Agency Name:

Colonial Club Senior Activity Center

**Reporting Period:** 

Quarter 3 (July-September)

Reported by:

Gail Brooks, Case Management Coordinator

Phone & Email:

(608) 837-4611 ext. 127

Provide comments on:

**Emerging Trends** (in our area during this quarter):

Non-COVID related referrals for home delivered meal requests due to recent hospitalization and increased frailty.

Specifically had an increase in veterans needing to find alternate housing due to financial concerns and owners of rental unit selling property.

Increase for in-home care services and counseling regarding these options to include long-term care program options.

Referrals for people new to Medicare not related to the Medicare Open Enrollment.

Social isolation causing anxiety, fear, loneliness and depression (as reported by contacts with clients). The increased anxiety and fear expressed by clients in part relates to COVID-19 such as when the pandemic will come to an end. Some clients have been exposed increasing their anxiety and fear. However, concerns expressed to staff is not just about COVID-19. There are so many layers based on what has been happening locally and nationally, to now include the upcoming election.

Assisting clients with voting process.

Still continue to receive many requests for assistance in finding alternate affordable housing (particularly subsidized, section 8 or HUD). Very difficult to find due to extensive waiting lists.

Some difficulty at times finding agency help for in-home care as a result of COVID.

Clients with cognitive concerns and/or mental health concerns as even more difficult to assist them due to restrictions resulting from COVID. Telephone calls are helpful only to a degree.

Number of individuals counseled regarding reporting & repairing finances after a scam

2.00

Number of First Responders Dementia Forms completed

0.00

Agency Name:

DeForest Area Community & Senior Center

**Reporting Period:** 

Quarter 3 (July-September)

Reported by:

Natalie Raemisch

Phone & Email:

846-9469 ext 1608 nraemisch@deforestcenter.org

Provide comments on:

**Emerging Trends** (in our area during this quarter):

Helping with address updates and register to vote. Help with getting an absentee ballot. Elective surgeries are back so people are calling about DME.

Client Issues (that require extensive time or for whom resources are limited or

unavailable):

More and more families needing/wanting in home help. Not enough workers and not enough funding to help people access this.

Transportation for people in programs.

Number of individuals counseled regarding reporting & repairing finances after a scam

3.00

Number of First Responders Dementia Forms completed

0.00

Agency Name:

## **Fitchburg Senior Center**

**Reporting Period:** 

Quarter 3 (July-September)

Reported by:

Amy Jordan & Sarah Folkers

Phone & Email:

sarah.folkers@fitchburgwi.gov 608-270-4294

Provide comments on:

## **Emerging Trends** (in our area during this quarter):

Food insecurity Housing insecurity Social Isolation Transportation insecurity Depression/loneliness due to COVID Financial insecurity due to COVID Voting

We are seeing an increase in phone calls from clients who are dealing with depression, loneliness and general social isolation due to COVID. People are eager to come back to the Senior Center as they miss staff and other participants.

Transportation to appointments, etc. continues to be difficult due to RSVP services remaining closed. Telehealth is not a good option for many, as they either do not have a computer, or they do but are unable to grasp the concept of a telehealth appointment.

Many people started to reach out towards the second half of this quarter re: assistance with absentee voting. Most people live alone so don't have a readily-available witness to sign their ballot. Social Workers have not only been acting as witnesses, but also have been requesting absentee ballots online for those who are unable to do it themselves.

COVID-related financial insecurity is very real for many people, which then typically leads to housing and/or food insecurities. There are limited resources for those who are having difficulty getting their rent and/or bills paid due to a COVID-related job loss.

Number of individuals counseled regarding reporting & repairing finances after a scam

0.00

Number of First Responders Dementia Forms completed

1.00

Agency Name:

McFarland Senior Outreach Services

**Reporting Period:** 

Quarter 3 (July-September)

Reported by:

Lori Andersen

Phone & Email:

608-838-7117

Provide comments on:

## **Emerging Trends** (in our area during this quarter):

As COVID restrictions continue on we have to continually look at how we serve the needs of the seniors in different ways. We have been evaluating the programs that the library can and will continue to offer via zoom or video so that we can potentially add to the repertoire of things accessible by computer. We have worked with our communication/tech department in ways we can get info out to people in our community. The rural areas we serve are more challenging as there is no central way to communicate. The townships don't have electronic communication and only one of the areas has a newspaper. Our newsletter is not the main source of information although it is available at all town halls(which are now inaccessible) and on our web page. It does seem like clients who need our service, whether Med D, loan closet or meal etc do seek us out. We continue to have regular contact with our most fragile clients.

