AGENDA

Eau Claire County
Aging & Disability Resource Center Board
Monday, November 21, 2022, at 4:00 pm
721 Oxford Ave
Room 1301/1302
Eau Claire Wi, 54701

Those wishing to make public comments must submit their name and address no later than 30 minutes prior to the meeting to brianna.werner@eauclairecounty.gov Comments are limited to 3 minutes; you will be called on during the public section of the meeting. Written comments will also be accepted and should be submitted to brianna.werner@eauclairecounty.gov

Public Access: 1-415-655-0001 US Toll, Meeting number (access code): 2594 179 0097

*Mute your personal device upon entry

- 1. Welcome & Call to Order
- 2. Confirmation of Meeting Notice
- 3. Public Comment
- 4. Board Introductions
- 5. Review of October 17th ADRC Board Minutes / Discussion Action Handout #1
- 6. Nutrition Updates
- 7. 85.21 Paratransit application Discussion-Action Handout #2
- 8. 2022 Financial Projections/Update
- 9. 2022 Performance Measure Handout #3
- 10. Advocacy/Advisory committee updates
- 11. Future agenda items
- 12. Adjourn

Prepared by Brianna Werner

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of individuals with disabilities through sign language, interpreters, remote access, or other auxiliary aids. Contact the clerk of the committee or Administration for assistance (715-839-5106). For additional information on ADA requests, contact the County ADA Coordinator at 839-6945, (FAX) 839-1669 or 839-4735, TTY: use Relay (711) or by writing to the ADA Coordinator, Human Resources, Eau Claire County Courthouse, 721 Oxford Avenue, Eau Claire, WI 54703.

Eau Claire County Aging & Disability Resource Center Board Monday, October 17, 2022, 2022, 4:00 pm Room 1301/1302

Chair Stella Pagonis called the meeting to order at 4:00 pm.

Roll Call/Members Present: Stella Pagonis, Tami Schraufnagel, Allen Myren, Jean Doty, Dan

Sippl, Amanda Babb, Heather Deluka, Sue Miller, Sandra Romey,

Audrey Nelson,

Others Present: Jim Coldwell, Linda Struck, Betsy Henck, Brianna Werner

Confirmation of meeting notice- yes.

Public Comment- Butterfly house closed

Board introductions- introductions by board members.

Review September 19, 2022, ADRC Board Minutes. Tami moves to approve, no edits. All in favor. No opposed. Minutes passed as presented.

Benefit Specialist Presentation-Jim Coldwell/Leda Judd- (Leda)Discussion about Elder benefit specialists and Disability benefit specialists. Screening for public assistance. Very confidential programs. 189 benefit specialists in Wisconsin, 99 EBS, 87 DBS, 3 that are dual. Here to educate people on their choices, provide Medicare & You seminars. Help navigate Social Security, Food Share, and other public benefits. (Jim) DBS provide more advocacy for ages of 18-59, mental health backgrounds, homeless, helping advocate to get SSDI, approval rate for SSDI higher when working with DBS. Discussion about grant funding, marketing, and outreach.

Transportation Updates- Betsy – 85.21 Public hearing scheduled for 11/16/22 at 1:00pm in Fairchild, 11/21/22 at 3:00pm before ADCR board meeting. Discussion about city and county joint funding, paratransit and different projects. Ridership is steady for ADRC van 75-78 rides a month average. Waived all copays for paratransit for the last quarter of the year. Project 2 and out of county co pays have been waived for one year, project 1 just started being waived for last quarter of the year.

Nutrition Updates- kitchen moving along, completion date may be pushed back to end of January. Satisfaction survey distributed already, should have results by next meeting. Cost of food increasing, MOW being affected, year to date through September \$3.83 for raw food cost. Average cost was \$4.26 in August. In 2021 \$3.13, 2020 \$2.91 goal is \$2.90 which was set in 2019, donation rate \$2.70, suggested donation rate is \$4.00

Director's Report- Personnel update, MOW cook could be off 3-6 months, ad in paper for LTE. Resource Specialist II position is vacant, in process of filling already, should be announcing soon. MOW kitchen has lease through end of February could extend if landlord does not have space rented out. The highway department is working on grand opening events. We would like to have something for volunteers at new kitchen after grand opening.

