



Community Resource Guide – Linking people in need with the resources that may help them

Tuesday, March 3, 2015

<u>Welcome</u>	Dan Vrakas, Waukesha County Executive
<u>Introduction</u>	Peter Slesar, Waukesha County Department of Health & Human Services
<u>Overview of Existing Community Resources</u>	
<u>Resource Review</u>	Lori Cronin & Saul Juarez, ProHealth Care
<u>211 Demonstration</u>	Robert Waite, Impact 211
<u>Diversity</u>	Shary Tran, Froedtert Health
<u>Badger Care</u>	Debbie Berg & Erin Higgins, Waukesha County HHS
<u>Lunch*</u>	
<u>Overview: Substance Abuse, Addiction</u>	
<u>and Related Resources</u>	Margaret Bayer, Addiction Resource Council
<u>Health Care Coverage</u>	Colleen Gransee, Dean Health Plan
<u>Eithical & Legal Considerations</u>	Laura Brown, Cheryl Braunreiter, Tracy Smith, ProHealth Care
<u>ADRC & Adult Protective Services</u>	Pat Mireles, Marie Anderson & Michelle Bertram, Waukesha County HHS
<u>Wrap Up</u>	Laura Klebar, Deputy Director Waukesha County HHS

This initiative is a vital component of the action plan for the Waukesha County

CHIPP – Community Health Improvement Plan & Process.

Your participation will help to make Waukesha a healthier community.

*Special thanks to ProHealth Care and Waukesha County for the provision of lunch,
snacks and materials for today's training.

Community Resource Guide – Linking People in Need with the Resources that may help them

Prerequisite skills

- Comfortable speaking with people, able to establish a trusting relationship
- Ability to read, use basic communication tools, navigate the web
- Comfortable with setting boundaries
- Patient demeanor, shows discretion, maintains confidentiality

What the role is

- Listens to people seeking advice on where/how to find resources to address their need/issues
 - Conversations are confidential
- Helps individual identify the broad category of assistance they require (e.g. Housing, legal, medical)
- Helps individual identify potential resources providing assistance. This may involve any/all of these methods:
 - Web search
 - Phone call to 211
 - Review of printed material
- Makes certain the resource contact information/process is provided to the individual seeking assistance
- Think of the role as a librarian..... Someone who assists in finding the location of information, but does not read it, do the research or otherwise intervene

What the role is not

- The guide does not make contacts to resource agencies on behalf of the individual seeking assistance
- The guide does not provide advice on how to solve a specific problem or issue
- The guide does not accompany, advocate or intervene in/during any communications or interactions with referral agencies
- An all-knowing guru of community resources for all age and demographic types

Community Resource Guide Training

March 3, 2015



Welcome!

Dan Vrakas

Waukesha County Executive



Introduction

Peter Slesar

Division Manager

Waukesha County Department of
Health & Human Services



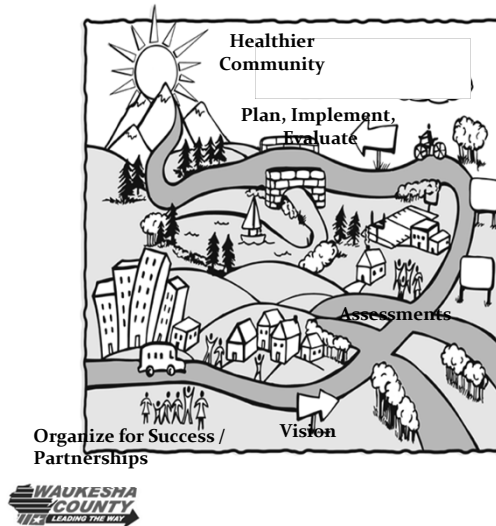
Introduction

- Why are we here? Why is this important?
- What can we expect to happen today?
- What can we expect to happen in the future?



Waukesha County CHIPP

- CHIPP = Community Health Improvement Plan & Process
 - Identified 3 major needs:
 - AODA
 - Mental Health
 - Access to health and social services



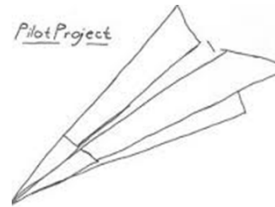
Access to Care Initiative

Objective: By 2016, Develop curriculum and delivery model to train 100 individuals to advocate for health needs on behalf of a client, patient, family member or themselves.



Congratulations!

- After a successful pilot in October, 2014, you are the next group of guides to be trained
- We appreciate your enthusiasm AND your patience
- Suggestions are welcome



Training Outcomes

Community Resource Guide – Linking People in Need with the Resources that may help them

- Prerequisite skills
- What the role is
- What the role is not



Today's Agenda

Morning Session:

- Existing Resources
- 211 Demo
- Diversity
- Badger Care

Lunch

Afternoon Session:

- Addictions Overview
- Health Care Coverage
- Legal and Ethical Considerations
- Information & Assistance Programs
- Wrap up



Housekeeping

- Location of rest rooms
- Cell phones
- Sign in sheet
- Lunch



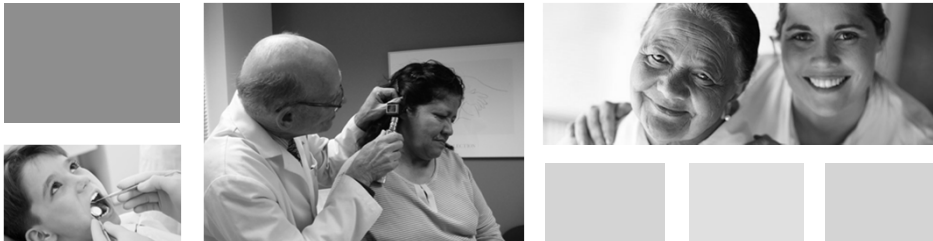
Existing Community Resources

Lori Cronin Supervisor, Community Outreach
ProHealth Care

Saul Juarez Aguilar Patient Care Advocate
ProHealth Care



Existing Community Resources



Helping Individuals with Basic Needs

SHELTERS

- **Salvation Army of Waukesha** – Emergency Lodge
- **Hebron House of Hospitality and Siena House**
- **Jeremy House Safe Haven**
- **The Women’s Center**



Helping Individuals with Basic Needs

FOOD PANTRIES

- **Food Pantry of Waukesha County**
- **The Salvation Army**
 - Community Meal Program
 - Food Pantry
- **Hunger Task Force Inc. (Milwaukee)**
 - Coordinated with other meal programs in Waukesha County
- **Hope Center**
 - Breakfast and Lunch



Helping Individuals with Basic Needs

SUBSIDIZED HOUSING

- **Disabled and Elderly**
 - La Casa Village
 - East Terrace Apartments
 - Sunset Heights
 - Senior House
 - Westwood Heights
 - Lutheran Social Services
- **Family**
 - Pine Pointe Apartments
 - Willow Park (Elderly)



Helping Individuals with Basic Needs

FREE AND/OR DISCOUNTED MEDICAL & DENTAL SERVICE PROVIDERS

- **Lake Area Free Clinic** (Oconomowoc)
- **Saint Joseph's Medical Clinic**
- **Waukesha County Community Dental Clinic**
- **Salvation Army of Waukesha**
- **Waukesha Community Health Center**
- **Community Outreach Health Clinic** (Menomonee Falls)
- **Angel of Hope** (New Berlin)



Helping Individuals with Basic Needs

DISCOUNTED CLINICS

- Waukesha Family Practice Center
- Waukesha Community Health Center
- Waukesha County Community Dental Clinic
- Salvation Army of Waukesha



Helping Individuals with Basic Needs

MEDICATION ASSISTANCE PROGRAMS

- Salvation Army of Waukesha
- Senior Care
- Wisconsin Cancer & Chronic Disease Drug Repository
- Partnership for Prescription Assistance



Helping Individuals with Basic Needs

MEDICATION ASSISTANCE PROGRAMS

- Badger Rx Gold
- WI AIDS/HIV Drug Assistance Program
- Froedert Drug Repository
- DPI Waukesha County School District



Helping Individuals with Basic Needs

DISABLED

- Aging & Disability Resource Center of Waukesha County
- Easter Seals Southeastern Wisconsin
- WI Facets
- Southeast Regional Family Resource Center



Helping Individuals with Basic Needs

VETERAN'S BENEFITS

- **Waukesha County Department of Veteran's Services**



Helping Individuals with Basic Needs

YOUTH, CHILDREN & PREGNANT

- **Safe Babies Healthy Families**
- **WIC**
- **Head Start**
- **La Casa de Esperanza**
- **Parents Place**
- **Lutheran Social Services**
- **Hispanic Health Resource Center**
(ProHealth Care)



Helping Individuals with Basic Needs

MENTAL HEALTH RESOURCES

- **Waukesha County Health and Human Services**
 - Outpatient Clinic
 - Community Support Program
 - Inpatient Services
 - Psychiatric Day Treatment
- **Waukesha Community Health Center**
- **Lutheran Social Services**
- **ProHealth Care Behavioral Health Treatment Programs**



Helping Individuals with Basic Needs

COUNSELING

- **Catholic Charities**
- **Family Services of Waukesha**
- **Pathways Counseling Center**
- **Waukesha Community Health Center**
- **ProHealth Care Behavioral Health**
- **The Women's Center**
- **Addiction Resource Council**
- **SALS Recovery Houses**
- **Lutheran Social Services**



Helping Individuals with Basic Needs

SUPPORT GROUPS

- **Family Support Groups**
 - NAMI's Waukesha County Mental Health Center Family Support Group
 - Healing Hearts of Waukesha County
- **Peer Support Groups**
 - NAMI Peer Support Group
 - The Care Connection
 - Survivors Helping Survivors Support Group



Helping Individuals with Basic Needs

OVERVIEW OF OTHER SUPPORTIVE AGENCIES

- **Consumer Assistance**
 - UW-Extension
 - Lake Country Caring
 - Waukesha County Service Club
 - Hope Center
- **Legal/Immigration**
 - James Place



Helping Individuals with Basic Needs

- **Additional Resources**

- St. Vincent de Paul
 - Jail ministry and post-release support

- **EMPLOYMENT**

- Workforce Development Center
- The Women's Center
- La Casa de Esperanza
- James Place
- Goodwill



Questions?