We held a drive thru picnic, which was a success despite the weather. We managed to get many of the seniors to come out that don't participate in our meal program, but were involved in our other outreach programs. We are at a disadvantage of not having our own building as we have been unable to have program providers come in even to record. We did record entertainment at the park for our picnic. Seniors, or anyone could tuned into the McFarland Cable channel could see a performance premiering on our picnic day/time, done exclusively for us. The seniors really liked that.

Not having our own building limits us with a flu clinic as well. But we spoke with all the pharmacies and clinics in the area and made that info available to people on our web page, their HDM /takeout bags or picnic bags. We also shared a falls prevention packet, file of life info, energy assistance info,Med D info,and absentee voting registration forms in our picnic packet. We will be providing outreach regarding absentee voting at several apartment building in the next few weeks.

At the end of the month we experienced the suicide of a long time client. His primary physician , APS and our staff were working together on services/placement for him. The day before he was to move into an assisted living, he killed himself. Our EMS was familiar with him too due to frequent calls based on his inability to care for himself. It has been helpful in dealing with the trauma,that my staff had both attended an excellent training on suicide within the last year. It also helped that we could call on our peers in the police and EMS to support us as we have supported them many times as well. We also have a wonderful EAP program to utilize if we need to.

We have since been reevaluating our approach to his needs to see if there was anything we could've done differently or learn from the experience. Having been through this numerous times in my professional life I could identify with what my staff was going through. We also have started to re-look at some of our other clients with a more cautious eye and maybe change our approach or increase our involvement.

Number of individuals counseled regarding reporting & repairing finances after a scam

0.00

Number of First Responders Dementia Forms completed

0.00

Agency Name:

Middleton Senior Center

**Reporting Period:** 

Quarter 3 (July-September)

Reported by:

Jill Schonenberger and Colleen Rojo

Phone & Email:

608-831-2373 jschonenberger@ci.middleton.wi.us crojo@ci.middleton.wi.us

Provide comments on:

## **<u>Emerging Trends</u>** (in our area during this quarter):

The COVID-19 pandemic continues to require us to modify the way we operate. Case managers continue to work on the same schedule as last quarter, being in the office a couple days a week and working from home the other days. This seems to be working fine. We are still available 5 days a week and are able to provide case management services connecting with clients mainly via phone and/or electronic communication. We have done some home visits as needed while practicing the safety precautions and guidelines put in place such as wearing a mask at all times, practicing social distancing as much as possible, etc. For the most part, we continue to be able to meet clients needs through phone calls and electronic communications. We continue directing transportation to appointments requests to the Dane County Transportation Center since RSVP is still not operating. Overall, we are continuing to make phone calls to check in on our clients and see if there is anything they may need.

The isolation due to the pandemic is becoming more apparent with many of the seniors we work with. This is definitely wearing on them and I question more and more the effects it is having on mental health and well-being. Examples of some of the ways this is presenting to us is seeing an increase in anxiety issues as well as issues with those who have declined because of memory issues and the disruption of their routines. There is an increase in participants calling us multiple times a day and on weekends for the same questions. We are also receiving more requests for a phone buddy from those who say they are lonely.

And there are also those who have mental anxiety about catching COVID and not wanting to go out at all, not even to obtain food which result in more requests for volunteer services.

A significant amount of time was spent working with a client who was subject to a scam. Thankfully, he notified me in time before losing any of his money but we did have to work with the bank to change all account numbers, make several phone calls to notify different agencies, etc. This was even more of a challenge with not being able to walk in and meet with a banker at this time.

Number of individuals counseled regarding reporting & repairing finances after a scam

1.00

Number of First Responders Dementia Forms completed

0.00

Agency Name:

NewBridge Madison

**Reporting Period:** 

Quarter 3 (July-September)

Reported by:

Jodie Castaneda and Jennifer Brown

Phone & Email:

608-512-0000; jodiec@newbridgemadison.org; jenniferb@newbridgemadison.org

Provide comments on:

**<u>Emerging Trends</u>** (in our area during this quarter):

\*During Quarter 3 2020, NewBridge continued to provide ongoing case management to the older adults in Madison/Monona with some limited face to face contact due to Covid 19 restrictions. Most contact with client occurred over the phone followed by mail/email and face to face. NewBridge continues to provide Necessity Kits, Emergency Food Bridge deliveries, Bridge Buddies (socialization), Cloth Face Masks and Take Out Meals.