Review County Administrators Budget - Discussion/Action- 2023 County Budget Information | Eau Claire County (eau-claire.wi.us) — Every oversight committee was asked to review budget that was forwarded and what the administrator is recommending. ADRC's Levy impact is \$226,000, 7% of total county budget. No changes to be reported to the county administrator. Discussion about raises and cost of living. Discussion about county health insurance plan options. Discussion about the Culture Diversity position that is in the HR budget and how the ADRC has contract language regarding equity and diversity.

Future agenda items- Advisory committee updates, performance measurements through 3rd quarter, 2022 budget updates and financials.

Stella adjourned meeting at 5:37

Next meeting date November 21st at 4:00pm

Respectfully Submitted,

Brianna Werner

Aging & Disability Resource Center Board

COUNTY ELDERLY TRANSPORTATION 2023 PROJECT BUDGET SUMMARY

County	of
County	v.

Eau Claire

Project Name

Paratransit	Specialized	Eau Claire Rural	Nutritional Support	
Transportation	Transportation	Transportation	Transportation	Totals
Program Project 1	Program Project 2	Program	Transportation	

Project Expenses

Expenses - revenue =

Total Project Expenses \$367,280.00 \$124,875.00 \$32,717.00 \$10,581.00 **\$535,453.00**

Project Revenue by Funding Source

§85.21 Annual Allocation	\$139,400.00	\$104,063.00	\$27,264.00	\$8,817.00	\$279,544.00
§85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
County funds	\$27,880.00	\$20,812.00	\$5,453.00	\$1,764.00	\$55,909.00
Passenger Revenue	\$200,000.00	\$0.00	\$0.00	\$0.00	\$200,000.00
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
§5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total from other funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

2023 APPLICANT INFORMATION FORM

For additional information on this Application Workbook, please refer to the §85.21 Application Guidelines for CY2023

County of	Eau Claire					
Primary Contact for this G	Grant Program					
Name	Betsy Henck					
Telephone Number	715-839-6259			Exter	sion	
Email Address	betsy.henck@eauclaireco	ounty.gov				
Application Preparer (if di	fferent than primary contact)					
Name						
Organization						
Telephone Number				Exter	nsion	
Email Address						
Applicant Status	Place your initials in box to the rigit county government or an agency of organized as a non-profit under W	of the county depart	ment. Private n	on-profits or Aging	g Units	ВН
Organization Info	Place your initials in the box certify been updated in the BlackCat Onlibest of your knowledge.			•	-	ВН
Federal Grant Match	Please place an "X" next to any fe	deral grant that will	be using §85.21	1 funds as local ma	atch.	
	5310	5307	Х	5311		
	Other (Please explain)					
Coordination	Please identify the county's coordi	inated plan name, g	oal(s) and page	number(s) in whic	ch your §85.21 pro	oject(s) is/are
	Title of Coordinated Plan:	Eau Claire Loc 2019-2024	cally Develo	ped Transpoi	rtation Coordi	nation Plan
The goal(s) and/or s	strategies from which your		4, 5			
	project is included:					
• ,	Coordinated plan in which	2				
the	goals may be referenced:					
ASSESSIBILITY	eate whether or not §85.21 state aid nce during the calendar year.	will be used for the	transportation o	of persons who ca	nnot walk or perso	ons who walk
NO	(If no, please explain how the Ame			equirements for ed	quivalency of serv	ice between
	ambulatory and non-ambulatory pa	асоснусто WIII De M	Oi./			

VEHICLE INVENTORY

County of Eau Claire

Instructions: Please provide your entire specialized transit vehicle inventory. (Include all vehicles used to transport seniors or individuals with disabilities.)