211 Demonstration

Robert Waite Program Director
Impact 211



IMPACT's mission is to change lives, for good.

- Helps restore the health and productivity of individuals, organizations and workplaces leading to an improved quality of life for our entire community
- Has served the community for more than 50 years
- Is a regional service provider headquartered in Southeastern Wisconsin

www.impactinc.org



IMPACT's Family of Services

IMPACT 2-1-1
is a central access point during times of personal crisis or community disaster to get connected to information and assistance.

IMPACT Workplace Services
provides consultation, training and employee assistance programs to foster a healthy and productive work environment

IMPACT Planning Council
conducts research, evaluates data and convenes stakeholders to advance community health and human services


IMPACT Alcohol and Drug Abuse Services
includes consultation and referral for those concerned about alcohol or drug use.

IMPACT Awareness
raises community consciousness about risky drinking and promotes healthy lifestyles.


www.impactinc.org






IMPACT ★
2-1-1™
Get Connected. Get Answers.

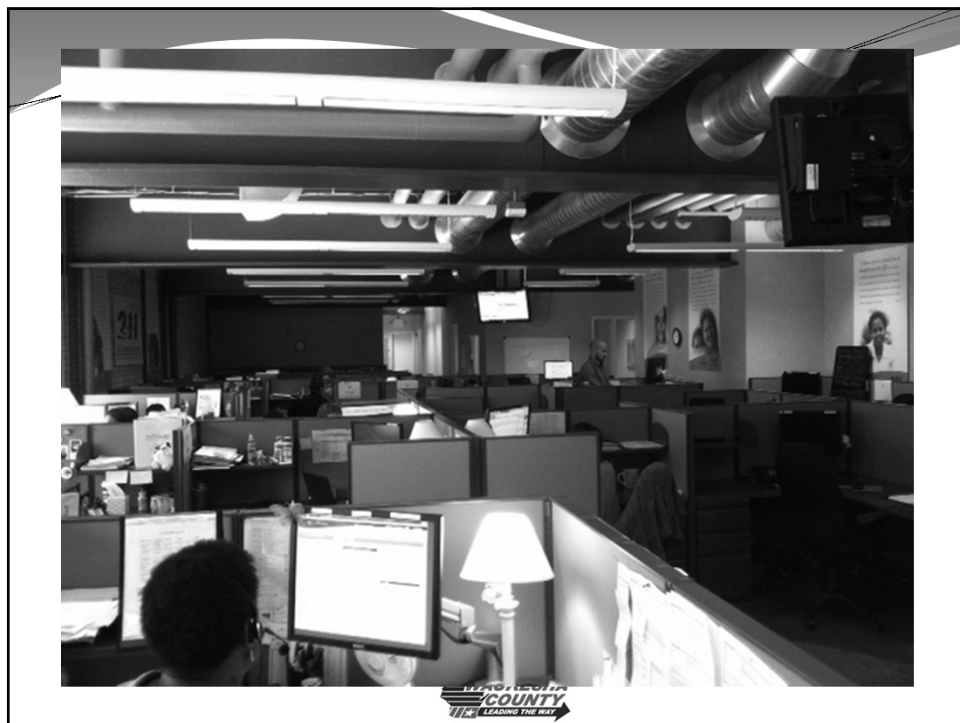
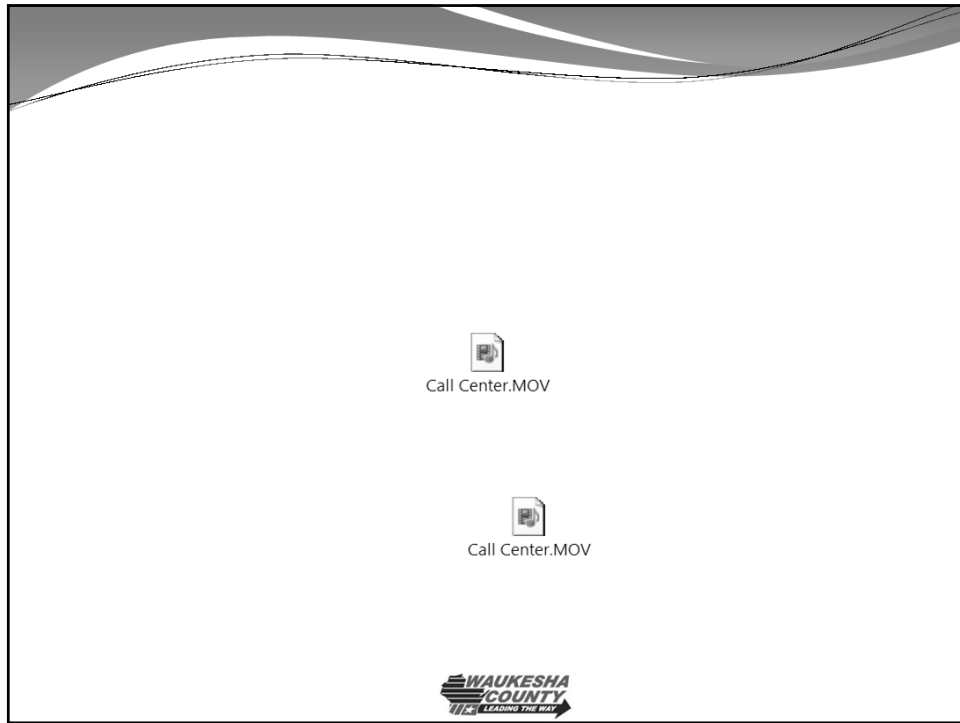


Serving nine counties throughout Southeastern Wisconsin.




LIVE UNITED
United Way 
United Way
in Waukesha County






IMPACT 2-1-1
Can be reached 24 / 7 / 365
Simply dial 2-1-1, or
414-773-0211, or
Toll free at 1-866-211-3380
Text message ZIP Code to 898-211
Chat message, go to
<http://www.impactinc.org/impact-2-1-1/>



Accessing IMPACT 2-1-1 via Chat Messaging



Skills and Abilities

- Assessment and define presenting problem and underlying issues
- Problem solve to identify a course of action and options
- Matching resources that can address the problem
- Assist with system navigation and provide advocacy when needed
- Follow-up and check-in for complicated and serious situations
- Quality Assurance follow-ups



Contacts: 2002 to 2014

Year	Phone Calls	Online Database	
		Contacts	Total Contacts
2002	58,106	0	60,108
2003	79,182	0	81,185
2004	89,741	0	91,745
2005	111,798	0	113,803
2006	122,640	0	124,646
2007	120,192	0	122,199
2008	130,083	0	132,091
2009	141,625	0	143,634
2010	137,388	6,053 *	145,451
2011	119,891	34,201	156,103
2012	143,731	37,836	183,579
2013	145,141	56,867	204,021
2014	152,604	99,518	254,136
Total	1,552,122	234,475	1,786,597

* - Online Database Introduced in October 2010



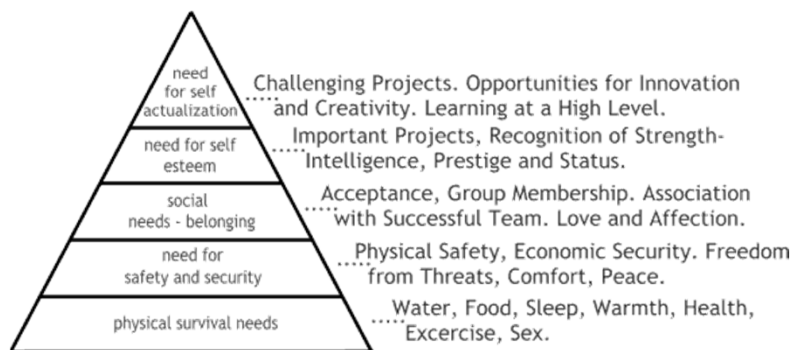
Contact Volume for 2014: Waukesha County Callers

Month	Number
January	487
February	495
March	601
April	522
May	563
June	483
July	592
August	586
September	649
October	618
November	510
December	569
Total	6,675
Online Contacts	3,076
Total Contacts	9,751



Need

Motivation to Satisfy
Need



Maslow's Hierarchy of Needs



What are our customers calling about?

(major categories)

January – December 2014

Service Requests by Category	Ttl	Pct of Callers
Mental Health/Addictions	2,357	35.3%
Housing/Utilities	1,717	25.7%
Health Care	942	14.1%
Individual, Family and Community Support	724	10.8%
Legal, Consumer and Public Safety	595	8.9%
Information Services	498	7.5%
Utilities	480	7.2%
Food/Meals	472	7.1%
Income Support/Assistance	326	4.9%
Clothing/Personal/Household Needs	163	2.4%
Transportation	163	2.4%
Employment	108	1.6%
Other Government/Economic Services	72	1.1%
Volunteers/Donations	65	1.0%
Disaster Services	29	0.4%
Education	27	0.4%
Arts, Culture and Recreation	11	0.2%
Total	8,749	



Service Requests – Sub-Categories:

Waukesha County Callers

January to December 2014

Service Requests by Sub-Category	Ttl	Pct of Callers
Helplines/Warmlines	1,010	15.13%
Community Shelters	510	7.64%
Utility Service Payment Assistance	442	6.62%
Rent Payment Assistance	396	5.93%
Child Abuse Reporting/Emergency Response	286	4.28%
Aging and Disability Resource Centers	258	3.87%
Food Pantries	251	3.76%
General Crisis Intervention Hotlines	238	3.57%
Comprehensive Information and Referral	195	2.92%
Low Income/Subsidized Private Rental Housing	170	2.55%
Mental Health Hotlines	156	2.34%
General Assessment for Substance Abuse	130	1.95%
Food Stamps/SNAP Applications	114	1.71%
Municipal Police	96	1.44%
Other Service Requests (641)	4,497	67.37%
Total	8,749	



Unmet needs

An unmet need is:

- Not being able to find a referral or resource for a someone needing help.
- Not having information to answer a question someone may have.

