



AGING AND DISABILITY RESOURCE CENTER OF WAUKESHA COUNTY

**A DIVISION OF THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

2010 YEAR END REPORT



Mission

Waukesha County

The mission of Waukesha County government is to promote the health, safety and quality of life of citizens while fostering an economically vibrant community. We are committed to delivering effective, high quality programs and services in a courteous and fiscally prudent manner.

Aging and Disability Resource Center of Waukesha County

Waukesha County is committed to serving adults and their families with issues of aging and disability. The Aging and Disability Resource Center (ADRC) will provide information, assistance, and education to promote independence and improve quality of life, while offering choices to the consumer. Our goal is to affirm the rights, dignity, and value of individuals served while limiting risk to those most vulnerable.

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A Division of the Department of Health and Human Services
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OF WAUKESHA COUNTY
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**AGING AND DISABILITY RESOURCE CENTER
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2010 YEAR END REPORT

2010 IN REVIEW

The Aging and Disability Resource Center (ADRC) of Waukesha County underwent several organizational changes effective January 1, 2010. The ADRC became a division of the Waukesha County Department of Health and Human Services and the Adult Protective Services (APS) unit became a part of the ADRC.

The ADRC Advisory Board reviewed ongoing operations of the ADRC and the local availability of services for older adults and adults with disabilities. Educational sessions during 2010 included presentations and discussions on the Association for

Rights of Citizens with handicaps (ARCh), Adaptive Community Approach Program (ACAP), Addiction Resource Council, Alzheimer's Association, Coalition of Wisconsin Aging Groups (CWAG), State of Wisconsin Quality Assurance, Older Americans Act Reauthorization, and Adult Protective Services (APS) programs.

The ADRC is a member of the Wisconsin Alliance of Information & Referral Systems (WisconsinAIRS) and the National Alliance of Information & Referral Systems. WisconsinAIRS is a statewide professional association that works to develop and maintain a high quality, coordinated information and referral network in Wisconsin.

Total incoming non-administrative contacts increased by 9.9%, averaging 150.3 incoming contacts daily. Incoming e-mail contacts are included only in General Information and Assistance contacts. Community presentations were made to 36 groups. Additionally, the ADRC provided public information regarding available ADRC programs through newsletters, conferences, health fairs and exhibits. The ADRC Resource Guide was updated and over 12,000 copies distributed. The guide includes resources for both older adults and individuals with disabilities.

During 2010, the ADRC referred 533 cases for enrollment into long-term care programs. The ADRC eliminated wait lists into long-term care programs for individuals with developmental disabilities and with physical disabilities.

Caregiver needs were addressed through the Older Americans Act National Family Caregiver Support Program (NFCSP), through the Alzheimer's Family and Caregiver Support Program (AFCSP), and through continued collaboration with The Caregiver Connection, a United Way Community Impact Initiative Program. A Caregiver Resource Library, which addresses the



needs of all target group populations, is housed at the ADRC and available at satellite locations. The library also served as a drop off point for literature being returned to the Alzheimer's Association on-site office. The ADRC also collaborated with community agencies to provide caregiver training, including a caregiver conference, an intergenerational "Intermission" program, and grandparent counseling.

Benefits counseling was available to both disabled adults and older adults in 2010. The ADRC's Benefit Specialists served 926 clients with 1,525 cases, a 0.3% decrease in the number of clients, but a 1.9% increase in the number of cases. Top issues for Disability Benefit Specialist cases included Benefit Check-Up, Medicaid, and Social Security Disability. Top issues for Elderly Benefit Specialist cases included Medicare Parts D and C, and Senior Care.

The number of meals delivered to frail and homebound older adults increased by 3.1% in 2010, with over 106,000 meals delivered. The number of persons receiving home delivered meals increased by 7.5% to 931 people. The number of meals served at senior dining centers decreased by 11.7%. Effective January 1, 2010, the ADRC consolidated the three city of Waukesha senior dining centers into one city of Waukesha senior dining center, and established a single home delivered meal distribution center for the city of Waukesha at the facilities on the Expo grounds. The facilities were available to the Senior Dining Program through a partnership with Waukesha County Department of Parks and Land Use.

The ADRC continued a focus on health promotion and early intervention. Through a partnership with the University of Wisconsin – Madison and the Waukesha Parks, Recreation and Forestry Department, "Stepping On", a falls prevention program, was available at the Schuetze Recreation Center in Waukesha. Carroll University Physical Therapy students conducted senior wellness/fitness programs and Mt. Mary College dietetic students conducted the Eat Better Move More Healthy Steps to Aging Program at senior dining centers. Through collaboration with area health care partners, "Living Well", the state approved Chronic Disease Self Management Program, was provided to community seniors.

ADRC staff participated in bake sales, tricycle races and candy grams to support United Way programs, and held an ice cream soda shoppe to help a local homeless shelter. They also took part in the first annual Waukesha County Alzheimer's Association Walk and bake sale.

During 2010, 1,062 volunteers contributed 35,601 hours to ADRC programs, a 1.9% decrease in the number of volunteers and a 1.0% decrease in the hours served. Using minimal Waukesha County wage scales as a base, the hours volunteered equated to \$339,208. The Senior Dining Center and Home Delivered Meals programs accounted for 80.0% of the total volunteer hours served. Additionally, volunteers assist in the Elderly Benefit Specialist, Eldereach, Visitor, Greeter, Guardians, Special Project, and General Office programs. Many of the ADRC's services would not be possible without the assistance of its dedicated volunteers.

Collaboration is key to meeting our customer needs. In addition to volunteers and contracted service providers, some of the ADRC's collaborative efforts during 2010 included:

- The United Way and the ADRC worked together closely with United Way as the main point of access for The Caregiver Connection.

- The Alzheimer's Association of Southeastern Wisconsin and the ADRC coordinated program information and availability of the resource library. During 2010, the Alzheimer's Association expanded available on site-services in the ADRC building.
- The Elder Abuse Interdisciplinary Team is a group of 23 community organizations that provide advice and recommendations to help keep elder abuse/neglect crises at a minimum.
- Staff and members of the Alzheimer's Association, Lutheran Social Services, New Berlin Police Department, Milwaukee Center for Independence, and a local attorney all served as partners on the Steering Committee for the Family Caregiver Conference.
- Interfaith Caregiving Network partnered on the Caregiver Initiative and Transportation Collaborative, both funded by United Way, and distributed holiday baskets to the elderly and disabled. As coordinator of the Transportation Collaborative, Interfaith compiled and distributed a "Find a Ride In Waukesha County" booklet during 2010 to help Waukesha County residents locate transportation options that best suited their needs. The Mobility Manager worked with the Specialized Transportation Provider Network (STPN) to address ongoing transportation needs.
- Elmbrook Church served as a partner on United Way Caregiver Initiative, hosted the caregiver "Intermission" program, and coordinated staffing for the special needs volunteer visitor program.
- Adult Day Centers were satellite locations for Caregiver Resource Library materials and participants in regular Adult Day Center Network meetings held at the ADRC. The Adult Day Centers also coordinated celebration of National Day Care Week.
- Waukesha Memorial Hospital Senior Health Center provided geriatric assessments.
- City of Waukesha Park, Recreation and Forestry Department was a satellite site for Caregiver Resource Library materials, collaborated on issues and interests related to seniors including transportation and newsletter articles, and participated in planning discussions between the city's Senior Board and the ADRC Advisory Board.
- La Casa de Esperanza Hispanic Resource Center assisted with availability of program information to Spanish speaking clients.
- Humane Animal Welfare Society collaborated on PALS (Pets are Life Savers) program, where volunteers assist the elderly so they are able to keep their pets in their homes, and assisted with emergency planning for pets.
- UW Extension participated in activities with the Nutrition Coalition and nutrition education presentations at Senior Dining Centers.
- Carroll University physical therapy students and nursing students were involved in senior health assessment, exercise sessions, and special activities at senior dining centers. Carroll University staff and students also translated ADRC brochures into Spanish.
- Carroll University, Mount Mary College, University of Wisconsin-Milwaukee, and University of Wisconsin-Whitewater continued to collaborate through their intern and degree programs for dietetics, social work and physical therapy. Collaboration provided the resources needed to continue the "Eat Better Move More Steps to Healthier Aging" program at the Senior Dining Centers.

- Nutrition Coalition coordinated information on countywide availability of meals, hunger insecurity issues, and programs to help consumers. The ADRC is a participating member of the coalition.
- Community United Methodist Church, Elm Grove donated gift cards for emergency needs of clients. This donation has been ongoing and very helpful.
- St. Joseph's School in Wauwatosa donated "Market Day" pies to the Senior Dining Centers.
- Roundy's Supermarkets Metro Market donated funds to the Brookfield Senior Dining Center. The donation was used to purchase needed chairs for the center.
- Waukesha Early Risers Kiwanis and a Waukesha County family supported grandparents in the grandparents parenting grandchildren support group.
- Harley Davidson Foundation, Inc. recognized the volunteer contributions of one of their employees with a donation to the ADRC.
- Nine community organizations and businesses donated sponsoring funds for the 2010 Volunteer Recognition Dinner. ProHealth Care, who has been a major contributing sponsor for many years, matched the donations provided by the other sponsors. Another 50 organizations donated door prizes for the event.
- Community Action Coalition collaborated on the distribution of Senior Farmer Market Vouchers for Waukesha County seniors.
- The ADRC partnered with the Wisconsin Department of Health Services, the Clement J. Zablocki Veterans Affairs Medical Center (VAMC), the Alzheimer's Association – Southeastern Wisconsin Chapter, Greater Wisconsin Agency on Aging Resources (GWAAR), and other ADRCs to begin development of referral processes that would reduce family caregiver burden and delay nursing home placement for veterans with dementia.

2010 Customer Survey Results

<u>PROGRAM</u>	<u>SURVEY RESPONSES/ RATE</u>	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>
Information & Assistance	845	73%	24%	3%	0%
Older Adult Community Services					
Adult Day Center	6/46%	83%	17%	0%	0%
Chore	44/71%	71%	29%	0%	0%
Emergency Alert	18/43%	69%	31%	0%	0%
Homemaker	60/61%	60%	35%	3%	2%
Medication Management	4/50%	75%	25%	0%	0%
Personal Care/Bathing	58/62%	69%	29%	2%	0%
Respite	8/61%	88%	12%	0%	0%
Health Cost Sharing	30/49%	70%	27%	0%	3%
Volunteer Visitor	11/41%	82%	18%	0%	0%
Elderly Benefits Counseling	72/46%	78%	22%	0%	0%
Disability Benefits Counseling	13/22%	46%	23%	23%	8%
Senior Dining Centers	310/79%	48%	50%	2%	0%
Home Delivered Meals	203/43%	41%	51%	7%	1%
Specialized Transportation					
RideLine	54/44%	65%	33%	2%	0%
Shared-Fare Taxi	386/54%	75%	23%	2%	0%
Shuttle Services	84/64%	82%	17%	1%	0%

<u>PROGRAM</u>	<u>HELPED TO MAINTAIN HEALTH</u>		<u>HELPED TO LIVE INDEPENDENTLY/REMAIN IN HOME</u>	
	<u>#SURVEY RESPONSES</u>	<u>% POSITIVE RESPONSES</u>	<u># SURVEY RESPONSES</u>	<u>% POSITIVE RESPONSES</u>
Community Services ¹	198	95%	217	96%
Elderly Benefit Specialist	NA	NA	46	98%
Senior Dining Centers	301	100%	268	100%
Home Delivered Meals	189	99%	187	97%
Specialized Transportation ²	387	96%	477	97%

1. Volunteer Visitor surveys did not include questions on maintaining health.

2. Shuttle Services survey did not include questions on maintaining health.

**AGING AND DISABILITY RESOURCE CENTER
OF WAUKESHA COUNTY**

2010 YEAR END REPORT

ADRC Staff and Governance

Cathy Bellovary, Manager

Central Office Staff – 2010

Danyelle Anderson	Christa Glover	Mary Beth O’Neil	Sandhya Singh
Marie Anderson	Sharon Gold-Johnson	Lora Pasko	Mary Smith
Margi Anthonijs	Linda Grimm	Shirley Peterson	Marie Stange
Judie Berthelsen	Rosie Guzikowski*	Amy Pieters	Becky Stark
Michelle Bertram	Chris Hauer	Ellen Poplawski	Jeff Stuberg
Mikie Blask	Aimee Henry	Pat Popowski	Mark Travers
Mary Bliesner	Tim Huynh	Jennifer Rath	Jackie Weber
Bobbie Jean Braun*	Kevin Johnson	Chris Rodriguez	Susan Weyer
Cathy Bunzel	Deb Keller	Judy Roehm	Art Wiese
Trish Cornell*	Laurie Kohler	Jan Sanchez	Mindy Wirth
Judy Clope	Mark Komppa	Kathy Searl	Deb Wolf
Tammy Depies	Steve Krafcheck*	Tammy Shipler	Polly Wolf
Mark Eurich	Pat Mireles	Angela Simmons	Barbara Woyak*
Jerry Floyd			

Senior Dining Center Staff - 2010

Dining Center Managers

Betty Beekman	Gail Gierach	Pamela Roe	Cynthia Volz
Nancy Curran	Margaret Hurlebaus	Jack Schiek	Marilyn Waldeck
Kathy Dich	Darla Klaas	Virginia Trimble	

On-Call

Alice Brown*	Patricia McMurphy*	Paul Riebe	Jack Thompson
Suzanne Curasi	Elaine Spanheimer	Chris Sherman	Cheryl Thomsen

Interns - 2010

Physical Therapy

Carroll University graduate students

Nutrition

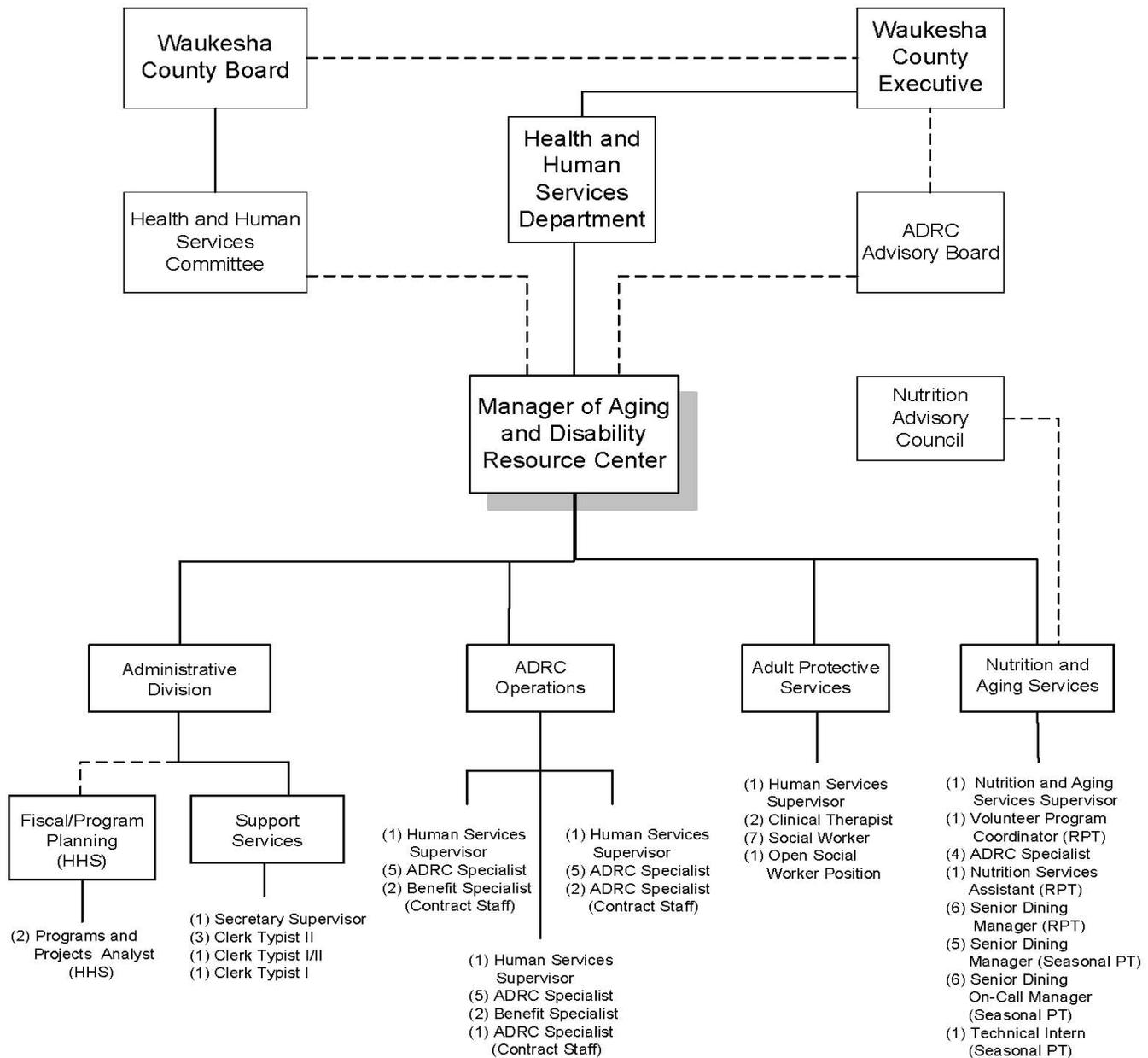
Michelle McDonagh

Social Work

Nicole Robertson

*These staff worked only a portion of 2010 and were not carried into 2011.

AGING AND DISABILITY RESOURCE CENTER OF WAUKESHA COUNTY



Revised
2-1-11

... information, assistance, and education to promote independence and improve quality of life for older adults and adults with disabilities

**2010 Waukesha County Board
Health and Human Services Committee
Members**

Janel Brandtjen, Chair
Kathleen Cummings Jim Jeskewitz
Michael J. Inda Peter M. Wolff
Pauline J. Jaske Gilbert W. Yerke

**2010 Waukesha County
Health and Human Services Board
Members**

Dennis Farrell, Chair
Janel Brandtjen* Michael O'Brien
Paul Decker* Duane Paulson*
Dr. Peter Geiss Joe Vitale
Flor Gonzalez JoAnn Weidmann
Jim Jeskewitz*

*Waukesha County Board Supervisor

**2010 ADRC Advisory Board
Members**

Bill Graham, Chair
Sandy Wolff, Vice Chair
Scott Johnson, Secretary
John Curtis Lorraine Lee⁺
Dennis Farrell Nancy Pagels
Jennifer Goetz Julie Turkoske
Pat Hansen Larry Weidmann
Glen Lee⁺ William Zaborowski*

⁺ Not pictured

*Waukesha County Board Supervisor



ADRC Advisory Board with
Cathy Bellovary, ADRC Manager.

**2010 Nutrition Advisory Council
Members**

Jean Acker, Chair
Dorothy Berger
Clare Dockter
Janet Frye
Mary Ann Galles
Allen Horwath
Helen Jacobs
Marji King
Mary Alice Kraemer
Ardith McKitrick
Patricia Lange
Betty Plaman
Joan Rich
Jeanette Richter
Henry Riegel
John Schuetze
Howard Schultz
John Thuerman
Shirley Tompkins
James Wiegand

**AGING AND DISABILITY RESOURCE CENTER
OF WAUKESHA COUNTY**

2010 YEAR END REPORT

REVENUE SOURCES

Revenue Sources

... information, assistance, and education to promote independence and improve quality of life for older adults and adults with disabilities

The ADRC used grants, fees, donations, fund balance, and tax levy to provide services in 2010. Funding sources and amounts budgeted for 2010 are listed below. Actual expenditures and revenues are detailed in the ADRC's annual budget.

<u>2010 Revenue Sources (Modified Budget)</u>	<u>2010 Modified Budget</u>
Older Americans Act Grant	
Title IIIB (Supportive Services)	\$268,640
Title IIIC-1 (Senior Dining)	\$357,016
Title IIIC-2 (Senior Dining)	\$192,078
Title IIID (Health/Prevention)	\$11,415
Title IIIE (Caregiver)	\$137,575
State Senior Community Services Grant	\$12,760
State Elderly Benefit Assistance Grant	\$33,438
State Elder Abuse/Neglect Prevention Grant	\$75,537
State ADRC Grant	\$3,176,510
State Alzheimer's Family Caregiver Support Grant	\$48,738
APS Community Aids	\$486,706
APS Client Fees	\$7,650
APS Other	\$9,161
Department of Transportation Grant	\$754,210
Workshop Fee	\$4,624
Donations	
Client Meal Donations	\$326,356
Client Program Donations	\$15,356
General Donations	\$6,600
Nutrition Service Incentive Program (NSIP) Meal Reimbursement	\$92,737
Federal Stimulus/ARRA Funds	27,026
Other Nutrition	\$119,998
Miscellaneous	\$25
Fund Balance	\$5,290
<u>Tax Levy</u>	<u>\$2,710,955</u>
Total	\$8,880,401

**AGING AND DISABILITY RESOURCE CENTER
OF WAUKESHA COUNTY**

2010 YEAR END REPORT

INFORMATION AND ASSISTANCE

... information, assistance, and education to promote independence and improve quality of life for older adults and adults with disabilities

Miss A's aunt contacted the ADRC regarding her niece who was developmentally disabled, in her forties, and living in Milwaukee County. Miss A's mother had died and the aunt, as the only living relative, was accepting guardianship of Miss A and wanted to move her closer.

Miss A had been on the Milwaukee County wait list for services for several years. The ADRC Specialist and a Medicaid Case Manager assessed Miss A and found her qualified for Family Care. The ADRC Specialist coordinated with Miss A's aunt to have guardianship transferred to Waukesha County. Miss A's Medicaid was transferred to Waukesha County where she started services with one of the Waukesha Managed Care Organizations (MCOs). The MCO moved her to a qualified CBRF. This was the first time in Miss A's adult life that she was living in a place designed to meet her needs. Now Miss A and her aunt are near each other and are able to visit more often.

•••••

The ADRC received a call of concern from a local Financial Advisor concerning Miss B, who was receiving a \$350 per month annuity check that was about to end. Her only other income was a Social Security payment of about \$625 per month. When her annuity payment ended, the agent felt she would no longer have enough money to cover her living expenses.

The ADRC Specialist visited Miss B to assess her situation, and to determine what assistance might be available for her. Miss B was close to 80 years old, had never married, and had no family other than an elderly sister living out of state. She was in sound physical health and fully independent in all of her care needs. The specialist confirmed that her only income, once her annuity ended, would be from Social Security. Miss B's rental payment was \$600, plus utilities and maintenance. In addition, she had payments for car insurance, secondary health coverage, etc. With a \$625 monthly Social Security income, this was an impossible financial situation for Miss B.

After working through an initial period of denial that her situation was as dire as it was, Miss B was very amenable to the recommendations and options presented to her. These recommendations included moving to a HUD rent assisted apartment, disposing of her vehicle (which was over 20 years old and needed many repairs), closing out her car insurance, and applying for Title 19 once her annuity actually ended. The ADRC Specialist helped Miss B locate and visit available housing options. When acceptable open housing was located, the specialist further assisted her with the application process, including securing a needed birth certificate. With the assistance of friends, Miss B was able to move almost immediately.

The housing Miss B moved into also hosted the ADRC's Senior Dining program where Miss B was able to participate in the noon meal. ADRC staff helped her secure a Shared-Fare Taxi Card for transportation since she had disposed of her vehicle.

Once Miss B's annuity ended, the ADRC Specialist assisted her in the completion of her Title 19 application, and arranged for Miss B to pay her Title 19 spend down amount directly to Title 19 at the beginning of each 6 month review period so that her coverage would immediately be in effect. With her Title 19, Miss B also qualified for Food Stamps and for payment of her Medicare B coverage.

By carefully considering her options and accepting these changes in her life, Miss B was in a better financial position than previously, even with her reduced income.

The Aging and Disability Resource Center (ADRC) of Waukesha County is a central source of reliable and objective information about a broad range of community resources of interest to elderly individuals, adults with physical or developmental disabilities, adults with mental health or substance abuse concerns, and caregivers. Personalized assistance is available at the resource center, over the telephone, or in visits to an individual's home. Core information and assistance services of the ADRC include:

- Information and assistance;
- Long-term care options counseling;
- Financial and functional eligibility determination for long-term care;
- Enrollment and disenrollment counseling;
- Emergency referrals; and
- Short-term case management.

2010 Summary

- ADRC Specialists are the primary point of contact for information and assistance within the ADRC. During 2010, ADRC Specialists were involved in 21,287 contacts regarding an estimated 8,275 consumers. Of these contacts, 251 or 1.2% concerned consumers between the ages of 1 – 17; 5,882 or 27.6% concerned consumers between the ages of 18 – 59; and 13,480 or 63.3% concerned consumers age 60 and above. 7.9% of the contacts concerned consumers of unknown age.

Contacts by ADRC Specialists included incoming calls, outgoing calls, home visits, scheduled office visits, walk-ins, written correspondence and e-mails. During 2010, 58.9% of the contacts were incoming calls, 25.7% were outgoing calls, and 9.2% were home visits.