Vehicle Type	Model Year	Current Mileage	No. of Ambulatory / Wheelchair Positions	Funding Source (mark with X)		rce X)	Place "X" in box to indicate if vehicle is	
(Minivan, Medium Bus, etc.)	Woder rear	Current Willeage	(Ambulatory/Non-Ambulatory)		85.21	Trust	Other	leased to another party.
Mini Van	2017	64,941	2		х			

If you have more vehicles than can fit onto one sheet, please add another copy of this sheet. *Right click on the tab, select **Move or Copy**, select **Vehicle Inventory**, check the box to **Create a copy**, click **OK**.

THIRD PARTY PROVIDERS

County of **Eau Claire**

Instructions: Please complete the table below for any existing or anticipated third party contracts for your specialized transportation services. Upload a copy of the lease or contract to a folder in the Resources tab. (If there are no projects or vehicles that are contracted or leased out, please put None in the first gray box.)

Paratransit Project 1 Abby Vans, INC Contract yes 1/1/2019 12/31/2024 Paratransit Project 2 Abby Vans, INC Contract yes 1/1/2019 12/31/2024 Nutritional Support Transportation Abby Vans, INC Contract yes 1/1/2019 12/31/2024	Project Name	Anticipated or Known Contractor Name	Type of Agreement (Lease or Contract)	Bidding Required (Yes or No)	Start Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
	Paratransit Project 1	Abby Vans, INC	Contract	yes	1/1/2019	12/31/2024
Nutritional Support Transportation Abby Vans, INC Contract yes 1/1/2019 12/31/2024	Paratransit Project 2	Abby Vans, INC	Contract	yes	1/1/2019	12/31/2024
	Nutritional Support Transportation	Abby Vans, INC	Contract	yes	1/1/2019	12/31/2024

If you have more vehicles than can fit onto one sheet, please add a copy of this sheet. *Right click on tab, select Move or Copy , select Vehicle Inventory , check the box to Create a copy , click OK .

TRUST FUND SPENDING PLAN

County of Eau Claire

Instructions: Please record your plan on how your county will spend down their trust fund over the next three years.

Be as specific as possible. Do NOT include 2023 purchases made with trust funds.

Expenditure Item If non-vehicle capital purchase, please provide description on second page below.	Planned year of purchase (YYYY)	Pro	ject Cost
Vehicle Modification Grant	2023		\$10,000.00
Vehicle Repair Grant	2023		\$20,000.00
Community Transportation Grant	2023		\$50,000.00
ADA Compliant Pedal Boats	2023		\$15,000.00
Bus Stop Sidewalk Repair	2023		\$16,000.00
Vehicle Modification Grant	2024		\$10,000.00
Vehicle Repair Grant	2024		\$20,000.00
Rural Transportation Van Replacement	2024		\$60,000.00
All Terrain Wheelchairs	2023		\$12,000.00
Tricycles for Community Members	2023		\$30,000.00
Tricycles for Community Organization	2023		\$12,000.00
Total projected cost of	of 3-vear plan	\$	255,000.00

Estimated amount of state aid to be held in trust on 12/31/2022 \$307,000.00

Will auto calculate based on	year entered above	Enter the amount of funds next three years. If r		
Spending plan for 2023 =	\$ 165,000.00	Funds added for 2023 =	Estimated balance on 12/31/23 =	\$ 142,000.00
Spending plan for 2024 =	\$90,000.00	Funds added for 2024 =	Estimated balance on 12/31/24 =	\$ 52,000.00
Spending plan for 2025 =	\$-	Funds added for 2025 =	Estimated balance on 12/31/25 =	\$ 52,000.00

Date complete

Prepared by Betsy Henck

Narrative for non-vehicle equipment purchases. *Please explain why you are requesting WisDOT approval for an exception. If already received WisDOT approval, please list date approval received. (Hint: Use ALT and Enter to start a new paragraph.)