Why are there unmet needs or gaps in service?

Type of Service: No service exists; A service is undependable; Funds run out frequently; Service/organization has long waiting lists (such as with low-income housing); A service is seasonal

Agency / Program Based: No program found to meet need; Program not accepting new applications; Program out of funds

Eligibility Based Due to: Age; Gender; Residency / Citizenship

“Reality” Barriers – Service is offered, but person in need can’t access the service because of: Hours / days of service; Inaccessible for disabled; Language barrier; Long waiting list; Transportation

Income / Financial Based: Income too high or low; Lack of insurance; Too expensive

Customer Based: “Value” conflict (religiosity, ethnicity, political, etc.); Customer refused referral / resource

Groups of clients needing a specific resource/service in a specific area: Neighborhood; ZIP Code; Group of ZIP Codes; Portion of a city (north side, south side, etc); Entire city/municipality/County; State; Region / Multi-state



Significant Unmet Needs


Waukesha County Callers January to December 2014

Service Requests by Sub-Category	Ttl	Pct of Callers
Homeless Motel Vouchers	28	93.3%
Gas Money	31	75.6%
Job Search/Placement	10	37.0%
Undesignated Temporary Financial Assistance	11	35.5%
Community Shelters	167	32.7%
Housing Search Assistance	16	31.4%
Emergency Shelter Clearinghouses	6	28.6%
Transitional Housing/Shelter	8	26.7%
Case/Care Management	6	23.1%
Medical Appointments Transportation	6	22.2%
Commodity Supplemental Food Program	6	20.0%
Household Goods Vouchers	5	19.2%
Cold Weather Shelters/Warming Centers	4	19.0%
Food Pantries	42	16.7%
Legal Counseling	12	16.7%
Job Search Resource Centers	4	14.8%
Soup Kitchens	5	14.7%




Agency Referrals:
Waukesha County Callers, January to December 2014

Agency Referrals	Ttl	Pct of Callers
WAUKESHA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES	1,308	19.6%
IMPACT, INC	1,259	18.9%
SAINT VINCENT DE PAUL SOCIETY WAUKESHA COUNTY	533	8.0%
SALVATION ARMY OF WAUKESHA	465	7.0%
HEBRON HOUSE OF HOSPITALITY, INC	457	6.8%
HOPE CENTER	326	4.9%
ENERGY SERVICES FOR WAUKESHA COUNTY	233	3.5%
COPE SERVICES, INC	180	2.7%
FOUNDATION FOR RURAL HOUSING	149	2.2%
FOOD PANTRY OF WAUKESHA COUNTY	147	2.2%
CENTERS FOR MEDICARE AND MEDICAID SERVICES	122	1.8%
PROHEALTH CARE BEHAVIORAL MEDICINE CENTER	116	1.7%
HOUSING AUTHORITY OF WAUKESHA	101	1.5%
METROPOLITAN ASSOCIATES	96	1.4%
16TH STREET COMMUNITY HEALTH CENTER	83	1.2%
WISCONSIN DEPARTMENT OF HEALTH SERVICES	83	1.2%
LEGAL ACTION OF WISCONSIN	77	1.2%
NAMI WAUKESHA	76	1.1%
Other Agencies (945)	4,607	69.0%
Total	10,418	



Waukesha County Callers, January to December 2014

Calls Rank	Municipality	Calls	Pct
1	Waukesha	3,943	59.07%
2	Menomonee Falls	409	6.13%
3	New Berlin	406	6.08%
4	Brookfield	368	5.51%
5	Oconomowoc	303	4.54%
6	Pewaukee	208	3.12%
7	Muskego	175	2.62%
8	Mukwonago	169	2.53%
9	Hartland	137	2.05%
10	Sussex	129	1.93%
11	Delafield	73	1.09%
12	Butler	53	0.79%
13	Dousman	51	0.76%
14	Big Bend	35	0.52%
15	Eagle	33	0.49%
16	Nashotah	28	0.42%
17	Elm Grove	25	0.37%
18	Lannon	23	0.34%
19	Lisbon	22	0.33%
20	Wales	17	0.25%
	12 Other communities	68	
	Total	6,675	



Crisis Intervention Steps

- Assess for safety and intervene if needed
 - 911
 - Local police
- Provide warm transfer to appropriate experts
 - *Mental health professionals (Waukesha County DHHS)*
 - *Child abuse/neglect (Waukesha County DHHS)*
 - *Elder and dependent adult abuse/neglect (Waukesha County DHHS)*
 - Domestic violence
 - Sexual Assault Treatment Center
 - Health professionals
 - Nurse lines
- Schedule a follow up call
 - Check in
 - Additional resources or help?



Partnerships and Collaborations

Partner	Service Provided
Waukesha County Dept. of Health and Family Services	Mental health crisis intervention and assessment
Waukesha County Dept. of Health and Family Services	Child and adult abuse/neglect
Waukesha County Homeless Alliance	Shelter and homeless-related community planning
Wisconsin's Kenosha, Racine Partnership (WKRPP)	Health insurance and health care access
Milwaukee County Continuum of Care	Emergency shelter access
Hunger Task Force/Food Pantry Network	Gateway for emergency food/formula
Milwaukee County Behavioral Health Division	MOU - Mental health crisis
2-1-1 Wisconsin	Overnight/weekend coverage
Milwaukee County Dept. on Aging and Milwaukee County FamilyCare	Overnight/weekend coverage + crisis intervention
Parenting Network	Overnight/weekend coverage + crisis intervention
Milwaukee County Emergency Management	Disaster/health emergency response
2-1-1 US and Alliance of Information and Referral Specialists	Disaster/health emergency response
Milwaukee Healthcare Partnership, Milwaukee Enrollment Network	Health insurance and health care access

Data and Resources

- Inventory of family, health and human service providers in Waukesha County. (Not including regional providers serving Waukesha County.)
 - 830 Agencies and Sites
 - 1,000+ Services
- Caller Data and Statistics
 - Demographics (Age, Sex, ZIP Code, Ethnicity, Primary Language and many others)
 - Service requests
 - Tracking of unmet needs and gaps in service
 - Specialized reports for foundations, university research, government, collaborative partners, etc.



IMPACT 2-1-1 Technology and Preparedness

- **State-of-the-art telephone system**
 - ✓ Ability to apply skill-based routing of calls (“queue’s”)
 - ✓ Ability to change “on-the-fly” how calls are routed based on high or low call volume for a certain type of call.
 - ✓ Capacity to handle a large volume of calls with no busy signal
 - ✓ Use of data to make smart decisions
 - Scheduling
 - Routing calls
- **Multiple contact points: phone, text messaging, chat, email, online database**
- **32 workstations + Training Center**
- **Seamless ability to respond in case of emergency/disaster**
 - ✓ Emergency backup generator
 - ✓ 70+ workstations
 - ✓ Mutual aid agreement with 2-1-1 Cleveland



IMPACT 2-1-1 Staffing

25 Community Resource Specialists = 7 PT; 15 FT

3 Resource Department Staff = 2.5 FTE

1 Program Director = 1 FTE

1 2-1-1 Assistant Director = 1 FTE

1 Coordinated Entry Program Coordinator = 1 FTE

1 Volunteer/Intern Coordinator = 1 FTE

17 Interns and Volunteers = ~5-7 FTE

Total = 49 Individuals

2 Information/Technology Specialists = 24/7/365



Intern program:

Over 190 interns trained since 2004

Most are bachelors degree level; some masters and some associates degree levels

Colleges and universities (5 to 15 interns per semester):

Alverno College
Cardinal Stritch University
Liberty University
Marquette University
Milwaukee Area Technical College
Mount Mary College
Southern New Hampshire University
Upper Iowa University
UW – La Crosse
UW – Milwaukee
Wisconsin Lutheran College

Community job training and placement agency:

Interfaith Older Adult Programs

AWARD WINNING!

2007 and 2010 Helen Bader School of Social Welfare Field Placement Agency and Instructor of the Year (Lori Boesel)

2013 Milwaukee Area College Internship Consortium:

Outstanding Non-Profit Internship Program



IMPACT 2-1-1 online database

Go to www.impactinc.org

Major upgrade made, December 2011

Use “partial word” for searching

Example: “clinic” brings up all service terms containing the word “clinic”



Thank you to the United Way in Waukesha County and Waukesha County Government for supporting IMPACT 2-1-1!!

LIVE UNITED



United Way
in Waukesha County



Bob Waite, Program Director
bwaite@impactinc.org

414-256-4808

<http://www.impactinc.org/>



Diversity and Inclusion

Providing Culturally Competent Care

Shary Tran

Director of Diversity & Inclusion
Froedtert Health



Today's Agenda

1. What is Diversity? What is Cultural Competence?
2. Why is Cultural Competence Important?
3. How Do I Become More Culturally Competent?
 1. Perception Exercises
 2. WeConnect! Model
 3. R.E.S.P.E.C.T. Model
4. Examples of how to effectively communicate



Definitions

Diversity

Diversity (*noun*) is...
the full range of human and/or organizational differences and similarities.

Inclusion

Inclusion (*verb*) is...
the active process to **increase and engage all** towards the success of the company.

