Call to Order at 2:30 p.m.**
- 2. Establish Quorum**
- 3. Review and Approve Agenda**
- 4. Review and Approve Minutes from the 09/18/2019 ADRC Advisory Committee Meeting**
- 5. Public Comment**
- 6. Committee Response**

- 7. Old Business**
 - Operations Update
 - Staffing Update
 - DCS Grant Application Update

- 8. New Business**
 - World Café Events
 - ADRC New Committee Member
 - Joint Meeting in January
 - Unmet Needs
 - Meeting Code

- 9. Items to be placed on a future agenda**

- 10. Confirm Next Meeting Date and Time**
 - The next ADRC Advisory Committee meeting is tentatively scheduled for January 20th, 2020 at 2:30 p.m.

- 11. Adjourn**

In compliance with the Americans with Disabilities Act, any person needing assistance to participate in this meeting should contact the Office of the County Clerk at (920)746-2200. Notification 72 hours prior to a meeting will enable the County to make reasonable arrangements to ensure accessibility to that meeting.

Deviation from the printed order may occur.

Posted:

Aging & Disability Resource Center Advisory Board - Minutes

Monday, September 16th, 2019 at 2:30 p.m.
The Community Center, 916 N. 14th Ave., Sturgeon Bay, WI

THESE MINUTES HAVE NOT BEEN REVIEWED AND APPROVED BY THIS BOARD AND ARE SUBJECT TO REVIEW AND REVISION BY THE BOARD AT THEIR NEXT REGULARLY SCHEDULED MEETING.

Business Meeting

1. Call meeting to order at 2:30

- The meeting was called to order at 2:32 p.m. by Helen Bacon. Members present were: Helen Bacon, Mike Green, Tom Krueck, Roxanne Boren, Lucille Kirkegaard Carol Moellenberndt, Melissa Wolfe, Vic Verni. Absent were: Tami Leist. Other persons present were Jake Erickson, and Jenny Fitzgerald. Barb Snow took minutes.

2. A quorum was established and the meeting continued.

3. Review and approve the agenda

- A motion was made by Mike Green and seconded by Carol Moellenberndt to adopt the agenda. The motion was carried unanimously.

4. Review and approve the Minutes of the 07/15/2019 ADRC Advisory Committee Meeting

- A motion was made by Melissa Wolfe to approve the minutes and was seconded by Lucille Kirkegaard. The motion was carried unanimously.

5. Public Comment – None

6. Council Response – None

7. Old Business

• Operatons Update

- Jake went over the Human Services Statistics, SAMS Call Profiler Report and the SAMS Agency Call Report handout. He explained that we only recently started tracking new memberships and total memberships so the 2017 numbers are not as accurate. However, numbers for new memberships doubled from 793 in 2017 to 1639 in 2018 and we are already at 3080 as of August, 2019. It has slowed down a little but we are still seeing a rise in new memberships. Our volunteer numbers have increased since we have moved into the new building. Volunteers have been helping with Meals on Wheels, the dining room, and administrative tasks. The Information and Assistance Specialists (I & A) were extremely busy in 2017 and 2018 and have already surpassed their numbers in the first 8 months of 2019. The Elderly Benefit Specialist (EBS) and the Disability Benefit Specialist (DBS) reporting is different than the I & A's as they report the cases opened and the number of consumers. Mary Bink (EBS) gets most of her numbers from open Medicare enrollment. The EBS monetary impact brought \$3,106,029 to Door County residents during the October 15th – December 7th, 2017 open enrollment season. Due to the increased volume during Med D open enrollment Mary does have a volunteer, Linda Darmody, that is able to help out with lighter enrollments. Linda cannot help with dual eligibility appointments. Lorraine Fahrenkrug the DBS has been getting busier as well. We share these numbers with the Human Services Board.
- August Congregate Meals and Home Delivered Meals are not all in the system yet. Home Delivered Meal numbers fluctuate due to new participants and those that drop off due to various reasons. We only deliver meals in Sturgeon Bay or Scandia Village in Sister Bay.
- Part of the Nutrition area of the 3 Year Aging Plan was freezer expansion to meal sites and frozen meals in Washington Island. The goal is to have a freezer at Baileys Harbor, Sister Bay and Brussels. Right now Baileys Harbor and Brussels have freezers. We are waiting on the freezer for Liberty Grove. Frozen meals recipients will coordinate pickup at the frozen meals and then pick them up at the meal sites on the day that meal site serves a meal. In order to utilize the frozen meal program, participants would need to take an assessment to see if they qualify.
- Caregiver Trainings are on our 3 year aging plan. The ADRC has been scheduling trainings monthly. So far the response has been good. We have also resumed our Northern Door Support Group. Jennifer Bender and SW Ascension at Home will facilitate the group. Last Wednesday's group had three participants. Flyers were spread

around Sister Bay. The Northern Door Support group is held at the Sister Bay Library from 1:00 pm – 2:30 pm on the 2nd and 4th Wednesday of the month.

- Jake referred to the Job Resource Fair Flyer. The Caregiver Conference will be here at the ADRC on November 15th from 8:00 am to 2:30 pm. We had about 80 caregivers last year. Jenny mailed out 200 registration forms last year and they will be going out in the mail soon. November 8th is the deadline to register. There are a total of 4 sessions. Participants should pick the 2 they are most interested in. The general session will be in the dining room.
- Jenny told the board about the Drug Pickup Program. Jenny and Tammy Sternard (Door County Sheriff) are combining efforts in helping homebound Meals on Wheels dispose of expired or unused medications. The participants are asked if they would like a sheriff's deputy to accompany our Meals on Wheels driver to pick up unwanted prescription medications. We will provide participants with a bag for their medication. Tammy is working with the United Way for a grant to help with funding for the officer helping with drug pickup. People can also drop off their own medications at the police department or the sheriff's department. AOD Coalition has lock boxes available to help lock up prescription drugs.
- Public Health is working on a sharps collection sites starting in October or November. They are working on training for some of the staff. Laundry detergent bottles can also be used as sharps container and must be placed in a red biohazard bag. Public Health will come around to pick up and dispose of sharps containers.
- We are seeking volunteer Tax Preparers. Trained starts in the beginning of November in Green Bay.
- We are looking at tech support options for the computer workstations by the end of year. Hopefully, Curative Connections non-profit Tech Support Program will be able to assist.

- **Staffing Update**

- Stacy Volkmann will no longer be able to be the meal site manager for Liberty Grove. Her position goes to post tomorrow. Liberty Grove is Monday, Wednesday, and Friday, 5 hours a day, 15 hours a week from 9:30 am to 2:30 pm. Pay starts at \$12.86 an hour with mileage reimbursement. The meal site manager would have to come to the Sturgeon Bay location to pick up food and bring it to Liberty Grove.

8. New Business

- **Family Care Transition**

- Family Care Transition started August 15th and goes until December 13th. Starting January 1, 2020 Care Wisconsin will no longer be an option to choose for Family Care. We started the transition August 15th and will continue until December 13th. We have about 125 people to enroll. We currently have 15 enrollments, 57 appointments, 31 waiting to hear back from and 22 individuals remaining to contact that are out of town, protectively placed or has a case manager with CSP. Lorraine Fahrenkrug is able to help the I & A's one day a week with enrollments and Barb Snow is scheduling the appointments. There is additional funding for overtime and administrative from DHS and Medicaid services.

- **DCS Position Application**

- Jake is working on additional funding for a Dementia Care Specialist. There are 8 positions available and we are applying this week and next week. Jake mentioned that if anyone on the board would like to write letters in support Dementia Care Specialist they can be sent to him. It is due on Friday, November 8th by 5:00 pm. Wisconsin will jump from 21 to 29 counties with Dementia Care Specialists. We have already sent a letter of intent on September 16th. Dementia Care Specialists will help; support individuals with a diagnosis of Dementia, family members or caregivers; with evidence based programs; continue to help with Dementia capable ADRC's and DHS work with Dementia; and enhance and improve Door County as a whole to be more Dementia friendly as well as outreach to businesses with training on Dementia.

