



Aging and Disability Resource Center
2008 Annual Report

The Aging and Disability Resource Center (ADRC) serving Calumet, Outagamie, and Waupaca (COW) Counties initiated services in July of 2006 with the mission to offer adults, families, and the community a single source for information and assistance plus individualized service planning to enhance self-sufficiency and quality of life. The ADRC serves people who are 60 years and older, adults with developmental disabilities, adults with physical disabilities, adults with mental health issues and / or substance use disorders, and young adults with disabilities transitioning in the adult system.

The ADRC received 12,060 calls for service in 2008. Individuals seeking assistance contacted the ADRC by phone, email, mail, fax, or by walking into any one of the three branch locations in Chilton, Appleton, and Waupaca. The average time spent with each caller upon their initial contact was 16.9 minutes. Contacts from the ADRC target populations were as follows:

Target Population	Total Number of Contacts	Percentage of Total
Older Adults (60 and older)	9371	77.7%
Mental Health	1206	10.0%
Physical / Sensory Disability	1049	8.7%
Developmental Disability	349	2.9%
Substance Abuse	109	1.0%

Of significance regarding the number of calls in 2008 are the following:

- The total number of calls increased 10.7% from 2007 to 2008.
- Calls relating to mental health issues increased 11.3%.
- Calls relating to physical and sensory disabilities increased 24.7%.

In 2008, the focus of the ADRC was to provide outreach to caregivers, establish partnerships in the area of prevention, and to provide community education.

2008 Budget

The ADRC operated in 2008 with a total budget of \$2,116,515.

ADRC Grant Funding (State of Wisconsin)	\$1,635,266
MA Match Funding (Federal)	\$ 481,249

In 2008, the ADRC operated under budget with final expenses of \$1,852,373. This was due, in part, to the creation of ADRC Assistant positions added mid-year. Sub-contracted expenses for the consortium consisted of approximately 25% of the ADRC budget, including the Project Manager, the Health and Wellness Coordinator, Disability Benefit Specialists, ADRC Assistants, marketing, and resource management.

Funding from the federal government (MA Match) was budgeted at 20. The 2008 actual MA Match for the ADRC was 25.74%.

Locations, Physical Space and Technology

ADRCs are designed to be a first place for members of the community to go with aging and disability questions. In 2008, the ADRC focused on being a friendly and welcoming place that anyone can access either in person, by phone, by email, mail or fax. Signage, both external and internal, was prevalent in all locations. In 2008, the Waupaca County Branch location added signage directing visitors to the ADRC at the parking lot entrances and inside the building. In addition to three branch locations in Chilton, Appleton, and Waupaca, a satellite location for Disability Benefit Services was established in Seymour at the Community 2000 Center.

In 2008, the ADRC dedicated much of its efforts regarding technology in making the necessary changes to the client data base in order to record I & A activity for each encounter that took place with a consumer, a new requirement for all ADRCs from the Wisconsin Department of Health Services (DHS). The ADRC serving Calumet,

Outagamie, and Waupaca Counties was one of the first ADRCs to comply with the DHS requirements for Encounter Reporting in 2008.¹ DHS expects to utilize encounter reporting information to support additional funding in the state budget for ADRCs.

The ADRC also researched the options available for a single resource data base including Beacon and New Life Styles. Due to major changes occurring within DHS in terms of long term care reform and ADRC expansion, the decision on investing time and funds in a new resource data base was postponed in order to “wait and see” what changes would arise with DHS requirements.

Marketing, Outreach, and Public Education

In 2008, the ADRC continued to contract with Willems Marketing to assist with marketing and outreach efforts that included press releases, brochure development, website development and promotional items. Willems Marketing provided a match for each hour of service purchased by the ADRC. Highlights of marketing activities in 2008 included:

- Received monthly media exposure for new employees, relevant topics such as Medicare enrollment, events such as the medication collection, and general topics such as caregiver tips, home handyman services, falls prevention, and holiday depression
- Post Crescent Inc. Innovator article featured the ADRC Health and Wellness Coordinator
- Fox 11 Good Morning covered Strong Women workshops
- Guest columns on power of attorney
- ADRC appearances on local radio programs (WHBY and WDUX)
- Developed a formal ADRC PowerPoint presentation with the ADRC colors and logo as the background
- Designed and purchased marketing items for distribution including pens, night lights, water bottles, travel mugs, and pill holder key chains.