Cultural Competence

Cultural Competence is the attitudes, skills and behaviors of individuals and systems that make it possible to work effectively in cross-cultural situations.



Dimensions of Diversity



Demographic Shifts



Patient's Perspective



Lack of Cultural Competence Awareness May Be Caused By:

- Lack of knowledge resulting in an inability to recognize differences
- Self protection/denial leading to an attitude that differences are not significant
- Fear of the unknown or new
- Feeling of pressure or time constraints



Consequences of Lack of Cultural Competence

- Provider may not understand why the patient does not follow instructions
- Provider may not understand why the family, rather than patient, makes important health care decisions.
- Patient may reject the provider (and entire system) even before any one on one interaction occurs because of non verbal cues.
- Patient may not trust the provider on the health system
- Miscommunication can impact the health outcome of the patient



Culture Makes a Difference

- Communication and interpersonal style including word choice, voice tone, volume, and eye contact
- Gender issues and consideration for appropriate male/female interaction
- Age, respect, and seniority
- Clothing, hair styles, and body adornment
- Language spoken and English proficiency

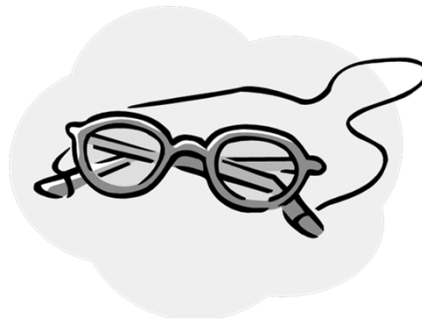


Acquiring Cultural Competence

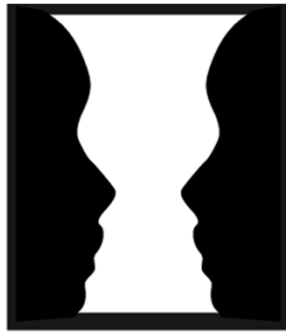
- Starts with Awareness
- Grows with Knowledge
- Enhanced with Specific Skills
- Polished through Cross-Cultural Encounters



Understanding your own personal lens...



What do you see?



What does this say?

ICE CREAM IS GOOD



Actually, this says nothing!

JGF GBFAM JS CQQD

What if English was not your primary language?



In which direction is the bus going and why?
(Left or right are the only possible answers)



The bus is going LEFT!

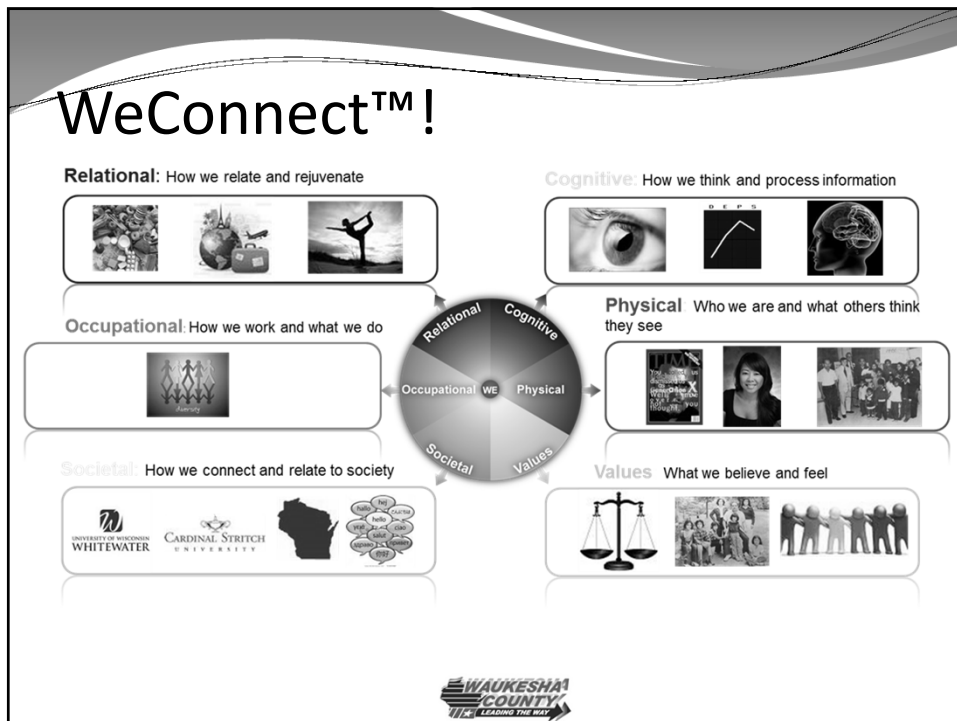
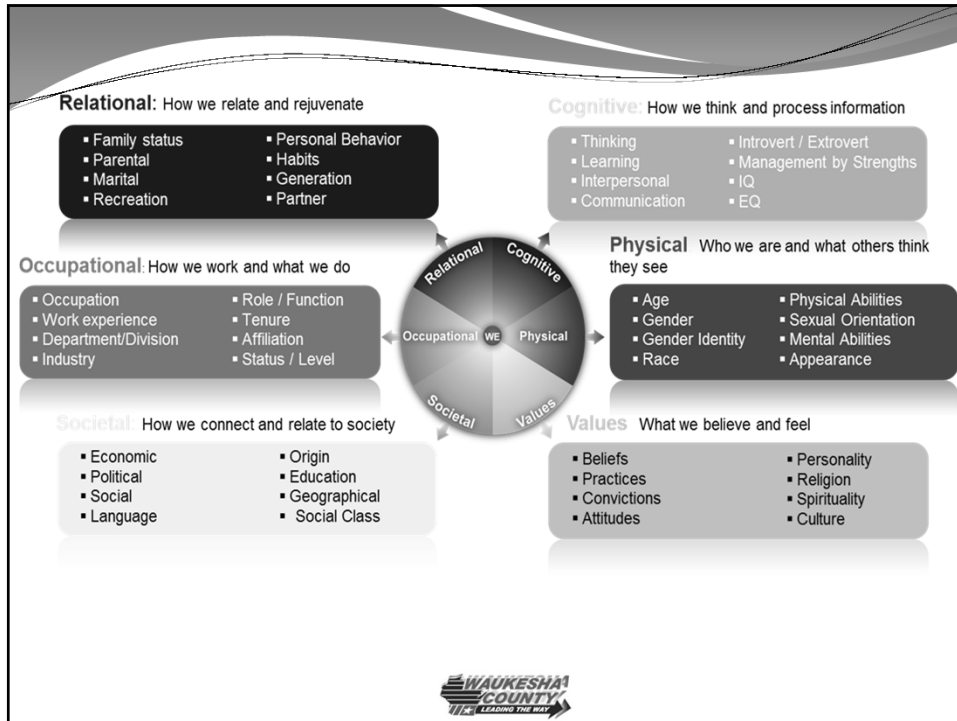
- WHY?
- Because you can't see the door



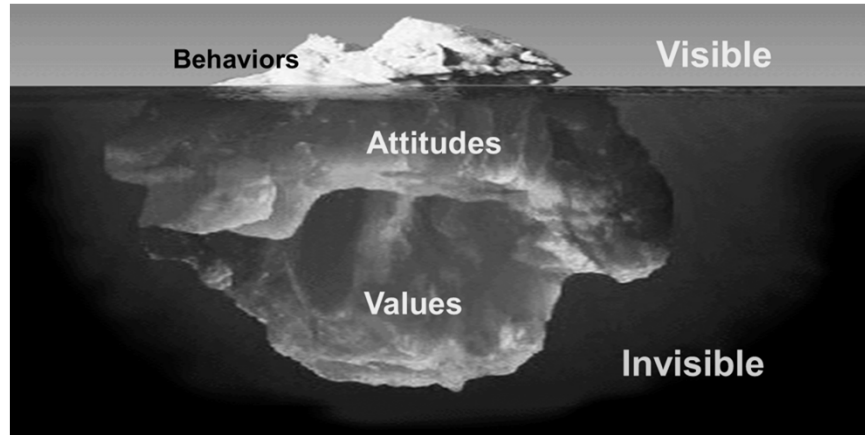
Do You See What I See?

Monkey Business





What we see...is often not who we are



How do we get below the surface?

- Ask questions
- Share information about yourself
- Explore differences and encourage respect
- "Everyone's behavior makes sense if you have enough information."



The R.E.S.P.E.C.T Model of Cross-Cultural Communication

- *Rapport*
 - Connect on a social level
 - Seek the patient's point of view
 - Consciously attempt to suspend judgment
 - Recognize and avoid making assumptions
- *Empathy*
 - Remember that the patient has come to you for help
 - Seek out and understand the patient's rationale for his or her behaviors or illness
 - Verbally acknowledge and legitimize the patient's feelings
- *Support*
 - Ask about and try to understand barriers to care and compliance
 - Help the patient overcome barriers
 - Involve family members if appropriate
 - Reassure the patient you are and will be available to help



The R.E.S.P.E.C.T Model of Cross-Cultural Communication

- *Partnership*
 - Be flexible with regard to issues of control
 - Negotiate roles when necessary
 - Stress that you will be working together to address problems
- *Explanations*
 - Check often for understanding
 - Use verbal clarification techniques
- *Cultural Competence*
 - Respect the person and his or her culture and beliefs
 - Understand that the person's view of you may be identified by ethnic or cultural stereotypes
 - Be aware of your own biases and preconceptions
 - Know your limitations in addressing medical issues across cultures
 - Understand your personal style and recognize when it may not be working with a given patient
- *Trust*
 - Self-disclosure may be an issue for some patients who are not accustomed to Western approaches
 - Take the necessary time and consciously work to establish trust

Source: Welch, M. (1998). *Enhancing awareness and improving cultural competence in health care. A partnership guide for teaching diversity and cross-cultural concepts in health professional training*. San Francisco: University of California at San Francisco.