- **Kopseker Grand – Option for Northern Door County**

- We have partnered with Options for Independent Living in helping Northern Door consumers live more independently by working with private contractors on remodeling homes to be more accessible with Assistive Technology for them to stay living at home. Options for Independent Living would have office hours at the ADRC to meet with people one to two a week.

- **World Café Events**

- Right now we are in the middle of the Family Care transition so we can work on doing the World Café in early 2020. Jake asks if anyone is able to take on the project. Tom mentioned that he would be willing to take lead on the project in April or May. The board could get involved and help with input.

- **Advocacy Coalition Information**

- Keep on Agenda. Identify people to serve on it and what we need to provide them with.

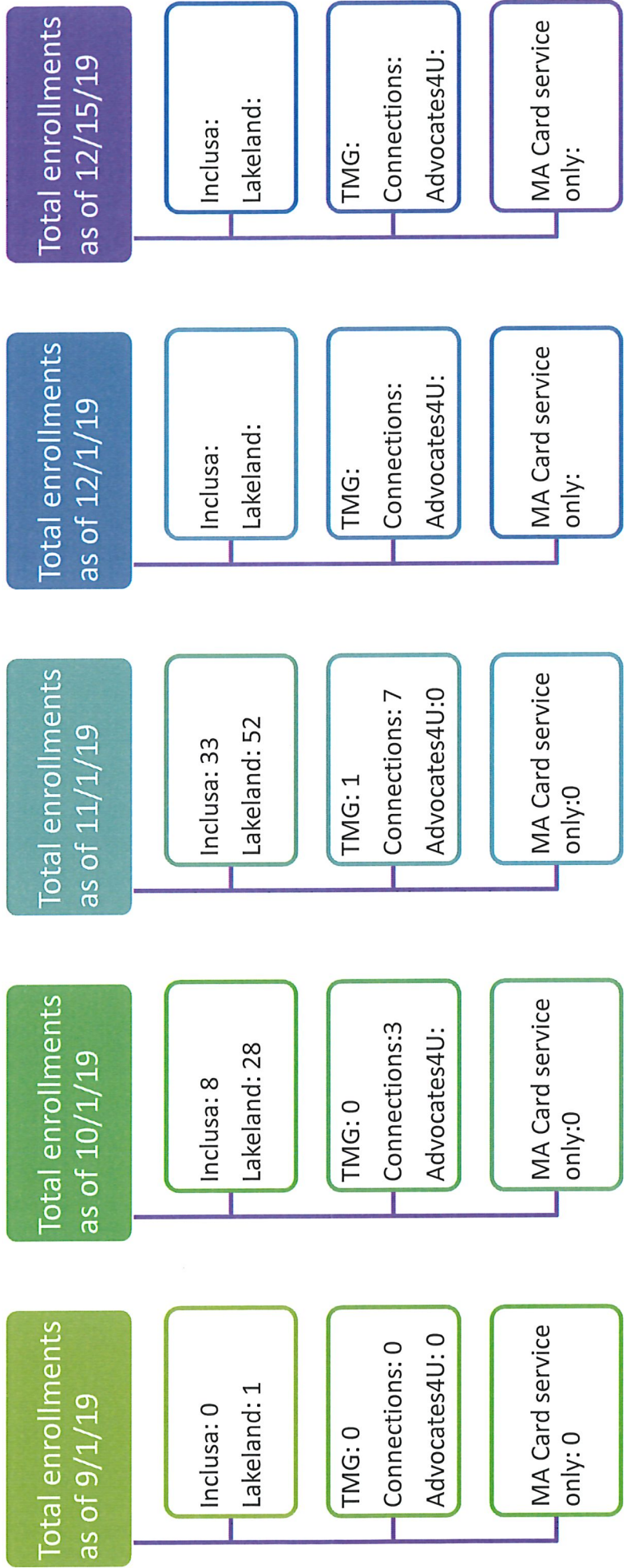
- **Unmet needs**

- **Meeting Code – 629**
- 9. **Items to be placed on a Future Agenda**
 - Advocacy Coalition Information
- 10. **Confirm Next Meeting Date and Time**
 - The next ADRC Advisory Committee meeting is tentatively scheduled for Monday, November 18th, 2019 at 2:30 p.m.
- 11. **Adjourn.**
 - A motion was made by Tom Krueck and seconded by Melissa Wolfe to adjourn.
 - Meeting was adjourned at 4:30 p.m.

The minutes for this meeting were recorded by Barb Snow.

	A	E	F	G	H	I	J	K
1	HUMAN SERVICES STATISTICS							
2	UNIT	2017	2018	1st Quarter 2019	2nd quarter 2019-YTD	3rd quarter 2019-YTD		
3								
4	AGING & DISABILITY RESOURCE CENTER (ADRC)							
5	Total Memberships	686	2,178	2,375	2,776	3,391		
6	Total New Memberships	686	1,492	197	401	615		
7	Total participation-Activities and Events (check-ins)	12,413	21,086	6,038	13,809	22,085		
8	Volunteer Hours (# of volunteers/hours)	114/4692	263/6297	124/1740.5	150/3362	172/5107.50		
9	I & A Contacts (incoming & outgoing calls, home visits, office visits)	4,814	4,533	2,005	4,013	5,883		
10	Elderly Benefits Specialist (EBS) Consumers - Cases Open/Consumers	839/479	806/512	117/89	275/186	437/271		
11	Disability Benefits Specialist (DBS) Consumers - Cases Open/Consumers	252/137	178/94	36/188	71/338	585/117		
12								
13	Meals-Congregate							
14	Baileys Harbor	1,520	1370	263	550	951		
15	Brussels Opened October 2018		318	218	435	669		
16	Forestville-Closed October 2018	856	659	0	0	0		
17	Liberty Grove	1,197	1279	267	636	1038		
18	Sturgeon Bay	11,003	17155	3,692	8,026	12562		
19	Washington Island	739	832	221	501	838		
20	Meals Congregate TOTAL	15,563	21,840	4,661	10,148	16058		
21	Meals on Wheels							
22	Sturgeon Bay	17,838	17051	3,026	6,635	10246		
23	Scand	1,251	1568	433	867	1274		
24	Washington Island	739	832	196	350	501		
25	Meals on Wheels TOTAL	14,899	19451	3,655	7,852	12021		
26	Meals-Frozen TOTAL	4,914	4523	889	1,830	2759		
27	All meals TOTAL	35,376	45814	9,205	19,830	30838		
28								
29	HUMAN SERVICES STATISTICS							
30	UNIT	2017	2018	1st Quarter 2019	2nd quarter 2019-YTD	3rd Quarter 2019-YTD		
31								
32	Door 2 Door Rides	43,932	42,573	10,866	21,197			
33	ADRC Bus	7,073	5,941	1,498	3,097			
34	Transportation- SRC Bus & Door2Door-TOTAL	51,005	48,514	12,364	24,294			

Care WI Transition – Door County Statistic



2019 Dementia Care Specialist Program Application

Aging and Disability Resource Center of Door County

916 N. 14th Avenue

Sturgeon Bay, WI 54235

(920)746-2372

ADRC@co.door.wi.us

Primary Contact: Jake Erickson

ADRC Director

Email: jerickson@co.door.wi.us

Direct Line: (920)746-2545

Current Landscape

The ADRC of Door County has undergone a lot of change in the past two years. Back in January of 2018 we moved into a brand new facility that is four times bigger than our previous building. This move incorporated the integration of our Aging Unit with the ADRC. We are very proud of the new building and the overall enhancement that it means for our agency as well as our community. The additional space has allowed our ADRC the ability to meet an even greater community need than ever before. We have seen a tremendous amount of growth and participation within all of our programs throughout our entire organization. To illustrate the degree of growth we have experienced throughout the past two years, I'd like to share a few key statistics comparing this year, 2019, to the last year we were operating out of the old building, 2017.