In addition to the activities of Willems Marketing, each ADRC branch produced newsletters on a bi-monthly or quarterly basis, and included topics related to benefits, nutrition, health, social activities, support groups, and events of interest to our target

¹ Encounter reporting requires I & A workers to report on each encounter with a consumer and include the age group, disability type, caller type, and ADRC service provided.

populations. Each branch produced an Aging and Disability Resource Directory in 2008, with a distribution of more than 20,000 directories annually.

The ADRC added an area on the website for long term care reform updates, including links to resources about long term care reform in Wisconsin, announcements about public meetings, timelines and presentations on the roll out of Family Care in Calumet, Outagamie, and Waupaca Counties. The ADRC Project Manager and Health and Wellness Coordinator began updating the website, reducing the dependence upon Willems Marketing in 2008.

In 2008, over 70 presentations and educational workshops were provided to the community:

- The ABCs and Ds of Medicare was offered four times (in conjunction with the Social Security Administration) with approximately 100 attendees.
- Three Power of Attorney workshops, lead by an attorney on the ADRC Advisory Committee, were held with 120 attendees.
- Seven stakeholder meetings were held regarding long term care reform, including information about ADRC services.
- Presentations at various network meetings included Casa Hispana, Hmong American Partnership, Fox Cities Community Council, Waupaca Senior Resource Network, Shawano / Clintonville Resource Network.
- Presentations with professionals included the Social Security Administration, Emergency Shelter of the Fox Cities, Theda Case Managers (discharge planners), Neuroscience Center, Network Health Plan, ARC of Fox Cities, Fox Valley Technical College (FVTC), Wisconsin County Human Services Association, local attorneys, and service organizations.
- Booths at resource fairs included Fox Cities Health Fair, Marion Health Fair, Waupaca Health Fair, Better Side of 50 Fest, SeniorFest, ThedaCare Vendor Fair, Waupaca County Fair, Boomers and Beyond Expo.
- Presentations at state conferences included the Department of Health Service Long Term Care Conference, the ADRC state conference, the Fox Valley Sibling Network state conference.

The ADRC collaborated with Disability Rights Wisconsin and the State Bar Association to provide a continuing legal education seminar on Social Security Administration Hearings for attorneys. The event was attended by 40 attorneys who received information about the ADRC and the Benefit Specialist Program. Seven attorneys

agreed to accept referrals from the ADRC for consumers needing legal representation at Social Security hearings. The seminar yielded a variety of great partnerships in this area.

In 2008, the ADRC began focusing on working caregivers. An emphasis on outreach with human resources professionals took place, with Prepare To Care presentations provided to employees at Bassett Mechanical, to Calumet County employees, and to employees from FVTC, Chilton campus. This continues to be a focus of the ADRC in 2009.

Information and Assistance

The ADRC operated with 12 full time Information and Assistance (I & A), three staff who acted as back up specialists, and the services of two staff through LSS Senior Connections. Contacts to the ADRC were routed to I & A Specialists, licensed social workers or registered nurses, who helped consumers define their personal situations and needs, provided assistance and / or referred the contact to an appropriate resource. Top issues that prompted contacts to the ADRC I & A Specialists were:

I & A Call Topic	Total Calls	Percent of Total
General Information	1667	15 %
Financial	869	8%
Home Care / Support Services	662	6%
Long Term Care Assessment	601	5.5%
Medical / Dental Issues	596	5.5%
Behavioral / Mental Health	538	5%
Nutrition Services	417	4%
Transportation	301	3%

Options Counseling

Options counseling is an important service provided by I & A Specialists. It is an interactive decision-support process working with individuals and their families /

advocates so they are informed about their long term care options and make the best decision for their situation. It includes home visits and is generally more time-intensive general information provision.

As part of options counseling, determining sources and methods of both public and private payment for long-term care services is necessary. This may include completion of the State of Wisconsin Long-term Care Functional Screen to determine if the individual is functionally and / or financially eligible for Medical Assistance and other long-term programs. In 2008, ADRC I & A Specialists completed 389 Functional Screens as part of Options Counseling.