\*The needs identified most during Q3 are Nutrition, Home Chore, assistance with Benefits followed by Housing and Transportation.

\*NewBridge CMs assisted with 7 SSDI applications as well as 7 Social Security Retirement applications during Q3.

\*Overall, NewBridge received 322 calls from non/new clients asking for

information/referrals/assistance. 76 out of the 322 resulted in new Case Management referrals. \*Home Delivered Meal assessments also contributed to CM hours as alot of the individuals attending meal sites prior to Covid-19 are unable to do so and are receiving home delivered meals. CMs continue to assess them for need and eligibility. In total, NewBridge received 157 Home Delivered Meal assessment requests during Q3. Out of the 157 requests, 33 were for new assessment and 124 were re-assessments.

\*Total number of unduplicated clients served during Q3: 901

During Q3, 2 student interns started with NewBridge. NewBridge is also lower in available CM hours due to 2 FTE CMs reducing their hours for their own school requirements (internship, practicum). Case Management case loads are averaged at approx 67 clients per FTE CM. Despite this however, NewBridge is still able to avoid having a waiting list for CM services during Q3.

Client Issues (that require extensive time or for whom resources are limited or

unavailable):

The following issues have required an increase in CM time:

1. Assistance with SSDI and SS applications and any needed follow up. Also an increase in time has come from any issue(s) that has arisen when working wit SSA. As the offices are closed, a large amount of time is spent on the phone during the appointments, and any follow up that is required to complete the case.

2. Nutrition concerns are still a big contributer to CM time.

3. The lack of available lower income housing has contributed to increased CM time as continued exploration for options for the client continues.

4. Assistance with home chore service connections continued during this past quarter as NewBridge's Volunteer Home Chore program for indoor services remains suspended due to Covid. CMs have been exploring other options including paid services.

5. Those clients with mental health issues continue to need a higher amount of time from CMs.

6. Poverty remains another issue due to lack of income for some, lack of access to resources, etc all due to Covid 19 restrictions.

Number of individuals counseled regarding reporting & repairing finances after a scam

8.00

Number of First Responders Dementia Forms completed

1.00

## Agency Name:

## Northwest Dane Senior Services

**Reporting Period:** 

## Quarter 3 (July-September)

Reported by:

Vicki Beres, Case Manager

Phone & Email:

608-798-6937 Ext 3; casemanager@nwdss.org

## Provide comments on:

## Emerging Trends (in our area during this quarter):

SHIP

Counseled clients turning 65, in need of Medicare A only, spouse will have on-going employee-sponsored health and drug coverage.

Loss of retiree-sponsored insurance, Medicap counselings

Senior Care application assistance

Food Share & Energy Assistance Some applicaitons are being auto processed for ESI, others require client to re-apply; Food Share renewals coordination.

In-Home Care

Increased need for in-home care for loved ones living with Dementia; family often seeking local or private pay caregivers to eliminate concerns of inconsistant care due to turn-over, and unforseen issues causing agencies to send in different people each week.

Hoarding and untreated or undiagnosed underlying mental illness

Several clients in the community stuggling to pay bills, deal with health issues, make it to medical appointments and ride issues (MA-MTM), unable to care for self or home, resulting in hoarding tendencies and outcomes. EA funds already used in some cirumstances, but did not make an impact.

AODA and Dementia

Seeing an increase in AODA with clients with multiple health issues to cope with pain. Due to Dementia tendencies, family is challenged to cope or find treatment their loved one will comply with.

DME

Increased need this quarter for medical equipment loans.

Several clients struggling in all areas, due in part to potentially undiagnosed mental health or Dementia issues; general lack of a support system (friends no longer helping), client refusal of services, supportive home chore agencies refusing to help due to hoarding tendencies and coordination of medical appointments and MTM rides (some canceled day of medical appointment). Client unable to care for self or home has resulted in hoarding inside and ouside and increased need for case management coordination to manage general affairs. EA funds have been utilized, but did not go far enough to help get this client to a safe place.