The contacts involved 20,313 instances of information and assistance activity, 9,028 instances of options counseling activity, and 813 instances of administering Family Care functional eligibility screen activity. An individual contact can include several activities, as well as referral information to other community agencies. Callers were most often referred to the Waukesha Housing Authority and the Social Security Administration.

Waukesha County Adult Protective Service (APS) requested the ADRC screen an individual for Family Care at the Mental Health Center. Mr. C was placed at the center because of an emergency detention. He had various diagnoses, including blindness in one eye, possible history of schizophrenia, history of chronic urinary incontinence, possible COPD, and probable dementia. The specific diagnoses were determined before his stay there and the dementia diagnoses were confirmed after psychological and neurological testing. He came into the Mental Health Center with an additional diagnosis of malnutrition as he was not eating and drinking properly. It was determined by staff at the Mental Health Center and APS that it would not be beneficial for Mr. C to return home. It was getting increasingly difficult for Mr. C to take care of himself.

The ADRC Specialist attended a meeting at the Mental Health Center to gather more information for a functional screen. Following that meeting, the specialist met Mr. C at a group home and assessed him for Family Care. Mr. C was determined to be functionally and financially eligible for Family Care services.

Since Mr. C's move to the group home, he has been healthy, with staff to watch over him. He seems happy, proud of his room, and knows this placement is for the best. Collaboration between APS, the Mental Health Center, friends of Mr. C, and the ADRC helped secure a positive, healthy outcome.

- During 2010, 952 Pre-Admission Consultations for admission to nursing homes, residential care apartment complexes, and community based residential facilities were completed.

Nursing homes that participate in the Medicare or Medicaid programs must also complete a Minimum Data Set (MDS) assessment for all residents admitted to the facility. Beginning in October 2010, nursing homes began to make referrals under Section Q of the MDS for all residents indicating they wished to talk to someone about returning to the community. In 2010, the ADRC received 70 MDS Section Q referrals. Fifteen of the consumers were referred from counties other than Waukesha.

- During 2010, 533 cases were referred for enrollment into long term care programs, including 383 to Family Care, 89 to IRIS, 19 to Partnership, and 42 to PACE. The enrollment referrals include 63 individuals with open cases who either changed programs or were re-enrolled after being programmatically disenrolled. Staff assisted with 69 nursing home relocations and transferred 35 clients into Waukesha from another county.

2010 Referrals to Long Term Care Program Enrollment

Family Care	383
IRIS	89
Partnership	19
PACE	42
Total	533

- During 2010, the ADRC eliminated wait lists for individuals with developmental disabilities and with physical disabilities. These people are now able to participate in managed long-term care programs such as Family Care, IRIS, Partnership, and PACE without having to wait.
- During 2010, the ADRC overall received an average of 150.3 non-administrative incoming telephone and walk-in contacts per day. The total number of non-administrative incoming contacts received by the ADRC in 2010 was 37,569, a 9.9% increase from 2009.

The greatest increase in number of contacts was in General Information and Assistance, which increased by 13.5% from 17,698 incoming contacts in 2009 to 20,080 in 2010.

- The number of unduplicated registered clients with a service delivery contact in 2010 was 8,337, an increase of 1,428 or 20.7% from 2009. In 2010, 64.7% of clients were female, and the most prevalent age range was 80 - 89 with 28.6% of registered clients, similar to previous years. The number of clients with an unknown age increased from 123 in 2009 to 333 in 2010. This increase was due primarily to the recording of service deliveries for Information and Assistance callers who did not wish to provide age information.
- Information Services vary, and include verbal information as well as written materials for individuals and the community.
 - The ADRC entrance and lobby areas display brochures, current announcements, events, and informational material for clients to review or take with them. All of the ADRC brochures are available in both English and Spanish. During 2010, Carroll University staff and students translated all of the ADRC brochures into Spanish.
 - A Caregiver Resource Library is located off the ADRC lobby for clients to use while at the ADRC, or they may check out materials to take home. Caregiver Resource Library

materials are also available at satellite locations, including City of Waukesha Park, Recreation and Forestry Department Schuetze Center, The Caring Place in Waukesha, Catholic Charities Adult Day Center in New Berlin, Curative Senior Care Adult Day Center in Waukesha, Lutheran Social Services Greater Menomonee Falls Adult Day Center, and Lutheran Social Services Greater Waukesha Adult Day Center.

- ADRC information, including current events and issues, as well as program information and community links, is accessible on the Internet.
- Community presentations to 36 groups included discussion of information resources, service options and opportunities, early intervention, crisis prevention, caregiver concerns, benefits, Medicare, volunteerism, and healthy aging.
- Staff and volunteers displayed information at six fairs/conferences including the Waukesha County Employee Wellness Day, Caregiver Conference, Avalon Wellness Fair, Butler Night Out, Butler Village Open House, and Peace Lutheran Church SE Symposium.
- The ADRC Resource Guide, a directory of useful information for older adults, adults with physical or developmental disabilities, and adults with mental health or substance use concerns, was updated and distributed to over 12,000 consumers, caregivers, community organizations and businesses. The ADRC Resource Guide was also available on the ADRC's web site.
- The "ADRC Connection" newsletter was distributed throughout Waukesha County in the fall of 2010. Caregivers received 12 monthly issues of "Caregiver Assistance News 'Caring for You ... Caring for Others'", a newsletter that included Waukesha County Caregiver Support News.
- Emergency Intervention was provided through coordination between the ADRC Specialists, the ADRC Adult Protective Services (APS) unit, and Waukesha County crisis workers. Preventive services were available through an Elder Abuse Direct Service grant funded by the Wisconsin Department of Health Services and administrated by the Greater Wisconsin Agency on Aging Resources.
- Case Management and Follow-up Services include advocacy, monitoring of client needs, development and implementation of individual service plans, and helping caregivers access available services. In 2010, 1,354 registered clients received case management services. Additionally, ADRC Specialists reported 550 contacts related to short-term case management and service coordination.

"My Christmas gift came early this year, today in fact.

I received a call from the Waukesha County Aging and Disability Center informing me that my grandmother has just qualified for Title 19... That means that I no longer have to worry about her lack of funds and trying to keep her situated somewhere. She can stay at the Assisted Living for the rest of her life and she is being well taken care of. This takes a great burden of stress off my shoulders and for that I am truly grateful."

Client's Granddaughter

Information and Assistance Helps Client and Family with End of Life Support

D was 59 years old and after several years of battling lung cancer, the doctors told him there would be no more treatment. His request was to die at home.

Originally, the ADRC received a call from D's sister for help in obtaining home delivered meals for him. Since D fell a few weeks earlier, he was unable to prepare meals for himself. His sister, who lived nearby, was caring for their 90-year-old father since their mother passed away. D started home hospice on the day his sister called the ADRC.

The ADRC specialist met with D and his two sisters at his apartment. During this visit, they called the local home delivered meals program and initiated a referral for meals. One of his sisters planned to pay for this as D had very little income from SSI. The ADRC Specialist assessed that D met the criteria for SSI-E (Exceptional Expense Supplement), D agreed, and the application for this benefit was completed.

The ADRC Specialist explained Family Care, and completed a functional screen. Based on the assessment, D would be eligible for Family Care. During the assessment process, it became apparent that D had not bathed for several weeks due to his increasing weakness. His sisters were not aware of this and agreed to assist him to sponge bathe later that day. D agreed to enroll in Family Care so that he could receive additional services at home. However, he was concerned about potential adjustments in his current services, as Family Care enrollment would result in a change in his Medicaid HMO provider.

D was very tired mid-way through the meeting and requested that the ADRC Specialist continue the meeting with his sisters while he took a rest. The ADRC specialist encouraged D to create a Health Care Power of Attorney (HCPOA) and a Durable Power of Attorney (POA) for Finances so that he could put in writing his wishes and have an alternative decision-maker when he needed one.

The meeting was moved to the adjoining room where the ADRC Specialist called the hospice nurse case manager with D's sisters and requested that the care plan include bathing assistance as well as follow-up related to creating an HCPOA and Durable POA. The ADRC Specialist gave D's sisters copies of the POA documents for the family to begin working on. The ADRC Specialist also helped the family talk with the hospice financial office and D's primary care physician to verify that when his Medicaid changed from an HMO he could continue to receive their services.

The ADRC Specialist continued to follow-up on issues with the hospice program during the next few days to facilitate completion of the power of attorney documents and assure D was receiving assistance with bathing. The ADRC Specialist also spoke with the private home delivered meal program to advocate for reduced-cost meals, and explore benevolence benefits they might offer to D.

The ADRC Specialist met again with D and one of his sisters at his home. The Family Care options and enrollment process were completed. During this visit, the ADRC Specialist provided supportive counseling to D's sister who shared how overwhelmed she was feeling with juggling the care needs of her brother, her father's needs, and keeping herself going. The ADRC Specialist offered to assess their father for services and suggested he might be eligible for Veteran's Benefits. D's sister decided to call the ADRC Specialist when her father was ready to consider options.

The supervisor at the ADRC worked directly with the state to expedite the change in D's Medicaid benefit so that Family Care could start as soon as possible. D's sister was now spending every night at his apartment. D could not be left alone and they asked for help in paying a caregiver to stay with him for respite for his sister. The ADRC Specialist spoke directly with the administrator at the Managed Care Organization that D chose for his Family Care benefit. The Family Care care team was assigned immediately and brought up to speed on D's needs. His Family Care benefit started 11 days after the first home visit done by the ADRC Specialist.

Through the combined efforts of all of the agencies involved, D was able to have his wish. He was cared for by his family in his home until his death.

Incoming Non-Administrative Contacts/Assistance Requests						
	2008	2009	2010	% of 2010 Total Contacts	Increase/ Decrease '09 to '10	Percent Change '09 to '10
Purpose of Call:						
General Info & Assistance	9,390	17,698	20,080	53.4%	2,382	13.5%
Benefit Counseling*	3,738	3,625	3,911	10.4%	286	7.90%
Nutrition	6,696	6,588	7,066	18.8%	478	7.3%
Transportation	2,561	2,899	2,650	7.1%	(249)	-8.6%
<u>Volunteer Services</u>	<u>2,700</u>	<u>3,382</u>	<u>3,862</u>	<u>10.3%</u>	<u>480</u>	<u>14.2%</u>
Total	25,085	29,810	37,569	100.0%	3,377	9.9%
Average Calls Per Day	99.2	135.7	150.3		14.6	10.8%

*Beginning in 2009, general incoming contacts related to Benefits Counseling were directed to Information and Assistance and included in the 2009 General Info & Assistance total. As a result, there is a decrease in the 2009 Benefits Counseling total.

Number of Unduplicated Registered Clients with Service Delivery Contact						
	2008	2009	2010	% of 2010 Total	Increase/ Decrease '09 to '10	Percent Change '09 to '10
Gender:						
Male	2,005	2,332	2,942	35.3%	610	26.2%
<u>Female</u>	<u>4,090</u>	<u>4,577</u>	<u>5,395</u>	<u>64.7%</u>	<u>818</u>	<u>17.9%</u>
Total	6,095	6,909	8,337	100.0%	1,428	20.7%
Age:						
Under 18	7	6	14	0.2%	8	133.3%
18 to 20	34	78	149	1.8%	71	91.0%
21 to 29	72	129	237	2.8%	108	83.7%
30 to 39	80	139	188	2.3%	49	35.3%
40 to 49	221	306	434	5.2%	128	41.8%
50 to 59	515	608	793	9.5%	185	30.4%
60 to 64	399	533	574	6.9%	41	7.7%
65 to 69	560	647	749	9.0%	102	15.8%
70 to 79	1,457	1,534	1,686	20.2%	152	9.9%
80 to 89	2,051	2,141	2,384	28.6%	243	11.3%
90 to 99	545	649	778	9.3%	129	19.9%
100 +	25	16	21	0.3%	5	31.3%
<u>Unknown</u>	<u>129</u>	<u>123</u>	<u>333</u>	<u>4.0%</u>	<u>210</u>	<u>170.7%</u>
Total	6,095	6,909	8,340	100.0%	1,431	20.7%

Chart 1 Information and Assistance
Total Non-Administrative Contacts Received
2008 - 2010

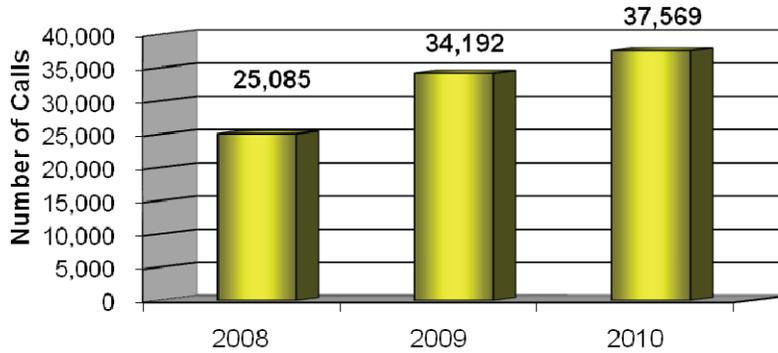
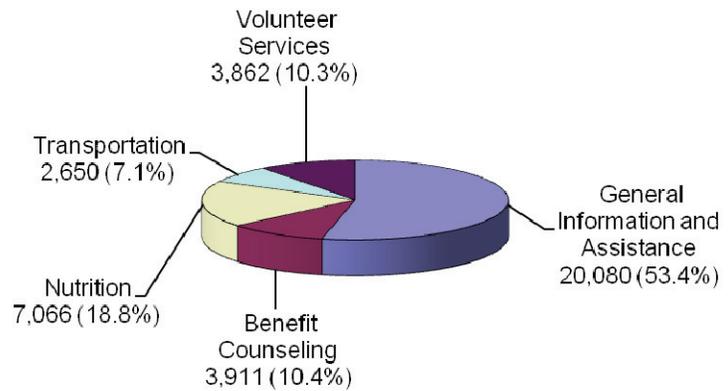
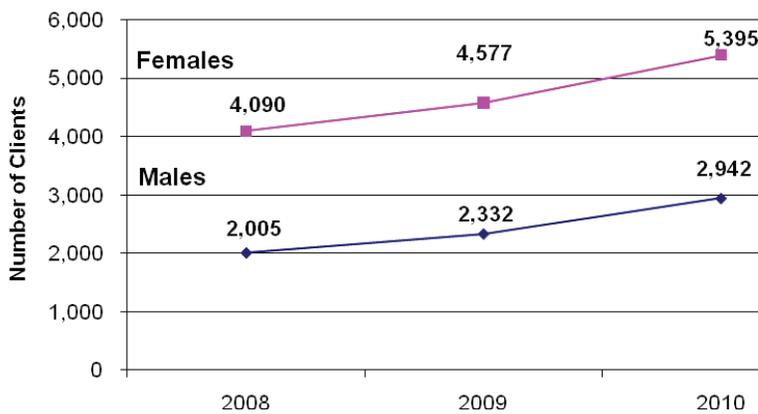


Chart 2 Information and Assistance
Non-Administrative Contacts by Purpose 2010



37,569 Total Incoming Contacts

Chart 3 Information and Assistance
Gender of Clients 2008 - 2010



**AGING AND DISABILITY RESOURCE CENTER
OF WAUKESHA COUNTY**

2010 YEAR END REPORT

CAREGIVER SUPPORT SERVICES

Mrs. E's daughter called the Aging and Disability Resource Center Information and Assistance line inquiring about financial assistance for her mother to attend additional days at an Adult Day Center. The daughter just got a new job and was no longer able to stay at home with her mother during the day.

An ADRC Specialist visited the home to assess Mrs. E and the family's situation. Mrs. E, who has dementia, was attending an Adult Day Center one day per week. It was clear that Mrs. E's dementia had progressed, and that both she and her family would benefit from additional days at the day center. Mrs. E was not safe being home alone. She had several falls that resulted in injuries, and increasing her attendance at the day center would keep her safe and provide respite to the family. Additional days at an Adult Day Center were provided by the ADRC with funding from the Older Americans Act Title III National Family Caregiver Support Program, which provides for up to fourteen encounters of respite per year to families caring for a loved one.

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Ms. F was extremely burnt out from caring for her mother who has dementia. Ms. F was not able to sleep, and due to their financial situation, she was unable to have her mother attend an Adult Day Center more than one day per week. Her mother very much enjoyed the one day per week she was able to go to the Adult Day Center. The activity during the day stimulated her and she would sleep better at night. Ms. F wished that her mother could attend more days. The ADRC was able to help through the Alzheimer's Family and Caregiver Support Program grant. Ms. F. was able to send her mother to a place she enjoyed and received good care, while Ms. F received a break and some much-needed rest.

The Older Americans Act National Family Caregiver Support Program (NFCSP) was established to provide information, support and assistance to family and friends who help care for a person age 60 or older; a person with Alzheimer's disease or other dementia regardless of age; and grandparents or relative caregivers 55 years of age or older who are caring for grandchildren under the age of 19, or who are caring for someone with a severe disability who is 19 to 59 years of age.

Services available through the NFCSP include:

- Information to caregivers about available services.
- Assistance to caregivers in accessing services.
- Individual counseling, support group information, and caregiver training to assist caregivers in making decisions and solving problems relating to their caregiving roles.
- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities, whether their loved one is elderly or a grandchild.
- Supplemental services on a limited basis to complement the care provided by the caregiver.

The Alzheimer's Family and Caregiver Support Program (AFCSP) was created by the Wisconsin legislature in 1985 in response to the stress and service needs of families caring at home for someone with irreversible dementia. To be eligible, a person must have a diagnosis of Alzheimer's disease or a related disorder, and be financially eligible. The ADRC began administering the AFCSP grant for Waukesha County in 2010. A limited amount of funding is available for each eligible person. Contribution to the cost of services may be required based on income and ability to pay.

Individuals may receive services either under the NFCSP or under the AFCSP, not both programs.

2010 Summary

- In 2010, the National Family Caregiver Support program assisted an estimated 2,026 caregivers, a decrease of 20.2% from the 2009 service level of 2,540 caregivers. In 2010, these caregivers received 6,487 units of service, a decrease of 18.7%, from 7,977 units of service in 2009. Primary decreases in 2010 were in the areas of information services (library loans) and Medication Management. Prior to 2010, the ADRC recorded Medication Management services based on total number of months automated pill dispensers were used, plus hours of set-up service. Beginning in 2010, the ADRC recorded use of the automated pill dispenser as a one-time service, resulting in a service decrease of 962 units.
- In 2010, the Alzheimer's Family and Caregiver Support program assisted 21 caregiving families.
- An estimated 1,534 caregivers received information services during 2010. Information services included use of the Caregiver Resource Library; distribution of monthly caregiver newsletters; and presentations on caregiver issues and services.

The Caregiver Resource Library includes books, videos, cassettes, audiotapes, pamphlets, magazines, and demonstration items to inform and educate caregivers and assist them in their caregiving roles. Caregivers may check out library items for a four-week period. In 2010, an estimated 113 caregivers used 359 library resources. Over 1,700 individual items were available through the library, which is located at the ADRC, and through partner satellite locations.

The ADRC distributed “Caregiver Assistance News” monthly newsletter to over 750 caregivers. The newsletter included feature articles on Caregiver Support Groups, Elderly Benefit Specialist services, holiday stress, caregiver resources, and upcoming caregiver training, educational and respite opportunities. The National Family Caregivers Association “Take Care” magazine, published quarterly, was available in the ADRC’s lobby area. In 2010, 11 community groups received presentations on Caregiver services and resources.

- The Caregiver Connection began as part of the United Way’s initiative for caregiver support. It was created to help caregivers identify themselves as caregivers, and to promote awareness of available resources and support. Complete information on The Caregiver Connection is available on www.thecaregiverconnection.org. As part of The Caregiver Connection, the ADRC is the entry point for caregivers to receive information.
- During 2010, 282 caregivers received 713 contacts for case management and assistance in accessing services through the caregiver support program, a decrease of 93 or 24.8% caregivers and a decrease of 200 or 21.9% contacts from 2009. Case managers discussed options with caregivers and their family members, answered questions and developed care plans to address the needs of the caregivers, and helped them access available programs.
- During 2010, 61 caregivers participated in 238 counseling sessions led by trained facilitators. Sessions included the “Intermission” program, and the Caregiver Conference.

“My husband and I want to thank you and the ADRC fro all the help and assistance you are giving us. He had his first assisted shower yesterday and it went well. He is adjusting well to attending the adult day center two days a week. He has also been enjoying his three provided meals. Thank you so much!”

Caregiver

The “Intermission” program was available through collaboration with Elmbrook Church Senior Adult Ministry and Children’s Ministry. “Intermission”, which is held in monthly three-hour

“Just being with others that are ‘in the same boat’ helps to make you feel that you are not alone.”

Intermission Participant

sessions, is an intergenerational program that gives the family caregiver and their loved one an opportunity to share some meaningful time together. During 2010, 16 caregivers and their loved ones participated in the program.

Forty-eight caregivers participated in the 2010 Caregiver Conference, which focused on “Caregiving: It’s all how you ‘Frame It’ Accentuate the Positive”. The conference included

sessions on “Framing Caregiving with a Positive View”, “Searching for the ‘Normal’ Caregiving Family?”, and “Latch on to the Affirmative: Spirit Lifters, Body Movers and Stress Busters”.

- Respite opportunities were available to caregivers through in-home care (including personal care/bath, and homemaker services when needed), adult day centers, and overnight facilities. A “trial” program with the adult day centers helped both caregivers and their loved ones experience the benefits of a day away. During 2010, 78 caregivers received 4,885 hours of respite through the Family Caregiver Support program, compared to 82 caregivers receiving 4,758 hours of respite in 2009.
- Supplemental services included medication management and emergency alert systems. During 2010, 41 caregivers received 152 units of medication management services. Medication management included use of an automated pill dispenser. Setup and training in use of the pill dispensers was available for those who needed assistance.

Emergency alert systems benefited 15 caregivers with 75 units of service. The emergency alert systems were available in monthly units and provided care recipients with the ability to obtain help when needed.

- The caregiver grandparent program provides support for grandparents or relative caregivers, age 55 and older, caring for their grandchildren. During 2010, 25 grandparents, ranging in age from 57 to 84, caring for 24 grandchildren ranging in age from 3 to 18, participated in the program. Eleven of the grandchildren were ages 13 to 18. Some of the grandparents continue to work to make ends meet as they raise their grandchildren.

Grandparents received counseling and support through a Grandparents Parenting Grandchildren Group formed by the ADRC. The group met four times during 2010 for counseling, to plan respite activities for the grandparents and grandchildren, and to attend a session on Internet Safety conducted by the Waukesha County Sheriff’s office.

The Grandparents parenting grandchildren group attended a musical program featuring the “Leahy Family”. This family musical group had the entire audience energized with their guitar playing, singing, tap dancing, fiddle playing and piano. As the grandparents and grandchildren watched and clapped, they became one with the entertainers. The concerns of the grandparent’s lives disappeared for a short time as they benefited from the respite. The program also provided an enjoyable experience for all ages, ranging from eight to eighty years.

Following the program, the grandparents and grandchildren went out for a sandwich. The grandchildren visited together and the grandparents had a chance to have discussions that were light and more positive because of all the energy that came from the program.

Laughter was in all their lives that Saturday evening. The grandparents and grandchildren all had a great time and a positive memory to keep.

During 2010, 10 respite opportunities were available for grandparents and their grandchildren. Activities included a caregiver retreat, summer camp activities, movie passes, and individual family educational and recreational activities.

Older Americans Act National Family Caregiver Support Program

	2008		2009		2010	
	Caregivers	Units	Caregivers	Units	Caregivers	Units
Information ¹	1,422	1,236	1,843	532	1,534	382
Case Management/Access	235	563	375	913	282	713
Counseling Sessions						
Conference/Group	66	293	97	486	61	238
Grandparent	<u>7</u>	<u>72</u>	<u>15</u>	<u>57</u>	<u>15</u>	<u>42</u>
Total Counseling	73	365	112	543	76	280
Respite						
In-Home (hours)						
General Respite	11	153	17	437	10	285
Personal Care/Bath	12	103	7	72	3	18
Day Program (hours)	19	1,544	40	2,832	36	2,788
Overnight Facility (hours)	1	112	8	984	9	1,680
Grandparent (hours)	<u>15</u>	<u>421</u>	<u>20</u>	<u>433</u>	<u>25</u>	<u>114</u>
Total Respite	53	2,333	82	4,758	78	4,885
Medication Management ²	106	973	107	1,114	41	152
Emergency Alert System	22	108	21	117	15	75
Total ³	1,911	5,578	2,540	7,977	2,026	6,487

Note: Unless otherwise indicated, one unit of service equals one hour and caregivers are unduplicated counts.

1. Unit of service is combination of library loans, newsletters and group presentations. Total Information Caregivers is an estimated count.
2. Beginning in 2010, unit of service is a combination of one-time loan of automated pill dispensers and hours of set-up. Prior to 2010, automated pill dispensers were based on the total number of months the dispensers were used.
3. Total Caregivers is an estimated count. Totals may not add due to rounding.