Benefits Specialist Services

In 2008, 3605 calls or 33% of the contacts to the ADRC were for benefits counseling, a dramatic increase over 25% in 2007. The total monetary impact of the work of the ADRC Elderly Benefit Specialists and Disability Benefits Specialists in 2008 was \$3,047,225.²

The State of Wisconsin Elderly Benefit Specialist (EBS) Program is funded by the DHS State, Title IIIB Federal Older American Act, and other sources. The program is managed by the Coalition of Wisconsin Aging Groups (CWAG) Elder Law Center that provided technical training and legal supervision. Elderly Benefits Specialists provided aid to older persons in obtaining private and public benefits, legal issues, housing issues, medical and telephone bills, etc. A majority of their work was related to Medicare questions, primarily Medicare Part D.

The ADRC had three full-time Elderly Benefit Specialists who provided counseling and assistance to 1845 persons in 2008. The monetary impact of their work in terms of

² Monetary impact refers to the annualized value of benefits achieved and any back payments of benefits due to the consumer upon closing of a case. Benefits include the value of Medicare, Medicare Part D, cash value of SSI and SSDI benefits, and 58% of the value of MA benefits from the Federal Government. It also includes the cash value of medical and other bills covered by other sources for the consumer.

helping individuals in obtaining benefits and assistance with bills totaled \$1,328,364.

The types of issues most frequently handled by Elderly Benefit Specialists included:

- Enrollment in Medicare Part D prescription drug plans and SeniorCare
- Private health insurance issues
- Income support – bankruptcy, debt relief, Social Security, energy assistance
- Low income subsidies – food stamps, energy assistance, home improvement loans
- Consumer issues – fraud, unfair sales practices, financial counseling
- Housing – subsidized and public housing, tenant's rights
- Elder Rights

Issues related to Medicare plan options and Medicare Part D continued to occupy the Elderly Benefits Specialist Program in 2008. As a means to meet the needs of more individuals with questions about Medicare, Elderly Benefits Specialists in the ADRC worked together to present a community workshop for individuals interested in learning more about Medicare. Four workshops on Medicare were held in 2008 with approximately 100 attendees.

The State of Wisconsin operates the Disability Benefit Specialist (DBS) Program only in counties with ADRCs for individuals who have disabilities and are 18-59 years of age. Disability Rights Wisconsin manages the program, providing technical training and legal supervision. Disability Benefit Specialists provided information about public and private benefits (Medical Assistance, Social Security Disability Income, and Supplemental Security Income) and assistance with application and appeal procedures.

The ADRC contracted with Valley Packaging, Inc. for four Disability Benefit Specialists. In 2008, they opened 355 new cases during the year and were authorized representatives for 90 individuals. The monetary impact of their work was \$1,718,861, with 88% being federal dollars. Statistics related to the Disability Benefit Specialist activities in 2008 included:

- 40% of the individuals served were between 50-59 years of age (n=141)
- 32% of the individuals served were between 40-49 years of age (n=111)
- 170 were female, 178 were male
- 107 of the individuals served had a physical disability

- 132 of the individuals served had co-morbidity with physical disability and mental health issues
- 50 of the individuals served had mental health issues
- 161 of the individuals served (46%) were at or below 100% of the federal poverty level, which means that they were the poorest of the poor
- 190 individuals or 55% received services related to base disability determination activities

ADRC Assistants

With the growing number of individuals coming to the ADRC to apply for Medical Assistance programs, the ADRC added ADRC Assistants in 2008. ADRC Assistants worked with consumers who are applying for public assistance and need assistance with preparing financial, medical and other documents related to applications for entitlements and other programs. They ensured that documents were in place and deadlines for applications were met. Many individuals who were previous not successful in applying for Medical Assistance Programs were able to receive approval for their application thanks to the ADRC Assistants.