*Vehicle Modification Grant, provide up to \$5,000 to approved applicants to help make a current vehicle they own accessible. Items must be installed by an established vendor, application process required

*Vehicle Repair Grant, provide up to \$2,500 to approved applicants to help make repairs to their vehicles for safety. Does not apply to general maintenance or cosmetic repairs. Repairs must be completed by an established vendor, application process required.

*Community Transportation Grant approved 7/26/21

*Bus stop sidewalk repair. There is currently a bus stop located at E. Hamilton Ave & Gateway in Eau Claire that For additional space to complete your narrative, please scroll down to second page.

TRUST FUND SPENDING PLAN

Continued

	County of	Eau Claire	
	C C C, C .		
Nar	rrative for no	n-vehicle equipment purchases continued.	
(Hint	t: Use "ALT" and '	Enter" to start a new paragraph.)	

PROJECT 1 DESCRIPTION

County of Eau Claire

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

employment, and personal business purposes.

Project Name	Paratransit Transportation Program Project 1							
Third Party Provider	Abby Vans, IN	IC						
Date contract last updated	2018							
ype of Service	(Place an "x" ne	ext to the type o	f service you will	be providir	ng for this project.,)		
,	Volunteer Driver		Vouche	r Program				
V	ehicle Purchase		Managem	nent Study				
	Planning Study		Brief description of Study					
Other (provi	ide explanation)	Manage contra	act for services					
	L							
General P <u>roject Summa</u>	ry (Provide a brie	ef description of t	this project. Use A	LT and Ente	er to start a new par	agraph.)		
			•		s Inc. to provide			
_	Transportation program. This program is for adults with disabilities as well as adults 60+ who have							
	•		•	-	•			
	_		•		<u> </u>			
Third Party Provider Date contract last updated Type of Service Other (providence) The City of Early and Early and Early and Early individuals meaning abiliting individuals meaning and early individuals meaning early individuals meaning early individuals meaning early individuals early individuals early individuals early ear	Abby Vans, IN 2018 (Place an "x" new Volunteer Driver Lehicle Purchase Planning Study Ede explanation) Ty (Provide a briefing Claire and East program. This less that prevent the eating the same	Manage control of description of the group of them from util criteria who li	f service you will Vouche Managem Brief description of Study act for services this project. Use A ty contract with or adults with d izing public trar ive in the rural p	LT and Entersportation part of the	er to start a new para s Inc. to provide as well as adults n. This program	agraph.) the Paratransit 60+ who have is also for unable to access		

PROJECT DESCRIPTION, Continued

Geogra	phy	of	Ser	vice
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(List the counties, as well as cities/areas that are serviced though this project. Use ALT and Enter to start a new line.)

Individuals interested in utilzing the paratransit program must complete an application. These applications are available at the ADRC or Eau Claire City Transit. Once completed, the application is turned into Eau Claire City Transit for review. This review can take up to 21 days. If the applications is approved the rider will be notified and can start utilizing services through Abby Vans Inc. immediately. If denied, appeal rights are found at City Transit.

Service Hours (Indicate your general hours of service for this project.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Star		6:00 AM	6:00 AM				
Time		0.00 AIVI	0.00 AIVI	0.00 AIVI	0.00 AW	0.00 AIVI	0.00 AW
End		10:00 PM	6:00 PM				
Time		IU.UU PIVI	0.00 PW				

Additional description
(if applicable)

Service Requests (Briefly describe how your service is requested for this project.)

Individuals interested in utilzing the paratransit program must complete an application. These applications are available at the ADRC or Eau Claire City Transit. Once completed, the application is turned into Eau Claire City Transit for review. This review can take up to 21 days. If the applications is approved the rider will be notified and can start utilizing services through Abby Vans Inc. immediately. If denied, appeal rights are found at City Transit.

Passenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)

This project is for adults 18-59 with a disability determination through the Social Security Administration, or other equivalent medical determination, and adults 60+ who are unable to take public tranpsortation services throught the City of Eau Claire, and those individuals meeting the above criteria who reside in the rural part of the county who do not have access to transportation services.