Alzheimer’s Family Caregiver Support Program – 2010

Service	Clients Served
Access/Case Management	20
Adult Day Care	11
Assistive/Health Items	3
Health/Dental Care	4
Personal Care/Bath	7
Prescription Assistance	9
Respite	3
Transportation	<u>1</u>
Total Unduplicated Recipients	21

Chart 1 NFCSP Caregiver Support Services
Number of Caregivers Served 2008 - 2010

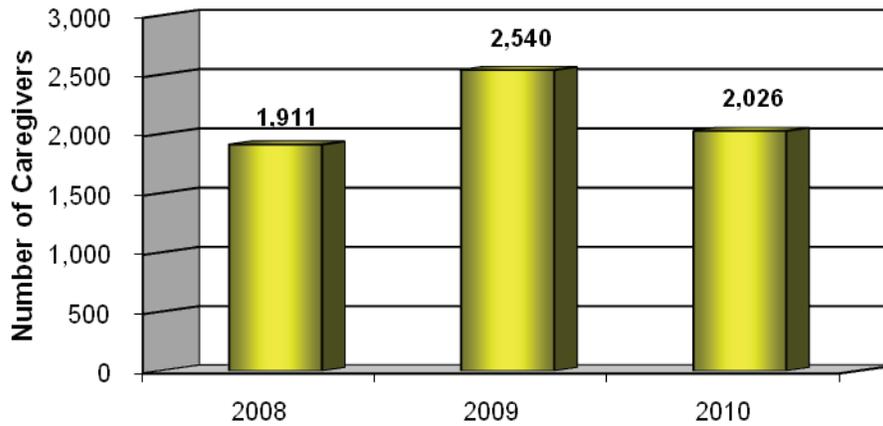
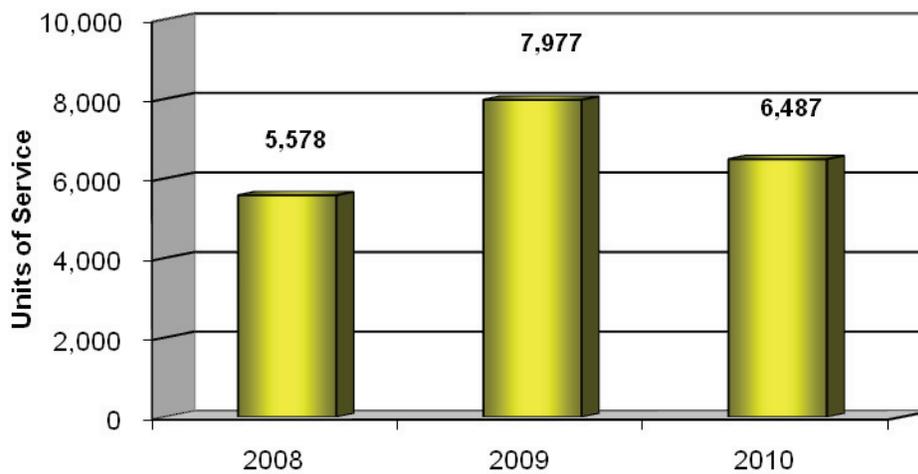


Chart 2 NFCSP Caregiver Support Services
Total Units of Service 2008 - 2010



**AGING AND DISABILITY RESOURCE CENTER
OF WAUKESHA COUNTY**

2010 YEAR END REPORT

BENEFIT COUNSELING SERVICES

In the fall of 2010, 51 year-old Mr. G received some devastating medical news. He was diagnosed with stage 4 lung cancer. His parents unexpectedly passed away a few years ago, and it was extremely difficult for Mr. G's family, and especially for his teenage daughter, to adjust and accept this unfortunate news. Mr. G was a non-smoker, in good physical health, and was active with his work and family. He had worked most of his life but had to end his employment in September 2010 due to his medical condition. The cancer treatment and the sudden income displacement left Mr. G feeling depressed, isolated and confused. His close friends, and an ADRC Specialist, suggested he talk to a Benefit Specialist at the ADRC of Waukesha County. At first, Mr. G was reluctant to talk or see anyone but eventually agreed to allow a Disability Benefit Specialist (DBS) to conduct a home visit and go over the available Federal and State benefit assistance programs. In the span of three months, working through Mr. G's language barrier and medical scheduling conflict, the DBS was able to guide Mr. G through the application process and helped obtain Foodshare, BadgerCare Plus, and Social Security Disability Insurance (SSDI) benefits for Mr. G and his family. In addition, they are no longer paying the costly monthly premium for his employer's health insurance, and his daughter is scheduled to receive a monetary benefit from his SSDI. Mr. G said he is eternally grateful for the assistance, and he now has some sense of peace to focus on his family, medical treatment, and recovery.

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Mrs. H was in need of financial counseling. Her checking account had been closed for overdrafts. The NSF charges from returned checks had used her entire Social Security check. She was also in need of medical care, but was reluctant to incur further medical debt. She owed considerable amounts to hospitals. Her Social Security income was over limits for some programs of assistance. An Elderly Benefits Specialist (EBS) met with the 68 year-old to determine what types of assistance might be available to her. After discussion, the EBS helped Mrs. H apply for assistance from her landlord, her bank and two hospitals. Her landlord agreed to allow her to make payments on the back rent. Her bank agreed to refund a portion of her overdraft charges. Applications for charity care were completed for two hospitals. The hospitals granted her 100% funding as far back as 2009 for write offs totaling \$166,418.46.

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Mr. and Mrs. J had been meeting with an Elderly Benefits Specialist (EBS) for several years to review Medicare Part D plans. They each had Medicare supplement insurance with original Medicare. The Supplement premiums increased significantly over the years. They also paid premiums for their prescription insurance with co-pays on all prescriptions. Mr. and Mrs. J were concerned about their dwindling assets. The EBS reviewed Medicare Advantage (MA) plans with them. She explained they had a 12-month trial period after enrolling in an advantage plan for the first time, allowing them to return to their current supplement within 12 months of joining the MA plan if they were not satisfied. They enrolled in a Medicare Advantage that included prescription drug coverage. This eliminated the need for a separate Part D Plan. The new insurance has no premiums and zero co-pays on generic drugs. The plan also offers free health club membership. Mrs. J had previously been paying a health club membership. She reports she loves the insurance and free YMCA membership along with the initial annual premium savings of \$7,160.

Benefit counseling services are available from trained benefit specialists to help individuals having a problem with their private or government benefits. The specialists provide accurate and current information about benefits and provide assistance in determining benefits and programs for which adults with disabilities and older adults are eligible. Benefit counseling services are confidential and provided at no cost to the client. The ADRC has two Disability Benefit Specialists and two Elderly Benefits Specialists available to provide information and assistance.

The Disability Benefit Specialist Program provides services to people ages 18 – 59 with physical disabilities, developmental disabilities, mental illness, and substance use disorders. The Disability Benefit Specialists can help with problems relating to Medicaid, Social Security Disability Income (SSDI), Supplemental Security Income (SSI), Medicare, prescription drug assistance programs, FoodShare, Low Income Tax Credits, private health and disability insurance issues, housing and utility issues, and other benefit programs. In some cases, representation may be available for formal appeals related to denials of eligibility, termination of benefits, or overpayment of public and private benefits. Disability Rights Wisconsin provides legal backup for the program.

The Elderly Benefit Specialist Program assists older adults age 60 and over with problems concerning Social Security, Supplemental Social Security, Medicare, Medicaid, and other benefit programs. The Elderly Benefits Specialists also address consumer problems, including issues related to property taxes, landlord/tenant concerns, and private health insurance. Many older individuals are the target of unfair sales practices, fraud, and other scams or con games. The Elderly Benefits Specialists will work with clients to help them identify these types of occurrences and, if someone has already been victimized, will assist in trying to obtain reimbursement. Advocacy services and assistance with legal matters are provided in areas such as benefit appeals for denial, reduction, and or loss of public and private benefits; landlord/tenant issues; and debt collection. Attorneys from SeniorLaw, a program of Legal Action of Wisconsin, provide support and supervision to the benefit specialist program.

2010 Summary

“Wonderful in guiding and helping this family through a crucial time in life. We could not ask for more.”

“I am glad to have someone to help and I appreciate it very much!”

“I don’t even remember how I finally got the phone number of a Benefits Specialist. I called so many places before someone suggested calling you. I’m very glad I did because I was ready to give up. She made it easy for me. She knew all the right questions to ask, all my benefits and who to go to. She also helped all the anxiety & stress I had with this problem – she was calm and so I felt better, even my health was beginning to become affected because of this insurance problem... Thank you so much.”

Benefits Counseling Participants

Disability Benefit Specialist Services

Summary

- In 2010, 457 clients received disability benefit counseling services. This is an increase of 53 clients or 13.1% from the 404 clients served in 2009.
- The most prevalent client age range for the disability benefit program was age 50 – 59 with 208 clients, or 45.5%. Most clients were female, with 240 clients or 52.5%.
- In 2010, 203 clients or 44.4% had a physical disability; 81 clients or 17.7% had mental health issues; 32 clients or 7.0% had a developmental disability. These clients include 45 or 9.8% who had multiple disability issues.
- In 2010, 620 cases were served through the disability benefit program, an increase of 92 cases or 17.4% from the 528 cases served in 2009. The most often addressed case issues in 2010 were Benefits Check-Ups, Medicaid, and Social Security Disability.
- Benefit awards represent both one time and ongoing monetary impact of cases closed. Disability benefit awards in 2010 totaled \$512,035, a decrease of \$220,949 or 30.1% from \$732,984 in 2009.

Mr. I suffers from a Developmental Disability (Asperger's syndrome and other mental health disorders). He is unable to handle his money or perform necessary daily household tasks. Mr. I's brother, a representative payee for Mr. I, helped with grocery shopping and various other tasks. Waukesha County Adult Protective Service (APS) was also working with Mr. I and his brother. Mr. I's situation had been a concern for some time.

The APS social worker contacted the ADRC to determine whether Mr. I's case would make an appropriate referral for a Disability Benefit Specialist (DBS). The case was determined to be appropriate, a referral was made, and a Medical Assistance Disability Application was filed in January of 2010. The DBS worked closely with the APS social worker and the representative payee in gathering relevant information to file the application. Mr. I received approval for benefits from July 2010 onward. The approved claim gave Mr. I insurance benefits only, and not direct cash benefits. The insurance benefits resulted in an annual financial impact of \$7,827. Since Mr. I needed cash benefits as well, the DBS encouraged him to apply for federal cash benefits immediately after the approval of Medicaid. An application was filed for Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI). Immediate approval was received for SSI, resulting in a total economic benefit of \$9,093 including a back payment of \$2,022. Mr. I now receives \$674 dollars a month from federal benefits and \$83.78 as a state supplement. Mr. I did not qualify for SSDI benefits, as he did not have enough work credits. Mr. I could have applied for benefits at the onset of his disability, which occurred many years ago. Through program coordination and outreach, Mr. I was able to improve his living situation.

Elderly Benefit Specialist Services

Summary

- In 2010, 469 older adults received elderly benefit services. The number of older adults who received elderly benefit services decreased by 56 or 10.7% from the 2009 level of 525.
- In 2010, 905 cases were served through the elderly benefit program. The number of cases served through the elderly benefit program decreased by 64 or 6.6% from the 2009 level of 969 cases. The most often addressed case issues in 2010 were Medicare Part D, Medicare Part C, and Senior Care.
- Elderly benefit awards decreased by \$986,529, or 44.9%, from \$2,197,784 in 2009 to \$986,529 in 2010. Major monetary impact resulted from medical expense reduction due to enrollment in Medicare and Medicaid, prescription drug expense reduction through

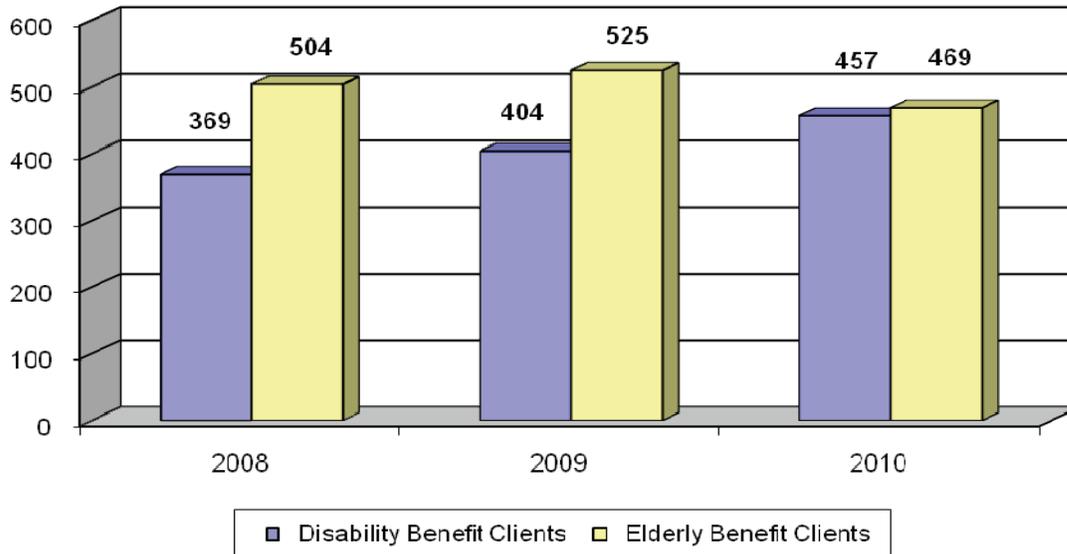
enrollment into SeniorCare, and charitable write-offs. Just over \$800,000 of the decrease in benefit awards resulted from the elderly benefit specialist program no longer conducting formal counseling for Home Equity Conversion/Reverse Mortgages. During 2009, six individuals received this type of counseling compared to none in 2010.

- The most prevalent age range for the elderly benefit program was 70 – 79 with 148 clients, or 31.6%. Most clients were female, with 315 clients or 67.2%.
- During 2010, the Elderly Benefits Specialists assisted older adults at community locations including the Waukesha Park and Recreation Schuetze Center, the Oconomowoc Senior Center, and Tudor Oaks. Appointments were scheduled in advance and the specialists were normally available at these sites one day per month.
- In 2010, 14 community presentations provided information to 250 people on programs and available benefits for older adults.
- During 2010 the elderly benefits program developed a “Welcome to Medicare” informational presentation, which became a monthly information session. The sessions are promoted in collaboration with the Social Security Office and provide information on Medicare coverage and insurance options.
- The Annual Enrollment Period to make changes to Medicare Advantage and Medicare Part D coverage was from November 15, 2010 – December 31, 2010. The specialists assisted 178 individuals during this enrollment period, over twice as many as in 2009.

Mrs. K’s husband had been in the nursing home for several months after a sudden illness. The nursing home staff helped him to apply for Medicaid, but were not familiar with community programs to review Mrs. K’s eligibility. After months of using her credit cards to make ends meet, and realizing she could no longer make the minimum payments, she called the ADRC in despair. She would have to sell her home. Mr. K had always taken care of the finances and even had a part-time job to help make ends meet, but now that extra income was gone. A review of her financial situation by the benefit specialist found that she was eligible for a great deal of assistance including a WHEDA Property Tax Deferral Loan Program which allowed her to convert equity from her home into cash to pay the majority of her property taxes. She was approved for Energy Assistance and received \$259 to help pay her winter heating bill. Mrs. K was also found eligible for FoodShare and received a monthly benefit of \$57. She enjoys using this benefit to purchase fresh fruit and vegetables she could not otherwise afford. There are also insurance benefits she now receives, including Qualified Medicare Beneficiary (QMB), which pays her Medicare premiums, co-pays, and deductibles. Not only does this save her the \$96.40 monthly Part B premium, but it also makes it unnecessary for her to continue her Medicare supplement coverage saving her \$250 a month. Eligibility for QMB automatically qualifies her for the Medicare Part D Low Income Subsidy, although Mrs. K is not taking any medications currently. This program eliminates her monthly Part D premium of \$35.40. The benefit specialist was also able to identify benefits that Mr. K was eligible for to increase the income available to his wife. Mr. K was also eligible for the same QMB program to pay his Medicare premiums and co-pays even though he was in the nursing home. This made his Medicare supplement unnecessary, saving him the same \$346 per month, which was then available to his wife to maintain their home. The programs available to Mr. and Mrs. K made over \$13,000 per year available to Mrs. K so that she could remain in her home. Mrs. K was very appreciative of the assistance she received and said, “I just wish I would have called sooner. Maybe we wouldn’t have had such struggles all these years.”

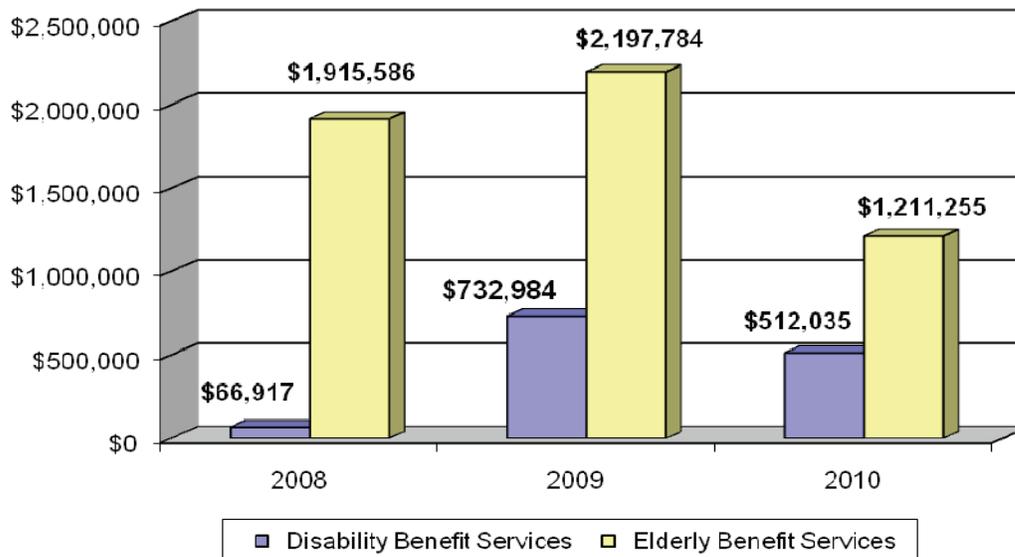
BENEFIT COUNSELING SERVICES	2008	2009	2010	Increase/ Decrease '09 to '10	Percent Change '09 to '10
Age of Clients					
18 to 20	22	29	14	(15)	-51.7%
21 to 29	35	45	54	9	20.0%
30 to 39	41	51	50	(1)	-2.0%
40 to 49	94	103	123	20	19.4%
50 to 59	169	166	208	42	25.3%
60 to 64	59	61	54	(7)	-11.5%
65 to 69	105	145	139	(6)	-4.1%
70 to 79	166	156	148	(8)	-5.1%
80 to 89	148	134	103	(31)	-23.1%
90 plus	22	26	25	(1)	-3.8%
<u>Unknown</u>	<u>12</u>	<u>13</u>	<u>8</u>	<u>(5)</u>	<u>-38.5%</u>
Total	873	929	926	(3)	-0.3%
Gender of Clients					
Male	353	375	371	(4)	-1.1%
<u>Female</u>	<u>520</u>	<u>554</u>	<u>555</u>	<u>1</u>	<u>0.2%</u>
Total	873	929	926	(3)	-0.3%
Income of Clients					
Low Income	188	161	60	(101)	-62.7%
Non-Low Income	455	513	449	(64)	-12.5%
<u>Unknown</u>	<u>230</u>	<u>255</u>	<u>417</u>	<u>162</u>	<u>63.5%</u>
Total	873	929	926	(3)	-0.3%
Benefit Awards					
Disability Benefit Services	\$66,917	\$732,984	\$512,035	-\$220,949	-30.1%
Elderly Benefit Services	<u>\$1,915,586</u>	<u>\$2,197,784</u>	<u>\$1,211,255</u>	<u>-\$986,529</u>	<u>-44.9%</u>
Total	\$1,982,503	\$2,930,768	\$1,723,290	-\$1,207,478	-41.2%
Total Served					
Disability Benefit Cases	415	528	620	92	17.4%
Elderly Benefit Cases	<u>865</u>	<u>969</u>	<u>905</u>	<u>(64)</u>	<u>-6.6%</u>
Total Cases	1,280	1,497	1,525	28	1.9%
Disability Benefit Clients	369	404	457	53	13.1%
Elderly Benefit Clients	<u>504</u>	<u>525</u>	<u>469</u>	<u>(56)</u>	<u>-10.7%</u>
Total Clients	873	929	926	(3)	-0.3%
Top Case Issues 2010					
Disability Benefit Services					
Benefit Check-Up	NA	NA	99	99	NA
Medicaid	83	204	86	(118)	-57.8%
Social Security Disability	48	92	85	(7)	-7.6%
Elderly Benefit Services					
Medicare Part D	215	201	213	12	6.0%
Medicare Part C	132	97	124	27	27.8%
Senior Care	33	86	77	(9)	-10.5%

**Chart 1 Benefit Counseling Services
Clients Served 2008 - 2010**



Disability Benefit Services and a second Elderly Benefits Specialist began April 1, 2008.

**Chart 2 Benefit Counseling Services
Monetary Impact 2008 - 2010**



Disability Benefit Services and a second Elderly Benefits Specialist began April 1, 2008.

**AGING AND DISABILITY RESOURCE CENTER
OF WAUKESHA COUNTY**

2010 YEAR END REPORT

OLDER ADULT COMMUNITY SERVICES

A concerned neighbor called the ADRC Information and Assistance line reporting that an elderly couple in her apartment building needed assistance. An ADRC Specialist followed up on the call and scheduled a home visit with the couple. Mr. and Mrs. L are both in their upper eighties, and have been married for 47 years. Mrs. L is a breast cancer survivor, takes 12 medications, and uses a wheeled walker to get around the apartment. Mr. L has degenerative vertebra disease in his neck and spine, has very low vision, and uses a cane to ambulate. Both have chronic heart disease, and neither drives. The couple reported that they had been struggling to get groceries and were living out of their pantry and the kindness of neighbors. Mr. L also reported that he was struggling to help Mrs. L with her bath. He could no longer help lift her in and out of the bath because of his back problems.

After assessing the couple's needs, the ADRC Specialist suggested several programs. The couple agreed to have Home Delivered Meals come five days per week to supplement what they were currently eating. The ADRC Specialist also recommended that a bath aide come into the client's home to assist Mrs. L with her bath, freeing Mr. L from the risk of injuring himself. A referral was also made to Interfaith Senior Programs for a volunteer to assist the couple with grocery shopping every other week.

Mr. and Mrs. L enjoy the Home Delivered Meals and talking to the volunteers who deliver them daily. Mrs. L is also enjoying her bath and having her hair washed weekly. Interfaith found the couple a volunteer who comes every other week and takes Mr. L grocery shopping.



In February 2010, Mrs. M called the ADRC after she had fallen and broke her elbow. The elbow she broke was her dominant arm and she was having difficulty with many daily tasks. While she did have in-home help for wound care, she still needed assistance with other daily tasks such as cleaning and meal preparation. Mrs. M explained that her brother lived with her, but he had cancer and was weak from chemotherapy. She had been taking care of her brother and now they both needed help. The ADRC Specialist scheduled a home visit to see what services might be available for both Mrs. M. and her brother during this difficult time in their lives. Both she and her brother wanted to stay in their home.

An assessment identified cleaning and meal preparation as the main difficulties for Mrs. M and her brother. Based on a fee determination form completed by Mrs. M. she was determined eligible for a homemaker subsidy from the ADRC. The tax levy funded subsidy assists in paying for 2 hours per month of homemaker service. Both Mrs. M and her brother were also eligible for the Home Delivered Meal Program. This was important for both Mrs. M and her brother. The need to have at least one balanced, nutritious meal was imperative due to his health. Both were very appreciative for the services and were able to stay in their home while they recovered.

Community Services assist older adults with daily living activities to complement the support from family, friends or other caregivers. The services are intended to allow older adults to remain living safely in their own home and avoid or delay moving individuals to alternative care, such as a nursing home. Community services are provided through a combination of resources, including ADRC staff, contracted service providers, and community organizations.

The Community Services section of this report does not include services provided under the Elder Abuse and Neglect program or the Caregiver Support program. These services are reflected in the Elders and Adults At-Risk, and Caregiver Support sections of the year end report.