Prevention and Early Intervention Services

The ADRC operated with a full-time Health and Wellness Coordinator, Nancy Krueger, funded in the general ADRC budget and not dependent upon additional grant funding. In 2008, the ADRC made substantial progress in developing leaders and partners for three evidence-based prevention workshops, with a total of 16 workshops offered with 161 participants:

- Living Well with Chronic Disease: Self-Management Workshop was developed by Stanford University. It is a six-week workshop for participants with chronic conditions that have caused a loss in physical condition such as arthritis, heart problems, asthma, stroke, chronic pain, cancer, osteoporosis, diabetes, obesity, high blood pressure, and emphysema. The workshop teaches skills to deal with illness and continue with a normal life. Six Living Well workshops were held with 48 participants.
- Stepping On: Falls Prevention Workshop is a seven-week workshop using adult education to develop knowledge and skills to prevent falls in older adults. The program focuses on how strength and balancing exercises, medication management, home safety, footwear, vision, and mobility are important in preventing falls. Eight Stepping On workshops were held with 71 participants.

- Strong Women was developed by Tufts University and is a training program designed to help participants (women and men) become or remain fit, strong, and healthy. The program emphasizes the benefits of strength training for middle-aged to older adults including increased mass and strength, improved bone density, reduced risk for osteoporosis and related fractures, reduced risk of diabetes, heart disease, arthritis, depression, and obesity, and improved self-confidence, sleep and vitality. Two Strong Women classes were held with 42 participants.

Prevention-related outreach also included the ADRC's participation and promotion of two medication collection events, coordinated by the counties' Solid Waste Management Departments, UW Extensions, and numerous private partners in the region. In Calumet, Outagamie, and Waupaca Counties, 1237 citizens brought in 2138 pounds of uncontrolled substances and over 40,000 controlled substance doses, making the medication collections very successful once again. In 2008, the focus shifted from planning collection events to planning the establishment of permanent medication drop-off locations within the three counties, making medication collection available throughout the year.

As efforts to increase partnerships developed in 2008, the ADRC hosted a Prevention Summit with over 30 participants / providers attending. The event was facilitated by Dr. Dale Feinauer of the University of Wisconsin Oshkosh and focused on the needs of our target populations and potential prevention-related activities to address those needs. From that summit, a prevention subgroup met regularly to continue the discussion and work towards a common prevention project. In addition to ADRC representatives, participants in the prevention subgroup included:

- Kurt Eggebrecht, Appleton Public Health
- Lois Gruetzmacher, Outagamie County Public Health
- Mary Beth Frumelle, Good Shepherd Services
- Christie Gonwa, Bethany Home
- Dick Swanson, Thompson Community Center
- Teri Moe, Waupaca Senior Center
- Mark Morrison, Calumet County DHS

- Mark Weisensel, Winnebago County DHS

In addition to the partnerships made with members of the prevention summit, other important partnerships were developed in 2008. The Health and Wellness Coordinator joined several community committees including ACTIVATE Fox Cities, CHIP (Community Health Improvement Plan for Outagamie County), NuAct (nutrition coalition for Waupaca County). Partnerships were developed with Network Health Plan who had staff become Living Well Workshop leaders and took on the responsibility of handling registrations for workshops in all three counties. Partnerships were also developed with the Neuroscience Center and the Fox Cities YMCA for the Stepping On Workshops.

In 2008, a partnership with the ARC Fox Cities and the UW Extension Wisconsin Nutrition Education Program was facilitated by the ADRC, resulting in a nutrition workshop series for developmentally disabled adults. Ten individuals completed the workshop, and the plan was to continue the workshop series.

Community Needs Assessment

In 2007, ADRC staff identified and listed unmet needs based upon experience providing options counseling and benefits counseling to ADRC target populations. Information on community needs was also determined through review of consumer satisfaction surveys. Through the staff training process, small focus groups consisting of ADRC staff and management were organized to discuss service gaps and further define the needs in each area identified. Areas of unmet needs included:

- Attorney services either on a pro bono basis or on a sliding fee scale
- Services to address the needs of veterans with traumatic brain injuries
- Waiting lists for long term care
- Resources for individuals in distress while they wait for SSI and SSDI determinations
- Home delivered meals in certain rural areas
- Emergency resources
- Medical / para-transit transportation options
- Medical equipment
- Additional staff time to advocate for consumers and populations in need
- Additional staff time dedicated to Medicare Part D consumer issues