Passenger Revenue (Briefly describe	passenger revenue	requirements for	tnis project.)

Rider co-pay requirements are \$3.50 per one-way trip, or \$7 round trip.				

section Description		Am	ount
•			
Innual Expenditures Enter the amount of total expenditures for this project.			
	otal Expenses	\$367,2	80
*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Report you will submit at the end of the calendar year.	· <u></u>		
nnual Revenue			
Enter the amount for <u>each</u> funding source that will be used for this *When complete, please scroll to bottom of this page to ensure the <u>Expe</u>		nue equals \$0.	
A. §85.21 funds from annual allocation	To	otal from A.	\$139,400
B. §85.21 funds from trust fund	To	otal from B.	
C. County Match Funds	To	otal from C.	\$27,880
D. Passenger Revenue	To	otal from D.	\$200,000
E. Older American Act (OAA) funding	To	otal from E.	
F. §5310 Operating or Mobility Management funds	To	otal from F.	
G. Other funds (Provide name and/or description and record total amount in the box to the right of the description. Include sources such as othe grants and/or programs.)	•	otal from G.	\$0
1.	Total		
2.	Total		
3.	Total		
4.	Total		
5.	Total		
6.	Total		
Rev	enue Total	\$367,2	80
Property all the control of the control of	L was seen a	^	
Expenditures should equal	revenue	\$0	

PROJECT BUDGET

PROJECT 2 DESCRIPTION

County of Eau Claire

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name	Specialize	d Transportatio	on Program	Project	2	
Third Party Provider	Abby Vans, II	NC				
Date contract last updated	2018					
Type of Service	(Place an "x" no	ext to the type of s	ervice you will	l be providi	ng for this project.)
V	olunteer Driver		Vouche	er Program		
Ve	ehicle Purchase		Managen	nent Study		
	Planning Study		Brief description of Study			
Other (provid	de explanation)	Manage contract	tservices			
Specialized Tr to tranportatio locations outs	Disability Res ansportation P n services bef ide of Eau Clai	ource of Eau Cla	ire County co s with disabil ar city bus ho e rides can be	ontracts w lities and a ours, on Su	ith Abby Vans Ind Idults 60+ who do Unday and for spo	c. to provide the o not have access ecial trips to

PROJECT DESCRIPTION, Continued

Geography of Service

(List the counties, as well as cities/areas that are serviced though this project. Use ALT and Enter to start a new line.)

The service area includes Eau Claire, Fall Creek, Augusta, Fairchild as well as surrounding parts of the county. This project also allows for out of county transportation services in surrounding counties as requested. These requests are processed through the ADRC of Eau Claire County on a case by case basis.

Service Hours (Indicate your general hours of service for this project.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	7:00 AM	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 AM to 8:00 AM
End Time	2:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM	6:00 PM - 10:00 PM

Additional description (if applicable)

Service Requests (Briefly describe how your service is requested for this project.)

All out of county rides are authorized by the ADRC of Eau Claire County on a case by case basis.

Individuals requesting Project 2 rides who are already certified through the Paratransit application process are able to schedule rides directly through Abby Vans Inc.

Individuals requesting Project 2 rides who are not already certified through the Paratransit application process must contact the ADRC of Eau Claire County to approve.

Passenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)

This project is for adults 18-59 with a disability determination through the Social Security Administration, or other equivalent medical determination, and adults 60+ who are unable to take public tranpsortation services throught the City of Eau Claire, and those individuals meeting the above criteria who resides in the rural part of the county who do not have access to transportation services.

Passenger Revenue (Briefly describe passenger revenue requirements for this project.)

The rider co-pay is \$3 per one-way trip and \$6 round trip.

If traveling outside of Eau Claire County limits, the passenger is charged \$.55 per mile outside of the county lines to their desired destination, as well as the co-pay.