The number of unduplicated individuals who participated in an activity or event at the ADRC dramatically increased from 686 individuals in 2017 to 3,391 individuals in 2019. That is an increase of 2,705 new members or consumers who had never been to the ADRC before. The overall number of times participants checked in for activities and events increased from 12,413 in 2017 to 29,446 in 2019. The average daily meal served at the Sturgeon Bay congregate meal site rose from 44 meal participants in 2017 to just over 70 meal participants in 2019. Lastly, the number of Information & Assistance Specialist contacts (which includes incoming and outgoing calls, home visits and office appointments, etc.) has increased by over 50% over the past two years.

A. Describe the current population of the DCS service area?

Everyone knows that Door County is a beautiful place to live. What you may not know is that we have 315 miles of shore line and the county is 90 miles long from the southwest corner to the northeast tip when you include Washington Island. The peninsula encompasses sparsely populated agricultural and coastal regions. Door County consists of one city (Sturgeon Bay), four villages (Egg Harbor, Ephraim, Forestville, Sister Bay) 14 towns and over 25 unincorporated communities. The total year-round

population base of Door County is 27,785 residents, for a population density of 58 people per square mile. Of course, this population balloons upward of 200,000 during much of the tourist season (May-October), and many of our part-time residents find themselves in need of services from the ADRC.

The ADRC of Door County is physically located in the county seat, which is the city of Sturgeon Bay. Demographically, the city of Sturgeon Bay is where the largest bulk of our county's overall population lives and is home to just over 9,000 residents. The city's population accounts for approximately 33% of the county's overall population. The remaining 66% of Door County's population base is widely dispersed up and down the peninsula. Which means it is a 25-minute drive to our southern most residents and over a 45-minute drive to the northern part of the county from the city of Sturgeon Bay. This does not include Washington Island which can only be reached by ferry boat. Our geographical makeup, being situated on a peninsula with limited borders, is one of the reasons we should be strongly considered for the next expansion of DCS positions. The other significant reason Door County needs this level of assistance is the ever-growing increase of our resident population who are 65 years of age and older.

Data from the Wisconsin Department of Health Services – Division of Long Term Care, indicates that in 2010, 13.7% of Wisconsin residents were 65 years of age or older. This age group is projected to reach 23.7% by the year 2040. Clearly the state population is aging and the proportion of individuals over 65 years of age is on the rise everywhere. What makes Door County a little more unique is that to date we already have one of the oldest populations per capita throughout the state. According to the State of Wisconsin's Department of Administration, Door County residents 65 years of age and older was roughly 22.5% (6,245 residents) of our overall population base in 2010. The same department projects Door County's population of residents who are 65 years of age and older will increase to approximately 40% (10,820 residents) of the county's overall population base by 2030.

Moreover, Door County has experienced an overall population increase since 2010. However, Door County's current birth-to-death ratio is actually at a negative 2.4%, and the migration rate is only increasing by 3.4% every year. As the county's median age continues to rise, the logical explanation is

that the growth in the overall population is attributed to older adults moving to Door County as a destination for retirement.

Culturally, Door County is an interesting place despite our lack of racial diversity with approximately 97% of our overall population coming from a white, non-Hispanic background. Because of our unique geographic landscape comprised of widely dispersed smaller communities, Door County is an intimate place to call home. Many residents who live here year-round take on a “we take care of each other” mentality. Most look to a neighbor, their church community, or family first for help and lean strongly on their informal supports. Our residents are fiercely independent and often times attempt to find necessary supports before reaching out beyond their informal network of support.

B. Describe existing resources beyond the ADRC that are important to providing a complete support system for a person with dementia and their caregiver.

Door County as a systematic whole is currently struggling to provide the adequate amount of care needed to support our aging population. However, as a county we are well aware of our current situation and the challenges that come with a growing demand for care to support our older adult population, especially those with dementia and their caregivers. These growing concerns cannot be addressed without a collective effort. Door County is a resource centered community full of for profit and not-for-profit agencies all willing to start working on enhancing supports to individuals with dementia and their caregivers. A number of these businesses and community-based organizations already play an essential role in providing necessary services that make up our existing support system for a person with dementia and their caregiver.

When our ADRC staff mentioned this grant opportunity in some of the collaborative meetings listed below, the response was overwhelming, and most partners offered to provide letters of support without being asked. We may have gone a little overboard on the amount of support letters we attached to our application, but this is indicative of how committed and dedicated the community is regarding the need to

provide necessary support to the increasing older adult population. We regularly receive feedback from partnering organizations and agencies that our county needs “someone” to help support the coordination of the community’s dementia-related efforts, so that initiatives are not duplicated and innovative efforts continue to move forward and gain collective momentum.

C. Describe the availability of partners within and outside of the county system that will support and enhance the goals of the DCS program.

Door County is ready to “hit the ground running” with an active community to support and enhance the goals of a DCS position. We know this to be evident because a number of ADRC team members actively participate on a number of key community-wide groups including, but not limited to, the following: I-Team facilitated by Adult Protective Services staff, the Door County Caregiver Coalition, Door County Senior Provider Network and the Parish Nurse Committee. In the past each of these groups have taken essential steps in developing dementia friendly programs and initiatives. The composition of these groups not only includes community providers, but regular attendance from law enforcement, emergency medical services and crises response staff. Involvement on these groups has led to many fantastic conversations regarding the unmet needs in our community and how each organization or partner plays a role in addressing that need or concern.

On Washington Island, we also have a strong working relationship with the Washington Island Community Health Program (WICHP). Every year for the last four years, we have hosted a joint open house and resource fair to provide residents on the island the opportunity to learn more about supports available to them. Our partnership with WICHP has been, and continues to be, instrumental in allowing the ADRC to meet the needs of our island residents.

Following is a bulleted list highlighting the existing main framework of support for people with dementia and their caregivers in our community. A DCS would be able to quickly start working within these

organizations or settings to start building an even greater momentum of support to individuals with dementia and their families.

- Door County Medical Center has a Memory Care Clinic that offers accessible, affordable and efficient means of diagnosis and support for individuals, families and friends coping with memory concerns. They provide free memory evaluations and consultations, virtual dementia tours and a team approach from physicians, a geriatric nurse practitioner, occupational therapists and nurses.
- Door County Memory Cafés meet two times per month - once at the United Methodist Church in Sturgeon Bay and the other in Sister Bay at Scandia Village Good Samaritan-Meadows Solarium.
- M.IN.D. (Memory in Development) is a free 6-week research-driven exercise and caregiver support workshop. This program is a collaborative effort between Door County Memory Clinic, ADRC and the Door County YMCA. Our ADRC staff frequently present information on resources available to older adults in our community on a day during the 6-week program.
- Door County Early Dementia Support Group for those diagnosed with Alzheimer's or related dementia in Sturgeon Bay meets every 1st Monday of the month from 1-2pm at the United Methodist Church.
- Sunflower Cottage is an adult day program for individuals living with dementia, Parkinson's, arthritis, and medically frail older adults. The facility is open Monday - Friday during the day.
- Good Samaritan Scandia Village in Sister Bay is a multi-level skilled nursing facility that has a specialized memory care unit.

D. Describe existing local projects regarding coalition building, dementia-friendly community efforts, memory screening, caregiver supports and crises response.

An existing and recent local project that embodies the willingness and spirit of collaboration here in Door County is work related to our county's emergency crisis response system. In 2016, our Door County Department of Health and Human Services (DHHS) received a Crisis System Enhancement Grant from

the Wisconsin Department of Health Services. The grant allowed our community as a whole the opportunity to review the entire crisis response system. It was not long into that process until one large unmet need emerged. That need was our county's emergency crisis response to individuals with dementia exhibiting challenging behaviors. This identified need led to the following action.

Door County DHHS held a focus group on crisis planning and response for persons with dementia on April 14th, 2016 and was facilitated by Barb Larson-Herber. During the focus group community stakeholders were asked to provide input on the following topics:

- What are our current strengths and gaps for serving persons with dementia?
- How can our systems more effectively respond to persons with dementia who are experiencing a crises?
- How can we better support caregivers?
- What are our community's training priorities in this area?