Adult Day Center services include supervision, personal care, medication reminders, exercise, therapies, and peer socialization for older adults in a group setting. Leisure time activities may include outings to places of interest to the seniors. Services are provided for part of a day for adults who need assistance with daily living activities, supervision, protection, and/or an enriched social experience. Adult day centers provide a service option for older adults and help caregivers (such as spouses, children, or other relatives) maintain the individual in an independent or semi-independent living arrangement. In addition to providing services to the older adult, caregivers receive respite, support, information and referral, and assistance with care of the older adult as well as the time they need to continue their necessary pursuits, including employment. Since this is a tax levy funded program, individuals receiving adult day center services are assessed a fee for the services based on their ability to pay. This system allows service provision to clients who are in the greatest need based on their financial assessment. During 2010, adult day center services were contracted through the following licensed facilities: The Caring Place in Waukesha, Catholic Charities Adult Day Center in New Berlin, Curative Senior Care Adult Day Center in Waukesha, Lutheran Social Services Greater Menomonee Falls Adult Day Center, and Lutheran Social Services Greater Waukesha Adult Day Center.

Chore, Household and Home Repair Services provide assistance for snow shoveling, lawn maintenance, minor home repairs, errands, and grocery shopping. The homeowner is required to provide any equipment needed for completion of the chore or repair service. Individuals receiving services are encouraged to donate to the program to help defray its cost. In 2010, chore services were provided through Interfaith Senior Programs, who recruited and coordinated the efforts of volunteers to meet the chore service needs of older adults. The ADRC provided partial support for the program with Older Americans Act funding.

“I have been slowly losing my ability to walk, to a point that without Interfaith chore services, I could no longer be able to stay in my home. Thank God for their services.”

“The program has been very helpful to me. Because of a bad back, I am not able to do many things that need to be done. I appreciate all the help I have received and would like to thank everyone for all their help.”

Chore Participants

... information, assistance, and education to promote independence and improve quality of life for older adults and adults with disabilities

Health Cost Sharing provides funds for prescriptions and medical/dental services for older adults who cannot afford to pay for them and have no other payment source such as private insurance, Medicare or Title 19. Assistance may be provided for prescriptions, dental work, and diagnostic and laboratory test fees. The service provider coordinates community resources, and volunteer nurses, doctors and dentists to make health services available to those in need at minimal or no cost. Individuals receiving services are encouraged to donate to the program to help defray its cost. In 2010, general health cost sharing was provided through St. Joseph's Medical and Dental Clinic. In addition to the service described here, dental assistance was provided through St. Joseph's Medical and Dental Clinic to help prevent potential incidences of elder abuse and neglect of health care through a state funded Elder Abuse Direct Services grant.

"This service has been a blessing to me. I really appreciate all of the help I've received. My health has really improved. God bless you all!!"

"Very helpful, useful and important. It helped me a lot to maintain and improve my health. Thank you very much for this program and your services."

Health Cost Sharing Participants

Homemaker Services provide light housekeeping for older adults in their homes. Services such as light cleaning, laundry, assistance with meal preparation, shopping, and errands may be provided under this program. Since this is a tax levy funded program, individuals receiving homemaker services are assessed a fee for the services based on their ability to pay. This system allows service provision to clients who are in the greatest need based on their financial assessment. Beginning in 2010, homemaker services were generally provided for two hours per month. Additional hours of service were available if the situation warranted. Prior to 2010, these services were generally provided for two hours every other week. This change in frequency allowed the program to serve more individuals in need of service. In 2010, general homemaker services were provided through ADL Corporation, ANS Home Health Services, Inc., Catholic Charities, Celestial Care, Country Nurses, Helpmates, Procure Plus LLC, and Southern Home Care. In addition to the services described here, homemaker services were provided through various community resources to help prevent potential incidences of elder abuse and neglect.

Personal Care includes the provision of bathing and personal hygiene care for an older adult in his or her home or at an adult day center. Individuals receiving services are encouraged to donate to the program to help defray its cost. In 2010, general personal care services were provided through ADL Corporation, Catholic Charities Adult Day Center, Celestial Care, Country Nurses, Curative Senior Care Center, Helpmates, Procure Plus LLC, Southern Home Care, and The Caring Place. In addition to the services described here, personal care was provided through various community resources to help prevent potential incidences of elder abuse and neglect, and for the caregiver support programs.

"Really enjoy the help and assurance that someone cares and will help if needed."

"We are thankful to have a service like this for disabled people as my wife has arthritis, Parkinson's, Alzheimer's and poor balance."

Personal Care Participants

Respite Care is a short-term service that provides temporary relief and support for caregivers of dependent older adults. Depending on the needs of the client, respite may be provided in the home of the older adult or caregiver, at an adult day program, a certified adult day care center, a hospital, a nursing home, a group home (CBRF) or a Residential Care Apartment Complex (RCAC). Respite services reduce the stress of the caregiver and help maintain a strong caregiving family. The ADRC assists with the provision of respite care and encourages donations towards the costs of the service. In 2010, general respite care was provided through Curative Senior Care Adult Day Center and The Caring Place Adult Day Center. In addition to the respite care described here, various community resources provided emergency respite care to help prevent potential incidences of elder abuse and neglect. Additional respite care was provided under the caregiver support programs.

Health and Wellness programs provided by community resources served 53 people in 2010. These included the “Stepping On” falls prevention program through City of Waukesha Park, Recreation and Forestry Department, and Chronic Disease Self Management Program – Living Well with Chronic Conditions through Muskego Regency Senior Community, Small Stones Health Resource Center, and Summit Woods.

2010 Summary

- In 2010, 650 clients were served versus 645 in the same programs in 2009.
- In 2010, 11,540 total units of service were provided versus 12,759 in 2009, a decrease of 1,219 units, or 9.6%. Chore, health cost sharing, homemaker, and respite services all experienced decreased units in 2010. Personal care/bath and adult day care both had increases in total units of service. The decrease in health cost sharing was due to a revision in the method of counting units of service. Beginning in 2010, health cost sharing units of service equated to the number of client contacts. Prior to that time the units of service varied depending on the service provided. Overall, decreases in service were related to consumers moving to Family Care, PACE, Partnership, and IRIS programs.
- Adult Day Centers provided 1,019 days of service to ADRC subsidized clients, an increase of 243 days of service or 31.3% from 2009. On average, 22 subsidized clients attended day centers for 46.3 days each during 2010. Age range of subsidized clients was from 68 - 96 years of age.

Average Subsidized Days Attended	
Adult Day Centers	
2010	46.3
2009	37.0
2008	34.5

Adult Day Centers provided a variety of activities during 2010, including daily exercise programs and current events. Just a few of the group activities available at the different centers included sing-a-longs, karaoke, Wii games, cards, painting, pet therapy, bean bag toss, balloon volley, and kickball. A Wii bowling competition was held by the five contracted Adult Day Centers. The centers celebrated Adult Day Center Week with a bowling tournament at a local bowling center.

The Caring Place was part of the Waukesha Art Crawl where day center artists showed their work.

- In 2010, 218 clients received chore services, a decrease of 39 clients or 15.2% from 2009. In 2010, chore volunteers coordinated by Interfaith Senior Programs provided 3,708 units (hours) of service, a decrease of 678 units (hours) or 15.5%.

- The total units of service provided through the Health Cost Sharing Program decreased by 941 units or 15.8% from 2,142 units in 2009 to 1,201 in 2010. Prior to 2010, the components of a unit of service varied depending on the medical and prescription needs of the clients. Beginning in 2010, units of service were based on client contacts. Prescription units reflect one unit per one-month supply of a prescription. Twenty-six individuals received prescription assistance, consisting of 50% co-pays, full payments or medications dispensed at no charge. Dental services, including exams, x-rays, prophylaxis, and oral hygiene instruction, were provided to 56 individuals. Health screening and medical services were provided to 68 individuals at no charge to the client. These services included nurse assessments, doctor exams, treatments, and referrals to primary care and specialty physicians.

**Health Cost Sharing
Units of Service**

	2008 <u>Units</u>	2009 <u>Units</u>	2010 <u>Units</u>
Prescription	377	223	165
Dental	494	491	421
Health Screening	1,674	1,492	715

- In 2010, 131 clients received homemaker services, 11.0% more than in 2009. In 2010, 1,965 units (hours) of service were provided to homemaker clients, a decrease of 617 units (hours), or 23.9%.
- In 2010, 137 clients received personal care/bath services, 10.5% more than in 2009. In 2010, 3,615 units (hours) of service were provided to personal care/bath clients, an increase of 845 units (hours) or 30.5%.
- In 2010, four clients received general respite services, the same number as in 2009. In 2010, 32 units (hours) of service were provided, a decrease of 71 units (hours) or 68.9%. During 2010, adult day centers provided all of the general respite care. Units of respite care are shown in hours, i.e., one overnight respite equals 24 hours and one daily respite equals eight hours.

	2008	2009	2010	Increase/ Decrease '09 to '10	Percent Change '09 to '10
Adult Day Care					
Clients Served	35	21	22	1	4.8%
Units of Service (days)	1,208	776	1,019	243	31.3%
Total Average Unit Cost	\$47.05	\$47.00	\$48.40	\$1.40	3.0%
Average Dept. Share	\$26.12	\$24.41	\$23.39	(\$1.02)	-4.2%
Total Client/Other Fees	\$25,286.46	\$17,528.40	\$25,486.30	\$7,957.90	45.4%
Chore					
Clients Served	250	257	218	(39)	-15.2%
Units of Service (hrs)	4,227	4,386	3,708	(678)	-15.5%
Total Average Unit Cost ¹	\$4.96	\$4.89	\$5.77	\$0.89	18.1%
Average Dept. Share	\$4.58	\$4.42	\$5.22	\$0.81	18.3%
Total Client Contributions	\$1,585.00	\$2,072.00	\$2,045.00	(\$27.00)	-1.3%
Health Cost Sharing					
Clients Served	125	121	138	17	14.0%
Units of Service ²	2,545	2,142	1,201	(941)	-43.9%
Total Average Unit Cost	\$11.14	\$13.19	\$24.68	\$11.49	87.2%
Average Dept. Share	\$11.03	\$13.07	\$24.38	\$11.31	86.5%
Total Client Contributions	\$279.38	\$249.53	\$358.95	\$109.42	43.9%
Homemaker					
Clients Served	101	118	131	13	11.0%
Units of Service (hrs)	2,345	2,582	1,965	(617)	-23.9%
Total Average Unit Cost	\$17.14	\$17.15	\$17.79	\$0.64	3.8%
Average Dept. Share	\$9.87	\$9.55	\$9.70	\$0.16	1.6%
Total Client/Other Fees	\$17,039.28	\$19,632.60	\$15,897.88	(\$3,734.72)	-19.0%
Personal Care/Bath					
Clients Served	92	124	137	13	10.5%
Units of Service (hrs)	2,324	2,770	3,615	845	30.5%
Total Average Unit Cost	\$19.55	\$20.21	\$20.17	(\$0.05)	-0.2%
Average Dept. Share	\$17.49	\$17.83	\$17.68	(\$0.15)	-0.9%
Total Client Contributions	\$4,784.00	\$6,593.00	\$8,992.00	\$2,399.00	36.4%
Respite					
Total Clients Served	2	4	4		0.0%
Total Units of Service (hrs)	93	103	32	(71)	-68.9%
Facility Care ³	0	24	0	(24)	-100.0%
Adult Day Center Care ³	0	0	32	32	100.0%
In-Home Care ³	93	79	0	(79)	-100.0%
Total Average Unit Cost	\$16.26	\$26.63	\$5.94	(\$20.70)	-77.7%
Average Dept. Share	\$11.47	\$26.63	\$5.94	(\$20.70)	-77.7%
Total Client Contributions	\$445.00	\$0.00	\$0.00	\$0.00	0.0%

1. Chore service is only partially funded by the ADRC. While program costs reflect only the ADRC's funding and client contributions, total units of service reflect all units regardless of funding source.
2. Beginning in 2010, Health Cost Sharing units of service are based on contacts. Prior to 2010, units varied depending on the service provided.
3. All respite units are stated in hours. Twenty-four hours equates to one facility overnight, eight hours equates to one adult day center day and one hour equates to one hour of in-home service.

Dollar amounts on this page do not agree with the County Budget Book. The County Budget Book reflects full program costs including all administrative costs. The year end report amounts represent the direct project costs only.

Chart 1 Community Services
Total Number of Clients 2008- 2010

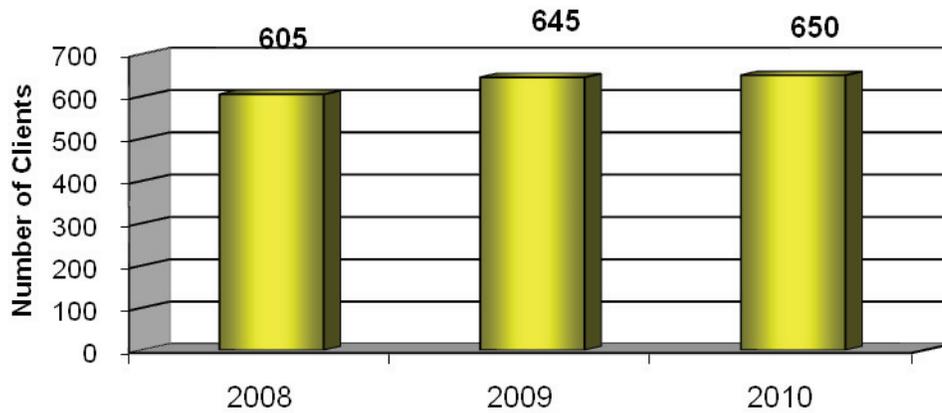


Chart 2 Community Services
Number of Clients Served by Program 2010

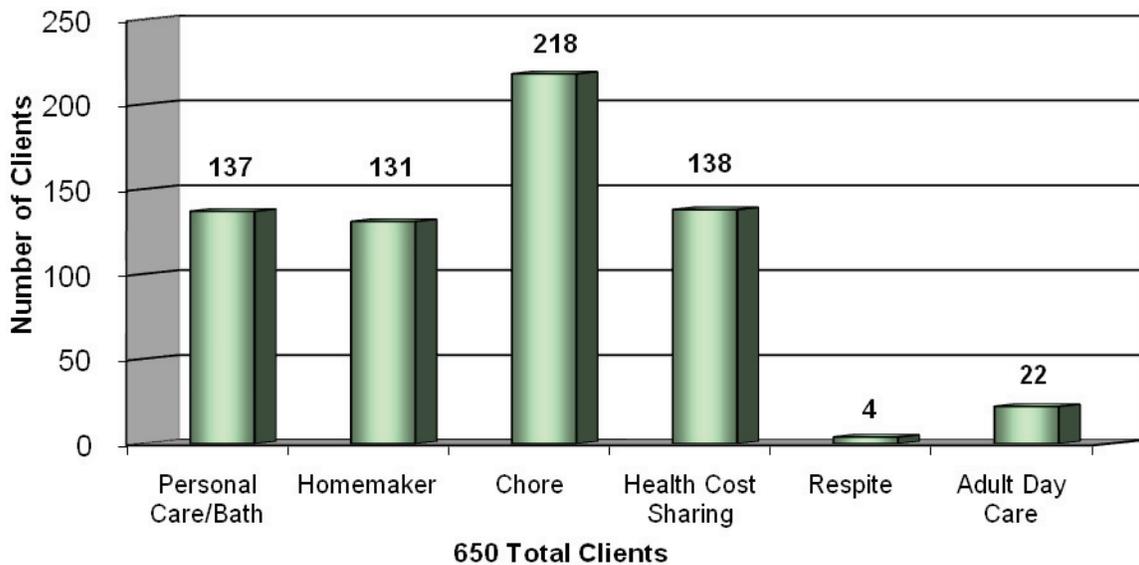
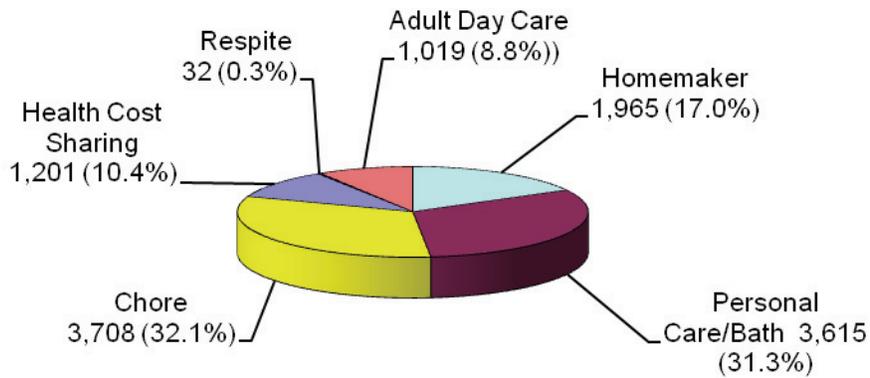
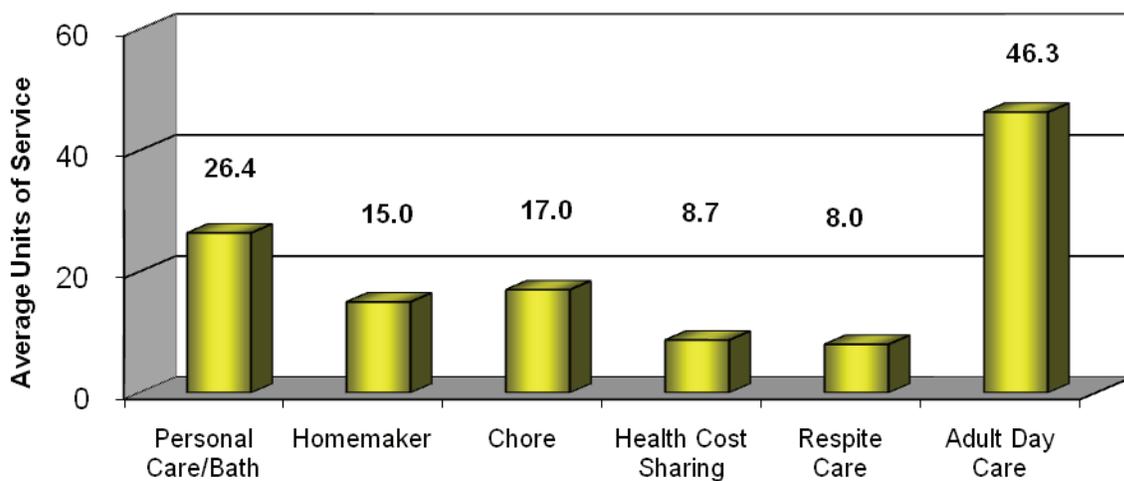


Chart 3 Community Services
Units of Service Provided by Program 2010



11,540 Total Units of Service

Chart 4 Community Services
Average Units of Service Per Client by Program



**AGING AND DISABILITY RESOURCE CENTER
OF WAUKESHA COUNTY**

2010 YEAR END REPORT

ELDERS AND ADULTS AT-RISK

Mr. N, an elderly man under guardianship and protective placement through the Waukesha County Court, required an annual review to evaluate whether his placement was meeting his needs. When the Adult Protective Services (APS) Social Worker started to collect information for the court report, he found that the group home where Mr. N resided had not been paid for 3 months. Mr. N had been disenrolled from Family Care due to non-payment of the cost share. Mr. N's guardian, his son, was the payee for Mr. N's social security and pension benefit. After review, it became evident that this was a potential case of financial abuse/exploitation that needed further investigation, although it was quite clear that the guardian was not acting in the best interests of the ward. Therefore, the APS Social Worker contacted the pertinent family members to give them the option to voluntarily resign as guardian and to explain that if they did not resign voluntarily then a court hearing would be held and they would be removed involuntarily. They did voluntarily resign, a new guardian was appointed, Mr. N is now enrolled into Family Care and his group home is being paid for his care.



A woman called the ADRC with concerns about Mrs. O, her elderly neighbor. She reported that Mrs. O's caregiver was hospitalized that day and Mrs. O was unable to care for herself. Because the neighbor could not continue to stay with her, the Adult Protective Services (APS) Social Worker met with the neighbor and the elderly woman that same day. After evaluation, it was evident that Mrs. O was competent and did understand that she could not stay at home alone without a caregiver. Mrs. O understood that she required hands-on assistance for activities of daily living, and she acknowledged that she could not take care of herself. As a result, the APS Social Worker placed her at Waukesha Memorial Hospital until another placement site could be arranged. Mrs. O was medically cleared at the hospital, and then transferred to a nursing home for respite care until her caregiver would be available to resume caring for her in Mrs. O's home. When Mrs. O returned home with the caregiver, the ADRC arranged for several in-home services. A hospital bed and commode were delivered to Mrs. O's home. An emergency alert system was placed in her home, and home delivered meals were approved. Other services, including in-home respite, were discussed but not needed at the time. The APS Social Worker helped Mrs. O and her daughter complete a Power of Attorney for Health Care document.

Mrs. O shared with the ADRC Specialist and APS Social Worker that she was behind in her rent payments and she had to make a choice each month whether to pay for her rent or her medications. The ADRC Specialist coordinated the assistance of the ADRC's Elderly Benefit Specialist, who helped Mrs. O secure a Medicare Part D plan that would pay for her medications.

With the help of the APS Social Worker, Mrs. O and her daughter developed a safety plan that would minimize Mrs. O's risk if the caregiver would not be able to provide the necessary care in the future. The ADRC Specialist will continue to work with Mrs. O and her daughter to obtain Medicaid and Family Care to pay for long-term care services so that she can remain in her home.

The ADRC is the lead agency in Waukesha County for implementation and operation of the Elders and Adults At-Risk reporting system. Within the ADRC, Adult Protective Services (APS) conducts investigations of elders and adults at-risk of abuse or neglect. APS and/or other ADRC staff may work with the individuals involved to identify additional resources that may be of assistance. Close coordination is maintained to identify services and resolve issues related to all adults at-risk of abuse and neglect.

The Adult At-Risk and Elder Abuse definitions are governed by Wisconsin State Statutes 46.90 and 55.01. Physical abuse, financial/material abuse, neglect by others, and self-neglect are the types of abuse and neglect that are reported per Wisconsin statutes. Cases of abuse are willful acts that include physical abuse, emotional abuse, sexual abuse, treatment without consent, and unreasonable confinement and restraint. Self-neglect is characterized as the behavior of an elderly person that threatens his/her own health or safety. Self-neglect generally manifests itself in an older person as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions. Important factors influencing the occurrence of elder abuse include caregiver stress, impairment of a dependent elder, family cycles of conflict, and personal problems of an abuser.

2010 Summary

- During 2010, the ADRC received funding from the Wisconsin Department of Health Services through the Greater Wisconsin Agency on Aging Resources (GWAAR) to serve frail adults at risk of abuse/neglect. Through the grant, the ADRC provided services to 213 at-risk older adults to prevent abuse/neglect from occurring. These individuals are generally not included in the reported cases on the following pages. Units of service include meeting one-time needs, as well as hourly and daily care. Grant funding also supported crisis intervention for older adults through Waukesha County's "211/First Call for Help" system.

<u>SERVICE</u>	<u># CLIENTS</u>	<u>UNITS</u>	<u>UNIT TYPE</u>
Homemaker/Cleaning	36	337	Hours
Personal Care/Bath	10	78	Hours
Adult Day Care/Respite	5	24	Days
Emergency Needs	39	54	Occurrences
Shelter Care/Energy Assistance	9	9	Occurrences
Legal Assistance	4	4	Sessions
Emergency Response Systems	103	471	Months
Other Assistive Devices	<u>35</u>	<u>36</u>	Occurrences
Total	*213	1,013	
*unduplicated clients			

The ADRC has been able to address issues and provide support for people needing help sooner, thus resolving matters before they become neglect. There continues to be earlier, more active and aggressive intervention by the ADRC in the lives of people at risk of abuse or neglect. Coordinated intervention has resulted in increased recognition and public awareness of resources available to help prevent abuse/neglect.

As part of its grant to serve frail adults at risk of elder abuse/neglect, the ADRC coordinated an Interdisciplinary Team (I-Team) to provide advice and recommendations to keep crises at a minimum for all adults at risk of abuse or neglect. Staff from the ADRC, including supervisors, ADRC Specialists, APS staff and the ADRC Manager, served as the steering committee for the I-Team. The team, which includes 29 members from 23 community organizations, provided guidance that represented input from multiple disciplines in the community. With representation from police department social workers, the I-Team has also been able to help ensure comprehensive services for adult victims of domestic abuse.

- The ADRC uses the Wisconsin Incident Tracking System (WITS) for filing reports of elders and adults at-risk of abuse and neglect. All data relating to reported cases is from the WITS statistical reports. An APS Social Worker oversees the WITS data.
- During 2010, 123 total cases of elders and adults at-risk of abuse and neglect were reported for 114 Waukesha County residents. Of these, 97 were for older adults, an increase of 32 or 49.2% from the 65 cases reported in 2009. Twenty-six cases were reported for adults at-risk age 18 - 59, an increase of seven or 36.8% from the 19 cases reported in 2009.
- Of the total reported older adult victims in 2010, 57 or 62.6% of reports were substantiated, compared to 78.1% substantiated in 2009. Eighteen or 78.3% of the adults at-risk age 18-59 cases were substantiated in 2010, compared to 78.9% in 2009.
- Self-neglect was the most often reported type of abuse in 2010. Of the 114 reported victims, 61.4% involved reported cases of self-neglect. The 70 reported cases represented 56.9% of all reported cases in 2010. Of these 70 reported cases of self-neglect, 53 were for older adults, an increase of 11 or 26.2% from the 42 reported cases in 2009. Seventeen reported cases were for adults at-risk age 18-59, an increase of one or 6.3% from the 16 reported cases in 2009.