PROJECT BI	JDGET		
Section Description		Amou	nt
Annual Expenditures			
Enter the amount of <u>total</u> expenditures for this project.		\$494.07F	
*Please note: Breakdown of expenses is not required at this time. You wind provide the breakdown of actual expenses in the Annual Financial Repo t you will submit at the end of the calendar year.		\$124,875	
Annual Revenue			
Enter the amount for <u>each</u> funding source that will be used for the two the two that will be used for the two the		nue equals \$0.	
A. §85.21 funds from annual allocation	To	otal from A.	\$104,063
B. §85.21 funds from trust fund	To	otal from B.	
C. County Match Funds	To	otal from C.	\$20,812
D. Passenger Revenue	To	otal from D.	
E. Older American Act (OAA) funding	To	otal from E.	
F. §5310 Operating or Mobility Management funds	To	otal from F.	
G. Other funds (Provide name and/or description and record total amount in box to the right of the description. Include sources such as o	the	otal from G.	\$0
grants and/or programs.) 1.	Total		
2.	Total		
3.	Total		
4.	Total		
5.	Total		
6.	Total		
	Revenue Total	\$124,875	
Expenditures should equal reve	nue	\$0	
=Apolialiai oo oiloala oqual 1010		ΨΨ	

PROJECT 3 DESCRIPTION

County of Eau Claire

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name	Eau Claire	Rural Transp	oortation Pro	gram		
Third Party Provider						
•		T				
Date contract last updated						
Type of Service	(Place an "x" ne	ext to the type o	f service you will	l be providi	ng for this project.)
\	/olunteer Driver		Vouche	er Program		
Ve	ehicle Purchase	x	Managen	nent Study		
	Planning Study		Brief description of Study			
Other (provid	de explanation)		,			
scheduled soc services in the	d Disability Res	ource of Eau Cults with disable he community.	laire County pu ilities and adult These trips inc	urchased a	an accessible var	to provide ess to tranportation

PROJECT DESCRIPTION, Continued

Geogra	phy of	Service
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(List the counties	, as well as cities/areas that are	e serviced though this project	ct. Use ALT and Enter	to start a new line.)

Eau Claire County Rural Communities take priority,	City of Eau Claire and	Altoona also served	if
available.			

Service Hours (Indicate your general hours of service for this project.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		Variable	Variable	Variable	Variable	Variable	
End Time		Variable	Variable	Variable	Variable	Variable	

Additional description Trips are scheduled per availability of driver and pre-planned schedule. These rides take (if applicable) place M-F. These rides times are subject to change per trip type and ride time.

Service Requests (Briefly describe how your service is requested for this project.)

All rides are approved by the van driver according to schedule. If there is interest in a trip, an individual needs to contact the driver at the designated number to schedule at least 24 hours in advance. If there are rides not on the schedule, the individual will need to contact the driver to see if it is able to be accomodated and plan on schedule. Rides are subject to change.

Passenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)

This project is for adults 18-59 with a disability determination through the Social Security Administration, or other equivalent medical determination, and adults 60+ who reside Eau Claire County, and preference to those in the rural part of the county.

Passenger Revenue (Briefly describe passenger revenue requirements for this project.)

No co-pay is required for these rides. If passengers are interested in making a donation for the ride, they do so to the ADRC. This is voluntary and no money is collected by the driver.

PROJECT BUI	OGET			
Section Description			Amount	
Annual Expenditures				
Enter the amount of total expenditures for this project.		* 0.0	747	
T *Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Report you will submit at the end of the calendar year.	otal Expenses	\$32	2,717	
annual Revenue				
Enter the amount for <u>each</u> funding source that will be used for this *When complete, please scroll to bottom of this page to ensure the <u>Expe</u>		evenue equals \$0.		
A. §85.21 funds from annual allocation		Total from A.	\$27	,264
B. §85.21 funds from trust fund		Total from B.		
C. County Match Funds		Total from C.	\$5	,453
D. Passenger Revenue		Total from D.		
E. Older American Act (OAA) funding		Total from E.		
F. §5310 Operating or Mobility Management funds		Total from F.		
G. Other funds (Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)		Total from G.		\$0
1.	Total			
2.	Total			
3.	Total			
4.	Total			
5.	Total			
6.	Total			
Re	evenue Total	\$32	2,717	
Expenditures should equal revenu	ıe		\$0	