The attendance and response was outstanding, with strong representation from service providers as well as the general public. The group identified strengths, gaps in service networks, unmet community issues and dementia-related training needs for professionals, caregivers and individuals diagnosed with dementia. With continued momentum surrounding the issue, Door County DHHS held a Community Dementia Response Summit on June 24, 2016 which was once again facilitated by Barb Larson-Herber. This Summit included training from various professionals on the following topics: an overview of dementia and the different types, first responder training, skill-building for caregivers and steps to building a successful dementia-friendly community. The Summit was also well attended by staff from DHHS, law enforcement, our local hospital, emergency medical services, skilled nursing facilities, home health agencies, churches and in-home providers.

A third event was held on September 28, 2017 - a "Dementia Crisis Provider Conversation". The reason for the conversation was due to some very challenging situations all involving individuals with dementia and their caregivers. That crisis provider conversation was the impetus for the creation of a county wide

Dementia Crisis Planning Work Group. That workgroup met monthly until June of 2018. During those monthly meetings, a number of the county agencies involved in providing crisis services to our Door County residents with dementia, expressed the need for additional support for people living with dementia exhibiting challenging behaviors and their caregivers. Unfortunately, that workgroup was faced with the difficult decision to discontinue meeting due to the lack of someone's ability and time to continue the efforts of the group. With the addition of a DCS, that same workgroup could easily be revitalized as the Door County Dementia Coalition.

Since the move to the new building in 2018, the ADRC has offered three different ten week "BE! Brain Enrichment" courses. All three courses were well attended and administered by an interested volunteer. Sadly, the volunteer could not continue administering the classes. On June 29th, 2018, we partnered with the Door County Memory Clinic and offered an all-day Virtual Dementia Tour event. We had over 50 people pre-register with a waiting list. In November of 2018, the ADRC in partnership with the Door County Caregiver Coalition held our first annual Door County Caregiver Conference and our keynote speaker for the conference was former Governor Martin Schreiber. We had around 70-80 family caregivers attend.

E. Explain why the addition of a DCS position is important to the ADRC of Door County?

The addition of a Dementia Care Specialist (DCS) position is important to the ADRC of Door County because it provides us with an excellent ability to enhance, develop and create quality dementia-related services to our community, in the following ways.

A DCS position would allow our agency the opportunity to assist our community in filling current gaps within our network of providers. Door County does not have anyone exclusively trained, working 40 hours a week, who can support people with dementia exhibiting certain challenging behaviors and their caregivers. The DCS would work with Emergency Medical Services, Adult Protective Services, Hospital Discharge, Sturgeon Bay Police Department and Sheriff's Department staff to create referral processes

when they encounter someone with dementia exhibiting challenging behaviors that go beyond their scope of services. More importantly, this streamlined DCS referral process would provide people with dementia and their caregivers an option to receive specialized information, assistance in accessing dementia-related resources and on-going follow-up beyond what our Information and Assistance Specialists (I&A Specialists) can provide, essentially creating a dementia specific “one stop shopping” experience.

Furthermore, the addition of a full-time DCS would allow our agency the ability to develop innovative evidence-based and evidence-informed services and programs to offer those living with dementia and their caregivers. We would have a dedicated ADRC team member available to work towards implementing a local Music and Memory Program. Also, the ability to provide specialized dementia-related education and training to people with dementia, caregivers, ADRC and other county staff, community organizations and local businesses. The addition of a full-time DCS position would finally provide Door County the ability to launch and sustain large scale, community-wide dementia friendly initiatives such as the Purple Angel Project and the Purple Tube Project. Lastly, a DCS would allow the ADRC and our strong network of highly committed and passionate community partners the chance to start and more importantly maintain a successful Door County Dementia Coalition.

The Dementia Capable ADRC and Other County Systems

A. Describe the ADRC of Door County’s plan to embed DCS activities within the current ADRC system.

The Dementia Care Specialist will be embedded into the ADRC organizational structure as a full-time position and will collaborate with ADRC and other county staff when working with individuals living with dementia and their caregivers. We have a terrific, small, but very team-based organization, which is poised and ready to support a new DCS team member.

With the addition of a Dementia Care Specialist, the first step in our ADRC becoming more dementia-capable will be to utilize this position to educate and train our entire organization. Within the ADRC, this

will include our three I&A Specialists, Elderly and Disability Benefit Specialists, Activity and Volunteer Coordinator, administrative support staff, nutrition program staff, caregiver support group facilitators, volunteers and advisory board members. The addition of a DCS would allow staff to receive tailored training and case consultation on an ongoing basis and as needed.

Likewise, our ADRC would develop criteria on when it is appropriate to refer someone to our DCS program. This means, our I&A Specialists will still be required to maintain their knowledge of dementia related resources and how to properly administer a memory screen. The purpose for our referral criteria would be to allow our DCS the opportunity to focus on working with people who have been diagnosed with dementia and their caregivers, beyond what the I&A Specialists can provide. All ADRC and Door County DHHS staff will be trained on the role of the DCS and how they fit within our ADRC organization. The DCS will be required to regularly participate and contribute in all staff and department wide meetings.

Finally, because we are an integrated ADRC and Aging Unit, the DCS would work to support and enhance the overall dementia capability of every aspect and arm of our organization. For instance, the DCS would work closely alongside our Caregiver Coordinator to connect individuals with dementia and their family caregivers to possible NFCSP and AFCSP funding, memory cafés and Powerful Tools for Caregiving classes. The DCS would work in conjunction with our Activities and Volunteer Coordinator when developing new and maintaining existing dementia related programs, such as BE! Brain Enrichment program, Virtual Dementia Tours and the Music and Memory Program. The DCS would also work to assist our agency's Resource Database Lead in gathering and keeping our dementia-related resources relevant and up-to-date.

B. Describe the ADRC of Door County's plan to utilize the expertise of the DCS to educate and consult with ADRC, adult protective services and other county department staff.

The next step in our process of becoming more dementia-capable, will be to provide dementia-related education and training to other county-based service providers. We will begin with our partners in other divisions of the Department of Health and Human Services, including the Crisis Team, Adult Protective Services, Behavioral Health Therapists, CSP and CCS Case Managers, Public Health Nurses, Economic Support Specialists, and more. We will then expand training to other county partners including Emergency Medical Services, County Veterans Service Office, Sherriff's Department, Corporation Counsel, District Attorney's Office and other county staff. These county departments all work one-on-one with individuals with dementia and their caregivers on a regular basis. Staff from each one of those county departments listed above regularly share their struggle in working with people with dementia and their caregivers. Specifically, they have difficulty feeling confident in their professional approach and how to effectively communicate with those living with dementia. ADRC and other county employees will be trained on the different types of dementia, behaviors in dementia and how to effectively communicate with someone who has dementia.

Training would then expand to the other helping professions and collaborative partners we are already working with in the community. The last phase would be to expand our educational outreach on dementia-related topics to the entire community. Most of our dementia-related educational efforts have been infrequent "one time" events that continually lose momentum due to a lack of staff time and follow up. A DCS would provide our organization and the community the ability to keep these efforts moving forward.

In addition to keeping county-wide dementia related education vibrant, the DCS would have the expertise and the capability to support the community efforts needed to help Door County become a dementia friendlier place to live. As mentioned above, we have many projects and groups working on supporting our aging population, but they are scattered throughout the county, and often these initiatives are minimally coordinated and oftentimes lose momentum after a while. At the ADRC due to the increased workload since our move to the new building, we have split participation in these activities among our

staff. Although we do not see the DCS as responsible in coordinating all county-wide efforts by partner agencies, we would see them as the conduit and the expert in offering feedback on what may be most effective.

C. Describe the current processes used to identify people who would benefit from a cognitive screen, determine when to offer a memory screen, making a referral to health care provider and following up when the screen is positive.

Our current process in identifying someone who would benefit from a cognitive screen, determining when to offer a screen, making an appropriate referral to a health care provider and follow-up procedure is conducted primarily by our three I&A Specialists during their initial assessment process. After a cognitive screen is administered, our I&A staff communicate the results of the screen with the consumer. If there is a cognitive concern based on the results of the screen, the I&A Specialist will then consult with the individual and their family members about a referral to their primary care provider or the Door County Memory Clinic. If agreeable, the I&A Specialist will obtain a release of information and assist the consumer in making the referral. The majority of the time the need for a screen is identified in the process of doing a functional screen to support a consumer in obtaining a formal diagnosis.