Next most often reported was financial exploitation. Of the 114 reported victims, 16.7% involved reported cases of financial exploitation. The 19 reported cases represented 15.4% of all reported cases in 2010. Of these, 17 were for older adults, an increase of four or 30.8% from the 13 reported cases in 2009. Two reported cases were for adults at-risk age 18-59, an increase of one or 100.0% from the one reported case in 2009.

- In 2010, seven cases of physical abuse were reported, an increase of six, or 600.0%, from the one case reported in 2009. Five of the reported cases were for older adults, and two of the reported cases were for adults at-risk age 18-59.
- In 2010, the major referral sources of elder abuse and neglect reports were law enforcement and relatives of the victims.

	<u>Age 18-59</u>	<u>Age 60+</u>
Law Enforcement	6	19
Relative	1	21
Community Agency	5	13
Medical/Mental Health	6	12
Service Provider	2	6
Friend/Neighbor	1	5
Anonymous	0	5
Other	2	10

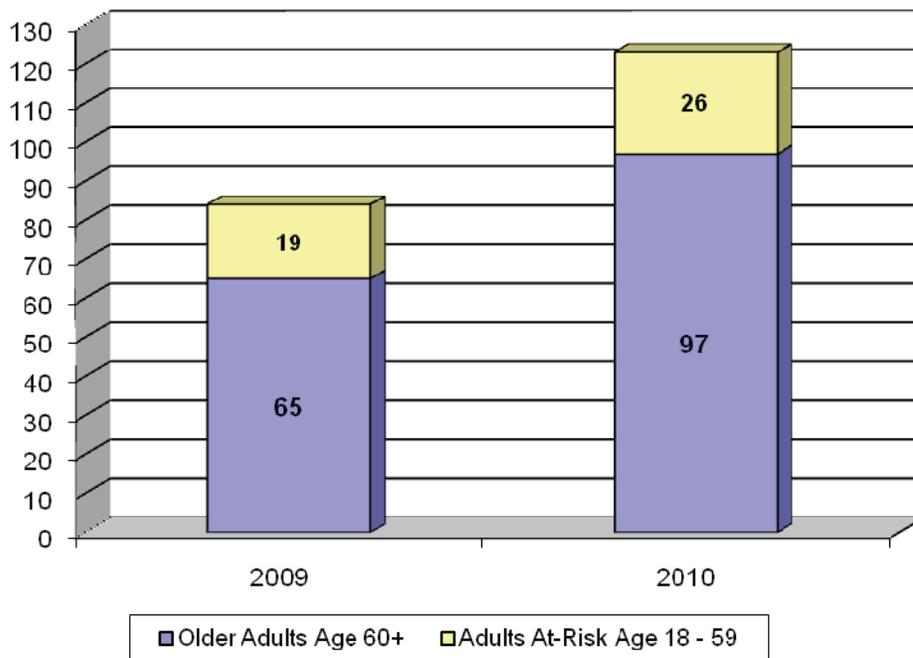
- In 2010, most reported victims were male, a change from previous years. In 2010, 61 or 53.5% of the reported victims were males. For older adults, 46 or 50.5% of the reported victims were males. For adults at-risk age 18-59, 15 or 65.2% of the reported victims were males.

	<u>Male</u>	<u>Female</u>
2010	53.5%	46.5%
2009	47.0%	53.0%
2008	46.9%	53.1%

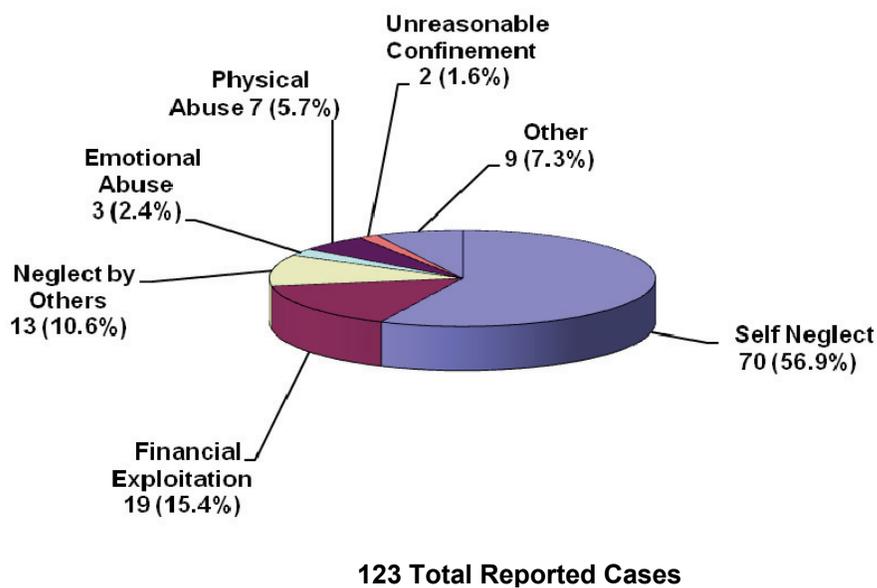
- The most prevalent age ranges for reported victims in 2010 were 70 – 79 and 80 – 89 years of age with 24 individuals or 21.1% of all reported victims in each range. In 2009, the most prevalent age range was 80 – 89 years of age with 27 individuals or 32.5% of all reported victims.
- Overall, for all reported cases of abuse/neglect involving an alleged abuser other than self in 2010, the son and spouse were the most often alleged abusers with 9 reports or 20.9% of reported cases each.

Abuse and Neglect Cases	2009 18 - 59	2009 60+	2009 All Ages	2010 18 - 59	2010 60+	2010 All Ages
Reports of Abuse and Neglect						
Cases Reported	19	65	84	26	97	123
Victims Reported	19	64	83	23	91	114
Substantiated	15	50	65	18	57	75
Unsubstantiated	3	11	14	5	26	31
Unable to Substantiate	1	3	4	0	8	8
% Substantiated	78.9%	78.1%	78.3%	78.3%	62.6%	65.8%
Age of Reported Victims						
18 – 29	5		5	2		2
30 – 39	0		0	3		3
40 – 49	4		4	6		6
50 – 59	10		10	12		12
60 – 69	0	12	12		26	26
70 – 89	0	15	15		24	24
80 – 89	0	27	27		24	24
90+	0	10	10		17	17
Gender of Reported Victims						
Female	8	36	44	8	45	53
Male	<u>11</u>	<u>28</u>	<u>39</u>	<u>15</u>	<u>46</u>	<u>61</u>
Total	19	64	83	23	91	114
Alleged Abuser						
Related to Victim:						
Daughter	2	5	7	0	8	8
Son	0	5	5	0	9	9
Spouse	0	3	3	0	9	9
Parent	1	0	1	2	0	2
Other Relative	<u>0</u>	<u>5</u>	<u>5</u>	<u>0</u>	<u>4</u>	<u>4</u>
Total Related to Victim	3	18	21	2	30	32
Friend/Neighbor/Other	<u>0</u>	<u>2</u>	<u>2</u>	<u>4</u>	<u>9</u>	<u>13</u>
Total	3	20	23	6	39	45
Primary Issue Identified						
Self Neglect	16	42	58	17	53	70
Financial Exploitation	1	13	14	2	17	19
Neglect by Others	2	7	9	2	11	13
Emotional Abuse	0	1	1	0	3	3
Physical Abuse	0	1	1	2	5	7
Sexual Abuse	0	0	0	0	0	0
Treatment without Consent	0	0	0	0	0	0
Unreasonable Confinement	0	0	0	0	2	2
Other	<u>0</u>	<u>1</u>	<u>1</u>	<u>3</u>	<u>6</u>	<u>9</u>
Total	19	65	84	26	97	123

**Chart 1 Elders and Adults At-Risk
Number of Reports 2009 - 2010**

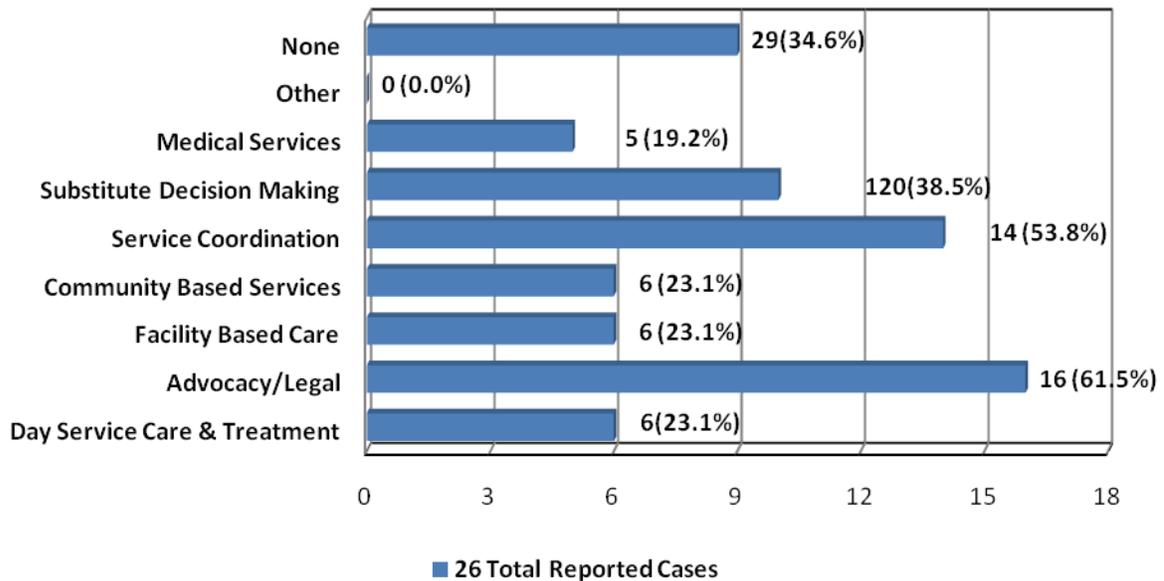


**Chart 2 Elders and Adults At-Risk
Types of Abuse Reported 2010**



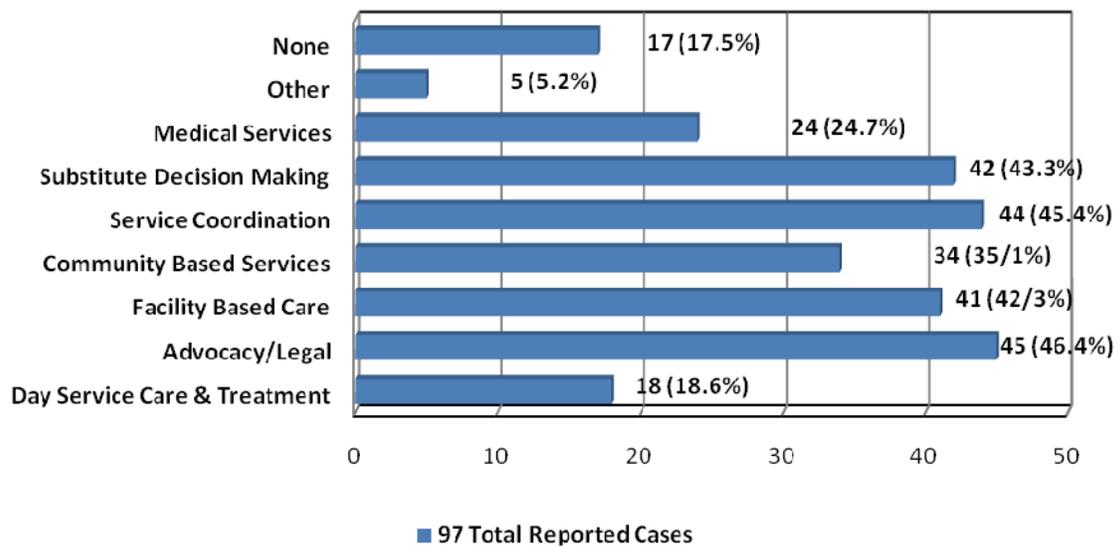
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Chart 3 Elders and Adults At-Risk
DHHS Adults At-Risk Age 18 - 59
Services Planned 2010



Cases may include more than one planned service.

Chart 4 Elders and Adults At-Risk
DHHS Older Adults Age 60+
Services Planned 2010



**AGING AND DISABILITY RESOURCE CENTER
OF WAUKESHA COUNTY**

2010 YEAR END REPORT

SENIOR DINING

... information, assistance, and education to promote independence and improve quality of life for older adults and adults with disabilities

Ms. P called the ADRC in need of a modified consistency diet. Her speech therapist had referred her to the ADRC because she was going to be discharged from a skilled nursing facility. Health and financial issues overwhelmed Ms. P. Because of medical bills from her recent hospitalization and rehabilitation, she could not afford to pay for meals from a private provider. Ms. P was in need of a nutritious meal to continue to improve her health. An ADRC Specialist conducted a home visit for Ms. P and determined that she met the eligibility requirements for an Older Americans Act home delivered meal. Through collaboration with area private providers, Ms. P was able to continue to receive her modified consistency meal funded through the ADRC. At the end of 2010, Ms. P sent a note of thanks to the ADRC:

“Thank you so much for your generosity. I never expected that as I aged, my health would go downhill. I do not know what I would do if it were not for the home delivered meals I receive. I have gained three pounds and my health is improving!”

•••••

In June 2010, Mrs. Q called the ADRC requesting Home Delivered Meals. Mrs. Q explained that she was recently diagnosed with Parkinson’s disease and due to her health condition, she could no longer drive. The ADRC Specialist scheduled a home visit to conduct a general assessment as well as a nutrition assessment. At the home visit, Mrs. Q appeared to be extremely frail. She told the ADRC Specialist that she had lost a considerable amount of weight and was too weak to prepare meals. She was drinking a nutritional supplement but it was not helping her gain any weight back and it was costly. Mrs. Q was on a fixed income and could only afford to purchase a limited amount each month. It was determined she would benefit from the Home Delivered Meal Program and the assessment was completed. Mrs. Q was very grateful that this service is available through Waukesha County and continues to receive the meals.



Volunteers pack bread at Expo Home Delivered Meals Center

Senior Dining includes both Senior Dining Centers and Home Delivered Meals. The program provides low cost nutritious meals to older adults who may be frail, isolated, homebound, or disadvantaged. The senior dining program helps older adults remain healthy, active, and independent in their own homes and communities.

During 2010, food service for the meal program was contracted with Taher, Inc. Meals for both the Senior Dining Centers and Home Delivered Meals were delivered to designated dining centers by the food service vendor, then served or distributed by ADRC staff and volunteers, under the direction of the Senior Dining Manager.

During 2010, the ADRC sponsored the Senior Farmers' Market Program, administered by the Community Action Coalition for South Central Wisconsin, Inc. (CAC). Vouchers, \$25.00 per household, were available to financially eligible seniors to purchase fresh fruits and vegetables from approved farmers' markets and stands throughout the county.

Senior Dining Center meals were provided at 10 Senior Dining Centers throughout Waukesha County. Effective January 1, 2010, three centers previously located in the city of Waukesha (La Casa Village, Saratoga Heights, and Willow Park) were combined into one center at La Casa Village. In Oconomowoc, the Senior Dining Center temporarily relocated from the Oconomowoc Community Center to Hickory View Apartments until completion of construction of a new Community Center. In addition to a hot noon meal, the dining centers provided nutrition education, health information and screening, outreach, and support to older adults and their families. Nutrition and health education were provided through staff, volunteers and several community agencies. Mount Mary College dietetic interns and Carroll University physical therapy students conducted exercise programs and nutrition education at several dining centers. Carroll College nursing students led special activities including Wii games, puzzles, nutrition talks and screenings. The Senior Dining Centers also provided opportunities for socialization and participation in wellness and recreational activities.

Home Delivered Meals provided a hot noon meal delivered to frail and homebound older adults who were unable to prepare their own meals. A cold breakfast meal, in addition to the hot meal, was available on a limited basis for people who were unable to cook their own meals, and had no other support available. Hot, cold, and frozen meals were delivered in the Hartland, Muskego, Mukwonago, New Berlin and Sussex areas. Frozen meals allowed for more efficient use of available transportation, while still providing a nutritious meal. Shelf stable emergency meals were provided to all home delivered meal participants for use on days when emergency conditions precluded the delivery of meals.

Home delivered meals were packed by volunteers at each of the Senior Dining Centers. Effective January 1, 2010, home delivered meal distribution from the dining centers previously located at La Casa Village, Saratoga Heights, and Willow Park was combined into one distribution center for the city of Waukesha at the Waukesha Expo Center. The Senior Dining Managers also coordinated



Home Delivered Meals kitchen area at the Expo Center

... information, assistance, and education to promote independence and improve quality of life for older adults and adults with disabilities

volunteer drivers and set up routes for the most efficient delivery of home delivered meals. Volunteers who delivered the meals were not only an outside contact for the homebound individual but also a source of support. When delivering meals, volunteer drivers were able to assess potential problem situations and initiate assistance from the ADRC.

Volunteers play a vital role in the Senior Dining Center and Home Delivered Meals programs. In addition to packing and delivering meals, volunteers help set-up and clean up the Senior Dining Centers. Several groups and organizations volunteer their time to provide special meal touches such as decorated placemats and bags. Some also provide drivers for the home delivered meals.



Volunteer driver makes a home meal delivery.

2010 Summary – Senior Dining Centers

“I would really, really miss it if it disappeared.”

“The dining center manager is excellent, best we have had. She cares about every person attending.”

“It is a pleasure to attend, to eat, and have fellowship.”

Senior Dining Center Participants

- In 2010, 44,560 senior dining meals were served in comparison to 50,446 during 2009, a decrease of 5,886 meals, or 11.7%.
- The number of persons registered for the Senior Dining Centers decreased with 229, or 13.3%, fewer persons registered in 2010 than 2009.
- The consolidation of the three city of Waukesha Senior Dining Centers into the one city of Waukesha Senior Dining Center effective January 1, 2010, was the primary contributing factor to the 2010 decreases in number meals and persons registered.
- The average number of meals served per registered senior dining participant during 2010 increased to 29.9 meals from 29.3 meals in 2009.

Average Senior Dining Center Meals per Participant

2010	29.9
2009	29.3
2008	34.3
2007	31.8
2006	34.7

- Of the 1,492 individuals registered for the Senior Dining program in 2010, the most prevalent age range was 80 - 89 with 567 individuals, or 38.0%, in that age group. Two participants were age 100+, with one participant celebrating her 102nd birthday at the senior dining center.
- The 2010 average donation per meal of \$2.73 was 5.8% higher than the average donation of \$2.58 in 2009.
- The total program cost of a Senior Dining Center meal in 2010, including program administration costs, was \$10.29, up \$0.41 or 4.1% from the prior year. In 2010, the donation per meal was 26.5% of the total program cost, similar to 26.1% in 2009.
- The net program cost per Senior Dining Center meal served, which is comprised of the total cost per meal less the average donation per meal, was \$7.56 in 2010, an increase of 3.6% from the 2009 net cost of \$7.30.
- A total of 479 nutrition, health education, and wellness participation opportunities were available at the Senior Dining Centers in 2010. Flu shot clinics, Medicare presentations, and blood pressure screenings were also available at the dining centers. Presentations and screenings were made by guest speakers and volunteers from the ADRC of Waukesha County, Carroll University, Froedtert Hospital, Krause Funeral Home, Mt. Mary College, Newport Audiology Center, Tobin Pharmacy, UW-Extension, Waukesha County Public Health Division, and Wheaton Franciscan Healthcare, as well as individuals from the community.
- In addition to providing a nutritious meal, the Senior Dining Centers provided an opportunity for socialization. Meeting old friends and making new ones is one of the most important reasons for attendance at the Senior Dining Centers. Based on annual survey results, 98.7% of attendees said the program helped them meet friends and socialize more. Socialization was enhanced through special holiday meals, summer festivals and picnics, and ethnic meals. “Eat Dinner Together Week” was celebrated in October with special menus and events. Theme day meals occurred throughout the year, starting with Valentine’s Day celebration and ending with a Holiday Dinner in December.
- Active Aging Week was celebrated in September of 2010, with a goal of increasing activity levels and eating healthier foods. Special events at the dining centers emphasized exercise, fall prevention, and staying healthy. One of the centers placed large foot prints on the floor, which the participants had to follow to get to their meals.
- Health promotion and prevention programs were continued at a number of Senior Dining Centers in 2010.
 - The “Eat Better Move More Steps to Healthier Aging” ten-week healthy living program was conducted in collaboration with Mt. Mary College at Sussex Senior Dining Center.
 - Carroll University physical therapy students conducted Senior Wellness/Fitness programs and exercise programs for seniors at the Hartland Senior Dining Center.

2010 Summary – Home Delivered Meals

“Thank you for continued wonderful meals. They are very much appreciated. I only wish I could pay more.”

“Thank you for a fantastic program. I use this meal for my main meal. Without the program, I would not eat so well. Thank you.”

“Thank you for the meals. That was the highlight of my Mom’s day. She is now living in assisted living.”

Home Delivered Meal Recipients

- In 2010, 106,291 meals were served in comparison to 103,084 meals during 2009, an increase of 3,207 meals, or 3.1%. Home delivered meals included hot, cold, and frozen meals.

In 2010, 8,913 frozen meals were delivered, an increase of 1,619 or 22.2% from 2009. Frozen meal delivery, was available from the Hartland, Mukwonago, Muskego, New Berlin, and Sussex Senior Dining Centers.

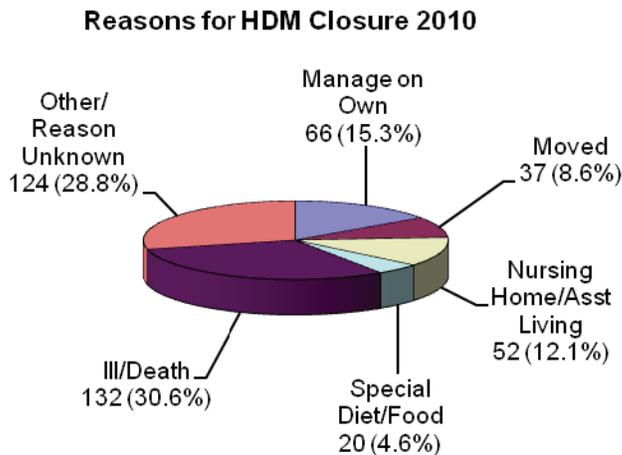
In 2010, 1,480 emergency meals were delivered to 522 home delivered meal recipients to be available for consumption on days when emergency conditions such as snow and ice did not allow for delivery of meals.

- The number of persons registered for home delivered meals increased by 65 or 7.5%, with 931 people registered during 2010.
- In 2010, each registered participant received an average of 114.2 meals.
- As in prior years, the largest number of home delivered meal recipients in 2010 were 80 - 89 years of age, with 425, or 45.6%, of the 931 total home delivered meal recipients in that age group.
- In 2010, the average donation per meal was \$2.66, a decrease of \$0.22 or 7.6% from the 2009 average donation of \$2.88.
- Through nutritious meals and education, the average nutrition risk scores of high-risk meal recipients who received meals in both 2009 and 2010 was reduced from an average of 11.5 in 2009 to an average of 6.8 in 2010. Individuals receiving a score of six or higher on the nutrition risk assessment are considered to be at high nutrition risk. In addition to assessing health and activity levels, the nutrition risk assessment reviewed factors such as consumption of fruits, vegetables, protein-rich foods, calcium-rich foods, and water to determine an individual’s nutrition risk score.

Average Home Delivered Meals per Participant	
2010	114.2
2009	119.0
2008	121.9
2007	116.9
2006	125.1

... information, assistance, and education to promote independence and improve quality of life for older adults and adults with disabilities

- In 2010, ADRC clients in the Pewaukee area were provided home delivered meals through a collaboration with River Hills West Health Care Center. ADRC clients in the Dousman area were provided home delivered meals through a collaboration with Masonic Homes.
- In 2010, meals were provided for clients who required modified consistency or specialized therapeutic diets through The Caring Place, Horizon Home Health, VNA, and Shorehaven.