#### Dementia and AODA

One client in particular is struggling due to caregiver trying to appease loved one and enabling issues by not making difficult decisions. Case manger has provided counseling to primary caregiver and POA agent, private in-home caregivers and client. Due to cognitive decline, several phone calls per week (sometimes per day) to reassure client of circumstances and continuation of servcies.

Number of individuals counseled regarding reporting & repairing finances after a scam

5.00

Number of First Responders Dementia Forms completed

0.00

Agency Name:

## **Oregon Area Senior Center**

**Reporting Period:** 

Quarter 3 (July-September)

Reported by:

Noriko Stevenson & Carol Bausch

Phone & Email:

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Provide comments on:

## **<u>Emerging Trends</u>** (in our area during this quarter):

Our emerging trends this quarter include increasing cases involving both addiction and mental health issues. Case managers have been reaching out to clients to see how they are coping during COVID 19 and helping them become aware of resources available to them through the Oregon Area Senior Center. In September, case managers started reaching out to clients regarding the Medicare Part D upcoming open enrollment as it may take longer than usual to get everyone served, due to the COVID 19 restrictions related to people entering our building.

Client issues that have been requiring extensive amount of time for case mangers are addiction and mental health. Getting clients with addiction issues the services they need takes time. One such client did not have a phone for a period of time and was not able to follow through with instructions, therefore getting him set up with what he needed was quite time-consuming.

Case managers spent time talking with lonely clients during COVID 19 who do not have access to technology and were not able to join Oregon Area Senior Center on-line classes/events. In October, Oregon Area Senior Center will have a "phone in" option which will hopefully address this.

Another issue that takes time is working with clients who have memory issues to navigate the Dane County Transportation Call Center. Clients have relied on RSVP drivers waiting for them at appointments, so the concept of having to call the cab company that is providing the ride home is confusing for some. People also call the transportation center with incomplete information about where they are going and at what time. The case manager helps them navigate through this, which is time-consuming as it requires more calls than setting up an RSVP ride required.

Number of individuals counseled regarding reporting & repairing finances after a scam

10.00

Number of First Responders Dementia Forms completed

0.00

Agency Name:

## Southwest Dane Senior Outreach

**Reporting Period:** 

Quarter 3 (July-September)

Reported by:

Lynn Forshaug

Phone & Email:

608-437-6902 swdaneoutreach@mounthorebwi.info

## Provide comments on:

## **Emerging Trends** (in our area during this quarter):

We received a call from an 85 year old senior living in Oregon amidst the fires. She has a cousin in living in Mt.Horeb who invited her to move here. I emailed her applications for three subsidized housing units in town. Her cousin's son went out and brought her back here. She was just accepted at one of these complexes and can move in around Oct. 19. She came with her bed, a recliner and another chair. We will now be busy connecting her with St.Vinney's, Goodwill, our free Clothes Closet in town, etc.

We have been connecting many seniors with the Dane County Call Center for rides to medical appointments.

We continue to provide adaptive equipment for seniors who are having medical procedures like knee and hip surgeries.

Mary Kay has started contacting seniors from the past year for the Medicare D Open Enrollment season.

We have been getting many phone calls regarding the Energy Assistance Program, since there will be no in person appointments at our Center. We are giving them the phone numbers for the Energy Assistance.

We are also getting many phone calls from seniors who are receiving scam phone calls and scaring the seniors into sharing important information.

We have started home delivered meals for seniors coming from hospitals and nursing home.

Mary Kay continues to work with a senior who needs guidance in paying his bills and keeping him on track not to overspend.

We have worked with a lady who has been involved in two Medicare scams. The senior's medical clinic alerted the senior and than our office about a scam prescription for a diabetic glucose meter. medicine (this senior is not diabetic). The senior's doctor's name was on the paperwork and they were wanting her medicare # for billing. The other scam involved this senior who received a package in the mail from a company in Florida. She did not open the box. She then received a statement from Medicare saying they had paid for a knee and leg brace. We helped this lady call Medicare and report this fraud. We did call the company and they did send a label to return the package, but these items were not ordered by her doctor. These two episodes took lots of phone calls and time.