PROJECT 4 DESCRIPTION

County of Eau Claire

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name	Nutritional	Support Trai	nsportation			
Third Party Provider	Abby Vans, II	NC				
Date contract last updated	2018					
Type of Service	(Place an "x" ne	ext to the type of	service you will	be providi	ng for this project.))
	Í					•
\	/olunteer Driver		Vouche	r Program		
Ve	ehicle Purchase		Managem	nent Study		
	Planning Study		Brief description of Study			
Other (providence)	de explanation)	manage contra		viding free	rides through pa	aratransit to
		Nutritional Sup	pport Services ((i.e. Eau C	laire County Food	d Pantries, The
General Project Summar						
					cts with Abby Var	
		or The Commu		transport	ation for free ride	es to and from Eau
Claire County	i oou i antiles	or the commu	inty rable.			

PROJECT	DESCRIPTION,	Continued

• •			are serviced thou	igh this project. U	se ALT and E	Enter to start a new	line.)
	Eau Claire Co	unty					
Service H	lours (Indicate	e your general hou	urs of service for	this project.)	,		
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							
Tillie							
Addi	itional description (if applicable)	Transportation	n must be prov	ided during ho	urs of oper	ations of specifi	c destinations.
Service R	All transportat Eau Claire Cou through the pa who are not al County to app	tion to and from unty on a case aratransit proce ready certified prove.	n food pantries by case basis. ess are able to through the pa	Individuals re schedule rides	munity tabl questing ric directly th ess must co	des who are alre	s, Inc. Individuals
i asserige	This project is or other equiv services throu	for adults 18-5 alent medical c ight the City of	59 with a disab determination, Eau Claire, an	ility determinat and adults 60+	ion through who are ur uals meetir	nable to take pub ng the above crit	urity Administration, blic tranpsortation eria who resides in
Passenge	er Revenue (B	Briefly describe pa	ssenger revenue	requirements for	this project.)		
-		ation is free of					

PROJECT BUDGE	Т	
ection Description		Amount
nnual Expenditures		
Enter the amount of <u>total</u> expenditures for this project.		10.504
Total E *Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Report that you will submit at the end of the calendar year.	xpenses \$1	10,581
nnual Revenue		
Enter the amount for <u>each</u> funding source that will be used for this proje *When complete, please scroll to bottom of this page to ensure the <u>Expenditur</u>		
A. §85.21 funds from annual allocation	Total from A.	\$8,817
B. §85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$1,764
D. Passenger Revenue	Total from D.	
E. Older American Act (OAA) funding	Total from E.	
F. §5310 Operating or Mobility Management funds	Total from F.	
G. Other funds (Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other	Total from G.	\$0
grants and/or programs.) 1.	Total]
2.	Total]
3.	Total]
4.	Total]
5.	Total]
6.	Total]
Revenu	e Total \$1	10,581
Expenditures should equal revenue		\$0

ADRC

The ADRC offfers information and assistance and access to a wide variety of services for people age 60 and older; adults with disabilities and their caregiver; regardess of income. The ADRC provides information on a broad range of programs and services, helps people understand the various long-term care options available to them, helps people apply for programs and benefits, serves as the access point for publicly funded long-term care, provides support for people living with dementia and their care partners and offers evidence based health promotion and prevention classes.