How Can You Practice Cultural Competence?

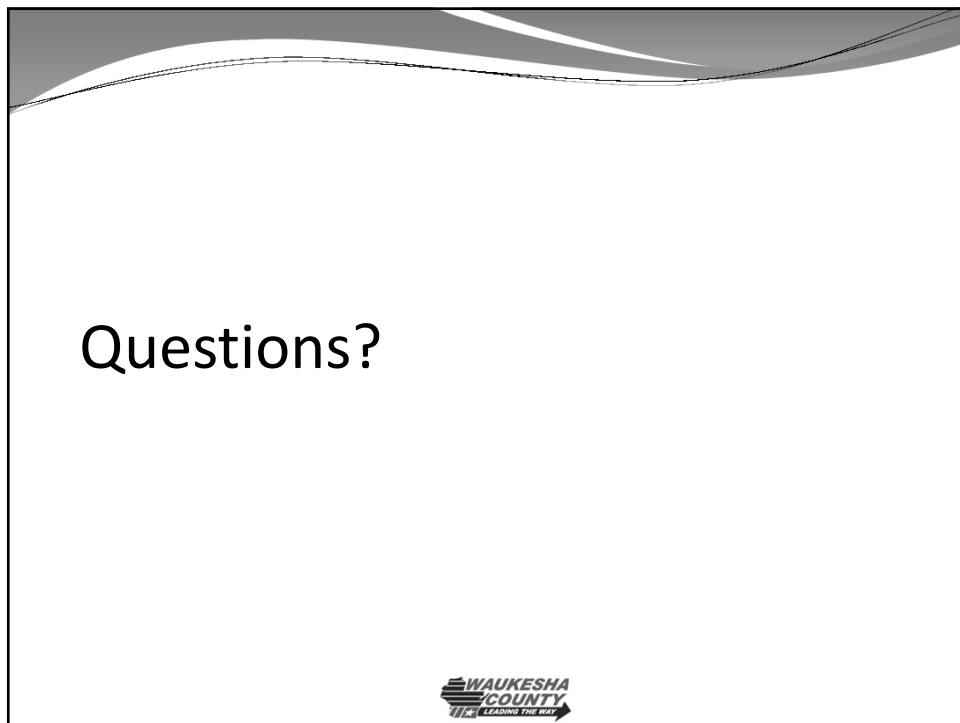
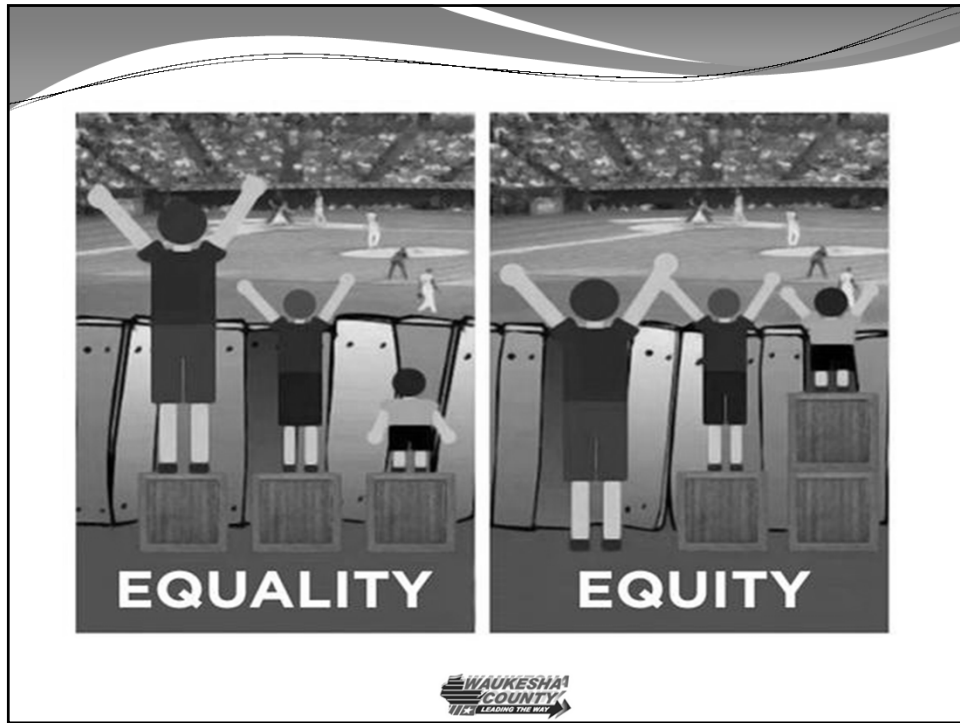
- Develop friendships with people who are different from you.
- Practice cultural humility and ask questions
- Ask questions in several different ways
- Get to know the person beyond their ailment
- Follow the “two minute rule”, and don’t rely on first impressions.
- Remember that each person is an individual and shared language, religion, or ethnicity do not always mean the culture is the same



The Platinum Rule

Treat others the way THEY want to be treated.





BadgerCare

Debbie Berg

Economic Support Services Coordinator
Waukesha County Department of
Health and Human Services



BadgerCare Plus



What is BadgerCare?

- “BadgerCare Plus (BC+) is a state/federal program that provides health coverage for Wisconsin families and individuals living in poverty. BC+ replaced the former AFDC-Medicaid, Healthy Start and BadgerCare programs.” *BadgerCare + Eligibility Handbook 1.1*



How Do You Apply for BadgerCare?

- There are **four** ways to apply.
- Anyone can apply at www.access.wisconsin.gov
- Another way to apply is to contact Moraine Lakes Call Center at: 1-888-446-1239.
- If you do not have access to a phone or computer you may visit our Human Services Center kiosk or the Workforce Development Center kiosk.
- You may also apply in person at our Human Services Center.



The Affordable Care Act

- The Patient Protection and Affordable Care Act also known as health care reform and Obamacare was signed into law in 2010.
- It expands access to medical care.
- It also caused the creation of the Federally Facilitated Marketplace (FFM).

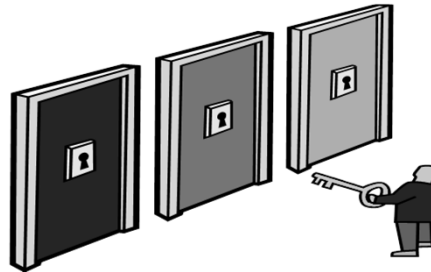


What is the FFM?

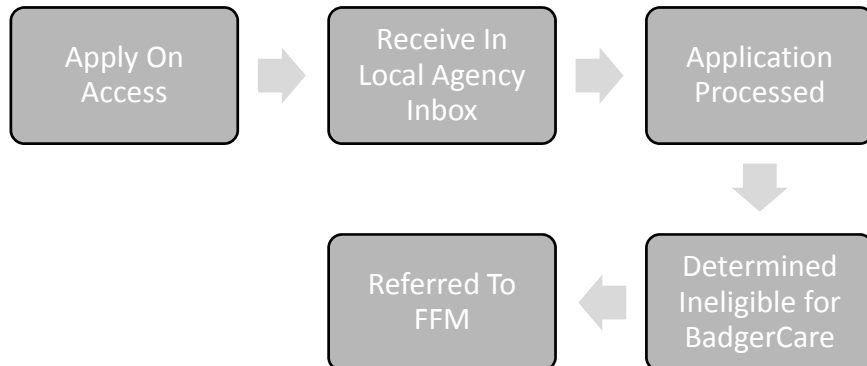
- It is a website www.HealthCare.gov
- Via the website or the FFM call center, you can shop and apply for private health insurance plans meeting federal and state standards.



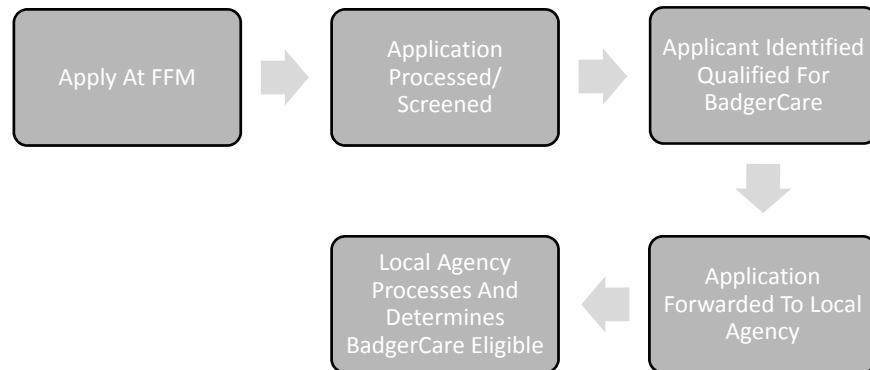
There is no Wrong Door when applying for health coverage!



Access Applications to Local Agency



Applications Through FFM



BadgerCare Non-Financial Eligibility Requirements

- Children under 19,
- Pregnant Women,
- Parents/Caretaker Relatives of children under 18 years of age or dependent 18 year olds, including some parents and caretaker relatives whose children have been removed from the home and are in the care of the child welfare system (Chapter 10), and
- Former foster care youth under age 26 who were in out-of-home care when they turned 18, and...



Non-Financial Requirements, continued

- “Effective April 1, 2014, adults ages 19-64, not receiving Medicare, who do not meet any of the conditions previously listed.” BadgerCare + Eligibility Handbook 2.1
- There are several additional requirements which must be met to satisfy non-financial eligibility such as: Wisconsin residency, U.S. citizenship, provide a SSN, and other requirements which will be explained during the application process.