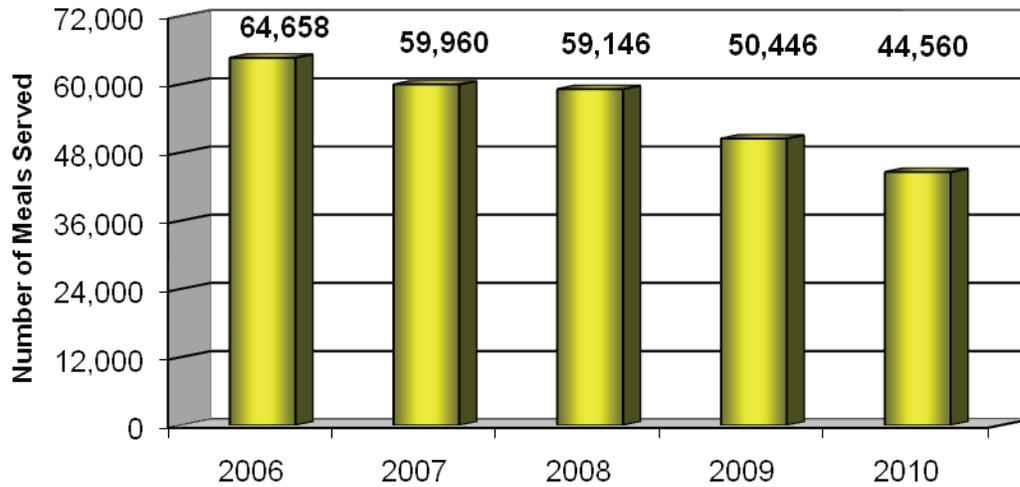


- In 2010, 431 people discontinued home delivered meals, compared to 396 people in 2009. As in previous years, illness or death and ability to manage on own were the primary reason for discontinuing meals.
- The “Stock Box” program continued to be available to seniors of Waukesha County during 2010. This federally funded program, available through the Hunger Task Force of Wisconsin and the Food

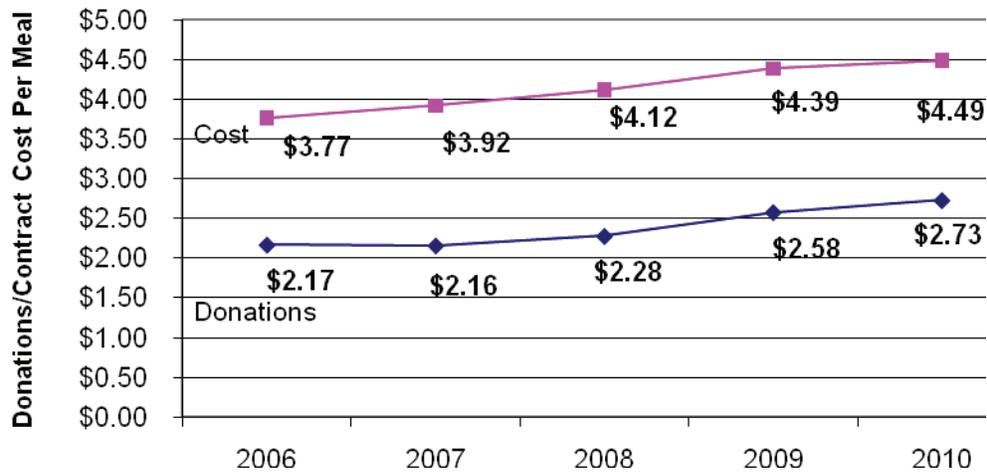
Pantry or Waukesha County, provides a monthly 30-pound box of food for income eligible seniors. Seniors living in subsidized apartments in Butler, Hartland, New Berlin, and Oconomowoc took advantage of the program.

	2006	2007	2008	2009	2010	Increase/ Decrease '09 to '10	Percent Change '09 to '10
Senior Dining Center Meals Served	64,658	59,960	59,146	50,446	44,560	(5,886)	-11.7%
Total Persons Registered	1,862	1,885	1,722	1,721	1,492	(229)	-13.3%
Age of Participants in Years							
Under 60	120	152	149	159	126	(33)	-20.8%
60 to 69	281	295	264	292	239	(53)	-18.2%
70 to 79	633	600	532	542	455	(87)	-16.1%
80 to 89	704	723	651	622	567	(55)	-8.8%
90 and over	124	115	126	106	105	(1)	-0.9%
Average Donation Per Meal	\$2.17	\$2.16	\$2.28	\$2.58	\$2.73	\$0.15	5.8%
Contract Cost Per Meal	\$3.77	\$3.92	\$4.12	\$4.39	\$4.49	\$0.10	2.3%
Individual Volunteers	311	309	325	356	276	(80)	-22.5%
Group Member Volunteers	679	338	248	109	89	(20)	-18.3%
Hours of Volunteer Time	13,910	13,863	13,894	12,955	10,655	(2,300)	-17.8%
Value of Volunteer Time	\$123,799	\$125,872	\$129,212	\$122,941	\$101,118	(\$21,823)	-17.8%

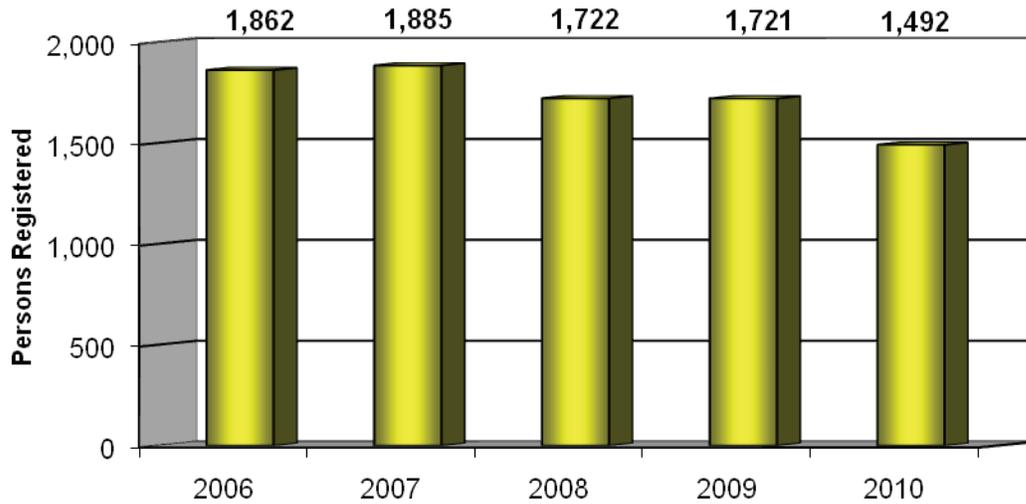
**Chart 1 Senior Dining Centers
Meals Served 2006 - 2010**



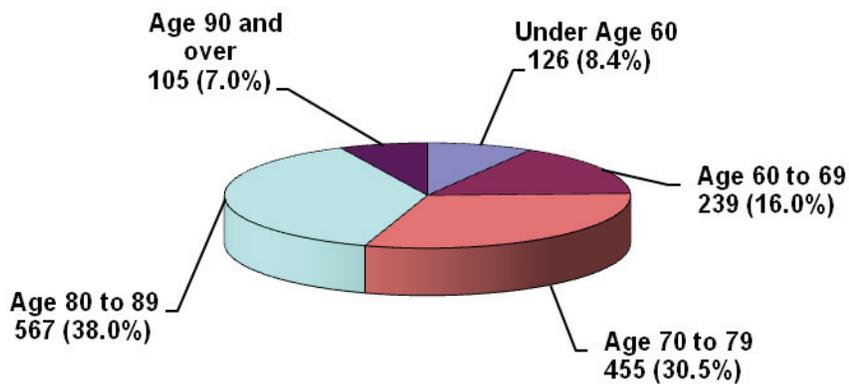
**Chart 2 Senior Dining Centers
Donation and Contract Cost Per Meal 2006 - 2010**



**Chart 3 Senior Dining Centers
Persons Registered 2006 - 2010**



**Chart 4 Senior Dining Centers
Age of Persons Registered 2010**

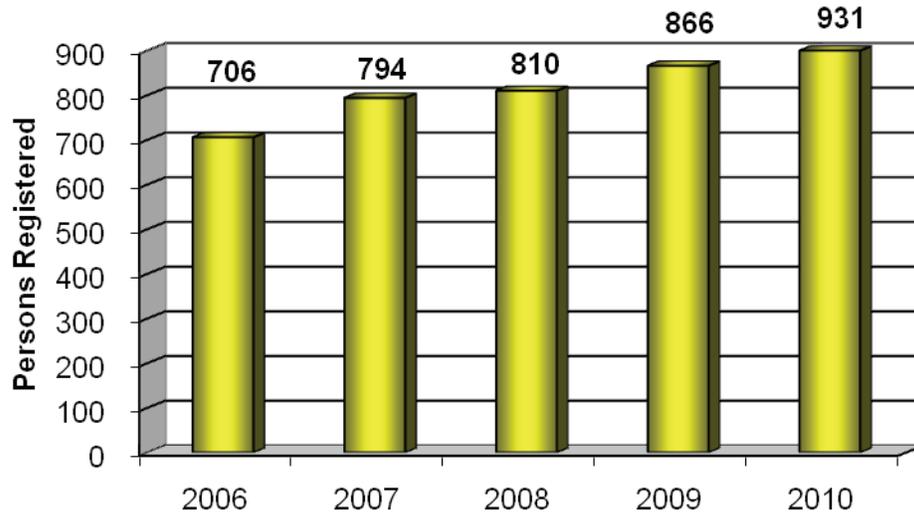


1,492 Total Persons Registered

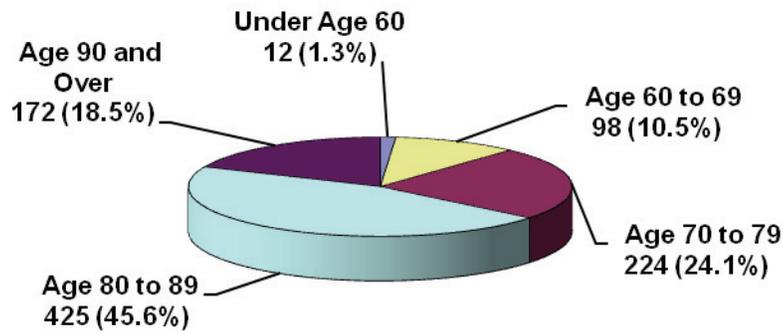
... information, assistance, and education to promote independence and improve quality of life for older adults and adults with disabilities

	2006	2007	2008	2009	2010	Increase/ Decrease '09 to '10	Percent Change '09 to '10
Home Delivered Meals Served							
Hot Meals	70,007	74,030	79,114	84,081	89,955	5,874	7.0%
Cold Meals	13,056	13,795	14,158	11,709	7,423	(4,286)	-36.6%
Frozen Meals	5,259	5,033	5,464	7,294	8,913	1,619	22.2%
Total Meals	88,322	92,858	98,736	103,084	106,291	3,207	3.1%
Total Persons Registered	706	794	810	866	931	65	7.5%
Age of Participants in Years:							
Under 60	13	20	21	19	12	(7)	-36.8%
60 to 69	75	81	77	109	98	(11)	-10.1%
70 to 79	157	207	184	193	224	31	16.1%
80 to 89	331	336	378	391	425	34	8.7%
90 and over	130	150	150	154	172	18	11.7%
Average Donation Per Meal	\$2.69	\$2.73	\$2.78	\$2.88	\$2.66	(\$0.22)	-7.6%
Contract Cost Per Meal							
Hot Meal	\$3.84	\$3.94	\$4.20	\$4.42	\$4.52	\$0.10	2.3%
Cold Meal	\$3.07	\$3.19	\$3.38	\$3.60	\$3.69	\$0.09	2.5%
Frozen Meal	\$3.95	\$4.11	\$4.35	\$4.63	\$4.75	\$0.12	2.6%
Individual Volunteers	422	406	439	527	465	(62)	-11.8%
Group Member Volunteers	1,140	641	283	184	145	(39)	-21.2%
Hours of Volunteer Time	15,041	15,570	15,390	15,830	17,948	2,118	13.4%
Value of Volunteer Time	\$133,865	\$141,378	\$143,132	\$150,231	\$170,324	\$20,093	13.4%

**Chart 1 Home Delivered Meals
Persons Registered 2006 - 2010**

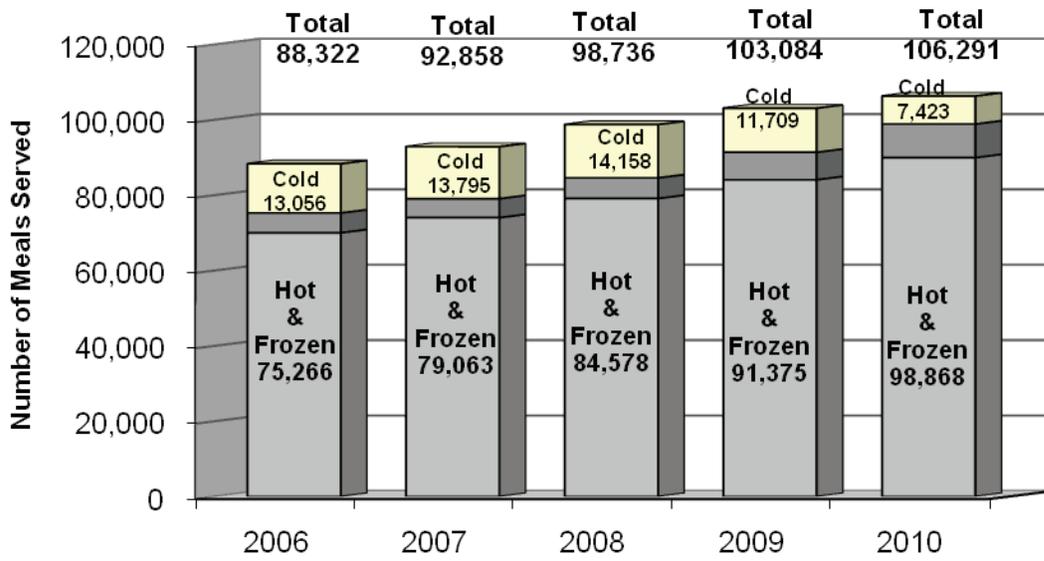


**Chart 2 Home Delivered Meals
Age of Persons Registered 2010**

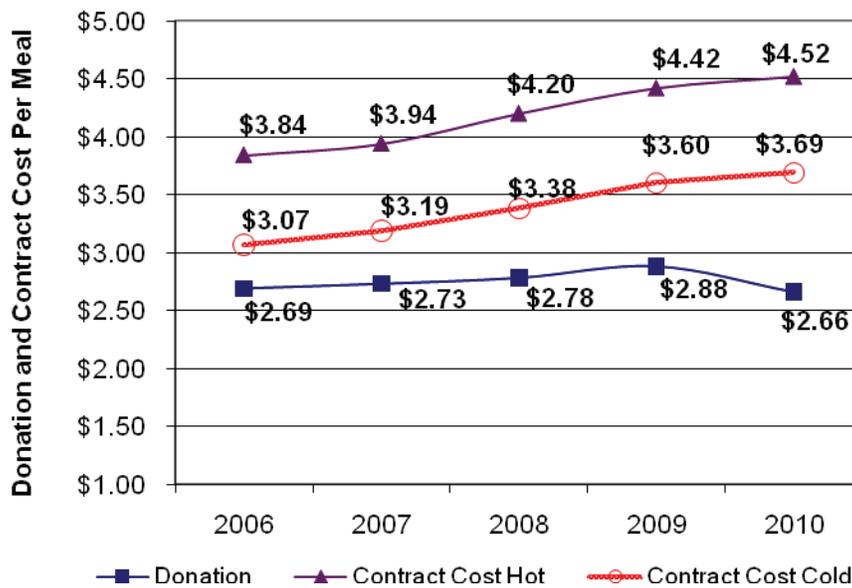


931 Total Persons Registered

**Chart 3 Home Delivered Meals
Hot and Cold Meals Served 2006 - 2010**



**Chart 4 Home Delivered Meals
Donation and Contract Cost
Per Hot and Cold Meal 2006 - 2010**



**AGING AND DISABILITY RESOURCE CENTER
OF WAUKESHA COUNTY**

2010 YEAR END REPORT

SPECIALIZED TRANSPORTATION
PROGRAM SERVICES

Mr. S, 35 years old and receiving Social Security Disability Income, lived alone. He was looking for transportation to his part-time employment. He had been relying on a friend to take him to work, but his friend moved to another community leaving him without transportation. Living in the city of Waukesha, Mr. S explored using public transportation, however, the hours and destinations did not meet his needs.

Mr. S felt that his only option was to use a taxi, but he could not afford the cost. He was referred to the Aging and Disability Resource Center of Waukesha County to apply for the Shared-Fare Taxi Program. Mr. S completed an application and was determined eligible for the program. He was so appreciative that he could now get to work at an affordable cost.

The Shared-Fare Taxi Program gave Mr. S a new sense of independence that he never had before and he was able to keep his job.



Ms. T, age 82, continues to live on the family homestead located in rural Waukesha County. Because she limited her driving, she found herself in need of help getting to various appointments. In her community, there is no taxi service. Ms. T. uses a cane and sometimes has a need for a walker.

Ms. T's neighbor told her about the RideLine Program and suggested she contact the Aging and Disability Resource Center of Waukesha County. Ms. T. was thrilled to find out the RideLine van service would take her anywhere within Waukesha County. She also felt more secure when she learned about the available assistance and easy access with the van's mechanical boarding lift. She applied for the program and received all the information and passenger guidelines in the mail to use the service.

Ms. T mentioned that when using the RideLine Program, her trips to appointments have been quite pleasant, because the van drivers are so accommodating and friendly. She now has referred others in her community with similar circumstances to the ADRC's RideLine Program.

The ADRC sponsors subsidized specialized transportation services for Waukesha County non-driving or limited driving older adults 65 years of age and older, and for individuals with disabilities who are under 65 years of age. Users of the transportation services are required to complete an eligibility application and fare determination form.

The transportation services available to Waukesha County residents vary depending on the community in which they reside and whether the individual is ambulatory or non-ambulatory. The ADRC subsidized fares for one-way trips are based on the person's ability to pay, the distance traveled, the transportation program used, and the subsidy rate established by the ADRC. In 2010, subsidized transportation services were provided through RideLine, the Shared-Fare Taxi Program, the Menomonee Falls Senior Shuttle, the Sussex Senior Shuttle, and Interfaith Senior Programs.

During 2010, **RideLine** provided door-to-door specialized transportation to older adults and individuals with disabilities (users of cane, crutches, walker, wheelchair or scooter, or those legally blind) in lift equipped vans. General RideLine services were provided through Meda-Care Vans of Waukesha, Inc. Trips were prioritized based on the following: (1) medical, (2) nutrition, (3) work related, (4) education/training, (5) personal business, and (6) social and recreational activities. Passenger fares were determined by the origin and the destination of each trip (e.g. if the trip remained within the passenger's community, went from one community to another, or went out of Waukesha County for services which could not be duplicated in Waukesha County). A fare range was assigned depending on ability to pay. Reservations were minimally required 24 hours prior to when transportation was needed.

In 2010, the **Shared-Fare Taxi Program** subsidized passenger fares for taxi services with All Day Taxi (for profit) in the Waukesha area; Ann Marie Ryan's Transportation Service (for profit) in the city of Waukesha and local surrounding communities; Best Cab (for profit) in the city and town of Waukesha; Elmbrook Senior Taxi in the village of Elm Grove, the city and town of Brookfield, and the village of Butler; Lake Country Cares Cab in the Hartland, Nashotah, Delafield, Merton and select locations in the Pewaukee and Oconomowoc areas; Muskego Senior Taxi in the Muskego area; New Berlin Senior Taxi in the city of New Berlin and portions of West Allis; Seniors on the Go in the village and town of Mukwonago; and Silver Streak in the city and town of Oconomowoc and the town of Summit. Residents of the local community in which the service was provided, who were non-drivers (or drove very seldom) 65 years of age and older, and people under the age of 65 who were disabled and receiving Social Security Disability Income or Supplemental Security Income, were eligible for the subsidized taxi services. Fares varied based on origin of trip, destination, and the provider.

The **Menomonee Falls Senior Shuttle** provided local door-to-door bus transportation for ambulatory adults in the village of Menomonee Falls on Sunday through Friday, with first Thursday service to Brookfield Square. ADRC subsidized transportation was provided on the first Thursday of each month and on Fridays.

The **Sussex Senior Shuttle** provided semi-fixed route curb-to-curb service from specified stops in the Village of Sussex and the Town of Lisbon on Mondays, Thursdays and the third Tuesday of the month. The route varied according to the day of the week and included shuttle service to

the food pantry, Sussex Senior Center/Meal Program, library, grocery stores, a local department store, a local discount store and other locations. ADRC subsidized transportation was provided on Mondays only.

During 2010, **Interfaith Senior Programs** continued to provide ambulatory specialized transportation services to Waukesha County seniors and adults with disabilities. Using volunteer drivers, Interfaith provided 382 out-of-county medical one-way trips and 210 demand responsive one-way trips to 280 unduplicated passengers.

Community-based agencies received limited funding in 2010 to provide group trips for non-medical purposes. During 2010, 11 different agencies made 35 group trips, or 2,082 one-way trips.

The ADRC continued to provide a limited number of Waukesha Metro bus tickets provided by the City of Waukesha Park, Recreation and Forestry Department. These bus tickets were available for one-time use by clients age 55 and above who were in need of transportation assistance in the city of Waukesha. ADRC staff worked with the City of Waukesha Park, Recreation and Forestry Department to educate residents about public and ADRC transportation options through special classes.

2010 Summary

"I am very pleased with the service you provide and very grateful. Without this resource, I would be unable to make my doctor's appointments."

"This is a much needed and appreciated service. There are times when, due to a sudden change in medical status, the schedulers have added us graciously to the route with less than 24 hours notice, providing vital service. We really appreciate the kindness and courtesy of everyone we have been assisted by."

RideLine Riders

- RideLine and the Shared-Fare Taxi programs provided 96.5% of the specialized transportation service for Waukesha County residents. Of the 69,054 one-way specialized transportation trips provided in 2010, RideLine and Shared-Fare Taxi provided 66,646 one-way trips.
- The total number of one-way trips for all specialized transportation services provided in 2010 decreased by 2,026 or 2.9% from those provided in 2009. Five of the nine shared-fare taxi companies experienced a decrease in service. The decrease was primarily a result of the transfer of clients to Family Care managed care organizations (MCOs). MCOs are billed directly by the transportation providers and those trips are not reported to the ADRC.
- Individuals who were elderly and ambulatory took 57.8% of all specialized transportation trips.
- RideLine provided 30.6% of the total one-way trips in 2010. Outside of hospital sponsored transportation services, RideLine was the only transportation service available to non-ambulatory county residents that did not limit travel to a specific geographic area in the county. Only ADRC general client trips are included in the data.

- The average net cost per one-way trip, including all specialized transportation services, was \$12.37 in 2010, which is \$0.26 higher than in 2009. The average net cost for each RideLine one-way trip was \$28.22. The average Shared-Fare Taxi net one-way trip cost was \$5.12, and is the least expensive form of specialized transportation.
- The number of unduplicated passengers utilizing specialized transportation services decreased by 52 passengers, or 2.5%, from 2009 to 2010.
- The average number of one-way trips per passenger utilizing specialized transportation services in 2010 was 33.8, a 0.4% decrease from an average of 34.0 in 2009.
- For passengers age 65 and older, the heaviest RideLine utilization in 2010 was by those between the ages of 85 - 89 with 89 passengers who made 3,779, or 17.9%, of the total one-way trips taken. The 80 - 84 age group, with 90 passengers, took 3,276, or 15.5%, of the total 2010 one-way trips.
- The number of RideLine one-way trips per month varied from a low in February of 1,541 one-way trips to a high in March of 2,088 one-way trips.
- In 2010, 7,591, or 36.0%, of all RideLine one-way trips were provided to passengers in the lowest two passenger fare ranges, a 3.6% increase from the 2009 percentage. One-way trips provided to passengers in the highest fare range decreased by 9.4%, from 8,533 one-way trips in 2009 to 7,732 one-way trips in 2010.
- During 2010, 42.5% of the total one-way trips provided by RideLine and Shared-Fare Taxi were for medical purposes. Medical purposes made up 75.7% of RideLine one-way trips and 27.1% of Shared-Fare Taxi one-way trips.
- Of the total 45,544 Shared-Fare Taxi Program one-way trips provided in 2010, the top three trip purposes were personal business with 13,899, or 30.5%, one-way trips, medical with 12,353, or 27.1%, one-way trips, and nutrition with 8,431, or 18.5%, one-way trips.
- Parallel Commuter Corridor/Paratransit statistics were not included in RideLine total one-way trips. Beginning in 1999, these one-way trips were included within the Waukesha County Public Works Department budget.

“Thank you. When my mother gave up her car, the Senior Taxi gave her that independence she loves! Sincerely - her children.”

“It gives me something to look forward to, and going out on my own makes me feel 10 years younger.”

“This service has allowed our special needs son to live independently and hold a part-time job. Don’t know how he/we would get along without this service.”

Shared-Fare Taxi Riders

Dollar amounts on this page do not agree with the County Budget Book. The County Budget Book reflects full program costs including all administrative costs. The year end report amounts represent the direct project costs only.