D. Indicate how the processes described above will change with a DCS position.

The addition of a DCS would enhance our current process by first helping our I&A staff, through training and consultation, become more confident in their ability to identify a need for a screen and in their ability to administer a comprehensive cognitive screen. After a screen is administered and a cognitive concern is identified by an I&A Specialist, our staff would have a discussion with the consumer about the screen results. I&A Specialists would also be trained by our DCS on how to effectively engage the consumer and their loved ones in a conversation about any current challenges. Based on referral criteria, if an I&A Specialist felt the individual would be better served by our DCS, our staff would seek permission from the consumer to make a referral to the DCS and if possible connect the consumer to the DCS that same

day. When referred to the DCS, the individual and their loved ones would receive personalized support through the connection of dementia-related resources and additional follow up. In specific cases, where a consumer did not want to follow up with their primary care physician or the Door County Memory Clinic, the DCS would offer follow-up activities and additional education that might be less intimidating.

E. Describe how volunteers be used to enhance dementia-capable services.

In preparation of the move to our new building, we received additional funding to hire a full-time Activities & Volunteer Coordinator. With this new volunteer-related position and our move to the new building, we are in a great position to recruit volunteers. In fact, tied to the publicity of the new building and the new programs offered at the ADRC, we have seen a significant increase in our volunteer recruitment over the past two years. Last year, our volunteer base increased dramatically to include 263 individuals and a total of 6,297 volunteer hours. We would utilize the DCS position in training our existing volunteers to enhance our current services in a dementia-capable way. For instance, the DCS would work alongside our Elder Nutrition Program Director to develop a specific dementia-related training for our Meals on Wheels (MOWs) volunteer drivers. The DCS would also work with our Volunteer & Activities Coordinator to include a dementia-related training in the orientation of any new volunteers.

At the moment our ADRC has one volunteer opportunity connected to a dementia-related program - the BE! Brain Enrichment program. The addition of a DCS would allow us to expand these types of offerings to fully utilize our committed volunteer pool. We have many great ideas, but the staff that we have now are limited in the amount of time they can spend developing those types of programs and opportunities. Almost immediately our DCS will become trained and knowledgeable on the evidence-informed Music and Memory program and would utilize volunteers in developing that program.

The DCS and our full-time Volunteer & Activities Coordinator would work together in recruiting volunteers for the program. The DCS would provide the technical assistance and training for those

volunteers interested in getting involved in our Music and Memory program. The volunteers would go through initial training that would begin with a volunteer orientation webinar offered through the Music and Memory website. Volunteers in the Music and Memory program would be utilized to assist caregivers and their loved ones in developing personalized playlists for each participant, create and maintain an easy to search iTunes music library and manage the equipment such as the iPods, headphones and external speakers.

Volunteers through our Music and Memory Program would also assist the DCS in promoting and coordinating the following events: iPod Donation Drive and documentary screening events of “Alive Inside: A Story of Music and Memory” throughout Door County.

Another goal of our Music and Memory program would be to explore ways to involve local youth in working with our older adult population with dementia and their caregivers. The DCS would reach out to local high schools, middle schools, Door County Boys n’ Girls Club and other civic youth groups, like 4-H, as a way to provide a creative intergenerational volunteer opportunity.

We would also utilize the DCS to train interested volunteers in conducting dementia-related educational presentations. For example, as soon as we establish our Purple Angel Project Campaign, volunteers would be utilized in educating local businesses. Door County has a lot of volunteers for its size because of our relatively high retirement population.

Dementia-Friendly Community

A. Describe the steps the ADRC of Door County has taken or will take to engage community organizations and businesses to develop dementia-friendly initiatives and activities.

As indicated above, our ADRC staff have engaged in the development of dementia-friendly activities and events with many other community organizations and businesses. The majority of those initiatives have come out of the collaborative work done through various community committees and coalitions such as

the I-Team facilitated by our Adult Protective Services Unit and the Dementia Crisis Planning Work Group.

An example of one of the community-wide coalitions our staff have been actively involved with in developing dementia-friendly efforts is the Door County Caregiver Coalition. This is made up of staff from the following organizations: Door County Medical Center, Neighbor 2 Neighbor (loan closet and peer companionship program), Washington Island Community Health Program, UW-Extension Office, Unity Hospice, Sunflower Cottage (adult day program), Parish Nurse Network, Adult Protective Services, YMCA and the Alzheimer's Association. This group is currently facilitated by one of our ADRC staff. The bulleted information below is a list of the dementia-friendly efforts this group has worked on together.

- In May of 2016, the group hosted a Dementia-Friendly Communities panel discussion. The presentation was offered through the Learning in Retirement program at NWTC, a local technical college. During the panel discussion a number of our Coalition members presented on the Dementia Friendly Communities concept and how it applies to Door County.
- Right around that same time, a monthly memory café group was started in Sturgeon Bay. That group is still meeting but has lost some momentum. A DCS could really help in connecting people with dementia and their caregivers to that group. A DCS would also allow us to expand our Memory Café to include a group that meets in the southern part of the county.
- Last year that group held a series of "Community Caregiver Conversations" throughout Door County. We held our first conversation on March 14th, 2018. We had a great attendance which included family caregivers, paid caregivers and professional staff from other community organizations. During which resources for those caring for individuals with dementia was brought up as a concern and a topic of conversation.
- Annually our Caregiver Coalition hosts a Door County Caregiver Conference at the ADRC in celebration of National Caregiver Month in November. On average we have about 80-90 caregivers

attend. This past year we had former Governor Martin Schreiber as a keynote speaker. He gave a presentation on his book, "My Two Elaine's" and shared his lessons from a decade-plus journey as a caregiver for his wife Elaine who lives with Alzheimer's disease.

In the past our ADRC staff and other community partners have explored or tried the following programs; Music and Memory, Memory Care Connections and Powerful Tools for Caregivers. Those programs have at times been successfully implemented but usually are not regularly scheduled to continue, primarily because those exploring them are consumed with other primary job responsibilities. A DCS would allow us to enhance, develop and maintain these types of evidence-based and evidence-informed programs.

B. Describe which community partners are currently or will be actively engaged in promoting dementia-friendly activities.

There are many steps we would like to take at the ADRC and programs we are interested in implementing that could help us in engaging other community organizations and businesses to develop dementia-friendly programs. One step in particular our ADRC would like to take in engaging other community organizations and local businesses to develop dementia-friendly initiatives is to start a Door County Dementia Coalition. Finding interest from the many organizations listed throughout this application to participate on a Dementia Coalition here in Door County would not be an incredible task. We understand that to successfully make this type of community-wide shift, involvement will have to stretch beyond what the ADRC can accomplish on our own. The DCS would provide us the vehicle to drive this coalition. The DCS would be instrumental in assisting the newly formed group define a vision, develop goals and in creating an organized plan to support our community in the overall mission of becoming a dementia-friendlier place to live. The coalition would include partners we are already working with such as other county entities, the medical community, and informal caregivers to name a few. In addition, we would invite staff from local businesses such as banks, restaurants, grocery stores and post offices to join the coalition and in promoting dementia-friendly initiatives.

C. Explain how people with dementia and their caregivers will benefit from the planned dementia-friendly community efforts.

I'd like to share a brief example of the possible impact a dementia friendly community could have on an individual's life. Earlier this year, our ADRC receptionist came into my office wanting to talk about a concern. She had noticed throughout the day an individual who comes to our ADRC almost every day for lunch and other activities, was acting "a little off". She brought it to my attention and I notified this individual's wife, which also happens to be the individual's emergency contact and primary caregiver. The response I received was something I'll never forget, because it speaks to exactly what a dementia-friendly community strives to accomplish. She was speechless at first and then very appreciative. She explained that her husband was recently diagnosed with a form of dementia and had started to take new medication to slow down the progression of the disease. She mentioned how thankful she was that others were watching out for her husband, and that he had just changed the dosage of his medication. She stated how beneficial the information was so that she could inform her husband's primary care physician to adjust the dosage of his new medication. With a DCS we could become a community where this sort of thing would happen everywhere, a local restaurant, church, hairdresser or the grocery store. We could help our community continue to take care of one another.