One Important Condition of Non-Financial Eligibility for BadgerCare

“To prevent the crowd out of private insurance, BC+ benefits may be denied or terminated for individuals who have eligibility determined under MAGI rules and have access to certain employer sponsored health insurance policies when those individuals are:

- Are children ages 1 through 5 with household incomes over 191% of the FPL and children ages 6 through 18 with household incomes over 156% of the FPL,
- Are pregnant women eligible under the BC+ Prenatal Program at any income level,
- Are not in an exempt category and,
- Do not have a good cause reason for failure to enroll in an employer sponsored health insurance plan.”

BadgerCare + Eligibility Handbook 7.1.2



Financial Eligibility

Population

Pregnant Women or
Children under 19 or
Family Planning Only
Services

Parents/Caretaker Relatives
or Childless Adults

Income Limits for Members Effective April 1, 2014

300% FPL (non-MAGI rules)
306% FPL (MAGI rules)

100% FPL



What is MAGI?

- MAGI stands for Modified Adjusted Gross Income.
- Counted income is based on the concept of an individual's tax household, not necessarily on the physical household or family relationships.



Counted Income

- ✓ Earned Income such as income earned through an employer or self-employment.
- ✓ Other types of income such as unemployment compensation and Social Security benefits.
- ✓ There are many other types of income used to determine eligibility for BadgerCare.



BadgerCare vs. Federally Facilitated Marketplace (FFM)

BadgerCare

- Adults only qualify for this program if income is below 100% of FPL.
- Children qualify if household income is below 306% of FPL using MAGI rules, if over, may have a deductible.

FFM

- All adults over 100% of FPL will receive healthcare through FFM if they apply and are found eligible.
- Children over 306% of FPL may also be served through the FFM.



Premiums and Deductibles

- A **premium** is the monthly fee that is paid to a health plan to provide health coverage, including paying for health-related services such as doctor visits, hospitalizations, and medications.
- A **deductible** is the amount of health care expenses an insured person is required to incur before benefits are payable under a health insurance plan.



Premiums

The below table outlines the premium amounts for children whose income is determined under MAGI rules.

BadgerCare + Eligibility Handbook 48.1.1

FPL Income Range	Above 201% to 210.99%	211% to 220.99%	221% to 230.99%	231% to 240.99%	241% to 250.99%	251% to 260.99%	261% to 270.99%	271% to 280.99%	281% to 290.99%	291% to 300.99%	301% to 306.00%
Premium Amounts	\$10	\$10	\$10	\$15	\$23	\$34	\$44	\$55	\$68	\$82	\$97.53



Deductibles

- “Effective April 1, 2014, children (under age 19) with income over 300% FPL (non-MAGI rules) or 306% (MAGI rules) may become eligible for BC+ by meeting a deductible. Children with income over 150% FPL (non-MAGI rules) or 156% FPL (MAGI rules) who are denied BC+ solely due to access to health insurance may also become eligible for BC+ by meeting a deductible. The deductible amount is calculated for a six-month period using the amount of income that exceeds 150% FPL.” BadgerCare + Eligibility Handbook 17.1



HMOs

- Most BC members who reside in a BC HMO service area must enroll in an HMO although there are some exemptions.
- Members receive an HMO enrollment packet which includes an enrollment form, list of HMOs, instructions on choosing an HMO and finding a healthcare provider.
- If a member does not choose an HMO, one will be chosen for them.



Undocumented Immigrants

- “Documented and undocumented immigrants who are children, parents or caretakers and who are ineligible for BC+ solely due to their immigration status may be eligible for coverage for BC+ Emergency Services.”
- “Documented and undocumented immigrants who are pregnant and ineligible for BC+ solely due to their immigration status may be eligible for the BC+ Prenatal Program.”

BadgerCare + Eligibility Handbook 1.1



BadgerCare Contact Information

Applications Online
www.access.Wisconsin.gov

Questions/Applications
Moraine Lakes Call Center
1-888-446-1239

Questions/Applications
In person
514 Riverview Avenue
Waukesha 53188

Kiosk Service
514 Riverview Avenue
Waukesha 53188

Kiosk Service
Workforce Development
Center
892 Main Street
Pewaukee 53072



Questions



Brief Overview Substance abuse, addiction & related resources

Margaret Bayer Family Program Coordinator
Addiction Resource Council



Commercial Health Care Coverage

Colleen Gransee

Sales Representative
Dean Health Plan



Health Insurance Basic Overview

- What health insurance is, how it works, and why it is important.
- Common health insurance terminology.
- Different types of health insurance.
- Different ways a consumer can purchase health insurance.
- Costs associated with health insurance.
- Where to go for help.



What is Health Insurance?

- Health Insurance is a contract between a consumer and a health insurance company.
- A consumer is required to pay a fixed premium as part of that contract.
- Some of the costs are paid by the consumer and some by the insurance company.



Why Health Insurance is Important?

- Allows consumers to get preventive care services to help them stay healthy.
- Helps pay for care or services if a consumer becomes sick or injured.
- Without health insurance, costs for health services can be extremely high and may result in serious financial hardship.
- The Affordable Care Act requires consumers to have health insurance or pay a fine.



How Health Insurance Works

- Consumers purchase health insurance to help pay for medical care.
- Health insurance companies contract with groups of hospitals, doctors, pharmacies and other health care providers.
- Managed Care is a way for insurance companies to manage cost, quality and access to health care services.
- Insurance companies use deductibles, copayments and coinsurances to share health care costs with consumers.

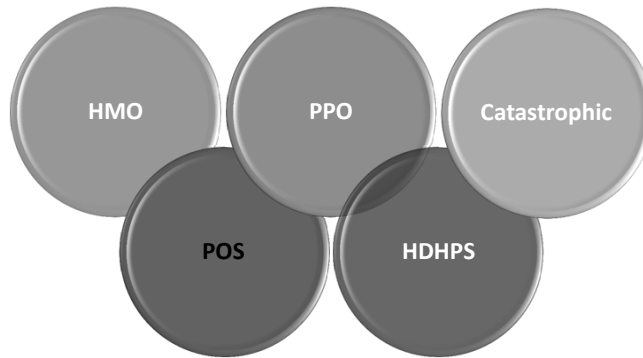


Common Health Insurance Terminology

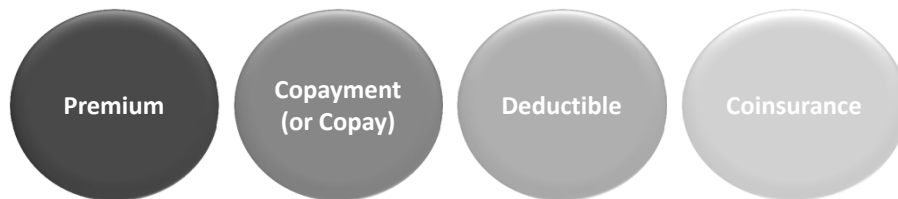
- HMO
- POS
- PPO
- Copays or Copayment
- Deductible
- HDHP's
- Coinsurance
- Provider Network
- Premiums
- Formulary
- Out of Pocket Maximum
- Catastrophic



Different Types of Health Insurance



Cost Associated with Health Insurance



Formularies

- Health Plans use the term formulary to describe the list of prescription drugs that they cover.



How to Get Health Insurance

- Health Insurance Programs can be run by a private organization (including non-profits) or by a government agency.

Job Based
Health
Insurance

Health
Insurance
Inside the
Marketplace

Health
Insurance
Outside the
Marketplace

Insurance
Under a
Parent's
Policy



How to Get Health Insurance

• **Job-Based Insurance**

- Consumers who are currently employed may be able to purchase health coverage through their employer sponsored plans.
- Consumers who lose or quit their job may extend their job-based health insurance through a program called COBRA.



How to Get Health Insurance

• **Health Insurance *inside* the Marketplace**

- Enrollment begins on November 15, 2014.
- Enroll by December 15, 2014 to have coverage begin on January 1, 2015.
- Depending on consumers income, health coverage may be available at a reduced cost.
- Apply at: www.Healthcare.gov



How to Get Health Insurance

- **Health Insurance *outside* the Marketplace**

- Enrollment begins on November 15, 2014.
- Enroll by December 15, 2014 coverage will begin on January 1, 2015.
- Consumers can obtain health coverage through a health insurance company that sells insurance outside of the marketplace.



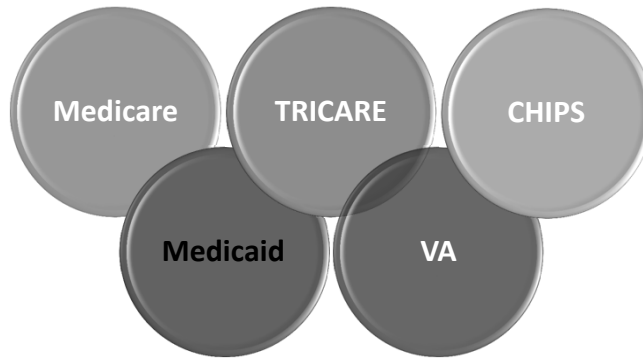
How to Get Health Insurance

- **Health Insurance Under Parent's Policy**

- Young Adults up to age 26 years old are eligible to enroll in health coverage under their parent's health insurance plans if those plans cover dependents.



More Health Coverage Options



QUESTIONS?



Legal & Ethical Considerations for Community Resource Guides

Laura Brown Legal Counsel
ProHealth Care

Cheryl Braunreiter Director, Health Information Management
ProHealth Care

Tracy Smith Corporate Compliance Auditor, Analyst
ProHealth Care



Legal and Ethical Issues in Communication



- **Five moral principles** as internal guidelines when serving in a position of public trust, research and advisory role
 - Respect for client **Autonomy**, values, choice of providers
 - **Justice** is fairness for each, not always the same for all
 - **Beneficence**-good is the best interests of the client
 - **No maleficence**-do no harm
 - **Fidelity**, loyalty, faithfulness, honor commitments



Best Practice: Boundaries

- Exercise caution with non professional relationships
- Know your role, scope of responsibility

Establish appropriate boundaries

- Volunteers likely to lose legal protections...