OUTPUTS	2019	<u>2020</u>	<u>2021</u>	YTD* 2022
Information & assistance contacts	17,005	15,557	17,619	14,270
Unduplicated number of people receiving assistance	5,156	4,555	5,093	4,454
Contacts for assistance ages 60+	13,078	11,826	14,068	11,389
Contacts for assistance ages 18-59	3,927	3,731	3,551	2,881
Options Counseling Referrals	1,651	1,442	1,881	1,122
Youth Transition Referrals	n/a	42	26	27
Disability Benefit Specialist Referrals	400	326	285	301
Elder Benefit Specialist Referrals	784	655	640	476
Medicare Annual Open Enrollment Referrals (October 15 - December 7)	145	194	187	n/a
Total Family Care Enrollments	210	183	198	215
Total IRIS Enrollments	58	54	44	19
Medical Assistance Applications the ADRC Assisted With	176	186	217	161
Functional Screens Completed	n/a	317	329	299
Memory Screens Completed	96	70	66	75
Total Prevention & Health Promotion Classes Offered	42	28	30	28
Total Number of Participants in Prevention & Health Promotion Classes	819	462	431	404
Adaptive Equipment Loans	441	259	397	192
Total number of volunteers for prevention	12	14	11	12
Hours donated by volunteers for prevention	749	309	372	291
Individuals receiving supportive and/or respite services	29	52	53	43
Staff presentations, workshops, support groups, and education outreach	1		159	150
Number of people attending presentations, workshops, support groups, and education outreach	T		1768	3,634
OUTCOMES	2019	2020	<u>2021</u>	YTD* 2022
Options Counselors record reviews will be at or above 85% accuracy			n/a	n/a
Less than 5% of calls coming into the ADRC queue will be abandoned by the caller			3.40%	3.34%
95% of individuals responding to Prevention & Health Promotion post class surveys will indicate the information and education provided met or exceeded their expectations.	99%	99%	98%	100%
,			*YTD indicate	es Jan-Sep Result

Nutrition

This program includes Meals on Wheels delivered throughout the county. Senior dining sites located at the Augusta Senior Center, LE Phillips Senior Center, and St. John's Apartments are included. Additional services that support nutrition are also a part of this program area such as the liquid supplement program and volunteer drivers for Meals on Wheels.

OUTPUTS	2019	2020	2021	YTD* 2022
Congregate meals served	7,707	1,709	897	3,536
Meals on Wheels delivered	60,240	80,156	89,334	72,678
People served	1,140	1,190	1166	1227
Cases of Liquid Supplements distributed	1,134	871	708	497
Nutrition Risk Screens completed	612	625	528	447
Total average number of volunteers	86	106	160	169
Hours donated by volunteers	12,719	12,248	12,212	9,091
OUTCOMES	2019	2020	<u>2021</u>	<u>YTD* 2022</u>
85% of program participants responding to annual satisfaction surveys will indicate they would recommend meals on wheels to friends and family.	95%	96%	96%	n/a
Average food-supply costs per meal will be below \$2.90/meal	\$2.74	\$2.91	\$3.13	\$3.90

*YTD indicates Jan-Sep Results

Transportation

The county partners with the City of Eau Claire to provide transportation for people age 60+ and adults with disabilities who do not have access to transportation. Rides are provided for medical, nutritional, social, and employment purposes. The program is funded with a WI Department of Transportation grant and levy match.

OUTPUTS	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>YTD* 2022</u>
Total number of Project 1 paratransit rides (normal bus hours)	25,744	9,172	8,203	6,293
Total number of Project 2 paratransit rides (non-bus hours)	2,984	1,257	1,901	1,423
Total number of out of county trips	196	1127	1683	927
Total number of trips with ADRC van	898	882	749	734
Total number of rides for people age 60+ (all rides)	7,822	4,631	4,687	3,352
Total number of rides for people with disabilities (all rides)	11,326	6,931	7,086	5,291
OUTCOMES	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>YTD* 2022</u>
90% of users responding to semi annual surveys will indicate they are satisfied to very satisfied with Specialized Transportation services.	93%	97%	96%	n/a
			*YTD indicate	es Jan-Sep Results