We have been working with a senior who is 87 and now has to find new housing for herself and her three grown children who live with her. They have been renting an apt. in an old building above one of the businesses in town for 35 years. New landlords came in a few years ago and now there has been some water issues with leaking from the second floor into the offices below. The owners want to renovate the upstairs and need the family to vacate. They are all living on the mom's Social Security income and the one son does participate in some of the "Covance" studies. Trying to find housing in this area has been near impossible! They did talk with an intake worker at the ADRC about housing and she suggested they look outside of Dane County because housing is hard to come by in Dane County. I have connected them with Food Share,(which started in Sept.) and Energy Assistance. I also gave them the number for the Consortium to look into some health ins. The mom could surely get into senior housing, but she wants to stay living with her kids!

Mary Kay worked with another senior whose Health Ins. was canceled and then enrolled in a another plan, without her knowledge. Mary Kay and I thought that maybe the grandson had canceled it, but he had not. We are not sure if this senior gave out info over the phone, but a representative from the new ins. plan stated that this person's information was put into their computer system. This senior's computer wasn't working, so she could not have sent this info to anyone. Her account must have been hacked somehow to get the plan changed within a three day window, from the former plan to the new plan. Actual medical billings from legitimate appointments this senior had gone to were sent to the new insurance for payments. Mary Kay made many phone calls and spent many hours trying to figure this out and was able to get the senior re-enrolled in her former insurance plan and the new one canceled.

We have a senior who contacts us whenever he needs help with filling out paperwork, like and Energy Assistance application, Senior Care, etc. His mom just passed and he isn't close to his brothers.

Spent a couple of hours hours helping a senior go through his medical bills relating to two hospitalizations in the past year. He was very worried that he would be responsible for out of pocket costs, but they were finally covered by his health ins.

Number of individuals counseled regarding reporting & repairing finances after a scam

3.00

Number of First Responders Dementia Forms completed

0.00

Agency Name:

## Stoughton Area Senior Center

**Reporting Period:** 

Quarter 3 (July-September)

Reported by:

Hollee Camacho

Phone & Email:

(608) 873-8585, hcamacho@ci.stoughton.wi.us

Provide comments on:

## **Emerging Trends** (in our area during this quarter):

Imminently homeless Clients needing affordable housing Undiagnosed mental illness and dementia No A/C with heat advisory warnings No Home Health and/or in-home care providers available due to COVID healthcare crisis Lack of SHC assistance and inconsistent work hours per established contract High cost of dental for those without private insurance and Medicaid. An increase in caregivers requesting information and support for loved ones with dementia Assistance with Census Loss of Caregiver –Lack of assistance due to COVID-19 Loss of SHC assistance due to COVID-19 Isolated, lonely and anxious due to COVID-19 Health challenges with COVID-19 Assistance with obtaining stimulus check Requests for referrals to medical ride services

## Client Issues (that require extensive time or for whom resources are limited or

unavailable):

Homeless
Imminently homeless
Undiagnosed dementia & other health concerns
Health and AODA concerns
Untreated AODA and lack of resources leading to health concerns, falls, multiple ER trips, legal issues, self-neglect
and failure to thrive
Possible domestic violence
Illiteracy
Victim advocacy
Assistance with Disability paperwork
No dental insurance and lack of dental services
Severe mental health illness
Suicidal ideation
Social Security assistance
APS referral
ADRC referral
Apply for MAPP/Diability
Failure to thrive case
Low Income Housing
Grief and loss issues, including loss of pets
APS and elder abuse collaboration
Working with clients with communication issues including illiteracy, inability to speak and people who have English
as a second language
Medical, ADRC, rehab and housing for roommate client cares for
Medicare assistance
Collaboration with ADRC for assistance with mental, physical health and supportive resources
Challenging health and medical conditions
Possible Undiagnosed Mental illness
Searching for Affordable housing

Number of individuals counseled regarding reporting & repairing finances after a scam

1.00

Number of First Responders Dementia Forms completed

3.00

Agency Name:

## Sugar River Senior Center

**Reporting Period:** 

Quarter 3 (July-September)

Reported by:

Angie Markhardt

Phone & Email:

## 608-424-6007 angle.srseniorcenter@outlook.com

Provide comments on:

## **<u>Emerging Trends</u>** (in our area during this quarter):

In our area this quarter we have seen an increase in falls. Many but not all of those falls were individuals that are living alone. With this increase in falls we are having an increase in the use of our lending area for medical equipment. We borrowed out 4 walkers and 4 shower chairs in a 2 week period which for such a small town is alot.