"From now on, you're Carissa-but-Respectful-of-Boundaries George."



Best Practice: Building Professional Contacts as a Liaison

- Know available resources, professional colleagues.
- Establish positive working relations, communication systems.
- Maintain confidentiality, privacy, trust. Some cases may be excepted: duty to warn; balance rights of parents/minors; reporting abuse of children and vulnerable adults.



Best Practice: Social, Cultural

- Consider client's personal, cultural and social factors
- Consider own paradigm--premium for preferences and discount for differences
- Respect differences in professional practices
- Embrace diversity and common connection



Legal Implications of Advising



MANAGING RISK



Areas of risk to manage to reduce harm and liability exposure

- Risk to public from negligent acts or omission of volunteer
- Risk to the volunteer from their own or other's acts or omissions
- Risk to the sponsoring agency

Protective Laws

- Volunteer Protection Act of 1997 (VPA)
- Wisconsin law protects
 - Good Samaritan
 - Church volunteers
 - Non stock corporation volunteers
 - Food donation volunteers
 - School volunteers
- Background checks



Volunteer Protection Act (VPA) protects *qualified* volunteers (including direct service volunteers), where *uncompensated* or < \$500 annually, serving community government or non profit organizations, from liability to harmed person for simple negligence (failure to exercise due care). Exceptions apply.
Volunteers should be aware:

- Stay within scope of qualification, responsibility.
- Does not cover where negligence involves planes, trains, automobiles or other vehicles requiring license or insurance.
- Cannot be impaired.
- No coverage for gross negligence (between ordinary inattention and deliberate indifference)
- No coverage for crimes, violence, or intentional tort (e.g., assault, battery).
- Excludes “hate crimes,” crimes with evidence of prejudice (race, religion, disability, sexual orientation or ethnicity) or a sexual offense under state law, or misconduct in violation of federal or state civil rights laws.
- Is a deterrent, but not absolute protection against a suit.
- Does not protect organization, which in turn could take action.



Background Checks

- **Wisconsin’s Caregiver Law**
 - **Who is required to be checked?**
 - Personnel who are responsible for the care, safety and security of children and adults.
 - Covered entities must investigate and report incidents of misconduct (abuse, neglect or misappropriation of property).
 - **What is a caregiver?**
 - Employee, contractor, board member with regular, direct (face to face) contact with clients and personal property.
 - **Volunteers?**



Communicating and Confidentiality

- Basic rules of privacy
 - Don't snoop
 - Don't blab
 - Don't be overly pushy
- Create a relationship of trust



Talking

- Examples
 - Talking on the phone with community members
 - Conversations in the hallway with co-workers
 - Over lunch or dinner with friends and family
- Be aware....
 - Provide privacy when talking with community members in public places
 - Don't talk about community members with family, friends, co-workers
 - Only share the minimum amount of information necessary



Written Information

- Where can you find written information
 - Fax machines
 - Desk tops
 - Printers
 - Trash/recycle bins
 - Copiers
- Be careful.....
 - Promptly shred information that is no longer needed
 - Do not leave information unattended
 - Remove information from copiers, fax machines, and printers as soon as possible



Electronic Information

- Where can you find electronic information
 - Computers
 - Text messages
 - Email
 - Social Media
- Things to Remember
 - Never really deleted
 - Easy to send to wrong person (or persons)
 - Not always secure



POWER OF ATTORNEY- FINANCES

- Allows you to plan for future financial decision-making even if you are unable to make your own decision.
- Authorizes another person (agent) to make decisions concerning your property for you whether or not you are able to act for yourself.
- Effective immediately when executed unless you state future date.
- Is “durable” – does not terminate upon the principal’s incapacity unless specifically stated.



POWER OF ATTORNEY- FINANCES

- If spouse or domestic partner is named and marriage is terminated document becomes invalid- unless specifically stated.
- Executing a new Power of Attorney for Finances does **not**, automatically, revoke a prior document.
- To revoke must be a written and dated statement expressing your intent to revoke. You will need to notify your agent.
- Power of Attorney for Finances does **not** give your agent the power to make medical, long-term care or other health care decisions.



Advance Care Planning

- Advance Care Planning – learning about the types of decisions that need to be made, considering those decisions ahead of time, and letting others know about your preferences – often by putting them into an **Advance Directive**
- There are other documents that can supplement your advance directive or stand alone that you might consider having:
 - DNR – Do not resuscitate orders
 - Organ and Tissue donations
 - Specific instructions regarding Kidney Dialysis and/ or Blood transfusion



Advance Directives

- Two types of Advance Directives
 - “Declaration to Physicians” – Living Will
 - Power of Attorney for Health Care



Living Will

- Makes it possible for an adult to state his or her preferences for **Life-Sustaining Procedures** and feeding tubes, in the event the person is in a terminal condition or persistent vegetative state.
- Life Sustaining Procedures include:
 - Assistance with breathing
 - Artificial maintenance of heart rate or blood pressure
 - Blood transfusion
 - Kidney dialysis or other treatment



Who Can Be Witness?

- The Living Will must be signed in the presence of two witnesses who know you personally, and believe you to be in sound mind.
- Each witness must be a disinterested person at least 18 year old. A witness cannot be:
 - Related by blood, marriage, or adoption
 - Entitled to or have claim to any of your estate
 - Your doctor, the doctor's staff or any employee of the hospital, clinic, nursing home or other facility providing your care *except* chaplains or social workers
 - Directly financial responsible for your health care.



When is Living Will Effective?

When two physicians – one who is the attending – have examined and diagnosed you, and certified in writing that you have a terminal condition or are in a persistent vegetative state



What if I change my mind about the Living Will?

- You can revoke your living will at any time as long as you are mentally competent
- To revoke your living will:
 - Write out a statement revoking your will, sign and date it
 - Destroy the original document and all copies
 - Tell your doctor you have revoked your living will



What should I do with the Living Will?

- Sign and keep the original in a safe place
- Distribute copies to the following:
 - Doctor's office
 - Hospital
 - Health Care Agent
 - Family members
- Keep a list of everyone that you gave copies to, in case you want to change or revoke the document
- ****for a fee you can file one copy at your county register of probate office – (see Court Probate under county government listings in the local telephone directory)**



Power of Attorney for Health Care (POA – Health Care)

- Legal document that makes it possible for a Health Care Agent to make health care decisions if the individual is not capable of doing so.
- Broader than a living will because it applies to all health care decisions – **not just** in a terminal condition or persistent vegetative state involving life-prolonging measures.
- Can state the scope/ details of your wishes and limits of authority you want to grant your health care agent.



Power of Attorney for Health Care

- The health care agent can consent to or decline almost any procedure except:
 - Electroshock therapy
 - Experimental mental health drugs and treatment
 - Admission to a mental health facility



Who Can Be Witness?

- The Living Will must be signed in the presence of two witnesses who know you personally, and believe you to be in sound mind.
- Each witness must be a disinterested person at least 18 year old. A witness cannot be:
 - Related by blood, marriage, or adoption
 - Entitled to or have claim to any of your estate
 - Your doctor, the doctor's staff or any employee of the hospital, clinic, nursing home or other facility providing your care *except* chaplains or social workers
 - Directly financial responsible for your health care.



When is POA – Health Care effective?

When two physicians – or a physician and a psychologist state that you **are incapacitated in writing**



What if I change my mind about the POA – Health Care?

- You can revoke your power of attorney for health care document at any time as long as you are mentally competent.
- To revoke your power of attorney for health care :
 - Write out a statement revoking your POA- Health Care, sign and date it
 - Destroy the original document and all copies
 - Execute a new power of attorney for health care



What should I do with the POA – Health Care?

- Sign and keep the original in a safe place
- Distribute copies to the following:
 - Doctor's office
 - Hospital
 - Health Care Agent
 - Family members
 - Keep a list of everyone that you gave copies to, in case you want to change or revoke the document
 - **for a fee you can file one copy at your county register of probate office – (see Court Probate under county government listings in the local telephone directory)



Do I need both Living Will and POA-Health Care?

In Wisconsin, a Power of Attorney – Health Care supersedes or replaces a living will if the two documents conflict

** Generally the POA – Healthcare is the recommended document if you have someone you trust as agent to make your health care decisions. The living will may clarify your wishes and give your health care agent guidance.



Where to get advance directive forms?

- Most hospitals or physician office
- Electronically going to
<http://www.dhs.wisconsin.gov/forms/advdirectives/index.htm>
- You can request a copies by sending a stamped, self-addressed, business size envelope to:

Wisconsin Department of Health and Social Services
Division of Health- Declaration to Physicians and POAHC
P.O. Box 309
Madison, WI 53701-0309



Questions?



Aging & Disability Resource Center and Adult Protective Services

Pat Mireles Human Services Supervisor
Waukesha County Department of
Health and Human Services

Michelle Bertram ADRC Specialist
Waukesha County Department of
Health and Human Services

Marie Anderson Clinical Therapist
Waukesha County Department of
Health and Human Services



Who We Are

- Part of Waukesha County Government
- Division of Health and Human Services
- Came into existence in 2008 when the Department of Aging (also known as the Department of Senior Services) merged with the Division of Long Term Care
- There is an ADRC to serve every county in Wisconsin



Who Are We

Offer welcoming/convenient places to get information about resources and Long Term Care Programs

- Professional staff answering phones at the call center Monday through Friday 8 to 4:30
- Walk-in's Welcome
- Home Visits Available
- Presentations at group settings such as housing complexes or health fairs

Single point of access for publicly funded Long Term Care Programs

- Specific Target groups : Elderly, people with physical or intellectual/developmental disabilities



Who We Serve

Our mission statement

- Waukesha County is committed to serving adults and their families with issues of aging and/or disability. We will provide information, assistance, and education to promote independence and improve quality of life, while offering choices to the consumer. Our goal is to advocate for and affirm the rights, dignity, and value of individuals served while limiting risk to those most vulnerable.