As a county, we would move towards a more dementia friendly community, and the benefit to those affected by the disease and their caregivers would be extremely beneficial. It is clear that in Door County we must continue to develop new and improved ways of strengthening the informal care that is being provided, because there is currently an insufficient amount of professional support. As stated earlier in this document, the percentage of our population is aging and at a higher rate than most other counties throughout the state, and at the same time resources are becoming more limited.

People with dementia and their caregivers would greatly benefit from the addition of a DCS position and the services provided to them through that program. The added support provided by the DCS through consultation with other ADRC, county crisis, APS, healthcare, memory clinic, EMS, and law enforcement

staff would be pivotal in keeping individuals at home, where they prefer to be. These staff come into contact with individuals across a broad service spectrum, from having a positive memory screen, obtaining a dementia diagnosis, identifying challenging behaviors as a result of their dementia, to a caregiver suffering burn-out that has reached their crisis point. The DCS would provide a person with dementia and their caregiver the education, resources and assistance they need to keep people safely at home in all of the above-mentioned scenarios. A DCS would also provide added support and follow-up with someone's healthcare team and support them in seeking early interventions.

The addition of a DCS would also allow our ADRC the ability to provide specialized support and ongoing assistance to caregivers through the DICE Approach and people with dementia beyond a 90-day period of time. I&A Specialists are only contractually allowed to provide limited short-term case coordination to families for a maximum of 90 days. A number of those caregivers could benefit from additional education, coordination of services and follow-up that would go beyond that time frame. A DCS would provide this support for the person with dementia and their caregiver as their care needs change with the progression of their dementia. The caregiver and individual with dementia would feel more comfortable asking for additional assistance and support due to their stronger working relationship with a DCS. That enhanced level of service would be extremely helpful here in Door County.

Opportunities for People with Dementia to Remain in Their Own Homes

A. Explain how the DCS would work with people with dementia and informal caregivers of people with dementia. What types of services and supports would the DCS provide?

The ADRC of Door County offers a variety of services to assist individuals in remaining at home for as long as is appropriate. The addition of a DCS would greatly improve the specialized services we can offer those with dementia and their caregivers. The continual education and support that would be provided by the DCS to individuals would greatly enhance their coping skills and give caregivers the tools necessary to provide the care that will allow their loved one to remain at home and independent for as long as

possible. The DCS will also be available to meet with individuals with dementia and their caregiver in their homes. This will provide excellent insight for our DCS in working with caregivers and people with dementia come up with creative strategies to support their various needs.

The DCS would provide the following services and support to people with dementia and informal caregivers of people with dementia:

- **One-on-One Consultation:** The DCS would have thorough knowledge on the resources and providers that serve individuals with dementia and their caregivers here in Door County. If an I&A Specialist or Benefit Specialist felt a person might benefit from a one-on-one consultation with the DCS, they would offer this option to the consumer and assist in making a referral. A one-on-one consultation would occur in a face-to-face setting of the consumer's choosing. They would take additional steps to understand the individual's personal history, lifestyle, medical history and goals. The consultation would focus on the individual's desired outcomes and the development of a plan on how to achieve those outcomes. After the consultation, the DCS would provide follow-up with the individual and their supports to assure they were able to act on the information they received.
- **Cognitive Screening:** The DCS would offer and administer cognitive screens to persons who have been identified as someone who would benefit from a screen. After a positive screen is identified, the DCS would offer to refer the positive screen results to the individual's primary care provider. The DCS would then follow-up with the provider to determine outcomes and connect the person to relevant long-term care services or supports.
- **DICE Approach:** The DCS would also become trained in utilizing the DICE Approach when working with a friend or family member caring for their loved one living with dementia. The DCS would use this approach in order to help caregivers manage certain challenging behavioral and psychological systems of dementia. The DCS would work with the caregiver to understand why the certain behaviors are happening and guide the caregiver in developing creative strategies on how to safely address those behaviors. This approach has been successful in helping caregivers handle situations

where their loved one with dementia has a tendency of wandering, fits of aggression and refusing to accept important care.

B. Describe how existing programs and services would be enhanced for people with dementia and informal caregivers of people with dementia by adding the DCS program.

In 2017, our ADRC purchased equipment and a trial membership for the Music and Memory program with Alzheimer's Family Caregiver Support Program funds. Unfortunately, we have experienced a rather difficult time fully implementing this program. I&A Specialists and APS staff initially offered the program to a few families struggling with challenging behaviors related to their loved one's dementia. However, we have not been successful in sustaining that program due to a lack of staff time and capability. A DCS position would finally allow us the opportunity to put forth more time, energy and focus into the development of that program rather than staff who are juggling multiple responsibilities. The DCS would also be working with more families that have a loved one with dementia with challenging behaviors that could benefit from the Music and Memory program.

As previously mentioned earlier in this application, we would have a greater opportunity to continue to offer programs like our BE! Brain Enrichment series, and the DCS would be an added resource to help keep those types of programs running and sustainable.

Two Challenges and the ADRC's Strategies to Overcome or Avoid Them

Marketing/outreach and a culture of fierce independence that can sometimes lead to isolation are two of the biggest challenges our organization faces to date. Even after seven years in operation, we still have pockets of individuals who do not know the ADRC exists or what services we offer. This organizational hurdle has a lot to do with the way our county's population is distributed throughout our geographical landscape. We continue to advertise in local papers, on radio stations, during outreach events and at various times throughout the years, we have opened satellite offices in different parts of the county.

Gradually, our message is spreading and the ADRC is becoming better known. Educating our community on our new DCS program will be no different. We will address this challenge through lots of outreach and marketing. Our local media sources are always looking for something new to report. We will utilize our strong working relationships with them and our community partners to spread the word. Over the past two years we have worked closely with a local marketing firm, TWEAK Marketing, to completely revamp our ADRC website and create an ADRC Facebook page. Improving our website and utilizing social media to promote services and programs has had a wonderful impact on our participation. With the addition of a DCS position, we would work with TWEAK Marketing to create a DCS specific webpage and utilize our ADRC Facebook page to announce any new or upcoming dementia-related activities, events and programs. We would also work alongside TWEAK to develop a DCS specific promotional video.

Another challenge we foresee is the issue of consumer independence and isolation, which is multi-faceted challenge. In addition to system independence at times, individuals who live in Door County are generally quite independent as well. During community-wide conversations we have heard the following reasons as to why. Individuals who have moved to Door County like that they are “removed” and they can live a good distance from their neighbors. If you spend enough time here in Door County, it won’t be long until you hear the mantra, “we take care of our own”. This is true in both the southern part of the county which is largely a rural farming community and the northern part of the county which attracts more of our transplanted retiree population.

One way in which we currently work to overcome this challenge is to develop strong working relationships with “community champions”. Again, Door County consists of a network of small towns and villages. Each town and village have their own sense of community. We try to identify those living within each community who would be an excellent ambassador for our services and programs. This method has worked out really well for our home delivered frozen meal program. We would apply the same philosophy in helping spread the word and in building a level of trust throughout Door County in assuring our new Dementia Care Specialist Program is successful.

Door County ADRC Dementia Care Specialist Program Budget Worksheet

Use this budget worksheet to providing funding amounts for costs related to personnel, supplies, training and conferences, client and outreach-related travel, and other activities or supplies. The budget should reflect annual funding for one full-time position. Funds requested in each section may include state GPR funds, federal match funds, or local match funds, but totals in sections one through five must add up to the total amount at the bottom of the worksheet.

Applicant Name:

1. Personnel:

FTE	Salary*	Fringe/Benefits	Funds Requested
1.0	\$41,795.00	\$33,638.00	\$75,433.00
Total			\$75,433.00

Will this position be employed by a contractor? Yes ___ No X

* Salary amount is classified under same pay category as an I&A Specialist at the entry level.