	Total One-Way Trips Provided						
	2006	2007	2008	2009	2010	Increase/ Decrease '09 to '10	Percent Change '09 to '10
RideLine	21,307	21,789	20,877	21,856	21,102	(754)	-3.4%
Menomonee Falls Bus¹	2,190	1,834	1,671	1,724	1,942	218	12.6%
Sussex Senior Shuttle	720	635	526	490	466	(24)	-4.9%
<u>Shared-Fare Taxi</u>	<u>46,246</u>	<u>45,675</u>	<u>49,016</u>	<u>47,010</u>	<u>45,544</u>	<u>(1,466)</u>	<u>-3.1%</u>
TOTAL	70,463	69,933	72,090	71,080	69,054	(2,026)	-2.9%

	Number of Unduplicated Passengers Who Utilized Service						
	2006	2007	2008	2009	2010	Increase/ Decrease '09 to '10	Percent Change '09 to '10
RideLine	427	464	493	509	491	(18)	-3.5%
Menomonee Falls Bus¹	125	126	118	127	113	(14)	-11.0%
Sussex Senior Shuttle	30	28	26	32	26	(6)	-18.8%
<u>Shared-Fare Taxi</u>	<u>1,290</u>	<u>1,317</u>	<u>1,464</u>	<u>1,425</u>	<u>1,411</u>	<u>(14)</u>	<u>-1.0%</u>
TOTAL	1,872	1,935	2,101	2,093	2,041	(52)	-2.5%

	Average Number of One-Way Trips Per Passenger						
	2006	2007	2008	2009	2010	Increase/ Decrease '09 to '10	Percent Change '09 to '10
RideLine	49.9	47.0	42.3	42.9	43.0	0.1	0.1%
Menomonee Falls Bus¹	17.5	14.6	14.2	13.6	17.2	3.6	26.6%
Sussex Senior Shuttle	24.0	22.7	20.2	15.3	17.9	2.6	17.0%
<u>Shared-Fare Taxi</u>	<u>35.8</u>	<u>34.7</u>	<u>33.5</u>	<u>33.0</u>	<u>32.3</u>	<u>(0.7)</u>	<u>-2.2%</u>
TOTAL	37.6	36.1	34.3	34.0	33.8	(0.2)	-0.4%

Note: Numbers may not total due to rounding.

1. Monthly Thursday service to Brookfield Square and weekly Friday service subsidized by the ADRC.

2010 One-Way Trip Cost and Miles					
	# Trips	Net Cost	Avg Net Cost Per Trip	Total Trip Miles	Avg Miles Per Trip
RideLine	21,102	\$595,450	\$28.22	509,150	24.1
Menomonee Falls Bus	1,942	\$16,338	\$8.41	NA	NA
Sussex Senior Shuttle	466	\$9,022	\$19.36	NA	NA
Shared-Fare Taxi					
All-Day Taxi	3,309	17,939	\$5.42	NA	NA
Ann Marie Ryan's Trans	1,356	\$7,365	\$5.43	NA	NA
Best Cab	16,610	\$91,157	\$5.49	NA	NA
Elmbrook Senior Taxi	3,958	\$23,176	\$5.86	NA	NA
Lake Country Cares Cab	2,475	\$11,795	\$4.77	NA	NA
Muskego Senior Taxi	3,975	\$24,063	\$6.05	NA	NA
New Berlin Senior Taxi	3,164	\$14,442	\$4.56	NA	NA
Seniors on the Go	4,297	\$23,652	\$5.50	NA	NA
<u>Silver Streak</u>	<u>6,400</u>	<u>\$19,810</u>	<u>\$3.10</u>	<u>NA</u>	<u>NA</u>
SUBTOTAL	45,544	\$233,399	\$5.12	NA	NA
TOTAL	69,054	\$854,209	\$12.37	NA	NA

2010 One-Way Trips by Ambulatory Status						
	Shared- Fare Taxi Trips	RideLine Trips	Menomonee Falls Bus	Sussex Senior Shuttle	Total One-Way Trips	Percent of Total
Elderly Ambulatory	29,852	9,591	0	466	39,909	57.8%
Elderly Non-ambulatory	0	6,388	0	0	6,388	9.3%
Non-elderly Ambulatory	15,692	2,443	0	0	18,135	26.3%
Non-elderly Non-ambulatory	0	2,680	0	0	2,680	3.9%
<u>Adult Ambulatory</u>	<u>0</u>	<u>0</u>	<u>1,942</u>	<u>0</u>	<u>1,942</u>	<u>2.8%</u>
TOTAL	45,544	21,102	1,942	466	69,054	100.0%

Dollar amounts on this page do not agree with the County Budget Book. The County Budget Book reflects full program costs including all administrative costs. The year end report amounts represent the direct project costs only.

One-Way Trips by Purpose – Total Shared-Fare Taxi						
	2008		2009		2010	
	# Trips	% of Total	# Trips	% of Total	# Trips	% of Total
Medical	9,988	20.4%	11,689	24.9%	12,353	27.1%
Employment/Ed/Trng	10,392	21.2%	7,220	15.4%	6,088	13.4%
Nutrition	7,973	16.3%	7,657	16.3%	8,431	18.5%
Social/Recreational	8,186	16.7%	7,257	15.4%	4,773	10.5%
<u>Personal Business</u>	<u>12,477</u>	<u>25.5%</u>	<u>13,187</u>	<u>28.1%</u>	<u>13,899</u>	<u>30.5%</u>
TOTAL	49,016	100.0%	47,010	100.0%	45,544	100.0%

2010 One-Way Trips by Purpose By Taxi Company						
	Medical		Employment/Trng		Nutrition	
	# Trips	% of Total	# Trips	% of Total	# Trips	% of Total
All Day Taxi	215	6.5%	140	4.2%	179	5.4%
Ann Marie Ryan's Trans	389	28.7%	7	0.5%	13	1.0%
Best Cab	5,142	31.0%	2,070	12.5%	2,720	16.4%
Elmbrook Senior Taxi	1,039	26.3%	574	14.5%	923	23.3%
Lake Country Cares Cab	838	33.9%	237	9.6%	282	11.4%
Muskego Senior Taxi	1,789	45.0%	686	17.3%	911	22.9%
New Berlin Senior Taxi	388	12.3%	1,543	48.8%	692	21.9%
Seniors on the Go	1,056	24.6%	195	4.5%	104	2.4%
Silver Streak	1,497	23.4%	636	9.9%	2,607	40.7%

2010 One-Way Trips by Purpose by Taxi Company, continued					
	Social/Recreational		Personal Business		Total One-Way Trips
	# Trips	% of Total	# Trips	% of Total	# Trips
All Day Taxi	811	24.5%	1,964	59.4%	3,309
Ann Marie Ryan's Trans	731	53.9%	216	15.9%	1,356
Best Cab	1,038	6.2%	5,640	34.0%	16,610
Elmbrook Senior Taxi	220	5.6%	1,202	30.4%	3,958
Lake Country Cares Cab	105	4.2%	1,013	40.9%	2,475
Muskego Senior Taxi	365	9.2%	224	5.6%	3,975
New Berlin Senior Taxi	382	12.1%	159	5.0%	3,164
Seniors on the Go	684	15.9%	2,258	52.5%	4,297
Silver Streak	437	6.8%	1,223	19.1%	6,400

One-Way Trips by Purpose – RideLine						
	2008		2009		2010	
	# Trips	% of Total	# Trips	% of Total	# Trips	% of Total
Medical	15,956	76.4%	17,123	78.3%	15,978	75.7%
Employment	1,274	6.1%	1,286	5.9%	1,456	6.9%
Nutrition	523	2.5%	725	3.3%	1,008	4.8%
Education/Training	1,887	9.0%	1,216	5.6%	1,309	6.2%
Shopping/Personal	524	2.5%	705	3.2%	613	2.9%
<u>Social/Recreational</u>	<u>713</u>	<u>3.4%</u>	<u>801</u>	<u>3.7%</u>	<u>738</u>	<u>3.5%</u>
TOTAL	20,877	100.0%	21,856	100.0%	21,102	100.0%

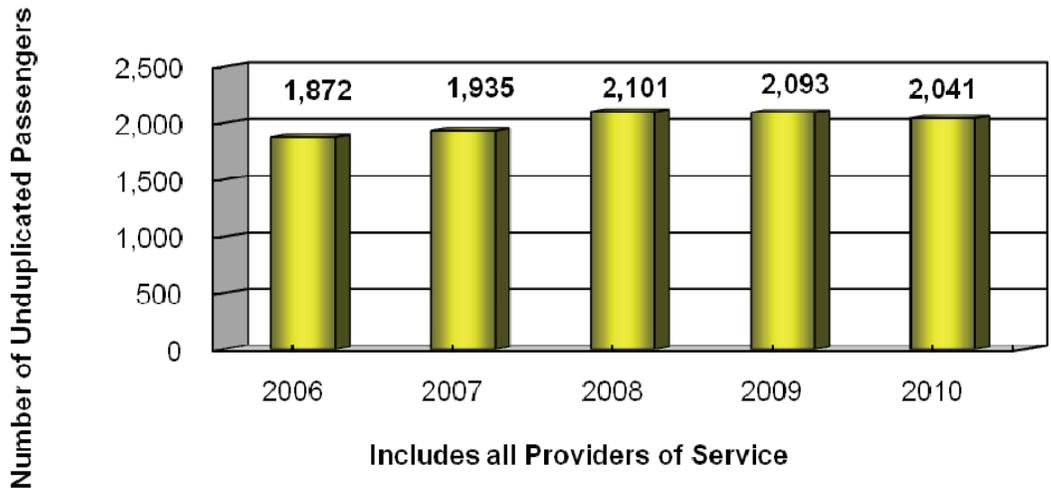
2010 RideLine One-Way Trips by Month		
Month	# Trips	% of Total
January	1,581	7.5%
February	1,541	7.3%
March	2,088	9.9%
April	1,871	8.9%
May	1,720	8.2%
June	1,788	8.5%
July	1,775	8.4%
August	1,688	8.0%
September	1,839	8.7%
October	1,847	8.8%
November	1,726	8.2%
<u>December</u>	<u>1,638</u>	<u>7.8%</u>
TOTAL	21,102	100.0%

2010 RideLine One-Way Trips by Day of Week		
Day	# Trips	% of Total
Sunday	0	0.0%
Monday	4,307	20.4%
Tuesday	3,614	17.1%
Wednesday	4,695	22.2%
Thursday	3,549	16.8%
Friday	4,937	23.4%
<u>Saturday</u>	<u>0</u>	<u>0.0%</u>
TOTAL	21,102	100.0%

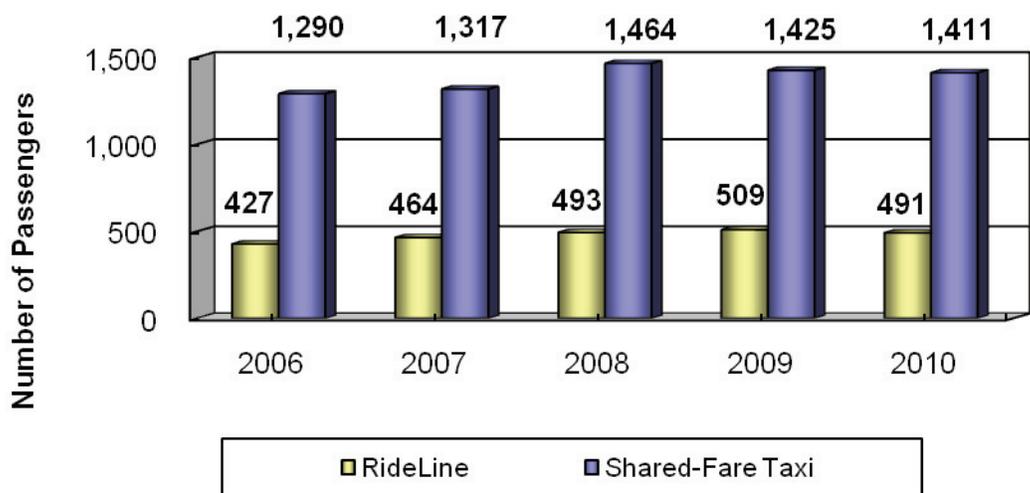
2010 RideLine One-Way Trips by Age of Passenger			
Passenger Age	# Undup. Pass.	# Trips	% of Total Trips
18 - 64	100	4,990	23.6%
65 - 69	46	2,549	12.1%
70 - 74	45	1,786	8.5%
75 - 79	63	3,043	14.4%
80 - 84	90	3,276	15.5%
85 - 89	89	3,779	17.9%
90 - 94	44	914	4.3%
95 - 99	12	653	3.1%
<u>100+</u>	<u>2</u>	<u>112</u>	<u>0.5%</u>
TOTAL	491	21,102	100.0%

2010 RideLine One-Way Trips by Passenger Fare Range			
Fare Range	# Undup. Pass.	# Trips	% of Total Trips
Range A	120	5,170	24.5%
Range B	57	2,421	11.5%
Range C	21	1,878	8.9%
Range D	69	3,901	18.5%
<u>Range E</u>	<u>224</u>	<u>7,732</u>	<u>36.6%</u>
TOTAL	491	21,102	100.0%

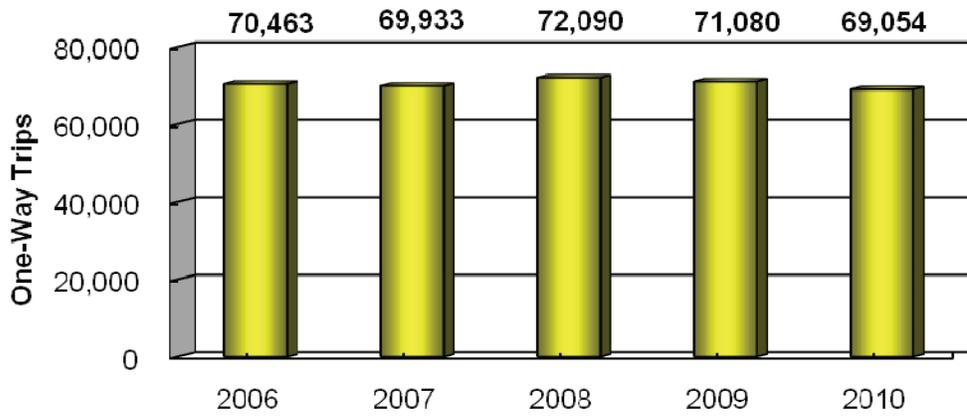
**Chart 1 Specialized Transportation
Total Unduplicated Passengers 2006 - 2010**



**Chart 2 Specialized Transportation
RideLine/Shared-Fare Taxi Passengers 2006 - 2010**

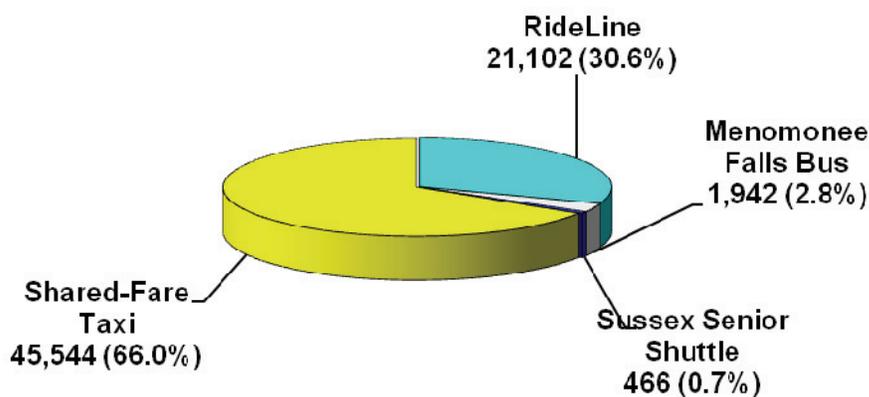


**Chart 3 Specialized Transportation
One-Way Trips 2006 - 2010**



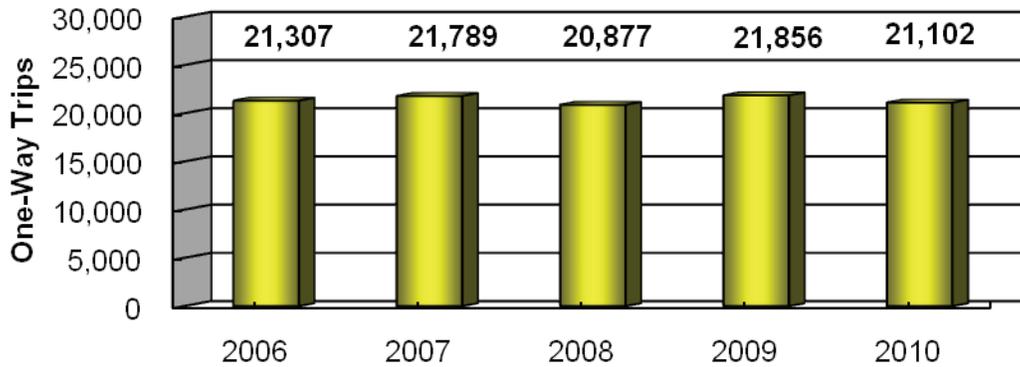
Includes all Providers of Service

**Chart 4 Specialized Transportation
One-Way Trips by Project 2010**

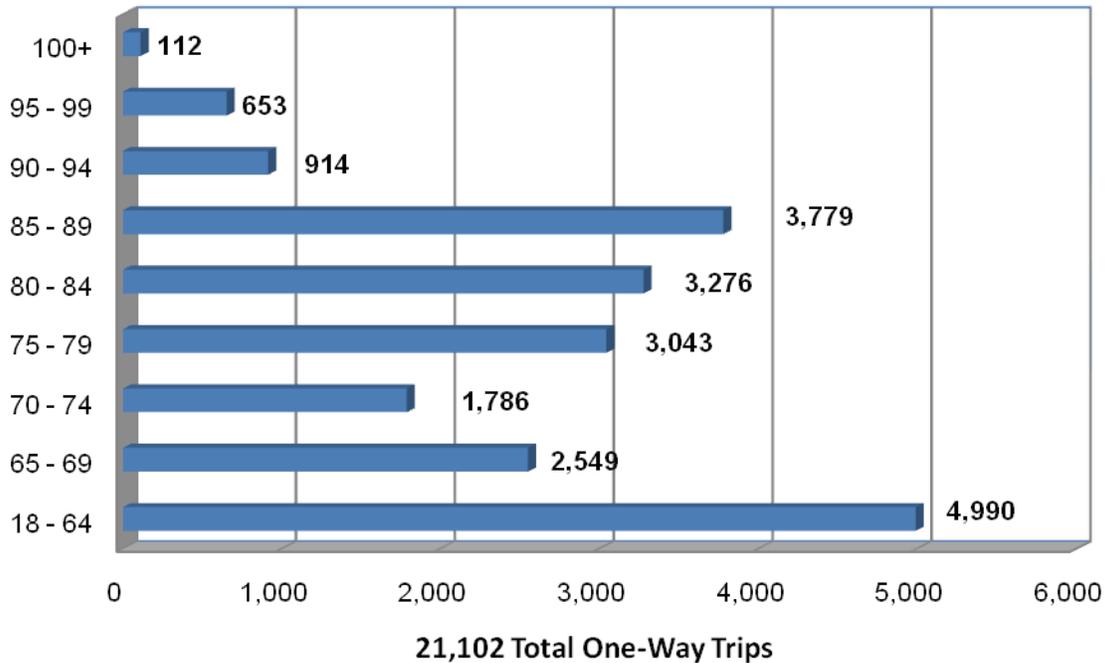


69,054 Total One-Way Trips

**Chart 5 Specialized Transportation
RideLine One-Way Trips 2006 - 2010**



**Chart 6 Specialized Transportation
RideLine One-Way Trips by Age of Passenger 2010**



... information, assistance, and education to promote independence and improve quality of life for older adults and adults with disabilities

Chart 7 Specialized Transportation
RideLine One-Way Trips
by Passenger Fare Range 2010

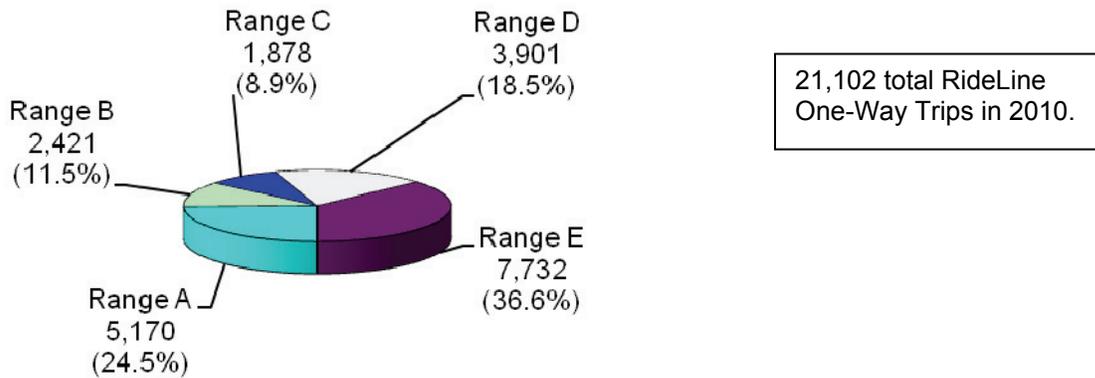


Chart 8 Specialized Transportation
RideLine One-Way Trips
by Passenger Type 2010

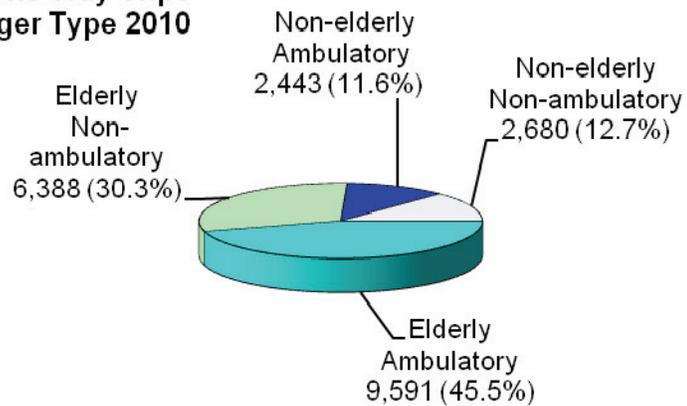
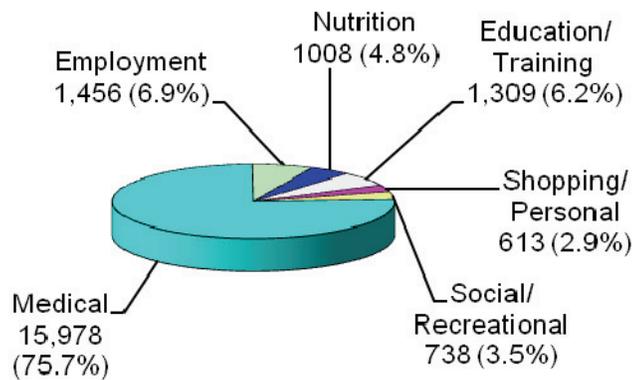
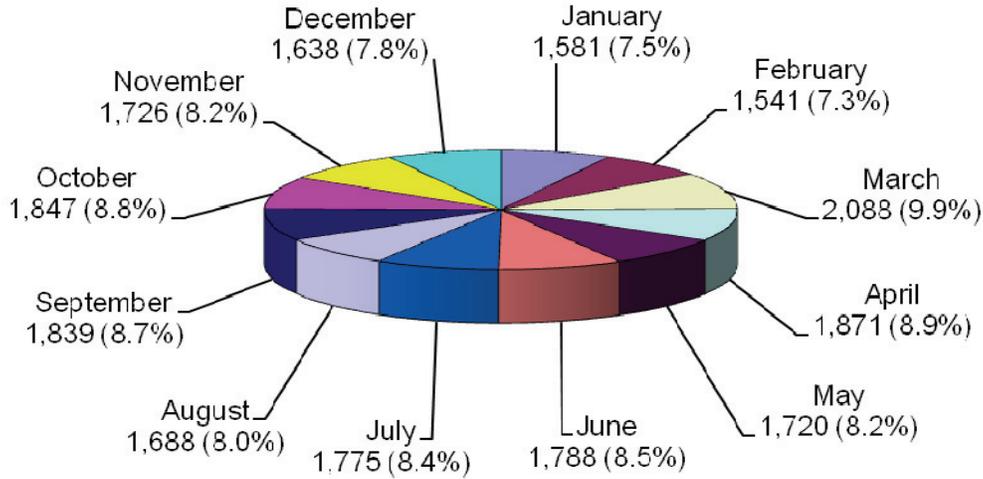