Our meal needs are also increasing. This is a gradual increase but it includes people that were hesitant in the past to ask for help so I think it speaks to how tiring this pandemic is for them. One woman who is 82 and her husband 88 said I can cook for us but some days I just can't do it anymore, could we help. My answer was yes of course.

The biggest unanswered trend that we are seeing is an increase in dementia diagnosis' and the rapidity of the decline in those that were diagnosed prior and the newly diagnosed. We are beginning a caregivers support group(5 people or less with an activity for the caregivee available) to try to provide some connection and respite for them in the community.

I would have to say that the biggest issue that we face is not different than most other focal points. Lonliness and the path to combating it faces us daily. We are taking the social isolation and it's detrimental effect seriously and making and carrying out plans that are specific to our area being small town. In October we will be hosting a solitary living support group for those that can get out. This group will be 4 people only with multiple groups forming as needed. The first date was full before our newsletter went out by flyers and word of mouth only. We are also hosting treat curbside pick up 2 times a month and are able to see people and encourage them this way as well.As for those that could use extra connections. 2 of us are making visits to their doors, no inside home visits, and bringing with us a little something to cheer them up. We have a group of volunteers that are also making calls and sending encouraging notes to a list of people that were determined to need a little more connection. We continue to reassess not only needs but how we respond to them on an ongoing basis.

Number of individuals counseled regarding reporting & repairing finances after a scam

1.00

Number of First Responders Dementia Forms completed

2.00

Agency Name:

## Waunakee Senior Center

**Reporting Period:** 

Quarter 3 (July-September)

Reported by:

Candice Duffek & Melissa Woznick, Case Managers

Phone & Email:

850-5877 cduffek@waunakee.com 849-8547 mwoznick@waunakee.com

Provide comments on:

#### **Emerging Trends** (in our area during this quarter):

The most provided resources/ information provided was on Alzheimer's & Dementia Resources, Caregiver Resources, Dane County Transportation Center, Energy Services, Grocery Delivery Resources, Lending Equipment, Lifeline (PERS), Social Security & Medicare questions, Transit Solutions information, and funding for various needs.

Food Share information - the last quarter we have been providing information to our clients regarding the additional benefits that were provided to them due to the Pandemic. We have also been letting our clients know that they can now use their Quest Cards on Amazon Pantry and Walmart's websites. We put this information our Newsletter as well

We continue to make a point of checking in with our clients on how they are doing with their overall health and wellbeing during the Pandemic. This past quarter, we let our clients know about what activities were being offered at the Senior Center, encouraged them to remain active (safely) and connected. We also wrote an article in our Newsletter addressing mental health and provided information on several help lines.

Supportive Home Care - we had some new clients this past quarter that we assessed, completed the authorization forms and referred to home care agencies to begin services.

Home Delivery Meal Program Assessments - During the 3rd quarter we focused on getting our HDM Assessments and Re-assessments completed for the SAMS database cycle ending 9/30/20. We had an increase in the amount of assessments this past year, due to COVID-19.

Clients received letters in July that their SOS Capital Health Care was ending. We spent a lot of time counseling several clients on what their options were.

There has been one client that I have spent over 20 hours the last 3 months, that has had several complex issues. I was able to collaborate and coordinate care with a Nursing Home Social Worker, APS worker, ADRC, and the son/guardian.

Assisted two seniors in person to help with Medicare /Social Security issues. One was to help file a SSDI appeal application on-line. This took a total of 6 hours in person to complete. I limited to two hours each time due to COVID-19 and it is an overwhelming process.

The other senior I met with in person to file for Social Security benefits and Medicare. This senior found it extremely difficult to contact Social Security over the phone and he wanted to see someone in person. I helped him complete the application in two hours. This senior during my appointment showed some memory loss and high anxiety. This is most likely the reason could not handle calling.

Applied and received funding from the Parkinson's Association to help pay towards respite for a couple \$300.00.

Applied and received funding to help a woman get back on track with her living situation. She was going to be evicted. She received funds from Elder Abuse Grant \$520 that help pay the \$2200.00 bill for the cleanup.

Number of individuals counseled regarding reporting & repairing finances after a scam

4.00

Number of First Responders Dementia Forms completed

0.00