2. Supplies:

Supplies	Funds requested
Computer and IT equipment (SurfacePro, Docking Station and Headset)	\$1750.00
Office phone	\$250.00
Office supplies (e.g. postage, pens, markers, printing)	\$950.00
Promotional or marketing items (e.g. 2,000 business cards and 2,000 brochures)	\$750.00
Total	\$3700.00

3. Training and Conferences:

Estimated training costs	Funds requested
Registration Fees (Alzheimer's Association Conference and WI Alzheimer's Institute Conference)	\$350.00
Travel costs (e.g. hotel, meals, mileage)	\$500.00
Other Dementia Related Meetings and Trainings	\$150.00
Total	\$1000.00

4. Client and Outreach-related Travel:

Estimated travel and costs per mile	Funds requested
Mileage x County reimbursement rate (1500 miles/year x .58/mile) for Home Visits, Outreach Events, Community Meetings	\$870.00
Washington Island Ferry Costs (6 trips a year)	\$250.00
Total	\$1120.00

5. Miscellaneous: List anticipated expenses not reported in other sections

Miscellaneous Items	Funds requested
Administrative Costs (ADRC Management, Finance, Technology Services, Maintenance, Auditing, Admin Support)	\$37,778.00
Membership Dues	\$200.00
Total	\$37,978.00

Totals:

Total State GPR	\$79,885
Anticipated Fed Match Amount	39,346
List Anticipated Fed Match Percent**: 33%	
County Matching Funds or In-kind (optional)	
Total Amount	\$119,231

****DCS average Fed Match rate is 30%.**

**ADRC of Door County Dementia Care Specialist Program
Project Work Plan
January – December 2020**

Goal 1: Create a Dementia Capable ADRC.

Objectives: What do you want to accomplish?	Activities: How are you going to accomplish the objective?	Lead Person: Who is responsible for the activities?	When: When will the activity begin and end?	Outcomes: What are the desired results and how will they be measured?
Objective 1: Hire a full-time Dementia Care Specialist	Recruit, interview and hire an individual with a human services related background, with at least two years of dementia and/or caregiving experience strongly preferred.	<ul style="list-style-type: none"> • ADRC Director • DHHS Director • HR Director 	Timeline: As soon as the grant is awarded we will start the hiring process. Hiring process usually takes 6-8 weeks.	Outcome: To successfully hire a qualified individual with some fantastic experience working with individuals with dementia and caregivers.
Objective 2: DCS to Complete ADRC-DCS and DHHS Orientation	DCS will work with ADRC Director on successfully completing the ADRC-DCS and DHHS orientation.	<ul style="list-style-type: none"> • ADRC Director • DCS 	Timeline: New DCS will work on completing orientation immediately upon hire date. Anticipated completion date: 3 months, April 2020	Outcome: DCS successful completion of both ADRC-DCS specific orientation and DHHS orientation. *Training will include shadowing at least one experienced DCS from another county.
Objective 3: Increase number of internal/external referrals for DCS to start working with consumers and caregivers.	Develop internal/external referral process and criteria to educate all ADRC staff, DHHS staff, other county employees	<ul style="list-style-type: none"> • ADRC Director • DCS 	Timeline: ADRC Director will start working on this process immediately upon hiring a DCS.	Outcome: To establish a consistent internal and external referral process for new DCS position to ensure consumer and caregiver

	<p>and community partners on how and when to make a referral to DCS. We will emphasize the “No Wrong Door” concept when educating community partners and other county departments.</p>		<p>Anticipated completion date: Within 2 months after DCS hire date, March 2020</p>	<p>referrals are seamless both inside and outside our organization. Also, to start gradually increasing the amount of consumers and caregivers our DCS is working with. This outcome will be measured through our client tracking system.</p>
<p>Objective 4: Complete evidence-based or evidence-informed trainings</p>	<p>DCS will work with ADRC Director to schedule, attend and complete Music and Memory, Virtual Dementia Tour, Cognitive Screening and DICE Approach training.</p>	<ul style="list-style-type: none"> • ADRC Director • DCS 	<p>Timeline: DCS will attend and complete Music and Memory, Cognitive Screening, Virtual Dementia Tour and DICE training within 6 months of hire date, depending on available training dates.</p> <p>Anticipated completion date: July 2020</p>	<p>Outcomes:</p> <ul style="list-style-type: none"> • Fully implementing the Music and Memory program, resulting in at least 10 consumers participating in program by the end of the first year. • The creation of another dementia-related volunteer opportunity in Music and Memory, resulting in the recruitment of at least 4 volunteers to assist with the program. • Increasing the amount of cognitive screens conducted by the ADRC as a whole, resulting in at least a 25% increase in the number of screens completed compared to the previous year and conducting at least two separate community wide screening events.

Objective 5: Increase and improve the overall dementia-related knowledge and expertise of our entire ADRC organization.	DCS will provide at least one dementia-related training to all ADRC staff, ADRC Advisory Committee, Nutritional Advisory Council members and volunteers (i.e. MOWs volunteer drivers and ADRC Ambassadors).	<ul style="list-style-type: none"> • ADRC Director • DCS • Activities & Volunteer Coordinator • ADRC Assistant Director who oversees nutrition, caregiver support, and health promotion programs 	Timeline: DCS will conduct at least one dementia-related training for everyone within the ADRC of Door County organization within six months of their official hire date. Anticipated completion date: July 2020	<ul style="list-style-type: none"> • Implementing the new DICE evidence informed dementia-related program focused on helping caregivers in Door County. Goal to work with at least 10 caregivers by the end of the first year. • Conduct at least two all-day Virtual Dementia Tour events (one in Sturgeon Bay and the other in Northern Door) in partnership with DC Memory Clinic and the Door County Dementia Coalition. <p>Outcome: To increase and broaden the dementia-related expertise of our entire ADRC organization.</p> <p>Also, provide training opportunities for our new DCS to gain a degree of confidence when conducting these types of dementia-related trainings before they start to train other DHHS, county departments and community partner staff.</p> <p>The effectiveness of this outcome and the quality of the trainings will be measured</p>
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	effectively communicate with someone who has dementia.			by an evaluation feedback form given to all participants after each training.
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Goal 2: Collaborate with community partners to develop a dementia friendly community.

Objectives: What do you want to accomplish?	Activities: How are you going to accomplish the objective?	Lead Person: Who is responsible for the activities?	When: When will the activity begin and end?	Outcomes: What are the desired results and how will they be measured?
Objective 1: Start a Door County Dementia Coalition (DCCO)	The DCS and ADRC Director will attend at least one Dementia Coalition meeting in another community to gain a better understanding on how to start our own. Next step, identify community partners and invite them to first meeting. Many community partners have already expressed a strong interest in supporting our new DCS position when asked to provide a letter of support.	<ul style="list-style-type: none"> • ADRC Director • DCS 	Timeline: Attend another Dementia Coalition meeting within three months of hire date. Anticipated completion date: March 2020 Identify, invite and plan first Door County Dementia Coalition meeting within four months of hire date. Anticipated completion date: May 2020	Outcomes: The desired result is to create an opportunity for community providers and local businesses to start meeting on a regular basis to discuss how Door County can become an even more dementia-friendly place to live. By December of 2020, we plan to create a strong mission, vision and membership for this new group. We also hope to complete at least one community-wide project related to making Door County as a whole a more dementia-friendly place (i.e. Hosting an event like, “Steering into the Skid”).