Who We Serve

Specifically designated target groups

- Individuals with Intellectual/Developmental Disabilities
- Individuals with physical disabilities
- Frail Elderly
- Families, caregivers, service providers of these target groups



What We Provide

The ADRC team can

- Assess needs
- Consult with families and other concerned caregivers
- Provide info about programs, services and options counseling
- Connect you with services
- Act as an advocate
- Coordinate emergency intervention
- Help families prepare for the future



What We Provide

Information and assistance

- Professional staff answering call center
- Referral to ADRC Services (grants for the elderly)
 1. Congregate meals
 2. Transportation – Rideline, Reduced taxi program
 3. Home delivered meals
 4. Bathing
 5. Homemaker
 6. Respite/Adult day center
 7. Friendly Visitor
 8. Emergency alert system



What We Provide

Information & Assistance

- Referral to Adult Protective Services
- Youth transition
 - 6 months prior to 18th birthday
 - Learn about adult community services, organizations, housing, etc.
 - Consider legal issues such as guardianship, POA, estate planning
 - Gain access to benefits as youth become adults



What We Provide

Information & Assistance

- Elderly Benefit Specialist and Disability Benefit Specialists
 - SSD
 - Medicare A, B, C, D
 - Medicaid
- ADRC Resource guide
- ADRC Newsletter
- Available in-home services
- Residential care settings
- Funding sources available



Options Counseling

- Meet with individuals or families to plan for the future
- Explain functional eligibility and financial rules for Long Term Care funding
- Share ways to get help early to prevent crisis and help save money in the long run on care needs
- Help people plan so they can remain living where they want to live longer.



Eligibility & Enrollment

Long Term Care/Family Care

1. Functional Screen (assessment tool)
 2. Financial (Medicaid/Title 19)
- Family Care enrollment process results in the person choosing a program and providers that best meet their needs and preferences
 1. MCO's
 2. PACE/Partnership
 3. IRIS



Eligibility & Enrollment

Services available once enrolled in a Long Term Care Program:

1. Supportive Homecare
2. Personal Care
3. Durable Medical Equipment/Supplies
4. Adult Day
5. Transportation
6. Vocational (after maximizing DVR)
7. Home Delivered Meals
8. Medication Management
9. Financial Management/rep payee
10. Assisted Living/Residential Care Options



Prevention & Intervention

- Information on risk and safety
 - Educational programs
 1. Stepping On
 2. Living Well with Chronic Conditions
 3. Healthy Living with Diabetes
 4. Powerful Tools for Caregivers
 5. Intermission
 6. Journey Series
 7. Annual Family Caregiver Seminar



Prevention & Intervention

- At every home visit –assess environmental and personal factors that effect the individual’s safety or put them at risk.
- People at risk receive rapid assistance - referral to APS or other needed services
- If you have an emergency that requires immediate attention – call “911”
- If you have a call of concern we will make contact and assess the situation quickly



Adult Protective Services

- Overview of Adult Protective Services
- 8 Full Time Social Workers
- 2 fulltime Licensed Clinical Social Workers
- Active cases



Adult Protective Services

- Adult Protective Services (APS) is mandated under chapter 55.043 to investigate and intervene in reports of abuse/neglect.
- APS role promotes the safety and well being for older persons or other vulnerable adults.
- APS is the unit designated to providing voluntary and court mandated services for the elderly and adults at risk.



Adult Protective Services

- Wisconsin State statute, Chapter 55.01 defines the Adult at Risk population that APS provides services to.
- Adult at Risk- Is any adult with a physical or mental condition that substantially impairs his/her ability to care for his/her needs and who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.



Referrals to APS Come From:

- Law Enforcement
- Courts
- ADRC-Is the front door for majority of APS referrals from hospitals, medical professionals, nursing homes, families, neighbors, financial institutions, homeless/transitional living settings and other concerned community members.



What Constitutes Elder/Adult At Risk

- Physical Abuse-intentional or reckless infliction of bodily harm.
- Emotional Abuse-language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening or otherwise harassing and that could intimidate, humiliate, threaten, the individual it is directed towards.
- Financial Exploitation-Obtaining an individual's money or property by deceiving or enticing the individual, or by forcing, compelling the individual to give, sell at less than fair market value, or in other ways convey money or property against his or her will without his/her informed consent.
- Neglect/self-neglect-Individual fails to obtain adequate care, food, shelter, clothing or medical/dental care for themselves



Causes of Self-Neglect

- Long-Term Chronic Self-Neglect
- Economic
- Depression/Mental Illness
- Illness, Malnutrition, & Overmedication
- Dementia



Intervening with Adults at Risk

- When intervening with Adults, the first and most important question is “Are they competent?”
- If a person is considered competent they have the right to self neglect, live in deplorable situations, consent or refuse services. Competence is the decisive line in how services can be provided to a person at risk.



4 Requirements for Incompetency

- Person is substantially incapable of managing his/her property
- Person is substantially incapable of caring for himself/herself
- Person is suffering from developmental disabilities, degenerative brain disorder (dementia), serious & mental illness or other like incapacities (i.e. stroke)
- The condition is permanent



Assessing an Adult/Elder at Risk's Decisional Capacity/Competency:

- Is the person oriented to date, time, year season, circumstance?
- Are there apparent problems with short-term memory? (Are they repeating the same information)
- Can the person tell you basic demographic information, or long-term memory items such as their address and phone number or the names and approximate ages of children or siblings? Can they identify their medical providers or others involved in their care?



Continuing: Assessing an Adult/Elder at Risk's Decisional Capacity/Competency:

- Is their judgment impaired? Would they know how to respond to various circumstances i.e. if there was a fire would they be able to say they would leave the house or call 911?
- Can they use language to communicate their needs? Are they having problems with using words correctly? Is their speech garbled?
- Do they express delusional or hallucinations during the course of conversation? Do they feel unsafe as a result of these hallucinations? Are these thoughts preventing them from reaching help that they may need to remain safe in their home?



Continuing: Assessing an Adult/Elder at Risk's Decisional Capacity/Competency:

- Personal decision making capacity: Can the person make basic plans for their health and safety.
- Ability to care for self, ability to meet basic needs such as:
 - Nutrition
 - Clothing
 - Personal Hygiene
 - Health Care (able to recognize health concerns)
 - Housing
 - Safety



If the Person is Assessed to be Incompetent:

- Is there an alternate decision maker available to offer additional information, assist in the intervention, or access/authorize services or placement for the person?
- Alternate decision makers include:
 - Power of Attorney-An advance planning document drafted by a person considered competent which outlines who they would like to make health care and/or financial decisions on their behalf in the event they are not capable of making decisions for themselves.



Continued Alternate decision Maker

- Guardianship- This is a legal document, in which the court has declared a person legally incompetent due to a permanent incapacity. The court appointed person/or legal entity is to act in the best interest of the ward.



If no alternate decision maker is available, an assessment of an incompetent person's safety should include:

- Physical hazards in the home (clutter, layout of the home not being able to meet a person's physical needs, working utilities)
- Person's ability to access assistance if needed (can they use a phone are neighbors/family or providers involved in regular caregiving activities)
- Risks associated with a person's decreased physical mobility, low vision, cognitive deficits and/or chronic medical conditions (can person recognize a medical problem/emergency and can they respond appropriately).



Continued: If no alternate decision maker is available, an assessment of an incompetent person's safety should include:

- Mental status/reality orientation-(presence of persecutory delusions/hallucinations)
- Weapons in the home
- Stressed or incapable caregiver
- History of wandering or disorientation
- Physical aggression or threats to harm others
- Is the person willing to accept and cooperate with help and/or assistance



Possible Intervention Includes:

- If a person is assumed to be incompetent and may be in imminent danger without intervention due to presenting risks, an Emergency Protective Placement may be pursued. (ch55.135(1))



Least Restrictive

- APS always must do what will meet a clients needs in the least restrictive way and must always balance the individuals right to self determination with the least intervention possible with keeping the individual safe.



Several outcomes can come from an APS investigation

- If an individual is found competent they have the right to tell us to go away and leave them alone.
- If an individual is competent but would like services we will assist in linking them up to services that will meet their needs.
- If person is found incompetent and is at imminent risk APS or law enforcement will take them into custody under a chapter 55.
- If person is incompetent but not at imminent risk and is willing to accept services APS will put services into home to mitigate risk factors.



Questions?



Wrap Up

Peter Slesar

Division Manager
Waukesha County Department of
Health & Human Services



Wrap Up

- Thank you!!!
- Future updates
- General questions
- Program evaluation



Closing Remarks

Laura Kleber

Deputy Director

Waukesha County Department of Health and Human Services



**COMMUNITY RESOURCE GUIDE TRAINING
3/3/2015 PROGRAM EVALUATION**

Please provide frank feedback on the training received today. Your comments and suggestions will assist us in improving content and making relevant, positive changes.

	Agree totally	Agree	Neutral	Disagree	Disagree strongly
<i>Facility and environment</i>					
The facility was comfortable and conducive to learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility was easy to find	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking was reasonable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt comfortable asking questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Presentations - depth of content was appropriate</i>					
Resource review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
211 demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Badger care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse, Addiction Overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal & ethical considerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADRC & Adult Protective Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Presentations - clarity and quality of speaker(s) was appropriate</i>					
Resource review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
211 demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Badger care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse, Addiction Overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal & ethical considerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADRC & Adult Protective Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>General assessment</i>					
I felt I learned important information today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this training to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a better understanding of resources available to assist my patients, clients etc in Waukesha County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General suggestions and feedback

Please offer your suggestions on how the training could be improved and any other general comments you have.

Are there any topics you'd like more information on?