- Understanding and accessing resources provided by faith communities
- Dental services for consumers with Medical Assistance
- Affordable prescription drug services for consumers with immediate needs
- Psychiatric services across county lines
- In-home respite services for caregivers (both funding and providers)
- Handyman services in rural areas
- Bill paying and check writing service for people with impairments who cannot manage these tasks independently
- Peer companions in rural areas
- Rural transportation services for non-medical purposes
- Temporary shelters for the homeless
- Affordable housing options
- Employment options for individuals in our target populations trying to reenter the workforce
- Out of home respite options
- Funding options for supportive home care and skills training for our target populations

ADRC activities in 2008 addressed some of these unmet needs including:

- Three Power of Attorney Workshops were attended by 120 individuals who learned about POA for Health Care and Finance.
- Relations with the Emergency Shelter of the Fox Valley were strengthened with training of both ADRC and Shelter staff regarding the needs of homeless individuals.
- Outreach to faith communities continued to be a focus to better understand services available in congregations throughout the region.

Several activities are planned to take place in 2009 to address some of these unmet needs including utilizing a portion of ADRC funding to contract with Lutheran Social Services to develop lists of private service providers in the region who provide lawn care, snow removal, home repair, and other home care services, including a completion of background checks on vendors and listing their rates for services.

Advisory Committee Activity

The ADRC was served by an Advisory Committee comprised of 12 volunteers, four representatives appointed from each county in the consortium. Advisory Committee members represented each target population, providers, advocates, or respective county boards.

The Advisory Committee met six times in 2008 and had presentations on Family Care, the ADRC budget, prevention activities, marketing efforts, staff training, and unmet needs in the community.

In 2008, the Advisory Committee held a planning session to look at their role and objectives for upcoming years. The session was facilitated by Nancy Heykes and included all committee members, Health and Human Services Directors, ADRC Managers and Supervisors. The session included an analysis of the ADRC's strengths, weaknesses, opportunities, and threats. The committee and staff then identified strategic issues facing the ADRC, brainstormed activities or roles that the committee could take on to address the strategic issues, and "voted" on their priorities. Priorities of both committee members and staff were 1. Unmet needs, 2. Marketing, 3. Quality, and 4. Volunteerism.

Members of the Advisory Committee committed to assisting with outreach by providing contacts in local organizations such as businesses and churches for ADRC presentations and continued to develop their role in light of Family Care expansion in the three counties.

Organization and Staff Training

The ADRC operated with purchase of service contracts between Calumet County (as fiscal agent for the ADRC), Outagamie and Waupaca Counties. Memoranda of understandings identified relationships and responsibilities between the ADRC and various individual county units such as Adult Protective Services, Mental Health, and Economic Support.

Oversight of the ADRC was provided by the Executive Steering Committee: Todd Romenesko, Director of the Calumet County Department of Human Services, Rosemary Davis, Director of the Outagamie County Department of Health and Human Services, and Dennis Dornfeld, Director of the Waupaca County Department of Health and Human Services. The Executive Steering Committee met monthly (and as needed) and

made decisions affecting the ADRC by a majority vote. The Project Manager, Nancy Leipzig, directed, managed, and coordinated the day-to-day operations of the branch locations, had responsibility for the development and maintenance of consistency within the consortium, and oversight of the ADRC Core Functions as defined in the ADRC state contract. The Project Manager reported to the Executive Steering Committee and worked directly with the Core Workgroup:

- Felicia Shaw, Manager of Long Term Support Services, Calumet County
- Mary Schlautman, ADRC Branch Supervisor, Calumet County
- Tom Stratton, Manager of Long Term Support Services, Outagamie County
- Bonne Elias Planner, ADRC Branch Supervisor, Outagamie County
- Pat Enright, Manager of Community Care Division, Waupaca County
- Donna Siedschlag, ADRC Branch Supervisor, Waupaca County
- Nancy Krueger, Health and Wellness Coordinator

The Core Workgroup met on a monthly basis to discuss issues facing the ADRC and made day-to-day operational decisions by consensus as well as implemented organizational decisions made by the Executive Steering Committee. (Refer to organizational chart.) In 2008, the Core Workgroup finalized the revised ADRC Policy Manual that addressed topics such as ADRC services and target populations, organization and governance, staffing, Information and Assistance services (including follow up procedures), benefit specialist services, accessing ADRC services, customer service, marketing, and best practices in each area.