Objective 2: Gather and update our dementia-related resources.	DCS will partner with our agency's Resource Database Lead and I&A Specialists to review and update our dementia-related resources and information, including our resource directory and website. DCS will also work on the collection of new dementia-related resources and information.	<ul style="list-style-type: none"> • DCS • Resource Database Lead • I&As 	Timeline: Within 6-7 months of official hire date, DCS will review and update all ADRC existing dementia-related resources. Anticipated completion date: July/August 2020	Outcome: To improve the quality and quantity of our dementia-related resources and to ensure that our resources are relevant and up-to-date. This outcome will be measured on completion of existing resources. This objective is also ongoing in nature.
Objective 3: Increase and improve the overall dementia-related knowledge and expertise of other DHHS units, county departments, and full-county board.	DCS will start by identifying a list of other DHHS units, county departments and the full-county board to conduct dementia-related trainings with. ADRC Director will help prioritize this list and DCS will then start to schedule and coordinate training opportunities.	<ul style="list-style-type: none"> • DCS • ADRC Director 	Timeline: Immediately after DCS has completed at least one dementia-related training with entire ADRC organization. DCS will start to work on this goal and schedule at least one dementia-related training with other DHHS units, county departments and the full-county board. Anticipated completion date: 12 months after hire date, December 2020	The effectiveness of these trainings will be measured by a training feedback and evaluation form.
Objective 4: Initiate a Door County Purple Angel Project Campaign	The first step in achieving this objective will be to have	<ul style="list-style-type: none"> • DCS 	Timeline: As soon as our DCS completes their initial ADRC	Outcomes: The desired outcome for this objective is to start developing a local

	<p>our DCS complete a training on the Purple Tube Project.</p> <p>If a formal training does not exist, our DCS will coordinate an opportunity to shadow another experienced DCS who has already successfully administered this project in their community.</p> <p>Once our DCS is comfortable in their knowledge on the Purple Angel Project, they will identify two to three local businesses to pilot the project training. Afterwards the DCS will ask for feedback and adapt the training accordingly.</p>	<ul style="list-style-type: none"> • Door County Dementia Coalition, as potential co-facilitators and project coordinators • Volunteers 	<p>and DHHS orientation they will start on accomplishing this objective.</p> <p>Anticipated completion date: November/December 2020.</p>	<p>business dementia-related training. The results of this training will be measured through an evaluation form provided after the training is conducted.</p> <p>At some point, another goal of this objective would be to recruit interested volunteers to help conduct trainings and with the coordination of this project. DCS will complete at least three trainings with local businesses.</p>
<p>Objective 5: Promote Door County Walk to End Alzheimer's Event</p>	<p>DCS will attend local walk planning meetings with Alzheimer's Association of Greater WI and ADRC Director.</p> <p>DCS will work on starting and building a Door County Dementia Coalition Walk Team.</p>	<ul style="list-style-type: none"> • DCS • Alzheimer's Association of Greater WI • ADRC Director • Volunteers 	<p>Timeline: DCS will start to attend local walk planning meetings immediately after hire date.</p> <p>Anticipated completion date: 9 months after hire date. October 2020</p>	<p>Outcome: To increase community support and participation in our local Walk to End Alzheimer's Event. This is an annual event in October that has great potential to become a fantastic community wide awareness initiative.</p>

Goal 3: Provide opportunities for people with dementia to remain in their own homes.

Objectives: What do you want to accomplish?	Activities: How are you going to accomplish the objective?	Lead Person: Who is responsible for the activities?	When: When will the activity begin and end?	Outcomes: What are the desired results and how will they be measured?
Objective 1: Increase the awareness of DCS program throughout the community.	DCS will meet with a variety of community partners and groups (such as Parish Nurse Network, Caregiver Coalition, Door County Senior Provider Network, Northern Door Ministerial Group, etc.) to discuss and educate on DCS role and services. DCS and ADRC Director will work on completing DCS website page, brochures and business cards. ADRC Director and DCS will schedule a date and time to go on the WDOR Community Radio Show	<ul style="list-style-type: none"> DCS ADRC Director 	<p>Timeline: DCS will start to work on completing this objective alongside ADRC Director after ADRC-DCS and DHHS orientation is complete.</p> <p>Anticipated completion date: 7 months after official hire date, August 2020.</p>	<p>Outcome: Increase the knowledge and understanding of community partners on the DCS role and services as a means to increase referrals to the DCS program. This outcome will be measured by the DCS client tracking database and an outreach log.</p>
Objective 2: Full implementation of the Music and Memory Program	<p>After the completion of the Music and Memory training, DCS will complete the following activities.</p> <p>DCS will work on a Music and Memory program flyer</p>	<ul style="list-style-type: none"> DCS Activities and Volunteer Coordinator 	<p>Timeline: DCS will start to work on the Music and Memory program after initial training is complete.</p>	<p>Outcome: The desired outcome for this objective is to begin the Music and Memory Program and start working with at least 10 consumers and their caregivers.</p>

	<p>and brochure. DCS will distribute promotional items to community partners and place flyer in our monthly ADRC newsletter.</p> <p>DCS will work alongside the Activities and Volunteer Coordinator to recruit interested volunteers to help set-up music playlists with consumers.</p> <p>DCS will work with I&As, APS and other county departments to identify at least 10 consumers to start working with on the Music and Memory program.</p>		<p>Anticipated completion date: 8-10 months after hire date, September-November 2020.</p>	<p>This objective will be measured by the number of referrals received, volunteer interest and participant feedback.</p>
<p>Objective 3: Implementation of the DICE Approach Training</p>	<p>After the completion of the DICE Approach training, DCS will complete following activities:</p> <p>DCS will schedule a time to meet with all four county-wide caregiver support groups, the two memory café groups, the Door County Caregiver Coalition, Sunflower Cottage and the Door County Memory Clinic to educate and inform all groups on the DICE program.</p>	<ul style="list-style-type: none"> • DCS • I&A Specialists • ADRC Caregiver Coordinator 	<p>Timeline: DCS will start to work on the completion of this objective after initial training is completed.</p> <p>Anticipated completion date: 8-10 months after hire date, September-November 2020</p>	<p>Outcome: The desired outcome for this objective is to start working with at least 10 caregivers by the end of the first year.</p> <p>This outcome will be measured by caregiver participation and the number of referrals received.</p>

	<p>DCS will work alongside our Caregiver Coordinator and I&As to ensure those connected to AFCSP and NFCSP funding receive informational material on the DICE Approach.</p>			
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ADRC Dementia Care Specialist Program
Evidence-based/Evidence-informed Program Selection
January – December 2020

Instructions: In the table below, please select which two evidence-based or evidence-informed programs you intend to implement during 2020.

Evidence-based Programs

For Caregiver

- Memory Care Connections
- Powerful Tools for Caregivers
- REACH II
- Savvy Caregiver
- Stress-Busting Program for Family Caregivers

For Person with Dementia

- Boost Your Brain and Memory

Evidence-informed Programs

For Caregiver

- Dementia Live!
- DICE
- Virtual Dementia Tour

For Person with Dementia

- LEEPS (Brain & Body Fitness)
- Music & Memory
- SPARK!



AGING & DISABILITY RESOURCE CENTER OF DOOR COUNTY

916 North 14th Avenue

Sturgeon Bay WI 54235

Main Line: 920-746-2372

Jake Erickson, Director

Fax: 920-746-7150

ADRC@co.door.wi.us

2019 Door County DCS Grant Application

Letters of Support

- Alzheimer's Association -- Wisconsin Chapter (Required)
- Wisconsin Alzheimer's Association – UW Madison School of Medicine & Public Health
- Door County Medical Center : Memory Care Services – Dr. Kodras, Geriatric Medicine
- Door County Medical Center : Memory Care Services – Geriatric Outreach Specialist Program
- Aurora Health Care – Geriatric Nurse Practitioner
- Door County Emergency Medical Services (EMS) Department
- Door County Sheriff's Department
- Sturgeon Bay Police Department
- Washington Island Community Health Program (WICHP)
- Sunshine House/Sunflower Cottage (Adult Day Program)
- Department of Health and Human Services (DHHS) – Public Health Division
- Department of Health and Human Services – Crisis Unit, Adult Protective Services and Community Support Services Division
- YMCA – Active Older Adult Coordinator
- Options for Independent Living (ILC)
- Door County Library
- HELP of Door County (local domestic violence agency)
- Carol Moellenberndt – ADRC Advisory Board Member, Parish Nurse, Memory Café and Early Memory Loss support group facilitator
- Lucille Kirkegaard – ADRC Advisory Board Member