Chart 9 Specialized Transportation
RideLine One-Way Trips
by Purpose 2010

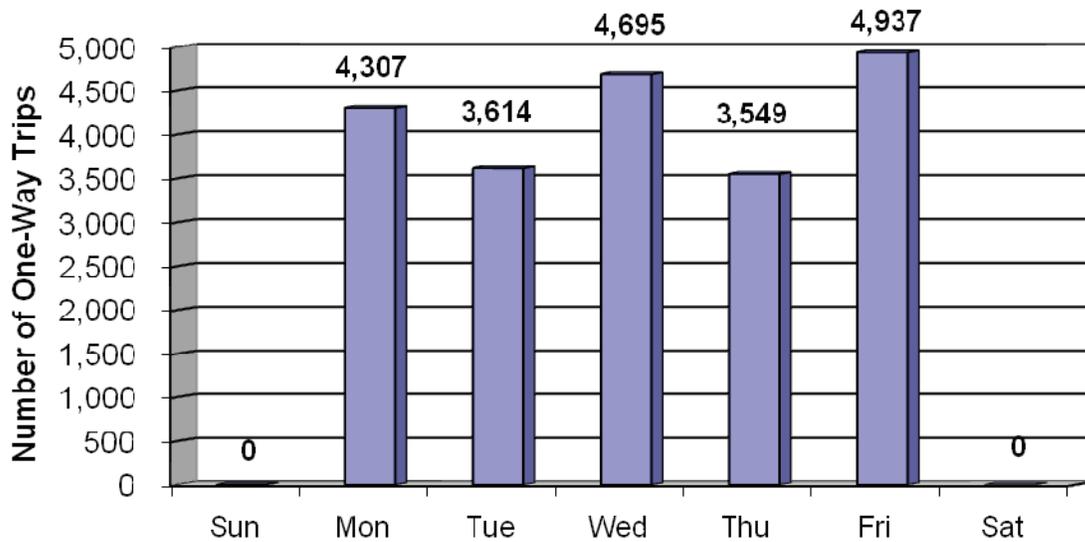


**Chart 10 Specialized Transportation
RideLine One-Way Trips by Month 2010**



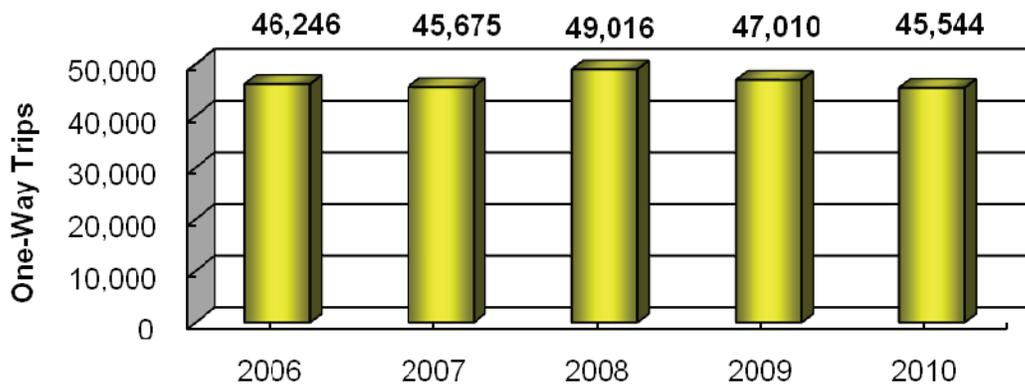
21,102 Total One-Way Trips

**Chart 11 Specialized Transportation
RideLine One-Way Trips by Day 2010**

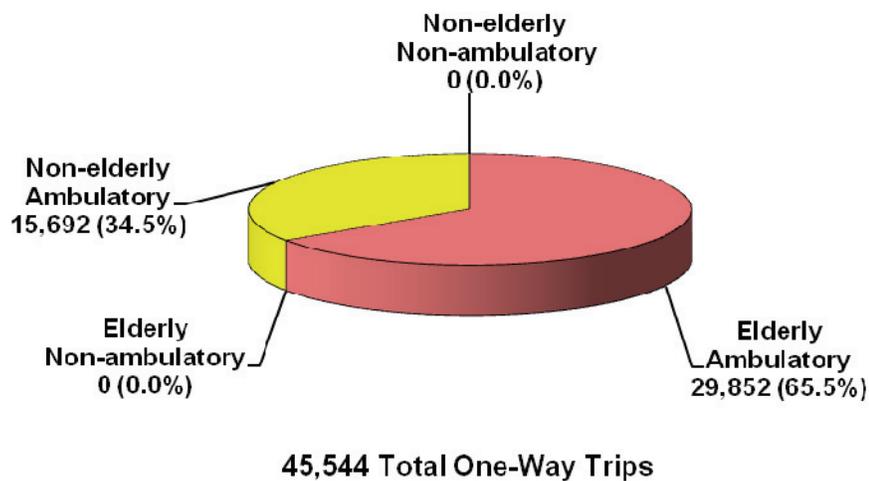


21,102 Total One-Way Trips

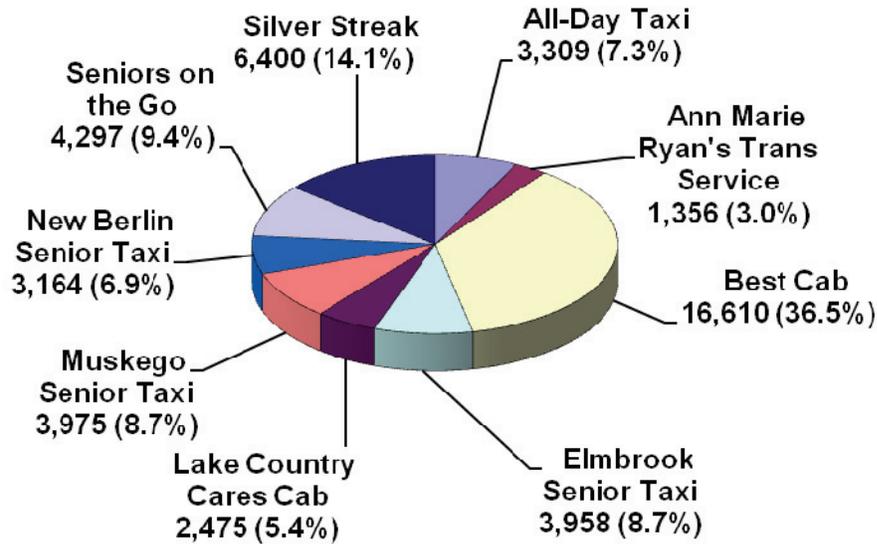
**Chart 12 Specialized Transportation
Shared-Fare Taxi One-Way Trips Provided
2006 - 2010**



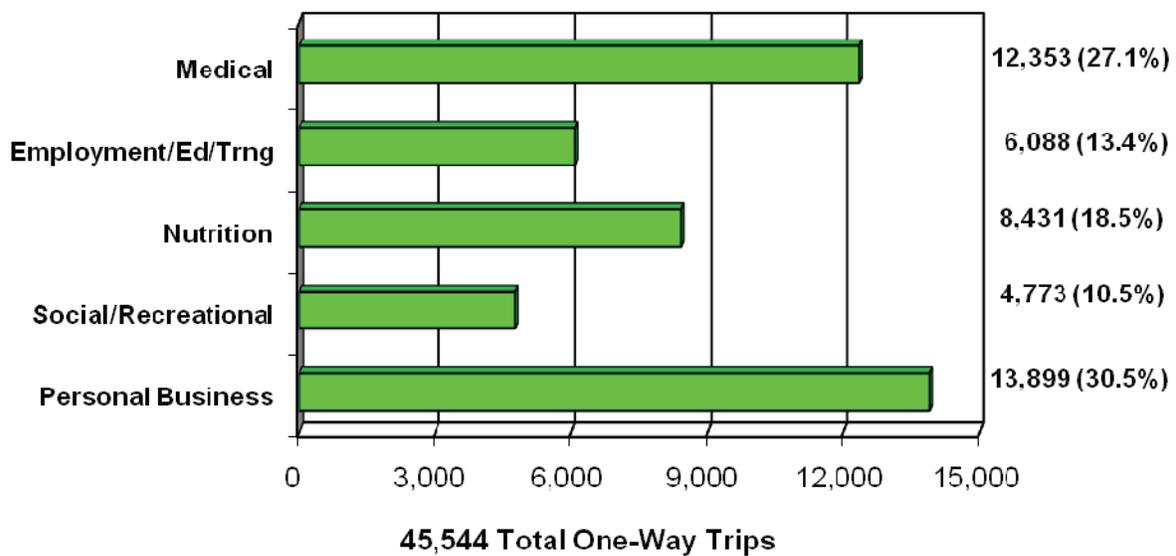
**Chart 13 Specialized Transportation
Shared-Fare Taxi One-Way Trips
by Passenger Type 2010**



**Chart 14 Specialized Transportation
Shared-Fare Taxi
One-Way Trips by Provider 2010**



**Chart 15 Specialized Transportation
Shared-Fare Taxi
One-Way Trips by Purpose 2010**



**AGING AND DISABILITY RESOURCE CENTER
OF WAUKESHA COUNTY**

2010 YEAR END REPORT

VOLUNTEER SERVICES

... information, assistance, and education to promote independence and improve quality of life for older adults and adults with disabilities

Eddie Gaal, a special office volunteer, began volunteering at the ADRC in 2004 after losing both her husband and daughter. She had been their caregiver during their long-term illnesses. During this time, she continued to work as an office manager for a local dentist to help the family. When her child died, something told her that going to work was not what she wanted to do any longer.

After reading an article on volunteers in the local paper, she called the ADRC and began helping in the office with a variety of tasks. 2010 is her 6th year of dedication to the ADRC. Eddie comes to the office every week to help with filing, making copies, doing large mailings, but most important she updates the blue folders used by the ADRC Specialists when they go on a home visit. She takes her volunteer work very seriously. We look forward to her coming in so we can catch up on her new addition, a small puppy she is training. At age 86, it is quite a challenge! She also enjoys being part of a card club once a week in Waukesha.

In addition to her volunteer work at the ADRC, she also volunteered at St Joseph's Church, getting food and other items to those with needs, and she helped sort clothing at St Vincent DePaul. Eddie was born in Waukesha, living here her whole life. She is quick to tell you how many different jobs she worked, including Arlan's Department Store, the Hillcrest School Lunch Program, Montgomery Wards, and Rose Jewelers before working with a local dentist. Her husband and she had a summer home near Wisconsin Dells. Eddie raised two girls, and enjoyed making clothes for them.

Eddie puts in over 250 hours a year volunteering with the ADRC. Her "job" assists the staff with their many job tasks. Thank you Eddie, for your dedication and for making a difference not only in your community but also in the lives of so many.

The Volunteer Services Program includes recruitment, training, placement, and retention of volunteers. These volunteers are vital to the ADRC, helping to provide services needed by the older residents of Waukesha County. During 2010, 1,062 individuals and group members volunteered their time and talents in the programs coordinated by the ADRC. Programs include senior dining, benefit specialist services, eldercare, volunteer visitor, general office services, guardians, special projects, and greeters in the county courthouse. Volunteers are recruited through churches, newspaper advertisements, service clubs, community organizations, outreach events, and by word-of-mouth. The ADRC holds an annual Volunteer Recognition Event during the spring of each year to recognize the efforts and impact of the volunteers in our community.

2010 Summary

- In 2010, 1,062 individual and group volunteers provided 35,601 hours of service to Waukesha County seniors.
- After Adult Protective Services (APS) joined the ADRC in 2010, the ADRC established a new volunteer program for volunteer guardians. These individuals are appointed by the court to make decisions for another adult. One new person was recruited during 2010. APS continued to work with 20 additional volunteer guardians who had volunteered prior to 2010.
- Of the individual volunteers in 2010, 72.6% were age 60 or older, and 67.1% were females, which is similar to previous years' profiles.
- In 2010, the total number of volunteers decreased by 21 people, or 1.9%, from 2009.
- The hours served by volunteers equate to a minimal dollar value of \$339,208, based on Waukesha County pay ranges for unclassified and semi-skilled positions. Independent Sector, a national organization working with nonprofit and philanthropic organizations, estimated that in 2010 the value of a volunteer hour nationally was \$21.36 per hour. State level valuations, which are based on 2009 data, place Wisconsin at \$17.85 per hour. Based on the state level valuations, the contribution by the ADRC volunteers equates to \$635,478.
- The overall number of volunteer hours decreased by 376 hours or 1.0% from 2009. The greatest decrease in number of hours was in the senior dining center meal program, with 10,655 hours in 2010 compared to 12,955 in 2009, a decrease of 17.8%. A major contributing factor to the decrease was the consolidation of three Waukesha senior dining centers to one Waukesha senior dining center effective January 1, 2010. The home delivered meals program volunteer hours increased by 2,118 hours or 13.4%, from 15,830 hours in 2009 to 17,948 hours in 2010.
- The major area of activity for volunteer services was in the senior dining center and home delivered meals programs, with 28,603 hours, or 80.3% of the 35,601 total volunteer hours. In 2010, 212 volunteer drivers were available to deliver meals to homebound older adults, an increase of 17, or 8.7%, from the 195 volunteer home delivered meal drivers in 2009.

**Average Hours of Service
Per Volunteer**

2008	29.1 hrs
2009	33.2 hrs
2010	34.5 hrs

- Volunteer visitors, which include both friendly visitor and the special needs friendship programs, provided a total of 2,364 hours of service in 2010. Thirty-eight older adults benefited from the time and friendship of volunteers in these two programs. Volunteer visitors, with training from the ADRC and volunteers, provide companionship to older adults who often do not have any family or friends nearby.

The special needs friendship program, operated in collaboration with Elmbrook Church Senior Ministry, reached out to isolated older adults who needed special care and attention. During 2010, 10 volunteers provided 505 hours of visiting services for 15 older adults. The ADRC and Elmbrook Church provided training for these volunteers using video-based training developed when the program first started.

- County-based community groups continued to volunteer for ADRC programs during 2010. Four family/friend groups and 13 organizations/programs provided 324 volunteers. Group members made up 30.5% of all volunteers, a decrease from 31.0% in 2009.
- Group members contributed 213 hours to the home delivered meals program, 57 hours to senior dining centers and 605 hours to special projects. In addition to Elmbrook Church Senior Ministry Special Needs Friendship program, participating groups included four family/friends groups and the following organizations:



Volunteer Group decorates Christmas bags for the home delivered meals program.

- Caregiver Intermission Program
 - Children’s Learning Center – Brookfield
 - Elmbrook Bible Study Group
 - Elmbrook Mission Group
 - Gethsemane United Methodist Church
 - Girl Scout Troop 2177
 - Junior Girl Scout Troop 473
 - Oak Hill Village Seniors
 - Pewaukee Bible Study
 - Spring Creek Bible Study Group
 - St Anthony on the Lake Church
 - St. John’s Anglican Church
 - Tamarack Place
- The ADRC held special recognition events during National Volunteer Week April 18 through April 24, 2010, recognizing “Volunteers...Everyday Heroes”. Approximately 350 volunteers attended a Volunteer Recognition Event sponsored by the ADRC on April 25, 2010.
 - Five presentations were made to business and community groups on available volunteer opportunities. In addition, general information on volunteer opportunities was included in all ADRC presentations.

	2008	2009	2010	Increase/ Decrease '09 to '10	Percent Change '09 to '10
Volunteers¹					
Individuals	700	747	738	(9)	-1.2%
<u>Group Members</u>	<u>585</u>	<u>336</u>	<u>324</u>	<u>(12)</u>	<u>-3.6%</u>
TOTAL	1,285	1,083	1,062	(21)	-1.9%
Active Volunteer Positions²					
<u>Program</u>					
Senior Dining Centers	325	356	275	(81)	-22.8%
Home Delivered Meals	439	527	465	(62)	-11.8%
Benefit Specialist	4	8	9	1	12.5%
Eldereach	27	26	20	(6)	-23.1%
Volunteer Visitor	59	53	51	(2)	-3.8%
Office/Administrative	30	34	28	(6)	-17.6%
Greeters	22	23	22	(1)	-4.3%
Guardians ³	0	0	1	1	100.0%
<u>Special Projects</u>	<u>7</u>	<u>5</u>	<u>6</u>	<u>1</u>	<u>20.0%</u>
TOTAL	913	1,032	877	(155)	-15.0%
<u>Age⁴</u>					
Under 60	181	188	192	4	2.1%
60 and Over	514	553	536	(17)	-3.1%
<u>Gender⁴</u>					
Male	228	238	243	5	2.1%
Female	472	507	495	(12)	-2.4%
<u>New Volunteers Recruited</u>	126	127	169	42	33.1%
<u>Active Groups</u>	25	19	17	(2)	-10.5%
<u>Departing Volunteers</u>	80	186	164	(22)	-11.8%

1. Volunteers is an unduplicated count of volunteers.

2. Volunteers may assist in more than one program.

3. Adult Protective Services (APS) continued to work with an additional 20 guardians who began volunteering prior to 2010.

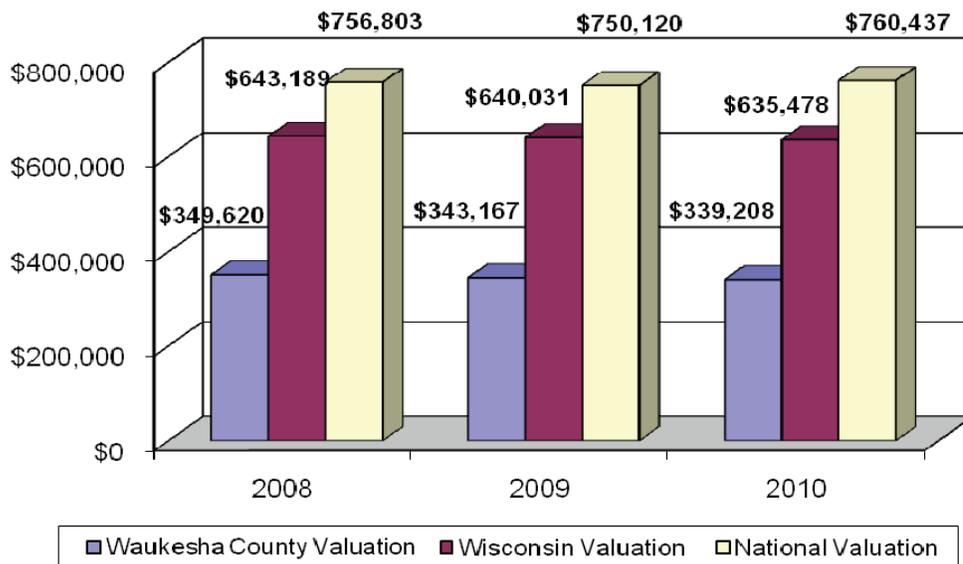
4. Age and Gender data excludes groups. Not all individuals disclosed their age.

... information, assistance, and education to promote independence and improve quality of life for older adults and adults with disabilities

	Volunteer Hours Served ¹				
	2008	2009	2010	Increase/Decrease '09 to '10	Percent Change '09 to '10
Program					
Senior Dining Centers	13,894	12,955	10,655	(2,300)	-17.8%
Home Delivered Meals	15,390	15,830	17,948	2,118	13.4%
Benefit Specialist	416	447	326	(121)	-27.1%
Eldereach	319	168	149	(19)	-11.1%
Volunteer Visitor	3,479	2,409	2,364	(45)	-1.9%
Office/Administrative	2,128	1,868	1,666	(202)	-10.8%
Greeters	1,156	1,972	1,885	(87)	-4.4%
Guardians ²	0	0	3	3	100.0%
<u>Special Projects</u>	<u>591</u>	<u>328</u>	<u>605</u>	<u>277</u>	<u>84.5%</u>
TOTAL HOURS	37,373	35,977	35,601	376	-1.0%
Value of Volunteer Time³	\$349,620	\$343,167	\$339,208	(\$3,959)	-1.2%

1. Hours are rounded. Numbers may appear not to total due to rounding.
2. Approximately 210 additional hours were contributed in 2010 by volunteer guardians who began prior to 2010 and were not included in the above totals.
3. Value based on Waukesha County pay ranges for unclassified and semi-skilled positions plus 25.0%. The 2010 hourly valuation for Benefit Specialist, Eldereach, and Guardian volunteers was \$12.33 and \$9.49 for all other volunteers.

Chart 1 Volunteer Services
Value of Volunteer Hours 2008 - 2010



Wisconsin and National Valuations from Independent Sector

... information, assistance, and education to promote independence and improve quality of life for older adults and adults with disabilities

Chart 2 Volunteer Services
Total Volunteer Hours Served 2008 - 2010

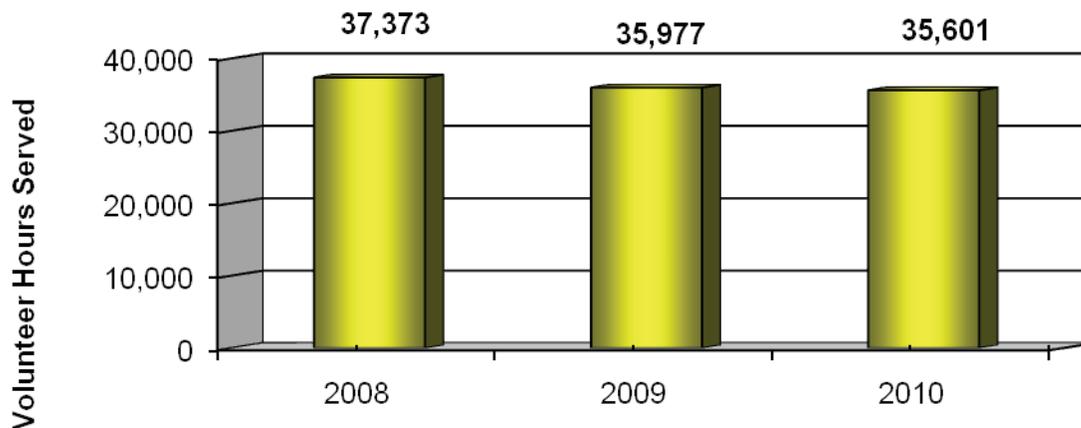
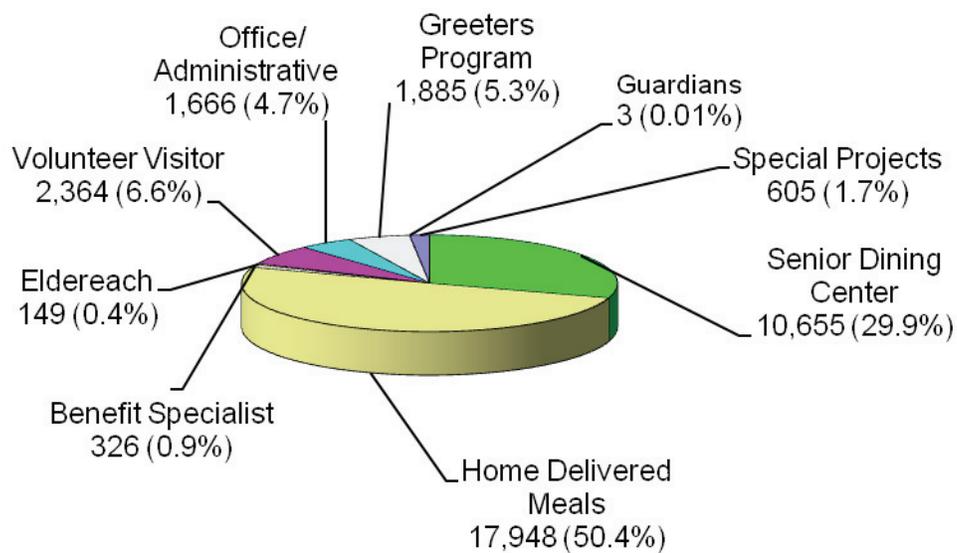


Chart 3 Volunteer Services
Total Volunteer Hours Served by Program 2010



35,601 Total Volunteer Hours

Chart 4 Volunteer Services
Total Volunteers 2008 - 2010

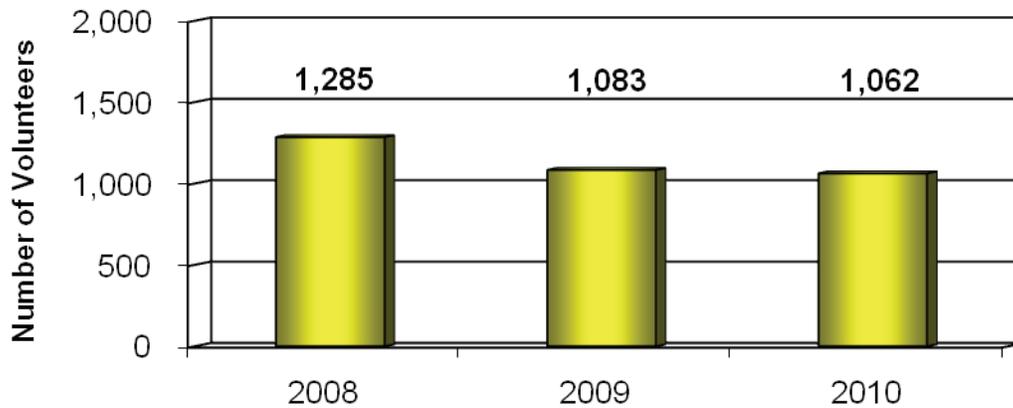


Chart 5 Volunteer Services
Individual Volunteers Active by Program 2010