The ADRC provided a variety of opportunities for staff training and education in 2008. In addition to individual branch staff and unit meetings, the ADRC held four consortium-wide staff trainings (ADRC Forum) during the year. Topics and presentations included:

- ADRC policies and procedures
- Prevention-related activities
- Assistive Technology (each branch received Assistive Technology Toolkits from DHS)
- Teamwork and communication
- Quality and customer service
- Consistency
- Reporting requirements
- Cultural Competency (Jill Niemczyk, NEW Area Health Education Center)

- Customer Service (Dave Willems, Willems Marketing)
- NAMI (Karen Aspenson, NAMI Fox Cities)
- NuAct (Bev Hall, UW Waupaca Extension)
- Family Care expansion (Todd Romenesko, Calumet Co. DHS)
- Interagency Agreement for Youth Transitions (Mike Linak, DHS, Steve Gilles, DPI, and Anne Eggebrecht, DVR)
- Elder Economic Security Standard Index Report (Betsy Abramson)
- The Disease of Addiction (Ridge Putnam)
- Department of Veterans Affairs (Bob Kelter, VA)

ADRC staff attended the DHS Long Term Care Conference and the state ADRC conference in Appleton, hosting tours as part of the conference. The ADRC also hosted a training with DHS staff on 100% MA Time Reporting, attended by our ADRC staff as well as staff from several other ADRCs.

As the expansion of ADRCs around the state continues, it is acknowledged that ADRCs will work together regionally and statewide to determine training needs and prepare workshops to address those needs, focusing on I & A Specialists whose program is not yet structured or formalized in Wisconsin (relative to Elderly Benefit Specialist and Disability Benefit Specialist programs).

Quality Assurance / Quality Improvement Process

The ADRC engaged in a variety of quality improvement activities in 2008, including improved signage, addition of staff to assist consumers with paperwork, and defining best practices with phone etiquette, marketing, follow up, call flow, and the philosophy of “no wrong door”.

The ADRC conducted satisfaction surveys sent to approximately 5% of consumers served by the ADRC. In 2008, 456 surveys were sent. Data from returned surveys (N = 184 or 40%) was shared with staff, managers, supervisors, and Advisory Committee members. Supervisory and management staff followed up with consumers on calls to the ADRC regarding positive services and complaints, questions, or concerns. In general, comments and responses about service from the ADRC were positive.

Survey Question	Number	Percentage
The information provided by the ADRC was helpful and consistent with what was requested.	168	91%
The ADRC responded to questions in a timely manner.	170	93%
Consumers were treated with respect and courtesy.	179	97%
Consumers felt that the person they spoke with understood what they wanted.	172	94%
Consumers would recommend the ADRC to family or friends.	170	94%

Respondents also identified how they heard about the ADRC:

- 32% - Family or friend
- 30% - Community agency
- 7% - Printed materials, poster, or resource directory
- 9% - Doctor or hospital
- 8% - Phone book
- 5% - Newspaper
- 3% - Community event
- 2% - Speech or presentation

Some comments from the satisfaction surveys about how ADRC services could be improved included timeliness of response, help filling out paperwork, not getting passed from one person to another, follow up, and more information about what is available in the area.

Some positive comments about the ADRC included:

- *Thanks for all your concern and help.*
- *I was well satisfied.*
- *You all did a good job for us.*
- *Our first contact with ___ on the phone and ___ as our case worker was polite, empathetic and informative. Thank you.*
- *I received great info, more than I knew was available.*
- *Both receptionists that I spoke with were very nice and understood my needs.*
- *This was a nice surprise. I was expecting to be looked down on and ___ was exactly the opposite. She was friendly and caring.*
- *I don't know how to express how easily she picked up on what I was trying to say.*
- *I was thoroughly pleased with my recent experience.*
- *We were so pleased with the professionalism and compassion that we received at the ADRC during our struggled with prescription drug coverage. We feel so*

satisfied not just with the result of our situation, but with the fact that people with disability have such a wonderful resource... you eased our minds and did such a great job "going the extra mile" during a difficult time. We are so grateful.

- *Your service is very valuable. My mother lives alone. She is independent and active and we want to help her remain comfortable and safe. It is helpful to have information to help mom make decisions and the services available to help support these decisions.*
- *The two ladies who came to my home were the nicest and most kindest that you would want to meet. Thank you from the bottom of My Heart.*